



DARLINGTON

Borough Council

Health and Wellbeing Board Agenda

3.00 pm

Thursday, 7 July 2022

Council Chamber, Town Hall, Darlington. DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at Meeting.
2. Declarations of Interest.
3. To hear relevant representation (from Members and the General Public) on items on this Health and Well Being Board Agenda.
4. To approve the Minutes of the Meeting of this Board held on 17 March 2022 (Pages 5 - 10)
5. Health and Wellbeing Board - Terms of Reference –
Report of the Assistant Director Law and Governance
(Pages 11 - 20)
6. Integrated Care Systems –
Update by the Executive Director of Place Based Delivery (Designate) - Central and Tees Valley, North East and North Cumbria ICB
7. Pharmaceutical Needs Assessment Review Update –
Report of the Director of Public Health
(Pages 21 - 74)
8. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Board are of an urgent nature and can be discussed at the meeting.

9. Questions.



Luke Swinhoe
Assistant Director Law and Governance

Wednesday, 29 June 2022

Town Hall
Darlington.

Membership

Councillor Clarke, Children and Young People Portfolio, Cabinet Member with Children and Young People Portfolio

Councillor Dulston, Leader of the Council, Leader of the Council

Councillor Harker

Councillor K Nicholson, Cabinet Member with Health and Housing Portfolio

Councillor Tostevin, Cabinet Member with Adults Portfolio

James Stroyan, Group Director of People

Penny Spring, Director of Public Health

Dr Posmyk Boleslaw, Chair, NHS Tees Valley Clinical Commissioning Group

David Gallagher, Chief Officer, NHS Tees Valley Clinical Commissioning Group

Michael Houghton, Director of Commissioning Strategy and Delivery, NHS Tees Valley Clinical Commissioning Group

Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust

Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust

Mike Forster, Operational Director, Children's and County Wide Community Care Directorate, Harrogate and District NHS Foundation Trust

Joanne Dobson, NHSE/I Locality Director for North East and North Cumbria, NHS England, Area Team

Joy Allen, Police, Crime and Victims' Commissioner, Police, Crime and Victims' Commissioner, Durham Area

Sam Hirst, Primary Schools Representative

Carole Todd, Darlington Post Sixteen Representative, Darlington Post Sixteen Representative

Dr Amanda Riley, Chief Executive Officer, Primary Healthcare Darlington

Michelle Thompson, Chief Executive Officer, Healthwatch Darlington

Rachel Morris, Head of Department for Nursing and Midwifery, School of Health and Life Sciences, Teesside University

Since the last meeting of the Board, the following items have been sent to the Chair/Members of the Board:-

- Health and Wellbeing Board Statement within NHS Tees Valley CCG's Annual Report – Approval – May 2022

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays e-mail hannah.miller@darlington.gov.uk or telephone 01325 405801

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HEALTH AND WELLBEING BOARD

Thursday, 17 March 2022

PRESENT – Councillor K Nicholson (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Harker, Councillor Mrs H Scott (Leader of the Council), Councillor Tostevin (Cabinet Member with Adults Portfolio), David Gallagher (Chief Officer) (NHS Tees Valley Clinical Commissioning Group), Jennifer Illingworth (Director of Operations, Durham and Darlington) (Tees, Esk and Wear Valley NHS Foundation Trust), Gillian Curry (Head of Communications & Charity) (County Durham and Darlington Foundation Trust), Nick Lindsay (Head Teacher Longfield Academy), Carole Todd (Darlington Post Sixteen Representative), Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington) and Rachel Morris (Head of Department for Nursing and Midwifery, School of Health and Life Sciences) (Teesside University)

ALSO IN ATTENDANCE – Claire Stoker (Senior Health Protection Nurse, North East Health Protection Team) (UK Health Security Agency), Maxine Crutwell (Programme Manager) (Community Transformation Tees Valley), Abbie Kelly (Public Health Portfolio Lead), Ethna Parker (Operational Manager) (Living Well Darlington), McEwan and Hannah Miller (Democratic Officer)

APOLOGIES –Councillor Clarke (Cabinet Member with Children and Young People Portfolio), James Stroyan (Group Director of People), Penny Spring (Director of Public Health), Mark Pickering (Chief Finance Officer) (NHS Darlington Clinical Commissioning Group), Sue Jacques (Chief Executive) (County Durham and Darlington Foundation Trust), Sam Hirst (Primary Schools Representative) and Dr Amanda Riley (Chief Executive Officer) (Primary Healthcare Darlington)

HWBB9 DECLARATIONS OF INTEREST.

Michelle Thompson, Healthwatch, declared an interest in Minutes HWBB15 and HWBB16 below, as a CCG Lay Member. There were no other declarations of interest reported at the meeting.

HWBB10 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

No representations were made by Members or members of the public in attendance at the meeting.

HWBB11 TO APPROVE THE MINUTES/NOTES OF THE MEETING OF THIS BOARD HELD ON :-

HWBB12 16 SEPTEMBER 2021

Submitted – The Minutes (previously circulated) of the meeting of this Health and Wellbeing Board held on 16 September 2021.

RESOLVED – That the minutes be approved as a correct record.

REASON – They represent an accurate record of the meeting.

HWBB13 16 DECEMBER 2021

Submitted – The Notes (previously circulated) of the meeting of this Health and Wellbeing Board held on 16 December 2021.

RESOLVED – That the notes be approved as a correct record.

REASON – They represent an accurate record of the meeting.

HWBB14 COMMUNITY TRANSFORMATION NHS ENGLAND: TEES VALLEY

The Programme Manager, Community Transformation Tees Valley gave a presentation (previously circulated) updating Members on the work being undertaken to review the mental health system as part of the Community Transformation NHS England: Tees Valley.

The presentation outlined the core aims of the community transformation, which was being driven by the NHS England long term plan, to improve access to integrated primary and community mental health care for those with severe mental health illness; to move to an integrated, holistic, person-centred care model; and to co-produce services and care pathways with service users, carers and local communities. Members noted that this was a 3 – 5 year programme.

Members were advised of the work being undertaken in the Tees Valley which included a consultation exercise by Healthwatch which engaged with 900 people across the Tees Valley; and reference was made to the work undertaken between April and September 2021 as part of the information and mapping phase 1.

Details were provided of the model, which had been developed with patients and carers; the community hub had been identified as a key element of the model; and community care navigators would provide support, ensuring continuity of care and reintegration.

Details were also provided of the work being undertaken in Darlington, including eight resilience projects, funded non recurrently, to support COVID recovery across Darlington; these projects involved increasing capacity in counselling for those who had experienced bereavement, social connections and artistic sessions for individuals with low mood or anxiety, befriending services, female and male allotment sessions and social prescribing; a further two full time mental health nurses had been appointed as part of the Additional Roles Reimbursement Scheme (ARRS), to support adults aged 18 and over; and details were provided of the next steps for Darlington.

Discussion ensued regarding long Covid and the services in place for service users.

RESOLVED – That the presentation be noted.

HWBB15 INTEGRATED CARE SYSTEMS

The Chief Officer, NHS Tees Valley Clinical Commissioning Group gave a PowerPoint

presentation updating Members on the work towards implementing an operating model for NHS North East and North Cumbria Integrated Care Board (ICB).

It was reported that the ICB was due to go live on 1 July 2022; Samantha Allen had been recruited as CEO designate and was now in post; and work was ongoing to review the meeting infrastructure, formal governance arrangements and further engagement with partners would be undertaken.

Reference was made to the guiding principles for ICS development which had been agreed by the Joint Management Executive Group (JMEG); that national guidance and the JMEG process had shaped how the ICB would work at a system and place level; and a detailed operating model would be finalised in the next few weeks, including placed based working arrangements.

Members were informed that the ICB would cover the North East and North Cumbria with four Integrated Care Partnerships (ICP), North Cumbria, North of Tyne and Gateshead, Durham, South Tyneside and Sunderland and Tees Valley; and details were provided of the ICB functions discharged at a system and place level, with particular reference made to commissioning arrangements.

Details were provided of the system flow chart and committees and workstreams of the ICB; reference was made to key questions to consider in respect of the operating model; and next steps would include engagement with stakeholders on the proposed operating model, testing the proposed model, reviewing the ICB committee roles and structures and concluding CCG staff mapping, giving consideration to how staff would be best deployed to support the final model.

Discussion ensued on commissioning arrangements; Member involvement in the ICB; and guidance for Health and Wellbeing Boards.

RESOLVED - That the thanks of the Board be conveyed to the Chief Officer, NHS Tees Valley Clinical Commissioning Group, for his informative presentation.

REASON – To convey the views of the Board.

HWBB16 WINTER PLANNING AND WINTER SUMMIT UPDATE

The Chief Officer, NHS Tees Valley Clinical Commissioning Group gave a PowerPoint presentation updating Members on winter planning.

It was reported that each ICP was required to make a Winter Planning submission to NHSE/I by 6 September 2021, requiring systems to provide assurance against key areas; reference was made to the range of additional national guidance over the 2021/22 winter period; and the NEY Winter Operating Model for 2021/22, released on 1 November, 2021 was outlined.

Details were provided of the development of an Extremis Plan in response to the rising system pressures; an Extremis Winter Summit event took place on 4 November with four working groups established to scope the four extremis themes; and details were provided of the additional schemes implemented in the Darlington locality from non-recurrent funding

sources, to support the system over the winter period.

The presentation outlined areas that worked well; challenges and risks included staffing issues across health and social care, the removal of non-recurrent funding, infection prevention control and further variants of waves of Covid; and learning for 2022/23 was outlined, with particular reference made to the development of a system dashboard and implementation of Urgent Community Response which would enable more of the population to receive healthcare in their own homes.

RESOLVED – That the thanks of the Board be conveyed to the Chief Officer, NHS Tees Valley Clinical Commissioning Group, for his informative presentation.

REASON – To convey the views of the Board.

HWBB17 PRIMARY CARE NETWORK LIVING WELL SERVICE

The Living Well Operations Manager gave a PowerPoint presentation updating Members on the Darlington Primary Care Network (PCN) Living Well Service.

The presentation provided details of the PCN which covered all 11 practices in Darlington and approximately 110,920 patients; worked closely with Primary Healthcare Darlington; and provided an opportunity to approach healthcare from a population level, working with partners to meet identified needs.

Reference was made to the health inequalities experienced by certain groups and the need for a system approach to target services to those with the poorest outcomes; that data from multiple sources and the use of PCN data dashboards, along with local knowledge, would be used to identify a focus for the work of the new service.

It was reported that the PCN had invested over £300K in service delivery and development; the delivery of the Living Well Service had been subcontracted to PHD; and over £1M of funding from the Additional Roles Reimbursement Scheme had funded a range of staff including health coaches, social prescribing link workers and trainee nursing associates. Other plans included a greater focus on data and evaluation, cross organisational working and community focus and investment.

Reference was made to the 10 public health priorities identified by the Tees Valley CCG; the suggested three areas of focus for Darlington was those not known to Primary Care, frequent fliers and older people/ loneliness; and progress to date included development of a PCN virtual link worker service, recruitment of 9 social prescribers, co-location of a social prescriber at Age UK and agreement for a range of social prescribing drop-in service and bookable sessions.

Particular reference was made to the importance of partnership working and the need to understand the impact and performance of the service to ensure the service would be sustainable in the long term.

RESOLVED – That the thanks of the Board be conveyed to the Living Well Operations

Manager, for her informative presentation.

REASON – To convey the views of the Board.

HWBB18 UK HEALTH SECURITY AGENCY UPDATE

The Senior Health Protection Nurse, UK Health Security Agency (UKHSA) gave a PowerPoint presentation, updating Members on the UKHSA, an executive agency sponsored by the Department for Health and Social Care.

It was reported that the UKHSA had been responsible for UK wide public health protection and infectious disease capability since April 2021, taking over from Public Health England; the UKHSA had been fully operational since 1 October 2021; and the responsibilities of the UKHSA were outlined. Members were informed that the function, purpose and capability of the Health Protection Teams (HPT) remained the same.

Details were provided of the work of the HPTs in the last year; it was noted that the HPT had and continued to work to support Care Homes and other settings with COVID outbreaks and that work in relation to other notifiable infections had reduced; and reference was made to the resurgence of infectious disease post COVID, in particular scarlet fever.

Reference was made to the post pandemic plans including a return to business as usual, ongoing training for the newly expended health protection team and horizon scanning for imported infectious diseases and a potential rise in infectious diseases such as MMR and Diphtheria due to poor vaccine uptake.

Discussion ensued regarding the monitoring of sexually transmitted infections; the impact of migration on the rates of infectious diseases and possibility of chemical warfare due to current events; and reporting of flu cases.

RESOLVED – That the thanks of the Board be conveyed to the Senior Health Protection Nurse, UK Health Security Agency (UKHSA), for her informative presentation.

REASON – To convey the views of the Board.

HWBB19 PHARMACEUTICAL NEEDS ASSESSMENT REVIEW

The Director of Public Health submitted a report (previously circulated) updating the Board of progress and plans for refreshing the statutory Darlington Pharmaceutical Needs Assessment (PNA), which must be produced by 30 September 2022.

The submitted report outlined the statutory duty of the Health and Wellbeing Board through the NHS Act 2006 and the Health and Social Care Act 2012 to produce a PNA every three years; that the requirement to produce a PNA in 2020 was delayed, due to the pandemic; and the PNA would expire this year and required reviewing, updating and publishing by 30th

September 2022, including a statutory 60 day consultation period before final sign off.

It was reported that the PNA would map the health needs and services to ensure there were no gaps, to assure the Council that the residents of Darlington had good access to pharmacy services; and that the main use of the PNA would be for NHS England to decide whether additional pharmacies were needed in Darlington. Members were advised of the current provision in Darlington.

It was reported that the review process had been commenced by the Director of Public Health in autumn 2021 and included the establishment of a Steering Group, led by Public Health, the development of a survey for Community Pharmacies and the development of a questionnaire for patients and the public; and reference was made to the timeline for production of the PNA (also previously circulated).

Discussion ensued regarding the use of online pharmacies.

RESOLVED – That the Health and Wellbeing Board :-

- (a) Supports the plan and proposed timelines for the statutory review of the PNA;
- (b) Reviews the draft of the PNA at the next Health and Wellbeing Board before it goes out to public consultation;
- (c) Receives the final document for sign off.

REASON – (a) The production and publication of the PNA is a statutory duty of the HWBB under The NHS Act 2006 and the Health and Social Care Act 2012.

(b) The PNA expires in 2022 and a new one requires sign off no later than 30th September 2022.

**HEALTH AND WELL BEING BOARD
7 JULY 2022**

HEALTH AND WELLBEING BOARD – TERMS OF REFERENCE

SUMMARY REPORT

Purpose of the Report

1. To consider amendments to the Terms of Reference for the Health and Wellbeing Board.

Summary

2. Terms of Reference for the Health and Wellbeing Board were last considered and approved by the Board at its meeting held on 28 November 2019. When approving the Terms of Reference the Board agreed to review them on a regular basis. The Terms of Reference are attached to the report at Appendix 1, with a number of proposed changes highlighted.

Recommendation

3. It is recommended that:-
 - (a) the Terms of Reference, appended to the submitted report, be approved, with the inclusion of the following amendments, namely:-
 - (i) the deletion of the Tees Valley NHS Clinical Commissioning Group from the Membership of the Board;
 - (ii) the addition of North East and North Cumbria Integrated Care Board to the Membership of the Board;
 - (b) Members give consideration to the Vice Chair arrangements for the Board.
 - (c) the Board consider any further changes to be made, at this time, to the Terms of Reference.
 - (d) the revised Terms of Reference be included within this Council's Constitution.

