North East Lincolnshire Health and Wellbeing Board
Pharmaceutical Needs Assessment
2018 to 2021

April 2018
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Glossary

Appliance Use Review (AUR) – An advanced pharmaceutical service provided by a pharmacist or a dispensing appliance contractor health professional, designed to improve a patient’s knowledge and use of their appliance.

Consolidation Application - This type of application allows the consolidation of services provided by two or more pharmacies, so that the services are provided at just one pharmacy with the other pharmacy closing, where this change wouldn’t create a gap in service provision.

Dispensing Appliance Contractor (DAC) – A type of NHS contractor that specialises in the supply (on prescription) of appliances, notably stoma and incontinence appliances.

Electronic Prescription Service Release 2 (EPSR2) – The electronic generation, transmission, and receipt of prescriptions. In practice, prescribers such as GPs, are able to send a prescription electronically to a dispenser e.g. a community pharmacy, of the patients choice. This makes the prescribing and dispensing process more efficient for both patients and staff.

Healthy Living Pharmacy (HLP) – A national programme with the aim of reducing health inequalities in the local population, by proactively promoting healthy living and having an on-site health champion.

Medicine Use Review (MUR) – An advanced pharmaceutical service provided by a pharmacist designed to improve a patient’s knowledge and use of their prescribed medicine.

Minor Ailments Scheme (MAS) – An enhanced service that enables community pharmacists to advise and supply medicines to people with certain conditions on the NHS without the need to see a GP.

New Medicines Service (NMS) – An advanced pharmaceutical service provided by a pharmacist to provide support to patients starting certain new medicines to ensure they are taken safely and to best effect.

NHS Urgent Medicine Supply Advanced Service (NUMSAS) – People phoning the NHS 111 service because they have run out of their regular prescribed medication, are referred to a pharmacy who can then provide an urgent supply of the medication under this service and the Human Medicines Regulations 2012.

Nicotine Replacement Therapy (NRT) – Used to reduce withdrawal systems as a result of stopping smoking by way of delivering nicotine to the body by means other than by tobacco e.g. nicotine patches, gum, nasal sprays, inhalers and lozenges.

Patient Group Direction (PGD) – An NHS document that permits the supply of prescription only medicines to groups of patients without the need for patients to obtain an individual prescription.

Pharmacy Access Scheme (PhAS) - This scheme protects access in areas where there are fewer pharmacies with higher health needs, so that no area is left without access to NHS community pharmaceutical services following the reduction in funding which took effect from December 2016. Qualifying pharmacies will receive an additional payment, currently, until 31 March 2018.

Pharmacy Contractor – A type of NHS contractor that dispenses prescriptions for medicines and appliances.

Stoma Appliance Customisation (SAC) - An advanced pharmaceutical service that involves the customisation of more than one stoma appliance, based on the patient’s measurements or template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
Executive Summary

This Pharmaceutical Needs Assessment (PNA) assesses how the provision of pharmaceutical services will meet the health needs of the population for the North East Lincolnshire Health and Wellbeing Board (HWB) area, for the period April 2018 to March 2021.

The PNA will primarily be used by NHS England to make commissioning decisions including in its determination as to whether to approve contractor applications to be included in a pharmaceutical list.

Section 128A of the NHS Act 2006 as amended by the Health and Social Care Act 2012, sets out the overarching provisions for PNAs and the duties on HWBs. These provisions are then expanded upon in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. The North East Lincolnshire HWB sanctioned the formation of a partnership steering group, tasked with preparing this PNA in line with the Regulations.

North East Lincolnshire occupies a land area of approximately 192 square kilometres and has a resident population of just over 159,000 people according to ONS mid-2016 population estimates. North East Lincolnshire includes the towns and ports of Grimsby and Immingham, and the seaside town of Cleethorpes. The North East Lincolnshire population comprises a higher percentage of older people than that of the England population overall, and the older people population is projected to increase further, all of which will place increased demands on pharmaceutical services, in addition to other health and social care services. North East Lincolnshire is subject to poor health outcomes with lower life expectancy and higher premature mortality than those for England overall. Stark health inequalities exist within North East Lincolnshire and these are strongly associated with deprivation for which there are high levels in certain localities across North East Lincolnshire.

A broad range of information has been collated and analysed which has acted as the basis for the conclusions of the HWB which are presented in this PNA. The PNA focussed on the populations within five localities. Whilst geographically small, there are considerable health and socioeconomic inequalities between localities, and it is recognised that pharmacies provide vital health services to these localities being located in their midst.

There are thirty four pharmacies included in the North East Lincolnshire pharmaceutical list, which is a reduction of one pharmacy since the last PNA due to a pharmacy closing during January 2018. These pharmacies are provided by sixteen distinct contractors ensuring an adequate choice of provider. Many of the pharmacies offer extended opening hours and there are two 100 hour pharmacies. Within North East Lincolnshire there is one distance selling premises, no dispensing appliance contractors (DACs), and one dispensing GP practice.

During 2016/17, 3,821,348 items were prescribed by North East Lincolnshire GPs, 98.3% of which were dispensed within North East Lincolnshire. During the same period North East Lincolnshire pharmacies dispensed 3,803,341 items.

The remodelling of the primary care medical estate over recent years, by way of GP practices relocating and often co-locating into new purpose built primary care centres, has consequently seen considerable changes in service locations. Pharmacies have followed this trend which is evident by the number of pharmacies that have also moved and co-located with the GP practices in the new primary care centres. This has resulted in an alignment of pharmacy opening hours and service provision to match those of the primary
care centres. There are variations in the quality of public transport and access to these medical centres, with some being on good bus routes whilst others being on poorer bus routes.

The provision of and access to pharmaceutical services in North East Lincolnshire is overall adequate. It can be argued that the number of pharmacies is sufficient for the population of North East Lincolnshire, since all areas are within either 1.6km (1 mile) in a straight line, or a fifteen minute drive time, of a pharmacy, and since approximately 98.3% of prescriptions generated by North East Lincolnshire GPs are dispensed within North East Lincolnshire. The provision of pharmaceutical services in the main urban areas of Grimsby, Cleethorpes, and Immingham is good. Most pharmacies are located in either primary care centres, retail centres, or in suburb centres, with many being on reasonable transport routes, and therefore accessible. Whilst all urban areas are within 1.6km (1 mile) in a straight line of a pharmacy, there is understandably reduced access for the outlying Wolds Villages, however the larger villages do have pharmacies, and all rural areas are within a reasonable drive time of these pharmacies. All areas can access a 100 hour pharmacy within a fifteen minute drive time. The villages surrounding Immingham are served by a dispensing GP practice. Pharmacies across North East Lincolnshire offer a wide range of opening hours Monday to Friday. Twenty six pharmacies open on a Saturday and seven on a Sunday. All pharmacies that completed the contractor questionnaire reported they provide a private prescription collection service, with the majority also offering a free delivery service, and in addition, all pharmacies reported themselves as EPS Release 2 enabled, and with the increase of this service, electronic prescriptions can be sent automatically to the patient’s nominated pharmacy, resulting in the removal of geographic boundaries for patients who choose to get their prescriptions from further afield, where for example they work rather than where they live.

Given the burden of ill-health evident in parts of North East Lincolnshire and the need to reduce health inequalities, the HWB notes that twenty nine of our pharmacies are accredited Healthy Living Pharmacies (HLPs), which is a significant development from the last PNA when only two pharmacies were HLPs.

The majority of North East Lincolnshire pharmacies dispense appliances, and offer Medicine Use Reviews and the New Medicine Service.

Given the importance of visitors to North East Lincolnshire, particularly to Cleethorpes in the summer months, the HWB notes that the NHS urgent medicine supply advanced service (NUMSAS) has been commissioned by NHS England and is being rolled out in North East Lincolnshire.

A significant development since the last PNA is the commissioning of a minor ailment enhanced service in North East Lincolnshire. This service is provided by thirty two pharmacies in North East Lincolnshire and it already appears that this service is relieving pressure from other parts of the primary care health system.

This PNA demonstrates both the role of pharmacies and the high level of commitment from them to the provision of high quality health care to the population of North East Lincolnshire, which is testament to the local providers given the background of reduced funding for contractors providing NHS pharmaceutical service under the community pharmacy contractual framework.

Based on the information available at the time of developing this PNA, the HWB concludes that the current provision will be sufficient to meet the future needs of the residents during the three year lifetime of the PNA.

The HWB has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the lifetime of the PNA.
CHAPTER 1

Introduction

1.1 Purpose of a PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB’s area for a period of up to three years, linking closely to the joint strategic needs assessment (JSNA). Whilst the JSNA [http://www.nelincsdata.net/JSNA](http://www.nelincsdata.net/JSNA) focusses on the general health needs of the population of North East Lincolnshire, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB’s area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB’s PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published (‘unforeseen benefits applications’).

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities and CCGs. A robust PNA will ensure those who commission services from pharmacies and DACs are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

1.2 Health and Wellbeing Board duties in respect of the PNA

Further information on the HWB’s specific duties in relation to PNAs and the policy background to PNAs can be found in appendix 1, however following publication of its first PNA in 2015 the HWB must, in summary:

- Publish revised statements (subsequent PNAs), on a three yearly basis, which comply with the regulatory requirements;
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.
1.3 Pharmaceutical services

The services that a PNA must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the HWB;
- A pharmacy contractor who is included in the local pharmaceutical services (LPS) list for the area of the HWB;
- A DAC who is included in the pharmaceutical list held for the area of the HWB; and
- A doctor or GP practice who is included in a dispensing doctor list held for the area of the HWB.

NHS England is responsible for preparing, maintaining and publishing these lists. In North East Lincolnshire there are thirty four pharmacies, zero pharmacies that hold a LPS contract with NHS England, zero DACs and one dispensing practice.

Contractors may operate as either a sole trader, partnership or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a DAC.

1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with the majority of pharmacy contractors. Instead they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework (CPCF), details of which (their terms of service) are set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the CPCF. They are:

- Essential services – all pharmacies must provide these services
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs
  - Promotion of healthy lifestyles
  - Signposting, and
  - Support for self-care

- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.
  - Medicine use review and prescription intervention services (more commonly referred to as the medicine use review or MUR service)
- New medicine service
- Stoma appliance customisation
- Appliance use review
- National influenza adult vaccination service
- NHS urgent medicine supply advanced service (NUMSAS) – currently a national pilot scheme until 30 September 2018

- Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.

  - Anticoagulation monitoring
  - Antiviral collection service
  - Care home service
  - Disease specific medicines management service
  - Gluten free food supply service
  - Independent prescribing service
  - Home delivery service
  - Language access service
  - Medication review service
  - Medicines assessment and compliance support service
  - Minor ailment scheme
  - Needle and syringe exchange*
  - On demand availability of specialist drugs service
  - Out of hours service
  - Patient group direction service
  - Prescriber support service
  - Schools service
  - Screening service
  - Stop smoking service*
  - Supervised administration service*
  - Supplementary prescribing service

It should be noted that those enhanced services marked with an asterisk are currently commissioned by North East Lincolnshire Council and referred to as locally commissioned services (LCS).

Further information on the essential, advanced and enhanced services requirements can be found in appendices 2, 3 and 4 respectively.

Underpinning the provision of all of these services is the requirement on each pharmacy contractor to participate in a system of clinical governance. This system is set out within the 2013 regulations and includes:

- A patient and public involvement programme
- An audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff management programme,
- An information governance programme, and
- A premises standards programme.
Pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 core hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). It continues to be a condition that these 100 hour pharmacies remain open for 100 core hours per week but they may open for longer hours. Since August 2012 some contractors may have successfully applied to open a pharmacy with a different number of core opening hours in order to meet a need, improvements or better access identified in a PNA.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens then these form the pharmacy’s contracted opening hours. The contractor can subsequently apply to change their core opening hours and NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core opening hours or not. If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months’ notice.

Whilst the majority of pharmacies provide services on a face-to-face basis e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the 2013 regulations as distance selling premises (sometimes referred to as mail order or internet pharmacies).

Distance selling pharmacies are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however they must provide these services remotely. For example a patient posts their prescription to a distance selling premises and the contractor dispenses the item and then delivers it to the patient’s preferred address. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England. There is one distance selling pharmacy located in North East Lincolnshire.

1.3.2 Pharmaceutical services provided by DACs

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions. DACs provide two levels of services:

- DACs provide the following services for appliances (not drugs) for example catheters and colostomy bags that fall within the definition of pharmaceutical services.
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
  - Dispensing of repeatable prescriptions
  - Home delivery service for some items
  - Supply of appropriate supplementary items (eg disposable wipes and disposal bags)
  - Provision of expert clinical advice regarding the appliances, and
  - Signposting
• Advanced services – DACs may choose whether to provide these services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements.
  
  o Stoma appliance customisation
  o Appliance use review

As with pharmacies, DACs are required to participate in a system of clinical governance. This system is set out within the 2013 regulations and includes:

• A patient and public involvement programme
• A clinical audit programme
• A risk management programme
• A clinical effectiveness programme
• A staffing and staff programme, and
• An information governance programme.

Further information on the requirements for these services can be found in appendix 5.

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours.

The proposed opening hours for each DAC are set out in the initial application, and if the application is granted and the DAC subsequently opens then these form the DAC’s contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core opening hours or not. If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months’ notice.

There are no DACs located within North East Lincolnshire.

1.3.3 Pharmaceutical services provided by doctors

The 2013 regulations allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

• Patients must live in a ‘controlled locality’ (an area which has been determined by NHS England or a preceding organisation as rural in character), more than 1.6km (measured in a straight line) from a pharmacy, and
• Their practice must have premises approval and consent to dispense to that area.

There are some exceptions to this, for example patients who have satisfied NHS England that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.
There is one dispensing GP practice within North East Lincolnshire, which is the Roxton practice located in the Immingham locality.

1.3.4 Local pharmaceutical services

Local pharmaceutical services (LPS) contracts allow NHS England to commission services, from a pharmacy, which are tailored to specific local requirements. LPS complements the national contractual arrangements but is an important local commissioning tool in its own right. LPS provides flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under national contractual arrangements. For the purposes of the PNA the definition of pharmaceutical services includes LPS. There are, however, no LPS contracts within the HWB’s area and NHS England does not have plans to commission such contracts within the lifetime of this PNA.

1.4 Locally commissioned services

North East Lincolnshire Council and North East Lincolnshire CCG may also commission services from pharmacies and DACs, however these services fall outside the definition of pharmaceutical services. For the purposes of this document they are referred to as locally commissioned services and include the following services which are commissioned by North East Lincolnshire Council:

- Sexual health ACT (advice, contraception, and testing)
- Supervised consumption
- Needle exchange
- Smoking cessation

North East Lincolnshire CCG commissions the following services:

- See section 5.7

Locally commissioned services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

1.5 Other NHS services

Other services which are commissioned or provided by NHS England, North East Lincolnshire Council, North East Lincolnshire CCG, or North Lincolnshire and Goole NHS Foundation Trust, and which affect the need for pharmaceutical services are also included within the PNA, and are detailed in Chapter 5.
1.6 How the assessment was undertaken

1.6.1 PNA steering group

The HWB has overall responsibility for the publication of the PNA, and the Director of Public Health is the HWB member who is accountable for its development. The HWB established a PNA steering group whose purpose is to ensure that the HWB develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group (detailed on page 7) ensured all the main stakeholders were represented and had opportunity to contribute to the development of the PNA. The terms of reference for the group can be found in appendix 6. Expert advice along with the background information, regulatory information, and pharmaceutical services information, was provided by Primary Care Commissioning (PCC).

1.6.2 PNA localities

At its initial meeting the steering group agreed the PNA localities would be structured around five neighbourhood areas in North East Lincolnshire, which are aggregations of the fifteen electoral wards that North East Lincolnshire is comprised of. The reasoning for this decision was due to the different characteristics of the populations living within the HWB area between neighbourhoods, and to reflect the historic approach taken in the JSNA.

1.6.3 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available online via SurveyMonkey from the 13th October to the 10th November 2017. As well as promotion on the council’s consultation webpages, the questionnaire was also publicised via local media, poster distribution, and through social media channels (Twitter and Facebook). The questionnaire was also promoted by Healthwatch through their various networks. A copy of the questionnaire can be found in appendix 7. The associated press release and poster advert can be found in appendices 8 and 9 respectively. The findings from the questionnaire have been used throughout the PNA with the full analysis detailed in appendix 12.

