

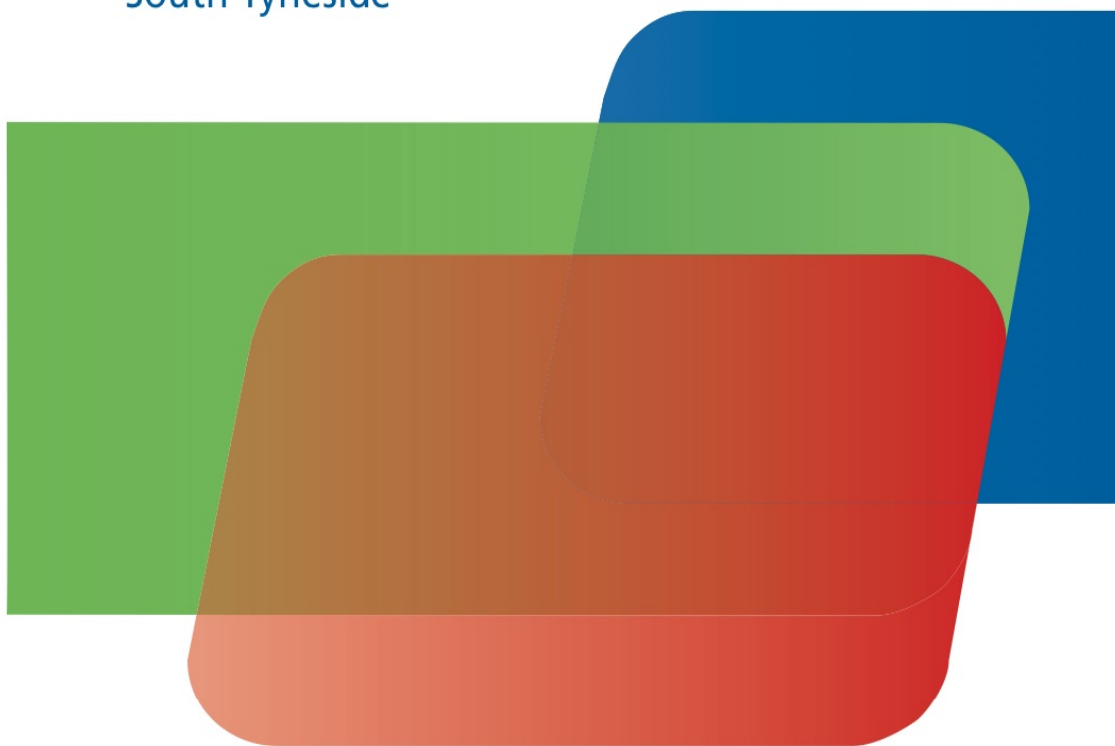


*South of Tyne and Wear*

## **Pharmaceutical Needs Assessment**

February 2011 - 2014

South Tyneside



*Working together to make  
South of Tyne and Wear healthy for you*

Gateshead Primary Care Trust • South Tyneside Primary Care Trust • Sunderland Teaching Primary Care Trust



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# Executive Summary

## Introduction

The *NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations, 2010*, were laid before Parliament on 26 March, 2010 and came into force on 24 May, 2010. These amended regulations introduced the requirement for all Primary Care Trusts (PCT) to prepare and publish a Pharmaceutical Needs Assessment (PNA) on or before 1 February, 2011.

The regulations set out clear criteria for the development of the PNA. There is a requirement to revise the PNA at least every three years and to refresh the document should there be possible changes to the provision of services in the interim.


Across NHS South of Tyne and Wear, which includes Gateshead and South Tyneside PCTs and Sunderland Teaching PCT potential contractors can apply to deliver pharmaceutical services through the Control of Entry process. This process will be replaced by new regulations and in the future the PCT will use the PNA as the basis for determining market entry to NHS pharmaceutical services provision.

## Health needs

South Tyneside is in the worst quartile nationally for most health inequalities indicators and the gap is widening for both men and women in terms of life expectancy. Health inequalities are the result of complex and wide ranging factors including:

- Overall deprivation;
- Poverty or low income;
- Lack of, or insecure, employment;
- Poor housing;
- Homelessness;
- Lower educational attainment;
- Crime and disorder (or fear of);
- Poor access to transport, and;
- Poor physical environment.

Income, poverty and employment are considered to be the most important indicators of deprivation for health inequalities. People who experience one or more of these are more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population. Overall improvements in services, together with reductions in inequalities in wider determinants of health, should help



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narrow the gap in health outcomes between those who have more affluent and stable life circumstances and those who do not.

## Determination of localities

For the purpose of the PNA, South Tyneside's 18 electoral wards have been adopted as localities. This approach is in line with the data available from the JSNA however, the PCT is mindful of the specific needs within the sub-areas of each ward.

## Current provision

In South Tyneside, there are currently 38 pharmacies made up of 33 Non exempt category pharmacies, two distance selling pharmacies, one Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) and two 100 hour pharmacies. There are no dispensing doctors.

The latest available data indicates that the National average number of community pharmacies per 100'000 population is 20<sup>1</sup> this equates to one pharmacy per 5,000 population, there are currently 38 pharmacies in South Tyneside equating to one per 3968 population (ONS 2001 population stats).

In addition to this, South Tyneside PCT also commissions a number of local enhanced services with community pharmacy contractors. There is a good uptake of these services and where services are not currently commissioned by the PCT, there is willingness by community pharmacy contractors to deliver these in the future.

## Stakeholder engagement

During August and September 2010, the views of the public were gathered in the form of a *Views on Pharmacy Services* survey. In particular, the PNA development group were interested in gathering the views of those groups of people who are frequent users of the pharmaceutical services or whose views are seldom heard, to inform the development of the PNA formal consultation.

The survey identified that: the majority of people, who responded, visit their pharmacy at least six times or more a year; 94% use the same pharmacy all or most of the time and; the top five services used are dispensing of prescriptions, buying over the counter medicines, repeat dispensing, advice from the pharmacist and disposing of waste.

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<sup>1</sup> NHS Information Centre, General Pharmaceutical Services (Annual Bulletin) 2007/08



The PCT is required to consult on the draft PNA at least once during its development for a minimum period of 60 days. The formal consultation on the draft PNA will run from 15<sup>th</sup> November 2010, to 17<sup>th</sup> January 2011, the outcomes of which have been considered as part of the final document.

## Future provision

Following an assessment of the information available within the PNA, South Tyneside PCT has concluded that access to essential pharmaceutical services within South Tyneside is adequate for the needs of the population.

# 1. Introduction

The *NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations, 2010*, were laid before Parliament on 26 March, 2010 and came into force on 24 May, 2010. These amended regulations introduced the requirement for all Primary Care Trusts (PCT) to prepare and publish a Pharmaceutical Needs Assessment (PNA) on or before 1 February, 2011.

The regulations set out clear criteria for the development of the PNA. There is a requirement to revise the PNA at least every three years and to refresh the document should there be possible changes to the provision of services in the interim.

Across NHS South of Tyne and Wear, which includes Gateshead and South Tyneside PCTs and Sunderland Teaching PCT potential contractors can apply to deliver pharmaceutical services through the Control of Entry process. This process will be replaced by new regulations and in the future the PCT will use the PNA as the basis for determining market entry to NHS pharmaceutical services provision.

## 1.1 Background

The 2008 White Paper, *Pharmacy in England: building on strengths – delivering the future*,<sup>2</sup> outlined the Government's vision for the role of pharmacies in promoting health and well-being. The key is for community pharmacy contractors to:

- become 'healthy living' centres – promoting health and helping more people to take care of themselves;

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<sup>2</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083815](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815)





- offer NHS treatment for many minor ailments (e.g. coughs and colds) for people who do not need to go to their local GP;
- provide specific support for people who are starting out on a new course of treatment for long-term conditions, such as high blood pressure or high cholesterol;
- offer screening for those at risk of vascular disease, and;
- be commissioned based on the range and quality of the services that they provide.

The document also identified that as existing PNAs were variable across PCTs, that a review was required to strengthen the structure of and data requirements for PNAs to ensure they are an effective and robust commissioning tool that support PCT decisions. As a result of the review, the Pharmaceutical Services Regulations were amended to reflect the requirements for the PNA.

## 1.2 Purpose

The PNA will enable South Tyneside PCT to consider applications to provide pharmaceutical services. It will also provide a framework to enable the strategic development and commissioning of enhanced services to meet the needs of South Tyneside's population.

The aim of the PNA is to enable the PCT and key stakeholders to:

- understand the pharmaceutical needs of the PCT population;
- gain a clear picture of community pharmacy services currently provided;
- make appropriate decisions based on the needs of the local population in relation to applications to provide NHS pharmaceutical services;
- commission appropriate and accessible services from community pharmacies based on the identified health needs of the local population, and;
- clearly identify and address any local gaps in pharmaceutical services.

The PNA is to be considered alongside the JSNA and the PCT Strategic Plan.

## 1.3 Pharmacy market

Community pharmacy contractors have operated under the *Pharmacy Contractual Framework* since April, 2005<sup>3</sup>. There are three levels of service, which are:

- essential services (provided by every pharmacy);
- advanced services (pharmacies can choose to provide, subject to accreditation), and;

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<sup>3</sup> The Pharmacy Contractual Framework terms of service are defined in the National Health Service (Pharmaceutical Services) Regulations 2005 as amended



- local enhanced services (commissioned directly by the PCT and based on local need).

Potential contractors can currently apply to deliver pharmaceutical services through the Control of Entry process. Applications are considered in line with the necessary and expedient test undertaken locally by a sub-committee of the PCT's Commissioning Executive team based on the needs of the local population. However, there are four exceptions that are exempt from the test and these are:

- approved retail areas;
- new one-stop primary care centres;
- 100 hour pharmacies, and;
- distance selling premises.

The definitions of each of the four exempt categories are clearly set out in the *NHS (Pharmaceutical) services regulations, 2005* as amended.

It is to be noted that the current Control of Entry process is to be replaced by new regulations. At this point the PCT will be required to use the PNA as the basis for determining market entry to NHS pharmaceutical services provision.

Within South Tyneside, there are currently 38 pharmacies made up of 33 Non exempt category pharmacies, two distance selling pharmacies, one Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) and two 100 hour pharmacies. There are no dispensing doctors.

## 1.4 PCT Strategic objectives

NHS South of Tyne and Wear's Strategic Plan<sup>4</sup> sets out how we will change the shape of health services across Gateshead, South Tyneside and Sunderland. Over the next five years, the balance will shift from treating illness to helping and supporting individuals to live longer and healthier lives.

To achieve this vision the PCT has identified seven strategic priorities:

- reduced CVD and cancer deaths;
- better start in life;
- long term conditions;
- reform urgent care;

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“Making South of Tyne and Wear healthy for you”, NHS South of Tyne and Wear , Strategic Plan 2010 – 2015



- reform planned care;
- reform mental health care; and;
- a better death.

If we are to achieve these priorities, we need to address our health problems and reshape services by focussing on:

- stopping people getting ill (**prevention**);
- actively identifying people with existing disease and those at risk of developing illness and establish personalised treatment plans (**secondary prevention and long term conditions care**), and;
- when people do need treatment, providing high quality care in the right setting at the right time and freeing up hospital space for our increasing elderly population (**care closer to home**).

We are doing this by:

- **improving health** - commissioning new services in tiered models of care with integrated pathways, and;
- **reforming services** – undertaking a radical modernisation of pathways focused on safety and excellent quality services eliminating waste and shifting care out of hospital across a spectrum towards self-care as appropriate (right services, right place, first time).


## 1.5 Content of the document

The *NHS (Pharmaceutical Service) Regulations, 2005*, as amended defines “pharmaceutical services” as “those services other than directed service”. However, for the purpose of the PNA we are considering the broader term for pharmaceutical services, which includes advanced and enhanced services, as well some services that are not provided on behalf of the NHS.

The information contained in this document relating to contractors and the views of the public is correct as at the 1 October, 2010, and has been collated using information held by the PCT (the information provided in the contractor mapping and patient surveys).

Where services are commissioned nationally or locally the information has been validated against information held by the PCT unless otherwise stated. The Pharmacy service data and opening hours have been refreshed prior to the publication of the final document.

Only pharmacy applications being dealt with by the PCT, which have reached the opening notification stage have been included in the PNA. On-going pharmacy



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applications will continue to be considered in applications to provide pharmaceutical services.

## 2. Pharmaceutical Needs Assessment (PNA) process

The process for the development of the PNA can be broadly described in seven key stages:

- establishment of the PNA development group;
- determination of localities;
- health needs;
- identification of current provision;
- stakeholder engagement;
- consultation, and;
- future provision.

### 2.1 PNA development group

The PNA development group was established in June, 2010. The aim of the group was to develop structures and processes to support the preparation of a comprehensive, well researched, considered and up-to-date Pharmaceutical Needs Assessment, building on expertise from across the local healthcare community. The membership of the group is detailed below:

- Pharmacy Commissioning Manager ;
- Contract Manager Primary Care;
- Head of Patient & Public Involvement;
- Public Involvement Locality Lead;
- Head of Medicines Management;
- Public Health Locality Leads;
- Local Pharmaceutical Committee representative;
- Practice Based Commissioning Lead, and;
- Communications and PR Lead.

The group was also supported by a number of other key roles within the organisation, Board level support and leadership for the project was provided by the Director of Primary Care Commissioning and Governance.

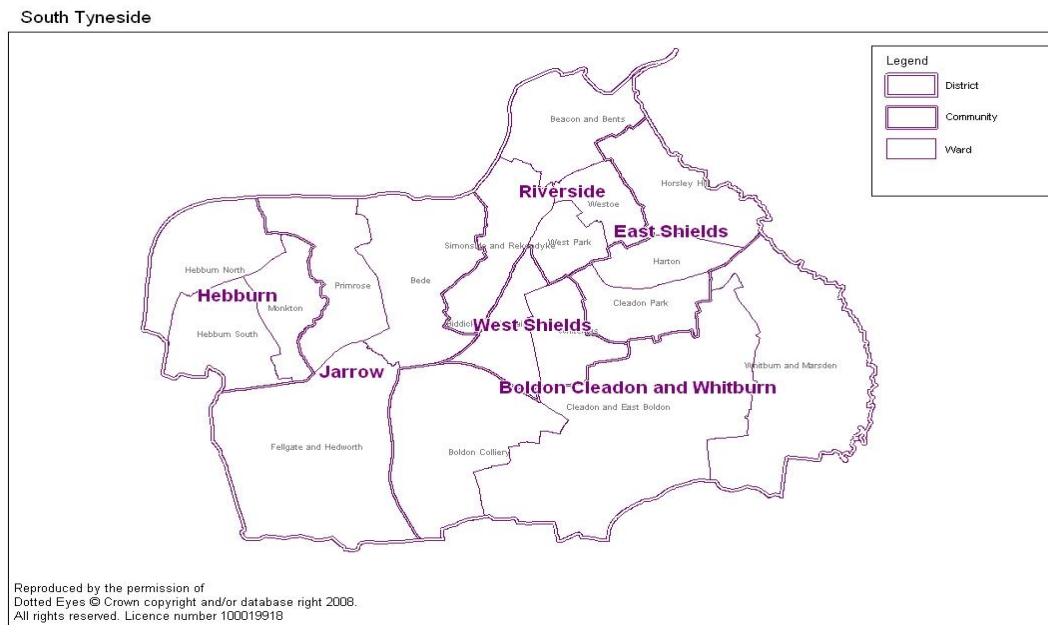


## 2.2 Determination of localities

The concept of neighbourhoods will not continue under the new legislative provisions. However, the regulations refer to PCTs having regard to the needs of the different localities within a PCT area.

In accordance with regulation 3G (e), the PNA development group considered how to assess the variant needs of the area. It concluded that the most appropriate means of dividing South Tyneside PCT's area was to adopt electoral wards. This approach is in line with the data available within the JSNA, although, the PCT is mindful of the specific needs within the sub-areas of each of the wards.

There are a total of 18 wards within South Tyneside, which are detailed below:



- |                       |                       |
|-----------------------|-----------------------|
| Beacon and Bents      | Bede                  |
| Biddick & All Saints  | Boldon Colliery       |
| Cleaton & East Boldon | Cleaton Park          |
| Fellgate & Hedworth   | Harton                |
| Hebburn North         | Hebburn South         |
| Horsley Hill          | Monkton               |
| Primrose              | Simonside & Rekendyke |
| Westoe                | West Park             |
| Whitburn & Marsden    | Whiteleas             |



## 2.3 Health needs

The PNA is directly aligned to the South Tyneside JSNA. Since 1 April, 2008, local authorities and PCTs have been under a statutory duty to produce a JSNA by virtue of *Section 116 of the Local Government and the Public Involvement in Health Act, 2007*.

The Public Health locality lead for the PCT area identified the health needs for the PNA based on the content on the current JSNA and the PCT area priorities.

## 2.4 Current provision

In order to assess the adequacy of provision of pharmaceutical services, the PCT identified and mapped the current provision of such services, provided by pharmacies, dispensing doctors and appliance contractors.

Pre-populated documents were developed by the PNA development group and sent to contractors during August, 2010, for agreement. At this point, pharmacies had an opportunity to comment on how community pharmacy could contribute to the strategic objectives of the PCT. The process was completed during September, 35 community pharmacy contractors responded which was a response rate of 92.1%. In relation to the contractors who did not respond, only the information held by the PCT will be used as part of the PNA.

## 2.5 Stakeholder engagement

During August and September, 2010 the views of the public were gathered in the form of a survey *Views on Pharmacy Services*. Engagement was undertaken via a number of routes including distribution of surveys to local groups, directly to the public in health care settings and at informal meetings. The document was also made available on NHS South of Tyne and Wear's website.

In addition, a number of pharmacies, GP practices, walk-in centres and the GP out-of-hours providers also volunteered to undertake a number of questionnaires with their patients.

The initial deadline for the patient engagement survey was the 17 September, 2010. 1200 surveys were distributed and to date 407 have been returned achieving an overall response rate of 33.9%.

Section 11 provides a summary of the full analysis and outcomes of the public engagement.



## 2.6 Formal consultation

Since 2003, the NHS has had a duty to involve and consult people about changes to health services. The implementation of new provisions in the *Local Government and Public Involvement Act, 2007*, which amended the *NHS Act, 2006*, strengthened this duty further in November, 2008.

The PCT is required to consult on the draft PNA at least once during its development for a minimum period of 60 days. The consultation list is available in **Appendix A**.

The formal consultation on the draft PNA ran from 15<sup>th</sup> November 2010, to 17<sup>th</sup> January 2011, and the outcomes of which have been considered as part of the final document.

## 2.7 Future provision

The PNA will seek to assess the current and future needs of the area identifying any gaps in pharmaceutical services. These may highlight the need for necessary provision or may require provision in specified future circumstances.

In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Part A (Regulation 3G), had regard to the:

- JSNA;
- needs of different patient groups;
- demography of the PCT area;
- benefits from having reasonable choice to services;
- different needs of each of the localities;
- effect of pharmaceutical services under arrangement with neighbouring PCTs, and;
- effect of dispensing services or NHS services provided in or outside of the PCT area.



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## 3. Health needs

### 3.1 Introduction

This section of the South Tyneside PNA is a brief overview of the 2009 South Tyneside JSNA, which is supported by further information contained in **Appendix B**. The full copy of the JSNA including the detailed data annexes is available at <http://www.sotw.nhs.uk/aboutus/publication> .


The JSNA is a comprehensive needs assessment for South Tyneside setting out priorities for the PCT, Local Authority and other partners. The key health message from the JSNA is that 70% of people reported their health as good, similar to the average for Tyne and Wear, but below the national average of 76%; only 7% of respondents reported their health as bad or very bad. Good health is more likely to be reported amongst those aged 18 – 34, in full time work and not in social rented accommodation.

### 3.2 South Tyneside Overview

People living in the most deprived areas have worse health and health indicators than those in the most affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health and to lack resources to avoid their effects. Income, poverty and employment are considered to be the best indicators of deprivation for health inequalities.

In 2007, the estimated total population of South Tyneside was 151,000 with 23.8% of the population aged 19 years or under. Of the 25,100 children aged 1-15 years, 52% are in low income families compared with 49% across the North East and 42% across England. This means that 13,000 children in South Tyneside are living in low income families. Half of these children live in families receiving workless benefits and half live in families receiving tax credits. However, there has been a 23% reduction in the proportion of children living in families dependent on income support in South Tyneside – this compares to 20% reduction for the North East and 15% reduction for England. This indicates that the inequality gap between South Tyneside and England has narrowed in recent years.





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Nevertheless, it is estimated that almost 20% of children in South Tyneside live in areas classed among the most deprived 20% in the country and in some areas as many as 65% of children live in income deprived families.

Unemployment is known to be a potential risk factor for ill health and South Tyneside has significantly higher unemployment than the national average with 6.9% of the working age population claiming Job Seekers Allowance compared to a national average of 4% (November 2009). Between 2004 and 2008 the employment rate in South Tyneside rose by 2 percentage points. During this time the gap in the employment rate between South Tyneside and England reduced from 7% to 5%

With reference to housing, fuel poverty and excess winter deaths, in May 2009, 50% of homes did not meet the Decent Homes standard. Overcrowding can contribute to ill health and there are areas in the Borough where households can be defined as being overcrowded. The number of households considered homeless has reduced by over 60%; from 597 in 2003-4 to 213 in 2007- 2008. Of the 12 councils in the North East, South Tyneside is ranked 5th which is just above average.

In 2007 it was estimated that 50% of all older people and 20% of families with children in South Tyneside were living in fuel poverty. One of the impacts of a poorly heated home is cold related deaths. People in poorly heated homes are more vulnerable to death from heart attacks and stroke. People in local authority or housing association dwellings are especially likely to have low indoor temperatures if their heating costs are high. In 2006 provisional data shows that there were 117 excess winter deaths in South Tyneside, which was higher than Gateshead, Sunderland, the North East and England.

The level of crime and fear of crime have a significant impact on people's quality of life and there are many links between crime and health. In South Tyneside between 2003-4 and 2007-8 there was a 29% reduction in total recorded crime. From April 2008 to March 2009 South Tyneside showed an 11% decrease in total recorded crime compared to the previous year. This is almost double the improvement of the next best performing Local Authority, North Tyneside (6%). Drugs and alcohol are key factors in many crimes.

The gap between life expectancy in South Tyneside and nationally is increasing and continues to be greater for men than women. The mortality rate due to all causes (age standardised) is falling, although in 2005-7 it was higher (692 per 100,000 population) compared to the North East (671) and England (595). Premature mortality (under the age of 75 years) due to circulatory diseases has seen a reduction of 40% between 1995-7 and 2005-7 from a rate of 167.3 per 100,000



population to 100.3. The rate reduction for England was even greater (44%) resulting in an increasing gap between local and national figures. Premature mortality due to all cancers decreased between 2005 and 2007 (178.7 per 100,000 to 145.1) and the inequality gap between South Tyneside and England has reduced. In 2004-6, there were around 500 deaths each year due to cancer, which represents 28.9% of all deaths and is higher than England (26.7%). During this time in South Tyneside, 27.7% of cancer deaths were caused by lung cancer, followed by 10.5% due to colorectal cancer.

Falls in older people is a particular issue as the hospital admission rate for falls in 2006/7 was significantly higher than England (2,302 compared to 1,920 per 100,000). South Tyneside also has a higher rate of hospital admission for hip fractures at 98.3 per 100,000 population compared with England at 77.7.

Pregnancy and the first years of life are very important for health and wellbeing. There are approx 1600 babies born each year in South Tyneside. Factors which are important to give a child the best start in life include a healthy pregnancy, a healthy birth weight and breastfeeding for the first six months. Smoking in pregnancy has a particular impact on low birth weight of babies and is a major issue as the prevalence of smoking in pregnancy is considerably higher at 28% compared to a national average of 17%.

South Tyneside ranks amongst the best regionally and nationally in achieving immunisation coverage, although there remains some variation between GP practices and geographical areas in the Borough.

In 2008/09, 9.1% of children starting school were obese, rising to 21.0% of children in Year 6. Although the percentage of reception children were lower than the North East and England, at year 6 South Tyneside was higher.

Before 2007, teenage conception rates had seen a significant reduction since 1998. However, in 2006 the rate increased from 40.5 per 1000 young women aged 15-17 years to 55.7 in 2007. While this demonstrates a significant increase, similar increases were seen regionally and nationally and South Tyneside was the best performing area in the region.

### 3.3 Small area assessment

South Tyneside has six "Community Area Forums" – Boldon, Cleadon & Whitburn, East Shields, Hebburn, Jarrow, Riverside and West Shields. These are groups of



elected councillors and local residents who meet to discuss local issues and work to improve services. South Tyneside Council, in consultation with these Forums, have identified 21 “Priority Neighbourhoods” that have been chosen because they have a range of issues that include poor health, high unemployment, poor housing, low educational attainment, high crime rates or low average income. These assist partners, including the Council and the PCT, to understand better the needs of local communities and improve the way in which resources are targeted.

## 3.4 Population profile and demography

### 3.4.1 Population profile

In 2007, the total population of South Tyneside was 151,000 with 23.8% of the population aged 19 years or under; this compares with 23.6% for the North East and 24.2% for England. Biddick Hall is the ward with the highest percentage of children and young people aged 19 years and under (28.1% of the total population) whereas Westoe has the lowest percentage of children and young people (20.8%).

Of the population aged 0-19 years, 94.6% are white and the age structure of the black and minority ethnic (BME) population is considerably younger than the white British population; 29.7% of the BME population is aged 0-19 years and 24.0% of the white British population. The largest ethnic minority group of children and young people aged 0-19 is Asian or Asian British, with 3.2%.

### 3.4.2 Population projections

The Office of National Statistic (ONS) state that the number of children and young adults is predicted to reduce by 12.9%; with the numbers of under 25 year olds reducing by 12.9% and 2.2% for under 20 year olds. This compares with only 2.4% for under 25 year olds in England. The percentage of the total population aged 0–4 years is currently 5.0% in South Tyneside compared to 5.4% in the North East and 5.82% in England. By 2020 this is expected to be 5.44% in South Tyneside, 5.68% in the North East and 6.10% in England.



## 3.5 Life expectancy

Life expectancy at birth in the United Kingdom in 2005 (76.9 years among men, 81.1 years among women) is slightly above the Organisation for Economic Co-operation and Development (OECD) average among men (75.7 years) but slightly below the average among women (81.4 years). Countries with high life expectancy include Japan (78.6 years for men, 85.5 years for women) and Switzerland (78.7 years for men, 83.9 years for women). Countries with low life expectancy are Turkey (68.9 years for men, 73.8 years for women) and Mexico (73.0 years for men, 77.9 years for women).

The gap between life expectancy in South Tyneside and nationally is increasing and continues to be greater for men than women. The mortality rate due to all causes (age standardised) is falling although in 2005-7 it was higher (692 per 100,000 population) compared to the North East (671) and England (595).

## 3.6 Deprivation

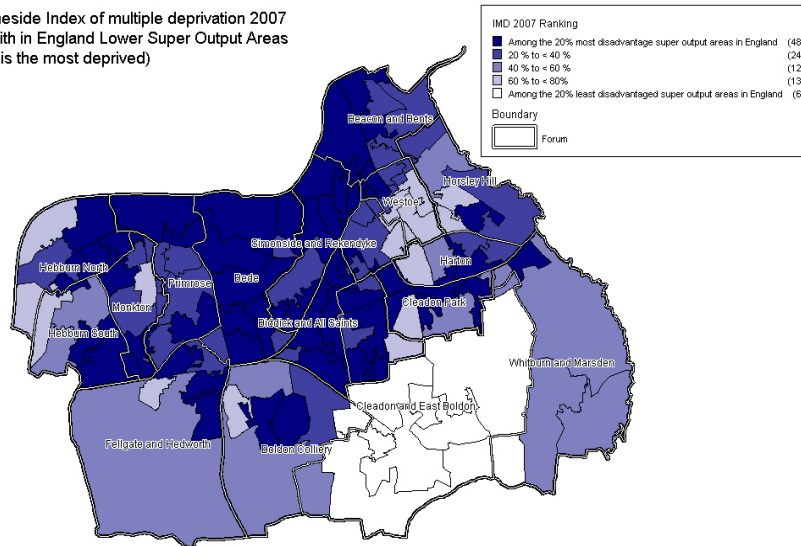
There is a substantial amount of evidence which shows that people living in the most deprived areas have worse health and health indicators than those in the most affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects. The 2007 Index of Multiple Deprivation (IMD) measures socioeconomic disadvantage across seven domains:

- income;
- employment;
- health;
- education;
- barriers to housing and services;
- crime, and;
- physical environment.

The overall IMD is a weighted average of the indices for the seven domains. The map below shows those lower tier super output areas (areas with a population of around 1,500 people) in South Tyneside that are among the most disadvantaged fifth of all areas across England.



**South Tyneside Index of multiple deprivation 2007**  
**Ranked with in England Lower Super Output Areas**  
(Where 1 is the most deprived)



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100045024, 100045904 and 100037502

Source: Department for Communities and Local Government, 2007 Indices of Multiple Deprivation, Income Deprivation Affecting Children Index (IDACI)

## 4. Current provision

### 4.1 Overview

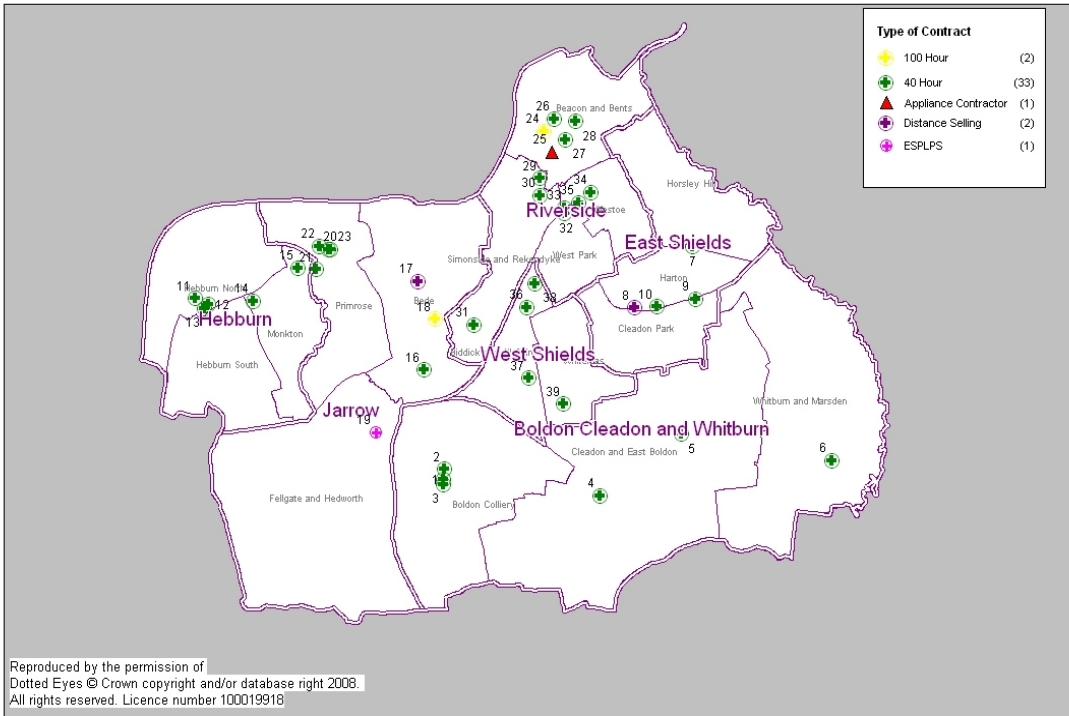
There are a total of 38 pharmacies in South Tyneside, which dispense prescriptions, mainly generated, from the 30 general practices (four of which also have branch surgeries) within the area. However, there are a number of pharmacies outside of the area who dispense prescriptions written by South Tyneside prescribers, this is detailed in section 4.5. There are no dispensing doctors within the PCT boundary. The table below provides an overview of the current providers of pharmaceutical services within each locality.

The map provides the detailed locations of these services. This map will be used to consider applications to provide pharmaceutical services. The full map and key is provided in **Appendix C**.

CAF/ARF	WARD	40 HOUR	100 HOUR	WHOLLY MAIL ORDER	ESPLPS	APPLIANCE CONTRACTOR	DISPENSING DOCTORS	TOTAL
Hebburn	Hebburn North	3	0	0	0	0	0	3
	Hebburn South	0	0	0	0	0	0	0
	Monkton	2	0	0	0	0	0	2
Jarrow	Primrose	4	0	0	0	0	0	4
	Fellgate & Hedworth	0	0	0	1	0	0	1
	Bede	1	1	1	0	0	0	3
Riverside	Beacon & Bents	3	1	0	0	1	0	5
	Simonside & Rekendyke	3	0	0	0	0	0	3
	West Park	2	0	0	0	0	0	2
	Westoe	2	0	0	0	0	0	2
East Shields	Horsley Hill	0	0	0	0	0	0	0
	Harton	2	0	1	0	0	0	3
	Cleadon Park	1	0	0	0	0	0	1
Boldon, Cleadon and Whitburn	Boldon Colliery	3	0	0	0	0	0	3
	Cleadon & East Boldon	2	0	0	0	0	0	2
	Whitburn & Marsden	1	0	0	0	0	0	1
West Shields	Biddick & All Saints	3	0	0	0	0	0	3
	Whiteleas	1	0	0	0	0	0	1
<b>TOTAL</b>		<b>33</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>39</b>



Pharmaceutical Service - South Tyneside - October 2010





## 4.2 Pharmacies

### 4.2.1 Essential services

All community pharmacies are required to provide essential services, which includes:

- dispensing;
- repeat dispensing;
- disposal of medicines;
- promotion of healthy lifestyles;
- support for self-care;
- signposting, and;
- clinical governance.