Reasons

4. The recommendations are supported by the following reasons :-
 - (a) To enable the Terms of Reference to be updated with a number or minor changes.

- (b) To enable the Board to consider any further amendments to the Terms of Reference, as necessary.

Luke Swinhoe
Assistant Director Law and Governance

Background Papers

No background papers were used in the compilation of this report.

Hannah Miller : 01325 405801.

S17 Crime and Disorder	There are no implications arising from this report.
Health and Wellbeing	This proposed collaborative project will provide improvements for health and wellbeing of residents with Long Term Conditions.
Carbon Impact and Climate Change	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Council Plan	N/A
Efficiency	N/A
Impact on Looked After Children and Care Leavers	There are no direct implications for Looked After Children or Care Leavers contained within the report.

MAIN REPORT

Information and Analysis

5. The Health and Social Care Act 2012 specifies the membership of a Health and Wellbeing Board as at least one Councillor of the local authority, the directors of adult and children social services for the local authority, the director of public health for the local authority, a representative of the Local Healthwatch organisation for the area of the local authority, and a representative of each relevant clinical commissioning group. It also allows the local authority to include others as it thinks appropriate.
6. As the NHS Tees Valley Clinical Commissioning Group ceased to exist from 1 July 2022, and was replaced by the North East and North Cumbria Integrated Care Board, the terms of reference are required an update to reflect this.
7. The proposed changes are:-

- (a) the deletion of the Tees Valley NHS Clinical Commissioning Group from the Membership of the Board;
 - (b) the addition of the North East and North Cumbria Integrated Care Board to the Membership of the Board;
8. In addition, a new Vice Chair is to be appointed following the cessation of the role of the current Vice Chair of the Board from 1 July 2022. Members are asked to consider the Vice Chair arrangements for the Board.
9. Members of the Board may wish to consider further amendments to the Terms of Reference.

Outcome of Consultation

10. No consultation, other than with the Health and Wellbeing Board, has been undertaken on the contents of this report.

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Darlington Health and Wellbeing Board

Terms of Reference

1. The Darlington Health and Wellbeing Board brings together key local leaders to improve the health and wellbeing of the population of Darlington and reduce health inequalities through:
 - (a) Developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities.
 - (b) Providing system leadership to secure collaboration to meet these needs more effectively.
 - (c) Having strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate.
 - (d) Recognising the impact of the wider determinants of health on health and wellbeing.

2. It will:
 - (a) Maintain the Joint Strategic Needs Assessment, including the Pharmaceutical Needs Assessment to provide an evidence base for future policy and commissioning decisions.
 - (b) Produce a Joint Health and Wellbeing Plan, taking a life-course approach, in the context of One Darlington: Perfectly Placed which is the overarching Health and Wellbeing Strategy for the Borough.
 - (c) Oversee delivery of local commissioning plans by the Darlington Integration Board to ensure that they are in line with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy
 - (d) Embed the Children and Young People agenda in the work of the Board and fulfil the role of the Darlington Children's Trust
 - (e) Liaise with NHS England as necessary
 - (f) Encourage integrated working between health and social care commissioners including, where appropriate, supporting the development of arrangements for pooled budgets, joint commissioning and integrated delivery under Section 75 of the National Health Service Act 2006
 - (g) Oversee the Better Care Fund ¹
 - (h) Encourage close working between health and social care commissioners and those responsible for the commissioning and delivery of services related to the wider determinants of health
 - (i) Undertake a strategic role, promoting joint working with partners.
 - (j) Allow the day to day issues to be dealt with by the Integration Board.

¹ Given that some members of the Board represent provider organisations, strategic funding decisions relating to the Better Care Fund are delegated to the Pooled Budget Governance Board, which is a commissioner-only body

3. Membership

Darlington Borough Council Portfolio Holder with a remit covering Health (Chair)
Darlington Borough Council Portfolio Holder with a remit covering Adult Services
Darlington Borough Council Portfolio Holder with a remit covering Children Services
The Leader of Darlington Borough Council
Leader of Darlington Borough Council Opposition Group
Darlington Borough Council Group Director of People
Darlington Borough Council Director of Public Health
One representative of the Healthwatch Darlington Board
Three representatives of the North East and North Cumbria Integrated Care Board
One representative of Tees, Esk and Wear Valley Mental Health Foundation Trust
One representative of County Durham and Darlington NHS Foundation Trust
One representative of Harrogate and District NHS Foundation Trust
One representative of NHS England
One representative of the Darlington Primary Care Network
County Durham Police, Crime and Victims' Commissioner
One representative of the School of Health and Life Sciences, Teesside University
One representative of the Community and Voluntary Sector
One representative of Darlington Primary Schools
One representative of Darlington Secondary Schools
One representative of Darlington post 16 years education

- a) Political proportionality does not apply to membership of the Board. Its makeup and operation complies with the Health and Social Care Act 2012, comprising at least one Councillor, the Directors of Adult and Children Social Services and the Director of Public Health for the local authority, a representative of the Local Healthwatch organisation for the area of the local authority and a representative of each relevant clinical commissioning group. It also allows the local authority to include others as it thinks appropriate. (Note – clinical commissioning groups ceased to exist from 1 July 2022).
- b) All members of the Board are accountable to the organisation/ sector which appointed them. Each member has a responsibility to communicate the Board's business through their respective organisation/ sector's own communication mechanisms.
- c) Each Board member can nominate a named substitute. Substitutes must be from the same organisation/ sector as the Board member and be of sufficient seniority and empowered by the relevant organisation/ sector to represent its views; to contribute to decision making in line with the Board's Terms of Reference and to commit resources to the Board's business.
- d) If a member of the Board misses three consecutive meetings without giving apologies, their continued membership of the Board will be reviewed with the organisation that they represent.

- e) In carrying out its business the Board may, if required:
 - i) Establish one or more sub-committees to carry out any functions delegated to it by the Board.
 - ii) Establish one or more time limited task and finish groups to carry out work on behalf of the Board.
 - iii) Carry out any other functions delegated to it by Darlington Borough Council under Section 196(2) of the Health and Social Care Act 2012.

4. Chairing

- a) The Chair of the Board will be the Darlington Borough Council Portfolio Holder with a remit covering health.
- b) The Vice Chair of the Board is appointed by the Board and is to be confirmed.

5. Voting Arrangements

- a) It is expected that most decisions will be agreed by consensus but, where this is not the case, then only those members listed as voting members may vote. Voting on all issues will be by show of hands.

Organisation	Position
Darlington Borough Council (7)	Council Members (5), Group Director of People, Director of Public Health
North East and North Cumbria Integrated Care Board (3)	To be confirmed
Darlington Healthwatch (1)	

- b) The Chair of the Board shall have a second or casting vote.

6. Meeting arrangements

- a) The Board will meet four times a year. The Chair of the Board, in consultation with the Vice Chair, can convene special meetings of the Board as appropriate.
- b) All business of the Board shall be conducted in public in accordance with Section 100A of the Local Government Act 1972 (as amended). When the Board considers exempt information and/or confidential information is provided to Board members in their capacity as members of the Board all Board members agree to respect the confidentiality of the information received and not disclose it to third parties unless required to do so by law or where there is a clear and over-riding public interest in doing so.

- c) Some information may have to be included and discussed in a confidential session of the Board in accordance with the procedures and protocols promoted by the provisions of the Data Protection Act 1998. Confidential documents will be clearly marked 'Confidential'.
- d) The quorum for meetings shall be three voting members and must include at least one Darlington Borough Council Councillor and one representative of the North East and North Cumbria Integrated Care Board.
- e) Where a decision is required before the next Board meeting, the Chair may act on recommendations of officers in consultation with the Vice Chair through the following process:
 - i) circulation of details of the proposed decision to all Board members for consultation;
 - i) there being clear reasons why the decision could not have waited until the next full Board meeting; and
 - ii) the decision will be recorded and reported to the next full Board meeting.
- f) Agenda and reports will be available online no fewer than five working days before the meeting.
- g) All voting members of the Board are governed by the code of conduct/ professional standards of the organisation/ sector that they represent.

7. Relationships between partnerships

- a) Work has been conducted to be clear about the relationships between key partnerships in Darlington with a focus on safeguarding, community safety, health and wellbeing.
- b) A structural review of the Darlington Community Safety Partnership (CSP) was conducted in 2016. During the review, particular attention was paid to areas of common interest across the Darlington Safeguarding Children's Board, Darlington Safeguarding Adults Partnership Board, now known as the Darlington Safeguarding Partnership, and the Community Safety Partnership.
- c) Each of the partnerships considered areas of common interest and agreed the most appropriate governance arrangements that will provide assurance to each partnership.
- d) Collaborative working is promoted across all partnerships. The function and activities of the Darlington Safeguarding Partnership are part of the wider context of Darlington's Health and Wellbeing Board arrangements. Its work contributes to the wider goals of improving the wellbeing of all children and young people.

- e) The Independent chair of Darlington Safeguarding Partnership will present an annual report to the Health and Wellbeing Board which gives the Health and Wellbeing Board the opportunity to seek assurances of the safeguarding arrangements in place and the effectiveness of those arrangements.
- f) The Darlington Community Safety Partnership (CSP) is a statutory partnership and reports progress to the Darlington Strategic Partnership on the One Darlington: Perfectly Placed theme of a 'Safe and Caring' community.
- g) The CSP chair will present an annual report to both the Health and Wellbeing Board and Darlington Strategic Partnership.
- h) A proposal from the work undertaken to develop a more co-ordinated approach across key partnerships is that the chairs of the key partnerships may meet at least twice a year to reduce duplication, strategically co-ordinate common priorities and to share relevant reports.

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**HEALTH AND WELLBEING BOARD
7 JULY 2022**

PHARMACEUTICAL NEEDS ASSESSMENT REVIEW UPDATE

SUMMARY REPORT

Purpose of the Report

1. The purpose of the report is to update the Health and Wellbeing Board of the progress and latest draft of Pharmaceutical Needs Assessment (PNA) before the period of statutory consultation commences.

Summary

2. The Health and Wellbeing Board (HWB) has the responsibility for the development and updating of the PNAs. The Pharmaceutical Needs Assessment (PNA) for 2022 is required to be published by 30 September 2022.
3. The Health and Wellbeing Board approved the plan and proposed timelines for the statutory review of the PNA and requested a review of the draft before it goes out to the statutory public consultation.
4. The final document that will be updated to reflect the comments received from the consultees and will require review and sign off by the Health and Wellbeing Board prior to publication.
5. The latest draft is attached as **Appendix A**.

Recommendation

6. It is recommended that:-
 - (a) The Health and Wellbeing Board review the latest draft of the final Pharmaceutical Needs Assessment.
 - (b) The Health and Wellbeing Board note the period of statutory consultation.
 - (c) Note the deadline of 30 September 2022 for final sign off the final document prior to publication and adoption of the document.

Reasons

7. The recommendations are supported by the following reasons :-
- (a) The production and publication of the PNA is a statutory duty of the HWBB under The NHS Act 2006 and the Health and Social Care Act 2012
 - (b) The PNA expires in 2022 and a new one requires sign off no later than 30th September 2022.
 - (c) The draft document has been updated to reflect the latest data and with the most up to date information.
 - (d) The final document for sign off will be updated to reflect the comments received from the consultees.

Penny Spring
Director of Public Health

Background Papers

Darlington PNA Draft 4

Ken Ross
Public Health Principal
Tel 01325 406200

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	The PNA is a statutory duty of the HWBB and will ensure that essential community pharmacy provision is sufficient for the needs of the people in Darlington..
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Council Plan	This supplements the Council Plan in supporting the growth of the borough
Efficiency	N/A
Implications on Looked After Children and Care Leavers	There are no issues contained within the report that will have implications on Looked After Children or Care Leavers.

MAIN REPORT

Background

8. A Pharmaceutical Needs assessment (PNA) describes the health needs of the population and the services delivered by community pharmacies which are in place, or could be commissioned to meet those identified health needs. The PNA maps the health needs and the services to make sure there are no gaps, in order that Darlington Borough Council can be assured that its residents have good access to pharmacy services.
9. The HWBB has a statutory duty to produce a PNA every three years. The requirement to produce a PNA in 2020 was delayed, due to the pandemic. The HWBB is required to produce a PNA by September 2022. The DHSC produced updated guidance for Local Authorities.
10. Work already completed includes
 - (i) establishment of a Steering Group,
 - (ii) approval of timeline and plan by HWBB
 - (iii) Needs Assessment and update of statutory data undertaken
 - (iv) survey for Community Pharmacies
 - (v) development of questionnaire for patients and the public
11. A statutory period of formal consultation commences on 1 July until 22 August 2022. This consultation will be used to correct any factual inaccuracies that may be contained in the current draft and reflect the comments about the PNA and it's contents.
12. Before the deadline of the 30 September the Health and Wellbeing Board will have the opportunity to review and note the report on the statutory consultation and sign off the final Pharmaceutical Needs Assessment.

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Executive Summary

Introduction

The purpose of this document is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of Darlington
- To act as a commissioning guide for those services which could be delivered by community pharmacies to meet the identified health needs of the population

To achieve this dual purpose the Health and Wellbeing Board needs to know what services are currently provided by pharmacies and whether there is sufficient geographical spread to meet identified health need. Mapping these pharmacy providers with the health needs of the population will identify any gaps in current service provision and define areas where a pharmacy service could be commissioned to meet any unmet need.

Pharmaceutical needs assessment (PNA) process

Population health needs across Darlington were identified by the JSNA and Darlington Borough Council public health team. Health needs that can be addressed by community pharmacies were considered in more detail.

Formal consultation on the draft PNA will take place from 1st July 2022 and 31st August 2022. Feedback from the consultation will be included in the final document, as will feedback from the Healthwatch public engagement exercise.

Identified health needs

Darlington is a historic market town with concentrated pockets of population density and deprivation. The majority of the most deprived communities are situated towards the centre of the borough. Darlington has been analysed for the purpose of this document as one local authority which is served by one primary care network. NHS Tees Valley clinical commissioning group covers the five local authorities across Teesside.

Across a range of diseases and conditions- such as cancer and coronary heart disease-Darlington has above average levels of need. Darlington also has an ageing population which is projected to increase.

Current Provision

There are 22 pharmacies in Darlington, including five 100 hour pharmacies and a distance selling pharmacy. For the purposes of assessing provision of services, the distance selling pharmacy is excluded from the analysis as it would not be providing services in a face to face capacity. Access to community pharmacies across

Darlington is well provided for Monday to Friday 9am to 5pm. The provision of pharmacies within the town centre provides patient choice. One pharmacy in the town centre has closed since the last PNA was produced.

Services commissioned from pharmacies in Darlington include emergency oral hormonal contraception (EOHC), C-card condom distribution for people under 25, supervised opiate consumption, needle exchange, palliative care medicine and a minor ailments service.

Conclusion

After considering all the elements of the PNA, Darlington Health and Wellbeing Board concludes that there is adequate provision of pharmaceutical services across Darlington, with the network of extended hours pharmacies and provision of pharmacies in the town centre providing patient choice and the ability to meet the needs of patients even outside normal hours. The network of extended hours pharmacies are essential to providing this service across Darlington outside of business hours. There are sufficient pharmaceutical services in Darlington with good access to these services.

Future Provision

Darlington Borough Council is keen to promote and support assets within the town and its various communities. Pharmacy teams play a pivotal role in influencing healthy choices which can have a significant contribution to reducing risk of disease and improving health and wellbeing of the communities who use them. As such, Darlington public health team will continue to promote pharmacies as a health asset within the town. This will be done by encouraging potential providers who bid for council contracts to include community pharmacy services where appropriate.