1.6.4 Contractor engagement

To inform the PNA a contractor questionnaire was undertaken in which all pharmacies were invited to participate. The questionnaire was carried out electronically online and was facilitated by the LPC and hosted on the PharmOutcomes platform. In addition to the increased automation and efficiency of an electronic questionnaire, this approach provided some consistency across the Humber as all Humber local authorities utilised this method.

The contractor questionnaire provided an opportunity to validate the information provided by NHS England and to gather information on the services provided by individual pharmacies. The questionnaire was open for four weeks from the 3rd to the 31st August 2017.
Twenty one of the thirty five pharmacies at the time of the consultation completed the questionnaire, one pharmacy closing January 2018, which equated to 60% of pharmacies engaging with the PNA process.

The contractor questionnaire and the accompanying letter to inform contractors about the questionnaire are presented in appendices 10 and 11. The findings from the questionnaire have been used throughout the PNA with the full analysis detailed in appendix 13.

1.6.5 Other sources of information

Information was gathered from NHS England, North East Lincolnshire CCG, North East Lincolnshire Council, Care Plus Group, and Engie (North East Lincolnshire Council’s regeneration partner), regarding:

- Services provided to residents of the HWB’s area, whether provided from within or outside of the HWB’s area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA, and
- Any other developments which may affect the need for pharmaceutical services

PCC joined a Humber wide PNA teleconference hosted by the LMC on 17 November 2017 and represented the North East Lincolnshire PNA steering group.


1.6.6 Equality

North East Lincolnshire Council recognises that genuine equality of opportunity requires a society in which people are not excluded from the activities of that society on the basis of race, disability, gender, sexual orientation, religion/belief, gender reassignment, marriage & civil partnership, pregnancy & maternity, or age. This is encapsulated in the North East Lincolnshire Council equalities policy statement which is:

- The Council is committed to ensuring equality of treatment for everyone in connection with service delivery, recruitment and employment.
- The Council is committed to the broad principles of social justice, is opposed to any form of discrimination or oppression and accepts all its legal responsibilities in these respects.
- The Council is committed to treating equally everyone with whom its representatives come into contact including current and potential service users, its employees, elected members and job applicants.
- The Council is committed to ensuring that no-one is treated in any way less favourably on the grounds of race, colour, national or ethnic or social origin, race, disability, gender, sexual orientation, gender reassignment, marriage & civil partnership, pregnancy & maternity, age, religion/belief or political/other personal beliefs.
The Council will implement all necessary actions and training to ensure its commitments with regard to equality of treatment are fulfilled and will review progress biannually.

(North East Lincolnshire Council, 2017)

North East Lincolnshire Council has published a 2016/17 Equality Report (North East Lincolnshire Council, 2017) and an Equalities Community Profile (North East Lincolnshire Council, 2014), which bring together key statistics regarding people in North East Lincolnshire who fall within the protected characteristics as outlined in the Equality Act 2010. The community profile (North East Lincolnshire Council, 2014) includes information at neighbourhood (PNA locality) level which has been used to inform the PNA process, and this profile should also be referred to in its own right.

1.6.7 Consultation

The responses to the patient and public engagement and contractor questionnaires informed the draft PNA.

The statutory 60 day consultation on the draft PNA and detailed in Part 8 of the regulations, ran from 18th January until 19th March 2018. The statutory consultees were written to regarding the consultation, provided a link to the council’s website where the draft PNA was published and invited to respond online. Paper copies of the draft PNA were available to those unable to access the PNA online.

A report of the consultation including changes made to the draft PNA to form this final PNA is presented in appendix 20.
CHAPTER 2

North East Lincolnshire Demographic and Health Overview

2.1 Geography

North East Lincolnshire lies south of the Humber estuary where it meets the North Sea. North East Lincolnshire borders North Lincolnshire to the west and Lincolnshire to the south. Before 1974 North East Lincolnshire was part of the original County of Lincolnshire. Due to the boundary changes of 1974, the County of Humberside was formed which included the areas of North and North East Lincolnshire, Hull, and East Riding of Yorkshire. Humberside was dissolved in 1995 and the unitary authority of North East Lincolnshire was established.

North East Lincolnshire occupies a land area of approximately 192 square kilometres and has a resident population of just over 150,000 according to the ONS mid-2016 population estimates (Office for National Statistics, 2017). It includes the towns and ports of Grimsby and Immingham, and the seaside town of Cleethorpes. The majority of North East Lincolnshire’s population live in Grimsby and Cleethorpes, with the remainder residing in the smaller town of Immingham and the rural villages that lie close to the northern edge of the Lincolnshire Wolds (North East Lincolnshire Council, 2017).

Following administrative boundary changes effective from 1 April 2003, North East Lincolnshire is comprised of 15 electoral wards (North East Lincolnshire Council, 2017). These wards are aggregated into 5 neighbourhoods and are presented in Table 1 and Figure 1. The neighbourhoods have been used as the localities for the purpose of the PNA.

Table 1 North East Lincolnshire PNA localities and constituent electoral wards

<table>
<thead>
<tr>
<th>Locality</th>
<th>Constituent Electoral Wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immingham</td>
<td>Immingham</td>
</tr>
<tr>
<td>Wolds</td>
<td>Scartho, Waltham, Wolds</td>
</tr>
<tr>
<td>Central</td>
<td>Freshney, Park, South, West Marsh, Yarborough</td>
</tr>
<tr>
<td>Fiveways</td>
<td>East Marsh, Heneage, Sidney Sussex</td>
</tr>
<tr>
<td>Meridian</td>
<td>Croft Baker, Haverstoe, Humberston and New Waltham</td>
</tr>
</tbody>
</table>
2.2 Population

ONS mid-2016 population figures estimate the North East Lincolnshire resident population to be 159,144 individuals (Office for National Statistics, 2017). ONS 2014 based subnational population projections estimate the population will increase slightly to 161,004 by 2021 (Office for National Statistics, 2016) which is the period up to which this PNA covers, and the HWB is satisfied that any consequential increase in demand for pharmaceutical services as a result of a small increase in population size, will also be small and
can be met by the existing network of contractors in its area. Projections suggest the population will rise to 161,704 by 2025, this increase being largely due to an increase in the older people population. Population pyramids for the North East Lincolnshire population are detailed in Figure 2 and Figure 3. The overall population of ethnic minorities within North East Lincolnshire at 4.6% is considerably lower than both the regional (14.2%) and England (20.2%) averages. With regard to religion, the 2011 Census reports that 60.7% of North East Lincolnshire residents regard themselves as Christian, whilst 30.4% of residents reported having no religion. Net migration has been increasing year on year in the UK and migration can have a considerable impact on the dynamics of a population. Reflecting this trend, an increasing migrant population has also been evident over recent years in North East Lincolnshire, however the local migration rate remains much lower than the national average. Migrant populations are important groups to be understood by health organisations as these populations vary greatly, have specific needs, and are a changing population often at a particularly rapid pace due to shifting work environments.

Figure 2 North East Lincolnshire population pyramid by 5 year age group and gender, numbers, 2016

Source: ONS
2.3 Housing

The ONS published projected numbers of households based on 2014 figures during 2016 (Office for National Statistics, 2016). Projections for North East Lincolnshire, the Yorkshire and the Humber, and England are presented in Table 2.

Table 2  Household projections for North East Lincolnshire, the Yorkshire and the Humber and England, 2018 to 2025

<table>
<thead>
<tr>
<th></th>
<th>2018 (number)</th>
<th>2021 (number)</th>
<th>2018 to 2021 % increase</th>
<th>2025 (number)</th>
<th>2018 to 2025 % increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>NE Lincolnshire</td>
<td>71,354</td>
<td>72,072</td>
<td>1.0%</td>
<td>72,848</td>
<td>2.1%</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>2,332,171</td>
<td>2,377,684</td>
<td>2.0%</td>
<td>2,435,509</td>
<td>4.4%</td>
</tr>
<tr>
<td>England</td>
<td>23,696,830</td>
<td>24,371,273</td>
<td>2.8%</td>
<td>25,227,877</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

Source: ONS

Whilst the overall numbers of households in North East Lincolnshire are projected to increase from a 2014 baseline, by 1.0% by 2021, and by 2.1% by 2025, these increases are much smaller than the increases projected for both the Yorkshire and the Humber, and England.

The North East Lincolnshire Local Plan (North East Lincolnshire Council, 2017) sets out a vision and a framework for the future development of the area in relation to housing, the economy, community facilities and infrastructure. The Local Plan has been consulted to determine predicted housing delivery.
over the lifetime of this PNA. Whilst the Local Plan should be referred to in its own right, allocated sites with anticipated delivery between April 2018 and March 2021 are detailed in Table 3. The figures relate to predicted delivery, however in reality some sites may be delayed but the numbers are what is feasible. In addition to the allocated sites by locality additional windfall completions are expected each year mainly from small urban sites.

Table 3  Predicted housing delivery by PNA locality, 2018/19 to 2020/21

<table>
<thead>
<tr>
<th>Allocated sites</th>
<th>2018/19</th>
<th>2019/20</th>
<th>2020/21</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immingham Locality</td>
<td>42</td>
<td>57</td>
<td>58</td>
<td>157</td>
</tr>
<tr>
<td>Fiveways Locality</td>
<td>110</td>
<td>109</td>
<td>170</td>
<td>389</td>
</tr>
<tr>
<td>Central Locality</td>
<td>132</td>
<td>268</td>
<td>158</td>
<td>558</td>
</tr>
<tr>
<td>Wolds Locality</td>
<td>383</td>
<td>523</td>
<td>558</td>
<td>1464</td>
</tr>
<tr>
<td>Meridian Locality</td>
<td>178</td>
<td>285</td>
<td>374</td>
<td>837</td>
</tr>
<tr>
<td>Windfall</td>
<td>88</td>
<td>88</td>
<td>88</td>
<td>264</td>
</tr>
<tr>
<td>Total</td>
<td>933</td>
<td>1330</td>
<td>1406</td>
<td>3669</td>
</tr>
</tbody>
</table>

Source: Engie

There are seven sites predicted to deliver over 100 units during the PNA lifetime which are detailed in Table 4.

Table 4  Sites with predicted delivery of >100 units during the lifetime of the PNA

<table>
<thead>
<tr>
<th>Site code</th>
<th>Allocated site location</th>
<th>Locality</th>
<th>2018/19</th>
<th>2019/20</th>
<th>2020/21</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOU342</td>
<td>Grimsby West Urban Extension</td>
<td>Wolds</td>
<td>79</td>
<td>144</td>
<td>144</td>
<td>367</td>
</tr>
<tr>
<td>HOU150</td>
<td>Near Grimsby Hospital</td>
<td>Wolds</td>
<td>98</td>
<td>98</td>
<td>98</td>
<td>294</td>
</tr>
<tr>
<td>HOU076</td>
<td>Scartho Top</td>
<td>Wolds</td>
<td>81</td>
<td>81</td>
<td>81</td>
<td>243</td>
</tr>
<tr>
<td>HOU044</td>
<td>Ladysmith Road</td>
<td>Fiveways</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>135</td>
</tr>
<tr>
<td>HOU092</td>
<td>Humberston Avenue</td>
<td>Meridian</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>135</td>
</tr>
<tr>
<td>HOU118</td>
<td>Central Parade</td>
<td>Central</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>135</td>
</tr>
<tr>
<td>HOU146</td>
<td>Humberston Avenue</td>
<td>Meridian</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>135</td>
</tr>
</tbody>
</table>

Source: Engie

By far the biggest development in North East Lincolnshire both over the lifetime of the PNA and the Local Plan, is the Grimsby West Urban Extension, with a predicted delivery of 367 units over the lifetime of the PNA, and 2,608 units predicted in the Local Plan up to 2032, with the site potentially comprising around 3,300 units when complete. This is a major development and different elements of social infrastructure will need to be considered. Within the site two hubs are envisaged and the HWB needs to influence the consideration of primary care provision. The Grimsby West site is located in the Wolds locality and is in an area currently designated a ‘controlled locality’ by NHSE which means it is designated as rural. Due to the current rural nature of this part of the locality it is unlikely that a pharmacy would be financially viable until the development is at an advanced stage i.e. during a later stage of the development. The HWB has not at this point in time identified current or future need, improvements or better access to pharmaceutical services in relation to this development.

The quantum of new housing required identified in the Local Plan (to 2032) is significant and there is a lack of available brownfield land to meet this need. The Council has identified as many previously developed (‘brownfield’) sites as possible, however, many of the identified previously developed sites are small due to
their location within the built up urban area. The Council has therefore had to identify many greenfield sites for allocation to meet the area's housing need, hence the largest numbers of new houses predicted for the more rural Wolds and Meridian localities rather than the urban Fiveways and Central localities. Overall, it is estimated that 80% of new homes will be provided on greenfield land, and 20% will be provided on previously developed land.

Considering the number of units that are likely to be constructed across North East Lincolnshire during the three year lifetime of this PNA, the HWB does not consider it necessary to increase the number of pharmacies at present in the areas of new housing solely because of these housing developments, and the HWB is satisfied that any increased demand for pharmaceutical services can be met by the existing network of contractors in its area, during the lifetime of this PNA.

There are considerable differences in housing tenure between localities which are presented in Table 5.

Table 5  Housing tenure (%) by locality, 2011

<table>
<thead>
<tr>
<th>Locality</th>
<th>Owned outright</th>
<th>Owned with mortgage/loan</th>
<th>Shared ownership</th>
<th>Social rented</th>
<th>Private rented</th>
<th>Rent free</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immingham (n=5,000)</td>
<td>31.9%</td>
<td>36.4%</td>
<td>0.1%</td>
<td>19.3%</td>
<td>11.4%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Wolds (n=10,500)</td>
<td>42.1%</td>
<td>41.3%</td>
<td>0.4%</td>
<td>6.4%</td>
<td>8.7%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Central (n=23,300)</td>
<td>26.9%</td>
<td>35.5%</td>
<td>0.3%</td>
<td>17.8%</td>
<td>18.4%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Fiveways (n=16,200)</td>
<td>20.6%</td>
<td>30.5%</td>
<td>0.3%</td>
<td>18.0%</td>
<td>29.6%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Meridian (n=14,700)</td>
<td>40.0%</td>
<td>35.3%</td>
<td>0.3%</td>
<td>9.4%</td>
<td>14.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>NE Lincolnshire (n=69,700)</td>
<td>30.8%</td>
<td>35.3%</td>
<td>0.3%</td>
<td>14.5%</td>
<td>18.1%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Source: 2011 Census ONS Crown copyright

2.4 Deprivation

The English Indices of Deprivation 2015 are a measure of deprivation at Lower Super Output Area (LSOA) level. These indicators are combined to calculate the most widely used of the indices which is the Index of Multiple Deprivation 2015 (IMD 2015), and which gives an overall score for the relative level of multiple deprivation for every LSOA in England. Deprivation is not just financial but refers to a general lack of resources and opportunities. The spread of relative deprivation is presented geographically in Figure 4. Stark health inequalities exist within North East Lincolnshire and these are strongly associated with deprivation for which there are high levels in certain localities across North East Lincolnshire, particularly within the wards that comprise the Fiveways locality, and also in some of the wards of the Central locality. Overall, North East Lincolnshire is ranked (out of 326), as the 31st most deprived local authority in England, with 7 of the 106 LSOAs in North East Lincolnshire being in the most deprived 1% of LSOAs in England, and 31 LSOAs in total being in the most deprived 10% of LSOAs.
2.5 Economy

Until the mid to late 1970’s, Grimsby was the largest fishing port in the United Kingdom. For decades the local area had relied upon this industry, but with its decimation the effects on the local area have been enormous, and alternative employment has had to be sought. Thus since its decline, chemicals, manufacturing, port trade, and food processing, have formed the main economic base of North East Lincolnshire. The port of Immingham is the UK’s largest port by tonnage, handling more than 55 million
tonnes of cargo each year (Associated British Ports, 2017). Grimsby is known as Europe’s food town and is the centre of the UK’s seafood industry with around 500 food manufacturing and food support businesses being located in North East Lincolnshire (North East Lincolnshire Council, 2017). Tourists are attracted to the seaside resort of Cleethorpes and also to the Lincolnshire Wolds, with more than 9.6m visitors to North East Lincolnshire each year (North East Lincolnshire Council, 2017).