The PCT monitors the performance of community pharmacies against the contractual requirements. Pharmacies must deliver the full range of essential services in order to be able to deliver advanced and enhanced services (these services are explained later in the document).

### 4.2.2 100 hour pharmacies

Where an application for a pharmacy under the 100 hour exemption rules is granted, it is a condition of the applicant's inclusion in a pharmaceutical list (and therefore a term of service) that the premises to which the application relates are kept open, for at least 100 hours per week, for the provision of pharmaceutical services.


The PCT is allowed to specify the directed services 100 hour pharmacies are to provide. Therefore, the 100 hour application may only be granted if the applicant agrees that they will provide these services, where requested to do so by the PCT and at the premises to which the application relates.

There are currently two 100 hour pharmacies within South Tyneside and a number of pharmacies that provide extended hours which are detailed in **Appendix D**.

### 4.2.3 Distance selling pharmacies

Distance selling pharmacies are required to deliver the full range of essential services, but the means of providing those services are such that all persons receiving them do so, otherwise, than at those premises. There are two distance selling pharmacy in South Tyneside, situated in the wards of Harton and Bede.





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#### 4.2.4 Essential small pharmacies local pharmaceutical services (ESPLPS)

The ESPLPS replaced the essential small pharmacies scheme in 2006 and it was only available to those pharmacies that applied before 31 October, 2005. The scheme is now closed to new entrants. The *Local Pharmaceutical Services (Essential Small Pharmacies) (Amendment) (No 2) Directions, 2010*, came into force on 1 October, 2010, and extended the ESPLPS scheme until 2013. Under the scheme, pharmacies are required not to exceed a maximum dispensing level and not to relocate under the same terms.

There is one ESPLPS in South Tyneside. They are situated in the Fellgate & Hedworth Ward (40 core hours).

### 4.3 Dispensing appliance contractors

Appliance contractors specialise in the supply of appliances, notably stoma and incontinence as prescribed. These items are usually delivered direct to the patient's home.

Pharmacies can also provide this service, in accordance, with the pharmaceutical regulations.

On 1 April, 2010, new arrangements came into force in relation to the supply of appliances. They include new essential services such as, emergency supply at the request of the prescriber, and for certain appliances, a home delivery service, provision of wipes and disposal bags and provision of specialist advice. Appliance contractors are also required to offer repeat dispensing and operate a system of clinical governance. These arrangements are applicable to both appliance contractors and pharmacies that provide this service.



There is one appliance contractor in South Tyneside. However, in addition to this there are a number of community pharmacies who provide the service detailed in the table below.

	Yes	No (But planned within next 12 months)	Not intending to provide	Unanswered
<b>Pharmacies</b>				
Pharmacies dispensing appliances*	33	0	0	5
<b>Stoma appliances*</b>				
Stoma appliances*	33	0	0	5
<b>Incontinence appliances*</b>				
Incontinence appliances*	32	0	1	5
<b>Dressings*</b>				
Dressings*	33	0	0	5
<b>Other*</b>				
Other*	6	0	0	32
<b>Appliance contractors</b>				
<b>Appliance Contractors dispensing appliances</b>				
Appliance Contractors dispensing appliances	1	0	0	0
<b>Stoma appliances*</b>				
Stoma appliances*	1	0	0	0
<b>Incontinence appliances*</b>				
Incontinence appliances*	1	0	0	0
<b>Dressings*</b>				
Dressings*	1	0	0	0
<b>Other*</b>				
Other*	1	0	0	0

\*self-reported data

## Dispensing Doctors

Dispensing doctors provide dispensing services to patients mainly in rural areas, and often where there are no community pharmacies or access to them is limited. There are no dispensing practices in South Tyneside.



## 4.5 Out of area providers of pharmaceutical services

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the PCT's area that provide dispensing services to the registered population of South Tyneside.

Prescriptions written by prescribers within South Tyneside, which have been dispensed outside of the PCT area, have been identified using Epat data for 2009/10.

Approximately, 95.60% of prescriptions are dispensed by community pharmacy contractors, in South Tyneside. An analysis of the data shows that approximately 4.05% of prescriptions were dispensed by pharmacies in Sunderland, Gateshead, County Durham, Newcastle and North Tyneside. It is assumed that these pharmacies provide the full range of essential services.

<b>South Tyneside</b>		
<b>Area</b>	<b>Total number of items dispensed</b>	<b>Total percentage of items dispensed</b>
<b>SOUTH TYNESIDE</b>	3,151,378	95.60%
<b>SUNDERLAND</b>	92,166	2.80%
<b>GATESHEAD</b>	23,934	0.73%
<b>CO DURHAM</b>	8,146	0.25%
<b>NEWCASTLE UPON TYNE</b>	7,638	0.23%
<b>NORTH TYNESIDE</b>	1,429	0.04%
<b>Other</b>	11,775	0.36%
<b>Total</b>	3,296,466	100%

It is to be recognised that out of area provision does not only impact on the delivery of dispensing services , cross boarder issues also relate to the provision of enhance services especially where areas boarder each other, therefore sometimes providing inequity of provision of services for the local population. Therefore it is recommended that commissioners take into consideration these issues and consult with the relevant stakeholders in the review and development of services.



## 4.6 Pharmacy opening hours

Community pharmacy contractors are required to open for a minimum of 40 core hours per week (under the pharmaceutical services regulations, 2005). Where a pharmacy has opened through the 100 hour exempt category, by definition, they are required to open for a minimum of 100 hours. The ESPLPS scheme can open for less than the required 40 hours by agreement with the PCT, (when this meets the needs reflected by the local population they serve).

**Core Hours:** The hours pharmacies are required to open as defined in the Pharmaceutical Regulation, 2005. Pharmacies must apply to the PCT to vary these hours.

**Supplementary hours:** The hours pharmacies may open in addition to their cores hours. However, the pharmacy may amend these by providing 90 days notice to the PCT.

**Total Hours:** The accumulative number of hours the pharmacy is open for business including both core and supplementary hours.

The table below provides an overview of the number of pharmacies open between 8.00am-12.00am as part of their core hours. The pharmacies are included in the relevant time slot if they are open for the whole or part of the hour. **Appendix D** provides a full break down of core, supplementary and total opening hours of pharmacies in South Tyneside.

Core hours only																	
	8am-9am	9am-10am	10am-11am	11am-12pm	12pm-1pm	1pm-2pm	2pm-3pm	3pm-4pm	4pm-5pm	5pm-6pm	6pm-7pm	7pm-8pm	8pm-9pm	9pm-10pm	10pm-11pm	11pm-12am	12am
<b>Monday</b>	8	38	38	38	37	23	36	38	38	31	2	2	2	2	2	0	0
<b>Tuesday</b>	8	38	38	38	37	23	36	38	38	30	2	2	2	2	2	0	0
<b>Wednesday</b>	8	38	38	38	35	21	34	36	36	29	2	2	2	2	2	0	0
<b>Thursday</b>	7	38	38	38	36	22	35	37	36	32	2	2	2	2	2	0	0
<b>Friday</b>	8	38	38	38	36	23	36	38	37	32	2	2	2	2	2	0	0
<b>Saturday</b>	2	20	21	20	9	3	6	6	8	2	2	2	2	2	2	0	0
<b>Sunday</b>	0	0	2	2	2	2	2	2	0	0	0	0	0	0	0	0	0



The majority of core hours are delivered between the hours of 9.00am-6.00pm Monday to Friday, 9.00am-1.00pm on a Saturday and 10.00am-4.00pm on a Sunday. However, provision is available outside of these times.

The table below provides an overview of the number of pharmacies open between 8.00am-12.00am as part of their total opening hours (core and supplementary).

Total Opening Hours																	
	8am- 9am	9am-10am	10am-11am	11am-12pm	12pm-1pm	1pm-2pm	2pm-3pm	3pm-4pm	4pm-5pm	5pm-6pm	6pm-7pm	7pm-8pm	8pm-9pm	9pm-10pm	10pm-11pm	11pm-12am	12am
<b>Monday</b>	13	38	38	38	37	26	37	38	38	36	7	4	3	3	2	0	0
<b>Tuesday</b>	13	38	38	38	37	26	37	38	38	36	8	4	3	3	2	0	0
<b>Wednesday</b>	13	38	38	38	36	25	35	36	36	33	8	3	3	3	2	0	0
<b>Thursday</b>	13	38	38	38	37	27	37	38	38	35	7	3	3	3	2	0	0
<b>Friday</b>	13	38	38	38	36	26	37	38	38	36	7	3	3	3	2	0	0
<b>Saturday</b>	34	26	26	26	20	4	9	10	10	4	3	3	3	3	0	0	0
<b>Sunday</b>	0	0	3	3	3	3	3	3	0	0	0	0	0	0	0	0	0

The total opening hours show an increase in provision before 9.00am, lunch-time (1.00-2.00pm) and after 5.00pm on weekdays, with weekend provision increasing overall.

## 4.7 Electronic prescription service

The electronic prescription service will enable prescribers to send prescriptions electronically to a dispenser of the patient's choice. It is envisaged that this will make the process more efficient and convenient for the patient, prescriber and dispenser involved. The roll out of release two has recently commenced in the area and is dependent on the system used by the pharmacy. The table below details the progress to date.

	Yes	No (But planned within next 12 months)	Not intending to provide	Unanswered
<b>Release 1 enabled</b>	37	0	0	1
<b>Release 2 enabled</b>	5	18	3	12



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## 5. Advanced services

There are several advanced services, which community pharmacies may choose to provide on the condition that they meet the requirements set out in the Secretary of State directions, are delivering a full range of essential services and have the required accreditation to deliver the service. Appliance contractors can provide two of these services:

- medicines use reviews (pharmacies only) ;
- appliance use reviews (pharmacies and appliance contractors), and;
- stoma appliance customisation (pharmacies and appliance contractors).

### 5.1 Medicines use reviews (MURs)

A MUR involves the pharmacist conducting an in-depth review of the patient's use of their medicines, to ensure that the patient understands how their medicines should be used and why they should take them, and identify any problems they may be experiencing with their medicines. As well as where necessary, also providing appropriate and structured feedback to the prescriber via the nationally agreed MUR form. A MUR may also be initiated due to a significant problem with a patient's medication. This is known as a prescription intervention (MUR).

The patients must have had their prescription dispensed by the pharmacy for a minimum of three consecutive months before a MUR can be undertaken. However, prescription intervention (MURs) can be undertaken at any point.

In South Tyneside, 63% of the community pharmacies provide MURs. As prescription interventions are opportunistic, it is difficult to quantify the exact proportion that they represent. The number of MURs carried out has risen steadily since their introduction, in 2005.

### 5.2 Appliance use reviews (AURs)

Pharmacy and appliance contractors may choose to provide either AURS and/or stoma appliance customisation.

AURs are intended to improve the patient's knowledge and use of the appliance they are using. These can only be undertaken with the consent of the patient.



## 5.3 Stoma appliance customisation

Stoma appliance customisation refers to the process of modifying stoma appliances based on the patient's measurements or record of those measurements.

The table below details the number of current providers of advanced services.

	<b>Total number</b>	<b>MURs</b>	<b>AURs</b>	<b>Stoma customisation</b>	<b>Unanswered</b>
<b>Pharmacies</b>	38	25	6*	5*	2
<b>Appliance Contractors</b>	1	0	1*	1*	0

\* Self reported data (The PCT is unable to confirm the delivery of these services at this point)

## 5.4 Consultation rooms

Both MURs and AURs require contractors to have a consultation room and the PCT has an accreditation process for consultation rooms used for the purpose of delivering MURs. AURs are a new service and are not currently included in this process. However, they will be included following the transition period of the new appliance contractors from December, 2010.

Consultation rooms may also be used to deliver enhanced services; however, there may be additional requirements for the facilities defined within the relevant service specification.

	<b>Total number</b>	<b>Consultation room</b>	<b>Planned in next 12 months</b>	<b>No future plans</b>	<b>Unanswered</b>
<b>Pharmacies</b>	38	32	2	3	1
<b>Appliance Contractors</b>	1	1	0	0	0



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## 6. Enhanced services

(Currently commissioned by the PCT)

The PCT currently commissions a number of local enhanced services from community pharmacy that have been designed to target some of the major health needs of the population of South Tyneside. **Appendix E** provides the details of the community pharmacies that deliver these services.

### 6.1 Minor ailments

Patients are not always able to access the most appropriate healthcare service for their needs at the most appropriate time and, in many cases patients could be dealt with effectively by accessing a minor ailments service. Community pharmacists are ideally placed to provide help and advice to patients with minor ailments. This service increases patient choice and access to primary care in alternative settings.

The service is aimed at people who would either normally access their GP practice or would not normally access community pharmacy for self-care medication. Where patients are exempt from prescription charges, medication is provided free of charge.

	Total number	Current providers	Willing to provide if commissioned by the PCT in the future	Not intending to provide	Unanswered
<b>Pharmacies</b>	38	31	5	1	1

The new Minor Ailments scheme was implemented in South Tyneside during September and October, 2010.





## 6.2 Stop smoking service (Intermediate advisors)

Stop Smoking service makes a significant contribution to tackling health inequalities, increasing life expectancy and supporting PCTs in meeting targets for smoking quitters.

The intermediate stop smoking service can be delivered by a range of providers including GP practices, community pharmacies, community and specialist nurse-led services, community and voluntary sector, local authority and the independent sector.

The aim of the service is to provide clients with access to stop smoking advice and pharmacological support as appropriate, in convenient locations. Intermediate advisors are also able to provide nicotine replacement therapy vouchers of recommendation directly to the patient to then be dispensed at a participating pharmacy.

Community pharmacy continues to make a valuable contribution to the reduction in the number of smokers across South Tyneside.

	<b>Total number</b>	<b>Current providers</b>	<b>Willing to provide if commissioned by the PCT in the future</b>	<b>Not intending to provide</b>	<b>Unanswered</b>
<b>Pharmacies</b>	38	22	11	1	4

## 6.3 Nicotine Replacement Therapy (NRT) vouchers (Dispensing)

Community pharmacists are able to dispense NRT vouchers of recommendation provided by any Intermediate or specialist stop smoking advisor from NHS South of Tyne and Wear.

The clinical responsibility for issuing the product and the final choice rests with the pharmacist.



The aim of the service is to complement the smoking cessation service and improve access to, and choice of, pharmacological smoking cessation aids.

	<b>Total number</b>	<b>Current providers</b>	<b>Willing to provide if commissioned by the PCT in the future</b>	<b>Not intending to provide</b>	<b>Unanswered</b>
<b>Pharmacies</b>	38	35	1	1	1

## 6.4 Emergency hormonal contraception (EHC)

There is increasing concern regarding the high rate of unintended pregnancy particularly within the teenage population.

Equitable access to EHC is an important step in the drive to reduce teenage pregnancies across NHS South of Tyne and Wear. The broad coverage of pharmacies offers accessibility and choice to all. Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient.

Overall, the service aims to improve access to the EHC service for women of all ages, although EHC is available to purchase at pharmacies. Although, the high cost often acts as a barrier to those who need it most.

Pharmacists who provide the service are specifically trained to assess the patients' suitability for EHC and provide the medication against a Patient Group Directive. The patient will also be provided with support and advice.

	<b>Total number</b>	<b>Current providers</b>	<b>Willing to provide if commissioned by the PCT in the future</b>	<b>Not intending to provide</b>	<b>Unanswered</b>
<b>Pharmacies</b>	38	18	18	0	2



## 6.5 Needle exchange scheme

The needle exchange scheme has been established to reduce the spread of blood borne viruses such as hepatitis and reduce the incidences of other conditions associated to sharing injection equipment.

The service aims to reduce the sharing of injection equipment and reduce the risk of needle stick injuries to others. Clients are encouraged to return used material in exchange for clean equipment on a “one to one” basis.

The service is delivered in a number of settings including, community pharmacy.

	<b>Total number</b>	<b>Current providers</b>	<b>Willing to provide if commissioned by the PCT in the future</b>	<b>Not intending to provide</b>	<b>Unanswered</b>
<b>Pharmacies</b>	38	6	13	14	5

## 6.6 Supervised consumption of methadone

The Supervised consumption service covers the dispensing and supervised consumption of substitute medications to dependent drug users and others who have been assessed as requiring symptomatic treatment for drug related problems. The service is only available to patients prescribed within the local shared care service.

	<b>Total number</b>	<b>Current providers</b>	<b>Willing to provide if commissioned by the PCT in the future</b>	<b>Not intending to provide</b>	<b>Unanswered</b>
<b>Pharmacies</b>	38	26	7	4	1

## 6.7 NHS health checks

Vascular diseases affect the body in different ways. However, they are all linked by a common set of risk factors. Obesity, physical inactivity, smoking, high blood pressure, disordered blood fat levels (dyslipidaemia) and impaired glucose regulation



(higher than normal blood glucose levels, but not as high as in diabetes) all raise the risk of vascular disease. (Having one vascular condition increases the likelihood of the individual suffering others.)

Community pharmacists have already been playing an increasingly important health improvement role, for example by providing NHS stop smoking services. The NHS health checks programme is an extension of this health improvement role for community pharmacies.

Community pharmacies are commissioned to identify patients aged 40-74 who are not currently being treated for vascular disease. Patients must either be registered with a GP or be a resident of the NHS South of Tyne and Wear area.

	<b>Total number</b>	<b>Current providers</b>	<b>Willing to provide if commissioned by the PCT in the future</b>	<b>Not intending to provide</b>	<b>Unanswered</b>
<b>Pharmacies</b>	38	12	16	7	3

## 6.8 Medicines administration records (MAR's)

This MAR service seeks to ensure that patients who need additional help with taking their medicines are supported safely by their Social Care & Health/Private Agency Carer with the preparation of a Medicines Administration Record chart by their community pharmacy.

	<b>Total number</b>	<b>Current providers</b>	<b>Willing to provide if commissioned by the PCT in the future</b>	<b>Not intending to provide</b>	<b>Unanswered</b>
<b>Pharmacies</b>	38	22	11	1	4



## 6.9 Supervised consumption of non-controlled drugs

The Supervised consumption of non-controlled drugs service covers the dispensing and supervised consumption of medication.

	Total number	Current providers	Willing to provide if commissioned by the PCT in the future	Not intending to provide	Unanswered
Pharmacies	38	5	22	7	4

## 7. Enhanced services

(Not currently commissioned by South Tyneside PCT)

The *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions, 2005*, identified a number of services the PCT is authorised to commission as enhanced services from community pharmacies. This section acknowledges the willingness of current contractors to provide such services in the future if the PCT took the decision to commission them.

The PCT is mindful that a number of pharmacies currently provide similar services to those identified in this section either privately or free of charge. However, the PCT is unable to identify the scope of those services at this point.

The table below details the services that are currently commissioned in one of the PCTs, which make up NHS South of Tyne and Wear other than South Tyneside.

The following information has been self reported as part of the contractor mapping survey.

	Willing to provide if commissioned by the PCT in the future	Not intending to provide	Unanswered
Head lice (Not part of the Minor Ailments Scheme)	5	0	33
Support to care homes	6	0	32
Pharmacy out of hours	4	2	32
Anticoagulant monitoring	7	0	31



The table below details the services that are not currently commissioned in any of the three PCTs which make up NHS South of Tyne and Wear.

	Yes	Willing to provide if commissioned by the PCT in the future	Not intending to provide	Unanswered
<b>Supplementary Prescribing Services</b>	0	20	14	4
<b>Disease Specific Medicines Management Service</b>	1	26	8	3
<b>Gluten Free Food Supply Service</b>	8	22	4	4
<b>Language Access Services</b>	0	17	18	3
<b>Medication Review Service</b>	5	20	9	4
<b>On Demand Availability of Specialist Drugs</b>	8	17	9	4
<b>Patient Group Direction Service</b>	3	24	8	3
<b>Prescriber Support</b>	10	14	10	4
<b>Schools Service</b>	1	22	12	3
<b>Screening Service (Excluding NHS Health Checks)</b>				
<b>Alcohol</b>	2	24	7	5
<b>Cholesterol</b>	3	25	6	4
<b>Diabetes</b>	5	23	6	4
<b>H.pylori</b>	0	27	6	5
<b>Hepatitis</b>	0	25	8	5
<b>Other</b>	2	13	6	17

It is to be noted that this information may not reflect the full delivery of these services across South Tyneside.



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## 8. Delivery services

A number of community pharmacies provide valuable collection and delivery services for patients, many of whom may not be able to access the service other wise. These services are not commissioned by the PCT and are mainly provided free of charge by the contractor. The table below provides details of the number of community pharmacies where collection and delivery services are currently available.

	Yes	No (But planned within next 12 months)	Not intending to provide	Unanswered
Collection of prescriptions from surgeries	35	0	0	3
Delivery of dispensed medicines - Free of charge on request	33	0	1	4

\* Self-reported data

## 9. Primary/secondary care provision

### 9.1 GP surgeries (including extended hours)

There are a total of 30 GP practices within South Tyneside, of which four have branch surgeries; no dispensing doctor services and one also delivers GP led walk-in services. **Appendix F** provides a map of the locations of all GP surgeries, walk-in-centres, hospitals and providers pharmaceutical services.

The PCT currently commissions a local enhanced service for extended hours from 28 GP surgeries, two of which deliver the extended hours as part of their core APMS contract. The extended hours are mainly delivered in the evening, the latest of which being until 8.00pm, the remainder of the extended hours are delivered in the morning the earliest starting at 7.00am. There is limited extended hours delivered on a



Saturday mornings and Sundays. Full details of the opening hours of GP practices are available in **Appendix G**.

It is to be noted that sign up to the extended hours local enhanced service is voluntary. Therefore, practices may provide notice if they no longer wish to deliver the service.

The GP led walk-in service situated in Palmers Hospital provides access to walk-in patients, seven days a week, from 8.00am to 8.00pm.

## 9.2 GP enhanced services

GP Practices provide a number of enhanced services either as a Directed Enhanced Service (DES), National Enhanced Service (NES) or as a Locally Enhanced Service (LES). The table below details the services that may be considered comparable to services currently offered by community pharmacies or services that could potentially be offered by a community pharmacy contractor in the future.

The list is not exhaustive and it is recognised that the detail of the services may differ to those provided by a community pharmacy. The table below provides a brief summary of the services; the providers of these services are detailed in **Appendix H**.

	<b>Title</b>	<b>Description</b>
LES	Stop smoking	Intermediate stop smoking advice and support
NES	Anticoagulant monitoring	Anticoagulation monitoring for patients taking warfarin medications for both long and short-term needs.
LES	NHS health checks	Undertake NHS health checks for registered patients aged 40-74 to establish their 10 year risk of developing vascular disease develop a management plan and provide ongoing review in line with the level of risk.
DES	Alcohol	Review newly registered patients aged 16-years or over, where a patient is identified as possible drinking of alcohol at hazardous or harmful levels to offer and deliver brief intervention aimed at reducing alcohol related risk.
LES	Drug misuse	Improve access to treatment for drug users and support the development of effective services within general practice surgeries. Practices can sign up to a basic and/or advanced level.





## 9.3 GP out-of-hours

The GP out-of-hours (GP OOH) service provides emergency access for urgent primary care needs for patients during the hours of 18.30pm to 08.00am every weekday and 18.30pm Friday evening to 08.00am Monday morning every weekend.

Patients can either attend the OOH centre situated at South Tyneside District General Hospital or receive a home visit if clinically required. The service has the facility to provide patients with medication from a limited formulary if deemed clinically necessary, following clinical assessment. However, patients are often provided with prescriptions for non-formulary/non-urgent items and are directed to local pharmacies that are open.

## 9.4 Walk-in centres

There is one GP Led walk-in centre situated in Palmers Hospital which operates seven days a week between the hours of 8.00am to 8.00pm. There are no nurse-led walk-in centres in South Tyneside.

## 9.5 Hospitals

The South Tyneside District General Hospital is the main hospital for the area and is situated in the Harton area. Hospital pharmacies do not provide services under the Community pharmacy contractual framework therefore for the purpose of the PNA the services are not viewed as comparable. It is recognised that patients may benefit from the support of community pharmacy following discharge. This was highlighted in the Pharmacy white paper.



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## 10. Stakeholder engagement

### 10.1 Public

As detailed earlier in the document the PCT sought to gather the views of the public in the form of a survey *Views on Pharmacy Services* during August and September 2010.

The PNA development group were particularly interested in the views of those groups of people who are frequent users of the services and from those whose views are seldom heard, to inform the development of the PNA prior to the formal consultation.

The following section provides a high level summary of the findings of the patient survey. The full response can be found in **Appendix I**.

The survey identified that the majority of respondents visit their pharmacy six times or more a year and 94% use the same pharmacy all or most of the time.

The top five services used are dispensing of prescriptions, buying over the counter medicines, repeat dispensing, advice from the pharmacist and disposal of waste.

When those who responded were asked if they had tried to access their pharmacy and it was closed, 29% responded yes, but of these, 59% stated they waited until the pharmacy was next open, or went to another pharmacy.

When asked to provide details of needs their local pharmacy did not meet, the following comments were received (the number of comments for each section has been added as most respondents did not indicate any unmet needs):

<b>Do you have needs that your local pharmacy does not meet?</b>	
1	<b>Opening hours</b> – Patients have stated that longer opening hours are needed, including lunch opening, week nights and weekends. (Four comments)
2	Services - More services required. E.g. information on lifestyle, health and delivery services. (Four comments)
3	<b>Private consultation room</b> - not all pharmacies have a consultation room. (Two comments)
4	<b>Access to the pharmacy</b> - automatic doors are needed to allow disabled patients access to certain pharmacies. (Two comments)
5	<b>More health foods</b> (Two comments)

The following table provides a high level summary of the responses to date. (Sample size 407)

### Patient Survey (high level summary)

Who responded	Your Pharmacy	Access	Your Services
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Gender	%
Female	72%
Male	25%
Prefer not to say / unanswered	3%
Age	%
65 and over	35%
55 to 64	11%
45 to 54	19%
35 to 44	13%
22 to 34	12%
21 and under	3%
Prefer not to say	5%
Unanswered	2%

On average, how often do you use the services provided by your local pharmacy?	
Options	%
More than six times a year	66%
Three - six times a year	19%
Less than twice a year	13%
Unanswered	2%
Do you visit the same pharmacy?	
Options	%
All of the time	54%
Most of the time	40%
Rarely	4%
Never/unanswered	2%
Thinking of your usual pharmacy, how do you normally get there?	
Options	%
Car	38%
On foot	36%
Public transport	19%
Car and on foot	1%
Car and public transport	1%
Public transport and on foot	0%
All	0%
Other /unanswered	5%

In the last 12 months have you tried to use your local pharmacy and found that it was closed?	
Options	%
No	68%
Yes	29%
Unanswered	3%
What day of the week was your pharmacy closed?	
Options	%
Monday to Friday	5%
Saturday	18%
Sunday	28%
Bank Holiday	6%
More than one occasion	21%
Can't remember/unanswered	22%
What time was your pharmacy closed?	
Options	%
Midnight – 8.00am	4%
8.00am – 1.00pm	4%
1.00pm – 6.00pm	24%
6.00pm - midnight	12%
All day	1%
Lunchtime	0%
More than one occasion	4%
Can't remember/unanswered	51%
What did you do?	
Options	%
Waited until the pharmacy was open	35%
Went to another pharmacy	24%
Went to a walk-in centre	0%
Went to a hospital	1%
Called NHS Direct	1%
More than one	1%
Other /unanswered	38%

Which of the following services do you use? (Regularly/Occasionally)	
Service	%
Dispensing of prescriptions	84%
Buying over the counter medicines	69%
Repeat dispensing	61%
Advice from your pharmacist	52%
Disposing of old or unwanted medicines	44%
Minor ailments	35%
Medicine Use Reviews (MURs)	14%
NHS health checks	12%
Stop smoking/Nicotine replacement therapy	8%
Head lice treatment scheme	8%
Emergency hormonal contraception	3%
Supervised consumption of methadone and buprenorphine	0%
Needle exchange	0%




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## 10.2 Community pharmacy contractors

As part of the contractor mapping exercise existing community pharmacies were provided with the opportunity to comment on how Community Pharmacy could potentially contribute to the future achievement of the organisation's strategic objectives.

The response was very positive and demonstrated willingness for Community Pharmacy to become actively involved in the delivery of the objectives and to further integrate with the wider health care community.

Areas that were highlighted in the comments included: utilising the skills of the pharmacist in providing advice, support and management of specific conditions; screening services for early detection; support in the use of medication through MUR's, repeat dispensing and the role that Community Pharmacy could play in the support of end of life Patients.

The following table provides the details of the comments received via Community Pharmacy.

<b>PCT strategic priorities Community pharmacy comments</b>	
<b>Strategic Priority</b>	<b>Comments</b>
<b>Reduced CVD &amp; cancer deaths</b> Programmes include: obesity, smoking and alcohol	<ul style="list-style-type: none"> <li>• Smoking cessation, along with alcohol and obesity PGD's would benefit the community greatly.</li> <li>• Lifestyle changes, signposting, weight loss clinics.</li> <li>• Pharmacy health checks and cardiovascular risk assessments. MURs. Signposting and advice to improve lifestyles. Weight reduction clinics. Smoking cessation</li> <li>• Weight management PGD</li> <li>• With training all these are possible subject to commissioning</li> <li>• Weight Management services &amp; alcohol Screening</li> <li>• Alcohol Brief intervention</li> <li>• BMI checks and weight management advice</li> <li>• Weight management services, smoking cessation and alcohol services.</li> <li>• Health trainers available in pharmacies</li> <li>• BIA From the pharmacy, PGD for Xenical</li> <li>• Aid smoking cessation. OTC sale of Orlistat</li> <li>• We would like to be involved in any alcohol reduction (SIPS) advice</li> <li>• Advice on diet, regular exercise, smoking cessation and avoiding other carcinogens</li> <li>• Screening and advice services would be popular.</li> </ul>



<p><b>Better start in life</b> Programmes include: child health &amp; maternity</p>	<ul style="list-style-type: none"><li>• By providing milk and vitamins etc. through a voucher scheme we could help to tackle the problems which may arise.</li><li>• Lifestyle changes, signposting</li><li>• Minor ailments service. Signposting. Lifestyle advice</li><li>• Folic acid PGD</li><li>• With training all these are possible subject to commissioning</li><li>• Development of sexual health services, e.g. long acting reversible contraception, oral contraception, Chlamydia test and treat</li><li>• Discuss with patient services offered i.e. minor ailment scheme to prevent GP appointments.</li><li>• PGD for basic childhood medication, such as emollients /eczema etc</li><li>• Joint working with health visitors and district nurses</li><li>• Vaccinations in pharmacy</li><li>• Pharmacist intervention following pregnancy test results</li><li>• Advice on healthy eating, educating patients on paediatric medications/analgesics</li><li>• Patients like to see community midwife and other services at GP</li><li>• Advice and support</li></ul>
<p><b>Long term conditions</b> Programmes include: CVD risk, cancer, LTC and rehabilitation</p>	<ul style="list-style-type: none"><li>• Leaflets promoting health/awareness in these areas. Encourage them to speak to pharmacist/health professional on lifestyle changes, side effects from meds.</li><li>• Advice, lifestyle changes, signposting.</li><li>• Hair retention programmes.</li><li>• With training all these are possible subject to commissioning</li><li>• Development of stop smoking services e.g. varenicline P.G.D. COPD services e.g. spirometry screening.</li><li>• Weight management/health checks.</li><li>• More pharmacists able to provide health checks.</li><li>• NHS health checks - could be expanded to provide to patients who are hypertensive to ensure yearly cholesterol check is undertaken.</li><li>• Independent prescribing advisors could manage LTC's.</li><li>• Services could be improved by the involvement of a pharmacist to manage medicines but also ones who had acquired extra clinical examination services. We would be prepared to train and deliver.</li><li>• Help checking compliance with prescriber's meds.</li><li>• Advice on ideal BMI and how to calculate ensure compliance to meds.</li><li>• Would be helpful for patients - particularly to help self manage their condition e.g. chrons, UC/gloucoma etc.</li><li>• Provide clinics and support with training.</li></ul>



<p><b>Reform urgent care</b> Programmes include: sick &amp; injured child, urgent care</p>	<ul style="list-style-type: none"> <li>• Out of hour's pharmacies being the first point of contacts.</li> <li>• Independent prescribing pharmacists etc.</li> <li>• Signposting.</li> <li>• Stocking items on out of hour's list.</li> <li>• With training all these are possible subject to commissioning.</li> <li>• Emergency Supply via PGD (as per NHS Cornwall).</li> <li>• Basic first aid /dressing changes services commissioned from community pharmacy.</li> <li>• Services could be improved by the involvement of a pharmacist to manage medicines but also ones who had acquired extra clinical examination services. We would be prepared to train and deliver.</li> <li>• PCT to provide further first aid training.</li> <li>• Direct referral to urgent care from pharmacist.</li> <li>• Offer emergency supplies and have them delivered.</li> </ul>
<p><b>Reform planned Care</b> - more provided outside of hospital</p>	<ul style="list-style-type: none"> <li>• Repeat dispensing, MAR charts, nomad trays/dosette boxes. Health checks, MUR's.</li> <li>• Interaction - better needed for hospital and pharmacy and GP. Information transfer.</li> <li>• Creating relationships with pharmacists and doctors in hospital to aid discharge. Providing blister packs and aids to help medicines administration.</li> <li>• With training all these are possible subject to commissioning.</li> <li>• Anticoagulant Monitoring.</li> <li>• Routine NOMAD assessments to check if compliance aid required at home. If needed assessment to be commissioned by PCT.</li> <li>• Services could be improved by the involvement of a pharmacist to manage medicines but also ones who had acquired extra clinical examination services. We would be prepared to train and deliver.</li> <li>• Pharmacists doing home visits to ensure compliance with medication.</li> <li>• Out of hour's medication service.</li> <li>• Need a good and urgent information pathway for communications to make this safe and workable.</li> </ul>
<p><b>Reform mental health care</b>- more provided outside of hospital</p>	<ul style="list-style-type: none"> <li>• Repeat dispensing, MAR charts, nomad trays/ dosette boxes. Health checks, MUR's</li> <li>• Signposting</li> <li>• Providing medication aids</li> <li>• Supervised consumption of non CD medicines to ensure compliance for these patients - commissioned by the PCT</li> <li>• Alcohol- Detox merged in County with specialist prescribers</li> <li>• Services could be improved by the involvement of a pharmacist to manage medicines but also ones who had acquired extra clinical examination services. We would be prepared to train and deliver</li> <li>• With further training pharmacists could help monitor patients stability</li> <li>• Direct contact with mental health team in arranging NOMADS or future CPN prescriptions</li> <li>• If use of a consultation room was allowed patients may undergo reviews to discuss medication</li> </ul>



**A better death** -  
greater choice  
programmes  
include: end of  
life care

- Pharmacists with specialist knowledge on palliative care may provide support for both patient and family
- Advice, signposting
- Stocking out of hours medicines. Delivery service. Supporting relatives
- Palliative care drug stock list for late night pharmacies
- Difficult in pharmacy situation
- Formal palliative Care Service
- Designated pharmacy's to keep all necessary medicines needed for end of life care and compensated for if it goes out of date. Nurse could provide list of required stock
- Services could be improved by the involvement of a pharmacist to manage medicines but also ones who had acquired extra clinical examination services. We would be prepared to train and deliver
- Working alongside District Nurses ensure patients demands met
- Palliative care pharmacies. Out of hours care
- Already supply syringe drivers and palliative care medication - would be helpful to keep an approved stock range needed for all palliative care supplies plus a list of suitable trained advisors to give patients families peace of mind/advice would be very helpful and well used
- Provision of medication - providing mobile numbers to be available for advice



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# 11. Consultation outcomes

## 11.1 Introduction

The PCT was required to consult on the draft PNA at least once during its development for a minimum period of 60 days. Therefore the PCT undertook the formal consultation on the draft PNA during the period 15<sup>th</sup> November 2010, to 17<sup>th</sup> January 2011.