Darlington Primary Care Network continues to have ongoing discussion around plans to use community pharmacies further in future.

Introduction

The purpose of this document is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of Darlington
- To act as a commissioning guide for those services which could be delivered by community pharmacies to meet the identified health needs of the population

The Murray Report¹ envisages a future for community pharmacy which is fully integrated into primary care and that better utilise the clinical and prescribing skills of community pharmacists. The community pharmacist would be accountable for decisions they make about the on-going management of patients with long term conditions, but a shift in service provision would put extra capacity into a stretched NHS system. Likewise, community pharmacy has a role in supporting Urgent and Emergency Care by taking referrals for the minor ailment end of the emergency care spectrum.

Public Health England in their report *Pharmacy: A way forward for Public Health*² details some of the interventions community pharmacists could make in priority areas to improve health outcomes for the population.

These services would be in addition to the services associated with the dispensing and safe use of medicines and as such, need to be commissioned specifically to meet the health needs of the local population. These services cannot be commissioned in isolation, and therefore form an integral part of the joint strategic needs assessment, the CCG strategic commissioning plan and Integrated Care Systems (the successor body to CCGs), focusing on local and regional priorities.

All HWBs must update their PNA at least every three years³, however publication of this document has been delayed due to the COVID pandemic. This document therefore replaces the April 2018 PNA. The PNA is a strategic commissioning document and will also be used to identify where there are gaps in pharmaceutical services which could be filled by market entry.

To achieve this dual purpose the HWB needs to know what services are currently provided by pharmacies and whether there is sufficient geographical spread to meet identified health need. Mapping these pharmacy providers with the health needs of the population will identify any gaps in current service provision and define areas where a pharmacy service could be commissioned to meet any unmet need.

¹ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf

³ <http://www.legislation.gov.uk/ukxi/2013/349/regulation/5/made>

1.1 What is a Pharmaceutical Needs Assessment?

A pharmaceutical needs assessment (PNA) is the statement of the needs for pharmaceutical services which each Health and Wellbeing Board is required to publish. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (Department of Health, 2013) set out the legislative basis for developing and updating PNAs and can be found at:

<http://www.legislation.gov.uk/ukxi/2010/914/contents/made>

The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services that could be delivered by community pharmacies and other providers.

The PNA will be used to:

- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need;
- Support commissioning of high quality pharmaceutical services;
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs outlined within the joint strategic needs assessment;
- Facilitate opportunity for pharmacists to make a significant contribution to the health of the population of Darlington
- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information.

The process of needs assessment is not new. The Joint Strategic Needs Assessment (JSNA) is the means by which local partners including CCGs and local authorities describe the health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs. The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Health Assessments (JSNAs). The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages.

Overall commissioning priorities are driven by the JSNA and the associated priorities for the commissioning of pharmaceutical services should be driven by the PNA. The PNA will therefore become an intrinsic part of the overall strategic needs assessment and commissioning process, though as a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them (Department of Health, May 2013).

1.2 Market entry

If a person (a pharmacist, dispenser of appliances, or in some rural areas, a GP) wants to provide NHS pharmaceutical services they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (the “2013 Regulations”) a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on the relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

The regulations allow an automatic exemption to the regulatory test for distance sellers or internet based pharmacies on the condition they meet the following;

- The uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services, and
- The safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or on someone else’s behalf, and the applicant or the applicant’s staff.

The Health Act 2009 replaced the “control of entry” test with a new test requiring Primary Care Organisations to have statements of pharmaceutical needs. The Health and Social Care Act 2012 transferred the responsibility for producing the PNA to Health and Well Being Boards of local councils. NHS England will use the PNA to determine applications to open new pharmacies in that local council area.

An update to the Pharmacy Regulations in December 2016⁴ allows two pharmacies to merge without creating a gap in pharmaceutical services. This provision was introduced to allow two closely located pharmacies to merge and remain a viable business entity and yet produce an enhanced service to the local community. The Health and Wellbeing Board has the responsibility of scrutinising any applications to consolidate (merge) pharmacies, and must make a statement or representation back to NHS England within 45 days, stating whether the consolidation would or would not create a gap in pharmaceutical services provision. NHS England will then inform the HWB of its decision, and require the HWB to publish a supplementary statement⁵ saying that closure of the pharmacy will not create a gap in pharmaceutical services, and to update the map of premises where pharmaceutical services are provided. (Appendix 1).

⁴ <http://www.legislation.gov.uk/uksi/2016/1077/regulation/7/made/data.xht?wrap=true>

⁵ A supplementary statement forms part of the Pharmacy Needs Assessment (PNA) and is a statement of relevant changes since the PNA was published, which may affect an application for a new pharmacy;

There has been one consolidation of pharmacy premises since the last PNA was produced in 2018.

It is essential that local councils are keenly aware of pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be commissioned directly by the council, or by other health partners through the Health and Wellbeing Board, to support more effective patient care.

Section Three

Identified Health Needs

This chapter provides a brief overview of the health needs of the residents of Darlington, highlighting in particular those health needs which may be amenable to intervention by services delivered through community pharmacies.

3.1 Geographical characteristics

Darlington is a large market town in North East England and part of the Tees Valley. The borough is semi-urban with the town centre the most densely populated area, with suburbs surrounding. Further out there are smaller pockets of communities; in Heighington and Coniscliffe to the North West, Hurworth to the South and Sadberge and Middleton St George to the East.

Due to the relatively compact nature of the borough, services tend to be focussed towards the town centre, with smaller retail areas further out of the town centre. Darlington sits at the crossing of the north-south A1 motorway and the east-west A66 trunk road providing easy access to Newton Aycliffe and the Tees Valley.

3.2 Population profile

The population of Darlington is estimated to be 107,402 (mid 2020 estimate). Table 1 shows population breakdown by age range (mid 2020 estimates: Source Office of National Statistics (ONS)) for the Darlington area, by ward. As older people are high users of pharmacy services the table below shows the percentage of 65+ populations in each ward. The population is projected to be 107,100 by 2025, with population growth of Darlington's 65+ expected to increase from (to the nearest thousand) 24,000 in 2023 to 27,000 in 2030. It should be noted that the further into the future the projections get, the more the uncertainty of the projection. This is because it is impossible to predict future impacts on population such as changing economic forecasts, policies and other issues that may affect demographics of an area (Source; Projecting Older People Population Information System (POPPI)).

Figure 1: Over 65 population profile

Ward	Total Pop.	0-15 years (number)	16-64 years (number)	65+ years (number)	% 65+ of pop. by ward	% of total Darlington population in ward
Bank Top & Lascelles	7,317	1,399	4,508	1,410	19.3%	6.81%
Brinkburn & Faverdale	6,739	1,387	4,390	962	14.3%	6.27%
Cockerton	6,283	1,387	3,636	1,260	20.1%	5.85%
College	4,270	693	2,598	979	22.9%	3.98%
Eastbourne	6,535	1,496	3,955	1,084	16.6%	6.08%
Harrowgate Hill	6,310	1,191	3,938	1,181	18.7%	5.88%
Haughton & Springfield	6,087	991	3,477	1,619	26.6%	5.67%
Heighington & Coniscliffe	4,587	823	2,680	1,084	23.6%	4.27%
Hummersknott	3,675	474	1,920	1,281	34.9%	3.42%
Hurworth	3,288	568	1,800	920	28.0%	3.06%
Mowden	3,815	608	1,899	1,308	34.3%	3.55%
North Road	6,435	1,102	4,100	1,233	19.2%	5.99%
Northgate	4,332	862	3,022	448	10.3%	4.03%
Park East	8,007	1,634	5,240	1,133	14.2%	7.46%
Park West	4,262	749	2,373	1,140	26.7%	3.97%
Pierremont	6,029	1,024	4,077	928	15.4%	5.61%
Red Hall & Lingfield	4,277	1,025	2,548	704	16.5%	3.98%
Sadberge & Middleton St George	6,614	1,085	3,947	1,582	23.9%	6.16%
Stephenson	4,818	1,056	2,889	873	18.1%	4.49%
Whinfield	3,722	568	2,152	1,002	26.9%	3.47%
Total	107,402					

Figure 1: population breakdown (mid-year ONS) in Darlington by ward. Source: Office for National Statistics

Figure 2 shows Darlington's population segmented by age groups and sex. Darlington's population compared to the England percentages for each age group shows that Darlington has a larger percentage of older age groups and a lower percentage of those aged 20 years to 39 years old.

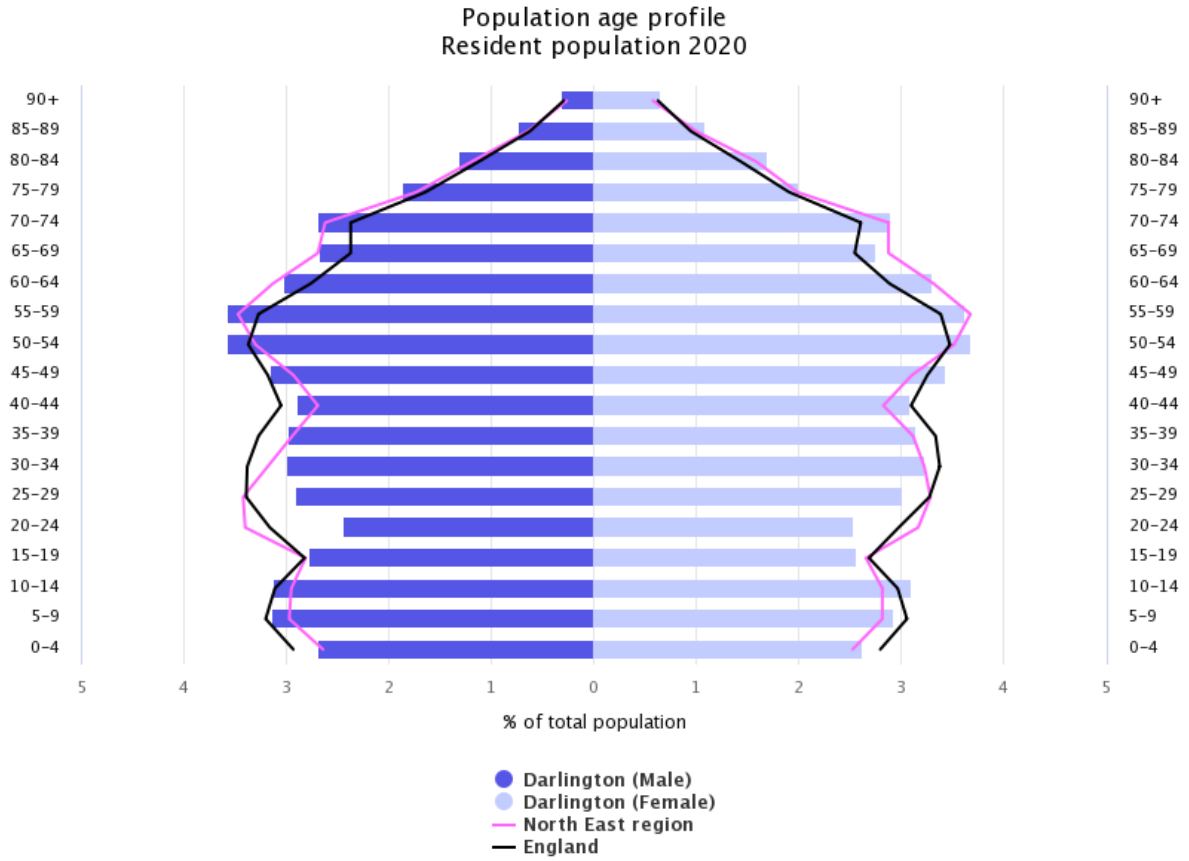


Figure 2: Population pyramid for Darlington (Fingertips.phe.org.uk)

Figure 3 illustrates geographically where there are higher concentrations of over 65s

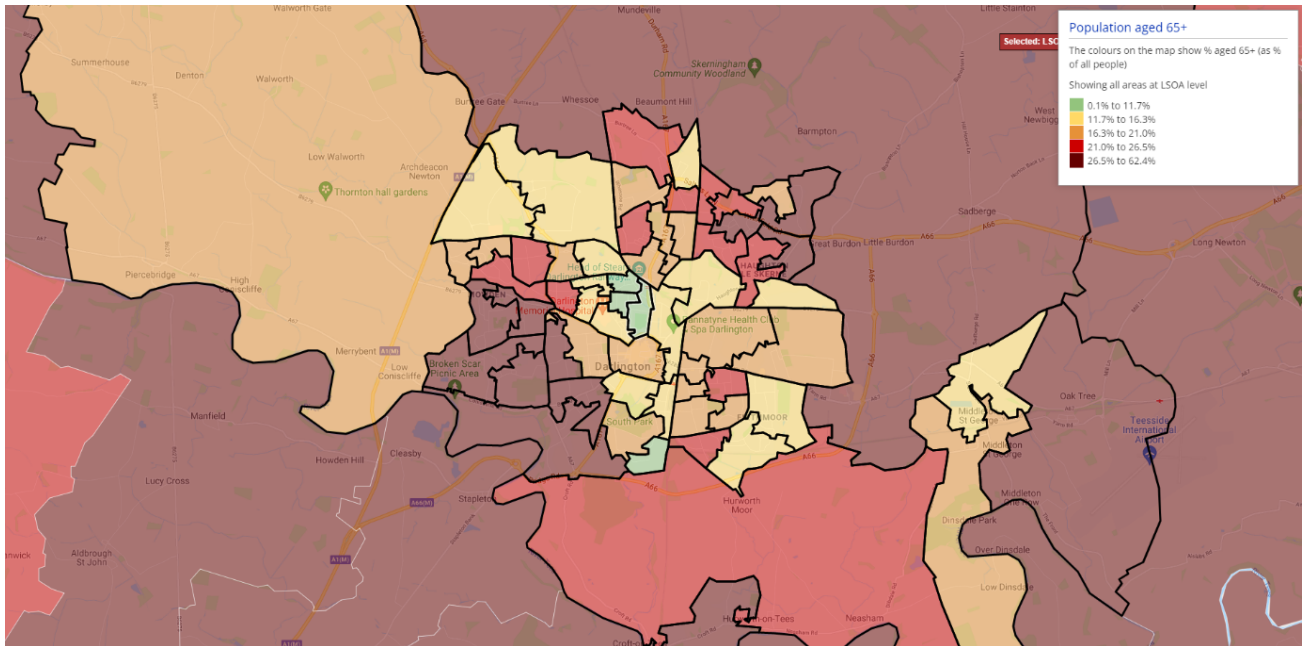


Figure 3 :Over 65 population

To ensure the population's need for housing, a thriving economy, community facilities and infrastructure are met, Darlington Borough Council has a new Local Plan which extends to 2036. The Local Plan estimates by 2036 there could be an increase of 10,000 new homes⁶.

For the purpose of this PNA, only those residential projects which have planning permission and are scheduled to begin in the next five years have been analysed. Although there are pockets of planned housing developments all around Darlington, sites are mainly concentrated to the East of the town around Red Hall and Lingfield, and Middleton St George (MSG). No social housing will be built in Middleton St George but Red Hall may be a mixture of social housing and owner-occupiers.

Housing Completed Since 2016

Year	Completions
2016/17	175
2017/18	495
2018/19	596
2019/20	538
2020/21	546
Total	2,350

Housing planned for next 5 years

2022/23	555
2023/24	708
2024/25	553
2025/26	655
2026/27	780

Future residents are likely to travel into the town centre or north to Whinfield to access their GP and subsequently pharmacy services. There are no new surgeries planned to service any new house building. The planned sites have access to bus routes and there is a hub within half a mile from the developments in the East of Darlington.