While the number of people in employment has risen recently, main out of work benefit claimant rates of 15.5% (working age for November 2016) in North East Lincolnshire are higher than the Great Britain average of 11.0% (Office for National Statistics, 2017). Many of those who are in work are in temporary and low paid jobs, often on short-term contracts. Disparities in employment prospects are noticeable between localities, and median earnings in North East Lincolnshire (£450.00 gross per week for full-time workers) are again lower than the Great Britain median earnings (£552.70 gross per week for full-time workers) (Office for National Statistics, 2017). Further economic activity/inactivity figures at locality level are presented within the individual locality chapters.

2.6 Health overview

Every local health and care system must develop a five year Sustainability and Transformation Plan (STP). Local Clinical Commissioning Groups, health providers and councils are part of the Humber Coast and Vale STP, which is submitting plans to improve health and wellbeing, transform the quality of care delivery, and ensure financial sustainability over the next five years.

North East Lincolnshire has significant health and social care needs, with considerable health inequalities between different areas of the Borough, and these needs are documented in the North East Lincolnshire Joint Strategic Needs Assessment (JSNA) (North East Lincolnshire Council, 2017). The JSNA is an assessment of current and future health and social care needs. The Local Authority and Clinical Commissioning Group (CCG) have a joint duty to prepare the JSNA and the resulting Joint Health and Wellbeing Strategy (JHWS) (North East Lincolnshire Council, 2016) through the Health and Wellbeing Board. The Health and Social Care Act 2012 established Health and Wellbeing Boards in each area as a forum, where key leaders from the health and social care system work together to improve the health and wellbeing of their local population.

JSNAs became a requirement from 2008 as a consequence of the Local Government and Public Involvement in Health Act 2007, which required the Directors of Public Health, Children’s Services, and Adult Social Care, to work jointly to produce a JSNA (HM Government, 2007). The North East Lincolnshire JSNA was first produced in 2008 and has been refreshed each year since. The JSNA should be referred to in its own right, however key points are included within this PNA.

The current JSNA (North East Lincolnshire Council, 2017) produced evidence of continuing overall improvement in the health of the population, but little evidence of improvement in the areas of North East Lincolnshire where health is poorest and where social and economic challenges are greatest. It must therefore be acknowledged that there remains considerable health inequality gaps between localities in North East Lincolnshire, and if closing this gap is to be a priority for the HWB, then it is the underlying wider determinants of health, in particular employment, poverty, education and skills, which need to be addressed.
2.6.1 General health

Public Health England has published health profiles for each local authority in England (Public Health England, 2017). The North East Lincolnshire profile reports that the health of people in North East Lincolnshire is generally worse than the England average, with life expectancy, adult obesity, alcohol related hospital stays, self-harm hospital stays, smoking related deaths, and road deaths/injuries, all worse than the England averages. The chart presented in Figure 5 and taken from the PHE health profile shows how the health of people in North East Lincolnshire compares with the England average. For more detailed information the health profile should be referred to in its own right.

Figure 5  North East Lincolnshire Health Profile

The chart below shows how the health of people in this area compares with the rest of England. This area’s result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicators</th>
<th>Period</th>
<th>Local count</th>
<th>Local value</th>
<th>Engl value</th>
<th>Engl worst</th>
<th>England range</th>
<th>Eng best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Deprivation score (IMD 2015)</td>
<td>2015</td>
<td>30.9</td>
<td>21.8</td>
<td>42.0</td>
<td></td>
<td></td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td>Children in low income families (under 16s)</td>
<td>2014</td>
<td>8,730</td>
<td>29.1</td>
<td>20.1</td>
<td>39.2</td>
<td></td>
<td>6.6</td>
</tr>
<tr>
<td></td>
<td>GCSEs achieved</td>
<td>2015/16</td>
<td>522</td>
<td>52.2</td>
<td>57.6</td>
<td>44.8</td>
<td></td>
<td>78.7</td>
</tr>
<tr>
<td></td>
<td>Violent crime (violence offences)</td>
<td>2015/16</td>
<td>4,600</td>
<td>25.4</td>
<td>17.2</td>
<td>36.7</td>
<td></td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>Long term unemployment</td>
<td>2016</td>
<td>569</td>
<td>9.1</td>
<td>3.7</td>
<td>13.6</td>
<td></td>
<td>0.4</td>
</tr>
<tr>
<td></td>
<td>Smoking status at time of delivery</td>
<td>2015/16</td>
<td>418</td>
<td>23.5</td>
<td>10.6</td>
<td>26.0</td>
<td></td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding initiation</td>
<td>2014/15</td>
<td>1,201</td>
<td>60.9</td>
<td>74.3</td>
<td>47.2</td>
<td></td>
<td>92.9</td>
</tr>
<tr>
<td></td>
<td>Obese children (Year 6)</td>
<td>2015/16</td>
<td>404</td>
<td>22.1</td>
<td>19.6</td>
<td>28.5</td>
<td></td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>Admissions episodes for alcohol-specific conditions (under 18s)</td>
<td>2013/14 - 15/16</td>
<td>39</td>
<td>37.9</td>
<td>37.4</td>
<td>121.3</td>
<td></td>
<td>10.5</td>
</tr>
<tr>
<td></td>
<td>Under 16 conceptions</td>
<td>2015</td>
<td>101</td>
<td>37.6</td>
<td>20.8</td>
<td>43.8</td>
<td></td>
<td>5.4</td>
</tr>
<tr>
<td></td>
<td>Smoking prevalence in adults</td>
<td>2016</td>
<td>19.9</td>
<td>19.9</td>
<td>15.5</td>
<td>26.7</td>
<td></td>
<td>4.9</td>
</tr>
<tr>
<td></td>
<td>Percentage of physically active adults</td>
<td>2015</td>
<td>54.0</td>
<td>54.0</td>
<td>57.0</td>
<td>44.8</td>
<td></td>
<td>69.8</td>
</tr>
<tr>
<td></td>
<td>Excess weight in adults</td>
<td>2013 - 15</td>
<td>n/a</td>
<td>69.7</td>
<td>64.8</td>
<td>76.2</td>
<td></td>
<td>46.5</td>
</tr>
<tr>
<td></td>
<td>Cancer diagnosed at early stage</td>
<td>2015</td>
<td>295</td>
<td>48.6</td>
<td>52.4</td>
<td>39.0</td>
<td></td>
<td>63.1</td>
</tr>
<tr>
<td></td>
<td>Hospital stays for self-harm†</td>
<td>2015/16</td>
<td>368</td>
<td>235.7</td>
<td>196.5</td>
<td>635.3</td>
<td></td>
<td>55.7</td>
</tr>
<tr>
<td></td>
<td>Hospital stays for alcohol-related harm†</td>
<td>2015/16</td>
<td>1,132</td>
<td>728.1</td>
<td>647.0</td>
<td>1,163</td>
<td></td>
<td>374</td>
</tr>
<tr>
<td></td>
<td>Recorded diabetes</td>
<td>2014/15</td>
<td>9,583</td>
<td>7.0</td>
<td>6.4</td>
<td>9.2</td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Incidence of TB</td>
<td>2013 - 15</td>
<td>14</td>
<td>2.9</td>
<td>12.0</td>
<td>85.6</td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>New sexually transmitted infections (STI)</td>
<td>2016</td>
<td>635</td>
<td>636.6</td>
<td>795.0</td>
<td>3,288</td>
<td></td>
<td>223</td>
</tr>
<tr>
<td></td>
<td>Hip fractures in people aged 65 and over</td>
<td>2015/16</td>
<td>213</td>
<td>680.1</td>
<td>569.0</td>
<td>829.0</td>
<td></td>
<td>312</td>
</tr>
<tr>
<td></td>
<td>Life expectancy at birth (Male)</td>
<td>2013 - 15</td>
<td>n/a</td>
<td>77.9</td>
<td>79.5</td>
<td>74.3</td>
<td></td>
<td>83.4</td>
</tr>
<tr>
<td></td>
<td>Life expectancy at birth (Female)</td>
<td>2013 - 15</td>
<td>n/a</td>
<td>82.3</td>
<td>83.1</td>
<td>79.4</td>
<td></td>
<td>86.7</td>
</tr>
<tr>
<td></td>
<td>Infant mortality</td>
<td>2013 - 15</td>
<td>19</td>
<td>3.3</td>
<td>3.9</td>
<td>8.2</td>
<td></td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td>Killed and seriously injured on roads</td>
<td>2013 - 15</td>
<td>239</td>
<td>49.9</td>
<td>38.5</td>
<td>103.7</td>
<td></td>
<td>10.4</td>
</tr>
<tr>
<td></td>
<td>Suicide rate</td>
<td>2013 - 15</td>
<td>45</td>
<td>11.0</td>
<td>10.1</td>
<td>17.4</td>
<td></td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>Smoking related deaths</td>
<td>2013 - 15</td>
<td>1,000</td>
<td>364.3</td>
<td>283.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Under 75 mortality rate: cardiovascular</td>
<td>2013 - 15</td>
<td>385</td>
<td>92.5</td>
<td>74.6</td>
<td>137.6</td>
<td></td>
<td>43.1</td>
</tr>
<tr>
<td></td>
<td>Under 75 mortality rate: cancer</td>
<td>2013 - 15</td>
<td>715</td>
<td>170.5</td>
<td>138.8</td>
<td>194.8</td>
<td></td>
<td>98.8</td>
</tr>
<tr>
<td></td>
<td>Excess winter deaths</td>
<td>Aug 2012 - Jul 2015</td>
<td>270</td>
<td>17.3</td>
<td>19.6</td>
<td>36.0</td>
<td></td>
<td>6.5</td>
</tr>
</tbody>
</table>

Source: PHE
2.6.2 Child health

Public Health England has also published child health profiles for each local authority in England (Public Health England, 2017). The North East Lincolnshire profile reports that the health and wellbeing of children in North East Lincolnshire is generally worse than the England average, and the level of child poverty is also worse than the England average with 29.1% of children aged under 16 years living in poverty. The spine chart presented in Figure 6 and taken from the PHE child health profile shows how children’s health and wellbeing in North East Lincolnshire compares with the England average. For more detailed information the child health profile should be referred to in its own right.

Figure 6 North East Lincolnshire Child Health Profile

The chart below shows how children’s health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Local no. per year*</th>
<th>Local value</th>
<th>Eng. ave.</th>
<th>25th percentile</th>
<th>75th percentile</th>
<th>Eng. worst</th>
<th>25th percentile</th>
<th>75th percentile</th>
<th>Eng. best</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Infant mortality</td>
<td>6</td>
<td>3.3</td>
<td>3.9</td>
<td>7.9</td>
<td>2.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Child mortality rate (1-17 years)</td>
<td>4</td>
<td>12.7</td>
<td>11.9</td>
<td>20.7</td>
<td>5.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 MMR vaccination for one dose (2 years)</td>
<td>1.87</td>
<td>96.4</td>
<td>91.9</td>
<td>69.3</td>
<td>97.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Dtp / IPV / Hib vaccination (2 years)</td>
<td>1.89</td>
<td>97.5</td>
<td>96.2</td>
<td>73.0</td>
<td>99.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Children in care immunities</td>
<td>100</td>
<td>97.0</td>
<td>87.2</td>
<td>26.7</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Children achieving a good level of development at the end of reception</td>
<td>1.40</td>
<td>70.6</td>
<td>66.3</td>
<td>59.7</td>
<td>78.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 GCSEs achieved (6 A*-C inc. English and maths)</td>
<td>821</td>
<td>52.2</td>
<td>57.8</td>
<td>44.0</td>
<td>74.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 GCSEs achieved (5 A*-C inc. English and maths for children in care</td>
<td>-</td>
<td>-</td>
<td>13.8</td>
<td>6.4</td>
<td>34.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 16-18 year olds not in education, employment or training</td>
<td>420</td>
<td>7.1</td>
<td>4.2</td>
<td>7.9</td>
<td>1.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 First time entrants to the youth justice system</td>
<td>61</td>
<td>424.1</td>
<td>368.6</td>
<td>821.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Children in low income families (under 16 years)</td>
<td>8,730</td>
<td>29.1</td>
<td>20.1</td>
<td>39.2</td>
<td>7.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Family homelessness</td>
<td>57</td>
<td>0.8</td>
<td>1.9</td>
<td>10.0</td>
<td>0.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Children in care</td>
<td>295</td>
<td>86</td>
<td>60</td>
<td>164</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Children killed and seriously injured (KS) on England’s roads</td>
<td>-</td>
<td>49.3</td>
<td>17.0</td>
<td>49.3</td>
<td>1.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Low birth weight of term babies</td>
<td>46</td>
<td>2.7</td>
<td>2.8</td>
<td>4.5</td>
<td>1.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Obese children (4-5 years)</td>
<td>227</td>
<td>11.7</td>
<td>9.3</td>
<td>14.7</td>
<td>5.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Obese children (10-11 years)</td>
<td>404</td>
<td>22.1</td>
<td>16.8</td>
<td>28.5</td>
<td>11.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Children with one or more decayed, missing or filled teeth</td>
<td>-</td>
<td>29.9</td>
<td>24.8</td>
<td>56.1</td>
<td>14.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Hospital admissions for dental caries (0-4 years)</td>
<td>69</td>
<td>684.3</td>
<td>241.4</td>
<td>1,143.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Under 18 conceptions</td>
<td>117</td>
<td>40.6</td>
<td>22.8</td>
<td>42.4</td>
<td>8.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Teenage mothers</td>
<td>-</td>
<td>2.2</td>
<td>0.9</td>
<td>2.2</td>
<td>0.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Persons under 18 admitted to hospital for alcohol-specific conditions</td>
<td>15</td>
<td>44.6</td>
<td>36.6</td>
<td>92.9</td>
<td>10.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Hospital admissions due to substance misuse (15-24 years)</td>
<td>29</td>
<td>151.9</td>
<td>95.4</td>
<td>345.3</td>
<td>34.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Smoking status at time of delivery</td>
<td>418</td>
<td>23.5</td>
<td>10.6</td>
<td>26.0</td>
<td>1.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Breastfeeding initiation</td>
<td>1,201</td>
<td>60.9</td>
<td>74.3</td>
<td>47.2</td>
<td>92.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Breastfeeding prevalence at 6-8 weeks after birth</td>
<td>462</td>
<td>24.1</td>
<td>43.2</td>
<td>18.0</td>
<td>76.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 A&amp;E attendances (0-4 years)</td>
<td>3,987</td>
<td>400.7</td>
<td>587.9</td>
<td>1,830.1</td>
<td>335.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Hospital admissions caused by injuries in children (0-14 years)</td>
<td>293</td>
<td>102.2</td>
<td>104.2</td>
<td>207.4</td>
<td>53.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Hospital admissions caused by injuries in young people (15-24 years)</td>
<td>294</td>
<td>158.3</td>
<td>134.1</td>
<td>280.2</td>
<td>72.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Hospital admissions for asthma (under 19 years)</td>
<td>46</td>
<td>127.2</td>
<td>202.4</td>
<td>591.6</td>
<td>84.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Hospital admissions for mental health conditions</td>
<td>24</td>
<td>70.2</td>
<td>85.9</td>
<td>179.8</td>
<td>33.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Hospital admissions as a result of self-harm (10-24 years)</td>
<td>141</td>
<td>511.4</td>
<td>430.6</td>
<td>1,144.7</td>
<td>102.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: PHE
2.6.3 Older people health

As indicated in the population section the North East Lincolnshire population of older people is projected to rise considerably over the next decade and this is likely to lead to increased demands on health and social care services associated with old age. As mobility decreases with age consideration needs to be given to the availability of transport and the accessibility of services.

The POPPI (Projecting Older People Population Information) system provides population data and projections of the numbers, characteristics and care needs, of people aged over 65 years in England at local authority level (Institute of Public Care, 2017). The system is provided by the Institute of Public Care on licence from the Department of Health. In addition to the projected increase in the numbers of older people in North East Lincolnshire, the percentage of the total population comprising older people is also projected to increase. The 2011 Census reports that 17.7% of the North East Lincolnshire resident population is aged 65+ years, however POPPI projections suggest that this will rise to 21.0% of the population in 2021 and to 22.4% of the population by 2025. POPPI projections also show a small rise in the over 65 population living alone from 32,500 in 2018 to 33,800 in 2021.