The PCT has a duty to report on consultation(s) with regard to commissioning decisions as set out in section 24A of the NHS Act, 2006, a summary of the outcomes of the consultation are detailed below and the full report can be found in Appendix J.

## 11.2 Summary of Responses


A total of 18 formal responses were received during the South Tyneside PNA consultation, of these 13 responded using the formal consultation questionnaire and 5 provided a response by another means.

Responses were received from Community Pharmacy (8) these included responses from area and regional managers, the remainder of the responses were received from Gateshead & South Tyneside LPC (1), Gateshead & South Tyneside LMC (1), Local Authority Departments/Committees (2), Community Organisations (2), the source of the remaining responses is unknown (4).

The full analysis of the responses received during the consultation can be found in Appendix J; the table below provides a high level summary of the responses using the formal questionnaire.

South Tyneside	Yes	No	Unanswered	Total
<i>Do you think that the information contained in the PNA about area is accurate?</i>	11 (84%)	1 (8%)	1 (8%)	13
<i>Do they think there are any gaps in the information included in the PNA?</i>	3 (23%)	9 (69%)	1 (8%)	13






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<i>In reading the PNA do you think there are any gaps in pharmaceutical services that have not been identified in the documents?</i>	4 (31%)	8 (61%)	1 (8%)	13
<i>Does the PNA cover all of the pharmaceutical services that you need?</i>	10 (77%)	1 (8%)	2 (15%)	13
<i>Do you have any further comments?</i>	7 (54%)	6 (46%)	N/A	13

Overall the response to the consultation via the questionnaire was positive indicating that the majority of respondents agreed that the information contained in the PNA was accurate (84%), there were no gaps in the information provided (69%), no gaps in pharmaceutical services that have not been identified in the document (61%) and that it covers all of the pharmaceutical services needed by the respondents (77%).

## 11.3 Summary of Themes & Outcomes

Following careful consideration and review of the responses received from the formal consultation, the PCT has identified a number of themes following the consultation.

### 11.3.1 Themes

- The main theme of the consultation relates to the identification of gaps in Enhanced services and their future provision.
- Appendices highlighted as difficult to read.
- Directed services for exempt category Pharmacies to be extended to include a wider range of services.
- Health need and mapping not detailed enough at a ward level.

### 11.3.2 What has changed?

- In response to the comments raised Section 12 “Future Provision”, the final PNA has been amended. E.g. list detailing in the possible future role for pharmacies and further information on the current changes in the NHS.



- The appendices in the document have been amended in order to make them easier to read.
- In response to the comments raised in relation to directed services for exempt category applications, the PCT note these and have incorporated them in to the final version of the document.
- In response to the comments relating to ward level information the Joint Strategic Needs Assessment has been used to indentify the specific needs and expected changes within the local population. A comprehensive mapping exercise has been undertaken to identify the current level of provision of Pharmaceutical services and other relevant providers within the area this is provided at a ward level.

## 12. Future provision

The white paper *Equity and Excellence: Liberating the NHS*<sup>5</sup> which was published in July, 2010, states that the community pharmacy contract, through payment for performance, will incentivise and support high quality and efficient services, including better value in the use of medicines through better informed and more involved patients. Pharmacists, working with doctors and other health professionals, have an important and expanding role in optimising the use of medicines and in supporting better health.


It is to be noted that the role of the PCT is changing and it is anticipated that they will be abolished from 2013. The future responsibility for commissioning services from community pharmacy will be divided between the National Commissioning Board for core contract and predominately, the local GP consortia in relation to enhanced services.

During the development of the PNA, a number of key documents have been published providing further clarity in relation to the current direction of travel of the NHS and the timescales for reform. The Health Bill indicates that the future responsibility of the PNA will rest with the Local Authority under the yet to be

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[www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_117794](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794)



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established Health & Wellbeing Board, however further information is required in relation to this.

GP consortias are now in the process of being formed with a number of pathfinder sites already established, it is expected that these will continue to increase until all GP's are part of a consortia, in preparation for the transfer of responsibility prior to the abolishment of PCT's from 2013.

The Department of Health have also indicated in order to stimulate choice and competition in the Healthcare market that a "any willing provider" model will be more widely used, therefore providers of Pharmaceutical Services will need to register with the Care Quality Commission as an approved provider in order to deliver services commissioned via this model, on the condition that they are able to meet the requirements set out in the specification.

## 12.1 Essential pharmaceutical services


Following assessment of the information available within the PNA in relation to the current provision of essential pharmaceutical services, opening hours and geographical coverage, the PCT has concluded that access to essential pharmaceutical services within South Tyneside is adequate for the needs of the population. It is also to be noted that South Tyneside has a higher than average number of pharmacies per head count population. Two wards within the area do not have provision of pharmaceutical services; however, both of these areas are well served by the surrounding wards, which provide ease of access.

## 12.2 Future improvements and better access

### 12.2.1 Access

It is recognised that access to pharmaceutical services is available predominately during the hours of 9.00am to 6.00pm Monday to Friday, 9.00am to 1.00pm Saturday and 10.00am to 4.00pm Sunday. Greater choice during these hours is supported by a number of pharmacies choosing to provide supplementary hours and in doing so serve the needs of the population.

Increased opening hours on evenings, Sundays and Bank holidays would seek to further improve access and choice of provider, however, this is not required to secure necessary provision of pharmaceutical services.



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Access after 6.00pm for urgent conditions which require treatment with medication are currently served by the GP OOH service, GP walk-in centre and the current pharmacies.

### 12.2.2 Advanced services

There is good uptake of MURs across South Tyneside; however, future developments for the PCT to consider include the use of directed MURs to support patients with specific conditions and following discharge from hospital.

Due to the recent introduction of AURs and stoma appliance customisation the uptake is currently low. It is expected that this will increase in time as patients become more familiar with the service.

### 12.2.3 Enhanced services

The NHS is going through a period of reform and structural change, building the capacity and capability of health services to offer a patient led NHS while also ensuring best value for public money. This means offering more choice to patients, more personalised care, and faster more convenient services located where appropriate nearer to their homes.

Providers of pharmaceutical services are readily accessible to the local population and offer enormous potential on which to capitalise and expand access to healthcare services, and have the potential to reach sectors including more disadvantaged groups and those who do not regularly use other health services.

Community Pharmacy already delivers a number of enhanced services as detailed within this document which provide the local population with valuable health care services delivered in a convenient and accessible setting.

Within the last two years the PCT has successfully expanded the provision of Stop Smoking services and Nicotine Replacement Therapy within community pharmacy.

A new Minor Ailment Scheme and NHS Health Checks have also been recently introduced based on the needs of the local population, recognising the key role Community pharmacy can play in meeting the health needs of the local population.



Therefore commissioners are encouraged to work with current providers of these services in the evaluation of the key successes and build on these to meet the future needs of the local population.

Where enhanced services are currently commissioned by the PCT, there is good uptake. Current providers of pharmaceutical services have also demonstrated through the contractor mapping exercise that there is a general willingness to provide further services, should the PCT wish to commission them in the future.

In line with the strategic objectives, health needs and the feedback gathered as part of the stakeholder engagement the relevant commissioners may wish to consider the future role of Community Pharmacy in:

- screening programmes;
- support for patients with specific conditions;
- life style advice and services;
- end of life pathways;
- support following hospital discharge, and;
- Contraception and Sexual Health.

The following table details the areas in which community pharmacy can be further developed to meet the health needs identified throughout the PNA and the strategic objectives of the PCT.

<b>Screening Programmes</b>	<ul style="list-style-type: none"><li>• Sign posting and referral into existing programs</li><li>• Delivery of vaccinations and immunisation (As part of the national &amp; Local programmes)</li></ul>
<b>Support for Patients with Specific Conditions</b>	<ul style="list-style-type: none"><li>• Directed MURs</li><li>• Expansion of NHS Health Checks</li><li>• Support for Carers</li></ul>
<b>Lifestyle &amp; Advice Services</b>	<ul style="list-style-type: none"><li>• Stop Smoking Services</li><li>• Alcohol Intervention services</li><li>• Healthy Lifestyles Advice (based on the specific need of the individual)</li><li>• Minor Ailment Scheme</li></ul>



<b>End of life pathways</b>	<ul style="list-style-type: none"><li>• Stocking of End of Life Medication</li><li>• Greater interaction with End of Life Teams</li><li>• Medication advice and support to patients and carers</li></ul>
<b>Support following hospital discharge</b>	<ul style="list-style-type: none"><li>• Directed MURs</li><li>• First prescription service</li></ul>
<b>Contraception &amp; Sexual Health</b>	<ul style="list-style-type: none"><li>• Emergency Hormonal Contraception Service</li><li>• Contraception Services</li><li>• Chlamydia Screening (Potential treatment)</li><li>• Referral into existing sexual health services</li><li>• Participation in condom schemes</li></ul>

It is to be noted that the list is not exclusive therefore commissioners are encouraged to consider the wider role pharmacy can play, in areas such as specialised long term condition management, drug misuse services and mental health.

#### 12.2.4 Exempt categories

Where applicants have entered the market via one of the four exempt categories to the Control of Entry process they will be required to deliver (subject to the needs of the population and available resources of the PCT) the following services:

- stop smoking service (intermediate advisors);
- nicotine replacement therapy vouchers (dispensing);
- stocking of palliative care medication (as determined by the PCT);
- needle exchange;
- emergency hormonal contraception;
- bank holiday opening;
- NHS health checks, and;
- Minor ailments

Where commissioned, the directed services are to be delivered for the full core hours of the pharmacy. It will be the responsibility of the contractor to ensure that staff are available to attend the relevant training required to deliver these services.



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## 13. PNA review process

In accordance with (regulation 3D (1) (b)) the South Tyneside PCT has a duty as a minimum to publish a revised assessment every three years. In addition to this, the document will be updated on an annual basis. This will include updating the providers of all current enhanced services and opening hours.

Where there are changes to the needs for pharmaceutical services or to the availability of pharmaceutical services the PCT will consider the need to revise the PNA.

If the PCT considers this response to be disproportionate to the change the PCT will issue a supplementary statement. This will be a statement of fact and will no way reassess the need.

Regulation 3D (3) makes provision for the PCT to issue a supplementary statement in the following circumstances:

- there has been a change to the availability of the pharmaceutical services since the publication of the PNA;
- this change is relevant to the granting of applications referred to in section 129(2)(c)(i) and (ii) of the NHS Act, 2006 (i.e. applications to open a new pharmacy, to relocate or to provide additional services), and;
- the PCT is satisfied that a revised PNA would be a disproportionate response.

Examples of these may include the opening of a new pharmacy or an appliance contractor.



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## 14. Equality impact assessment

An Equality Impact Assessment of the PNA has been undertaken as part of the development of the PNA.

## 15. Acknowledgement

The PCT would like to thank all the stakeholders and the members of the public who gave their time to provide information and share their views during the contractor mapping and engagement exercise. Their contribution has been invaluable in the development of the PNA.

Thank you is also given to the members of the PNA Development Group, the wider health care community of South Tyneside and the staff within South of Tyne and Wear NHS for their participation and contributions in the PNA process.





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## 16. Appendices

List of stakeholders (to be) formally consulted  
(across South of Tyne and Wear)

Appendix A

- All board members of the three South of Tyne and Wear primary care organisations
- The LPCs for Sunderland, Gateshead and South Tyneside
- The LMCs for Sunderland, Gateshead and South Tyneside
- All persons on the local pharmaceutical list (including head offices where the services are provided by a national or regional chain) and including all dispensing doctors, LPS and appliance contractors.
- NHS South of Tyne and Wear Practice Based Commissioning (PBC) Forum and the PBC groups in Sunderland, Gateshead and South Tyneside
- Three GP clinical directors
- Community services directorates for Sunderland, Gateshead and South Tyneside
- Other NHS organisations within Sunderland, Gateshead and South Tyneside
- Local authorities in Sunderland, Gateshead and South Tyneside inc chief executives, chairs/leaders, elected Mayors, policy leads for adult and children's services and overview and scrutiny committees, chairs of area committees/forums
- Parish and town council (chair or clerk)
- Local involvement networks (LINKs) for Sunderland, Gateshead and South Tyneside
- Other key third sector organisations i.e. Age Concern, Carers centres, etc
- Patient groups i.e. Crossroads, Service for people with Disabilities, Your Voice Counts, etc
- MPs across South of Tyne and Wear
- Neighbouring PCTs
- Neighbouring LPCs
- GP contractors
- Any other group that has been involved in the stakeholder engagement

## 1. Introduction

This section of the South Tyneside PNA is based on the 2009 South Tyneside JSNA, a full copy of which is available at <http://www.sotw.nhs.uk/aboutus/publication>.

The JSNA is a comprehensive needs assessment for South Tyneside setting out priorities for the PCT, Local Authority and other partners. The key health message from the JSNA is that 70% of people reported their health as good, similar to the average for Tyne and Wear, but below the national average of 76%; only 7% of respondents reported their health as bad or very bad. Good health is more likely to be reported amongst those aged 18 – 34, in full time work and not in social rented accommodation.

## 2. Overview

People living in the most deprived areas have worse health and health indicators than those in the most affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health and to lack resources to avoid their effects. Income, poverty and employment are considered to be the best indicators of deprivation for health inequalities.

In 2007, the estimated total population of South Tyneside was 151,000 with 23.8% of the population aged 19 years or under. Of the 25,100 children aged 1-15 years, 52% are in low income families compared with 49% across the North East and 42% across England. This means that 13,000 children in South Tyneside are living in low income families. Half of these children live in families receiving workless benefits and half live in families receiving tax credits. However, there has been a 23% reduction in the proportion of children living in families dependent on income support in South Tyneside – this compares to 20% reduction for the North East and 15% reduction for England. This indicates that the inequality gap between South Tyneside and England has narrowed in recent years.

Nevertheless, it is estimated that almost 20% of children in South Tyneside live in areas classed among the most deprived 20% in the country and in some areas as many as 65% of children live in income deprived families.

Unemployment is known to be a potential risk factor for ill health and South Tyneside has significantly higher unemployment than the national average with 6.9% of the working age population claiming Job Seekers Allowance compared to a national




average of 4% (November 2009). Between 2004 and 2008 the employment rate in South Tyneside rose by 2 percentage points. During this time the gap in the employment rate between South Tyneside and England reduced from 7% to 5%

With reference to housing, fuel poverty and excess winter deaths, in May 2009, 50% of homes did not meet the Decent Homes standard. Overcrowding can contribute to ill health and there are areas in the Borough where households can be defined as being overcrowded. The number of households considered homeless has reduced by over 60%; from 597 in 2003-4 to 213 in 2007- 2008. Of the 12 councils in the North East, South Tyneside is ranked 5th which is just above average.

In 2007 it was estimated that 50% of all older people and 20% of families with children in South Tyneside were living in fuel poverty. One of the impacts of a poorly heated home is cold related deaths. People in poorly heated homes are more vulnerable to death from heart attacks and stroke. People in local authority or housing association dwellings are especially likely to have low indoor temperatures if their heating costs are high. In 2006 provisional data shows that there were 117 excess winter deaths in South Tyneside, which was higher than Gateshead, Sunderland, the North East and England.

The level of crime and fear of crime have a significant impact on people's quality of life and there are many links between crime and health. In South Tyneside between 2003-4 and 2007-8 there was a 29% reduction in total recorded crime. From April 2008 to March 2009 South Tyneside showed an 11% decrease in total recorded crime compared to the previous year. This is almost double the improvement of the next best performing Local Authority, North Tyneside (6%). Drugs and alcohol are key factors in many crimes.

The gap between life expectancy in South Tyneside and nationally is increasing and continues to be greater for men than women. The mortality rate due to all causes (age standardised) is falling, although in 2005-7 it was higher (692 per 100,000 population) compared to the North East (671) and England (595). Premature mortality (under the age of 75 years) due to circulatory diseases has seen a reduction of 40% between 1995-7 and 2005-7 from a rate of 167.3 per 100,000 population to 100.3. The rate reduction for England was even greater (44%) resulting in an increasing gap between local and national figures. Premature mortality due to all cancers decreased between 2005 and 2007 (178.7 per 100,000 to 145.1) and the inequality gap between South Tyneside and England has reduced. In 2004-6, there were around 500 deaths each year due to cancer, which represents 28.9% of all deaths and is higher than England (26.7%). During this time in South Tyneside,



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27.7% of cancer deaths were caused by lung cancer, followed by 10.5% due to colorectal cancer.

Falls in older people is a particular issue as the hospital admission rate for falls in 2006/7 was significantly higher than England (2,302 compared to 1,920 per 100,000). South Tyneside also has a higher rate of hospital admission for hip fractures at 98.3 per 100,000 population compared with England at 77.7.

Pregnancy and the first years of life are very important for health and wellbeing. There are approx 1600 babies born each year in South Tyneside. Factors which are important to give a child the best start in life include a healthy pregnancy, a healthy birth weight and breastfeeding for the first six months. Smoking in pregnancy has a particular impact on low birth weight of babies and is a major issue as the prevalence of smoking in pregnancy is considerably higher at 28% compared to a national average of 17%.

South Tyneside ranks amongst the best regionally and nationally in achieving immunisation coverage, although there remains some variation between GP practices and geographical areas in the Borough.


In 2008/09, 9.1% of children starting school were obese, rising to 21.0% of children in Year 6. Although the percentage of reception children were lower than the North East and England, at year 6 South Tyneside was higher.

Before 2007, teenage conception rates had seen a significant reduction since 1998. However, in 2006 the rate increased from 40.5 per 1000 young women aged 15-17 years to 55.7 in 2007. While this demonstrates a significant increase, similar increases were seen regionally and nationally and South Tyneside was the best performing area in the region.

### 3. Population profile and demography

#### 3.1 Population profile

In 2007, the total population of South Tyneside was 151,000 with 23.8% of the population aged 19 years or under; this compares with 23.6% for the North East and 24.2% for England. Biddick Hall is the ward with the highest percentage of children and young people aged 19 years and under (28.1% of the total population) whereas Westoe has the lowest percentage of children and young people (20.8%).



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Of the population aged 0-19 years, 94.6% are white and the age structure of the black and minority ethnic (BME) population is considerably younger than the white British population; 29.7% of the BME population is aged 0-19 years and 24.0% of the white British population. The largest ethnic minority group of children and young people aged 0-19 is Asian or Asian British, with 3.2%.

### 3.2 Population projections

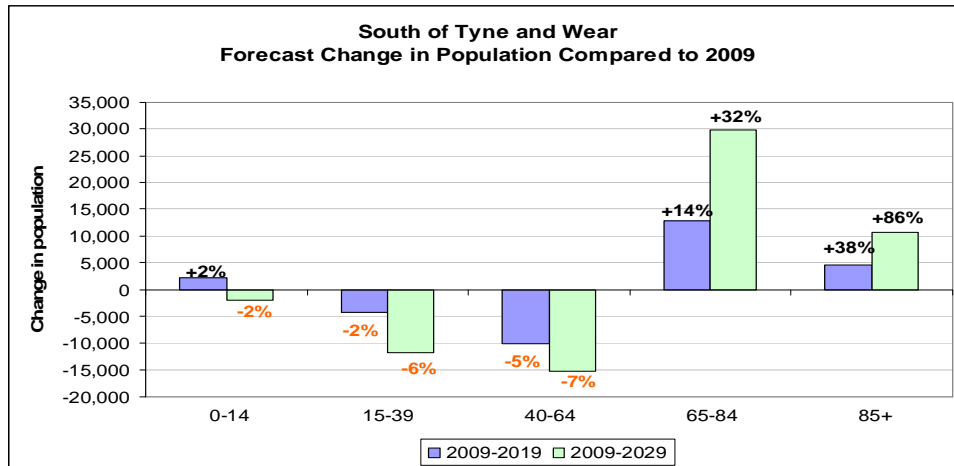
The Office of National Statistic (ONS) state that the number of children and young adults is predicted to reduce by 12.9%; with the numbers of under 25 year olds reducing by 12.9% and 2.2% for under 20 year olds. This compares with only 2.4% for under 25 year olds in England. The percentage of the total population aged 0–4 years is currently 5.0% in South Tyneside compared to 5.4% in the North East and 5.82% in England. By 2020 this is expected to be 5.44% in South Tyneside, 5.68% in the North East and 6.10% in England.

### 3.3 Change in population

The ONS has forecast that across South of Tyne and Wear there is likely to be a small increase in the overall population of 2%. This will be reflected with a large increase in the over 65 year olds, equating to a 14% change in 65-84 year olds and 38% in 85 years and older, when compared with 2009.

Assuming a static mortality rate over time, South Tyneside is predicted to have a significant increase in deaths for all ages of 10% but lower than South of Tyne and Wear (16%). This rise is largely amongst the over 75 year olds at 12% increase in South Tyneside and 21% for South of Tyne and Wear.

These increases have significant implications for health services, particularly as older people use services more often, have more complex needs and stay longer in hospital. Modelling for South of Tyne and Wear shows that in ten years, if we do nothing differently, we will need over 400 extra beds which our hospitals do not have, at a cost of over £50m which we cannot afford.



### 3.2 All age all cause mortality

Improving overall life expectancy and tackling inequalities in health is key to achieving better health and well-being for all. A focus on improving health and tackling health inequalities helps people to live longer and have healthier lives, particularly for those who are at greatest risk of poor health. This indicator is a proxy for life expectancy, and will include mortality from all causes of death.

The inequality in health outcomes experienced by those living in deprivation needs to be addressed and local people need to have equal opportunities to participate both socially and economically.

Analysis of recent data shows that healthy life expectancy is not rising at the same rate as life expectancy. Healthy life expectancy is influenced by a range and complex interaction of factors in relation to each individual's life, from conception to death. These include:

- Maternal health and wellbeing, including teenage pregnancy, smoking, drinking, drugs and diet;
- Parental relationships and influences in the early years of life, including breastfeeding, mental health, diet, physical activity, dental health and support for cognitive and educational development;
- Later health-related behaviours and lifestyle choices;
- Access to health and other services;
- Wider factors influencing health such as income, education, skills and employment.



## 4. Life Expectancy

Life expectancy at birth in the United Kingdom in 2005 (76.9 years among men, 81.1 years among women) is slightly above the Organisation for Economic Co-operation and Development (OECD) average among men (75.7 years) but slightly below the average among women (81.4 years). Countries with high life expectancy include Japan (78.6 years for men, 85.5 years for women) and Switzerland (78.7 years for men, 83.9 years for women). Countries with low life expectancy are Turkey (68.9 years for men, 73.8 years for women) and Mexico (73.0 years for men, 77.9 years for women).

The gap between life expectancy in South Tyneside and nationally is increasing and continues to be greater for men than women. The mortality rate due to all causes (age standardised) is falling although in 2005-7 it was higher (692 per 100,000 population) compared to the North East (671) and England (595).

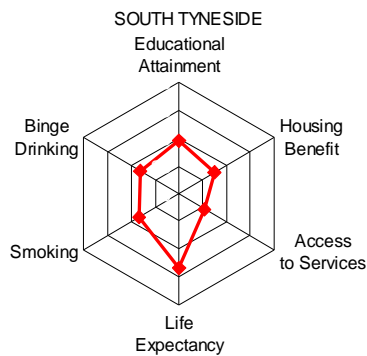
## 5. Small Area Assessment

South Tyneside has six “Community Area Forums” – Boldon, Cleadon & Whitburn, East Shields, Hebburn, Jarrow, Riverside and West Shields. These are groups of elected councillors and local residents who meet to discuss local issues and work to improve services. South Tyneside Council, in consultation with these Forums, have identified 21 “Priority Neighbourhoods” that have been chosen because they have a range of issues that include poor health, high unemployment, poor housing, low educational attainment, high crime rates or low average income. These assist partners, including the Council and the PCT, to understand better the needs of local communities and improve the way in which resources are targeted.

Points on or near the outside of the ‘spider’s web’ below indicate issues linked to poor health; low educational attainment, a high proportion of households claiming housing benefit, poor access to services, low life expectancy, a high proportion of adults who smoke and a high proportion of adults who regularly drink heavily. Although these are calculated for neighbourhood populations with an average size of 2,000, many of the indicators are based on small numbers of observations e.g. numbers of deaths or numbers of children sitting their GCSEs. Therefore, data has been pooled together for several years, e.g. the measure of life expectancy is based on the ages at which people have died over a three year period between 2005 and 2007.

For South Tyneside as a whole, average life expectancy is 77.8 and is lower than England as a whole. This also masks differences between men (76.2) and women

(80.3) in South Tyneside – both of which are lower than England (77.9 and 82.0 respectively). The ‘spider’ summary for South Tyneside is as follows:



#### Summary of results of small area analysis

Priority Neighbourhood	% Achieving 5 A-C GCSEs	Rate of claiming housing benefit per 1,000 households	Average time to key service (minutes)	Life expectancy	% that smoke	% that binge drink
Biddick Hall	40	399	12	75.9	48	32
Boldon Colliery	41	353	11	73.9	40	29
Central Jarrow	57	361	9	73.6	28	42
Harton Moor	42	443	10	76.1	40	-
Hebburn Colliery	57	406	13	75.0	27	45
Hebburn New Town	64	313	10	73.0	27	46
Hill Park & Lawson Estate	46	499	9	71.5	-	-
Horsley Hill	33	466	11	76.5	32	33
John Clay	31	345	6	74.6	-	-
Laygate	44	576	8	73.2	50	-
Mile End Road	61	355	11	75.6	17	45
Rekedyke	45	364	7	74.4	35	21
Scotch Estate	66	358	11	75.7	33	43
Simonside	53	328	9	78.4	32	29
Sutton	41	494	11	77.2	45	-
The Lonnen	60	637	13	73.6	50	-
The Nook	70	400	8	78.0	32	30
Tyne Dock	59	315	8	77.5	31	19
Victoria Road	47	403	8	73.9	50	50
West Harton	40	359	8	74.2	26	23
Woodbine Estate	41	458	9	78.8	-	31
<b>South Tyneside</b>	<b>62</b>	<b>239</b>	<b>11</b>	<b>77.8</b>	<b>26</b>	<b>33</b>
<b>England</b>	<b>63</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>22</b>	<b>20</b>





## 6. Wider determinants of health

South Tyneside is in the worst quartile nationally for most health inequalities indicators and the gap is widening for both men and women in terms of life expectancy. Health inequalities are the result of complex and wide ranging factors including:

- Overall deprivation;
- Poverty or low income;
- Lack of, or insecure, employment;
- Poor housing;
- Homelessness;
- Lower educational attainment;
- Crime and disorder (or fear of);
- Poor access to transport, and;
- Poor physical environment.

Income, poverty and employment are considered to be the most important indicators of deprivation for health inequalities. People who experience one or more of these are more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population. Overall improvements in services, together with reductions in inequalities in wider determinants of health, should help narrow the gap in health outcomes between those who have more affluent and stable life circumstances and those who do not.

## 7. Deprivation

There is a substantial amount of evidence which shows that people living in the most deprived areas have worse health and health indicators than those in the most affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects. The 2007 Index of Multiple Deprivation (IMD) measures socioeconomic disadvantage across seven domains:

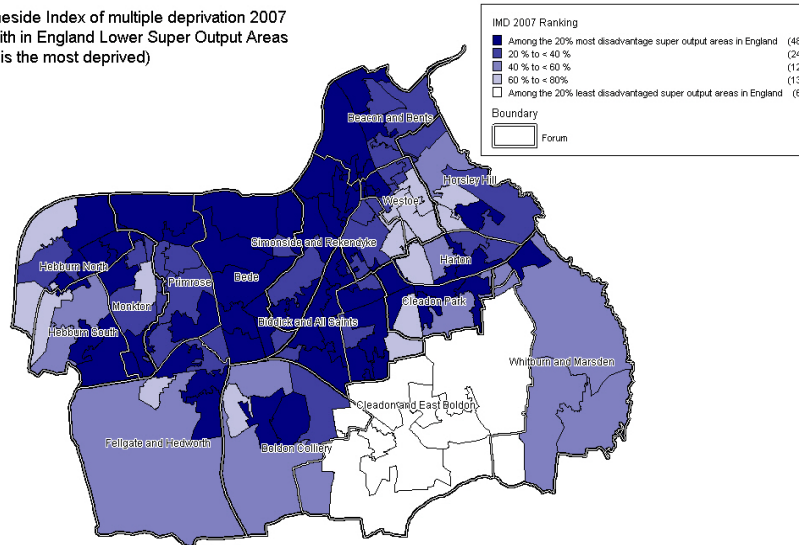
- income;
- employment;
- health;
- education;
- barriers to housing and services;
- crime, and;
- physical environment.

The overall IMD is a weighted average of the indices for the seven domains. The map below shows those lower tier super output areas (areas with a population of



around 1,500 people) in South Tyneside that are among the most disadvantaged fifth of all areas across England.