⁶ <https://microsites.darlington.gov.uk/local-plan/>

Ethnicity

To enable consideration of any specific pharmaceutical needs related to ethnicity, data from the 2011 census has been reviewed. The population of Darlington are largely of white ethnic origin (96%). This is substantially higher than both the England (86%) and Tees Valley averages (95%). Asian/Asian British individuals make up the greatest proportion of the non- white community of the population of Darlington. 2% of Darlington’s population in the 2011 census identify as Asian/Asian British.

3.3 Transport

Access to health services can be hampered by transport issues. Regular buses serviced by Arriva travel into the town centre regularly, where the majority of GP surgeries and pharmacies are based.

2011 census data estimated there were 46,670 households in Darlington. Car ownership among households in the area at time of census stood at:

No car	1 car/van	2 cars/vans	3 cars/vans	4 or more cars/vans
13,052	20,682	10,450	1,962	524

Table 2: 2011 census of households car ownership in Darlington

This suggests that nearly three quarters (72%) of all households in Darlington have access to at least 1 car/van or more. Census data split by wards (pre 2015 ward boundaries) shows those households situated in the more rural fringes of the area (Sadberge and Middleton St George, Hurworth and Heighington and Coniscliffe) are more likely to own two or more cars, making them less likely to be reliant on public transport to reach pharmacy services.

3.4 Deprivation

People living in areas with higher levels of deprivation (social and economic) tend to exhibit poorer health than those who live in more affluent neighbourhoods. The Index of Multiple Deprivation 2015 measures deprivation at a small area level or Lower Super Output Areas (LSOAs). LSOAs are smaller than wards and therefore show pockets of deprivation better than ward level. Figure 4 below shows deprivation mapped by LSOA, with ward boundaries and names shown for reference.

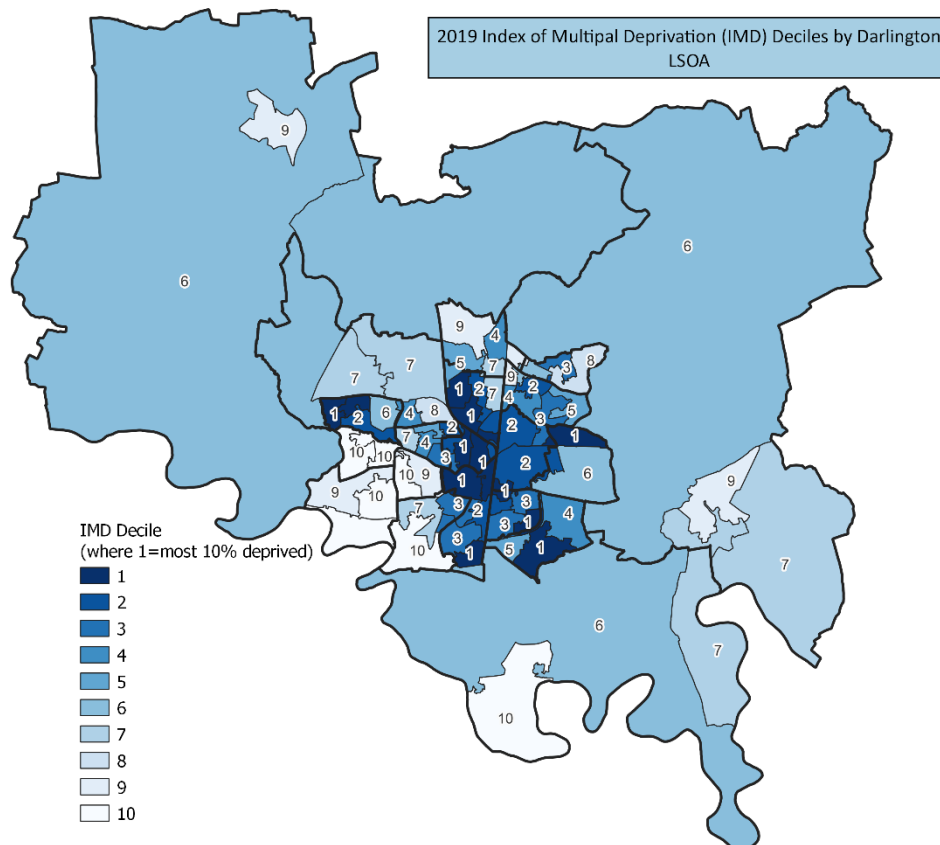


Figure 4: IMD 2015 deprivation deciles (LSOA level)

3.5 Lifestyle risk factors

Smoking

Smoking continues to be the most significant contributor to preventable disease and early deaths in Darlington. It is a significant risk factor in the development of heart and vascular disease as well as many cancers. The effects of smoking continue to impact on the average life expectancy in Darlington.

Smoking prevalence in Darlington has decreased among adults since 2012 and remains statistically similar to the national and regional trend. The rate of smoking

attributable hospital admissions has declined steadily since 2015/16 being statistically worse than the England average but remain statistically better than the regional average. Smoking attributable deaths have also seen a recent increase in 2017-19, after a period of positive decline since 2012/15.

Alcohol

Alcohol has been identified as a causal factor in more than 60 medical conditions, including circulatory and digestive diseases, liver disease, a number of cancers and depression. Analysis of the Health Survey for England from 2015 to 2018 concluded that 24.9% of adults (those aged 18 years and over) drank 14 or more units of alcohol a week, ranking Darlington eighth out of the twelve local authorities in the North East region. 13.7% of adults surveyed reported binge drinking on their heaviest drinking days, ranking Darlington twelfth out of the twelve local authorities in the North East region. Drinking very large amounts of alcohol on a single occasion increases the likelihood of experiencing acute alcohol-related harms.

Substance Misuse

Drug misuse is a serious and challenging cause of illness and deprivation in our region. Deaths related to drug misuse are at their highest levels since records began in 1993, and the North-East rate is the worst in the country. Drug addiction leads to significant crime, health and social costs. Evidence-based drug treatment reduces these and delivers real savings, particularly in crime costs, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease. When engaged in treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better.

Treatment outcomes show a mixed picture – In 2020 3.1% of opiate users in Darlington successfully completed drug treatment, against a regional rate of 3.3% and a national rate of 4.7%.

Optimum weight

Excess weight in adults is identified by government as a major determinant of premature mortality and avoidable ill health. Rates of obesity have increased significantly in recent decades although rates have seen levels begin to plateau in recent years.

Adults are overweight or obese if their BMI measures greater or equal to 25kg/m². The active people survey conducted by Sport England reported that 63.8% of Darlington's population was classified as overweight or obese. This is similar to the England and regional average with Darlington ranking as second lowest of twelve local authorities in the North East region.

The National Child Measurement Profile (NCMP) weighs children in Reception year (aged 4-5) and in Year 6 (aged 10-11). Darlington's school aged children. Darlington has followed the trend nationally and has shown an increase in percentage of children measured as overweight and obese between Reception and Year 6. The prevalence of those measured as being overweight and obese increases from 25.8% (2019/20) of all pupils in Reception year to 37.8% (2019/20) of all pupils measured in Year6.

Sexual Health

Good sexual health forms a fundamental aspect of an individual's general wellbeing and state of health and is also an important public health issue - poor sexual health imposes significant social, economic, emotional and health costs. The highest burden of sexual ill health is borne by gay and bisexual men, young people and black and minority ethnic groups. Pharmacies can promote good sexual health through availability of contraception.

Chlamydia detection rates in young people aged 15-24yrs in Darlington have been statistically similar to England and the North East but recently reduced and are statistically worse. The rate of HIV late diagnosis in Darlington remains statistically lower than England and the North East region at lower than 25%. The rate of under 18s conceptions in Darlington is statistically similar to England and the North East region. The rate has been reducing since 2012 however the rate of under 18 conceptions leading to abortion has recently increased but still statistically similar to England and the North East.

3.6 Cancer

In line with national and local trends, premature mortality from cancer has decreased significantly in Darlington since 2001. Although recent data demonstrates rates in Darlington that are statistically similar to the North East average, performance remains significantly worse than in England. The under 75 mortality rate from cancer considered preventable is 62.6 per 100,000 population (2020) in Darlington – in England it is 51.5 per 100,000 population (2020). Cancer is the commonest cause of premature death in this locality, and the most recent data shows an increase in premature cancer deaths. Cancer screening programme uptake in Darlington is better than the average rate for England in bowel, cervical and breast screening.

3.7 Long term conditions (LTC)

Cardiovascular disease (CVD)

Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England – it is the second commonest cause of premature mortality in Darlington. Lifestyle modification and improved treatments have resulted in significant improvements in outcomes, and local improvements are in line with national figures. The under 75 mortality rate from cardiovascular diseases considered preventable is 32.6 per 100,000 population (2020) in Darlington – this is similar to the North East and England average.

Coronary heart disease (CHD)

Coronary Heart Disease (CHD) encompasses angina, unstable angina and myocardial infarction (MI, or heart attack.) For an individual who has already had a heart attack or has angina, symptom control and secondary prevention of further cardiovascular events and premature mortality are the cornerstones of management. Heart failure is a significant cause of mortality and morbidity and a common and important complication of CHD. The under 75 mortality rate from heart disease considered preventable is 44.8 per 100,000 population (2020) in Darlington – this is similar to the North East and England average.

Estimated prevalence of Heart Failure (16+) 1.6% of the Darlington population were diagnosed with heart failure, versus 1.4% nationally, in 2015. However, fewer people with CHD were admitted to hospital in Darlington than in England – in NHS Darlington CCG, the hospital admission rate for coronary heart disease in 2015/16 was 484.7 (509) per 100,000 compared to 527.9 for England.

Prompt treatment of an acute myocardial infarction is vital in preventing death and further morbidity. In 2016, 93.4% of patients with an acute MI received primary angioplasty within 150 minutes of first call for help. This is higher than England (86.3%.)

Hypertension

Hypertension (high blood pressure) is a leading cause of premature death globally. It is common, costly to the NHS, and often goes undiagnosed – on average, each CCG will have 26,000 residents with undiagnosed hypertension. At least half of all heart attacks and strokes are caused by high blood pressure and it is a major risk factor for chronic kidney disease and cognitive decline.

15.2% of the population in Darlington had been diagnosed with hypertension in 2015/16, compared to 13.8% nationally. Local prevalence has increased from 14.8% (2012/13) to 16.0% (2020/21), in keeping with the impression that a significant proportion of patients with hypertension are not known to services – data from 2014 suggested that only 60% of patients in Darlington with high blood pressure had been formally diagnosed. The new hypertension case finding service will therefore be important in finding those with “silent” hypertension.

Diabetes

In Darlington PCN there is an observed to expected prevalence of diabetes of 0.84%, compared to 0.77% nationally, suggesting that up to 16% of those with diabetes in our locality are currently undiagnosed. There is a confirmed prevalence of 7.1% in Darlington PCN, with a further 1.5% prevalence of undiagnosed diabetes and an expected prevalence of non-diabetic hyperglycaemia of 11.5% - 20% of the local population in Darlington either has or is at risk of developing DM. 65.3% of patients with diabetes had the eight care processes as recommended by NICE in 2015/16, comparing favourably with the rate for England of 52.6%, though there is significant variation amongst local practises.

3.8 Older persons

As earlier recognised in section 3.2 (population profile), Darlington has an increasingly ageing population, with this projected to increase further in future. Estimates for population growth of Darlington's 65+ population will increase (to the nearest thousand) from 22,000 in 2020, to 24,000 by the year 2025. Figure 3 shows distribution of over 65 residents in Darlington wards.

The Tees Valley Combined Authority⁷ reports that in Darlington by 2034, over 1 in 4 of the population is projected to be aged 65+. The number of over 85s is projected to more than double by 2034 to reach 5,600.

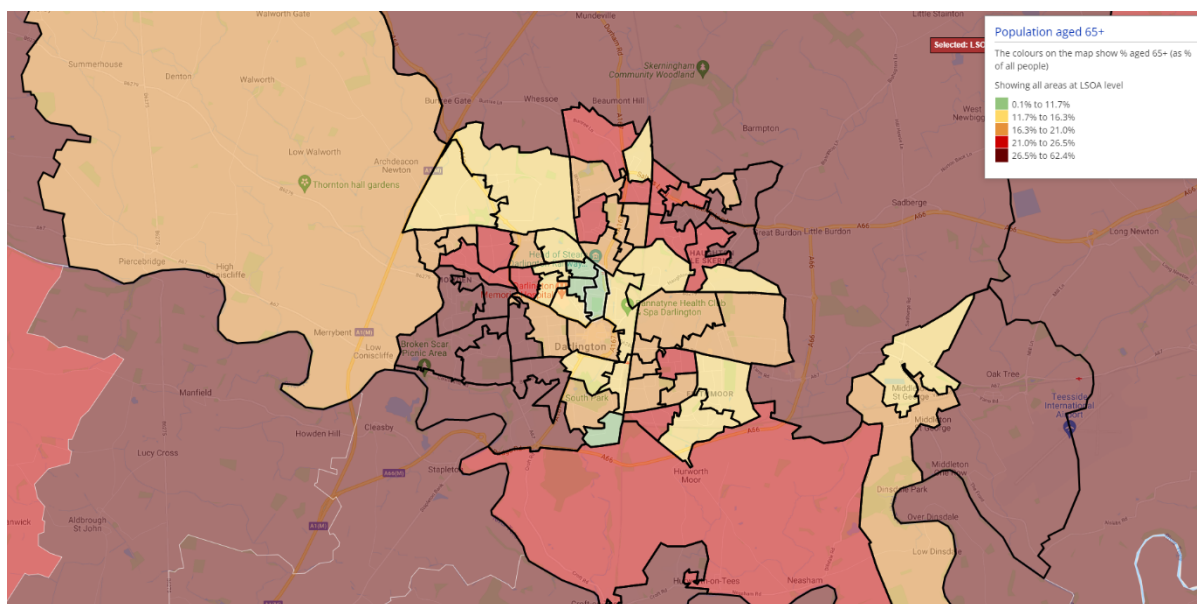
Older people are more likely to require health services due to onset of long term conditions, illness or disability alongside age-related onset of conditions such as Alzheimer's disease. A rise in dementia patients is expected as the number of older residents of Darlington increases. Dementia recorded prevalence (aged 65 years and over) 4.26% (2020) in Darlington compared to the North east 4.09% and England 3.97%. People with dementia require substantial amounts of care, particularly social care. Pharmacists can contribute to the care of those with dementia by reviewing their medication and helping to ensure that patients remember to take the medicines they require by advising on and supplying appropriate support where necessary⁸.

An ageing population will be associated with more harm as a result of falls, in relation to emergency hospital admissions for fractured proximal femur at all ages. Community pharmacists are in an ideal position to review medication which could contribute to dizziness and falls.

⁷ <https://teesvalley-ca.gov.uk/wp-content/uploads/2016/03/Darlington-2014-SNPP-report.pdf>

⁸ <https://fingertips.phe.org.uk/profile/general-practice>

Figure 3; Over 65 population



3.9 Mental health

1.01% of the Darlington population registered with a GP have a severe mental illness in terms of patients with schizophrenia, bipolar disorder and other psychoses, which is higher than the England average.