An ageing population is likely to lead to an increase in the number of prescription items which will result in greater demand for pharmaceutical services, in particular the essential service of dispensing but also related services such as Medicine Use Reviews (MURs) and the New Medicine Service (NMS). Older people in care homes also need to be considered. However, overall the HWB is satisfied that this increased demand can be met by the existing network of contractors in its area.

2.6.4 Locality health inequalities

There are considerable health inequalities between localities. Table 6 presents health indicators at locality level and shows figures for North East Lincolnshire, and whether the individual locality figures are higher or lower than the overall local authority figure, and whether any difference is statistically significant. In general, the Wolds and Meridian localities often experience better health outcomes compared to the North East Lincolnshire average, whilst Central and Fiveways localities often experience poorer health outcomes compared to the North East Lincolnshire average. Immingham locality often experiences similar health outcomes compared to the North East Lincolnshire average.

Two of the key health indicators are life expectancy at birth, and deaths considered preventable. There is a wide variation in life expectancy across North East Lincolnshire, with life expectancy in the Wolds and Meridian localities being significantly higher than the North East Lincolnshire average, whilst life expectancy in Fiveways and Central localities is significantly lower than the North East Lincolnshire average. Inverse to this is preventable mortality where rates for the Wolds and Meridian localities is significantly lower than the North East Lincolnshire average, whilst in Fiveways preventable mortality is significantly higher than the North East Lincolnshire average. Areas of poorer health outcomes tend to correlate with areas of higher deprivation.
### Table 6: Health indicators by North East Lincolnshire locality

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North East Lincolnshire</th>
<th>Central</th>
<th>Fiveways</th>
<th>Immingham</th>
<th>Meridian</th>
<th>Wolds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (years) (2012-16)</td>
<td>80.3</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Mean number of DMFT per sampled child aged 5 years (2015)</td>
<td>1.02</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>% of sampled children aged 5 years with DMFT &gt;0 (2015)</td>
<td>28.6%</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for causes of death considered preventable (persons all ages) (2012-16)</td>
<td>222.8</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality (persons &lt;75 years) (2012-16)</td>
<td>94.3</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality considered preventable (persons &lt;75 years) (2012-16)</td>
<td>62.7</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality (persons all ages) (2012-16)</td>
<td>64.1</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality (persons &lt;75 years) (2012-16)</td>
<td>24.5</td>
<td>↓</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality (persons all ages) (2012-16)</td>
<td>65.7</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality (persons &lt;75 years) (2012-16)</td>
<td>14.1</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all respiratory disease mortality (persons &lt;75 years) (2012-16)</td>
<td>40.9</td>
<td>↓</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all communicable disease mortality (persons all ages) (2012-16)</td>
<td>10.6</td>
<td>↓</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>165.5</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality considered preventable (persons &lt;75 years) (2012-16)</td>
<td>96.1</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality (males all ages) (2012-16)</td>
<td>53.9</td>
<td>↓</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality (males &lt;75 years) (2012-16)</td>
<td>11.4</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons all ages) (2012-16)</td>
<td>69.7</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>44.1</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons all ages) (2012-16)</td>
<td>69.7</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>44.1</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality (persons all ages) (2012-16)</td>
<td>22.7</td>
<td>↓</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>12.6</td>
<td>↓</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (males all ages) (2012-16)</td>
<td>36.1</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (males &lt;75 years) (2012-16)</td>
<td>23.2</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (females &lt;75 years) (2012-16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (females all ages) (2012-16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DASR per 100,000 population for all age all-cause mortality (2012-16)</td>
<td>1040.5</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Joint Strategic Needs Assessment

- ↑ Higher figure than the North East Lincolnshire average (significantly better outcome)
- ↑ Higher figure than the North East Lincolnshire average (better but difference not significantly)
- ↑ Higher figure than the North East Lincolnshire average (worse but difference not significant)
- ↑ Higher figure than the North East Lincolnshire average (significantly worse outcome)
- ↓ Lower figure than the North East Lincolnshire average (significantly better outcome)
- ↓ Lower figure than the North East Lincolnshire average (better but difference not significant)
- ↓ Lower figure than the North East Lincolnshire average (worse but difference not significant)
- ↓ Lower figure than the North East Lincolnshire average (significantly worse outcome)

DMFT = decayed/missing/filled teeth
DASR = directly age and sex standardised rate
COPD = chronic obstructive pulmonary disease
The HWB considers that the commissioning and delivery of services through existing pharmacies should prioritise addressing those areas that are the most problematic in North East Lincolnshire to support overall health improvement, but with a particular emphasis on delivering the broader public health agenda to reduce health inequalities. The 2015-18 PNA noted that services that address lifestyle issues such as healthy living pharmacies (HLP) or equivalent will be of benefit to the local population, particularly in the Central and Fiveways localities which have the poorest health outcomes and the highest levels of deprivation. The HLP is a tiered framework (Levels 1 to 3) aimed at achieving consistent delivery of a broad range of health improvement interventions through community pharmacies to meet local needs, improve the health and wellbeing of the local population and help to reduce health inequalities. At the time of the 2015-18 there were only two HLP pharmacies in North East Lincolnshire, however the HLP level 1 register now lists 29 of the 34 North East Lincolnshire pharmacies as having successfully completed the profession-led self-assessment process, as commissioned by PHE. These pharmacies which include pharmacies from all five localities are as follows:

- Asda, Holles Street, Fiveways locality
- Birkwood Pharmacy, Westward Ho, Central locality
- Birminghams Chemist, St Hughes Avenue, Meridian locality
- Boots, St Peter’s Avenue, Meridian locality
- Boots, 43 Friargate, Central locality
- Boots, 55 Freeman Street, Fiveways locality
- Boots, Cartergate, Central locality
- Cohens Chemist, 132 Chelmsford Avenue, Central locality
- Cohens Chemist, Freshney Green, Sorrel Road, Central locality
- Cottingham, 342 Wellington Street, Fiveways locality
- Day Lewis Pharmacy, St Peter’s Avenue, Meridian locality
- Day Lewis Pharmacy, Springfield Road, Wolds locality
- Lincoln Co-op, 121 Grimsby Road, Fiveways locality
- Lincoln Co-op, 324 St Nicholas Drive, Central locality
- Lloyds Pharmacy, Littlecoates Road, Central locality
- Lloyds Pharmacy, Unit 1-2 Greengables, Station Road, New Waltham, Meridian locality
- Lloyds Pharmacy, 53-55 Fieldhouse Road, Humberston, Meridian locality
- Lloyds Pharmacy, 18-20 Kennedy Way, Immingham locality
- Lloyds Pharmacy, Pelham Road, Immingham locality
- Lloyds Pharmacy, Corporation Road, Central locality
- Lloyds Pharmacy, 8 Caistor Road, Wolds locality
- Lloyds Pharmacy, Laceby Road, Central locality
- Lloyds Pharmacy, Stirling Street, Fiveways locality
- Periville, Weelsby View, Fiveways locality
- Periville, Cromwell Road, Central locality
- Rowlands, 323a Grimsby Road, Fiveways locality
- Superdrug, 56 Friargate, Central locality
- Tesco, Hewitts Avenue, Meridian locality
- Tesco, Market Street, Central locality

(Royal Society for Public Health, 2017)
CHAPTER 3

Identified Patient Groups – particular health needs

3.1 Overview

The following patient groups have been identified as living within, or visiting, North East Lincolnshire:

- Those sharing one or more of the following Equality Act 2010 protected characteristics,
  - Age;
  - Disability, which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities;
  - Pregnancy and maternity;
  - Race which includes colour, nationality, ethnic or national origins;
  - Religion (including a lack of religion) or belief (any religious or philosophical belief)
  - Sex;
  - Sexual orientation;
  - Gender reassignment;
  - Marriage and civil partnership.
- Students
- Offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Visitors to sporting and leisure facilities in the county, for example visitors to the seaside resort of Cleethorpes, Grimsby Town football club etc.

Whilst some of these groups are referred to in other parts of the PNA, this section focusses on their particular health issues.

3.2 Age

Health issues tend to be greater amongst the very young and the very old.

For older people:

- The population as a whole is ageing. Life expectancy is increasing, the birth rate is falling, and the expectations of people of our health and social care system have increased.
- A fifth of the North East Lincolnshire population are aged 65 years and over which is a higher percentage than the national average.
- Population projections for North East Lincolnshire suggest a considerable increase in the 65 years and over population, with the 85 years and over population predicted to double over the next twenty years.
- An ageing population produces considerable social and economic challenges to an area and places particular demands on public services.
- People are living longer with chronic conditions and the health service designed in an era to focus on acute care is having to transform.
- With increasing age and survival comes the potential for cumulative numbers of long-term conditions. Multi-morbidity is strongly correlated with age and deprivation. People in deprived communities have been found to have the same prevalence of multi-morbidity as people who were to 15 years older in more affluent conditions (Barnett, 2012).
- The structures of families through labour market changes and family breakages have fragmented sources of support and loneliness has become an issue for many older people, with detrimental effects on wellbeing and resilience.
- There are particular conditions associated with older age e.g. sensory impairment, dementia, falls, frailty etc.
- Frailty is a major health condition associated with ageing. Frailty is a state of increased vulnerability from not being able to adequately recover from stressor events which increase the likelihood of poor outcomes, and is a consequence of cumulative age-related conditions (Buckinx, et al., 2015). A recent study in North East Lincolnshire (BOD) determined that frailty affects up to 50% of our population aged 80 years and over.
- Loneliness and social isolation can have implications for physical health and lead to higher rates of mortality. The number of over 65s living alone in North East Lincolnshire is estimated at around 12,000 people.
- At the time of the 2011 census it was determined that 24% of all unpaid carers were aged 65 years and over.
- Appropriate housing, transport, social inclusion, civic participation, and communication, all influence how age friendly a neighbourhood is.
- 61% of all prescriptions written in England in 2015 - 2016 were for patients aged 60 and over (NHS Digital, 2017).
- Public Health England has published an ageing well pack (Public Health England, 2016) for North East Lincolnshire which should be referred to in its own right.


For children:

- As a whole the health and wellbeing of children in North East Lincolnshire is worse than the England average.
- Childhood attainment; 16 to 18 year olds not in education, employment or training; children in low income families; children killed or seriously injured on the roads, child obesity; hospital admissions for dental caries; under 18 conceptions; smoking status at time of delivery; and breastfeeding initiation, are all significantly worse in North East Lincolnshire compared to England.
- There is strong evidence that lifestyle behaviours that impact on longer term health and social care outcomes in adults are closely linked to lifestyle in the teenage years. Influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults.
- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment, however young mothers are among the groups least likely to breast feed.
- Nationally, the diagnosis of sexually transmitted infections in young people, such as Chlamydia, has increased by 25% over the past ten years. Untreated sexually transmitted infections can have longer term health impact including fertility. Young people’s sexual behaviour may also lead to
unplanned pregnancy which has significant health risks and damages the longer term health and life chances of both mothers and babies.

- Alcohol misuse is contributing to increased pressure on a wide range of agencies including health, housing, social care, police and the voluntary sector.
- Public Health England has published a child health profile (Public Health England, 2017) for North East Lincolnshire which should be read in its own right (see section 2.6.2).

### 3.3 Disability

- There is a strong relationship between physical disability and mental ill health; being physically disabled can increase a person’s chances of poor mental health and vice versa. Mental ill health can be a disability in its own right. Under the Equalities Act, conditions such as cancer, HIV, and multiple sclerosis are specified as disabilities.
- Co-morbidity of disabling conditions.
- People with learning disabilities are living longer and as a result, the number of older people with a learning disability is increasing.
- Information regarding children with special educational needs (SEN) and disability is included within the JSNA. There are more than double the number of males with SEN than females. There are considerable variations in the percentages of pupils with SEN between individual schools. There are also inequalities in SEN status by free school meal status, with more than double the percentage of pupils eligible for free school means recorded as having an Education, Health and Care (EHC) plan / statement or with SEN support, compared to the percentage of pupils not eligible for free school meals. Of the pupils with an EHC plan / statement, the most common primary needs were severe learning difficulty and autistic spectrum disorder. Of the pupils with SEN support, the most common primary needs were moderate learning difficulty, specific learning difficulty, and social emotional and mental health. (North East Lincolnshire Council, 2017)

### 3.4 Pregnancy and maternity

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- Backache
- Constipation
- Cramp
- Deep vein thrombosis
- Faintness
- Headaches
- High blood pressure and pre-eclampsia
- Incontinence
- Indigestion and heartburn
- Itching
- Leaking nipples
- Morning sickness and nausea
- Nosebleeds
- Urinating a lot
• Pelvic pain
• Piles (haemorrhoids)
• Skin and hair changes
• Sleeplessness
• Stretch marks
• Swollen ankles, feet, fingers
• Swollen and sore gums, which may bleed
• Tiredness
• Vaginal discharge
• Vaginal bleeding
• Varicose veins.

North East Lincolnshire infant mortality rates and childhood vaccination rates are better than the corresponding rates for England, however the local under 18 conception rate is much higher than the England rate (Public Health England, 2017).

3.5 Race

North East Lincolnshire has a relatively small black and other minority ethnic population.

• Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, tuberculosis and diabetes.
• An increase in the number of older black and minority ethnic people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
• Black and minority ethnic populations may face discrimination and harassment and may be possible targets for hate crime.

3.6 Religion or belief

• Possible link with ‘honour based violence’ which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
• Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.
• There is a possibility of hate crime related to religion and belief, however it should be noted that hate crime can occur in relation to most characteristics under the Equalities Act.
• The 2011 Census reports that 60.7% of the North East Lincolnshire population class themselves as Christian, 30.4% have no religion or belief, and 0.8% are Muslim (Office for National Statistics, 2017).

3.7 Gender

• Male healthy life expectancy at birth for the period 2013-15 in North East Lincolnshire is 77.9 years which is lower than the England figure of 79.5 years. For females the North East Lincolnshire figure is 82.2 and the England figure is 83.1 years.
• Females have a longer life expectancy at 65 compared to men within North East Lincolnshire (20.6 and 17.9 years respectively).
• Life expectancy varies considerably within North East Lincolnshire and correlates with deprivation. Life expectancy ranges from 74 years for East Marsh ward to 83 years for Haverstoe and Humberston & New Waltham wards (North East Lincolnshire Council, 2014).
• Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health (Pharmacy Consumer Research, 2009) into the use of pharmacies in 2009 showed men aged 16 to 55 to be ‘avoiders’ i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
• The mortality rate for coronary heart disease (CHD) is much higher in men, and men are more likely to die from CHD prematurely. Men are also more likely to die during a sudden cardiac event. Women’s risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
• The proportion of men and women who are obese is roughly the same, although men are markedly more likely to be overweight than women, and present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese.
• Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
• Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women. Among older people, the gap between men and women is less marked.
• Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex-specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women (Department of Health, 2008).
• Victims of domestic violence are at high risk of serious injury or death.

3.8 Sexual orientation

Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health (Stonewall, 2008). In 2007-08:

• 3% of gay men and 5% of bisexual men attempted to take their own life compared to a figure of 0.4% for the male population in general
• One in five lesbian women deliberately harmed themselves against a general rate of 0.4%
• Half of gay men had taken illegal drugs in comparison to only one in eight men in general
• Lesbian and bisexual women were five times more likely to have taken drugs than heterosexual women.

Additional issues are highly prominent within the LGBT community around their consumption of various forms of stimulant. Both gay men and lesbian women show a stronger tendency to have smoked, although for women the quantity of cigarettes smoked was lower amongst lesbians compared to heterosexuals. They are also more likely to drink more often, although how this translates to quantity and ‘binge’ drinking is not clear.
A recent sexual health needs assessment (North East Lincolnshire Council, 2017) for North East Lincolnshire determined:

- Reliable estimates of the LGBT community are unknown
- There is no obvious LGBT ‘Scene’ locally
- Homophobic attitudes were reported in some parts of North East Lincolnshire

### 3.9 Gender re-assignment

Gender Identity Research and Education Society (Gender Identity Research & Education Society, 2015).

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication.
- Transgender people face a number of barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.
- Being transgender, non-binary or non-gender and any discomfort a person may feel with their body; with the mismatch between their gender identity and the sex originally registered on their birth certificate; their place in society; or with their family and social relationships is not a mental illness. Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

### 3.10 Marriage and civil partnership

- Victims of domestic violence are at high risk of injury.
- People who are divorced or separated are more likely to have mild to moderate mental ill health.
- There may be protective factors of being in a marriage or civil partnership against issues that are faced by people living alone.