South Tyneside Index of multiple deprivation 2007  
Ranked with in England Lower Super Output Areas  
(Where 1 is the most deprived)



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100045024, 100045904 and 100037502

Source: Department for Communities and Local Government, 2007 Indices of Multiple Deprivation, Income Deprivation Affecting Children Index (IDACI)

## 8. Children and young people in South Tyneside

### 8.1 Respiratory disorders

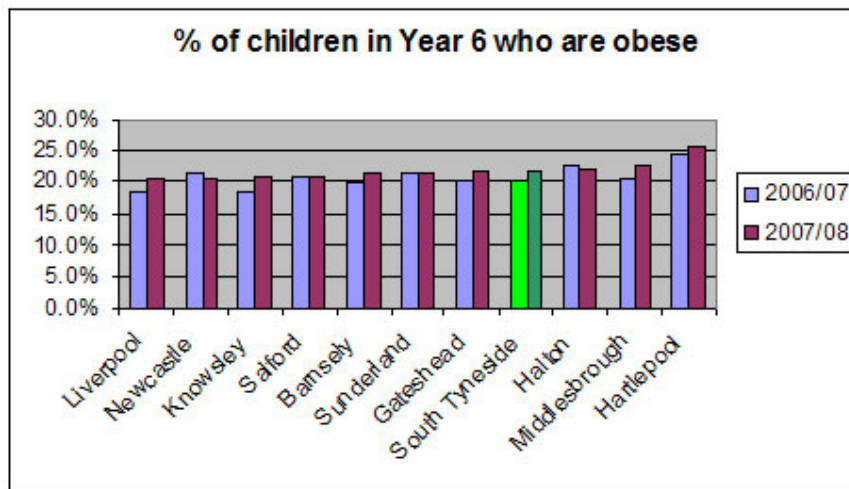
The most commonly reported long-term illnesses in children and babies are conditions of the respiratory system. About 1 in 8 boys and 1 in 10 girls report a long-term respiratory disease and the prevalence of respiratory disease in children is greater than that from all other chronic illnesses combined. One in four admissions to children's wards in the UK is because of a respiratory disease and one in five children seen in out-patient clinics has a respiratory illness as the main medical problem. Among children, about a fifth of all GP consultations are classified as resulting from the respiratory system with another 2% registered as symptoms and signs involving respiratory disease.



Among respiratory illnesses, acute viral upper respiratory infections and asthma are the most common with asthma being the most chronic disease in children; about a fifth of children (21%) have a diagnosis of asthma.

## 8.2 Childhood obesity

In the UK, a third of children are either overweight or obese and it is predicted that without intervention this figure will rise to two-thirds by 2050. Most obesity in children and young people is a result of lifestyle and less than 1% is a consequence of underlying health problems. Research indicates that sedentary behaviour and a lack of physical activity in childhood and adolescence is a major contributor to the 'obesity epidemic'. In 2008/9, 13.1% of children starting school were overweight and 9.1% were obese, rising to 14.7% and 21% respectively for children in Year 6. The table below shows the levels of obesity in South Tyneside compared with similar councils (DCSF statistical neighbours) for 2006-7 and 2007-08.



## 8.3 Child and adolescent mental health

From studies reported elsewhere it is estimated that in South Tyneside between 3,700 to 4,700 aged 0-19 years would be affected with some kind of mental health issue. The two most common conditions are emotional and conduct disorders.



## 8.4 Smoking

Nationally, between 1990 and 2000, girls were more likely to smoke than boys among those aged 11-15 years. In 2000, 12% of girls aged 11-15 years in England were regular smokers compared with 9% of boys. However, in this age group, consumption of cigarettes among regular smokers was higher for boys than girls with boys smoking an average of 50 cigarettes in a week compared with 44 for girls. There was little variation in the prevalence of smoking among those aged 16 to 19 years.

In South Tyneside, self reported data suggests that in 2006, 12% of boys and 27% of girls in year 10 indicate that they smoke; for boys this is slightly lower than England as a whole but for girls the South Tyneside figure was significantly higher than England. The comparative figures for year 8 students, aged 12-13 years, was 3% for boys (5% for England) and 9% for girls (6% for England).

## 8.5 Dental health


Fluoridated water is associated with lower rates of dental decay but South Tyneside water is not artificially fluoridated. The British Association for the Study of Community Dentistry (BASCD) work with local community dentistry teams to carry out a survey of child dental health each year. This alternates between children aged 5 years and dental health among 12 and 14 year olds.

## 8.6 Alcohol

Alcohol related hospital admissions of children and young people in South Tyneside, reduced between 2006/07 and 2008/09 in the under 18 age group for both males and females. However, admissions for young people aged 18-21 increased over the same period. The most common health condition associated with alcohol was epilepsy, with more cases in the under 18 age group (131) compared to the 18-21 age group (31). Males were more likely than females to be admitted for mental and behavioural disorders due to alcohol misuse: 36 males aged under 18 years were diagnosed with oesophageal varices.

## 8.7 Substance misuse

A range of factors influence substance misuse among children and young people including environmental factors such as the availability of drugs; family influences, individual experience (such as early sexual encounters and peer group pressure); mental health issues such as low self-esteem, depression and educational issues



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such as parental expectations. National research shows evidence of a decline in the prevalence of drug use, since 2001, among school pupils aged 11–15 years.

Illicit drug use in the UK is most prevalent among young people aged between 16-24 years. The British Crime Survey (BCS) 2009 identified 42.9% of young people in this age group reporting having ever used illicit drugs. Class A drug use, whilst showing a slight reduction since 1996, increased by 1.2% between 2007/08 and 2008/09 (6.9% compared to 8.1%).

Recent drug users have an increased likelihood of having drunk alcohol in the last week. Recent drinking is also associated with experience of truancy or exclusion from school. Research evidence shows significantly higher levels of drug use among those who have a number of vulnerabilities and belong to more than one marginalised group.


The North East has the highest lifetime rate of amphetamine use amongst 10-25 year olds, with a higher percentage of females than males, aged under eighteen years, reporting lifetime amphetamine use (5% compared to 3.6%). The North East has the highest rate for 15-24 year old problem drug users in contact with structured drug treatment (39.3%). Problem drug use is defined as 'injecting drug use or long-duration/regular use of opioids, cocaine and/or amphetamines'.

In South Tyneside, it is estimated that for all 10-24 year olds, 17% (4,940) used 'any type of drug in the last 12 months'. Of the 10-16 age group 16% are considered vulnerable, with an estimated 214 vulnerable young people considered potential drug users. Of that number, the estimated proportion using any type of drug in the last 12 months is 123, frequent use 66 and class A drug use is 25. For the 17-24 age group, 30% are considered vulnerable so giving 1,108 potential drug users. Of that number the estimated proportion of frequent drug use is 709 and estimated class A drug use is 576.

## 8.8 Immunisation and vaccination

Immunisation is the most effective public health intervention for saving lives and promoting good health. Childhood immunisation has been effective in wiping out key infectious diseases. Unimmunised people are at risk from catching the disease and rely on other people being immunised to avoid becoming infected.

The National Immunisation Programme aims to prevent illness and death caused by vaccine preventable diseases; many diseases that used to be commonplace are now rare or not seen at all. Vaccinations now include diphtheria, tetanus,



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pertussis, polio, and Haemophilus influenzae type b (DTaP/IPV/Hib), meningitis C, and measles, mumps and rubella (MMR) vaccines. Boosters are offered for diphtheria, tetanus, pertussis and polio and a second dose of MMR at 3 years. The Health Protection Agency recommends vaccination coverage levels of 95% for the first year and age two; and 90% for age groups 5 and more. These recommended immunisation coverage levels are necessary to confer the wider health benefits of immunisation ('Herd' Immunity).

In September 2006 new vaccine against pneumococcal infection was introduced and the Human Papilloma Virus (HPV) vaccination was introduced for girls aged 12-13 years in 2008. In July 2008 the Department of Health extended the programme to include girls aged 17 years to 18 years of age.

## 9. Lifestyle Risk Factors

### 9.1 Smoking

This is the biggest risk factor for circulatory diseases and cancer. The proportion of smokers, both men (26.7%) and women (24.6%) was higher in 2008 than the national projections in England (24.5% and 22.2% respectively). The South of Tyne and Wear Lifestyle Survey showed that the largest proportion of smokers (31%) in South Tyneside are from the 31-44 age group. However, the highest percentage of male smokers was in the 25-35 age range, whereas the highest proportion of female smokers was in the 45-54 age range.

- people from a BME community are much more likely to smoke: 29.5% compared to 25.8% of the white population;
- the greater proportion of residents living in areas of ST classed as living within the 20% most disadvantaged areas of England are smokers (32%). This contrasts with just over 12% of people being smokers living in areas classed as within the most advantaged areas of England;
- the highest rates of smoking are found in the wards of Biddick Hall and All Saints (38.5%) and Rekendyke (36.1%). Cleadon and East Boldon ward has the lowest proportion of smokers (12.3%);
- the highest percentage of smokers (30%) are found within the 'lower supervisory and technical' group. 'Small employers and own account workers' and 'semi-routine/routine workers' have slightly lower rates, at 29%. The lowest percentage of smokers (21.8%) is the 'managers and professional' group;
- Mosaic group data shows that the lowest percentage of smokers in South Tyneside is among career professionals living in sought after locations (12%) and the highest rates are in those living in social housing with

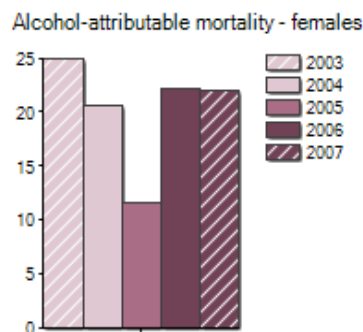
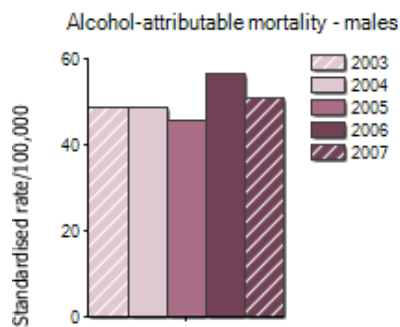


uncertain employment in deprived areas (39.1%) and low income families living in estate based social housing (34.5%).

## 9.2 Alcohol

Alcohol contributes to a wide range of health conditions and alcohol misuse was estimated to cost the NHS £1.5 billion in 2000/01 (Prime Minister's strategy unit, 2003). Data on mortality from alcohol-related conditions are collated by ONS

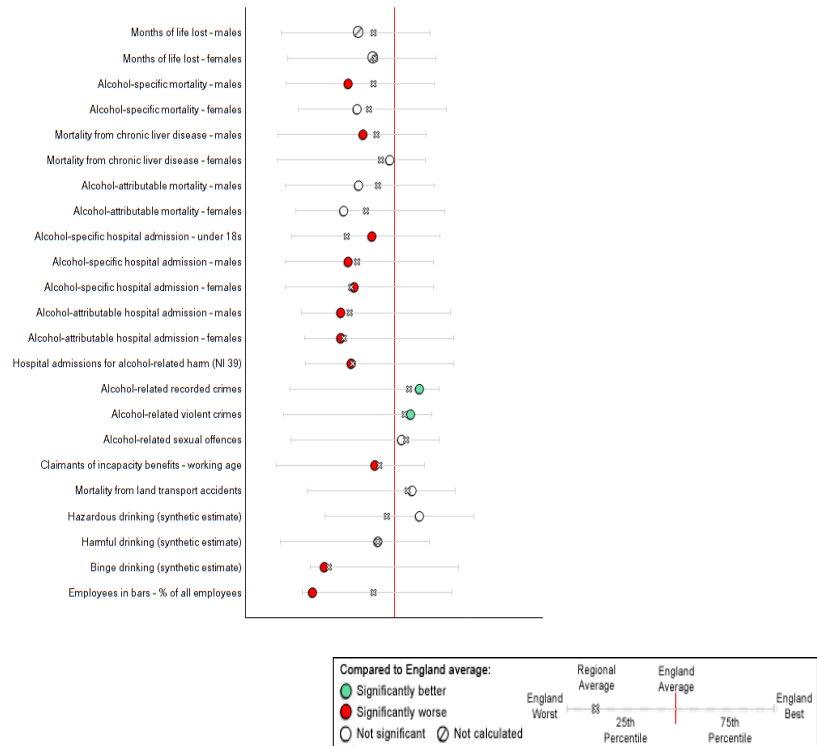
Death rates in South Tyneside are higher than those for the North East and the years of life lost rates are higher than the national average. Locally, on average there have been 28 alcohol-related deaths per year since 2001. Mortality rates for chronic liver disease are increasing for females. The charts below show the standardised rate of alcohol-attributable mortality rates in South Tyneside for men and women.



Alcohol related harm: There are a range of indicators that are taken into account when considering the profile of alcohol-related harm. Alcohol specific conditions are those that are wholly related to alcohol, such as alcoholic liver disease or alcohol overdose. Alcohol attributable conditions include the alcohol-specific conditions plus conditions that are caused by alcohol in some, but not all, cases (e.g. stomach cancer and unintentional injury). The chart below shows how South Tyneside compares for each indicator, as well as the regional and England averages.



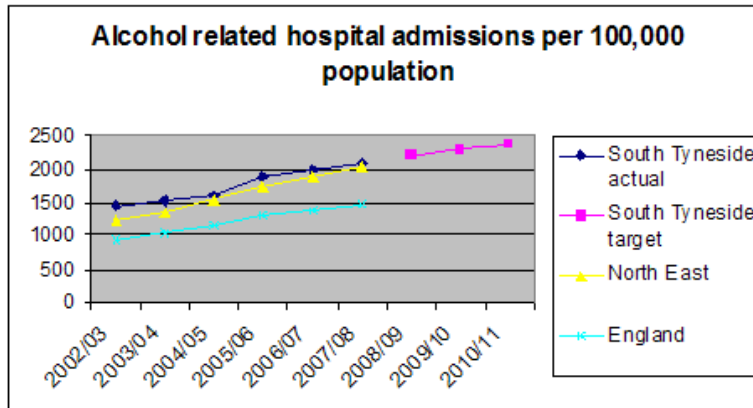
## Profile of alcohol related harm



Source: Local Alcohol Profiles for England,  
<http://www.nwph.net/alcohol/lape/pctProfile.aspx?reg=q30>

Alcohol related illness: In 2006-7, the number of hospital admissions for alcohol related harm was 3,508 people per 100,000. In 2007/08, we had a rate of 2,085 people per 100,000 being admitted to hospital for alcohol related harm. Local and national trends indicate that this rate will increase. By 2011, we are aiming to have a rate of 2,345 per 100,000, which is lower than the amount admissions are predicted to rise by. The graph above shows that we expect the rate of hospital admissions to increase initially over the next couple of years at least before a decrease is experienced.





Approximately half of all digestive disease - which contributes to, on average, about 8% of the life expectancy gap - is due to liver cirrhosis.

Locally, there was a reported increase in unsafe drinking from the lowest rates in those living in the most disadvantaged areas (26.1%) to those living in the 4<sup>th</sup> 20% most disadvantaged areas (34.8%), with a slight decrease in the most advantaged areas (28.6%). Those living in the 60% most disadvantaged areas are most likely to drink alcohol at very unsafe levels and patterns for excessive ('binge') drinking reflect these patterns.

Self reported figures from the South of Tyne and Wear Lifestyle Survey suggested that:

- the 18-24 years age group were more likely to consume alcohol above the recommended safe weekly limits (21 units: males, 14 units: females) than other age groups: 45.2%, compared with over 8.5% of over 75 year olds;
- Men reported to be much more likely to drink more than recommended at all ages when compared with women (40% of men and 18% of women);
- figures for those reporting to drink alcohol at very unsafe levels (>50 units per week for men, >35 units per week for women) reflect the above demographics, with young men being most likely to do so (16%), and decreasing numbers with increasing age;
- men were considerably more likely to drink very unsafely than women (10.7% compared with 3.2%);
- young men are most likely to binge drink (67.3% compared to 32.5% of the whole population), and men generally are much more likely to do so than women (45.3% compared to 21.6%);
- BME communities are much less likely than the white population to drink unsafely: 11.5% compared to 29.2%.



### 9.3 Obesity

There are some differences in rates of people who are overweight across socio-economic areas, with the lowest rates being found in the middle of the range. There is a slight gradient in obesity, with higher levels being found in the most disadvantaged areas. Data shows that career professionals living in sought after areas and older families living in suburban area have the lowest rates of obesity.


Rates of obesity were lower (17.4%) than in England (26.1% projected figure) in 2007. From the ages of 25-64, women were less likely to be obese than men (18.1% compared to 21.75%). The pattern reverses from 65 years onwards, with 20.4% females being obese, compared to 9.1% of men. Further, the white population are more likely to be overweight (37.8%) or obese (17.7%) than the BME population (30.7% and 14.7% respectively).

Healthy eating: Projected figures for the proportion of adults eating five or more portions of fruit and vegetables each day were 28.2% in 2008, compared to 31.3% in England. Women are more likely to eat five or more portions of fruit and vegetables a day than men: 31.6% of women compared to 24.5% of men and people from BME groups are less likely (24.7%) than white groups (28.4%). Those living in the 29% most advantaged areas are more likely to eat five or more portions of fruit and vegetables each day (40%) than those living in the 20% most disadvantaged areas (23.7%). Again, career professionals living in sought after locations, older families living in suburban areas and independent older people with relatively active lifestyles eat more fruit and vegetables.

### 9.4 Physical activity

The South Tyne and Wear Lifestyle Survey showed that 45.5% of males and 42.4% of women in South Tyneside reported doing 5 or more 30 minute sessions of physical activity per week. Both are well above the forecasted figures for men and women across England which are 42.4% for men and 31% for women. Those most likely to report to exercise at least five times per week were males aged 18-24 years (58.4%). The largest percentage of women exercising at this level were those aged 55-64 (51.5%), though only 38.2% of men in this age range do so. Women over 75 years were least likely to report exercising (33.3%).

Fewer people from a BME background (35.9%) report doing 5 x 30 minutes of physical activity a week, compared to those who are white (44.8%). Interestingly, the highest numbers of respondents who report doing 5 x 30 minutes exercise a week (46.8%) live in the 20% most disadvantaged areas in England, in contrast to



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those living in the 20% most advantageous areas (31.7%). This is supported by the mosaic data, which identified that the least physically active are career professionals living in sought after locations (37.4%) and older people living in social housing with high care needs (33.6%). Those reporting to be the most physically active were identified as being low income families living in estate based social housing (50.1%).

There are slightly lower levels of people taking part in sports and active recreation in South Tyneside (19.8%) than in England (21.3%)


## 9.5 Sexual health

Sexual ill-health is clearly linked to deprivation and social exclusion and disproportionately affects particular groups. Sexually transmitted infections (STIs) have both short and longer term effects on the health and wellbeing of people. The consequences of poor sexual health can also impact on an individual's social and economic well-being. It is estimated that sexual ill health costs the NHS more than £700 million each year.

Reducing the incidence of STIs requires effective primary prevention, timely access to appropriate services and treatment in order to prevent further onward transmission. While the incidence of STIs may be rising, this may be attributed to improved access to services and screening. NICE guidance identifies a number of behavioural factors that affect the probability of STIs and include:

- misuse of alcohol and/or substances;
- early onset of sexual activity;
- unprotected sex / poor contraceptive use;
- frequent change of and / or multiple partners;
- low self-esteem;
- lack of skills (for example, in using condoms);
- lack of negotiation skills (for example, to say 'no' to sex without condoms);
- lack of knowledge about the risks of different sexual behaviours;
- availability of resources, such as condoms or sexual health services;
- availability of sex and relationship education (SRE)
- peer pressure;
- attitudes (and prejudices) of society which may affect access to services.

Chlamydia is the most common sexually transmitted infection in England, 15-24 years old are the age group most at risk of being diagnosed with a sexually transmitted infection with 65% of all Chlamydia being found in this age group. The health complications of Chlamydia include infertility, ectopic pregnancy and Pelvic



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Inflammatory Disease. The prevalence of Chlamydia is increasing due to many factors including the fact that the majority of patients are asymptomatic. Data for April to December 2009 showed that 14% of the 15-24 year old population in South Tyneside had been tested and that 7.3% (209) were found to be positive for the infection. The equivalent figures for the North East were 13.8% and 6.6% respectively; and 13.8% and 6.5% for England.

The percentage increase in HIV-infected people receiving care between 2002 and 2008 was higher in the North East (172%) than either England (100%) or London (61%).

#### 9.6 Under 18 conceptions

Teenage conceptions are strongly associated with young people from poor socio-economic groups and those who are socially excluded. There is also a direct correlation between poor sexual health and unintended teenage conceptions. Other risk factors include low self-esteem, low educational achievement and those with mental health problems. While many young people become very competent parents, there is strong evidence that having a baby at a young age can be harmful to both physical and mental health. Babies born to young parents are also at greater risk of experiencing negative health outcomes themselves.


In South Tyneside the teenage conception rate fell by 20% between 1998 and 2004, ahead of a milestone to achieve a 15% reduction over this period. The rate continued to fall up to 2006 but rose sharply in 2007. The local rise in teenage conceptions in 2007 has been reflected across both the North East region and, less markedly, England. In 2007 there were 164 conceptions among young women under the age of 18 years in South Tyneside.

#### 9.7 Substance Misuse

The estimated prevalence of opiate and/or crack misuse among persons aged 15-64 years was 947 in 2004/5, dropping to 648 in 2006/7: a rate of 6.3 per 1,000 people, considerably lower than the rate for the North East, which was 9.4.

### 10. Which diseases reduce life expectancy?

Over the last ten years, in South Tyneside, death rates from all causes have decreased for men and women at a similar rate to the England average. The early death rate from heart disease and stroke has decreased markedly. The early



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death rate from cancer has decreased faster than the England average in recent years.

Mortality and morbidity from cardiovascular disease and cancer are unevenly distributed across society particularly in low-income groups, minority ethnic groups and people living in the North of England. Mortality and morbidity from cardiovascular disease and cancer are also higher amongst people with poor mental health. Socioeconomic status has been shown to be related to lung cancer incidence, with people with low levels of education having a higher incidence of cancer.

Cardiovascular disease and cancers remain the main causes of premature mortality in South Tyneside. Understanding which diseases make up the life expectancy gap for men and women allows us to focus efforts on making a large impact on tackling these diseases.

#### 10.1 Circulatory diseases

In South Tyneside, premature mortality (under the age of 75 years) due to circulatory diseases has seen a reduction of 40% between 1995-7 and 2005-7 from a rate of 167.3 per 100,000 population to 100.3. The rate reduction over the same period for England was even greater, 44%, resulting in an increasing gap between local and national figures. There are also considerable differences in rates between men and women with 135.2 for men compared to 68.3 for women (2005-7 figures). In addition, there are wide variations across the Borough with Cleadon and East Boldon and Whitburn and Marsden having significantly lower rates than the Borough as a whole.

Circulatory diseases include:

**Coronary heart disease** - 7,700 (6%) people from the Borough have a diagnosis of coronary heart disease although the true prevalence is estimated to be closer to 6.5% equating to 8,300 people on GP lists.

The prevalence is likely to rise to 7.2% in South Tyneside by 2020. Between 9,100 and 9,400 people will be affected.

**Acute myocardial infarction** - between 2003 and 2005 the standardised mortality ratio (SMR) for all persons aged 35 to 64 years was 151.6 (where the SMR for the North East was 124.7 and England was 100).



**Hypertension** – in 2008-9 although 18.4% (23,700 people) had a diagnosis of hypertension the true prevalence was estimated to be about 32% (41,500 people). This means that a large number of people have hypertension in South Tyneside but have not been diagnosed.

The prevalence is likely to rise to 34.4% in South Tyneside by 2020. Between 43,300 and 44,800 people will be affected.

**Stroke** – In 2008-9, 3,600 (2.8%) of the population aged 16+ were known to have suffered a stroke.

By estimating prevalence for GP Practice populations and comparing this with actual Practice prevalence published within the Quality and Outcomes Framework, it will be possible to identify those communities where the gap between actual and expected prevalence is widest. This will help to focus case finding work.

The prevalence is likely to rise to 3.1% in South Tyneside by 2020. Between 3,900 and 4,000 people will be affected.

## 10.2 Cardiovascular disease

International comparisons of rates of mortality due to coronary (or ischaemic) heart disease in the UK in 2004 were close to the OECD average. Rates in the UK in 2004 were 154 per 100,000 among males and 73 among females. Countries with high rates of CHD mortality include Hungary (292 for men, 170 for women) and New Zealand (179 for men, 97 for women). Countries with low CHD mortality rates are Japan (42 for men, 20 for women) and France (64 for men, 26 for women).

## 10.3 Diabetes

Diabetes mellitus is a condition where the amount of glucose in the blood is too high, because the body cannot use it properly. There are two main types of diabetes, Type 1 and Type 2. Type 1 diabetes cannot be avoided and accounts for approximately 15% of cases, Type 2 is mostly linked to being overweight and accounts for 85% of cases. There are currently 2.5 million people who have diabetes in the UK, and there are more than half a million people who have the condition and don't know it (Diabetes UK, 2009).

In 2008-9 7,000 people in South Tyneside were diagnosed with diabetes (4.5%) with the true prevalence closer to 5.3% (8,200 people). This is higher than our neighbouring PCTs and the North East and England as a whole (see table below).



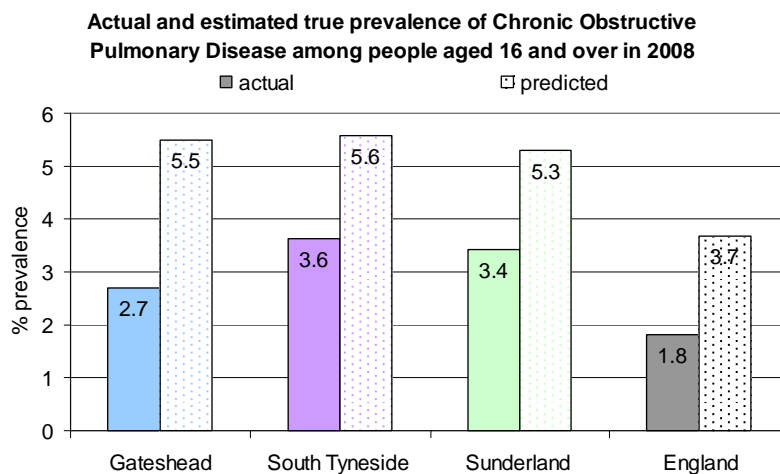
**Table 27: Percentage prevalence of diabetes (based on numbers on GP registers)**

Year	South Tyneside	Gateshead	Sunderland	North East	England
04/05	4.0	3.3	3.5	3.6	3.3
05/06	4.2	3.5	3.6	3.8	3.6
06/07	4.3	3.8	3.7	3.8	3.7
07/08	4.5	4.2	4.0	4.1	3.9
08/09	4.8	4.5	4.3	4.3	4.1

The prevalence is likely to rise to 6.6% in South Tyneside by 2020. Between 9,600 and 9,900 people will be affected.

#### 10.4 Chronic Obstructive Pulmonary Disease (COPD)

The prevalence of chronic obstructive pulmonary disease is high and rising in South Tyneside, being strongly linked to the high levels of smoking in the Borough. In 2008-9 there were 4,700 people aged 16+ with COPD (3.6%) although the true prevalence was more likely to be 5.6% (7,200 people on GP lists). The graph below shows the actual and estimated prevalence of COPD in South Tyneside compared with Gateshead, Sunderland and England.



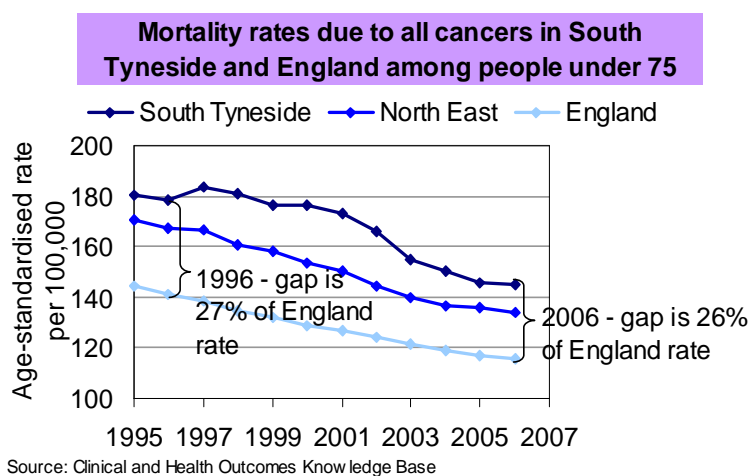
The prevalence is likely to rise to 6.0% in South Tyneside by 2020. Between 7,500 and 7,800 people will be affected.

## 10.5 Chronic kidney disease (CKD)

In 2008-9, 2,400 people in South Tyneside had a diagnosis of chronic kidney disease (CKD) – 2.0% of all people ages 18 and over. True prevalence was more likely to be 9.6% – 11,500 residents or 11,900 people on GP lists.

## 10.6 Cancer

Premature mortality due to all cancers in South Tyneside has decreased between 2005-7 from 178.7 per 100,000 to 145.1. The inequality gap between these figures and those of England has reduced from 27% to 26%.



In 2004-6, there were around 500 deaths each year due to cancer, which represents 28.9% of all deaths. This is higher than for England (26.7%). During this time in South Tyneside, 27.7% of cancer deaths were caused by lung cancer, followed by 10.5% due to colorectal cancer.

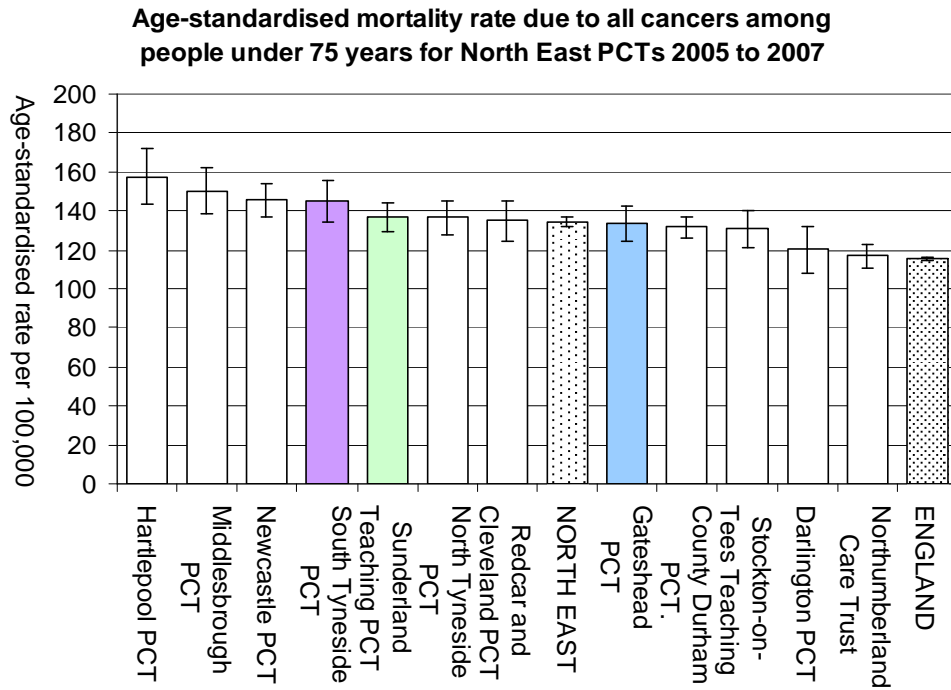
**Table 28: Deaths due to Cancer, 2004-6 (pooled data)**

	South Tyneside		England	
	Deaths	%	Deaths	%
Lung	428	27.7	80,615	21.3
Colorectal	162	10.5	40,201	10.6
Breast	86	5.6	30,828	8.1
Prostate	90	5.8	25,529	6.7
Oesophageal	63	4.1	18,021	4.8
Stomach	65	4.2	13,493	3.6
Malignant Melanoma	7	0.5	4,545	1.2
Cervical	8	0.5	2,505	0.7
Other cancers	636	41.2	163,305	43.1
<b>Total</b>	<b>1545</b>	<b>100</b>	<b>379,042</b>	<b>100</b>

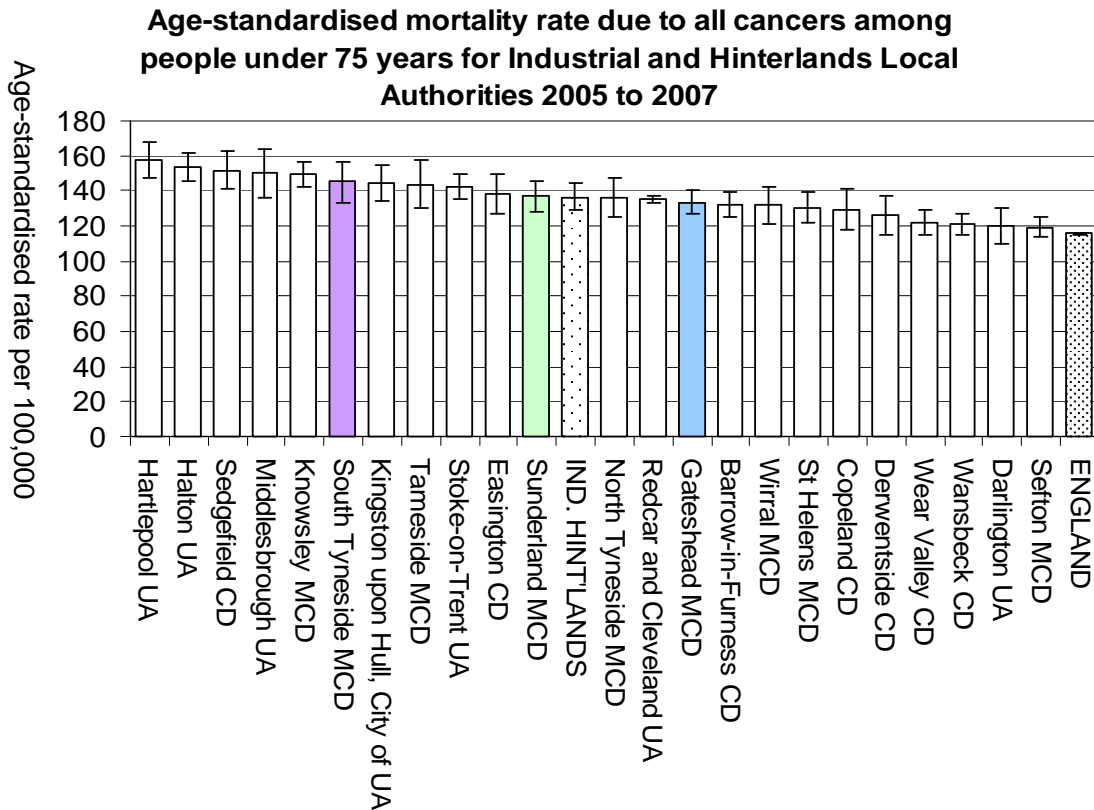




The graph below shows that the South Tyneside cancer mortality rate for all cancers is higher than more than half of North East PCTs.