Depression affects people in different ways. Symptoms can include physical symptoms, such as tiredness, aches and pains, difficulty sleeping and loss of appetite which a person may consult with a pharmacist about who may recognise the symptoms of depression. Depression recorded prevalence (aged 18+) in Darlington 14.7% (2020/21) is higher than the England average with 12.3% (2020/21) of those on practice registers diagnosed.⁹

3.10 Learning disability

A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and look after themselves but take a bit longer than usual to learn new skills. Others may not be able to communicate at all and have more than one disability. A learning disability is not the same as a learning difficulty or mental illness¹⁰. Life expectancy for people with learning disabilities is lower than for the rest of the population. Evidence shows that people with learning disabilities are 2.5 times more likely to have health problems than other people but are less likely to receive regular health checks or to access screening programmes.

⁹ <https://fingertips.phe.org.uk/profile-group/mental-health>

¹⁰ <http://www.nhs.uk/livewell/childrenwithlearningdisability/pages/whatislearningdisability.aspx>

Prevalence of learning disabilities from GP practice registers indicates that from the total population who are registered to a GP practice, 0.55% have a registered learning disability. This equates to 587 residents of Darlington. However, this group are known to have increased health needs and often suffer poorer outcomes from health interventions.

3.11 Immunisation

Darlington performs similarly with both the North East and England with regard to immunisation rates for children.¹¹ Flu vaccination in those aged 65+ performs poorly in Darlington with vaccination coverage declining in recent years. This has been seen throughout local authorities in the North East region.¹²

3.12 Gypsy, Roma and Irish Traveller Communities

Darlington's Joint Strategic Needs Assessment (JSNA) includes the following information regarding the Gypsy, Roma and Irish Traveller communities in the area. Due to a number of reasons it has historically been difficult to both identify and engage with this community which has resulted in a poor understanding of their health and associated health needs. The proportion of Darlington residents that identify themselves **in the 2011 Census** as Gypsy and Travellers is three times higher than the national average but equates to only 0.3% of the population. The Census return shows 350 individuals declaring as Gypsy or Irish Traveller locally¹³.

¹¹ <https://fingertips.phe.org.uk/profile-group/child-health>

¹² <https://fingertips.phe.org.uk/profile/older-people-health>

¹³ <https://www.nomisweb.co.uk/census/2011/KS201EW/view/1946157057?cols=measures>

Section Four

4.1 *Definition of pharmaceutical services*

Pharmaceutical services' is a collective term for the range of services commissioned by NHS England and NHS Improvement. (NHSE&I) In relation to the PNA this includes:

- essential, advanced and enhanced services provided by pharmacies (Directed services is a collective term for advanced and enhanced services)
- essential and advanced services provided by dispensing appliance contractors
- the dispensing service provided by some GP practices in rural areas
- services provided under a local pharmaceutical services (LPS) contract that are the equivalent of essential, advanced and enhanced services (Darlington does not have any LPS contracts).

4.2 *Essential services*

The national framework for community pharmacy requires every community pharmacy to open for a minimum of 40 hours per week, and provide a minimum level of 'essential services' which comprise:

- Dispensing
- Repeat dispensing for prescriptions which contain more than one month's supply of medicines
- Disposal of unwanted medicines
- Promotion of healthy lifestyles e.g. public health campaigns
- Signposting patients to other healthcare providers
- Support for self-care
- Discharge medicines service.

The discharge medicines service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions.

- Delivery of appliances – delivery of certain appliances to the patient (in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice.
- where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

4.3 *Advanced services*

In addition to the essential services, the community pharmacy contract allows for 'advanced services. Advanced services are those services that require accreditation of the pharmacist providing the service and/or specific requirements to be met in regard to the premises. They are commissioned by NHS England and NHS Improvement. The specification and payment are agreed nationally.

As of January 2022 Advanced services include:

- new medicines service
- community pharmacy seasonal influenza immunisation
- community pharmacist consultation service
- hypertension case finding service
- community pharmacy hepatitis C antibody testing (until 31st March 2023)
- stop smoking service for patients who started their stop smoking journey in hospital.
- community pharmacy Covid-19 lateral flow device distribution service
- Covid-19 medicines (pandemic) delivery service

The New Medicines Service aims to help patients who have long term conditions get the best out of any new medicines which have been started particularly for those with the following conditions¹⁴:

- Asthma or Chronic Obstructive Pulmonary Disease
- Type 2 diabetes
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's Disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes (ACS)

¹⁴ List correct as at September 2021

- Atrial fibrillation (AF)
- Long term risk of venous thromboembolism/embolism
- Stroke/ transient ischaemic attack (TIA)
- Coronary Heart disease (CHD)

The seasonal influenza vaccination service is commissioned by NHS England to help meet national targets to immunise the over 65s and the clinically vulnerable at risk from influenza. Pharmacists undergo extra training to deliver this service and can also provide the service privately to those clients who do not qualify for NHS vaccines. Pharmacists have access to influenza vaccine over and above the vaccines ordered by GPs at the beginning of the seasonal campaign.

This is an area which could provide an alternative to GP run clinics, at times which are of the patients' choosing. It could also reduce demand for GP or nurse appointments, while still ensuring national targets for coverage are reached.

NHS England have also commissioned additional services during the COVID 19 pandemic. These services have included COVID vaccinations, medicines delivery services for those isolating due to COVID, and lateral flow test distribution. All pharmacies in Darlington stepped up to provide some or all of these additional services at a time of national need.

There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:

- appliance use reviews, and
- stoma appliance customisation

Stoma Appliance Customisation service ensures that stoma products are individually tailored to a patient's needs ensuring that a close fitting product is supplied. Extra training and specialisation is required to provide this service, and therefore it tends to be provided by specialist appliance companies.

The Appliance Review Service is intended to help patients make best use of their appliances. Training for pharmacists to perform this service is difficult to access, and therefore when provided in a pharmacy it tends to be done by trained appliance specialists.

4.4 Locally commissioned (other NHS) services

Whilst a clinical commissioning group (CCG) or a local authority may commission 'locally commissioned services' from pharmacies, these do not fall within the legal definition of pharmaceutical services. HWBs are asked to make reference to them in

their PNAs as 'other NHS services'. It is anticipated that from July 2022 CCGs will be replaced by integrated care boards (ICBs) that will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHSE&I expects all ICBs to have done so. Therefore, from April 2023, some locally commissioned services that are commissioned from pharmacies by CCGs will move to the ICBs and will fall then within the definition of enhanced services (i.e. can be taken into account as a pharmaceutical service for the purposes of the PNA). Steps have already been taken to equalise the myriad of minor ailments schemes across the ICS footprint, ensuring that patients can access the same service whichever CCG they once belonged to.

Pharmacy services are currently commissioned locally by Public Health Teams, Clinical Commissioning Groups, and secondary care providers, through public health contracts.

Darlington needs to ensure that it has enough pharmacies providing the services it commissions to meet local health needs.

Aspects of the sexual health service contract provided by community pharmacies in the past are now commissioned by the providers of the overall sexual health contract.

The stop smoking service is now split into two elements; the universal aspect is accessible by anyone and is in the form of a website offering general advice on quitting, the other is the specialist service which can only be accessed by those who meet specific criteria via a referral. The aim of this is to target those in the community most at risk from smoking by providing specialist support. The stop smoking services are no longer based in pharmacies, but as most pharmacies sell stop smoking medication it can still be accessed at retail price by all in Darlington.

We are with you (WAWY) is a registered charity that provide the recovery and wellbeing service in Darlington which aims to treat those with substance addiction and support them in their recovery. As part of this contract, WAWY commission supervised opiate consumption and needle exchange services in the borough.

Primary Healthcare Darlington was established in 2014 as the local GP federation consisting of 11 GP Practices, 57 GP's covering 107,000 registered patients in Darlington. Primary Healthcare Darlington Ltd currently provides Darlington's community contraception and sexual health service and as part of the contract commission services from local pharmacies.

NHS Tees Valley Clinical Commissioning Group (CCG) which was formed on 1st April 2020, inherited some services from Darlington CCG. Currently, the CCG commissions these through North of England Commissioning Support (NECS).

Table 5 shows locally commissioned services including those that the CCG commission.

Table 5: Locally Commissioned Services

Service	Commissioner
Minor Ailments Service	Tees Valley CCG via NECS
Stocking of Palliative Care drugs	Tees Valley CCG via NECS
Supervised Consumption	We Are With You (WAWY)
Needle Exchange	We Are With You (WAWY)
EOHC Provision	Primary Healthcare Darlington Limited
C-card scheme (C-card)	Primary Healthcare Darlington Limited
C-card scheme (Condoms only)	Primary Healthcare Darlington Limited

Current provision of locally commissioned services is explored further in Section Five.

4.5 Self-care

Even more emphasis is now being placed on the self care agenda as a vital element of the pyramid of care, to reduce reliance on surgery appointments, walk in centres and A&E departments.

Community pharmacies are expected to promote self-care through the sale of “over the counter” medicines and by giving advice. Support for “self-care” is an NHS essential service, and the population is encouraged to use community pharmacies to treat minor illness, reserving GP appointments for more serious conditions. Community pharmacies are able to sell a wide range of medicines which are not available through other retail outlets and give advice on when and how to use them.

NHS 111 services can now refer patients to community pharmacies through the Community Pharmacy Referral System (CPRS) This should make urgent services for low acuity patients more accessible and promote the self-care message.

4.6 Dispensing doctors

The 2018 PNA detailed two dispensing doctors located within the Darlington area and a third located in the Darlington HWB area. Currently there are no maps which define the rural areas surrounding Darlington. NHS England may wish to address this at some time in the future.

There is currently one dispensing doctor practice within Darlington; the Rockcliffe Court Surgery which is located in Hurworth. St George’s Medical Practice in Middleton St George stopped dispensing services in 2020.

Dispensing also takes place at a third location in Darlington council area, a branch surgery of a practice based in Newton Aycliffe (outside of Darlington borough but within the Health and Wellbeing Board area).

4.7 Dispensing appliance contractors

Some patients may choose to have appliances supplied by appliance contractors. Although there are no dispensing appliance contractors located within Darlington, these products are usually delivered to the patient's home, so distance to the dispenser is not an impediment to service. However, this may limit the ability of residents to access Appliance Use Review services to ensure that they get the most out of the appliances supplied.

4.8 Hospital Services

NHS hospital trusts and private hospitals do not provide the type of pharmaceutical services which are in the scope of a PNA.

4.9 Current provision of essential pharmaceutical services

All pharmacies on the Pharmaceutical List provide essential services listed in 4.1.

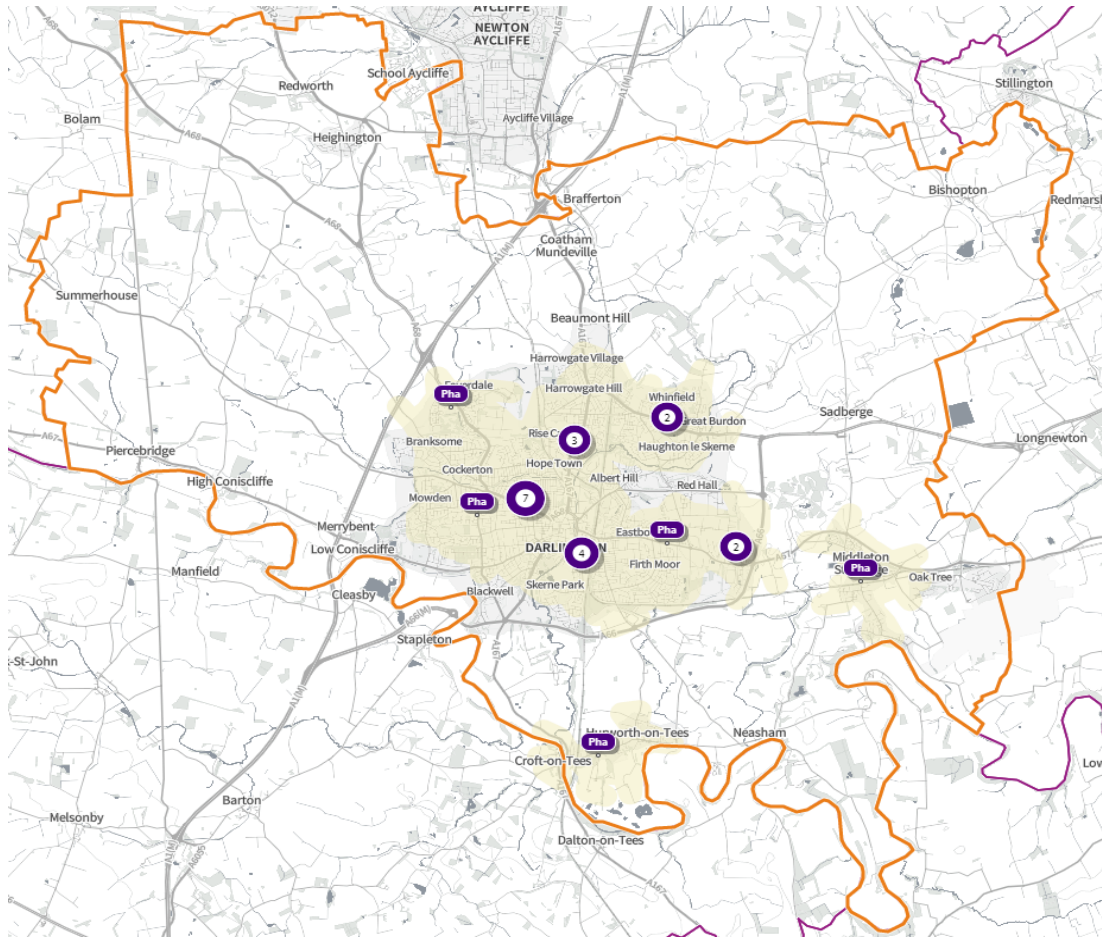
Pharmacy information that has been included in the following analysis was accurate up to the date 1st January 2022 with the 21 pharmacies that offer face to face essential services and the one distance selling pharmacy. Any new pharmacies that open, or other changes (such as relocations, closures or mergers) or additional data received after this date will be reported after publication of the final PNA, either as a notification or formal Supplementary Statement as appropriate.

For the purposes of assessing provision of certain patient facing services, the distance selling pharmacy is excluded from the analysis as it would not be providing these services.

Darlington is well served with community pharmacies with 21 for its population of 106,000. This compares well with the England average of 22 per 100,000. Most pharmacies are in the town centre or established suburban estates. 97% of the population are within one mile of a pharmacy and 97% can access a pharmacy within a 20 minute bus journey. Hurworth has a pharmacy which serves the wider rural communities which surround it. Approximately 25% of the prescriptions generated by the surgery are dispensed by the practice. Hurworth is also served by a community pharmacy next door to the surgery.