### 3.11 Students

University Centre Grimsby offers a wide range of training options which include both Further and Higher Education choices. With around 1800 Higher Education students (The Complete University Guide, 2017) there is a considerable student population. North East Lincolnshire also has several sixth forms including a dedicated sixth form college. Health issues particular pertinent to student populations are:
- Mumps
- Screening for sexually transmitted diseases, and contraception including EHC provision. The locally authority commissioned integrated sexual health service operate outreach at both the University Centre Grimsby and Franklin Sixth Form College.
- Smoking cessation
- Meningitis
- Mental health problems are more common among students than the general population.

### 3.12 Offenders

A group suffering significant health inequalities are people in prisons and other places of detention, such as police custody suites and young offender’s institutions. This group experiences a higher burden of chronic illness, mental health and substance misuse (drugs, alcohol and tobacco) problems than the general public. Members of this group often come from already marginalised and underserved populations in the wider community (O’Moore, 2015). Poor access to healthcare prior to their sentencing alongside the impact of social, economic and cultural factors means people serving in prison are likely to have a number of pre-existing health problems (Mathis & Schoenly, 2008). This can be exacerbated by the prison environment itself, with health issues ranging from long-term medical conditions to mental health problems, substance misuse and sexual health concerns. These issues may be enduring and require support and treatment after offenders have been released upon completion of sentence or on probation. There is no prison in North East Lincolnshire, however high crime rates and high levels of re-offending means there is a considerable local cohort entering and leaving the prison population.

It is also important to consider the wider criminal justice system. During 2016, forty eight 10-17 year olds received their first reprimand, warning or conviction, which equates to a rate of 335.9 young people per 100,000 population, which is a higher rate (not significantly) than the England rate.

### 3.13 Homeless and rough sleepers

A person who sleeps rough for a long time is at high risk of mental ill health, long term conditions, and substance misuse and abuse. The North East Lincolnshire Council Home Options Team support residents in conjunction with the community sector who have housing needs, recognising that it can be very difficult when someone has been homeless for some time to integrate back into permanent housing, work and a stable life.

Based on 2,590 responses from people using services in 19 areas across England, a 2014 report by Homeless Link highlights the extent to which homeless people experience some of the worst health problems in society. (Homeless Link, 2014)

- Widespread ill health
  - 73% of homeless people reported physical health problems. 41% said this was a long term problem.
  - 80% of respondents reported some form of mental health issue, 45% had been diagnosed with a mental health issue.
  - 39% said they take drugs or are recovering from a drug problem, while 27% have or are recovering from an alcohol problem.
  - 35% had been to A&E and 26% had been admitted to hospital over the past six months.
• Worse than the general public
  o 41% of homeless people reported a long-term physical health problem (compared to just 28% of the general population).
  o 45% had been diagnosed with a mental health problem (25% for the general population).
  o 36% had taken drugs in the past six months (5% for the general population).
• Unhealthy lifestyles
  o 35% do not eat at least two meals a day.
  o Two-thirds consume more than the recommended amount of alcohol each time they drink.
  o 77% smoke.

The report goes on to say that available comparable data shows that almost all long-term physical health problems are more prevalent in the homeless population than in the general public. An exception is heart and circulation issues. This could be because older people are more likely develop heart problems, and the average age of people using homelessness services is much lower. If responses that cover short term health problems reported by homeless people are included, the prevalence of physical health problems is even greater.

3.14 Traveller and gypsy communities

Travellers are a group considered to face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance, misuse and diabetes. These issues are representative of various lifestyle factors alongside issues of poor education, lack of integration with mainstream support services and a lack of trust in such institutions. A range of procedures are in place with regard to travellers arriving in North East Lincolnshire, which includes a welfare visit where details of local health services are provided. Travellers are also asked if there are children that require schooling, and an explanation of how travellers can access housing advice for settled accommodation is also provided.

3.15 Refugees and asylum seekers

An asylum seeker is someone who has applied for asylum and is waiting for a decision as to whether or not they are a refugee, which in the UK means an asylum seeker is someone who has asked the Government for refugee status and is waiting to hear the outcome of their application (UNHCR, 2017). Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied children and people with significant mental ill-health. Whilst many asylum seekers arrive in relatively good physical health some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

The most common physical health problems affecting asylum seekers include:

• Communicable diseases – immunisation coverage level may be poor or non-existent for asylum seekers from countries where healthcare facilities are lacking, Active or latent TB may be an issue for individuals from particular areas.
• Sexual health needs – UK surveillance programmes of sexually transmitted diseases (except HIV) do not routinely collect data on country of origin. Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women,
• Chronic diseases such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to lack of healthcare services,
• Dental disorders – dental problems are commonly reported amongst refugees and asylum seeker, and
• Consequences of injury and torture.

With regards to women’s health:

• Poor antenatal care and pregnancy outcomes.
• Asylum seeking, pregnant women are seven times more likely to develop complications during childbirth and three times more likely to die than the general population.
• Uptake rates for cervical and breast cancer screening are typically very poor.
• Other concerns include female genital mutilation and domestic violence, although there is a lack of prevalence data.

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services.

Some asylum seekers will have been subjected to torture, as well as witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill-health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals. Children are particularly neglected in this area. (Faculty of Public Health, 2008)

Refugees may not fully understand how to navigate the local health system which includes pharmacy use, and there may be knowledge gaps around the usage of routine medicines (both prescribed and over the counter).

There are potential language communication issues for refugees, asylum seekers, and migrants in general, who do not speak English well. English may also not be the first language of some of our local pharmacists. To help understand access issues the contractor questionnaire asked if any other languages are spoken in the pharmacy. Of the twenty one pharmacies that responded, nine pharmacies reported that other languages are spoken in the pharmacy, and the languages reported included Portuguese, Spanish, French, Polish, Romanian, Danish, Italian, Mandarin, Cantonese, and Malay. It is recognised that unless languages are spoken throughout a pharmacy’s opening hours then it is of little use if for example only one member of staff can speak a particular language but they are not there throughout. The contractor questionnaire also asked what other languages are spoken by your local community. Again nine (not necessarily the same) pharmacies responded, and the languages reported were Polish, Romanian, Bulgarian, and Latvian.
3.16 Visitors to sporting and leisure facilities in North East Lincolnshire

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of North East Lincolnshire. As they may only be in the area for day visits or on holiday for a week, their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription, or
- The need for repeat medication,
- Support for self-care, or
- Signposting to other health services such as a GP or dentist.

There may be alcohol related A&E attendances from non-residents utilising the local night time economy. People who live outside of North East Lincolnshire but who work or study in the area may use other local health services such as sexual health services etc.

Overall the volume of visitors is likely to be highest in Cleethorpes and in the summer months, with more than 9.6m visitors to North East Lincolnshire overall each year (North East Lincolnshire Council, 2017).

The NHS urgent medicine supply advanced service (NUMSAS) has been commissioned by NHS England and is being rolled out in North East Lincolnshire. Therefore where seasonal visitors forget to bring their regular medicine(s) and phone the 111 service, they will be triaged and referred to a pharmacy providing this service. Alternatively pharmacies could make a private supply where appropriate to do so under the Human Medicine Regulations 2012.
CHAPTER 4

Provision of Pharmaceutical Services

4.1 Necessary services: current provision within the HWB’s area

Necessary services are defined within the 2013 regulations as those services that are provided within the HWB’s area and which are necessary to meet the need for pharmaceutical services in its area. The HWB has defined necessary services as essential services provided at all premises included in the pharmaceutical list, the advanced services of Medicine Use Reviews, New Medicine Service, NHS urgent medicine supply, and flu vaccination, and the dispensing service provided by some GP practices.

The North East Lincolnshire pharmaceutical list was supplied by NHS England, and from this it was determined that there are thirty four pharmacies operating in North East Lincolnshire. Thirty four pharmacies equates to 2.1 pharmacies per 10,000 resident population. The locations of these pharmacies are presented in Figure 7. Two of the pharmacies are 100 hour pharmacies, and one pharmacy is a distant selling premises. There are no dispensing appliance contractors based within North East Lincolnshire.

There is a choice of sixteen pharmacy contractors which includes both independent and multiple contractors:

- Asda Pharmacy
- Birkwood Pharmacy (Bespoke Pharmacy Ltd)
- Birmingham Chemist
- Boots
- Cohens Chemist (Gorgemead Ltd)
- Cottingham Chemists
- Day Lewis Pharmacy
- Drugs4delivery (Tatari Reality Company Ltd)
- Healing Pharmacy (Oakley Enterprises Ltd)
- Lincolnshire Co-op Chemists
- Lloyds Pharmacy
- Periville Chemists
- Rowlands Pharmacy
- Sandringham Pharmacy
- Superdrug Pharmacy
- Tesco Pharmacy

The Pharmacy Access Scheme (PhAS) was introduced in December 2016 and is designed to protect pharmacies which are situated a mile or more from another pharmacy from the full effect of the funding reductions, with pharmacies receiving an additional payment until 31 March 2018. There are six PhAS pharmacies in North East Lincolnshire, three of which are in the Wolds locality (Lloyds in Laceby, Healing pharmacy, and Cottingham in Waltham), and three of which are in the Meridian locality (Tesco Cleethorpes, Lloyds in New Waltham, and Lloyds in Humberston).
Figure 7  North East Lincolnshire pharmacy locations

North East Lincolnshire
Pharmacies

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There are twenty seven GP practices operating in North East Lincolnshire and the locations of these practices are shown in Figure 8. Many GP practices are co-located with other practices in a number of recent purpose built medical centres across North East Lincolnshire, many of which have an on-site pharmacy. Some GP practices also have branch surgeries from which they operate in addition to their main surgery. The Roxton GP practice in Immingham is a dispensing GP practice.

Figure 8  North East Lincolnshire GP practice and pharmacy locations
The supply of medicines to patients outside of secondary care can be done in a number of ways, however the vast majority of prescriptions for medicines are prescribed on an NHS prescription form (FP10). NHS prescriptions are dispensed by pharmacies, or dispensing doctor practices. Community pharmacies, dispensing doctor practices and dispensing appliance contractors, also dispense appliances, such as incontinence supplies which are also prescribed using FP10 forms (NHS Business Services Authority, 2013).

NHS Prescription Services, which is part of the NHS Business Services Authority (NHSBSA), uses NHS prescription forms to calculate how much pharmacies, GPs who dispense, and appliance contractors, should be paid as reimbursement and remuneration for medicines and medical appliances dispensed to patients within primary care settings in England. This data is known as Prescribing Analysis and Cost (PACT) data.

Note that sometimes there are subtle differences between data included/excluded in the various NHSBSA datasets, therefore totals between datasets do not necessarily match exactly.

CCG level prescribing data were obtained from the NHSBSA (NHS Business Services Authority, 2017). This data includes prescribing by GPs and all non-medical prescribers attached to practices and is published at British National Formulary (BNF) section level. Figures for North East Lincolnshire CCG show that there were 3,838,826 items prescribed during 2016/17 with an associated cost of £26,433,308. These prescribing figures are presented by BNF chapter in appendix 14.

Pharmacy dispensing data for each pharmacy in North East Lincolnshire were obtained from the NHSBSA for the period 2016/17. These figures show that North East Lincolnshire pharmacies dispensed 3,803,341 items from 1,825,573 forms during the year, and these figures are presented in Table 7. Note that a prescription item is a single supply of a medicine, dressing, or appliance, written on a prescription form. If a prescription form includes three medicines, it is counted as three prescription items.
Table 7 North East Lincolnshire pharmacy dispensing activity, 2016/17

<table>
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<tr>
<th>Code</th>
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<td>Fiveways</td>
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<td>75,103</td>
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<td>Central</td>
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<td>Central</td>
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<td>Wolds</td>
<td>45,413</td>
<td>95,456</td>
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<tr>
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<td>Fiveways</td>
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<td>FG710</td>
<td>Day Lewis</td>
<td>Meridian</td>
<td>43,221</td>
<td>94,390</td>
</tr>
<tr>
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<td>Day Lewis</td>
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<td><strong>Totals</strong></td>
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<td></td>
<td><strong>1,825,573</strong></td>
<td><strong>3,803,341</strong></td>
</tr>
</tbody>
</table>

Source: NHSBSA

* Lloyds (FLL50) ceased trading January 2018.

It is noted that during 2016/17, North East Lincolnshire pharmacies dispensed 3,803,341 items, which is 99.1% of the number of items prescribed by North East Lincolnshire GPs and non-medical prescribers (3,838,826). In reality, some items prescribed within North East Lincolnshire are dispensed outside of the area, and some items prescribed outside of North East Lincolnshire are dispensed within the area.

Practice level prescribing data for North East Lincolnshire prescribers were obtained from NHSBSA (NHS Business Services Authority, 2017). The data covers prescriptions that are prescribed by GPs and non-medical prescribers who are attached to GP practices, or prescribed by other care providers, and that are dispensed anywhere in the UK. The data does not cover private prescriptions. The prescribing data
includes all prescribed medicines, dressings, and appliances that are dispensed. Thus, only prescriptions that are subsequently dispensed are included in the dataset.

An analysis of North East Lincolnshire prescribing data determined that:

Of the 3,821,348 items prescribed by North East Lincolnshire GPs (including OOH) during 2016/17:
- 3,614,189 (94.6%) items were dispensed by North East Lincolnshire pharmacies.
- 64,368 (1.7%) items were dispensed by pharmacies outside of North East Lincolnshire, and from a total of 949 pharmacies.
- 142,791 (3.7%) items were dispensed or personally administered by North East Lincolnshire GP practices.

Therefore 98.3% of items prescribed by North East Lincolnshire GPs were dispensed within North East Lincolnshire.

Within the dataset there were 21,046 items prescribed by other North East Lincolnshire prescribers during 2016/17 such as the Foundations substance misuse service, the CPG, and mental health teams. Of this total, 20,496 (97.4%) items were dispensed by North East Lincolnshire pharmacies.

A breakdown of prescription items prescribed by North East Lincolnshire GP practices and dispensed by North East Lincolnshire pharmacies is presented in appendix 15.

4.1.1 Access to premises and opening hours

Pharmacies operate in the centre of communities and are often the public’s first point of healthcare contact. In addition to being a health asset, pharmacies are also an important social asset as often they are the only healthcare facility located in an area of deprivation. It is estimated that 84% of adults visit a pharmacy at least once a year (Local Government Association, 2013).

Access to pharmaceutical services has been analysed by geography (distance and travel time to pharmaceutical services), and opening times (weekday/weekend/extended hours).

The SHAPE (Strategic Health Assessment Planning and Evaluation) Place Atlas is an evidence based application which supports the strategic planning of services and physical assets across the whole health economy. SHAPE is free to NHS professionals and local authority professionals with a role in public health or social care, and access to the application is by formal registration and licence agreement (Public Health England, 2017). Figure 9 to Figure 12 have been produced using the SHAPE Place Atlas.
Figure 9 shows the 1.6km (1 mile) catchment areas for all pharmacies within North East Lincolnshire. It is evident from Figure 9 that the vast majority of North East Lincolnshire residents are within 1.6km, in a straight line, of a pharmacy, the exceptions being:

- Humberston Fitties
- Outlying rural areas and villages including Habrough, Stallingborough, Barnoldby-le-Beck, and other small Lincolnshire Wolds villages.

In addition some of the Pyewipe industrial estates and other Humber bank industrial areas are not within 1.6km of a pharmacy.

**Figure 9** 1.6km (1 mile) catchment areas of North East Lincolnshire pharmacies

Source: SHAPE Place Atlas © Crown Copyright and database rights 2017 Ordnance Survey 100016969
Since a number of the small outlying villages are not within 1.6km of a pharmacy, further analysis has been carried out on drive times to the nearest pharmacies that serve these rural communities and are located outside of the main urban area. The SHAPE car travel times and distance are calculated using the normal speed limits but take into account junctions, crossings and traffic lights (Public Health England, 2017). This drive time analysis using the SHAPE Place Atlas is presented in Figure 10 and suggests that all rural areas in North East Lincolnshire are within a ten minute drive time of the nearest pharmacy.