In relation to comparable districts in England the graphs below show cancer mortality for men and women between 2005 and 2007:



It can be seen that South Tyneside cancer mortality rates are significantly higher than the majority of comparable districts.

Cancer mortality - International comparisons of mortality rates due to all cancers among people of all ages in the United Kingdom were 214 per 100,000 among males and 149 among females in 2004. OECD countries with particularly low rates are Sweden (177 for men, 130 for women) and Australia (196 for men, 123 for women). OECD countries with high rates include Denmark (245 for men, 186 for women) and Hungary (346 for men, 178 for women).

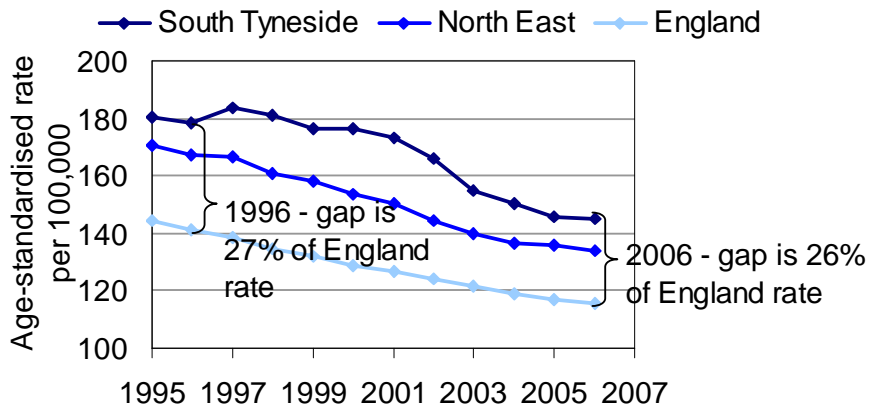
Cancer: The “Our Healthier Nation” target is a 20% reduction in the premature mortality rate due to all cancers between 1996 and 2010. The graph below shows the contribution from premature mortality due to all cancers towards reducing the life expectancy gap and that South Tyneside is on schedule to meet this target.

We have seen an increase in urgent two week referrals for all cancer sites. Both suspect bowel cancer and suspect lung cancer show increases of 25%. Across the three cancer types, the increase in urgent two week referrals is 18%. Data also shows a corresponding increase in the number of people diagnosed with those

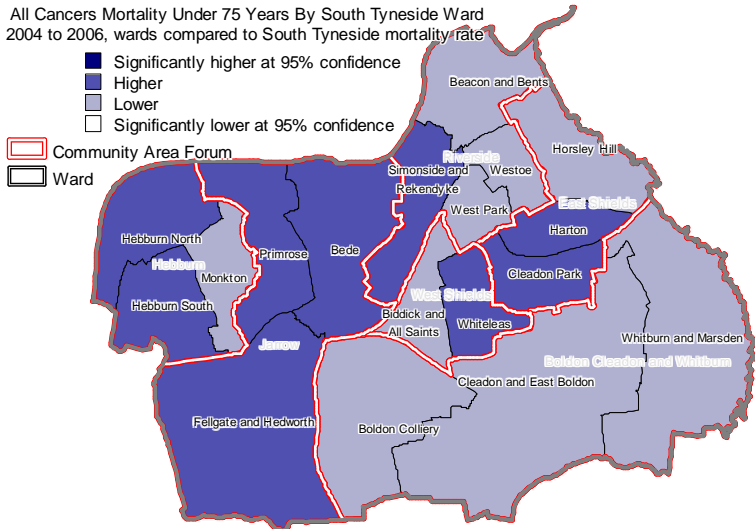


cancers through a fast track referral as opposed to presenting at A & E, or diagnosed through screening. The overall proportion of cancers diagnosed through the urgent two week route for breast, bowel and lung cancers has increased from 43% to 51%. Bowel cancer and lung cancer show the largest improvement of over 25%. In line with the success in referrals and diagnosis, there is an improvement in the number of people diagnosed with no spread of disease for every cancer type, with lung cancer showing the biggest change over a quarter in 2008-9.

**Mortality rates due to all cancers in South Tyneside and England among people under 75**

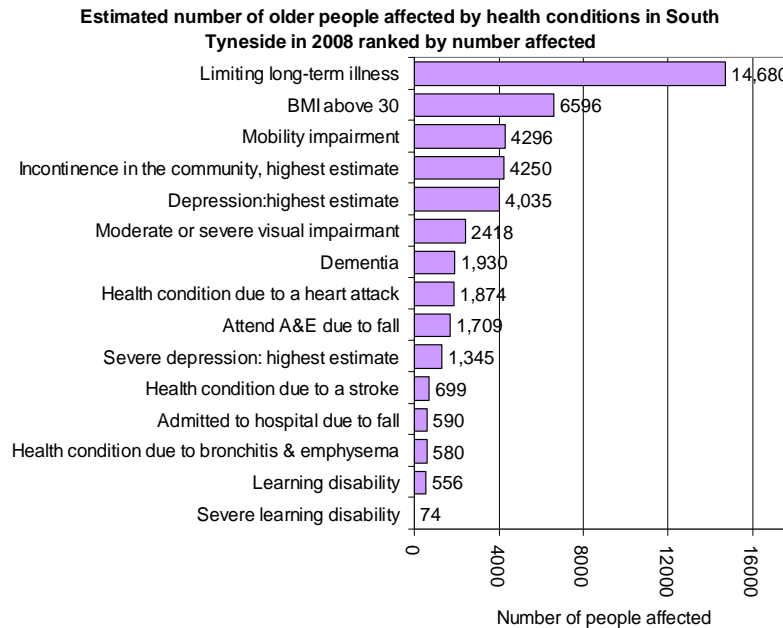


Source: Clinical and Health Outcomes Knowledge Base



## 11. Older people

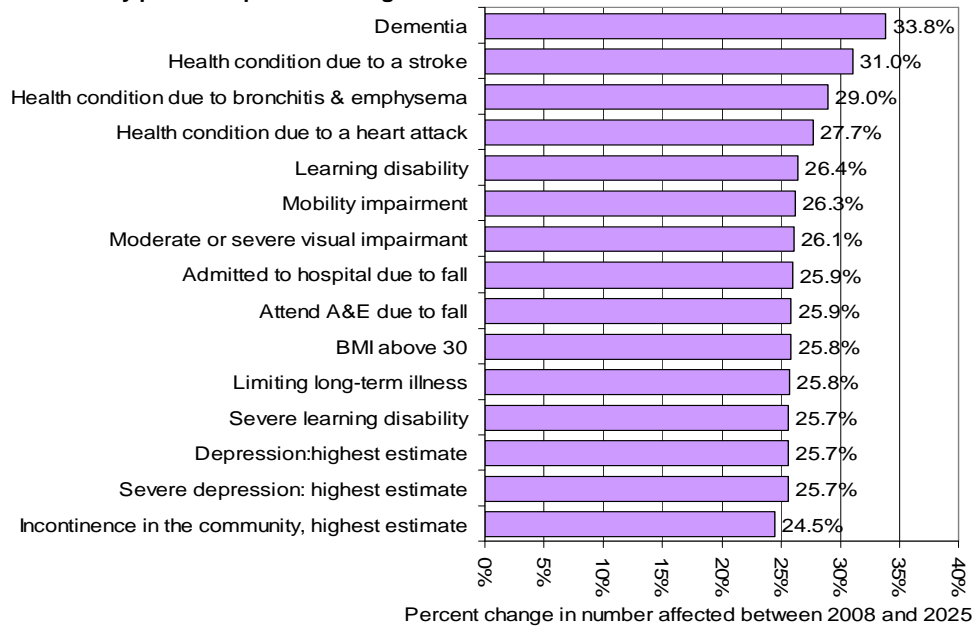
Of the estimated number of older people affected by health conditions in 2008, limiting long-term illness was the most prevalent (14,680), followed by obesity (6,596), mobility impairment (4,296), incontinence (4,250) and depression (4,035).



Older people: Of health conditions affecting older people in South Tyneside in 2008 ranked by predicted percent change in number affected between 2008 and 2025, dementia shows the greatest increase (33.8%), followed by a health condition due to a stroke (31%).



**Health conditions affecting older people in South Tyneside in 2008 ranked by predicted percent change in number affected between 2008 and 2025**



## 12. Mental Health

In July 2009 a Mental Health Needs Assessment (MHNA) was undertaken across South of Tyne and Wear. This outlined that a range of factors including deprivation, employment, education, social networks, housing, the environment and lifestyle factors all had an impact on mental health. *Choosing Health* (DH 2004) identifies life events as being important and natural times for people to review their health and lifestyles and some health issues do have particular relevance to some ages. Pregnancy and childbirth bring particular issues relevant to mental health, as does ill health and advancing age.

There is little reliable and readily available information on the number of people with mental illness. The predicted prevalence of anxiety and depression in South Tyneside is 18% of the population aged 16 – 64 years in 2000. Many common mental health problems such as depression and anxiety are managed entirely within primary care and many people with these conditions may not even present to a health professional. The rate of hospital admissions due to mental health problems is, therefore, not a good indicator of the prevalence of mental illness.



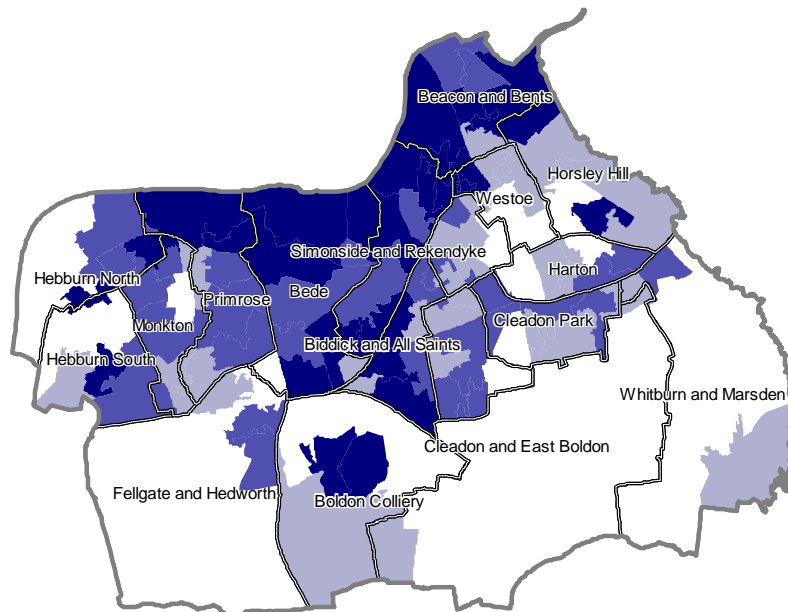
The number of claimants of Incapacity Benefit or Severe Disablement Allowance due to mental or behavioural problems of working age, in February 2009, is outlined in the table below. South Tyneside has less than neighbouring areas but higher than the regional or national rate.

Table 35: **Number of working age people claiming benefits for mental or behavioural problems**

	<b>Number of claimants</b>	<b>Population of working age, mid-year 2008</b>	<b>Crude rate claimants per 1,000</b>
<b>South Tyneside</b>	<b>3400</b>	<b>93,300</b>	<b>36.4</b>
Gateshead	4690	117,200	40.0
Sunderland	7050	175,900	40.1
North East	56610	1597500	35.4
England	838320	31937600	26.2

Source: Numbers of people claiming benefits, Department for Work and Pensions published by NOMIS, Office for National Statistics.

The map below shows the rate of claiming benefits due to mental or behavioural problems per 1,000 people of working age in South Tyneside at November 2008.



Rate of benefit claimants due to mental and behavioural problems per 1,000 adults of working age, November 2008

- Signif. higher than PCT average (95% confidence, 55 to <130 per 1,000 adults)
- Higher than PCT average (40 to <55 per 1,000 adults)
- Lower than PCT average (27 to <40 per 1,000 adults)
- Signif. lower than PCT average (95% confidence, 0 to <27 per 1,000 adults)

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Source: Number of claimants by lower tier super output area, Department of Work and Pensions, available at [www.nomisweb.co.uk](http://www.nomisweb.co.uk), population by LSOA, Office for National Statistics.

Rates of prescribing antidepressants are higher in South Tyneside than in the North East, in themselves higher than national rates. However, prescribing rates need to be treated with caution, because there are multiple reasons for the differing rates. For example, poor access to psychological services may mean higher prescription rates.

People with mental health problems: There is currently little reliable data on the prevalence of common mental health problems at local authority level.

In 2000, a national survey of psychiatric morbidity among adults aged 16-64, living in private households was undertaken across England<sup>6</sup>. Heady and Ruddock<sup>7</sup> used this data to estimate the prevalence of common mental health problems for small areas by correlating the likelihood of experience mental illness with a range of

<sup>6</sup> Singleton N. et al. (2000) "Psychiatric morbidity among adults living in private households, 2000", The Stationery Office, London

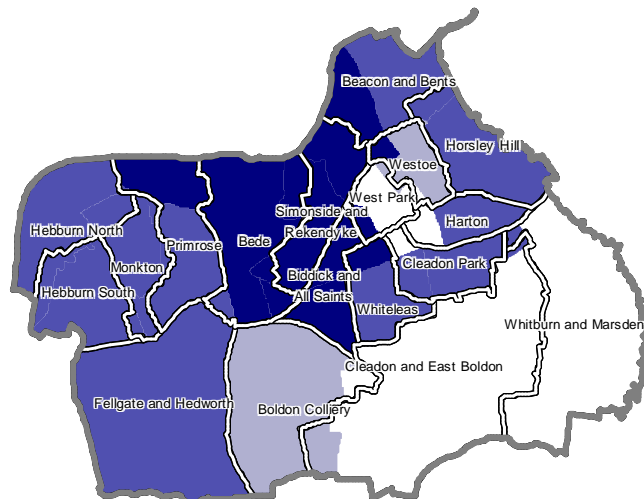
<sup>7</sup> Heady P. & Ruddock V. (1996) "Report on a Project to Estimate the Incidence of Psychiatric Morbidity in Small Areas", Office for National Statistics



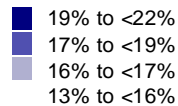
population characteristics, such as poverty, unemployment, and social isolation. Using mid-year population estimates, the total number of people within South Tyneside that are expected to suffer from mental health problems is 16,617, equating to roughly 18% of the total population.

There is a strong correlation between deprivation and poor mental health; those on the lowest incomes tend to experience much higher rates of mental illness. Indeed, significant mental health inequalities are apparent in the poorer areas of the Borough with higher rates of depression and anxiety. High levels of depression are prevalent in particular wards in the Borough that experience significant deprivation: Bede, Simonside and Rekendyke, and Biddick and All Saints.

The prevalence of these estimated mental health problems is disaggregated into specific Borough wards below.




Estimated prevalence of anxiety and depression among adults aged 16-64 years by pre-2004 ward, based on data from 2000 National Psychiatric Morbidity Survey



People with serious mental illness have a reduced life expectancy of ten years compared to the general population. This difference is more marked for men than women and is largely due to physical health problems, such as coronary heart disease, respiratory and infectious disorders.

BME groups are more likely than the general population to experience mental health difficulties. This is due directly to the discrimination that they may suffer, which can affect self-esteem, ability to cope, and can lead to people feeling isolated, intimidated and fearful. Poor outcomes for mental health problems can be





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due to their lack of access to appropriate services, either because they are unavailable or because they are not recognised as being in need of such services.

Victims of domestic violence, in addition to suffering physical injuries, are likely to suffer mental health problems, such as depression. Women experiencing domestic violence have been found to be 15 times more likely to abuse alcohol, 9 times more likely to abuse drugs, 5 times more likely to attempt suicide and 3 times more likely to be diagnosed with depression or psychosis<sup>8</sup>.

People with learning disabilities experience a higher rate of mental illness. For instance, those with a learning disability are three times more likely to suffer from schizophrenia than the general population.

### 13. People with learning disabilities

People with learning disabilities are a particularly vulnerable group within society. They experience considerable stigma, often have complex needs and experience significantly poorer health than the rest of the population. Life expectancy has been increasing in people with learning disabilities but is still lower than in the general population. Some studies suggest that reduced life expectancy is confined to people with more severe learning disabilities, which is also frequently associated with marked physical health problems.

The recent *Independent inquiry into access to healthcare for people with learning disabilities*<sup>9</sup> found evidence that this group had higher levels of unmet need and received less effective care. Many reasons for this were identified, including a lack of awareness of the health needs of this group, lack of knowledge and information, poor training and education of clinical staff, and negative attitudes of staff.

As of October 2009, there were 780 people in South Tyneside known to the adult social care service as having a learning disability.


### 14. Housebound people

There is a considerable amount of evidence to suggest that people who are housebound are more likely to suffer poorer physical health (in addition to their

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<sup>8</sup> Stark et al (1981) *Wife Abuse in the Medical Setting: An Introduction for Health Personnel*, US Department of Health, Office of Child Abuse and Neglect

<sup>9</sup> Department of Health (2008), *Independent inquiry into access to healthcare for people with learning disabilities*



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primary reason for becoming housebound), higher levels of depression and are less likely to access health services<sup>10</sup>.

In 2005/06, a housebound survey was undertaken in South Tyneside to determine the health needs of housebound patients to ensure they all receive an effective health service. The analysis of the gathered information from practices revealed that there were about 1500 patients identified in a GP record as a housebound with one or more with a major chronic disease (e.g. diabetes, CHD, etc.) The survey also showed that there were significant shortages in the provision of primary care services to those housebound people.

## 15. Carers

The 2001 Census showed that, nationally, there are almost six million carers in the UK. Moreover, women are more likely than men to be carers; 3.4 million (58%) of the six million carers in the UK are women. Most carers are over-18 and the peak age for caring is 50-59 years of age. The prevalence of caring in the UK varies between ethnic groups but it can be seen that nationally Bangladeshi and Pakistani men and women are three times more likely than those of White British ethnicity to be carers.

These trends are replicated in South Tyneside, with 15,871 people in South Tyneside shown to be carers, according to the 2001 Census. It is also estimated that the majority of carers in the Borough are female and over the age of 50 though there are still significant numbers of carers who are male and under that age group. There are also many 'hidden' carers – those who do not identify themselves as carers and, therefore, do not receive the support that they may need.


As a consequence of caring, many carers can experience ill health, poverty and discrimination. Carers are often family members or friends who have health needs themselves that are often unmet. The health needs of carers are very personal and vary from person to person. However, it is recognised that carers do have health needs that are often neglected as a result of the focus on the person that is cared for.

A report<sup>11</sup> found that those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring. Caring for a friend or family member is often a long-standing commitment and those providing care over a long period of time are at particular risk of poor health. Moreover, both mental and physical health are

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<sup>10</sup> Economic and Social Research Council

<sup>11</sup> *In Poor Health: the impact of caring on health* (2004), Carers UK




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likely to deteriorate the longer the carer has been caring. Many carers are forced to ignore their own health because of a lack of alternative care and the absence of emergency planning.

A 2002 study<sup>12</sup> found that carers are twice as likely to have mental health problems if they provide substantial care. Factors contributing to poor mental health include: the inevitable stress of providing care, often 24 hours a day; social isolation as a result of the demands of providing care; and, the financial burden of caring – the vast majority of carers are unemployed, have additional costs due to disability services and do not always receive correct or substantial benefits.

## 16. Asylum Seekers

South Tyneside is a National Asylum Seeker support area. As of March 2008, there were estimated to be 171 asylum seekers in the Borough, though this number can fluctuate and is difficult to monitor due to the fluidity of the population. There are fifty properties available to house asylum seekers in South Tyneside. People from as many as twenty-seven countries reside in the Borough, speaking a wide range of languages.

**Table 44: Total numbers of asylum seekers in South Tyneside at March 2008**


	Gateshead	S Tyneside	Sunderland
Total population at mid-year 2007	190,500	151,000	280,300
Total number of asylum seekers at March 2008	355	171	354
Percentage of asylum seekers	0.2%	0.1%	0.1%

Source: ONS 2007 mid-year estimate of resident population by Local Authority, asylum seeker, – North of England Refugee Service (2009)

Since the arrival of the first asylum seekers in 2000, over thirty families have been given leave to remain in the Borough as refugees. The more pronounced health needs of asylum seekers and refugees can usually be attributed to previous experiences in their country of origin and their travel to the UK. Many asylum seekers have experienced torture in their country of origin and are likely to have suffered rape and sexual abuse. Furthermore, asylum seekers and refugees commonly experience mental health problems such as stress and depression as a direct consequence of torture, a traumatic journey to the UK and concerns about the asylum application process.

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<sup>12</sup> Singleton, N. et al (2002), *Mental Health of Carers*



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The detrimental impact of the asylum process on the health of asylum seekers is a recognised concern and can cause stress and depression. The separation of asylum seekers and refugees from their families can also cause similar distress and mental health problems. Their health can also be affected by health care provision in their country of origin, such as incomplete immunisation programmes or poor dental care facilities.

## 17. Gypsies and Travellers

Gypsies and travellers have poorer health and more self-reported symptoms of ill health than other UK residents. Reported chest pain, respiratory problems and arthritis, in particular, are more prevalent. The mortality rate of gypsies and travellers is between one and one and a half times that of the housed population. Life expectancy in the gypsy/traveller population tends to be below that of the general population. Research highlights high smoking prevalence and levels of coronary heart disease as the main factors for this low life expectancy. Studies have also found that maternal mortality is higher for gypsies and travellers than for any other ethnic group. They experience exceptionally high rates of miscarriage, stillbirth, perinatal death and infant mortality as well as high child accident rates.

In South Tyneside, a site in Boldon is a site dedicated to the gypsy/traveller population. The site is home to approximately ten adults and five children, though this number is very fluid and changes frequently.

## 18. Homeless People

Monitoring the prevalence of homelessness is particularly difficult, given the nature of the problem. However, in the first two quarters of 2009/2010, South Tyneside Council received 240 homelessness applications and by October 2009 had made 181 decisions. Of those 181 decisions, 95 cases were accepted as statutorily homeless and, therefore, eligible for Council accommodation.

The 95 statutorily homeless in the Borough included:

- 79 dependent children / pregnant women
- 9 suffering from physical or mental illness or alcohol or drug dependent
- 2 minors (aged 16/17)
- 4 victims of domestic violence
- 1 homeless as a result of an emergency (fire).

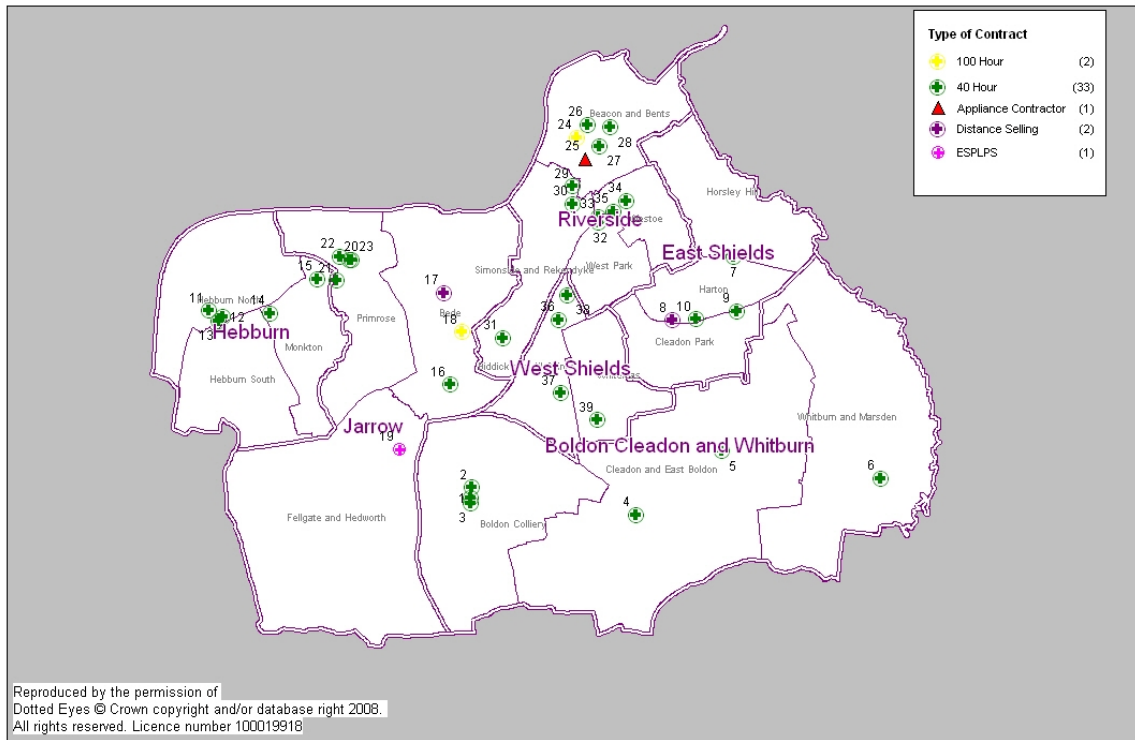
Homeless people have multiple health needs and are among the most vulnerable group in society. In addition to ever-present health concerns, they are faced with



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ongoing difficulties related to poverty and discrimination. Persistent health problems include severe psychiatric conditions, ongoing substance abuse issues, and learning disabilities. These often occur alongside an array of physical health difficulties that are frequently under-diagnosed and untreated. As a result, they experience considerable difficulties in accessing appropriate services.

While poor mental or physical health can sometimes be the primary cause of homelessness, more often it is homelessness that causes or contributes to health problems. Chronic and acute health problems often result from poor living conditions and contribute to the inability of an individual or family to break the cycle of homelessness. The more basic needs of food and shelter can result in neglect of general health. This can allow minor health problems to progress until they become life-threatening illness. The first encounter with the healthcare system will occur only when the problem has finally become so serious that it no longer can be ignored.





**NHS South of Tyne and Wear  
Pharmaceutical Services  
within South Tyneside 2010**

Area Forum	Ward	Key	Trading Name	Address	Type of Contract	Post Code
<b>Boldon ,Cleadon &amp; Whitburn</b>	Boldon Colliery Ward	1	Asda Stores Limited	North Road, Boldon Colliery,	40 Hour	NE35 9AR
	Boldon Colliery Ward	2	Ross Chemists Ltd	The Medical Centre Pharmacy, Gibson Court, Boldon Colliery	40 Hour	NE35 9AN
	Boldon Colliery Ward	3	S A Ross Dispensing Chemist	41 East View, Boldon Colliery	40 Hour	NE35 9AU
	Cleadon and East Boldon Ward	4	East Boldon Village Pharmacy	Mr R MacKie, 7 Station Terrace, East Boldon	40 Hour	NE36 0LJ
	Cleadon and East Boldon Ward	5	S E Gill	35 Front Street, Cleadon Village, Sunderland	40 Hour	SR6 7PG
	Whitburn and Marsden Ward	6	Avenue Pharmacy	Avenue Pharmacy (Sunderland) Limited, 7 North Guards, Whitburn, Sunderland	40 Hour	SR6 7EJ
<b>East Shields</b>	Harton Ward	7	Horsley Hill Pharmacy	60 Horsley Hill Square, South Shields	40 Hour	NE34 6RF
	Harton Ward	8	Pharmacy 100.co.uk	Mr P Singh, 101 Prince Edward Road, South Shields, Tyne & Wear	Distance Selling	NE34 8PJ
	Cleadon Park	9	The Nook Pharmacy	Cleadon Park Primary Care Centre, Prince Edward Road, South Shields	40 Hour	NE34 7QD
	Harton Ward	10	Your Local Boots	327 Prince Edward Road, South Shields,	40 Hour	NE34 7LZ



<b>Hebburn</b>	Hebburn North Ward	11	Ashchem Chemists	Ashchem Limited, Glen Primary Care Centre, Glen Street, Hebburn	40 Hour	NE31 1NU
	Hebburn North Ward	12	Boots	15 St James Mall, Hebburn,	40 Hour	NE31 1LE
	Hebburn North Ward	13	Lloyds Pharmacy	Lloyds Pharmacy Limited, 2 St John Precinct, Hebburn,	40 Hour	NE31 1LQ
	Monkton Ward	14	Ashchem Chemists	Aschem Limited, The Health Centre, Campbell Park Road, Hebburn	40 Hour	NE31 2SP
	Monkton Ward	15	J Dinning Ltd	Mayfield Medical Centre, Park Road, Jarrow,	40 Hour	NE32 5SE
<b>Jarrow</b>	Bede Ward	16	Edinburgh Road Pharmacy	Chemcare Ltd, 89 Edinburgh Road, Jarrow,	40 Hour	NE32 4BB
	Bede Ward	17	Mr P Singh	Pharmacy 100.co.uk, 49 Cuthbert Court, Bede Industrial Estate, Jarrow	Distance Selling	NE32 3EN
	Bede Ward	18	Tesco Instore Pharmacy	Tesco Stores Ltd, Tesco Superstore, Towers Place, Simonside, South Shields,	100 Hour	NE34 9QD
	Fellgate and Hedworth Ward	19	J & B Ray Ltd	47 Fellgate Avenue, Jarrow,	ESPLPS	NE32 4LZ
	Primrose Ward	20	Boots	30 Bede Precinct, Jarrow,	40 Hour	NE32 3LN





	Primrose Ward	21	Boustead Pharmacy	M D & A G Burdon Ltd, 187 Albert Road, Jarrow	40 Hour	NE32 5AF
	Primrose Ward	22	Metro Pharmacy	S Fleming Limited, 77-79 Ellison Street, Jarrow,	40 Hour	NE32 3JU
	Primrose Ward	23	Viking Pharmacy	Norchem Healthcare Limited, 8 Viking Precinct, Jarrow,	40 Hour	NE32 3LQ
<b>Riverside</b>	Beacon and Bents Ward	24	Asda Stores Limited	Coronation Street, South Shields,	100 Hour	NE33 1AZ
	Beacon and Bents Ward	25	BCA Direct	3 Holman Court Henry Robson Way South Shields	Appliance Contractor	NE33 1RL
	Beacon and Bents Ward	26	Boots	49-61 King Street, South Shields,	40 Hour	NE33 1DA
	Beacon and Bents Ward	27	D L Carter & Son Ltd	114-116 Fowler Street, South Shields,	40 Hour	NE33 1PZ
	Beacon and Bents Ward	28	Flagg Court Pharmacy Limited	J A Schofield, Flagg Court Health Centre, Dale Street, South Shields,	40 Hour	NE33 2PG
	Simonside and Rekendyke Ward	29	Lloyds Pharmacy	Lloyds Pharmacy Limited, 20-22 New Green Street, South Shields,	40 Hour	NE33 5DL
	Simonside and Rekendyke Ward	30	Lloyds Pharmacy	Lloyds Pharmacy Limited, The Medical Centre, New George Street, South Shields,	40 Hour	NE33 5DU
	Simonside and Rekendyke Ward	31	Neil Pharmacy	D G Neil Limited, 95 Wenlock Road, South Shields, Tyne and Wear,	40 Hour	NE34 9BD



	West Park Ward	32	Galen Pharmacy Ltd	Stanhope Parade Health Centre, Gordon Street, South Shields	40 Hour	NE33 4JP
	West Park Ward	33	J M & W Darling Ltd	1 Stanhope Parade, South Shields,	40 Hour	NE33 4BB
	Westoe Ward	34	Hogg Chemists Ltd	216-220 Westoe Road, South Shields,	40 Hour	NE33 3PW
	Westoe Ward	35	J M & W Darling Ltd	88 Dean Road, South Shields,	40 Hour	NE33 4AR
<b>West Shields</b>	Biddick and All Saints Ward	36	Ashchem Chemists	Ashchem Limited, 96 Boldon Lane, South Shields,	40 Hour	NE34 0BY
	Biddick and All Saints Ward	37	Biddick Hall Pharmacy	United Pharmacies UK Limited, 46 Gaskell Avenue, South Shields,	40 Hour	NE34 9TQ
	Biddick and All Saints Ward	38	J M & W Darling Ltd	433 Stanhope Road, South Shields,	40 Hour	NE33 4QY
	Whiteleas Ward	39	Whiteleas Pharmacy	Whiteleas Way Ltd, 176 Whiteleas Way, South Shields,	40 Hour	NE34 8HF