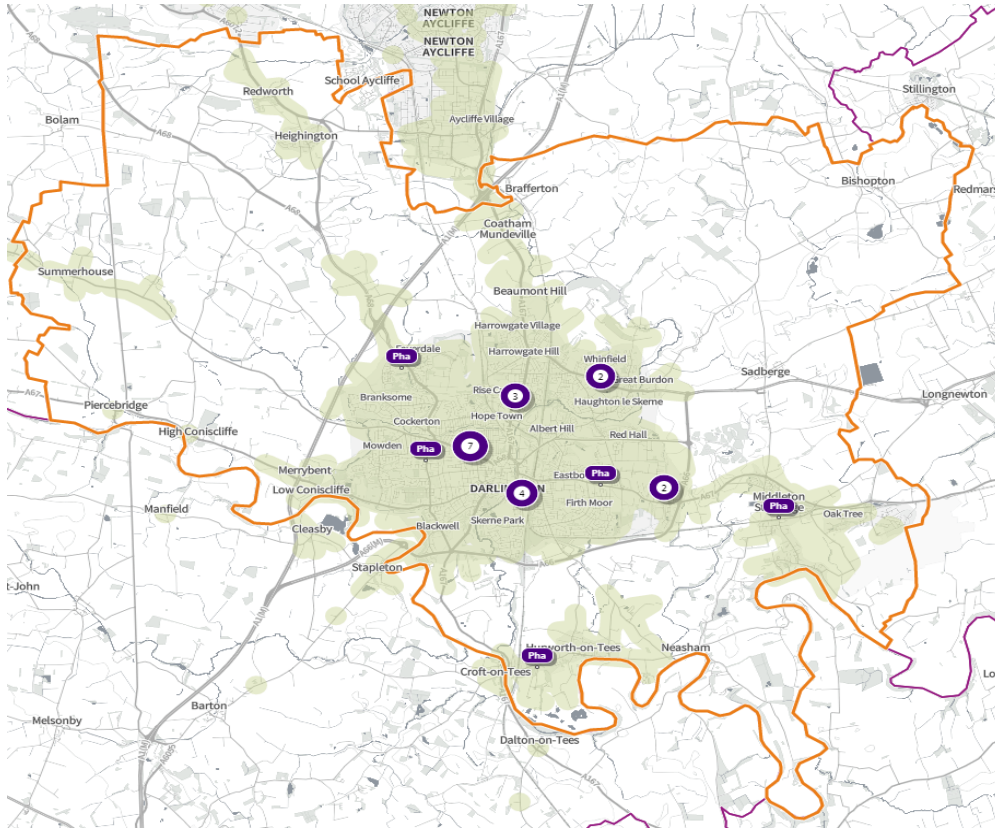
Map 1 shows the area of Darlington borough that can walk to a community pharmacy within 20minutes

Map 1; 22 Pharmacies – Highlight walk by time: 20 mins

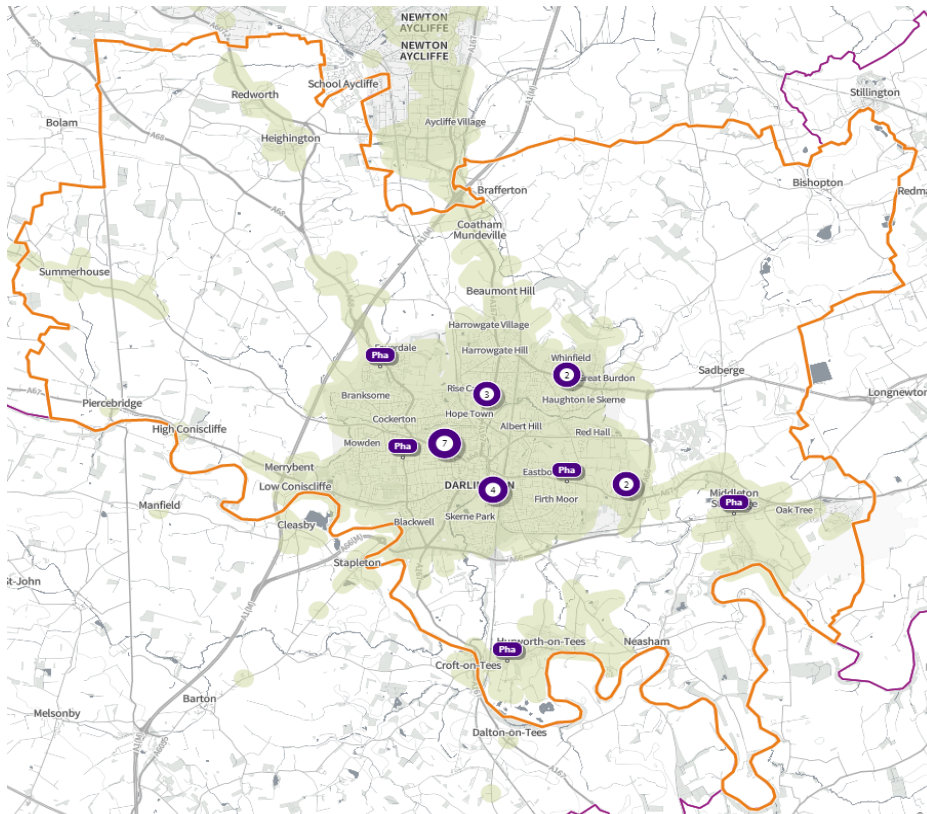


The following three maps show the area covered by a 20 minute bus journey at different times of day.

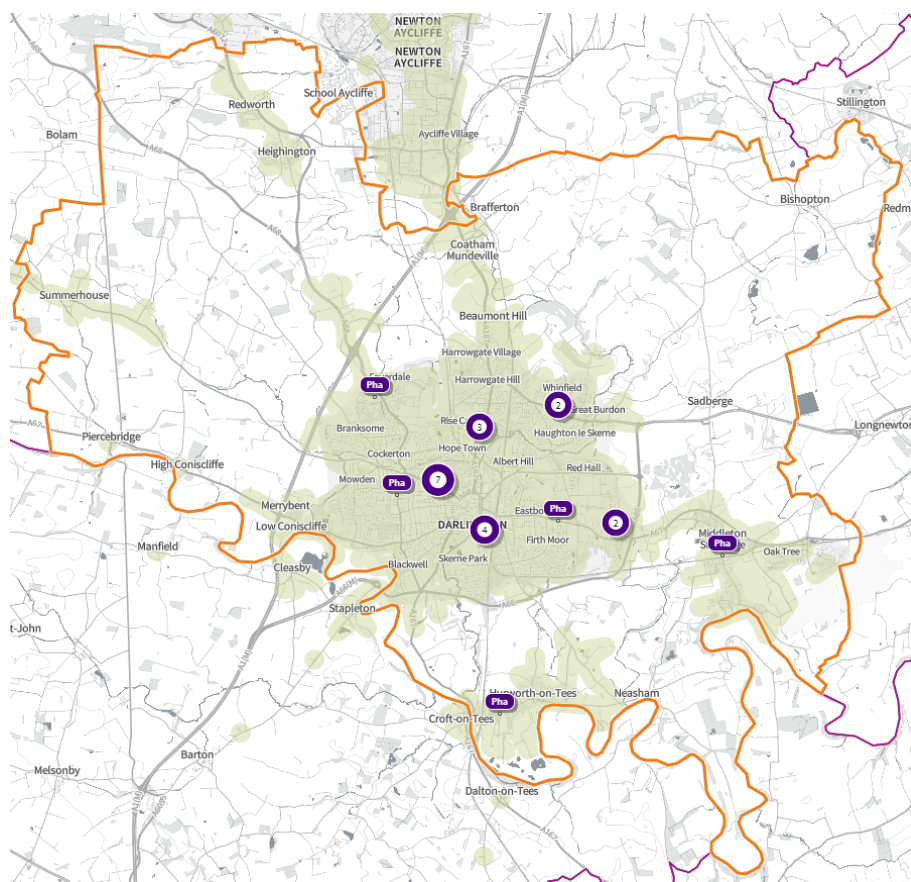
Map2: 22 Pharmacies – Highlight public transport (weekday mornings): 20 mins



Map3: 22 Pharmacies – Highlight public transport (weekday afternoons): 20 mins



Map 4: Highlight public transport (weekday evening): 20 mins



The locations of pharmacies and GP practices can be seen using the interactive Shape Tool, hosted by Public Health England. This can be accessed (after signing up for an account) via the following website: www.shape.phe.org.uk. This tool allows the user to “zoom in” on areas and see locations in detail. They are also detailed below and in Appendix 1.

4.10 Pharmacy Access Scheme

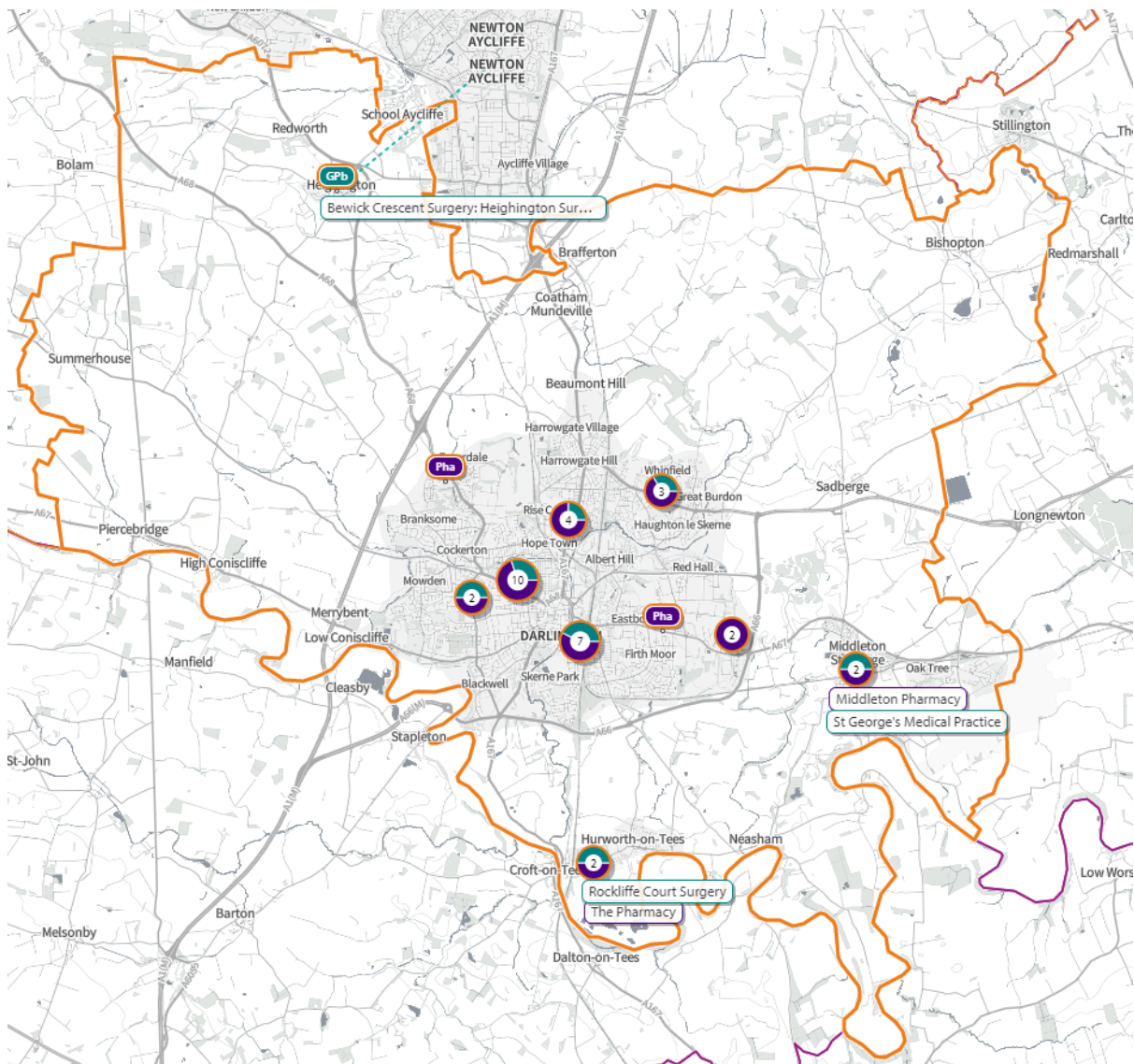
The aim of the Pharmacy Access Scheme (PhAS) is to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected. It has been designed to protect the pharmacy network in those areas where patient and public access would be affected if they should close, for example if a population depends on a single pharmacy. The scheme takes isolation and levels of need into account; dispensing doctors and distance selling pharmacies are excluded from the scheme. To qualify for a payment, the pharmacy must,

- be more than a mile from the next nearest pharmacy (0.8miles in areas of high deprivation)
- have an annual dispensing volume between 1,200 and 104,789 scripts
- be directly accessible to the public (not have restricted access e.g. beyond airport security).

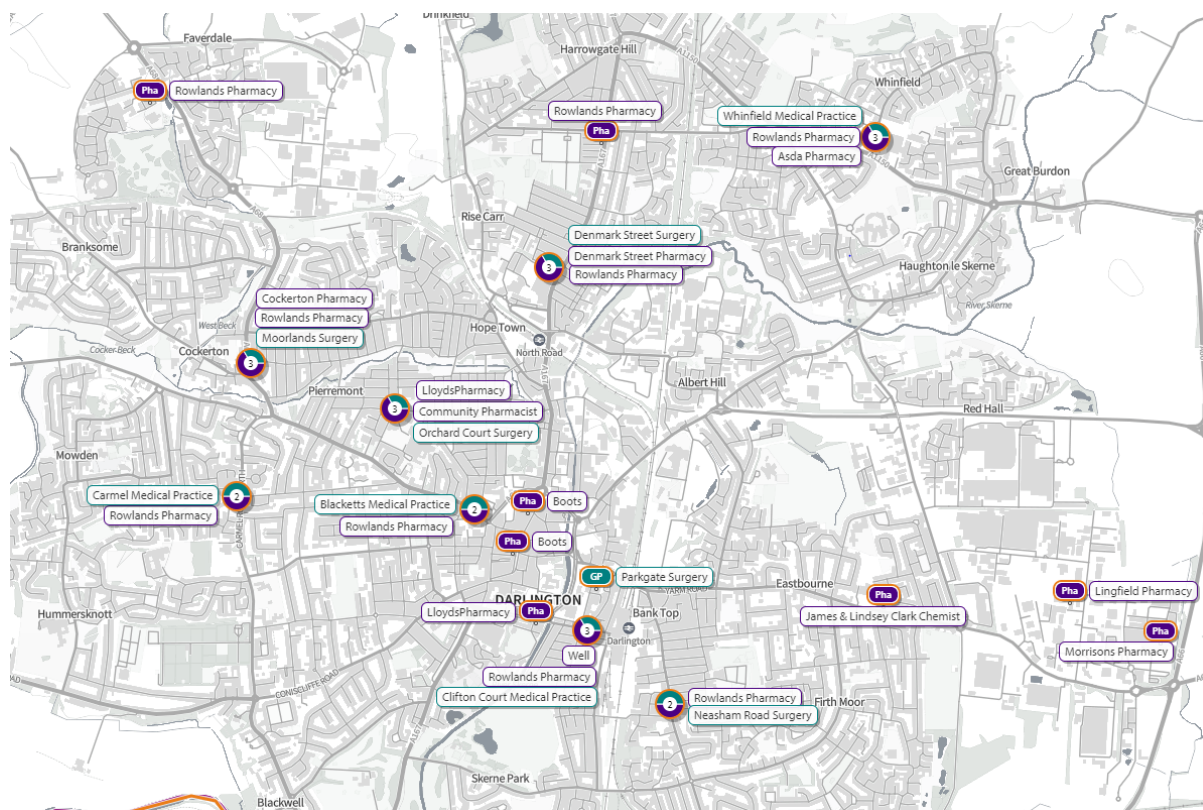
Currently 3 pharmacies in Darlington are eligible for this payment.

The maps below identify the current provision of essential pharmaceutical services and will be used to determine any applications for new pharmacy contracts. Copies of these maps are duplicated in Appendix 1 with a key identifying all pharmacies, GP surgeries, and “dispensing doctor” premises. The maps in Appendix 1 are continually updated and will be used in the determination of pharmacy applications.

Map 5: Location of GP surgeries and community pharmacies



Map 6: Town centre map



4.11 Pharmacy opening hours

Opening hours for pharmacies are included in the Pharmaceutical List held and maintained by NHS England.