**Figure 10**  Rural pharmacies – 10 minute drive time catchment areas from the outlying pharmacies outside of the urban areas

Source: SHAPE Place Atlas © Crown Copyright and database rights 2017 Ordnance Survey 100016969
There are two 100 hour pharmacies in North East Lincolnshire which have the longest opening hours. Further drive time analysis utilising the SHAPE Place Atlas and presented in Figure 11 suggests that all areas of North East Lincolnshire are within a 15 minute drive time of a 100 hour pharmacy.

Figure 11 100 hour pharmacies – 15 minute drive time catchment areas of the two 100 hour pharmacies

Figure 12 presents pharmacy locations and population density. Overall geographically and considering the close proximity of pharmacies to GP practices that generate the majority of NHS prescriptions, the HWB concludes that residents of North East Lincolnshire are adequately served with regard to pharmacy access.
Opening hours vary considerably between pharmacies, with many offering extended opening hours, with the two 100 hour pharmacies having the longest opening hours. Pharmacies tend to reflect the opening times of the GP practices if they are co-located at a medical centre. There are also considerable differences in weekend opening hours. Figure 13 to Figure 17 present the opening hours of all North East Lincolnshire pharmacies, split by core/all hours, weekday/weekend, and locality.
Figure 13  Weekday pharmacy core opening hours by locality

<table>
<thead>
<tr>
<th>Location</th>
<th>Opening Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birkwood Pharmacy (Westwood Ho)</td>
<td>9:00-17:30</td>
</tr>
<tr>
<td>Boots (Cartergate)</td>
<td>8:00-18:00</td>
</tr>
<tr>
<td>Cohens Chemist (Chelmsford Avenue)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Cohens Chemist (Wellington Street)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Drugs4Delivery (Moss Road)</td>
<td>9:00-17:30</td>
</tr>
<tr>
<td>Lincoln Co-op Chemist (St Nicholas Drive)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Lloyds Pharmacy (Corporation Road)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Lloyds Pharmacy (Fieldhouse Road)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Lloyds Pharmacy (Limpsfield Road)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Lloyds Pharmacy (Littlecoates Road)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Periville Chemist (Cromwell Road)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Periville Chemist (Wingate Parade)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Superdrug Pharmacy (Friargate)</td>
<td>9:00-17:30</td>
</tr>
<tr>
<td>Tesco In-Store Pharmacy (Market Street)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Asda Pharmacy (Holles Street)</td>
<td>9:00-18:00</td>
</tr>
<tr>
<td>Boots (Freeman Street)</td>
<td>9:00-18:00</td>
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<td>Cottingham Chemists (Wellington Street)</td>
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<tr>
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<td>Lloyds Pharmacy (Stirling Street)</td>
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<tr>
<td>Lloyds Pharmacy (Kennedy Way)</td>
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<td>Lloyds Pharmacy (Pelham Road)</td>
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</tr>
<tr>
<td>Boots (St Peters Avenue)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Day Lewis (St.Peter’s Avenue)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Lloyds Pharmacy (Fieldhouse Road)</td>
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<td>Lloyds Pharmacy (Station Road)</td>
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<tr>
<td>Sandringham Road Pharmacy (Sandringham Road)</td>
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<tr>
<td>Tesco In-Store Pharmacy (Hewitts Avenue)</td>
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<tr>
<td>Healing Pharmacy (Station Road)</td>
<td>9:00-17:00</td>
</tr>
<tr>
<td>Lloyds Pharmacy (Caistor Road)</td>
<td>9:00-17:00</td>
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</tbody>
</table>

Central

Fiveways

Immingham

Meridian

Wolds

% Variation in Core Hours

Central  Fiveways  Immingham  Meridian  Wolds
### Figure 14: Weekend Pharmacy Core Opening Hours by Locality

**Central**
- Birkwood Pharmacy (Westwood Ho)
- Boots (Cartergate)
- Boots (Friargate)
- Cohens Chemist (Chelmsford Avenue)
- Cohens Chemist (Sorrell Road)
- Drugs4Delivery (Moss Road)
- Lincoln Co-op Chemist (St Nicholas Drive)
- Lloyds Pharmacy (Corporation Road)
- Lloyds Pharmacy (Laceby Road)
- Lloyds Pharmacy (Littlecoates Road)
- Periville Chemist (Cromwell Road)
- Periville Chemist (Wingate Parade)
- Superdrug Pharmacy (Friargate)
- Tesco In-Store Pharmacy (Market Street)

**Fiveways**
- Asda Pharmacy (Holles Street)
- Boots (Freeman Street)
- Cottingham Chemists (Wellington Street)
- Lincoln Co-op Chemist (Grimsby Road)
- Lloyds Pharmacy (Stirling Street)
- Periville Chemist (Ladiesmith Road)
- Rowlands (Grimsby Road)

**Immingham**
- Lloyds Pharmacy (Kennedy Way)
- Lloyds Pharmacy (Pelham Road)
- Birmingham Chemist (St Hughes Avenue)

**Meridian**
- Boots (St Peters Avenue)
- Day Lewis (StPeter’s Avenue)
- Lloyds Pharmacy (Fieldhouse Road)
- Lloyds Pharmacy (Station Road)
- Sandringham Road Pharmacy (Sandringham Road)
- Tesco In-Store Pharmacy (Hewitts Avenue)

**Wolds**
- Cottingham Pharmacy (High Street)
- Day Lewis (Springfield Road)
- Healing Pharmacy (Station Road)
- Lloyds Pharmacy (Caistor Road)

---

*Central*  *Fiveways*  *Immingham*  *Meridian*  *Wolds*  *Sunday Core Opening Hours*
Figure 15  Weekday all opening hours by locality
Figure 16  Saturday all opening hours by locality

Core Opening Hours

Supplementary Opening Hours
Figure 17  Sunday all opening hours by locality

<table>
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<tr>
<th>Location</th>
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<th>Supplementary Opening Hours</th>
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<tr>
<td>Cohens Chemist (Chelmsford Avenue)</td>
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<td>Lincoln Co-op Chemist (St Nicholas Drive)</td>
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<td>Lloyds Pharmacy (Pelham Road)</td>
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<tr>
<td>Birmingham Chemist (St Hughes Avenue)</td>
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<tr>
<td>Lloyds Pharmacy (Caistor Road)</td>
<td>[Bar chart]</td>
<td></td>
</tr>
</tbody>
</table>
The demand for healthcare does not follow a pattern that is consistent with the traditional working week of Monday to Friday, 9am to 5pm. If a profession, service, or facility is important to the care of patients, a delay in its availability cannot be justified based solely on the fact that it is the weekend. North East Lincolnshire provider services are on a journey of integration to develop a seamless patient centred approach to the local population. As and when GP practices and other providers of services move to seven day working, it is expected that the existing pharmacies will adapt their opening hours accordingly. The HWB has therefore not identified a future need for, or future improvements or better access to, pharmaceutical services with regard to the move towards seven day working. If the existing pharmacies choose not to adapt their opening hours, then NHS England has the ability to direct a pharmacy or pharmacies to open to ensure access to pharmaceutical services seven days a week.

Dispensing appliance contractors are unable to supply medicines. The majority of pharmacies in North East Lincolnshire dispense appliances.

Controlled localities are geographical areas in North East Lincolnshire which have been classed as ‘rural’ in character as per the Regulations (National Health Service, 2013).

GPs may dispense to their patients who live in a controlled locality, more than 1.6km in a straight line from a pharmacy, where they have premises approval and either outline consent or historic rights to do so. There is currently one dispensing GP practice in North East Lincolnshire (Roxton practice, Immingham locality), which dispenses to eligible patients who live more than 1.6km from a pharmacy, and which includes the villages of Keelby, Habrough, East Halton, North Killingholme, South Killingholme, Riby, Great Limber, Kirmington, Stallingborough, Healing, Brocklesby, Ulceby, and Irby. There is also a dispensing GP (Killigholme Surgery) in South Killingholme, North Lincolnshire, that is located within 1.6km of the North East Lincolnshire boundary.

NHS England is responsible for producing maps that show the areas classified as controlled localities. NHS England has determined that all of North East Lincolnshire outside of the urban Immingham and Grimsby/Cleethorpes areas is designated as a controlled locality.

Figure 18 and Figure 19 show the edges of the controlled locality around the towns of Grimsby, Cleethorpes, and Immingham. The controlled locality extends to the boundary of the North East Lincolnshire area.
Figure 18    Edge of the controlled locality bordering Grimsby and Cleethorpes
Figure 19  Edge of the controlled locality bordering Immingham
4.1.2 Access to Medicine Use Review service

An MUR payment is available to pharmacy contractors who are accredited and undertake MURs. In 2016/17 a total of 9,803 eligible MURs were provided by thirty four of the pharmacies with four pharmacies claiming for the maximum number of MURs. Figure 20 shows the pattern of claiming throughout the year for all pharmacies. During 2016/17 one pharmacy did not complete any MURs and one pharmacy has since ceased trading.

Figure 20 Number of MURs claimed by North East Lincolnshire pharmacies in 2016/17

![Bar chart showing the number of MURs claimed by pharmacies in 2016/17](image)

Source: NHS BSA

In England and Wales payments are made up to a maximum of 400 MURs per pharmacy per financial year. If all thirty four existing pharmacies in North East Lincolnshire were accredited and undertook the maximum number of 400 MURs, this would provide a maximum capacity of 13,600 MURs per financial year.

Based upon the level of provision in 2016/17, the HWB is satisfied that at HWB level there is sufficient capacity within existing contractors to provide more MURs, based upon the fact that thirty one pharmacies (88.6%) provided fewer than the maximum annual number of MURs, of which nine pharmacies (25.7%) provided fewer than 200 MURs.

The numbers of MURs claimed by each pharmacy during 2016/17 are detailed in appendix 17.
4.1.3 Access to the New Medicine Service

In 2016/17 thirty one pharmacies provided this service, and a total of 3,130 full service interventions were claimed over the year (one pharmacy has since ceased trading). Figure 21 shows the total number of full service interventions claimed under the NMS by North East Lincolnshire pharmacies in 2016/17.

Figure 21 Number of full service interventions claimed by North East Lincolnshire pharmacies in 2016/17

Source: NHS BSA

Unlike for MURs there is no nationally set maximum number of NMS interventions that may be provided in a year. However the service is limited to a specific range of drugs and can only be provided in certain circumstances and this therefore limits the total number of eligible patients.

Based upon the level of provision in 2016/17 the HWB is satisfied that at HWB level there is sufficient capacity within existing contractors in relation to this service.

The numbers of NMSs claimed by each pharmacy during 2016/17 are detailed in appendix 17.

4.1.4 Access to the NHS urgent medicine supply advanced service

This service was introduced by NHS England in December 2016 with a planned rollout across the country over the coming months. As of 18 December 2017, eleven North East Lincolnshire pharmacies had signed up to the service. One of the pharmacies delivering the service (Birkwood) is a 100 hour pharmacy. Rollout
of the service has been slower than hoped due to the delays in the distribution of NHSmail accounts to pharmacies.

It is noted that the service is currently due to end on 30 September 2018 and it is likely that this has reduced the number of pharmacies who are willing to provide the service. At this point in time the HWB is satisfied that, should the service continue after the 30 September 2018, there is sufficient capacity at HWB level within existing contractors in relation to this service particularly once the rollout of NHSmail accounts is completed.

4.1.5 Access to the national influenza adult vaccination service

NHS England has commissioned an advanced service for pharmacies in North East Lincolnshire to provide seasonal flu vaccinations for all adult at risk groups as an additional service to the provision via GPs.

The aim of the seasonal influenza vaccination programme is to protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus. All people aged 65 years and over are eligible for the flu vaccination free of charge. Adults with certain medical conditions are also eligible. Immunisation is also recommended for women who are pregnant and for carers.

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) will support NHS England, on behalf of Public Health England (PHE), in providing an effective vaccination programme in England and it aims:

- to sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
- to provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and
- to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

Twenty three pharmacies provided a total of 2,655 flu vaccinations in 2016/17, the first year of the service. There was a considerable range in the number of vaccinations given at pharmacy level from one pharmacy which gave 4 vaccinations to another that gave 578 vaccinations.

Activity figures for 2016/17 for this advanced service are presented in appendix 17.

At the time of drafting this pharmaceutical needs assessment no data are available on the number of flu vaccinations given by pharmacies in North East Lincolnshire during 2017/18. However, based upon the level of provision in 2016/17, the HWB is satisfied that at HWB level there is sufficient capacity within existing contractors in relation to this service.
**4.1.6 Dispensing service provided by some GP practices**

There is one dispensing practice in North East Lincolnshire which is the Roxton practice located in the Immingham locality. The dispensing service will be provided during its core hours which are Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practice.

As of 1 July 2017, 5,362 people were registered as a dispensing patient with the Roxton Practice (NHS Business Services Authority, 2017).

Data for prescriptions dispensed or personally administered by GP practices were obtained from the NHS BSA (NHS Business Services Authority, 2017). Figures for North East Lincolnshire GP practices for 2016/17, show that 177,748 items were dispensed via these routes, with 68% (121,514 items) being dispensed by North East Lincolnshire’s only dispensing GP practice (The Roxton practice). These dispensing figures are presented by GP practice in appendix 16.

**4.1.7 Access to pharmaceutical services on public and bank holidays**

NHS England has a duty to ensure that residents of the HWB’s area are able to access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open all or part of these days to ensure adequate access.

**4.2 Necessary services: current provision outside the HWB’s area**

**4.2.1 Access to essential services and dispensing appliance contractor equivalent services**

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work, or where they go for shopping, recreational or other reasons. Consequently not all the prescriptions written for residents of North East Lincolnshire are dispensed within the HWB’s area although as noted in the previous section, the vast majority of items are. In 2016/17, 1.7% of items (64,368) were dispensed outside of the HWB’s area by a total of 949 different contractors.

Of the 949 contractors outside of North East Lincolnshire which dispensed prescriptions written by a North East Lincolnshire GP practice, 17 contractors dispensed over 500 items each, accounting for 65% of the total out of area dispensing. These pharmacies are shown in Table 8.
Table 8  Out of area contractors dispensing the highest numbers of items to North East Lincolnshire GP registered patients

<table>
<thead>
<tr>
<th>Dispenser Code</th>
<th>Number of items</th>
<th>Dispenser name</th>
<th>Dispenser location</th>
</tr>
</thead>
<tbody>
<tr>
<td>FE396</td>
<td>11,912</td>
<td>TA BURLEY LLP</td>
<td>Holton-le-Clay</td>
</tr>
<tr>
<td>FGG83</td>
<td>10,592</td>
<td>SENES CURA LIMITED</td>
<td>West Lindsey</td>
</tr>
<tr>
<td>FWP87</td>
<td>7,046</td>
<td>FITTLEWORTH MEDICAL LIMITED</td>
<td>Norfolk</td>
</tr>
<tr>
<td>FL377</td>
<td>4,693</td>
<td>MR N GOMPELS</td>
<td>Worcester</td>
</tr>
<tr>
<td>FTG92</td>
<td>3,353</td>
<td>OTC DIRECT LIMITED</td>
<td>Manchester</td>
</tr>
<tr>
<td>FTD92</td>
<td>2,985</td>
<td>DONALD WARDLE &amp; SON LIMITED</td>
<td>Stoke-on-Trent</td>
</tr>
<tr>
<td>FVQ98</td>
<td>2,656</td>
<td>BARD LIMITED</td>
<td>West Sussex</td>
</tr>
<tr>
<td>FLV51</td>
<td>1,712</td>
<td>COLOPLAST LTD</td>
<td>Peterborough</td>
</tr>
<tr>
<td>FLM49</td>
<td>1,644</td>
<td>PHARMACY2U LTD</td>
<td>Leeds</td>
</tr>
<tr>
<td>FDP63</td>
<td>1,345</td>
<td>SPEEDS HOSPITAL PHARMACY LIMITED</td>
<td>Chester</td>
</tr>
<tr>
<td>FJV34</td>
<td>1,306</td>
<td>NUCARE LIMITED</td>
<td>Telford</td>
</tr>
<tr>
<td>FPA94</td>
<td>1,159</td>
<td>LINCOLN CO-OP CHEMISTS LTD</td>
<td>Scunthorpe</td>
</tr>
<tr>
<td>FV689</td>
<td>723</td>
<td>BOOTS UK LIMITED</td>
<td>Lincoln</td>
</tr>
<tr>
<td>FQH67</td>
<td>722</td>
<td>GARNERS PHARMACY LTD</td>
<td>Scunthorpe</td>
</tr>
<tr>
<td>FND22</td>
<td>670</td>
<td>SALTS HEALTHCARE LTD</td>
<td>Hull</td>
</tr>
<tr>
<td>FE807</td>
<td>584</td>
<td>COUNTRYWIDE SUPPLIES LIMITED</td>
<td>Derby</td>
</tr>
<tr>
<td>FER20</td>
<td>516</td>
<td>SECURICARE (MEDICAL) LTD</td>
<td>Buckinghamshire</td>
</tr>
</tbody>
</table>

Source: NHSBSA

An analysis of out of area contractors shows that there were four main reasons for a prescription to be dispensed outside of the area:

- Dispensed by a DAC
- Use of distance selling premises
- Use of a pharmacy that is just over the border of North East Lincolnshire
- Prescriptions most likely dispensed whilst on holiday, at work or shopping.