**Pharmacy opening hours (Updated January 2011)**

**Appendix D**

Map ref	Pharmacy		Core hours	Supplementary hours	Total hours
36	Ashchem Chemists 96 Boldon Lane South Shields NE34 0BY	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 13.00 Closed	-	9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 13.00 Closed
14	Ashchem Chemists The Health Centre Campbell Park Rd Hebburn NE31 2SP	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 Closed Closed	17.00 – 18.00 17.00 – 18.00 17.00 – 18.00 17.00 – 18.00 17.00 – 18.00 Closed Closed	9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 Closed Closed
11	Ashchem Chemists Glen Primary Care Centre Glen Street Hebburn NE31 1NU	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 Closed Closed	17.00 – 18.00 17.00 – 18.00 17.00 – 18.00 17.00 – 18.00 17.00 – 18.00 Closed Closed	9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 Closed Closed
1	Asda Stores Ltd North Road Boldon Colliery NE35 9AR	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00* 9.00 – 17.00* 9.00 – 17.00* 9.00 – 17.00* 9.00 – 17.00* 9.00 – 17.00* 11.00 – 16.00** * closed 12.30 – 14.30 ** closed 13.00 – 14.00	8.00 – 9.00/17.00 – 22.00 8.00 – 9.00/17.00 – 22.00 8.00 – 9.00/17.00 – 22.00 8.00 – 9.00/17.00 – 22.00 8.00 – 9.00/17.00 – 22.00 8.00 – 9.00/17.00 – 22.00 10.00 – 11.00	8.00 – 22.00* 8.00 – 22.00* 8.00 – 22.00* 8.00 – 22.00* 8.00 – 22.00* 8.00 – 22.00* 10.00 – 16.00** * closed 12.30 – 14.30 ** closed 13.00 – 14.00



Map ref	Pharmacy		Core hours	Supplementary hours	Total hours
24	Asda Stores Ltd Coronation Street South Shields NE33 1AZ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	8.00 – 23.00 7.00 – 23.00 7.00 – 23.00 7.00 – 23.00 7.00 – 23.00 7.00 – 22.00 10.00 – 16.00	-	8.00 – 23.00 7.00 – 23.00 7.00 – 23.00 7.00 – 23.00 7.00 – 23.00 7.00 – 22.00 10.00 – 16.00
6	Avenue Pharmacy Ltd 7 North Guards Whitburn SR6 7EJ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 11.30 Closed * closed 13.00 – 14.00	- - - - - 11.30 – 13.00 -	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 13.00 Closed * closed 13.00 – 14.00
37	Biddick Hall Pharmacy 47 Gaskell Avenue South Shields NE34 9TQ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00** 9.00 – 13.00 Closed * closed 12.15 – 14.00 ** closed 12.00 – 14.00	-	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00** 9.00 – 13.00 Closed * closed 12.15 – 14.00 ** closed 12.00 – 14.00
12	Boots 15 St James' Mall Hebburn NE31 1LE	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 11.30 Closed * closed 12.30 – 13.30	- - - - - 11.30 – 12.30/13.30 – 17.30 -	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* Closed * closed 12.30 – 13.30



Map ref	Pharmacy		Core hours	Supplementary hours	Total hours
10	<b>Boots</b> 327 Prince Edward Rd South Shields NE34 7LZ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 11.30 Closed * closed 13.00 – 14.00	- - - - - 11.30 – 13.00/14.00 – 17.00	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 - 17.00* Closed * closed 13.00 – 14.00
20	<b>Boots</b> 30 Bede Precinct Jarrow NE32 3LN	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00* 9.00 – 17.00* 9.00 – 17.00* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.00* Closed * closed 13.00 – 14.00	17.00 – 17.30 17.00 – 17.30 17.00 – 17.30 - 17.00 – 17.30 17.00 – 17.30 - -	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 - 17.00* Closed * closed 13.00 – 14.00
26	<b>Boots</b> Unit 1 49/61 King Street South Shields NE33 1DA	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00* 9.00 – 17.00* 9.00 – 17.00* 9.00 – 16.30* 9.00 – 16.30* 9.00 – 16.00* Closed * closed 14.00 – 15.00	17.00 – 17.30 17.00 – 17.30 17.00 – 17.30 16.30 – 17.30 16.30 – 17.30 16.00 – 17.30 - -	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* Closed * closed 14.00 – 15.00
21	<b>Boustead Pharmacy</b> 187 Albert Road Jarrow NE32 5AF	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* Closed Closed * closed 13.00 – 14.00	8.30 – 9.00/13.00 – 14.00 8.30 – 9.00/13.00 – 14.00 8.30 – 9.00/13.00 – 14.00 8.30 – 9.00/13.00 – 14.00 8.30 – 9.00/13.00 – 14.00 9.00 – 13.00 - -	8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 9.00 – 13.00 Closed



Map ref	Pharmacy		Core hours	Supplementary hours	Total hours
27	<b>DL Carter &amp; Son Ltd</b> 114-116 Fowler Street South Shields NE33 1PZ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00* 9.00 – 17.00* 9.00 – 17.00* 9.00 – 17.00* 9.00 – 17.00* 9.00 – 11.30 Closed * closed 13.00 – 13.30	13.00 – 13.30/17.00 – 17.30 13.00 – 13.30/17.00 – 17.30 13.00 – 13.30/17.00 – 17.30 13.00 – 13.30/17.00 – 17.30 13.00 – 13.30/17.00 – 17.30 11.30 – 13.00 -	9.00 – 17.30 9.00 – 17.30 9.00 – 17.30 9.00 – 17.30 9.00 – 17.30 9.00 – 11.30 Closed
33	<b>JM&amp;W Darling Ltd</b> 1 Stanhope Parade South Shields NE33 4BB	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 10.15 Closed * closed 13.15 – 14.30	- - - - - 10.15 – 13.00 -	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 13.00 Closed * closed 13.15 – 14.30
38	<b>JM &amp; W Darling Ltd</b> 433 Stanhope Road South Shields NE33 4QY	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	8.45 – 18.30 8.45 – 18.30 8.45 – 18.30 8.45 – 18.30 8.45 – 18.30 Closed Closed	-	8.45 – 18.30 8.45 – 18.30 8.45 – 18.30 8.45 – 18.30 8.45 – 18.30 Closed Closed
35	<b>JM &amp; W Darling Ltd</b> 88 Dean Road South Shields NE33 4AR	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 Closed Closed	17.00 – 18.00 17.00 – 18.00 17.00 – 18.00 17.00 – 18.00 17.00 – 18.00 - -	9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 Closed Closed



Map ref	Pharmacy		Core hours	Supplementary hours	Total hours
15	J Dinning Ltd Mayfield Medical Centre Park Road Jarrow NE32 5SE	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 Closed Closed	-	9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 Closed Closed
4	East Boldon Village Pharmacy Ltd 7 Station Terrace East Boldon NE36 0LJ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 12.30 Closed * closed 13.00 – 13.30	-	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 12.30 Closed * closed 13.00 – 13.30
16	Edinburgh Road Pharmacy 89 Edinburgh Road Jarrow NE32 4BB	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 11.30 Closed * closed 13.00 – 14.00	13.00 – 14.00 13.00 – 14.00 13.00 – 14.00 13.00 – 14.00 13.00 – 14.00 - - -	9.00 – 17.30 9.00 – 17.30 9.00 – 17.30 9.00 – 17.30 9.00 – 17.30 9.00 – 11.30 Closed
28	Flagg Court Pharmacy Ltd Flagg Court Health Centre Dale Street South Shields NE33 2PG	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* Closed Closed * closed 13.00 – 14.00	- - - - - 9.00 – 11.00 -	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 11.00 Closed * closed 13.00 – 14.00



Map ref	Pharmacy		Core hours	Supplementary hours	Total hours
32	Galen Pharmacy Ltd * Stanhope Parade HC Gordon Street South Shields NE33 2PG	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.30 – 11.30 Closed	8.30 – 9.00 8.30 – 9.00 8.30 – 9.00 8.30 – 9.00 8.30 – 9.00 - -	8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 9.30 – 11.30 Closed
5	SE Gill 35 Front Street Cleaton Village SR6 7PG	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 12.00 Closed * closed 13.00 – 14.00	-	9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 12.00 Closed * closed 13.00 – 14.00
34	Hogg Chemists Ltd 216-220 Westoe Road South Shields NE33 3PW	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* Closed Closed * closed 13.00 – 14.00	-	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* Closed Closed * closed 13.00 – 14.00
7	Horsley Hill Pharmacy * 60 Horsley Hill Square South Shields NE34 6RF	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00* 9.00 – 18.00* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 18.00* Closed Closed * closed 13.00 – 14.00	-	9.00 – 18.00* 9.00 – 18.00* 9.00 – 17.30* 9.00 – 17.30* 9.00 – 18.00* Closed Closed * closed 13.00 – 14.00





Map ref	Pharmacy		Core hours	Supplementary hours	Total hours
19	J & B Ray 47 Fellgate Avenue Jarrow NE32 4LZ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.30* 9.00 – 17.30* 9.00 – 13.00 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.00* Closed * closed 12.45 – 14.45	-	9.00 – 17.30* 9.00 – 17.30* 9.00 – 13.00 9.00 – 17.30* 9.00 – 17.30* 9.00 – 17.00* Closed * closed 12.45 – 14.45
13	Lloyds Pharmacy * 2 St John's Precinct Hebburn NE31 1LQ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 10.00 – 17.00** Closed * closed 12.00 – 14.00 ** closed 12.30 – 14.30	- - - - - 9.00 – 10.00 -	9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 18.00* 9.00 – 17.00** Closed * closed 12.00 – 14.00 ** closed 12.30 – 14.30
29	Lloyds Pharmacy 20-22 New Green Street South Shields NE33 5DL	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00* 9.00 – 18.00* 9.00 – 17.00** 9.00 – 17.00** 9.00 – 18.00* 9.00 – 17.00*** Closed * closed 12.30 – 14.00 ** closed 12.00 – 13.30 *** closed 11.30 – 15.00	12.30 – 14.00 12.30 – 14.00 12.00 – 13.30 12.00 – 13.30 12.30 – 14.00 11.30 – 15.00 -	9.00 – 18.00 9.00 – 18.00 9.00 – 17.00 9.00 – 17.00 9.00 – 18.00 9.00 – 17.00 Closed
30	Lloyds Pharmacy * The Medical Centre New George Street South Shields NE33 5DU	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	8.30 – 18.00 8.30 – 18.00 8.30 – 12.00 8.30 – 18.00 8.30 – 18.00 Closed Closed	- - 12.00 – 13.00 - - - -	8.30 – 18.00 8.30 – 18.00 8.30 – 13.00 8.30 – 18.00 8.30 – 18.00 Closed Closed



Map ref	Pharmacy		Core hours	Supplementary hours	Total hours
22	<b>Metro Pharmacy</b> 79 Ellison Street Jarrow NE32 3JU	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	8.30 – 18.00* 8.30 – 18.00** 8.30 – 18.00** 8.30 – 18.00** 8.30 – 18.00** 9.00 – 12.00 Closed * closed 13.00 – 15.30 ** closed 13.00 – 15.00	13.00 – 15.30 13.00 – 15.00 13.00 – 15.00 13.00 – 15.00 13.00 – 15.00 - -	8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 9.00 – 12.00 Closed
31	<b>Neil Pharmacy *</b> 95 Wenlock Road South Shields NE34 9BD	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	8.30 – 18.00* 8.30 – 18.00* 8.30 – 18.00* 9.00 – 13.00 8.30 – 18.00* 9.00 – 12.00 Closed * closed 13.00 – 14.30	- 18.00 – 19.00 18.00 – 19.00 13.00 – 18.00 - - -	8.30 – 18.00* 8.30 – 19.00* 8.30 – 19.00* 8.30 – 18.00 8.30 – 18.00* 9.00 – 12.00 Closed * closed 13.00 – 14.30
9	<b>The Nook Pharmacy</b> 181 - 183 Prince Edward Rd South Shields NE34 8PL	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 Closed Closed	8.30 – 9.00/17.00 – 19.15 8.30 – 9.00/17.00 – 19.15 8.30 – 9.00/17.00 – 18.15 8.30 – 9.00/17.00 – 18.15 8.30 – 9.00/17.00 – 18.15 9.00 – 12.45 -	8.30 – 19.15 8.30 – 19.15 8.30 – 18.15 8.30 – 18.15 8.30 – 18.15 9.00 – 12.45 Closed
8	<b>Pharmacy 100.co.uk</b> 101 Prince Edward Rd South Shields NE34 8PJ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 Closed Closed	-	9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 Closed Closed
17	<b>Pharmacy 100.co.uk</b> 49A Cuthbert Court Bede Industrial Estate Jarrow NE32 3EG	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 Closed Closed	-	9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 Closed Closed



Map ref	Pharmacy		Core hours	Supplementary hours	Total hours
2	Ross Chemists Ltd The Medical Centre Pharmacy Gibson Court Boldon Colliery NE35 9AN	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 Closed Closed	-	8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 8.30 – 18.00 Closed Closed
3	S A Ross Dispensing Chemist 41 East View Boldon Colliery NE35 9AU	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 Closed Closed	-	9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 9.00 – 18.00 Closed Closed
18	Tesco Instore Pharmacy Tesco Superstore Towers Place South Shields NE34 9QD	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	8.00 – 22.30 6.30 – 22.30 6.30 – 22.30 6.30 – 22.30 6.30 – 22.30 6.30 – 22.00 10.00 – 16.00	-	8.00 – 22.30 6.30 – 22.30 6.30 – 22.30 6.30 – 22.30 6.30 – 22.30 6.30 – 22.00 10.00 – 16.00
23	Viking Pharmacy 8 Viking Precinct Jarrow NE32 3LQ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 9.00 – 17.00 Closed Closed	8.30 – 9.00/17.00 – 17.30 8.30 – 9.00/17.00 – 17.30 8.30 – 9.00/17.00 – 17.30 8.30 – 9.00/17.00 – 17.30 8.30 – 9.00/17.00 – 17.30 9.00 – 13.00 Closed	8.30 – 17.30 8.30 – 17.30 8.30 – 17.30 8.30 – 17.30 8.30 – 17.30 9.00 – 13.00 Closed
39	Whiteleas Pharmacy 176 Whiteleas Way South Shields NE34 8HF	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	8.45 – 17.15* 8.45 – 17.15* 8.45 – 17.15* 8.45 – 17.15* 8.45 – 17.15* Closed Closed * closed 13.30 – 14.00	- - - - - 9.00 – 13.00 -	8.45 – 17.15* 8.45 – 17.15* 8.45 – 17.15* 8.45 – 17.15* 8.45 – 17.15* 9.00 – 13.00 Closed * closed 13.30 – 14.00

\* Applications pending



Pharmacy Services (Updated January 2011)

Appendix E

Pharmaceutical Services Map Ref	Pharmacy	Address	Postcode	Ward area	Advanced Services			Enhanced Services								
					Medicines Use Review	Appliance Use Review	Stoma Appliance Customisation	Minor Ailments	Intermediate Smoking Cessation	Nicotine Replacement Therapy	Emergency Hormonal Contraception	MAR charts	Needle exchange scheme	Supervised consumption of methadone	Supervised consumption of non-CDs	NHS Health checks (CVD)
1	Asda Stores Limited	North Road, Boldon Colliery	NE35 9AR	Boldon Colliery	✓			✓	✓	✓	✓			✓		
2	Ross Chemists Ltd	The Medical Centre Pharmacy, Gibson Court, Boldon Colliery	NE35 9AN	Boldon Colliery											✓	
3	S A Ross Dispensing Chemist	41 East View, Boldon Colliery	NE35 9AU	Boldon Colliery				✓		✓			✓			
4	East Boldon Village Pharmacy	Mr R MacKie, 7 Station Terrace, East Boldon	NE36 0LJ	Cleadon & East Boldon	✓			✓	✓	✓	✓	✓				✓
5	S E Gill	35 Front Street, Cleadon Village, Sunderland	SR6 7PG	Cleadon & East Boldon				✓	✓	✓	✓		✓	✓		✓
6	Avenue Pharmacy	Avenue Pharmacy (Sunderland) Limited, 7 North Guards, Whitburn, Sunderland	SR6 7EJ	Whitburn & Marsden				✓	✓	✓		✓				
7	Horsley Hill Pharmacy	60 Horsley Hill Square, South Shields	NE34 6RF	Harton				✓		✓		✓				



Pharmaceutical Services Map Ref	Pharmacy	Address	Postcode	Ward area	Advanced Services			Enhanced Services									
					Medicines Use Review	Appliance Use Review	Stoma Appliance Customisation	Minor Ailments	Intermediate Smoking Cessation	Nicotine Replacement Therapy	Emergency Hormonal Contraception	MAR charts	Needle exchange scheme	Supervised consumption of methadone	Supervised consumption of non-CDs	NHS Health checks (CVD)	
8	Pharmacy 100.co.uk	Mr P Singh, 101 Prince Edward Road, South Shields, Tyne & Wear	NE34 8PJ	Harton													
9	The Nook Pharmacy	Norchem Healthcare Ltd , 181-183 Prince Edward Road, South Shields	NE34 8PL	Harton	✓			✓		✓	✓				✓		
10	Your Local Boots Pharmacy	327 Prince Edward Road, South Shields	NE34 7LZ	Harton	✓			✓		✓					✓	✓	
11	Ashchem Chemists	Ashchem Limited, Glen Primary Care Centre, Glen Street, Hebburn	NE31 1NU	Hebburn North	✓	✓	✓	✓	✓	✓		✓			✓		
12	Boots	15 St James Mall, Hebburn	NE31 1LE	Hebburn North	✓			✓	✓	✓	✓				✓		✓
13	Lloyds Pharmacy	Lloyds Pharmacy Limited, 2 St John Precinct, Hebburn	NE31 1LQ	Hebburn North	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓



Pharmaceutical Services Map Ref	Pharmacy	Address	Postcode	Ward area	Advanced Services			Enhanced Services								
					Medicines Use Review	Appliance Use Review	Stoma Appliance Customisation	Minor Ailments	Intermediate Smoking Cessation	Nicotine Replacement Therapy	Emergency Hormonal Contraception	MAR charts	Needle exchange scheme	Supervised consumption of methadone	Supervised consumption of non-CDs	NHS Health checks (CVD)
14	Ashchem Chemists	Aschem Limited, The Health Centre, Campbell Park Road, Hebburn	NE31 2SP	Monkton			✓	✓	✓	✓	✓	✓		✓		
15	J Dinning Ltd	Mayfield Medical Centre, Park Road, Jarrow	NE32 5SE	Monkton	✓			✓	✓	✓		✓				✓
16	Edinburgh Road Pharmacy	Chemcare Ltd, 89 Edinburgh Road, Jarrow,	NE32 4BB	Bede	✓			✓	✓	✓	✓	✓		✓	✓	✓
17	P. Singh (Pharmacy 100.co.uk)	, 49 Cuthbert Court, Bede Industrial Estate, Jarrow	NE32 3EN	Bede Ward				□				□				
18	Tesco Instore Pharmacy	Tesco Stores Ltd, Tesco Superstore, Towers Place, Simonside, South Shields	NE34 9QD	Bede	✓				✓	✓				✓		✓
19	J & B Ray Ltd	47 Fellgate Avenue, Jarrow	NE32 4LZ	Fellgate & Hedworth				✓		✓				✓		
20	Boots	30 Bede Precinct, Jarrow	NE32 3LN	Primrose	✓			✓		✓	✓			✓		
21	Boustead Pharmacy	M D & A G Burdon Ltd, 187 Albert Road, Jarrow	NE32 5AF	Primrose	✓			✓		✓	✓	✓	✓	✓	✓	



Pharmaceutical Services Map Ref	Pharmacy	Address	Postcode	Ward area	Advanced Services			Enhanced Services								
					Medicines Use Review	Appliance Use Review	Stoma Appliance Customisation	Minor Ailments	Intermediate Smoking Cessation	Nicotine Replacement Therapy	Emergency Hormonal Contraception	MAR charts	Needle exchange scheme	Supervised consumption of methadone	Supervised consumption of non-CDs	NHS Health checks (CVD)
22	Metro Pharmacy	S Fleming Limited, 77-79 Ellison Street, Jarrow	NE32 3JU	Primrose	✓			✓	✓	✓		✓				
23	Viking Pharmacy	Norchem Healthcare Limited, 8 Viking Precinct, Jarrow	NE32 3LQ	Primrose	✓			✓		✓						
24	Asda Stores Limited	Coronation Street, South Shields	NE33 1AZ	Beacon & Bents	✓	✓			✓	✓				✓		✓
25	Boots	49-61 King Street, South Shields	NE33 1DA	Beacon & Bents	✓			✓		✓	✓	✓				
26	D L Carter & Son Ltd	114-116 Fowler Street, South Shields	NE33 1PZ	Beacon & Bents	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
27	Flagg Court Pharmacy Limited	J A Schofield, Flagg Court Health Centre, Dale Street, South Shields	NE33 2PG	Beacon & Bents	✓			✓	✓	✓		✓	✓	✓		✓
28	Lloyds Pharmacy	Lloyds Pharmacy Limited, 20-22 New Green Street, South Shields	NE33 5DL	Simonside & Rekendyke	✓	✓	✓	✓	□	✓		✓		✓		✓



Pharmaceutical Services Map Ref	Pharmacy	Address	Postcode	Ward area	Advanced Services			Enhanced Services									
					Medicines Use Review	Appliance Use Review	Stoma Appliance Customisation	Minor Ailments	Intermediate Smoking Cessation	Nicotine Replacement Therapy	Emergency Hormonal Contraception	MAR charts	Needle exchange scheme	Supervised consumption of methadone	Supervised consumption of non-CDs	NHS Health checks (CVD)	
29	Lloyds Pharmacy	Lloyds Pharmacy Limited, The Medical Centre, New George Street, South Shields	NE33 5DU	Simonside & Rekendyke	✓	✓		✓	✓	✓			✓				
30	Neil Pharmacy	D G Neil Limited, 95 Wenlock Road, South Shields, Tyne and Wear	NE34 9BD	Simonside & Rekendyke	✓			✓	✓	✓		✓	✓		✓		
31	Galen Pharmacy Ltd	Stanhope Parade Health Centre, Gordon Street, South Shields	NE33 4JP	West Park	✓			✓	✓	✓		✓			✓	✓	✓
32	J M & W Darling Ltd	1 Stanhope Parade, South Shields	NE33 4BB	West Park	✓			✓	✓	✓		✓			✓		
33	Hogg Chemists Ltd	216-220 Westoe Road, South Shields	NE33 3PW	Westoe				□					✓		✓		
34	J M & W Darling Ltd	88 Dean Road, South Shields	NE33 4AR	Westoe	✓			✓	✓	✓		✓	✓		✓		
35	Ashchem Chemists	Ashchem Limited, 96 Boldon Lane, South Shields,	NE34 0BY	Biddick & All Saints				✓		✓			✓		✓		
36	Biddick Hall Pharmacy	United Pharmacies UK Limited, 46 Gaskell Avenue, South Shields	NE34 9TQ	Biddick & All Saints						✓							





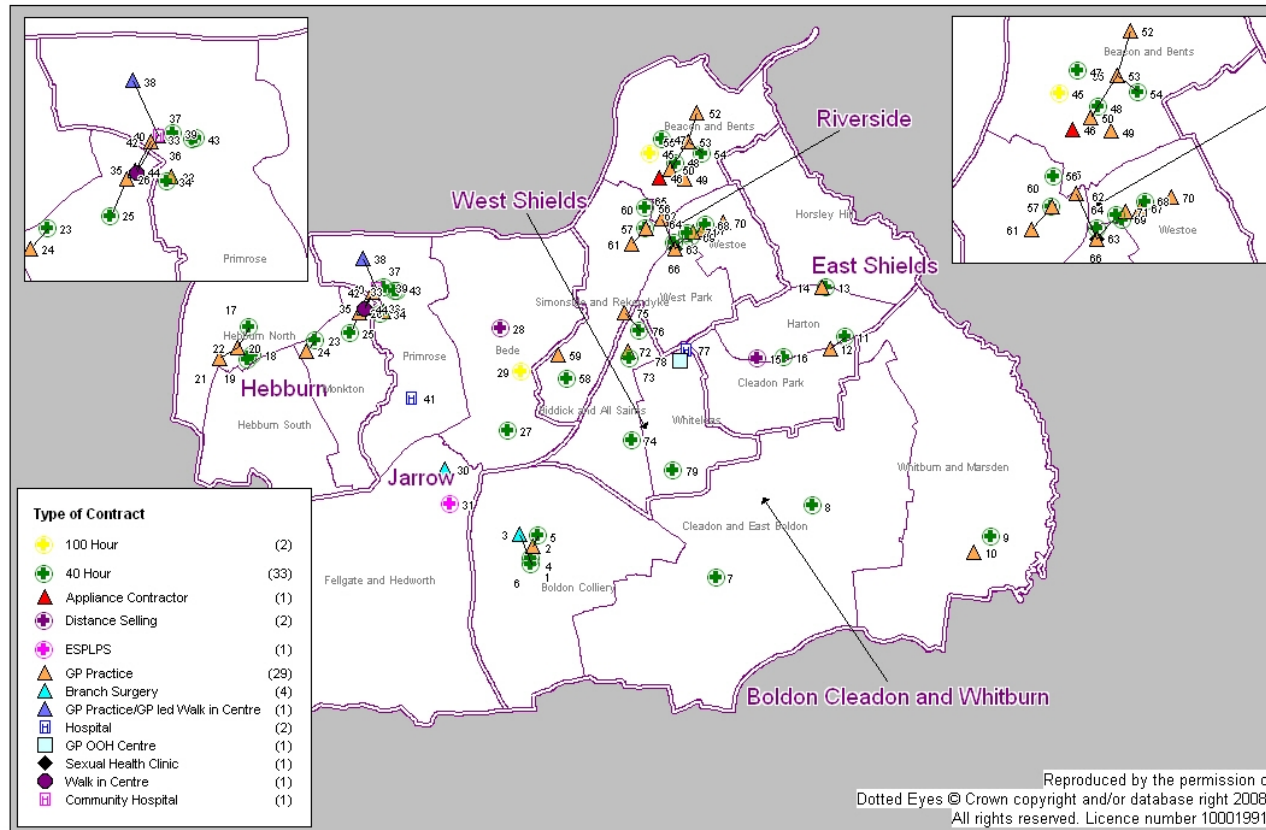
Pharmaceutical Services Map Ref	Pharmacy	Address	Postcode	Ward area	Advanced Services			Enhanced Services								
					Medicines Use Review	Appliance Use Review	Stoma Appliance Customisation	Minor Ailments	Intermediate Smoking Cessation	Nicotine Replacement Therapy	Emergency Hormonal Contraception	MAR charts	Needle exchange scheme	Supervised consumption of methadone	Supervised consumption of non-CDs	NHS Health checks (CVD)
37	J M & W Darling Ltd	433 Stanhope Road, South Shields	NE33 4QY	Biddick & All Saints	✓			✓	✓	✓	✓	✓				
38	Whiteleas Pharmacy	Whiteleas Way Ltd, 176 Whiteleas Way, South Shields	NE34 8HF	Whiteleas				✓	✓	✓	✓	✓		✓		
<b>Total</b>					<b>25</b>	<b>6</b>	<b>5</b>	<b>31</b>	<b>22</b>	<b>35</b>	<b>18</b>	<b>22</b>	<b>6</b>	<b>26</b>	<b>5</b>	<b>12</b>



All providers map and key –October 2010

Appendix F

All Providers - South Tyneside - October 2010





**NHS South of Tyne and Wear  
All Providers  
within South Tyneside 2010**

Area Forum	Ward	Key	Trading Name	Address	Type of Contract	Postcode
<b>Boldon Cleadon Whitburn</b>	Boldon Colliery Ward	1	Asda Stores Limited	North Road, Boldon Colliery	40 Hour	NE35 9AR
	Boldon Colliery Ward	2	Colliery Court Medical Group - Dr Simpson	The Medical Centre, Gibson Court, Boldon Colliery	GP Practice	NE35 9AN
	Boldon Colliery Ward	3	Dr Chander*	43 East View, Boldon Colliery	Branch Surgery	NE35 9AU
	Boldon Colliery Ward	4	Dr Thorniley-Walker	The Medical Centre, Gibson Court, Boldon Colliery	GP Practice	NE35 9AN
	Boldon Colliery Ward	5	Ross Chemists Ltd	The Medical Centre Pharmacy, Gibson Court, Boldon Colliery	40 Hour	NE35 9AN
	Boldon Colliery Ward	6	S A Ross Dispensing Chemist	41 East View, Boldon Colliery	40 Hour	NE35 9AU
	Cleadon and East Boldon Ward	7	East Boldon Village Pharmacy	Mr R MacKie, 7 Station Terrace, East Boldon	40 Hour	NE36 0LJ
	Cleadon and East Boldon Ward	8	S E Gill	35 Front Street, Cleadon Village, Sunderland	40 Hour	SR6 7PG
	Whitburn and Marsden Ward	9	Avenue Pharmacy	Avenue Pharmacy (Sunderland) Limited, 7 North Guards, Whitburn, Sunderland	40 Hour	SR6 7EJ
	Whitburn and Marsden Ward	10	Whitburn Surgery - Dr O'Neil	3 Bryers Street, Whitburn	GP Practice	SR6 7EE



<b>East Shields</b>	Cleadon Park Ward	11	The Nook Pharmacy	Cleadon Park Primary Care Centre, Prince Edward Road, South Shields	40 Hour	NE34 7QD
	Cleadon Park Ward	12	Central Surgery - Dr Gallagher	Cleadon Park Primary Care Centre, Prince Edward Road, South Shields	GP Practice	NE34 7QD
	Harton Ward	13	Horsley Hill Pharmacy	60 Horsley Hill Square, South Shields	40 Hour	NE34 6RF
	Harton Ward	14	Marsden Road Health Centre - Dr Muchall	Marsden Road, South Shields	GP Practice	NE34 6RE
	Harton Ward	15	Pharmacy 100.co.uk	Mr P Singh, 101 Prince Edward Road, South Shields, Tyne & Wear	Distance Selling	NE34 8PJ
	Harton Ward	16	Your Local Boots Pharmacy	327 Prince Edward Road, South Shields	40 Hour	NE34 7LZ
<b>Hebburn</b>	Hebburn North Ward	17	Ashchem Chemists	Ashchem Limited, Glen Primary Care Centre, Glen Street, Hebburn	40 Hour	NE31 1NU
	Hebburn North Ward	18	Boots	15 St James Mall, Hebburn,	40 Hour	NE31 1LE
	Hebburn North Ward	19	Lloyds Pharmacy	Lloyds Pharmacy Limited, 2 St John Precinct, Hebburn	40 Hour	NE31 1LQ
	Hebburn North Ward	20	The Glen Medical Group - Dr Burns	The Glen Primary Care Centre, Glen Street, Hebburn	GP Practice	NE31 1NU
	Hebburn North Ward	21	The Park Surgery - Dr Rose	The Glen Primary Care Centre, Glen Street, Hebburn	GP Practice	NE31 1NU
	Hebburn North Ward	22	Victoria Medical Centre - Dr Vinayak	12-28 Glen Street, Hebburn	GP Practice	NE31 1NU
	Monkton Ward	23	Ashchem Chemists	Aschem Limited, The Health Centre, Campbell Park Road, Hebburn	40 Hour	NE31 2SP



	Monkton Ward	24	Hebburn Health Centre - Dr Brady	Campbell Park Road, Hebburn	GP Practice	NE31 2SP
	Monkton Ward	25	J Dinning Ltd	Mayfield Medical Centre, Park Road, Jarrow,	40 Hour	NE32 5SE
	Monkton Ward	26	Mayfield Medical Centre - Dr Dias	Park Road, Jarrow	GP Practice	NE32 5SE
<b>Jarrow</b>	Bede Ward	27	Edinburgh Road Pharmacy	Chemcare Ltd, 89 Edinburgh Road, Jarrow,	40 Hour	NE32 4BB
	Bede Ward	28	Mr P Singh	Pharmacy 100.co.uk, 49 Cuthbert Court, Bede Industrial Estate, Jarrow	Distance Selling	NE32 3EN
	Bede Ward	29	Tesco Instore Pharmacy	Tesco Stores Ltd, Tesco Superstore, Towers Place, Simonside, South Shields,	100 Hour	NE34 9QD
	Fellgate and Hedworth Ward	30	Calf Close Surgery - Dr Vinayak *	158 Calf Close Lane, Jarrow	Branch Surgery	NE32 4DU
	Fellgate and Hedworth Ward	31	J & B Ray Ltd	47 Fellgate Avenue, Jarrow,	ESPLPS	NE32 4LZ
	Primrose Ward	32	Albert Road Surgery - Dr McManus	118 Albert Road, Jarrow	GP Practice	NE32 5AG
	Primrose Ward	33	Boots	30 Bede Precinct, Jarrow,	40 Hour	NE32 3LN
	Primrose Ward	34	Boustead Pharmacy	M D & A G Burdon Ltd, 187 Albert Road, Jarrow,	40 Hour	NE32 5AF
	Primrose Ward	35	Dr Vis-Nathan*	The Medical Centre, Wear Street, Jarrow	Branch Surgery	NE32 3JN
	Primrose Ward	36	Dr Zaidi	East Wing, Palmer Community Hospital, Wear Street, Jarrow	GP Practice	NE32 3UX