Core hours: Each pharmacy is required to be open for 40 hours a week unless a reduction is agreed by NHS England. These core hours are provided as an 'essential' pharmacy service. There are five 100 hour pharmacies in Darlington, and these pharmacies must be open for at least 100 hours per week as core hours.

Supplementary hours: These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability, i.e., they are additional to the core hours provided. Supplementary hours can be amended by giving NHS England 90 days' notice of the intended change.

The distance selling pharmacy has not been included in the following three figures. 13 of the 21 pharmacies (62%) work supplementary hours in addition to their core hours. Figure 6 shows number of pharmacies open later than 5pm weekdays, figure 7 shows number of pharmacies open Saturday by time, and figure 8 shows the same for Sundays.

Figure 6: Number of pharmacies open later than 5pm on weekdays

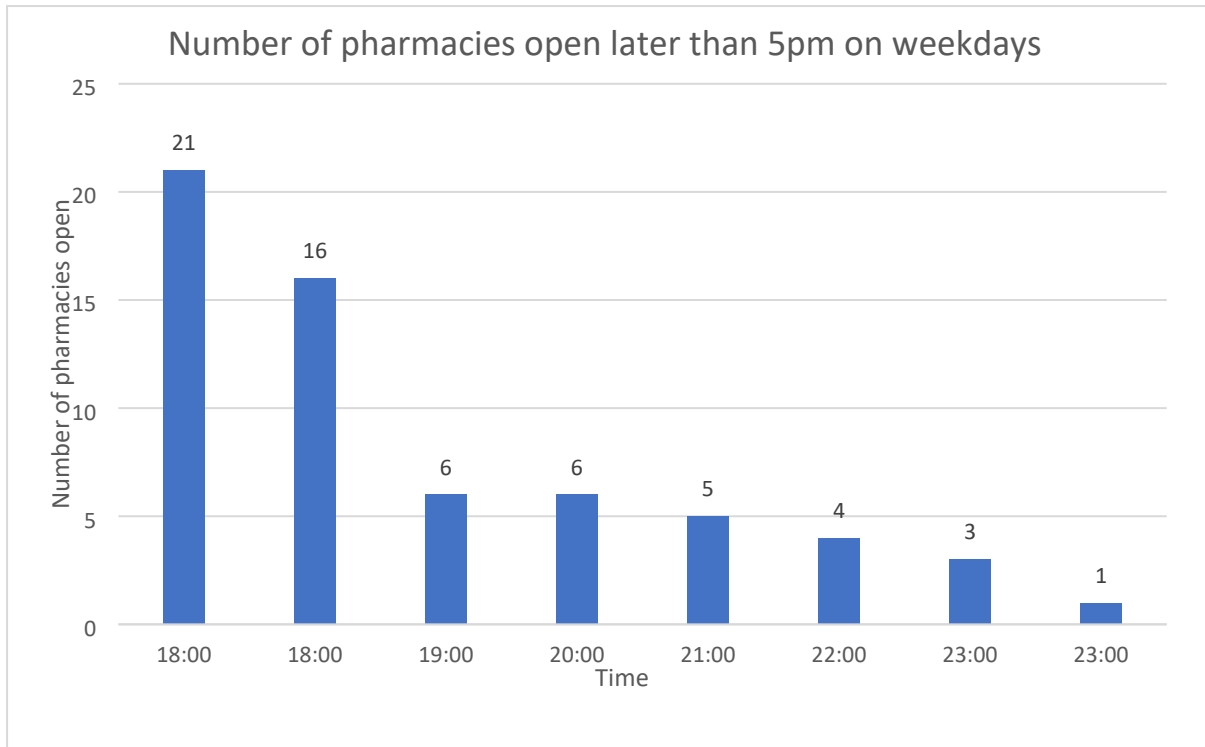


Figure 7: Number of pharmacies open on Saturdays

16 pharmacies are open on Saturdays.

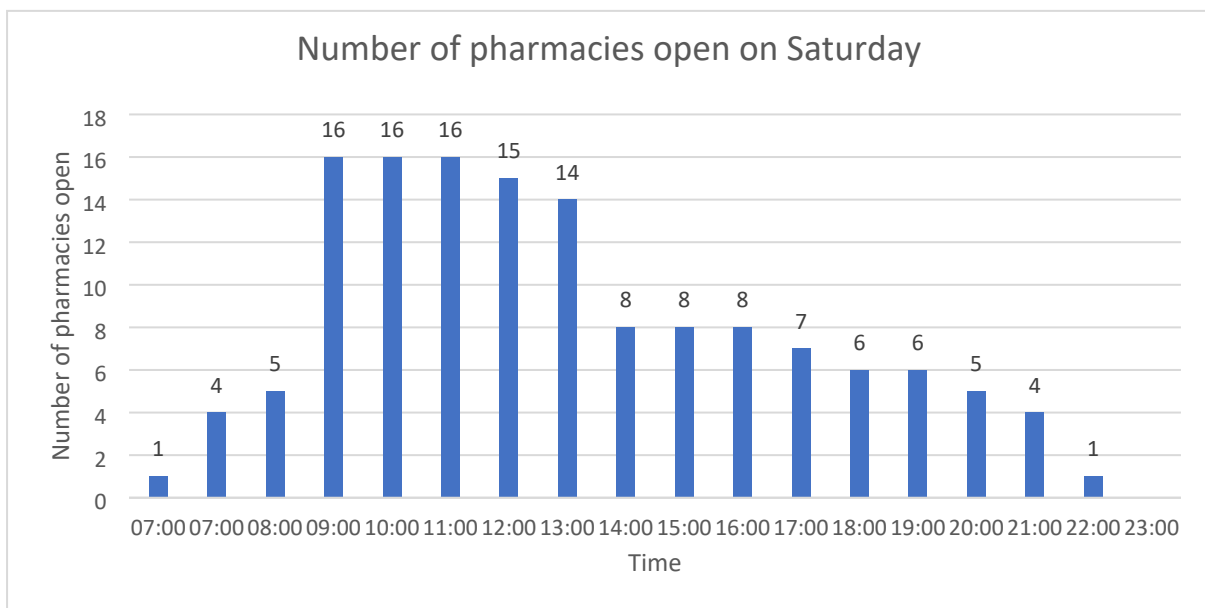
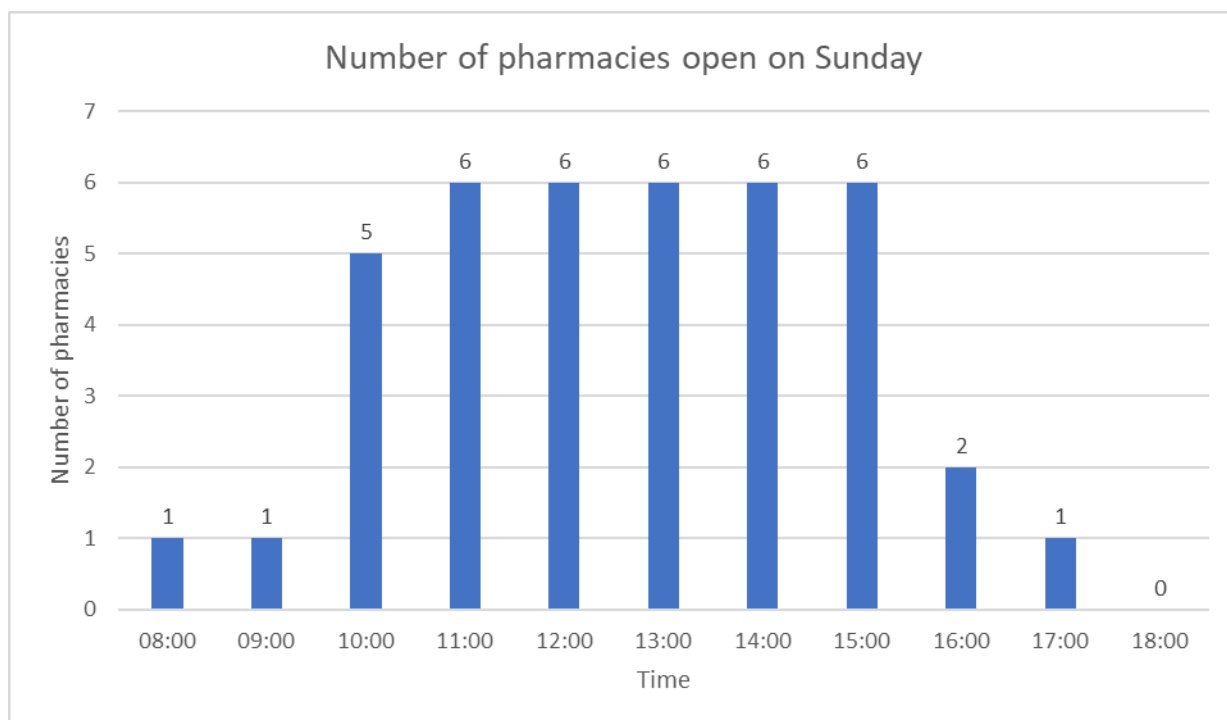


Figure 8: Number of pharmacies open on Sundays

6 pharmacies are open on Sundays.



As can be seen from the above tables, all pharmacies are open until at least 5.30pm, a few open until 6pm and then the 100 hour pharmacies are open in the evening until sometime between 9.30pm and 11.00pm. There is therefore adequate provision of pharmacy services during the working week until late in the evening.

Sixteen pharmacies are open on Saturday morning, eight in the afternoon and five into the evening. There is adequate provision of pharmacy services on a Saturday.

Six pharmacies are open on a Sunday. (One town centre pharmacy has recently dropped its supplementary hours on a Sunday.) One pharmacy is open from 8 in the morning until 6 in the evening, with the others open between 10 and 4pm, There is adequate pharmacy provision on a Sunday.

There is adequate provision of pharmacy services across Darlington borough both on weekdays and at weekends.

Most scripts issued by Darlington GPs are dispensed by pharmacies within the borough. The percentage of prescriptions dispensed within the borough has dropped by almost 1.5% over the last 3 years. This may be due to an increase in use of internet pharmacies during the COVID pandemic.

Table 9: Scripts Issued and dispensed within Darlington

Financial year	Scripts dispensed in Darlington	% scripts dispensed in Darlington
2018/2019	2,567,929	96.3%
2019/2020	2,581,963	95.9%
2020/2021	2,505,466	94.9%

Having considered the availability of pharmacy services throughout the week and at the weekend, the Health and Wellbeing Board considers the provision of pharmacy services to be adequate across the borough.

4.12 Provision of medical services

The basic GP contract requires GPs to offer appointments between 8.00am and 6.30pm Monday to Friday. To improve access, GPs have been required to provide more, routine appointments outside of these core hours. Pharmacy opening hours are not always required to mirror these extended surgery hours, as most appointments are pre-booked and the need for immediate provision of medicines is rare.

Primary Health Care Darlington has indicated that an extended access to GP services is operational at Forsyth House.

Clinic Times (including Bank Hols)

Monday 6.30pm – 9.00pm
 Tuesday 6.30pm – 9.00pm
 Wednesday 6.30pm – 9.00pm
 Thursday 6.30pm – 9.00pm
 Friday 6.30pm – 8.30pm
 Saturday 8.00am – 1.30pm
 Sunday 9.00am – 1.00pm

Forsyth House located near the town centre with two 100 hour pharmacies within walking distance (1/2 mile travel distance)¹⁵ that are open within the times indicated above therefore these extended hours should not be affected by access to pharmacies.

¹⁵ <https://shape.phe.org.uk/app/index.asp#RXP83>

Analysis of pharmacy core hours against GP opening hours shows that pharmacy core hours cover GP opening hours at all times in Darlington. 100 hour pharmacies provide longer opening hours to the borough and are spread across the town.

Additionally, the Urgent Care (walk-in) Centre is based in Darlington Memorial Hospital, located next to the Accident and Emergency Department. The urgent care centre will be open 24 hours a day, seven days a week.

4.13 Current provision of advanced services

Consultation rooms

A consultation room is essential to provide advanced services, and many locally commissioned services. Standards for consultation rooms are specified in the regulations and include:

- Clear designation as an area for confidential consultations
- Distinct from the general public areas of the pharmacy premises
- An area where both the person receiving MUR services and the registered pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person.

In Darlington all 21 pharmacies offering additional services have consultation rooms.

4.14 Appliance services

Regulations which came into force in 2010 defined the essential and advanced services, which apply to pharmacies and appliance contractors who supply appliances on NHS prescriptions. Further details of the services and the payments applicable to each service can be found in the Drug Tariff¹⁶.

Essential services

- Home delivery service and supply of wipes and disposal bags
- Provide appropriate advice
- Dispensing referral
- Repeat dispensing service
- Urgent supply without a prescription

Advanced services

- Stoma Appliance Customisation
- Appliance Use Reviews

¹⁶ The Drug Tariff is a monthly publication produced by the NHS Business Authority (prescription pricing division). It is used as a reference for the payment and repayment of NHS prescription costs by pharmacists or doctors dispensing in primary care.

Training to provide the advanced appliance services has been difficult to access as there are few training providers. There are few pharmacies which provide this service and those that do tend to employ specialist nurses to provide the service.

In Darlington, no pharmacies currently provide the advance appliance use reviews.

4.15 Distance selling pharmacies

Currently there is one distance selling pharmacy registered in Darlington. Some pharmacies offer dispensing services which are available over the internet or by telephone. Delivery is then made by post, carrier or through a branch network. It is not known how many Darlington residents currently use these services.

4.16 Electronic Transfer of Prescriptions (EPS)

All GP practices and pharmacies in Darlington are Release 2 enabled and can therefore process electronic prescriptions. All pharmacies can access the NHS Summary Care Record.

Electronic prescriptions can aid services in the out of hours period by enabling the issue of a single electronic prescription which could be sent to a pharmacy which is still open.

Section Five

Current Provision of Locally Commissioned Services

Services are commissioned from community pharmacies by several commissioners; these include Public Health departments of local councils, Clinical Commissioning Groups and NHS England. Some of these services are provided only through community pharmacies, some are part of a locality wide network of services which use multiple providers to improve patient accessibility.

5.1 Minor Ailments Service (MAS)

This is a scheme targeted at those patients who would not normally consider purchasing self-care medicines from their local pharmacy. These patients, and their families, are in receipt of a means tested benefit and would probably visit their surgery to have a medicine prescribed for a minor ailment because a prescription would be exempt from prescription charges. The intention of the scheme is to reduce pressure on appointments within general practices and provide a service for patients, by providing a consultation with a pharmacist, who would supply a simple remedy if appropriate.

Work is ongoing to bring together and standardise the various schemes operated by CCGs across the region as the Integrated Care Service takes over responsibility for pharmacy services. This service will be standardised and expanded by the ICS and will dovetail with regional campaigns to encourage resilience and self-care.

All pharmacies minus the distance selling pharmacy provide the Minor Ailments service within Darlington therefore there are no gaps in the provision of this service.

5.2 Stocking of palliative care drugs

This service is aimed at the supply of palliative care medicines, for patients who are terminally ill or in end of life care. Pharmacy contractors stock a list of locally agreed range of palliative medicines, ensure prompt access to these medicines (the demand for which may be urgent/unpredictable) and provide information and advice to the user/carer/clinician.

Four pharmacies provide this service they are

Asda Pharmacy, Whinbush Way
Cockerton pharmacy, West Auckland Road
Denmark Street Pharmacy
Well Pharmacy, Victoria Rd

5.3 Stocking of anti-viral drugs

Asda, Whinbush Way and Cockerton pharmacy have also agreed to stock the antiviral drugs oseltamivir which may be needed if there was an influenza outbreak.