Analysis has been carried out using the SHAPE Place Atlas to extend the North East Lincolnshire boundary outwards by 1.6km (1 mile). The results of this are presented in Figure 22, which show an additional pharmacy in Holton-le-Clay, a dispensing GP practice in South Killingholme, and a dispensing GP practice (which is a branch of the Roxton practice) in Keelby.

Of 47,710 items prescribed by the North Lincolnshire South Killingholme GP practice during 2016/17, 3,561 (7.5%) items were dispensed by North East Lincolnshire pharmacies.
Figure 22  Pharmacies and dispensing GP practices within 1.6km (1 mile) of the North East Lincolnshire boundary

Source: SHAPE Place Atlas © Crown Copyright and database rights 2017 Ordnance Survey 100016969
North Lincolnshire borders the Western North East Lincolnshire border, and Figure 23 shows there are a number of North Lincolnshire pharmacies and dispensing GP practices a relatively short distance from North East Lincolnshire.

**Figure 23** Nearest pharmacies and dispensing GP practices in the neighbouring North Lincolnshire Health and Wellbeing Board area

**Pharmacies**
1. The Village Pharmacy, Howe Lane, Goxhill, DN19 7JD
2. Barrow pharmacy, High Street, Barrow-upon-Humber, DN19 7AA
3. Boots, 11 George Street, Barton-upon-Humber, DN18 5ES
4. Lloyds Pharmacy, 1 High Street, Barton-upon-Humber, DN18 5PA
5. Boots, 7 Wrawby Street, Brigg, DN20 8JH
6. Riverside Pharmacy, Barnard Avenue, Brigg, DN20 8AS
7. Whitworth Chemists, 8 Spring Parade, Brigg, DN20 8EQ

**Dispensing GP Practices**
8. The Killingholme Surgery, Town Street, South Killingholme, DN40 3EL
9. Central Surgery Barton, King Street, Barton-upon-Humber, DN18 5ER
10. West Town Surgery, 80 High Street, Barton-upon-Humber, DN18 5PU
11. Barnetby Medical Centre, Victoria Road, Barnetby, DN36 6HZ
12. Bridge Street Surgery, 53 Bridge Street, Brigg, DN20 8NT
13. Dr Rai and Partners, Riverside Surgery, Barnard Avenue, DN20 8AS
Lincolnshire borders the Southern North East Lincolnshire border, and Figure 24 shows there are a number of Lincolnshire pharmacies and dispensing GP practices a relatively short distance from North East Lincolnshire. Of 268,032 items prescribed by the Lincolnshire North Thoresby GP practice during 2016/17, 37,439 (14.0%) items were dispensed by North East Lincolnshire pharmacies.
4.2.2 Access to Medicine Use Reviews, New Medicine Service, NHS urgent medicine supply advanced service and flu vaccination

Information on the type of advanced services provided by pharmacies outside the HWB’s area to residents of North East Lincolnshire is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that residents of the HWB’s area will access these services from contractors outside of North East Lincolnshire.

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) is commissioned by NHS England nationally, therefore it is possible that North East Lincolnshire residents could access this service from accredited pharmacies in neighbouring HWB areas.

4.2.3 Dispensing service provided by some GP practices

Some residents of the HWB’s area will choose to register with a GP practice outside of the area and will access the dispensing service offered by their practice. For example the dispensing GP practice in South Killingholme, and the dispensing GP practice (which is a branch of the Roxton practice) in Keelby.

4.3 Other relevant services: current provision within the HWB’s area

Other relevant services are defined within the 2013 regulations as services that are provided in and/or outside the HWB’s area which are not necessary to meet the need for pharmaceutical services, but have secured improvements or better access to pharmaceutical services in its area.

For the purposes of this pharmaceutical needs assessment, the HWB has decided that other relevant services are Appliance Use Reviews, stoma appliance customisation, and enhanced services.

4.3.1 Access to Appliance Use Reviews

None of the pharmacies provided this service in 2016/17.

4.3.2 Access to stoma appliance customisations

Eight pharmacies customised 136 stoma appliances in 2016/17. However due to the fact that dispensing appliance contractors provide services across England not all of these may have been provided for North East Lincolnshire residents. Due to the way the data is collated and published it is not known how many of these customisations were provided for North East Lincolnshire residents.
4.3.3 Access to enhanced services

In 2017/18, NHS England commissioned two enhanced services from pharmacies, namely a minor ailments scheme and a Point of Dispensing Intervention Scheme (PODIS).

Today, more people need healthcare than ever before, and demand keeps rising on the NHS, especially on GPs and Accident and Emergency Departments. Minor ailment schemes embed the ethos of pharmacies as a first point of contact for health advice, and allow people to consult their pharmacist rather than their GP for a defined list of minor ailments, thus enabling GP practices to focus on and improve access for patients with more complex conditions. Other benefits include a potential reduction in the inappropriate use of the Accident and Emergency Department and the GP Out of Hours service. All pharmacies are commissioned to deliver the service with the exception of Superdrug and the Drugs4Delivery distance selling premises. There is therefore excellent coverage of the Minor Ailment Scheme throughout North East Lincolnshire. A report by the local LPC for the period October 2016 to May 2017, analysed activity, highlighted the likely consequential reduction of demand on other local primary care services, and identified a number of key points of the service which are presented below.

- 2816 consultations held.
- 2449 residents on the scheme (39% male, 61% female), 54% of which are children aged under 13 years.
- Main referral routes were GP practice / other health professionals (50%), self-referral (28%), pharmacy team (19%). More promotional work is required to increase referrals from the single point of access and NHS 111.
- There are 28 conditions included in the scheme and advice has been sought on all of these.
- 97.7% of consultations resulted in medication being supplied with 2.3% receiving advice only.
- Only 3% of consultations required onward referral.
- The most common conditions consulted upon include cough/cold/flu (13%), temperature/aches/pain (12%), conjunctivitis (11%), Head lice (10%), and threadworms (7%)
- If the service had not been available 90% of clients would have sought an appointment with an alternative healthcare provider (mostly GP) therefore the pharmacy MAS continues to successfully relieving the demand of GP practices.
- The service has been accessed every day of the week including weekends.
- The most active pharmacies are Cottingham Pharmacy (Wellington Street), Birmingham Chemist, Lloyds Pharmacy (Raj Medical Centre), and Periville Chemist (Weelsby View Medical Centre).

NHS England began to commission PODIS from pharmacies on 1 December 2017. The aims of the service are to:

- Reduce the number of unwanted medicines dispensed and therefore wasted, by only dispensing items that patients require.
- Notify the prescriber when an item prescribed has not been dispensed.
- Promote, support and encourage good repeat/ prescribing practices with patients and GP practices.
- Highlight over or under usage of medicines to the prescriber.
- Inform the prescriber whether the continued supply or non-supply of items would be considered clinically significant.
Before dispensed medicines are handed to the patient, the pharmacist will check with the patient or their representative that all the items are required. Where they are not they will not be given to the patient and the patient’s GP practice will be advised accordingly. In addition, where appropriate, the pharmacist will offer the medicines use review service to the patient.

NHS England North (Yorkshire and the Humber) is currently working with Community Pharmacy Humber and the pharmacies to roll the service out across North East Lincolnshire. At this time the HWB is satisfied that there is sufficient capacity within the existing pharmacies to provide the service, and has not identified any current or future needs, improvements or better access in relation to the service that could be met by a routine application. The HWB will keep this under review during the life time of the PNA.

### 4.4 Other relevant services: current provision outside the HWB’s area

Information on the AUR and stoma appliance customisation services provided by pharmacies and dispensing appliance contractors outside the HWB’s area to residents of North East Lincolnshire is not available due to the way contractors claim. It can be assumed however that residents of the HWB’s area will access these two services from pharmacies and dispensing appliance contractors outside of North East Lincolnshire, particularly in light of the information in section 4.2.1 above which shows that one of the reasons why prescriptions are dispensed out of the area is because they are dispensed by a DAC.

It is also possible that residents will have accessed enhanced services from pharmacies outside of the HWB’s area, but again this information is available.

### 4.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 4.1 and 4.2, the residents of the HWB’s area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the HWB’s area they currently have a choice of thirty four pharmacies, operated by sixteen different contractors. Outside of the HWB’s area residents chose to access a further 949 contractors during 2016/17, although many are not used on a regular basis.

When asked what influences their choice of pharmacy, the most common responses in the patient and public questionnaire were ‘close to my home’, ‘close to my doctor’ and ‘easy to get to’ (note that more than one option could be ticked.). A full analysis of the community survey results is presented in appendix 12.
CHAPTER 5

Other Health and Social Care Services

5.1 Overview

The following health and social care services are deemed by the HWB to affect the need for pharmaceutical services within its area:

- Hospital pharmacy services
- St Andrew’s hospice and St Hugh’s hospital
- Dental health primary care services
- GP Out of Hours
- Assessment and Treatment Centre (ATC)
- Other services commissioned by NEL CCG
- Care Plus Group
- NAViGO
- Screening/Immunisation services through pharmacies
- Children’s public health services
- NHS Health Checks
- Weight management service
- Sharps disposal
- Out of area attendances
- Locally commissioned services (see Chapter 11)

5.2 Grimsby hospital

Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust provides accident and emergency, acute hospital services, and community services, to a population of more than 350,000 people across North and North East Lincolnshire and the East Riding of Yorkshire, with an annual budget of approximately £300 million, and 850 beds across the three hospitals (North Lincolnshire and Goole Hospitals NHS Foundation Trust, 2017). Diana, Princess of Wales Hospital is situated in the Central neighborhood locality in Grimsby.

The Trust operates a single trust-wide pharmacy service based in departments at Scunthorpe General Hospital and Diana Princess of Wales hospital Grimsby.

On admission, pharmacists and pharmacy technicians reconcile patients’ medicines to ensure all medicines that a patient was taking prior to admission are prescribed on the inpatient chart, unless it has been decided to stop or change the prescription. Medicines that patients bring into hospital with them are used during their inpatient stay, allowing many patients to self-medicate with medicines they are familiar with. New treatment is supplied from the hospital pharmacy labelled for use while in hospital and when they go home. With all the patient’s regular medicines stored in their bedside medicines locker there is no need to dispense new medicines to take home, unless treatment is changed just before discharge. Pharmacists

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support clinicians by reviewing prescribing to maximise the benefits and reduce the risk of harm from medicines use. The Trust’s specialist pharmacists provide expert advice on the prescribing and preparation of chemotherapy, parenteral nutrition and paediatric intravenous additives. These products are supplied ready to use by clinical staff having been prepared in the aseptic units or purchased as a special product. Pharmacy staff ensure that medicines are supplied, distributed, stored and, if necessary, disposed of, in a legal, safe and timely way. Medicines are selected, purchased and distributed from the pharmacy store at Scunthorpe General Hospital, ensuring local prescribing policies are adhered to, and that the best price is obtained by using national, regional, or locally negotiated contracts.

The Medicines Information service provides advice and guidance relating to all aspects of medicines use to hospital doctors and nurses.

Outpatient dispensing at Diana Princess of Wales Hospital and Scunthorpe General Hospital is contracted to Lloyds pharmacy. Within the contract Lloyds pharmacy provides a community pharmacy ‘shop’ onsite at all three hospitals in Grimsby, Scunthorpe, and Goole, and dispense hospital prescriptions for outpatients, Monday to Friday 9am to 6pm. The pharmacists are registered with the General Pharmaceutical Council and operate to their standards of conduct, ethics and performance through their Superintendent Pharmacist. The pharmacists also work within all relevant Trust policies and requirements e.g. governance. Lloyds pharmacy within the hospitals cannot dispense prescriptions issued by GPs. Lloyds pharmacy is not open at weekends or bank holidays. At these times the hospital pharmacy dispensary will dispense prescriptions received from outpatients for those specific dates only and all prescriptions with other dates should be taken to the Lloyds pharmacy.

These hospital pharmacy services reduce the demand for the dispensing of essential services as prescriptions written in hospitals are dispensed by the hospital pharmacy service.

If there is a shift of services from secondary care into primary care then it is likely there will be an increase in demand for the dispensing of prescriptions by pharmacies in primary care.

If there is an increase in GPs taking on the prescribing of hospital initiated medication, this is likely to result in an increased demand for pharmaceutical services.

### 5.3 St Andrew’s hospice and St Hugh’s hospital

St Andrews Hospice is located in the Fiveways locality and cares for both children, adults and their families with life limiting conditions, supporting them through both Palliative and End of Life Care phases. Although predominately supporting adults with cancer and children with rare and degenerative conditions they are increasingly supporting more and more people with non-cancer diagnosis, including heart failure, Kidney disease, COPD, Parkinson’s, Multiple sclerosis and Motor Neurone disease. They provide symptom management, respite and end of life care for anyone who may benefit. St Andrews currently has a shared contract along with St Hughes and Navigo with Lloyds chemist for its pharmaceutical management this includes its stock ordering and delivery, and also for advisory role.

St Hugh’s hospital is an independent private hospital located in the Fiveways locality of North East Lincolnshire. St Hugh’s hospital is part of the Healthcare Management Trust, and registered as a charity (HMT Hospitals, 2017)
St Andrews currently has a shared contract along with St Hughes and Navigo with Lloyds chemist for its pharmaceutical management, and this includes its stock ordering and delivery, and also for an advisory role. This contract is being reviewed during 2017.

5.4 Dental health primary care services

Antibiotic prescriptions ordered by dentists account for approximately 9% of all antibiotic prescriptions in NHS primary care, and 5% of the NHS total in England (BDJ, 2017). Of the total number of prescriptions issued by dentists between 2015-2017, 63.8% were for antimicrobial drugs (Table 9). Dentists are also able to prescribe high concentration fluoride toothpaste, and since the publication of Delivering Better Oral Health: an evidence based toolkit for prevention (Public Health England, 2017) there has been a noticeable increase in the prescription of high concentration fluoride toothpaste.

Between 2015 and 2017, fluoride prescriptions accounted for 25.6% of the total prescriptions issued by dentists across England (Table 9).

<table>
<thead>
<tr>
<th>BNF section</th>
<th>Items prescribed</th>
<th>Percentage of total items (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antimicrobial Drugs</td>
<td>4,817,188</td>
<td>63.8</td>
</tr>
<tr>
<td>Fluoride</td>
<td>1,935,614</td>
<td>25.6</td>
</tr>
<tr>
<td>Drugs acting on the oropharynx</td>
<td>571,537</td>
<td>7.6</td>
</tr>
<tr>
<td>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</td>
<td>91,196</td>
<td>1.2</td>
</tr>
<tr>
<td>Analgesics</td>
<td>73,519</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>65,157</td>
<td>0.9</td>
</tr>
<tr>
<td>Total</td>
<td>7,554,211</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: 2016 Dental Prescribing Dashboard

Public Health England (Dental Public Health Intelligence Programme) and the NHS Business Services Authority (BSA), have developed a dental prescribing dashboard, which provides specific antibiotic prescribing data at NHS England local area team level. For Yorkshire and the Humber, the data is available for either North Yorkshire and Humber or South Yorkshire and Bassetlaw level. The data excludes prescriptions dispensed in prisons, hospital and private prescriptions. The data covers prescribing and dispensing data from October 2015 to March 2017. The dashboard includes the following measures: overall prescribing, antibiotic prescribing, fluoride prescribing, and prescribing of the top four antibacterial items – (Amoxicillin, Metronidazole, Erythromycin and Clindamycin) as a proportion of all antimicrobial dental prescribing. The dashboard supports a better understanding of dental prescribing so that variations, as compared with other areas in England, can be explored to facilitate local work to encourage optimal dental prescribing. (Public Health England, 2016)

Evidence suggests that some dentists prescribe antibiotics inappropriately. Inappropriate prescribing can lead to antibiotic resistance. There are clear indications when antibiotics should be prescribed. A more recently published study stated that reasons for this can be related to clinical time pressures, failure of previous operative procedures and patient preferences.