	Primrose Ward	37	GP Suite - Dr Dowsett	Palmer Community Hospital, Wear Street, Jarrow	GP Practice	NE32 3UX
	Primrose Ward	38	Jarrow GP Practice - Dr Deighton **	East Wing, Palmer Community Hospital, Wear Street, Jarrow	GP Practice/GP led Walk in Centre	NE32 3UX
	Primrose Ward	39	Metro Pharmacy	S Fleming Limited, 77-79 Ellison Street, Jarrow	40 Hour	NE32 3JU
	Primrose Ward	40	Palmer Community Hospital	Wear Street, Jarrow, Tyne and Wear	Community Hospital	NE32 3UX
	Primrose Ward	41	Primrose Hill Hospital	Primrose Terrace, Jarrow, Tyne and Wear	Hospital	NE32 5HA
	Primrose Ward	42	Dr Singh	The Medical Centre, Wear Street, Jarrow	GP Practice	NE32 3JN
	Primrose Ward	43	Viking Pharmacy	Norchem Healthcare Limited, 8 Viking Precinct, Jarrow	40 Hour	NE32 3LQ
	Primrose Ward	44	Walk in Centre - Palmer Community Hospital	Wear Street, Jarrow, Tyne and Wear	Walk in Centre	NE32 3UX
<b>Riverside</b>	Beacon and Bents Ward	45	Asda Stores Limited	Coronation Street, South Shields	100 hrs	NE33 1AZ
	Beacon and Bents Ward	46	BCA Direct	3 Holman Court Henry Robson Way South Shields	Appliance Contractor	NE33 1RL
	Beacon and Bents Ward	47	Boots	49-61 King Street, South Shields	40 Hour	NE33 1DA
	Beacon and Bents Ward	48	D L Carter & Son Ltd	114-116 Fowler Street, South Shields	40 Hour	NE33 1PZ
	Beacon and Bents Ward	49	Dr Nixon	17 Westoe Road, South Shields	GP Practice	NE33 4LS
	Beacon and Bents Ward	50	Flagg Court Health Centre - Dr Chander	Flagg Court Medical Centre, Dale Street, South Shields	GP Practice	NE33 2PG
	Beacon and Bents Ward	51	Flagg Court Health Centre - Dr Haque*	Flagg Court Medical Centre, Dale Street, South Shields	Branch Surgery	NE33 2PG



Beacon and Bents Ward	52	Flagg Court Health Centre - Dr Kor	Dale Street, South Shields	GP Practice	NE33 2PG
Beacon and Bents Ward	53	Flagg Court Health Centre - Dr Win	Dale Street, South Shields	GP Practice	NE33 2PG
Beacon and Bents Ward	54	Flagg Court Pharmacy Limited	J A Schofield, Flagg Court Health Centre, Dale Street, South Shields	40 Hour	NE33 2PG
Beacon and Bents Ward	55	Trinity Riverside Practice - Dr Dalhuijsen	Flagg Court Medical Centre, Dale Street, South Shields	GP Practice	NE33 2PG
Simonside and Rekendyke Ward	56	Lloyds Pharmacy	Lloyds Pharmacy Limited, 20-22 New Green Street, South Shields	40 Hour	NE33 5DL
Simonside and Rekendyke Ward	57	Lloyds Pharmacy	Lloyds Pharmacy Limited, The Medical Centre, New George Street, South Shields	40 Hour	NE33 5DU
Simonside and Rekendyke Ward	58	Neil Pharmacy	D G Neil Limited, 95 Wenlock Road, South Shields, Tyne and Wear	40 Hour	NE34 9BD
Simonside and Rekendyke Ward	59	Simonside Surgery - Dr Haque	171 Wenlock Road, South Shields	GP Practice	NE34 9BP
Simonside and Rekendyke Ward	60	St George Medical Practice	St George Medical Centre, New George Street, South Shields	GP Practice	NE33 5DU
Simonside and Rekendyke Ward	61	Trinity Medical Centre - Dr Perrins	New George Street, South Shields	GP Practice	NE33 5DU
West Park Ward	62	Galen Pharmacy Ltd	Stanhope Parade Health Centre, Gordon Street, South Shields	40 Hour	NE33 4JP
West Park Ward	63	GUM Stanhope Parade Health Centre	Gordon Street, South Shields	Sexual Health Clinic	NE33 4JP



	West Park Ward	64	J M & W Darling Ltd	1 Stanhope Parade, South Shields	40 Hour	NE33 4BB
	West Park Ward	65	Stanhope Parade Health Centre - Dr Kulkarni	Gordon Street, South Shields	GP Practice	NE33 4JP
	West Park Ward	66	Stanhope Parade Health Centre - Dr Sandbach	Stanhope Parade Health Centre, Gordon Street, South Shields	GP Practice	NE33 4JP
	Westoe Ward	67	Dr Miller	78 Imeary Street, South Shields	GP Practice	NE33 4EG
	Westoe Ward	68	Hogg Chemists Ltd	216-220 Westoe Road, South Shields	40 Hour	NE33 3PW
	Westoe Ward	69	J M & W Darling Ltd	88 Dean Road, South Shields,	40 Hour	NE33 4AR
	Westoe Ward	70	Ravensworth Surgery - Dr Vis-Nathan	Horsley Hill Road, South Shields	GP Practice	NE33 3ET
	Westoe Ward	71	Wawn Street Surgery - Dr Owen	Wawn Street, South Shields	GP Practice	NE33 4DX
<b>West Shields</b>	Biddick and All Saints Ward	72	Talbot Medical Centre - Dr Craig	Stanley Street, South Shields	GP Practice	NE34 0BX
	Biddick and All Saints Ward	73	Ashchem Chemists	Ashchem Limited, 96 Boldon Lane, South Shields	40 Hour	NE34 0BY
	Biddick and All Saints Ward	74	Biddick Hall Pharmacy	United Pharmacies UK Limited, 46 Gaskell Avenue, South Shields	40 Hour	NE34 9TQ
	Biddick and All Saints Ward	75	Farnham Medical Centre - Dr Sandbach	435 Stanhope Road, South Shields	GP Practice	NE33 4QY
	Biddick and All Saints Ward	76	J M & W Darling Ltd	433 Stanhope Road, South Shields	40 Hour	NE33 4QY
	Whiteleas Ward	77	South Tyneside District Hospital	Harton Lane, South Shields, Tyne and Wear	Hospital	NE34 0PL
	Whiteleas Ward	78	South Tyneside GP Out of Hours (NDUC)	South Tyneside District Hospital, Harton Lane, South Shields	GP OOH Centre	NE34 0PL
	Whiteleas Ward	79	Whiteleas Pharmacy	Whiteleas Way Ltd, 176 Whiteleas Way, South Shields	40 Hour	NE34 8HF

\* Branch Surgery Walk

\*\*Walk-in-centre





**GP Opening Hours-October-2010**

**Appendix G**

Map Ref All Providers	Practice Name	Ward Area	Monday	Extended Hours	Tuesday	Extended Hours	Wednesday	Extended Hours	Thursday	Extended hours	Friday	Extended Hours	Saturday	Extended Hours	Sunday
2	<b>Colliery Court Medical Group</b> - Dr Simpson	Boldon Colliery	08:30 - 18:00		08:30 - 18:00	18:00 - 20:00	08:30 - 18:00	18:00 - 19:30	08:30 - 18:00		08:30 - 18:00				
3	<b>Dr Chander *</b>	Boldon Colliery	15:00 - 17:00		08:30 - 10:30		08:30 - 10:30		08:30 - 12:00		15:00 - 17:00				
4	<b>Dr Thorniley-Walker</b>	Boldon Colliery	08:00 - 18:00	18:00 - 19:00	08:00 - 18:00	07:00 - 08:00	08:00 - 18:00		08:00 - 18:00	07:00 - 08:00 18:00 - 19:00	08:00 - 18:00				
10	<b>Whitburn Surgery</b> - Dr O'Neil	Whitburn and Marsden	08:30 - 12:00 12:30 - 18:00		08:30 - 12:00 12:30 - 18:00		08:30 - 12:00 12:30 - 18:00		08:30 - 12:00 12:30 - 18:00		08:30 - 12:00 12:30 - 18:00				
12	<b>Marsden Road Health Centre</b> - Dr Muchall	Harton	08:00 - 18:00	18:00 - 19:00	08:00 - 18:00	18:00 - 19:00	08:00 - 18:00		08:00 - 13:00 13:00 - 15:00 19:00	18:00 - 19:00	08:00 - 18:00			09:00 - 11:00	
19	<b>The Glen Medical Group</b> - Dr Burns	Hebburn North	08:30 - 18:00	18:00 - 19:30**	08:30 - 18:00	18:00 - 19:30**	08:30 - 18:00	18:00 - 19:45	08:30 - 18:00	18:00 - 19:45	08:30 - 18:00				
20	<b>The Park Surgery</b> - Dr Rose	Hebburn North	08:30 - 18:00		08:30 - 18:00		08:30 - 18:00		08:30 - 18:00	18:00 - 19:30	08:30 - 18:00				



Map Ref All Providers	Practice Name	Ward Area	Monday	Extended Hours	Tuesday	Extended Hours	Wednesday	Extended Hours	Thursday	Extended hours	Friday	Extended Hours	Saturday	Extended Hours	Sunday
21	<b>Victoria Medical Centre</b> - Dr Vinayak	Hebburn North	08:00 - 12:00 13:00 - 18:00	18:00 - 19:30	08:00 - 12:00 13:00 - 18:00		08:00 - 12:00 13:00 - 18:00		08:00 - 12:00		08:00 - 12:00 13:00 - 18:00				
23	<b>Hebburn Health Centre</b> - Dr Brady	Monkton	08:30 - 18:00	18:00 - 19:45	08:30 - 18:00	18:00 - 19:30	08:30 - 18:00		08:30 - 18:00		08:30 - 18:00				
25	<b>Mayfield Medical Centre</b> - Dr Dias	Monkton	08:30 - 18:00		08:30 - 18:00		08:30 - 18:00		08:30 - 18:00	18:00 - 18:45	08:30 - 18:00			08:45 - 11:45	
29	<b>Calf Close Surgery</b> - Dr Vinayak *	Fellgate and Hedworth	09:30 - 12:00 15:45 - 17:15				09:30 - 13:30				09:30 - 13:30				
31	<b>Albert Road Surgery</b> - Dr McManus	Primrose	08:00 - 18:00	18:00 - 18:45	08:00 - 18:00	18:00 - 18:45	08:00 - 18:00		08:00 - 13:00		08:00 - 18:00				
34	<b>Dr Vis- Nathan *</b>	Primrose	08:30 - 12:00 14:30 - 18:00		08:30 - 12:00 14:30 - 18:00		08:30 - 12:00 14:30 - 18:00		08:30 - 12:00		08:30 - 12:00 14:30 - 18:00				
35	<b>Dr Zaidi</b>	Primrose	08:30 - 13:00 13:30 - 18:00	18:00 - 20:00 ***	08:30 - 18:00	18:00 - 20:00 ***	08:30 - 13:00 13:30 - 18:00	18:00 - 20:00 ***	08:30 - 18:00		08:30 - 13:00 13:30 - 18:00				



Map Ref All Providers	Practice Name	Ward Area	Monday	Extended Hours	Tuesday	Extended Hours	Wednesday	Extended Hours	Thursday	Extended hours	Friday	Extended Hours	Saturday	Extended Hours	Sunday
36	GP Suite - Dr Dowsett	Primrose	08:30 - 18:00	18:00 - 19:15	08:30 - 18:00	18:00 - 19:15	08:30 - 18:00		08:30 - 18:00		08:30 - 18:00				
37	Jarrow GP Practice - Dr Deighton **	Primrose	08:00 - 20:00		08:00 - 20:00		08:00 - 20:00		08:00 - 20:00		08:00 - 20:00		08:00 - 20:00		08:00 - 20:00
41	Dr Singh	Primrose	08:00 - 12:00 12:00 - 18:00	07:30 - 08:00	08:30 - 12:00 12:00 - 18:00		08:30 - 12:00 12:00 - 18:00		08:30 - 12:00		08:00 - 12:00 12:00 - 18:00	07:30 - 08:00			
48	Dr Nixon	Beacon & Bents	09:00 - 18:00		09:00 - 18:00	18:00 - 19:30	09:00 - 18:00		09:00 - 18:00		09:00 - 18:00				
49	Flagg Court Health Centre - Dr Chander	Beacon & Bents	09:00 - 18:00		09:00 - 18:00	18:00 - 19:00	09:00 - 18:00		09:00 - 18:00		09:00 - 18:00				
50	Dr Haque *	Beacon & Bents	09:00 - 13:00 13:00 - 20:00		09:00 - 13:00 13:00 - 18:00		09:00 - 13:00		09:00 - 13:00 13:00 - 18:00		09:00 - 13:00 13:00 - 18:00				
51	Flagg Court Health Centre - Dr Kor	Beacon & Bents	08:30 - 18:00		08:30 - 18:00	18:00 - 19:00	08:30 - 18:00		08:30 - 18:00		08:30 - 18:00				
52	Flagg Court Health Centre - Dr Win	Beacon & Bents	08:30 - 18:30		08:30 - 18:00	18:00 - 19:00	08:30 - 18:30		08:30 - 18:30		08:30 - 18:00				



Map Ref All Providers	Practice Name	Ward Area	Monday	Extended Hours	Tuesday	Extended Hours	Wednesday	Extended Hours	Thursday	Extended hours	Friday	Extended Hours	Saturday	Extended Hours	Sunday
54	<b>Trinity Riverside Practice</b> - Dr Dalhuijsen	Beacon & Bents	08:00 - 19:00		08:00 - 19:00		08:00 - 19:00		08:00 - 19:00		08:00 - 18:30		09:00 - 12:00		
58	<b>Simonside Surgery</b> - Dr Haque	Simonside & Rekendyke	09:00 - 13:00 16:00 - 18:00	18:00 - 20:00**	09:00 - 13:00 16:00 - 18:00		09:00 - 13:00 16:00 - 18:00		09:00 - 13:00		09:00 - 13:00 16:00 - 18:00			10:00 - 12:00 0***	
59	<b>St George Medical Practice</b>	Simonside & Rekendyke	08:30 - 18:00		08:30 - 18:00	18:00 - 20:00	08:30 - 18:00		08:30 - 11:15		08:30 - 18:00				
60	<b>Talbot Medical Centre</b> Dr Craig	Biddick & All Saints	08:30 - 18:00		08:30 - 18:00	18:00 - 19:45	08:30 - 18:00	18:00 - 19:30	08:30 - 16:00		08:00 - 18:00	07:00 - 08:00			
61	<b>Trinity Medical Centre</b> - Dr Perrins	Simonside & Rekendyke	08:00 - 18:00	18:00 - 19:00	08:15 - 18:00	18:00 - 19:00	08:00 - 18:00	07:30 - 08:00	08:00 - 18:00	07:30 - 08:00	08:30 - 18:00				
62	<b>Central Surgery</b> - Dr Gallagher	Cleadon Park	08:30 - 18:00	18:00 - 19:15	08:30 - 18:00	18:00 - 19:00	08:30 - 18:00		08:30 - 18:00		08:30 - 18:00			09:00 - 12:00 0	
66	<b>Stanhope Parade Health Centre</b> - Dr Kulkarni	West Park	08:30 - 18:00	18:00 - 19:15	08:30 - 18:00		08:30 - 18:00		08:30 - 18:00		08:30 - 18:00				
67	<b>Stanhope Parade Health Centre</b> - Dr Sandbach	West Park	08:30 - 18:00	18:00 - 19:15	08:30 - 18:00		08:30 - 18:00		08:30 - 18:00		08:30 - 18:00				



Map Ref All Providers	Practice Name	Ward Area	Monday	Extended Hours	Tuesday	Extended Hours	Wednesday	Extended Hours	Thursday	Extended hours	Friday	Extended Hours	Saturday	Extended Hours	Sunday
68	<b>Dr Miller</b>	Westoe	08:30 - 18:00		08:30 - 18:00		08:30 - 12:30		08:30 - 18:00		08:30 - 18:00				
71	<b>Ravensworth Surgery - Dr Vis-Nathan</b>	Westoe	08:00 - 18:00		08:00 - 18:00		08:00 - 18:00	07:30 - 08:00 18:00 - 19:30	08:00 - 13:00		08:00 - 18:00				
72	<b>Wawn Street Surgery - Dr Owen</b>	Westoe	08:30 - 18:00		08:30 - 18:00	18:00 - 20:00	08:30 - 18:00		08:30 - 18:00	18:00 - 20:00	08:30 - 18:00				
75	<b>Farnham Medical Centre - Dr Sandbach</b>	Biddick & All Saints	08:00 - 18:00		08:00 - 18:00	18:00 - 19:30	08:00 - 18:00	18:00 - 19:30	08:00 - 18:00	18:00 - 19:30	08:00 - 18:00				

\* Branch Surgery \*\* Walk-in-Centre \*\*\*Extended Hours Delivered Alternate Weeks



**GP Services-October-2010**

**Appendix H**

Map Ref All Providers	Practice Name	Practice Address	Post Code	Ward Area	CAF/ARF Area	Stop smoking	Anticoagulant Monitoring	NHS Health Checks (CVD)	Alcohol	Drug misuse
2	Colliery Court Medical Group - Dr Simpson	The Medical Centre, Gibson Court, Boldon Colliery	NE35 9AN	Boldon Colliery	Boldon Cleadon Whitburn	✓		✓	✓	
3	Dr Chander*	43 East View, Boldon Colliery	NE35 9AU	Boldon Colliery	Boldon Cleadon Whitburn	<b>See main surgery for enhanced services provided</b>				
4	Dr Thorniley-Walker	The Medical Centre, Gibson Court, Boldon Colliery	NE35 9AN	Boldon Colliery	Boldon Cleadon Whitburn	✓	✓	✓	✓	
10	Whitburn Surgery - Dr O'Neil	3 Bryers Street, Whitburn	SR6 7EE	Whitburn and Marsden	Boldon Cleadon Whitburn			✓	✓	
12	Marsden Road Health Centre - Dr Muchall	Marsden Road, South Shields	NE34 6RE	Harton	East Shields	✓	✓	✓	✓	✓
19	The Glen Medical Group - Dr Burns	The Glen Primary Care Centre, Glen Street, Hebburn	NE31 1NU	Hebburn North	Hebburn	✓	✓	✓	✓	✓



Map Ref All Providers	Practice Name	Practice Address	Post Code	Ward Area	CAF/ARF Area	Stop smoking	Anticoagulant Monitoring	NHS Health Checks (CVD)	Alcohol	Drug misuse
20	The Park Surgery - Dr Rose	The Glen Primary Care Centre, Glen Street, Hebburn	NE31 1NU	Hebburn North	Hebburn	✓	✓	✓	✓	✓
21	Victoria Medical Centre - Dr Vinayak	12-28 Glen Street, Hebburn	NE31 1NU	Hebburn North	Hebburn	✓	✓	✓	✓	
23	Hebburn Health Centre - Dr Brady	Campbell Park Road, Hebburn	NE31 2SP	Monkton	Hebburn	✓		✓	✓	
25	Mayfield Medical Centre - Dr Dias	Park Road, Jarrow	NE32 5SE	Monkton	Hebburn	✓	✓	✓	✓	
29	Calf Close Surgery - Dr Vinayak *	158 Calf Close Lane, Jarrow	NE32 4DU	Fellgate and Hedworth	Jarrow	See main surgery for enhanced services provided				
31	Albert Road Surgery - Dr McManus	118 Albert Road, Jarrow	NE32 5AG	Primose	Hebburn			✓	✓	
34	Dr Vis-Nathan*	The Medical Centre, Wear Street, Jarrow	NE32 3JN	Primose	Jarrow	See main surgery for enhanced services provided				
35	Dr Zaidi	East Wing, Palmer Community Hospital, Wear Street, Jarrow	NE32 3UX	Primose	Jarrow			✓	✓	



Map Ref All Providers	Practice Name	Practice Address	Post Code	Ward Area	CAF/ARF Area	Stop smoking	Anticoagulant Monitoring	NHS Health Checks (CVD)	Alcohol	Drug misuse
36	GP Suite - Dr Dowsett	Palmer Community Hospital, Wear Street, Jarrow	NE32 3UX	Primose	Jarrow	✓	✓	✓	✓	
37	Jarrow GP Practice - Dr Deighton **	East Wing, Palmer Community Hospital, Wear Street, Jarrow	NE32 3UX	Primose	Jarrow	✓	✓	✓	✓	✓
41	Dr Singh	The Medical Centre, Wear Street, Jarrow	NE32 3JN	Primose	Jarrow	✓	✓			
48	Dr Nixon	17 Westoe Road, South Shields	NE33 4LS	Beacon & Bents	Riverside	✓	✓	✓	✓	
49	Flagg Court Health Centre - Dr Chander	Flagg Court Medical Centre, Dale Street, South Shields	NE33 2PG	Beacon & Bents	Riverside	✓		✓	✓	
50	Flagg Court Health Centre - Dr Haque*	Flagg Court Medical Centre, Dale Street, South Shields	NE33 2PG	Beacon & Bents	Riverside	<b>See main surgery for enhanced services provided</b>				





Map Ref All Providers	Practice Name	Practice Address	Post Code	Ward Area	CAF/ARF Area	Stop smoking	Anticoagulant Monitoring	NHS Health Checks (CVD)	Alcohol	Drug misuse
51	Flagg Court Health Centre - Dr Kor	Dale Street, South Shields	NE33 2PG	Beacon & Bents	Riverside	✓		✓	✓	
52	Flagg Court Health Centre - Dr Win	Dale Street, South Shields	NE33 2PG	Beacon & Bents	Riverside	✓		✓	✓	✓
54	Trinity Riverside Practice - Dr Dalhuijsen	Flagg Court Medical Centre, Dale Street, South Shields	NE33 2PG	Beacon & Bents	Riverside	✓	✓	✓	✓	✓
58	Simonside Surgery - Dr Haque	171 Wenlock Road, South Shields	NE34 9BP	Simonside & Rekendyke	Riverside	✓		✓		
59	St George Medical Practice	St George Medical Centre, New George Street, South Shields	NE33 5DU	Simonside & Rekendyke	Riverside	✓	✓	✓	✓	✓
60	Talbot Medical Centre - Dr Craig	Stanley Street, South Shields	NE34 0BX	Simonside & Rekendyke	West Shields	✓		✓	✓	
61	Trinity Medical Centre - Dr Perrins	New George Street, South Shields	NE33 5DU	Simonside & Rekendyke	Riverside	✓	✓	✓	✓	✓



Map Ref All Providers	Practice Name	Practice Address	Post Code	Ward Area	CAF/ARF Area	Stop smoking	Anticoagulant Monitoring	NHS Health Checks (CVD)	Alcohol	Drug misuse
62	Central Surgery - Dr Gallagher	Cleadon Park Primary Care Centre, Prince Edward Road, South Shields	NE34 7QD	Cleadon Park	East Shields	✓	✓	✓	✓	✓
66	Stanhope Parade Health Centre - Dr Kulkarni	Gordon Street, South Shields	NE33 4JP	West Park	Riverside	✓		✓	✓	
67	Stanhope Parade Health Centre - Dr Sandbach	Stanhope Parade Health Centre, Gordon Street, South Shields	NE33 4JP	West Park	Riverside	✓	✓	✓	✓	
68	Dr Miller	78 Imeary Street, South Shields	NE33 4EG	Westoe	Riverside	✓	✓			
71	Ravensworth Surgery - Dr Vis-Nathan	Horsley Hill Road, South Shields	NE33 3ET	Westoe	Riverside	✓	✓	✓	✓	
72	Wawn Street Surgery - Dr Owen	Wawn Street, South Shields	NE33 4DX	Westoe	Riverside		✓	✓	✓	✓
75	Farnham Medical Centre - Dr Sandbach	435 Stanhope Road, South Shields	NE33 4QY	Biddick & All Saints	West Shields	✓	✓	✓	✓	✓

\* Branch Surgery \*\* Walk-in-Centre



# Patient Survey

# Appendix I

Total questionnaires distributed =	1200
Total questionnaires returned =	407
Percentage of return =	33.92

			Amount 1-255	Amount 255 - 508	Total	Percentage
1. Were you asked to complete this questionnaire at a group that you regularly attend?	Yes		90	92	182	44.72%
	No		93	79	172	42.26%
	Unanswered		17	36	53	13.02%
	<b>Total</b>			<b>407</b>		<b>100%</b>
If yes, which group/reference?			<ul style="list-style-type: none"> <li>• Arthritis Group</li> <li>• Health net</li> <li>• Carers Group</li> <li>• Mental Health Carers/Team</li> <li>• Breathe-wise</li> <li>• Diabetes</li> <li>• Age UK/Age Concern</li> <li>• Apna Ghar</li> <li>• Heart Group</li> <li>• Cardiac Group</li> <li>• League of friends</li> <li>• South Tyneside pensioners association</li> <li>• Derby Terrace</li> <li>• Stroke</li> <li>• Music</li> <li>• M.S.</li> <li>• The nets</li> <li>• Youth Group</li> <li>• Hand massage</li> <li>• Social lunch</li> <li>• Cast</li> <li>• Personalisation user reference group</li> <li>• Dancing</li> <li>• Patient panel</li> <li>• Long term conditions</li> <li>• John Wright Centre</li> <li>• Blissability</li> <li>• NECA</li> <li>• Sight service</li> <li>• Macular degeneration</li> <li>• Faibains</li> <li>• Young parents</li> </ul>			
2. Which area do you live?	Boldon Cleadon Whitburn (Boldon Colliery, Cleadon & East Boldon, Whitburn & Marsden)		47	48	95	23.34%
	East Shields (Harton, Horsley Hill, Cleadon Park)		30	32	62	15.23%
	Hebburn (Hebburn North, Monkton, Hebburn South)		23	21	44	10.81%
	Jarrow (Bede, Fellgate & Hedworth, Primrose)		28	35	63	15.48%
	Riverside (Beacon & Bents, Simonside & Rekendyke, West Park, Westoe)		28	33	61	14.99%
	West Shields (Biddick & All Saints, Whiteleas)		19	17	36	8.85%
	Other		17	15	32	7.86%
	Unanswered		8	6	14	3.44%
	<b>Total</b>			<b>407</b>		<b>100%</b>
Postcode	SR6		8	2	10	2.46%
	NE31		16	18	34	8.35%
	NE32		17	25	42	10.32%
	NE33		29	30	59	14.50%
	NE34		38	57	95	23.34%
	NE35		13	10	23	5.65%
	NE36		8	4	12	2.95%
	Unanswered		64	61	125	30.71%
	Other		7	0	7	1.72%
	<b>Total</b>			<b>407</b>		<b>100%</b>
3. On average, how often do you use the services provided by your local pharmacy?	Less than twice a year		34	17	51	12.53%
	3-6 times a year		32	46	78	19.16%
	More than 6 times a year		131	137	268	65.85%
	Unanswered		3	7	10	2.46%
	<b>Total</b>			<b>407</b>		<b>100%</b>
4. Do you visit the same pharmacy?	All of the time		108	110	218	53.56%
	Most of the time		74	87	161	39.56%
	Rarely		12	6	18	4.42%
	Never		2	2	4	0.98%



5. Thinking of your usual pharmacy, how do you normally get there?	Unanswered		4	2	6	1.47%	
			<b>Total</b>		<b>407</b>	<b>100%</b>	
	Car		74	81	155	38.08%	
	Public transport		38	38	76	18.67%	
	On foot		69	76	145	35.63%	
	Unanswered		12	2	14	3.44%	
	Car & Public Transport		0	2	2	0.49%	
	Car & On foot		4	1	5	1.23%	
	Public Transport & On foot		1	0	1	0.25%	
	All		0	1	1	0.25%	
Other		2	6	8	1.97%		
			<b>Total</b>		<b>407</b>	<b>100%</b>	
6. In the last 12 months have you tried to use your usual pharmacy and found that it was closed?	Yes		66	52	118	28.99%	
	No		128	148	276	67.81%	
	Unanswered		6	7	13	3.19%	
			<b>Total</b>		<b>407</b>	<b>100%</b>	
7. What day of the week was your pharmacy closed?	Monday to Friday		4	2	6	1.47%	
	Saturday		10	11	21	5.16%	
	Sunday		18	15	33	8.11%	
	Bank holiday		3	4	7	1.72%	
	Can't remember		10	15	25	6.14%	
	Unanswered		7	7	14	3.44%	
	Unanswered (Passed to question 11)		128	148	276	67.81%	
	Monday to Friday & Saturday		0	0	0	0.00%	
	Monday to Friday & Sunday		0	0	0	0.00%	
	Monday to Friday & Bank Holiday		0	0	0	0.00%	
	Monday to Friday, Saturday & Sunday		0	0	0	0.00%	
	Monday to Friday, Saturday & Bank Holiday		0	0	0	0.00%	
	Monday to Friday, Sunday & Bank Holiday		0	0	0	0.00%	
	Saturday & Sunday		8	3	11	2.70%	
	Saturday & Bank Holiday		1	1	2	0.49%	
	Sunday & Bank Holiday		9	0	9	2.21%	
	Saturday, Sunday & Bank Holiday		2	1	3	0.74%	
				<b>Total</b>		<b>407</b>	<b>100%</b>
	8. What time was your pharmacy closed?	Midnight - 8am (overnight)		3	2	5	1.23%
		8am - 1pm		2	3	5	1.23%
1pm - 6pm			14	15	29	7.13%	
6pm - midnight			10	4	14	3.44%	
Can't remember			19	17	36	8.85%	
Unanswered			19	18	37	9.09%	
Unanswered (Passed to 11)			128	147	275	67.57%	
8am - 1pm & 1pm - 6pm			2	1	3	0.74%	
8am - 1pm & 6pm - midnight			0	0	0	0.00%	
Midnight - 8am (overnight) & 8am - 1pm			0	0	0	0.00%	
Midnight - 8am (overnight) & 1pm - 6pm			0	0	0	0.00%	
Midnight - 8am (overnight) & 6pm - midnight			2	0	2	0.49%	
1pm - 6pm & 6pm - midnight			0	0	0	0.00%	
All			1	0	1	0.25%	
Lunchtime			0	0	0	0.00%	
				<b>Total</b>		<b>407</b>	<b>100%</b>
9. What did you do?		Went to another pharmacy		12	17	29	7.13%
		Went to a hospital		1	1	2	0.49%
	Went to a Walk-in Centre		0	0	0	0.00%	
	Called NHS Direct		2	0	2	0.49%	
	Waited until the pharmacy was open		25	17	42	10.32%	
	Other		4	4	8	1.97%	
	Unanswered		27	20	47	11.55%	
	Unanswered (Passed to 11)		128	148	276	67.81%	
	More than 1		1	0	1	0.25%	
				<b>Total</b>		<b>407</b>	<b>100%</b>