5.4 Supervised consumption

As part of the Recovery and Wellbeing service, the service provider We Are With You (WAWY) has contracts with community pharmacies to provide a supervised methadone consumption scheme for those clients who have made the decision to reduce their illegal opiate use. This is prescribed by the service, including the dosage, with the community pharmacy distributing the methadone and supervising the consumption within the pharmacy. The aim of this service is to reduce the use of illegal opiates and by supervising the consumption within the pharmacy, reduce the chances of the methadone being traded on the street.

16 pharmacies in Darlington provide supervised consumption service, and the map in SHAPE shows that whilst there is a concentration of pharmacies providing this service in the town centre, there is adequate coverage across the borough.

5.5 Needle Exchange

The aim of the needle exchange service is to encourage those who still use illegal drugs, and those who are steroid users, to use them as safely as possible by providing access to clean needles and syringes. This should reduce the transmission of blood borne viruses and other infections caused by sharing injecting equipment. Clients are also able to return used needles for pharmacies to dispose of, with the aim to reduce needle finds in the community.

As part of the Recovery and Wellbeing service, needle exchange services are commissioned by providers to take place in three pharmacies in the town centre as well as a needle exchange service in the recovery and wellbeing centre located just outside the town centre. Needle exchange rates provided by the service do not show that this affects the service.

5.6 Emergency Oral Hormonal Contraception (EOHC)

Although EOHC is available without prescription, retail cost can often be high meaning certain more disadvantaged groups may be unable to afford to access it. As part of the community contraception and sexual health service, Darlington commissions local pharmacies to provide EOHC free of charge through the sexual health services provider, Primary Healthcare Darlington Ltd. Currently thirteen pharmacies offer this service. See appendix 3.

There is adequate provision across Darlington

5.7 C-card Scheme (registration and distribution)

Pharmacies are commissioned to distribute condoms to holders of a “c-card”. By registering for the “C card” the young person gets access to condoms and the health professional has the opportunity to educate and counsel the young person about sexual health and contraception. The card may be used in a number of outlets in the town, including community pharmacies.

Currently, one pharmacy is contracted to register people to the c-card scheme, and five pharmacies distribute with contracts with Primary Healthcare Darlington Ltd. In addition, two GP practices register people for c-card and six practices distribute. Other pharmacies have indicated that they also distribute condoms but are not formally contracted with the service.

5.8 Stop smoking services

As outlined in Section 4, Darlington does not commission stop smoking services from community pharmacies and has not done so since a review in 2015. The new advanced pharmacy service which started in March 2022 for patients who start their quit attempt in hospital, will be starting from a low baseline in Darlington. Darlington will have few pharmacy professionals who have had the training to provide this service unless they have moved from other areas. The training required is available online and must be completed before a pharmacy can offer the service. We would prefer that our current community pharmacies provide this new service, but appreciate it may take some time to complete the training and install the required IT systems. This may produce a temporary gap in pharmacy services while the work is undertaken.

There is adequate provision for all commissioned services across Darlington.

Section Six

Non-Commissioned Services

6.1 Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Darlington Borough Council, the Clinical Commissioning Group (CCG) or NHS England. These services are provided at the discretion of the pharmacy owner.

Table 10 details non-commissioned services identified in the pharmaceutical needs assessment questionnaire¹⁷.

Table 10: Non-commissioned services

Non-commissioned service	Number of pharmacies offering service
Blood pressure monitoring	2
Cholesterol testing	1
Hair loss/Hair retention	2
Malaria medication	2
Malaria prevention /travel vaccine	3
Period delay	1
Private flu vaccination	2
Weight Management	1

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. From this table it can be seen that pharmacies offer a small range of non NHS services and this may be guided by customer generated demand.

6.2 Collection and Delivery Services

Two of the services which customers find useful are the prescription collection from the surgery and home delivery services. These are not NHS services.

The pharmaceutical needs assessment questionnaire asked community pharmacies whether they provided both these services; all pharmacies provide a prescription collection service; however, this service has been largely superseded by the electronic prescription spine. When prescriptions are issued by the patient's surgery, they are either directed to the pharmacy chosen by the patient directly or sit on the spine until requested at a pharmacy by the patient. This removes the need for anyone to physically collect a prescription.

¹⁷ Only 10 of the 22 pharmacies across Darlington completed the online questionnaire and therefore this table cannot give a complete picture of the services offered by community pharmacies.

In terms of delivery of dispensed medicines, most pharmacies offer this service, or arrange for prescription delivery through another branch. There are also many online pharmacies which will deliver to a patient's home either directly or through a trusted delivery company.

From the results of the survey, some pharmacies will deliver to any patient, some stipulate a delivery radius (usually between 5 to 10 miles which would cover all of Darlington) and some will only deliver to housebound patients. Some pharmacies have introduced a fee structure of approximately £5.00 per delivery or £50 - £60 as an annual fee for unlimited deliveries to the same address. During the pandemic most pharmacies in Darlington signed up to provide deliveries to those isolating due to COVID.

Most patients will have access to these non-NHS services. There is still flexibility in the system to ensure that those in most need will not have to pay for delivery. Patients can ensure that they do not pay for this service by using internet pharmacies if their local pharmacy or dispensing doctor cannot deliver. There are no gaps in this service across Darlington.

6.3 Monitored Dosage Systems

Some patients who have complex medication regimens may need help to ensure that they take the correct medicine at the right time of the day. To help those who do have difficulty remembering which medications to take regularly can be helped by memory aids and/or medication boxes which are pre-filled with the medications to be taken at specific times of the day. Carers can then ensure that all the medications for that time slot have been taken by the patient.

The filling and checking of these monitored dosage containers is time consuming for the pharmacy team. No extra payment is provided to cover the labour costs involved. As most of these boxes contain one week's supply, weekly prescriptions are requested from the patient's surgery. All pharmacies are expected to provide whatever aid a patient requires, and the remuneration is built into the flat rate dispensing fee.

Analysis showed that the respondents who answered no to the question "Do you provide monitored dosage systems?" were all pharmacies which are part of retail chains. Retail chains often move labour intensive work out of busy branches into pharmacy hubs which specialise in this work. Therefore, all pharmacies will provide patients with monitored dosage systems, albeit some will come from service centres away from the local pharmacy.

No pharmacies charged for this service, although many will only provide the service if requested by a GP or hospital discharge process. Some use their own assessment criteria to make sure that a monitored dosage system is the appropriate intervention for someone having difficulties with their medication.

SECTION 7

Conclusions and Recommendations

Nationally, community pharmacy is being recognised as source of extra capacity as the NHS struggles to keep up with demand. New community pharmacy services are being piloted e.g. oral contraception, antibiotic treatment of urinary tract infections, then rolled out nationally.

The discharge medicines service has quickly moved from being an additional service to an essential service as the benefits to patients have been realised. The new stop smoking service for patients who start their journey in hospital and need to continue their treatment outside hospital will build on some arrangements that have been established over many years and will formalise the role of the community pharmacy in delivering this service.

The new hypertension case finding service is based in community pharmacies. This may lead to community pharmacies delivering health checks in future.

The Community pharmacy consultation service (CPCS) provides connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week are being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP.

COVID has forced a rethink about how we best deliver health services to patients remotely, which reduces the need for patient journeys and makes best use of scarce resources and reduces the carbon footprint. This will rely on the electronic transfer of prescriptions from hospitals to the national electronic prescription spine, (a project which is being developed by NHSX,) for local community pharmacies to dispense the required medicines. Once developed this could also be used to support patient flow at discharge if the hospital pharmacy is under significant pressure.

It will, therefore, continue to be important to have readily accessible, community pharmacy buildings within the community offering traditional and new services to their local populations.

As community pharmacists develop their clinical role, it will become increasingly important that community pharmacists are prescribers. This has been recognised in Schools of Pharmacy and future graduates will be prescribers. Plans are also needed to ensure the legacy workforce is not left behind, or the potential of community pharmacists will not be realised. New models may be needed to streamline the dispensing service to free up pharmacists to deliver the clinical roles. Many have already moved to Primary Care Networks where their role is valued as key professionals in managing long term medication issues for patients. Community pharmacies are also suffering from extra pressures of staff absences and vacancies following covid. Many do not feel able to take on extra services at the present time.¹⁸

Recommendations

1. Public Health Commissioners should consider the role community pharmacy as one option for delivery of NHS Health Checks, as community pharmacy becomes more integrated into the Long-Term Condition agenda.
2. Public Health commissioners should strengthen their links with community pharmacy to deliver behaviour change in those who exhibit risky behaviours e.g. smoking, unhealthy weight, sexual health, alcohol and drug misuse.
3. Closer links should be developed between the UK Health Security Agency and Community Pharmacy to cement the work community pharmacy has done during the COVID pandemic to deliver surge capacity when needed e.g. COVID services and the flu immunisation service.
4. Develop closer integration between services delivered at the interface between hospital and community pharmacy to ensure patients get the best from their medicines.
5. Health and Wellbeing Board should monitor access to pharmacy services and identify gaps in service when services do not meet public needs.

Conclusions

Darlington Health and Wellbeing Board concludes that there is adequate provision of NHS pharmaceutical services across Darlington

Darlington Health and Wellbeing Board considers that extended hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed.

¹⁸ PSNC Survey of pharmacy owners and pharmacy staff January 2022.

Town centre map



List of addresses of GP surgeries and community pharmacies

List of pharmacies in Darlington

Trading Name	Address 1	Postcode	
Cockerton Pharmacy	5 West Auckland Road,	DL3 9EL	100 Hour Pharmacy
Asda Pharmacy	Whinbush Way	DL1 3RB	100 Hour Pharmacy
Well	87 Victoria Road	DL1 5JQ	100 Hour Pharmacy
Boots UK Limited	47-53 Northgate	DL1 1TT	
Boots UK Limited	23 High Row	DL3 7QW	
Denmark Street Pharmacy	Denmark Street Surgery	DL3 0PD	100 Hour Pharmacy
James & Lindsey Clark Chemists	297 Yarm Road	DL1 1BA	
Rowlands Pharmacy	Cardinal Gardens	DL3 8SD	

Rowlands Pharmacy	Whinbush Way	DL1 3RT	
Rowlands Pharmacy	307 North Road	DL1 2JR	
Rowlands Pharmacy	67 Bondgate	DL3 7JR	
Rowlands Pharmacy	155 Neasham Road	DL1 4BN	
Rowlands Pharmacy	Victoria Road	DL1 5JN	
Rowlands Pharmacy	99 North Road	DL1 2PS	
Rowlands Pharmacy	19 West Auckland Road	DL3 9EL	
Rowlands Pharmacy	John Fowler Way, Tillage Green	DL2 2GL	
Lloyds Pharmacy	9 Damson Court, Orchard Rd	DL3 6JA	
Lloydspharmacy	150 Victoria Road	DL1 5JG	100 Hour Pharmacy
Middleton Pharmacy	1 Belle Vue Terrace, Middleton St George	DL2 1BN	
The Pharmacy	Rockcliffe Court, Hurworth	DL2 2BJ	
Morrisons Pharmacy	Morton Park Way	DL1 4PJ	
Lingfield Pharmacy	Lingfield Way	DL1 4QZ	

List of GP practices in Darlington

Name	Address	Postcode	Core Opening Hours
Blacketts Medical Practice	63-65 Bondgate	DL3 7JR	Mon-Fri: 8.15-18.00
Carmel Medical Practice	Nunnery Lane	DL3 8SQ	Mon-Fri: 8.00-18.00 (closed Tuesdays 12.30-13.30)
Clifton Court Medical Practice	Victoria Road	DL1 5JN	Mon: 8.00-14.00 15.00-19.15 Tues: 7.30-18.00 Wed: 8.00-18.00 Thurs: 7.30-18.00 Fri: 8.00-18.00
The Surgery Denmark Street	Denmark Street	DL3 0PD	Mon-Fri: 7.30-18.00
St George's Medical Practice	Yarm Road	DL2 1BY	Mon: 8.30-20.00 Tues-Fri: 8.30-18.00
Parkgate Medical Practice	Park Place	DL1 5LW	Mon: 8.00-18.00 Tues: 8.00-13.00 14.00-20.00 Wed-Fri: 8.00-18.00

Moorlands Surgery	139a Willow Road	DL3 9JP	Mon: 8.00-20.00 Tues-Thurs: 8.00-18.00 Fri: 7.30-18.00
Neasham Road Surgery	186 Neasham Road	DL1 4YL	Mon: 7.30-18.00 Tues: 7.30-12.45 13.45-18.00 Wed-Fri: 7.30-18.00
Orchard Court Surgery	Orchard Road	DL3 6HZ	Mon: 8.00-18.00 Tues-Fri: 7.30-18.00
The Surgery Rockcliffe Court	Hurworth Place	DL2 2DS	Mon, Wed, Fri: 8.30-18.00 Tues, Thurs: 7.30-18.00
Whinfield Surgery	Whinbush Way	DL1 3RT	Mon, Tues, Fri: 8.00-18.00 Wed: 7.00-12.30 14.00-18.00 Thurs: 7.00-18.00
Berwick Crescent Branch Surgery	30/31 West Green Heighington	DL5 6PE	Branch surgery of a GP Practice in Newton Aycliffe.

Appendix 2

Palliative Care Drugs stocked by specialist pharmacies

<https://medicines.necsu.nhs.uk/download/tees-valley-ccg-on-demand-access-to-specialist-medicines-during-the-covid-19-pandemic-period/>

Appendix 3

Pharmacies providing Emergency Hormonal Oral Contraceptive Service

Trading Name	Address 1	Postcode
Cockerton Pharmacy	5 West Auckland Road,	DL3 9EL
Well	87 Victoria Road	DL1 5JQ
Boots UK Limited	47-53 Northgate	DL1 1TT
Denmark Street Pharmacy	Denmark Street Surgery	DL3 0PD
Rowlands Pharmacy	Cardinal Gardens	DL3 8SD
Rowlands Pharmacy	307 North Road	DL1 2JR
Rowlands Pharmacy	19 West Auckland Road	DL3 9EL
Lloyds Pharmacy	9 Damson Court, Orchard Rd	DL3 6JA
Lloyds pharmacy (In Sainsburys)	150 Victoria Road	DL1 5JG
Morrisons Pharmacy	Morton Park Way	DL1 4PJ

Note: These pharmacies have made claims for supplying EOHC in the last 12 months, but all pharmacies can sign up to provide the service.

Appendix 4

Data source used in production of PNA

Data Sources

Source	Information
Darlington Borough Council	<ul style="list-style-type: none"> • Deprivation mapping • Housing projections • JSNA
Commissioners of services	<ul style="list-style-type: none"> • Recovery and wellbeing service • Community contraception service • NHS Tees Valley Clinical Commissioning Group
Public Health England (PHE)	<ul style="list-style-type: none"> • Public Health Outcomes Framework • PHE Health Profiles • PHE Local Health mapping
NHS	<ul style="list-style-type: none"> • NHS England-Pharmacy opening hours, Pharmacy Services • NHS Business Authority-prescription data
Other national data sources	<ul style="list-style-type: none"> • Office for National Statistics-population estimates and density • Census 2011

	<ul style="list-style-type: none">• National Drug Treatment Monitoring System-drug prevalence• Projecting Older People Population (POPPI)-population projections
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Appendix 5

Report of formal Consultation exercise

Appendix 6

Report of Healthwatch patient engagement

Appendix 7

Community Pharmacy questionnaire.

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