			<p>them too highly for all the help they have given me</p> <ul style="list-style-type: none"> <li>• Can't get into XX in wheelchair (Hebburn)</li> <li>• Accessible information for visually impaired people</li> <li>• Mobility scooter to door</li> <li>• Prescription collection and delivery service</li> <li>• Nomad weekly boxes</li> <li>• Delivery</li> <li>• MAR charts and weekly medicines supplies</li> <li>• Free deliver service to me home and collection from surgery</li> <li>• Friends and family go for script</li> <li>• We are on the computer and call in when tablets are due</li> <li>• Have poor sight so they deliver</li> <li>• They talk to smokers and drinkers. They will explain to you in private your medicine</li> <li>• Big enough and don't have to wait long</li> <li>• Pharmacy request and deliver script</li> <li>• Doors are narrow - not automatic</li> <li>• Someone usually helps customers or assistant</li> </ul>				
	More than 3 met		3	5	8	1.97%	
			<b>Total</b>		<b>407</b>	<b>100%</b>	
12. Which of the following services do you use?	Dispensing of prescriptions	Regularly	132	135	267	65.60%	
		Occasionally	35	41	76	18.67%	
		Never	12	9	21	5.16%	
		Unanswered	21	22	43	10.57%	
				<b>Total</b>		<b>407</b>	<b>100%</b>
	Repeat dispensing	Regularly	106	119	225	55.28%	
		Occasionally	8	16	24	5.90%	
		Never	45	34	79	19.41%	
		Unanswered	41	38	79	19.41%	
				<b>Total</b>		<b>407</b>	<b>100%</b>
	Buying over the counter medicines	Regularly	50	52	102	25.06%	
		Occasionally	80	98	178	43.73%	
		Never	27	19	46	11.30%	
		Unanswered	43	38	81	19.90%	
				<b>Total</b>		<b>407</b>	<b>100%</b>
	Advice from your pharmacist (e.g. healthy lifestyle, medicines advice, signposting etc)	Regularly	36	25	61	14.99%	
		Occasionally	59	90	149	36.61%	
		Never	49	40	89	21.87%	
		Unanswered	56	52	108	26.54%	
				<b>Total</b>		<b>407</b>	<b>100%</b>
	Disposing of old or unwanted medicines	Regularly	30	22	52	12.78%	
		Occasionally	61	66	127	31.20%	
		Never	64	70	134	32.92%	
		Unanswered	45	49	94	23.10%	
				<b>Total</b>		<b>407</b>	<b>100%</b>
	Medicine use reviews (MURs)	Regularly	13	4	17	4.18%	
		Occasionally	22	20	42	10.32%	
Never		100	116	216	53.07%		
Unanswered		65	67	132	32.43%		
			<b>Total</b>		<b>407</b>	<b>100%</b>	
Stop smoking/nicotine replacement therapy	Regularly	5	5	10	2.46%		
	Occasionally	13	11	24	5.90%		
	Never	111	125	236	57.99%		
	Unanswered	71	66	137	33.66%		
			<b>Total</b>		<b>407</b>	<b>100%</b>	
Emergency hormonal contraception (morning after pill)	Regularly	3	1	4	0.98%		
	Occasionally	3	4	7	1.72%		
	Never	113	134	247	60.69%		
	Unanswered	81	68	149	36.61%		
			<b>Total</b>		<b>407</b>	<b>100%</b>	
Head lice treatment scheme	Regularly	2	5	7	1.72%		
	Occasionally	13	12	25	6.14%		
	Never	104	122	226	55.53%		
	Unanswered	81	68	149	36.61%		
			<b>Total</b>		<b>407</b>	<b>100%</b>	
NHS Health Checks	Regularly	15	5	20	4.91%		
	Occasionally	13	14	27	6.63%		
	Never	100	123	223	54.79%		
	Unanswered	72	65	137	33.66%		
			<b>Total</b>		<b>407</b>	<b>100%</b>	
Minor ailments	Regularly	18	9	27	6.63%		
	Occasionally	50	64	114	28.01%		
	Never	68	78	146	35.87%		

		Unanswered	64	56	120	29.48%
			<b>Total</b>		<b>407</b>	<b>100%</b>
	Supervised consumption of methadone and buprenorphine	Regularly	2	0	2	0.49%
		Occasionally	0	0	0	0.00%
		Never	116	140	256	62.90%
		Unanswered	82	67	149	36.61%
			<b>Total</b>		<b>407</b>	<b>100%</b>
	Needle exchange	Regularly	1	0	1	0.25%
		Occasionally	0	0	0	0.00%
		Never	114	139	253	62.16%
		Unanswered	85	68	153	37.59%
			<b>Total</b>		<b>407</b>	<b>100%</b>
	Other		<ul style="list-style-type: none"> <li>Blood pressure monitoring</li> <li>MAR charts</li> <li>Nomad boxes</li> <li>Delivery of medicines</li> </ul>			
13. Do you have needs that your local pharmacy does not meet? Please list them in order of importance to you.	1		<ul style="list-style-type: none"> <li>I have asked many times for free prescription for my son, but they refused to give, and told me to buy what I need from the counter, which makes me have to go to XX in town and get what I need from there</li> <li>Whilst my pharmacist has been open for my use if GP appt late in day. I'm often very anxious about getting to the chemist prior to closing to obtain prescription</li> <li>If I need to change prescription I have to waste Doctors Time. I think this is stupid when dealing with food.</li> <li>Dealing with coeliac food prescriptions</li> <li>Pharmacist still doesn't know my doctor after 9 years. Apart from that they are great</li> <li>Daughter has delivery of growth hormones from the hospital but would be better if local pharmacist could do this</li> <li>Refused to take old medicines- pharmacy at XXX. Bad attitude from cashier</li> <li>Repeat prescriptions requests automatically requested by chemist to GP</li> <li>Private consultation area</li> <li>Not always open bank holidays</li> <li>Open Saturday PM</li> <li>More health foods</li> <li>Needs to be open weekends - bank holidays</li> <li>Smoking cessation - nicotine patches and counselling</li> <li>Care at the chemist - doesn't do it even through attached GP</li> <li>Would like more options around healthy lifestyle, part weight loss</li> <li>More specialist e.g. spray for muscles</li> <li>Confidential area/room</li> <li>Somewhere to sit on my scooter while waiting for me prescription</li> </ul>			
	2		<ul style="list-style-type: none"> <li>Door needs to be automatic for wheelchairs/pushchairs</li> <li>Lack of room (inside) for wheelchair/buggy</li> <li>Children's services i.e. Minor ailments, verrucas, head lice, coughs and colds etc</li> </ul>			
	3		No answers provided			
	4		No answers provided			
	5		No answers provided			
<b>Part two</b>						
1. What is your gender?	Male		55	48	103	25.31%
	Female		138	153	291	71.50%
	Prefer not to say		0	2	2	0.49%
	Unanswered		7	4	11	2.70%
				<b>Total</b>		<b>407</b>
2. What is your age?	21 and under		5	6	11	2.70%
	22 to 34		23	25	48	11.79%
	35 to 44		21	30	51	12.53%
	45 to 54		39	37	76	18.67%
	55 to 64		18	28	46	11.30%
	65 and over		76	68	144	35.38%
	Prefer not to say		11	11	22	5.41%
	Unanswered		7	2	9	2.21%
			<b>Total</b>		<b>407</b>	<b>100%</b>
3. What is your ethnic group?	a. White	British	178	196	374	91.89%
		Irish	2	0	2	0.49%
		Other	1	0	1	0.25%
	b. Mixed	White and black Caribbean	1	1	2	0.49%
		White and black African	0	1	1	0.25%
		White and Asian	4	0	4	0.98%
		Other	0	1	1	0.25%
		Indian	0	1	1	0.25%
	c. Asian or Asian British	Pakistani	0	0	0	0.00%
		Bangladeshi	4	1	5	1.23%
		Other	0	0	0	0.00%
	d. Black or Black British	Caribbean	0	0	0	0.00%



	African	0	0	0	0.00%	
	Other	0	0	0	0.00%	
	e. Chinese or other ethnic group	0	0	0	0.00%	
	Chinese	0	1	1	0.25%	
	f. Other	1	0	1	0.25%	
	Prefer not to say	1	0	1	0.25%	
Unanswered		9	5	14	3.44%	
		<b>Total</b>		<b>407</b>	<b>100%</b>	
<b>4. What is your religion or belief?</b>	None	34	35	69	16.95%	
	Christian	140	151	291	71.50%	
	Buddhist	0	0	0	0.00%	
	Hindu	2	1	3	0.74%	
	Jewish	0	0	0	0.00%	
	Muslim	6	1	7	1.72%	
	Sikh	0	0	0	0.00%	
	Jainism	0	0	0	0.00%	
	Judaism	0	0	0	0.00%	
	Prefer not to say	5	9	14	3.44%	
	Other	1	2	3	0.74%	
	Unanswered	12	8	20	4.91%	
	More than 1 religion	0	0	0	0.00%	
			<b>Total</b>		<b>407</b>	<b>100%</b>
	<b>5. Which of the following best describes your sexual orientation?</b>	Heterosexual/Straight	160	185	345	84.77%
Lesbian		1	1	2	0.49%	
Gay		1	0	1	0.25%	
Bisexual		1	0	1	0.25%	
Prefer not to say		16	6	22	5.41%	
Other		1	1	2	0.49%	
Unanswered		20	14	34	8.35%	
		<b>Total</b>		<b>407</b>	<b>100%</b>	
<b>6. Disability?</b>		Yes	66	75	141	34.64%
	No	111	119	230	56.51%	
	I do not wish to disclose	6	4	10	2.46%	
	Unanswered	17	9	26	6.39%	
			<b>Total</b>		<b>407</b>	<b>100%</b>
<b>Of the number of responders who advised that they do class themselves to have a disability (34.64%), the following disabilities were recorded:</b>						
Physical impairment	13	13	26	6.39%		
Sensory impairment	2	2	4	0.98%		
Mental Health condition	2	5	7	1.72%		
Learning disability/difficulty	0	0	0	0.00%		
Long standing illness	12	20	32	7.86%		
Physical impairment & Sensory impairment	1	1	2	0.49%		
Physical impairment & Mental health condition	0	0	0	0.00%		
Physical impairment & Learning disability/difficulty	1	0	1	0.25%		
Physical impairment & Long standing illness	7	6	13	3.19%		
Physical impairment & Other	0	2	2	0.49%		
Sensory impairment & Mental health condition	0	0	0	0.00%		
Sensory impairment & Learning disability/difficulty	0	0	0	0.00%		
Sensory impairment & Long standing illness	1	3	4	0.98%		
Sensory impairment & Other	0	1	1	0.25%		
Mental health condition & Learning disability/difficulty	1	0	1	0.25%		
Mental health condition & Long standing illness	0	1	1	0.25%		
Mental health condition & Other	1	0	1	0.25%		
Learning disability/difficulty & Long standing illness	0	0	0	0.00%		
Learning disability/difficulty & Other	0	1	1	0.25%		
Long standing illness & Other	3	1	4	0.98%		
Other/Unanswered	20	18	38	9.34%		
More than 2 disabilities	2	1	3	0.74%		
		<b>Total</b>		<b>141</b>	<b>34.64%</b>	

## Appendix J

# South Tyneside Pharmaceutical Needs Assessment Consultation Report

## Introduction





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## 1.1 Background

The *NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations, 2010*, were laid before Parliament on 26 March, 2010 and came into force on 24 May, 2010. These amended regulations introduced the requirement for all Primary Care Trusts (PCT) to prepare and publish a Pharmaceutical Needs Assessment (PNA) on or before 1 February 2011. The regulations set out clear criteria for the development of the PNA

In line with the regulations the PCT were required to consult on the draft PNA at least once during its development for a minimum period of 60 days. Therefore the PCT undertook the formal consultation on the draft PNA during the period 15<sup>th</sup> November 2010 to 17<sup>th</sup> January 2011, the outcomes of which have been considered in this document and incorporated in the final PNA as appropriate.

Prior to the formal consultation the PCT also undertook a wider stakeholder engagement process during August and September 2010 the views of the public were gathered in the form of a survey 'Views on Pharmacy Services'. Engagement was undertaken via a number of routes including distribution of surveys to local groups, directly to the public in health care settings and at informal meetings. The document was also made available on NHS South of Tyne and Wear's website.

In addition, a number of pharmacies, GP practices, walk-in centres and the GP out-of-hours providers also volunteered to undertake a number of questionnaires with their patients.

The outcomes of the survey informed the development of the draft PNA, the full analysis is available as an appendix to the document.

## 1.2 Scope of the Consultation

The PCT consulted widely from 15<sup>th</sup> November 2010 until the 17<sup>th</sup> January 2011.

The consultation focused on the following areas:

- the accuracy of information contained within the PNA;
- whether the PNA adequately reflects the current pharmacy provision in Gateshead, South Tyneside and Sunderland;
- whether the PNA covers the pharmaceutical services that are needed;
- whether there are any gaps in the information included in the PNA, and;
- whether there are any further comments.

## 1.3 Target Audience

Formal consultation has taken place with the following groups/organisations:



- Local Authority Overview and Scrutiny Committees and if requested Local Area Forums;
- Local Involvement Networks (LINKS);
- Local MPs
- Local Representative Committees, i.e. Local Medical Committee (LMC), Local Pharmaceutical Committee (LPC), Local Dental Committee (LDC), Local Ophthalmic Committee (LOC)
- Local health community, i.e. Foundation Trusts, Mental Health Trust etc, and;
- PBC Cluster - Managers and Chairs.

In addition to this the local process also sought to engage and involve the following groups:

- General public;
- Local voluntary and community groups/networks, schools, Sure Starts, Carers Groups, Age Concern etc, and;
- Other local groups/forums as requested.


## **1.4 Process**

### **1.4.1 Consultation & Engagement**

The PCT undertook a broad and comprehensive engagement and consultation exercise including:

- press release to raise awareness of the project;
- PNAs sent to all formal consultation groups/organisations to raise awareness of the consultation and advise on how views can be fed into the process;
- information posted on PCT websites giving background information on the PNA, outlining how views could be fed into the process and enabling on line submission of views;
- letter and presentation (where requested) to Local Authority Overview and Scrutiny Committees and where appropriate Local Area Forums formally seeking views;
- letters to Local Representative Committees (LRC's), Local health community (i.e. Foundation Trusts, Mental health Trust etc), and Integrated Consultation Group sharing information and formally seeking views;
- Local engagement with key local voluntary and community groups/networks
- wide distribution of consultation documents and questionnaires, and;
- presentation and discussions at a Local Engagement Board.

### **1.4.2 Distribution of Consultation Documents**




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The Regulations stated that the PCT would not satisfy the requirements of the Regulation if they either only sent an email with a link to the document on their website or advised consultees that the PNA was on the website.

Therefore the PCT distributed the draft PNA, consultation questionnaire and free post envelopes (where appropriate) using a number of methods including sending a hard copy, electronic copy attached via email and making the documents and contact details for hard copies available on the websites. In addition to this, copies were taken to any formal meetings attended, staff were also informed via internal communications and adverts placed in the local newspapers to alert the general public of the consultation.

The table below details the number of consultees sent a copy of the consultation documents as part of the process.


	<b>South Tyneside</b>
<b>Pharmacies</b>	38
<b>Appliance Contractors</b>	1
<b>GPs</b>	30
<b>Local Engagement Board</b>	1
<b>Overview &amp; Scrutiny Committee</b>	1
<b>LINKs</b>	1
<b>Local Pharmaceutical Committee (LPC)</b>	1
<b>Local Medical Committee (LMC)</b>	1
<b>Local Dental Committee (LDC)</b>	1
<b>Other</b> (Including Third Sector & Voluntary Organisations)	58
<b>Total issued</b>	<b>133</b>

### 1.4.3 Consultation responses and analysis

In relation to the consultation questionnaires, a data capture screen was created to enable analysis to be undertaken, this was available on line for direct submission by respondents, and where hard copies or email were sent direct to the PCT these were entered onto the database by PCT personnel.

In addition to this where respondents did not use the consultation questionnaire all e-mails, letters and formal responses have been manually analysed to identify themes.

The analysis is limited as far as possible to the questions asked by the PCT in relation to this consultation; however it is to be noted that a number of respondents



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provided views without using the formal questionnaire these are considered in section 2.2 of the report.

Within South Tyneside 18 responses to the formal consultation were received.

#### **1.4.4 Attendance at meetings**

During the consultation and engagement process a number of meetings were attended including the Local Engagement Board, the joint Gateshead and South Tyneside Links meeting.

The purpose of which was to raise awareness of the development of the PNA's, seek public views and encourage Responses to the formal consultation process. Due to the comprehensive nature of the documents and the requirement to be familiar with these prior to completing the consultation questionnaire, attendees at the meetings were provided with an overview of what the documents were for, how they were developed and were encouraged to take part in the formal consultation following the meetings. Attendees were provided with information on how they could take part in the consultation; copies of the document, the consultation questionnaire and free post envelopes were also made available at the meetings.

## **2. Summary of responses**

The following section provides a summary of the outcomes of the formal consultation for the South Tyneside PNA. A total of 18 formal responses were received during the South Tyneside PNA consultation, of these, 13 responded using the formal consultation questionnaire and 5 provided a response by another means.

Responses were received from Community Pharmacy (8) these included responses from area and regional managers, the remainder of the responses were received from Gateshead & South Tyneside LPC (1), Gateshead & South Tyneside LMC (1), Local Authority Departments/Committees (2), Community Organisations (2), the source of the remaining responses is unknown (4).

### **2.1 Analysis of questionnaires**



The full analysis of the responses received during the consultation can be found in Appendix A; the table below provides a high level summary of the responses using the formal questionnaire.

<b>South Tyneside</b>	<b>Yes</b>	<b>No</b>	<b>Unanswered</b>	<b>Total</b>
<i>Do you think that the information contained in the PNA about area is accurate?</i>	11 (84%)	1 (8%)	1 (8%)	13
<i>Do the think there are any gaps in the information included in the PNA?</i>	3 (23%)	9 (69%)	1 (8%)	13
<i>In reading the PNA do you think there are any gaps in pharmaceutical services that have not been identified in the documents?</i>	4 (31%)	8 (61%)	1 (8%)	13
<i>Does the PNA cover all of the pharmaceutical services that you need?</i>	10 (77%)	1 (8%)	2 (15%)	13
<i>Do you have any further comments?</i>	7 (54%)	6 (46%)	N/A	13

Overall the response to the consultation via the questionnaire was positive indicating that the majority of respondents agreed that the information contained in the PNA was accurate (84%), there were no gaps in the information provided (69%), no gaps in pharmaceutical services that have not been identified in the document (61%) and that it covered all of the pharmaceutical services needed by the respondents (77%). However it is to be noted that a number of comments have been received during the consultation the themes or which are summarised in section 3.

## **2.2 Other Responses**

A total of 4 respondents choose to provide comments on the consultation without using the formal questionnaire.

### **2.2.1 Gateshead & South Tyneside LMC**

The LMC confirmed that they support the conclusions drawn in the document.



## 2.2.2 Gateshead and South Tyneside LPC

Gateshead and South Tyneside LPC provided a comprehensive response that applied to both Gateshead and South Tyneside PNAs and advised that although they had not provided an official response, they supported the comments provided by Sunderland LPC in relation to the Sunderland PNA.

In summary the response received covered the following areas:

- Raised concerns that the timeline for the consultation and subsequent amendments are too tight and do not give sufficient time to fully integrate responses from the consultation into the final document, seek approval and sign off.
- Raised concerns that they hoped that the PCT re-organisation and the development of the Primary Care services agency would not overshadow the development of the PNA.
- Numerous comments were provided in relation to the wording or terminology used in specific sections of the documents.
- Highlighted that the LPC was pleased the document showed adequate provision of core pharmaceutical services, however noted a lack of commissioned enhanced services.
- Raised concern that there was no mention of future population movement or growth or estates strategy.
- Felt that the document does not meet the aim to “clearly identify and address any local gaps in pharmaceutical services”.
- Suggested that a glossary of terms would be desirable.
- Highlighted that in relation to the table in 4.1 the way that the figures are presented may artificially create a need where no need is present.
- Indicated that in relation to Appliance Use Review the low level of uptake is probably due to low demand, not lack of willingness from pharmacy.
- Highlighted that in relation to Section 7, the LPC is concerned that the number of unanswered questions is high and speculates whether there was some confusion in the survey.



- In relation to the stakeholder engagements, the LPC notes that the general public appear to have a good knowledge of core pharmacy services, there is a lack of awareness of advanced and enhanced services.
- Indicated the LPC was content to see that contractors have actively contributed to the PNA and are pleased to see that the PCT have acknowledged that current contractors have a willingness to help meet the PCT's strategic priorities, however would welcome the exploration of further enhanced services in relation to these.
- Expressed hope that comments received throughout the consultation would be incorporated into the final document and not just placed in the footnote in section 11.
- Identified that in relation to section 12 (Future Provision) the LPC feels the PCT's have failed to identify future services.
- Section 12.2.3 (enhanced services) This section makes broad statements about enhanced services in the area without providing specific detail, however the LPC welcome and vigorously support the comments in this section and look forward to working with the PCT, or their successor bodies, to develop some of these ideas.
- In relation to section 12.2.4 (Exempt Categories) the LPC suggested that the directed services could be extended to include services such as Sexual health services, substance misuse and screening services.
- Raised concern that the maps are small and difficult to read and the titles of charts ideally need to be on each page.
- Expressed their dismay by the "implied" request for a 100 hour pharmacy under the exemption rules in paragraph 1,3 when previously stated that there was adequate provision from the current mix of pharmacy providers.
- Raised concern that in relation to health needs there is a distinct lack of detail regarding the local area.
- The exact opening hours of doctors needs to be stated to ensure consistency with pharmacy contractors.

### 2.2.3 Community Pharmacy

A community pharmacy provided a response that applied to both the Gateshead and South Tyneside PNA's.



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In summary the response received covered the following areas:

- Raised concern in relation to the timing of the consultation and the timescale to receive and consider comments, update the PNA and gain board sign off in time for the requirement to publish on the 1<sup>st</sup> February 2011.
- Raised concern that due to the timescales it was expected that the PCT would still be working on the document during the consultation and therefore the draft which was consulted on was not the final version.
- Raised concern due to the recent re-organisation of the PCT and the move of personnel to the Primary Care Services Agency would further compromise the ability for the PCT to fully consider individual responses.
- Indicated that the PNA was not fit for purpose as it did not fully meet the aims as set out in section 1.2.
- Agreed with the PCT's definition of localities.
- Noted that the information in section 3 of the document was interesting but did not link to specific services where community pharmacy could make a difference.
- In relation to Advanced services, felt that it would be helpful for the PCT to identify which specific patient groups would most benefit from targeted Medicines Use Reviews.
- Felt that in relation to Enhanced Services the document does not make it clear where any gaps in provision exist.
- Stake holder engagement information was limited by using a small sample size, few "hard to reach" or "seldom heard" groups appear to have been properly consulted.
- Raised concern that Section 12.2.3 (enhanced services) was vague and did not appear to meet regulation 3A which states the PNA should seek to identify future need.
- In relation to exempt category pharmacies, suggested that the PCT should utilise the opportunity to direct a wider range of enhanced services in order to improve access.
- The tables set out in appendices are difficult to read where headers do not extend to each page.





- Raised concern that the document does not meet the information requirements as set out in the regulations.

#### **2.2.4 Community Pharmacy**

A Community Pharmacy provided a response which applied to all 3 PNAs in SOTW.

- They reflected the views of the LPC that the timeline for the consultation and subsequent amendments are too tight and do not give sufficient time to fully integrate responses from the consultation into the final document, seek approval and sign off.
- Highlighted that the appendices are very large and in some instances we have preferably been included in the main body of the document. Maps are also small and tricky to use.
- Raised concern that the patient surveys all have low return rates, so any analysis from this is of little value.
- Noted that the scoping exercise appeared to be comprehensive, although note gaps in service provision which would help the PCTs meet their strategic intent.
- Highlighted that there appears to be a lack of enhanced services commissioned, although data highlights a willingness of contractors to participate in services not currently commissioned.
- The document states that they will consider need at ward level, but all data is submitted at a PCT level.
- Highlighted that there is no mention of future population movement or growth and therefore no mention of future needs. Seasonal impacts and private hospitals impacts are also not considered,
- Raised concern that each executive summary states that access to necessary services is adequate, no evidence of the rationale used to show this is given or data needed to validate the conclusion.
- Enhanced services are only appraised on a PCT total numerical level and no mapping of data to establish where they are, if they meet needs, if they have been assessed to show population needs are being met or any potential gaps.
- Raised concern that no commitment is given to develop any services even when they would help the strategic intent. The few future developments stated are quite non specific and non committal.



- Section 12 gives the impression that the upcoming changes have removed any obligation to do anything more-this is disappointing. The NHS transition arrangements are very clear that the PCT business continues until 2013, subject to funding.
- Pharmacy opening hours are mapped at a PCT level in the PNA with raw data in the appendix. The data should be analysed at a locality and ward level to show access to needs are met.
- In relation to regulation 3G the PNAs describe the PCT not its population with their differing needs.

### **3. Summary of Themes & Outcomes**

Following careful consideration and review of the responses received from the formal consultation, the PCT has identified a number of themes following the consultation.

#### **3.1 Themes**

- The main theme of the consultation related to the identification of gaps in Enhanced services and there future provision.
- Appendices highlighted as difficult to read
- Directed services for exempt category Pharmacies to be extended to include a wider range of services
- Health need and mapping not detailed enough at a ward level.

#### **3.2 What has changed?**

- In response to the comments raised Section 12 “Future Provision,” the final PNA has been amended. E.g. a list detailing possible future roles for pharmacies and further information of the current changes in the NHS
- The appendices in the document have been amended in order to make them easier to read.
- In response to the comments raised in relation to directed services for exempt category applications, the PCT note these and have incorporated them into the final version of the document.



- In response to the comments relating to ward level information the Joint Strategic Needs Assessment has been used to identify the specific needs and expected changes with the local population. A comprehensive mapping exercise has been undertaken to identify the current level of provision of Pharmaceutical services and other relevant providers within the area this is provided at a ward level.

**South Tyneside  
Consultation Summary (Appendix A)**

<b>Question 1</b>
<i>Do you think that the information contained in the PNA about the area is accurate?</i>
<b>Outcome of the Consultation</b>



### Summary Analysis :

Type of Organisation	Yes	No	Not Answered	Total
Community Pharmacy	5			5
Community/Voluntary/3 <sup>rd</sup> Sector	1		1	2
Local Authority Committee/Department	2			2
Unknown	3	1		4
<b>Total</b>	<b>11 (85%)</b>	<b>1 (7.5%)</b>	<b>1 (7.5%)</b>	<b>13</b>

### Comments :

#### Unknown

- The document does not go into the detail of each area for South Tyneside.

### PCT Response to Outcomes

- 85% of respondents were in agreement that the information provided within the PNA was accurate.
- The PNA includes the information requirements as stated within the regulations.

### Question 2

*Do you think there are any gaps in the information included in the PNA?*

### Outcome of the Consultation



## Summary Analysis

Type of Organisation	Yes	No	Not Answered	Total
Community Pharmacy		5		5
Community/Voluntary/3 <sup>rd</sup> Sector		1	1	2
Local Authority Committee/Department	1	1		2
Unknown	2	2		4
<b>Total</b>	<b>3 (23%)</b>	<b>9 (69%)</b>	<b>1(8%)</b>	<b>13</b>

### Comments :

#### Unknown

- The PNA is not detailed enough.
- The document does not state any population statics. This is important to see how many pharmacies serve each locality or neighbourhood or area.
- It does not state the GP opening hours and the opening hours of pharmacies so how can it identify need or gaps of provision in terms of opening hours.
- It does not break down each area or locality in terms of health needs, ethnicity and housing population all of which have an impact on pharmaceutical services.

#### Local Authority Committee/Department

- The PNA does not seem to address the use of Telemedicine, i.e. the use of technology to dispense medicines in people homes. The PNA fails to identify what pharmacies participate in this service.

### PCT Response

- 69% of respondents were happy that there are no gaps in the information included in the PNA.
- The Joint Strategic Needs Assessment has been used to identify the specific needs and expected changes with in the local population.
- A comprehensive mapping exercise has been undertaken to identify the current level of provision of Pharmaceutical services and other relevant providers within the area this, is provided at a ward level.
- The PNA includes the information requirements as stated within the regulations; however the comments received during the formal consultation have been noted and will be fed into future commissioning.



- In response to the telemedicine's comments, this service is not commissioned by the PCT and the provision of this service was not notified to the PCT during the contract mapping process, however these comments are noted and will be factored in to any future refresh of the document.

**Question 3**

*In reading the PNA do you think there are any gaps in pharmaceutical services that have not been identified in the documents?*

**Outcome of the Consultation**

**Summary Analysis :**

Type of Organisation	Yes	No	Not Answered	Total
Community Pharmacy		5		5
Community/Voluntary/3 <sup>rd</sup> Sector		1	1	2
Local Authority Committee/Department	2			2
Unknown	2	2		4
<b>Total</b>	<b>4 (31%)</b>	<b>8 (61.5%)</b>	<b>1 (7.5%)</b>	<b>13</b>

**Comments :****Unknown**

- There is a need for commissioning of additional essential pharmaceutical services in the Riverside area and Hebburn.

**Local Authority Committee/Department**

- It is noted that the PCT feel that the provision for Hebburn South and Horsley Hill are adequately served by surrounding wards. Whilst there is a chemist at Horsley Hill Square in the Harton ward which serves Horsley Hill, we do not believe the bottom part of the ward - Westoe Crown - is served well. This may be rectified should we get a chemist at Crown Village as part of the new shopping mall.

**PCT Response**

- 61.5% of respondents did not think that there are any gaps in pharmaceutical services in the PNA that have not been identified in the documents
- The PNA has identified that there is no requirement for the provision of additional essential services within South Tyneside. The Westoe Crown site has previously been assessed under the current control of entry regulations and it was deemed that there was no requirement for additional pharmaceutical services in that area.

**Question 4**

*Does the PNA cover all of the pharmaceutical services that you need?*

**Outcome of the Consultation**

**Summary Analysis :**

Type of Organisation	Yes	No	Not Answered	Total
Community Pharmacy	4		1	5
Community/Voluntary/3 <sup>rd</sup> Sector	1		1	2
Local Authority Committee/Department	2			2
<i>Unknown</i>	3	1		4
<i>Total</i>	10 (77%)	1 (8%%)	2 (15%)	13

**Comments :****PCT Response**

- 77% of respondents agree that the PNA covers all of the pharmaceutical services they need.

**Question 5**

*Do you have any further comments?*

**Outcome of the Consultation**





### **Unknown**

- The document states that “Following assessment of the information available within the PNA, the PCT has concluded that access to necessary pharmaceutical services within South Tyneside is adequate for the needs of the population.” Further information is required as to how it has come to this conclusion and what evidence has been provided to make this assessment.

### **Community Pharmacy**

- “I see much illness caused by alcohol. If it were made more expensive - to reduce consumption - I'm sure local health would benefit. Perhaps PCT could lobby government?”

### **Local Authority Committee/Department**

- “We have some concern over how the commissioning of community pharmacy services will be coordinated under GP consortia. We would want to be assured that there is equal access and range of service across the whole of South Tyneside and that resources allocated to the development of pharmacy services reflect this”.

### **PCT Response**

- A comprehensive mapping exercise has been undertaken to identify the current level of provision of Pharmaceutical services and other relevant providers within the area, this is provided at a ward level.
- The PNA includes the information requirements as stated within the regulations; however the comments received during the formal consultation have been noted and will be fed to the Directors of commissioning.
- The comment in relation to the GP consortia is out with the current consultation, it is hoped that future commissioners will utilise the PNA in the commissioning of services.
- The comment in relation to alcohol is out with the current consultation; however these comments will be forwarded to the relevant Public Health lead.

### **Other responses**



Section 2.2 of the consultation report considers comments received from respondents who have not completed the formal questionnaire, a summary is provided below of some of the themes not addressed in the consultation summary.

### **LPC**

- Highlighted that the LPC was pleased the documents showed adequate provision of core pharmaceutical services, however noted a lack of commissioned enhanced services.
- Raised concern that there was no mention of future population movement or growth or estates strategy.
- Felt that the document does not meet the aim to “clearly identify and address any local gaps in pharmaceutical services”
- Suggested that a glossary of terms would be desirable.
- Indicated that in relation to Appliance Use Review, the low level of uptake is probably due to low demand, not lack of willingness from pharmacy.
- Indicated the LPC was content to see that contractors have actively contributed to the PNA and are pleased to see that the PCT have acknowledged that current contractors have a willingness to help meet the PCTs strategic priorities, however would welcome the exploration of further enhanced services in relation to these.
- Section 12.2.3 (enhanced services), this section makes broad statements about enhanced services in the area without providing specific detail, however the LPC welcome and vigorously support the comments in this section and look forward to working with the PCT, or their successor bodies, to develop some of these ideas.
- In relation to section 12.2.4 (Exempt Categories), the LPC suggests that the directed services could be extended to included services such as Sexual health services, substance misuse and screening services.
- Raised concern that the maps are small and difficult to read and the titles of charts ideally need to be on each page.

### **Community Pharmacy**

- Indicated that the PNA was not fit for purpose as it did not fully meet the aims as set out in section 1.2.
- Noted that the information in section 3 of the document were interesting but did not link to specific services where community pharmacy could make a difference.
- Stake holder engagement information was limited by using a small sample size, few



“hard to reach” or “seldom heard” groups appear to have be properly consulted.

- Raised concern that the document does not meet the information requirements as set out in the regulations.
- Noted that the scoping exercise appeared to be comprehensive, although note gaps in service provision which would help the PCT meet there strategic intent.
- Pharmacy opening hours are mapped at a PCT level in the PNA with raw data in the appendix. The data should be analysed at a locality and ward level to show access to needs are met.

#### **PCT Response**

- The appendices in the document have been amended in order to make them easier to read.
- Pharmacy hours are mapped at a ward level via a corresponding key to the ward map.
- The Joint Strategic Needs Assessment has been used to identify the specific needs and expected changes within the local population.
- In response to the comments raised Section 12 “Future Provision”, the final PNA has been amended. E.g. A list detailing the possible future roles for pharmacies and further information on the current changes in the NHS.
- A comprehensive mapping exercise has been undertaken to identify the current level of provision of Pharmaceutical services and other relevant providers within the area, this is provided at a ward level.
- The PNA includes the information requirements as stated within the regulations; however the comments received during the formal consultation have been noted and will be fed to the Directors of commissioning.
- In response to the comments raised in relation to directed services for exempt category applications, the PCT note these and will incorporate them into the final version of the document.
- In response to the concerns raised in relation to the stakeholder engagement survey a total of 1200 were distributed to a wide range of stakeholders achieving a response rate of 33.9%.
- In response to the suggestion to incorporate a glossary of terms, the PCT will seek to make this available following publication of the document.



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