NHS dental services therefore increase the demand for the dispensing essential service as NHS prescriptions written by dentists are dispensed by pharmacies.
5.5 GP Out of Hours (OOH) service

GP OOH services operate from 6.30pm to 8.00am on weekdays, and 24 hours on weekends and public and bank holidays. There is a dedicated 24/7 single point of access telephone number for people who live in North East Lincolnshire or are registered with a North East Lincolnshire GP, which can be used to contact the GP OOH service. This number is also used to ask any other questions around physical or mental health, or adult social care. The face to face, OOH unit is based at Grimsby hospital, which is located in the Central locality.

People contacting the GP OOH service will initially be triaged and will be asked a set of questions to decide if:

- The problem can wait until their surgery next opens
- The problem can be dealt with over the phone
- The patient needs to attend the GP OOH service at Grimsby hospital, or
- The patient needs an emergency ambulance.

If the patient’s condition is not urgent, they may be referred to another service or asked to contact their surgery during normal opening hours. They may also be advised to visit a pharmacy.

During 2016/17, 17,294 items were prescribed by the OOH service at Grimsby Hospital, with 14,367 items (83%) being dispensed by North East Lincolnshire pharmacies.

Of the 14,367 items dispensed by North East Lincolnshire pharmacies, 10,795 items (75%) were dispensed by just five pharmacies, which are also the pharmacies with the widest opening hours:

- Asda (Fiveways locality), 3290 items
- Lloyds, Littlecoates Road (Central locality), 2686 items
- Birkwood 100 hour (Central locality), 1831 items
- Tesco Cleethorpes (Meridian locality), 1704 items
- Tesco Grimsby 100 hour (Central locality), 1284 items

Opening hours are detailed in Figures 13 to 17.

The GP OOH service do stock a limited amount of medicines that will be given to patients who present with a very urgent need when there is no pharmacy open.

The GP OOH service therefore affects the need for pharmaceutical services, in particular the essential service of dispensing.

5.6 Assessment and Treatment Centre (ATC)

The Roxton Practice operate an Assessment and Treatment Centre (ATC) at the Pilgrim Primary Care Centre in Immingham. This is a walk in centre providing an emergency minor injury/illness service to the local area. Patients do not need to be registered with the practice to use this service and the service currently operates Monday to Friday, 9am to 4.30pm. Due to the geographical location of the Roxton Practice in the Immingham locality, it is possible that the ATC may attract attendances from the large local workforce engaged in the many heavy industries based on the Humber bank.
This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.

5.7 North East Lincolnshire Clinical Commissioning Group

NHS North East Lincolnshire CCG carried out an exercise to identify the services commissioned by the CCG with the potential to raise a prescription. These services are detailed in Table 10 and some are also included in more detail in their own sub sections within chapter 5.

Table 10 North East Lincolnshire CCG commissioned services with the potential to raise a prescription

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Plus Group Ltd</td>
<td>Community Nursing – includes Pulmonary rehabilitation, Falls, Rapid Response, Stroke, Home Care, Discharge Liaison &amp; specialist support i.e. Macmillan &amp; Marie Curie; Specialist Nurse Infection Control; Continence; Diabetes; Day Care Services</td>
<td>Other</td>
</tr>
<tr>
<td>Core Care Links</td>
<td>Out of Hours GP provision and GPs operating in A&amp;E</td>
<td>Other</td>
</tr>
<tr>
<td>Hull &amp; East Yorkshire Hospitals NHS Trust</td>
<td>Provider of acute specialist services that are unavailable at the local acute provider</td>
<td>Acute</td>
</tr>
<tr>
<td>Leeds Teaching Hospitals NHS Trust</td>
<td>Provider of acute specialist services that are unavailable at the local acute provider</td>
<td>Acute</td>
</tr>
<tr>
<td>NAViGO</td>
<td>Mental Health &amp; Learning Disability Services including but not limited to Acute Care including Crisis Resolution and Home Treatment, Assertive Outreach, Case Supervision, CRHT, Early Intervention, IAPT, Open Minds, Acute Home Treatment Service, Dementia Liaison Service, Memory Assessment and Diagnosis, Memory Support Service</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Northern Lincolnshire &amp; Goole Hospitals NHS Foundation Trust (Including Dermatology Variation)</td>
<td>Provider of elective and non-elective treatment for the residents of North East Lincolnshire</td>
<td>Acute</td>
</tr>
<tr>
<td>Open Door - Autistic Spectrum Contract Open Door Health Ltd</td>
<td>Asperger’s Syndrome Support &amp; Development Outreach Service Community TB Service</td>
<td>Adult Social Care Other</td>
</tr>
<tr>
<td>Pain Management Solutions Ltd</td>
<td>AQP Community Chronic Pain Management Service</td>
<td>Community Health</td>
</tr>
<tr>
<td>Royal Hospital for Neuro-disability</td>
<td>Out of area placement for continuing healthcare</td>
<td>CHC</td>
</tr>
<tr>
<td>Sheffield Children’s NHS Foundation Trust</td>
<td>Provider of acute hospital services for paediatrics</td>
<td>Acute</td>
</tr>
<tr>
<td>Sheffield Teaching Hospitals NHS Foundation Trust</td>
<td>Provider of acute adult services that cannot be provided by the local hospital</td>
<td>Acute</td>
</tr>
<tr>
<td>St Andrews Hospice</td>
<td>Hospice Care for adults</td>
<td>End of Life Care</td>
</tr>
<tr>
<td>St Hugh’s Hospital</td>
<td>Provider of acute elective services offering choice of provider to the patient at the time of referral</td>
<td>Acute</td>
</tr>
<tr>
<td>United Lincolnshire Hospitals NHS Trust</td>
<td>Provider of acute specialist services that are unavailable at the local acute provider</td>
<td>Acute</td>
</tr>
</tbody>
</table>
Seven GP practices (Roxton, Roxton at Weelsby View, Beacon Medical, Pelham, Scartho, Fieldhouse, and Woodford Medical Practices) are part of a national NHS pilot to include a clinical pharmacist within the practice. There are five pharmacists undertaking this role within the practices, three of whom are qualified as non-medical prescribers, with the other two pharmacists due to qualify later in 2018. All the pharmacists undertake medication reviews and deal with a variety of medicines-related queries. Previously these were done by GPs therefore the pharmacists have freed up time for the GPs so they can focus on other activities. The clinical pharmacists update patients medicines following hospital admissions and hospital outpatient visits. Some pharmacists are running hypertension review clinics and diabetes review clinics.

It is not anticipated that clinical pharmacists will affect the need for the essential services, but they may reduce the need for MURs and NMS if they are providing services with the same aims and objectives.

5.8 Care Plus Group (CPG)

Care Plus Group is a Community Benefit Society that provides adult health and social care services to people across North East Lincolnshire to help improve people’s health and wellbeing and enrich people’s lives. Formed in 2011 as a result of the Care Trust Plus being required to split its commissioner/provider functions, Care Plus Group employs over 800 members of staff providing a wide range of community services (Care Plus Group, 2017). The services Care Plus Group provides include the following:

- Community Nursing
- Rapid Response
- Telephone Triage
- Employability Services
- Palliative and End of Life Care Services
- Specialist Nursing (e.g. continence, diabetes, infection control, tissue viability etc.)
- Intermediate Care at Home
- Falls and Chronic Obstructive Pulmonary Disease (COPD)
- Health and Wellbeing Collaboratives
- Transport
- Community Psychology Service

All prescribers employed by the Care Plus Group are nurse prescribers. Nurse independent prescribers are specially trained nurses allowed to prescribe any licensed and unlicensed drugs within their clinical competence (Royal College of Nursing, 2012). There are currently 20 nurse independent prescribers employed by the Care Plus Group. The independent prescribers may prescribe end of life medication and emergency medication e.g. antibiotics. This prescribing reduces the need to contact the GP Out of Hours service and reduces the number of unplanned hospital admissions, resulting in greater efficiency and
reduced costs to the healthcare system. Community practitioner nurse prescribers are a distinct group under independent prescribers. These consist of district nurses and community staff nurses who are allowed to independently prescribe from a limited formulary called the Nursing Formulary for Community Practitioners, which includes over-the-counter drugs, wound dressings and appliances. There are currently 50 community practitioner nurse prescribers employed by the Care Plus Group. The numbers of items prescribed by Care Plus Group nurse prescribers during 2016/17 are detailed in Table 11. There are no pharmacists or dispensers employed directly by the Care Plus Group; however a local pharmacist does act as the pharmaceutical advisor to the Care Plus Group.

Table 11  Number of items prescribed by Care Plus Group, 2016/17

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Number of BNF items prescribed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1 2016/17</td>
<td>752</td>
</tr>
<tr>
<td>Quarter 2 2016/17</td>
<td>929</td>
</tr>
<tr>
<td>Quarter 3 2016/17</td>
<td>1507</td>
</tr>
<tr>
<td>Quarter 4 2016/17</td>
<td>2066</td>
</tr>
</tbody>
</table>

Source: NHSBSA 2017

Open door is part of CGP and is located in the Fiveways locality on Albion Street which is in the area of highest deprivation in North East Lincolnshire. Open Door includes the GP practice and also offers support to those with additional needs which includes people:

- with Asperger’s Syndrome and High Functioning Autism
- who are homeless
- living with addiction
- looking for employment and volunteering opportunities

This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.

5.9 NAViGO

NAViGO Health and Social Care Community Interest Company is a not for profit social enterprise which formed in April 2011 to run all local adult mental health and associated services in North East Lincolnshire.

Services include:

- Adult, crisis and home support
  - Acute in-patient services
  - Crisis home treatment
  - Personality disorder service
  - Systematic family therapy
- Older people’s mental health
  - Acute mental health and memory service
  - Community mental health and memory service
- Community services
  - Autistic spectrum conditions service (ASC)
Community mental health and wellbeing
- Open Minds mental health and wellbeing service

- Specialist services
  - Assertive outreach
  - Community forensic team
  - Early intervention in psychosis & transitions service
  - Liaison and diversion service
  - Pharmacy service
  - Psychology
  - Rehabilitation and recovery
  - Rharian Fields eating disorder service
  - Targeted TMS
  - Tukes employment and training scheme

NAViGO operates from several sites however the main site is based at Harrison House which is a new build complex located in the Fiveways locality of North East Lincolnshire.

The NAViGO pharmacy service exists to support staff, service users, and carers, in safe and effective medication management and optimisation. NAViGO employ a pharmacist and also have access to community technicians and pharmacists based at local Lloyds pharmacies, the primary contact being with the Lloyds pharmacy on Littlecoates Road.

The NAViGO Choice and Medication Portal [http://www.choiceandmedication.org/navigo/](http://www.choiceandmedication.org/navigo/) is a website that provides open access to information about medications used by NAViGO and associated conditions. (NAViGO, 2017)

This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.

### 5.10 Screening/immunisation services through pharmacies

NHS England and Public Health England commission a range of immunisation and screening programmes mainly with primary care/school nurse providers. There are no local prescribing costs associated with these programmes as these are funded and supplied (in the case of childhood immunisations) directly from the Department of Health via NHS England.

In addition some employers will commission local pharmacies to provide flu vaccines for their employees on a private basis. For example as the employer, North East Lincolnshire Council offers the flu vaccine to staff that work directly with children and families e.g. social care staff, school nurses, health visitors, children’s centre staff, social workers, young people’s staff, and clinicians. Tesco pharmacy in the Fiveways locality is the current provider to administer the vaccine to North East Lincolnshire Council staff. Other health and social care organisations in North East Lincolnshire have similar arrangements in place. The responsibility for funding the seasonal flu vaccine and its administration to staff (other than those that are in a clinical risk group) lies with the employer (Department of Health, 2013).
This service will therefore affect the need for pharmaceutical services, in particular the flu vaccination advanced service.

It is evident from the contractor questionnaire that a number of local pharmacies provide their own private (non NHS) screening services e.g. cholesterol and diabetes checks, direct to the community, and also the provision of vaccinations e.g. travel vaccines.

5.11 Children’s public health services

North East Lincolnshire Council has commissioned public health services for children aged 0 to 5 years since 2010 which was ahead of the full national transfer of 0-5 commissioning to local authorities from October 2015. Locally child immunisation is commissioned by NHS England/Public Health England and provided by GPs, with stocks of vaccine ordered through an online system (ImmForm) which is then delivered direct by the Department of Health.

North East Lincolnshire Council commissions and provides public health services for children aged 5 to 19 years. In addition NHS England/Public Health England commission the school nurses team to vaccinate secondary school aged children, such as for Human papillomavirus (HPV). A patient group direction (PGD) allows vaccination of children by the school nurses who obtain their vaccine stocks through an online system (ImmForm) which is then delivered direct by the Department of Health.

Therefore there is no impact on local community pharmacies from children’s public health.

5.12 NHS Health Checks

The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take action to avoid, reduce or manage their risk of developing these health problems. Cardiovascular conditions are responsible for a third of deaths and a fifth of hospital admissions in England each year and cardiovascular disease accounts for the largest element of health inequalities in the UK. Responsibility for the programme transferred to councils in April 2013. (Local Government Association, 2013)

In North East Lincolnshire the programme is coordinated by North East Lincolnshire Council Wellbeing Service, and is currently delivered exclusively through Primary Care in General Practice. Patients, aged between 40 and 74 years without existing cardiovascular related disease will be called every five years for the NHS Health Check.

The NHS Health Check incorporates checking and recording several elements (cholesterol level, blood pressure, body mass index, alcohol consumption, exercise level, family history) to calculate the risk of developing cardiovascular disease (CVD). The Health Check also requires raising the awareness of possible dementia risk to patients over the age of 65 years.

Once a risk of developing CVD has been ascertained, it is discussed with the patient and advice given or referral to North East Lincolnshire Council Lifestyles Services made, with the aim of achieving modifiable lifestyle changes that can support continued good health or improve health, to reduce the risk of
developing diseases such as diabetes, kidney disease, elevated cholesterol or hypertension. If a patient is found to have high risk or display signs and symptoms of disease, they will have further clinical intervention to manage or reduce the progression.

There are a range of models nationally to deliver the NHS Health Check, some of which utilise pharmacies, however since the North East Lincolnshire model is via General Practice, it is not necessary for the service to be commissioned through local pharmacies.

5.13 Weight Management

Weight management services in North East Lincolnshire are currently commissioned by the Local Authority and provided by Weight Watchers. The programme is referral based with local GPs commissioned to refer patients to the service. The services aim for patients to achieve a 5% weight loss within 12 weeks. However, this arrangement is due to cease with the provision of weight management support moving to the North East Lincolnshire Council Wellbeing Service, therefore it is not necessary for a service to be commissioned as an enhanced service by NHS England.

Lincs Inspire is a charitable organisation that operates through two organisations, firstly Lincs Inspire Limited (registered charity), delivering a range of community based services and activities, and secondly Lincs Inspire Venues & Enterprises (the charity’s subsidiary trading company). Lincs Inspire currently manages five sporting facilities, four libraries, an arts and sports development services, and a public archive facility. (Lincs Inspire Limited, 2017)

The Active Forever programme is a concessionary exercise referral scheme to support people in their first steps to leading a more active and healthier lifestyle. Active Forever is a 12 week wellness scheme, and is available at Cleethorpes leisure centre, Grimsby leisure centre, Immingham swimming pool, and King George V stadium (not all activities are available at all sites). Two activities are recommended per week which are suited to ability and need and can include:

- Gym sessions in one of five gyms
- Swimming
- Group classes
- Toning sessions
- Walking football
- Craft and other lifestyle activities

After members have completed Active Forever, members have one month to sign up to one of the memberships at a concessionary rate. After this month has lapsed, standard membership rates apply.

Lincs Inspire also offer a concessionary Tone into Wellbeing membership which is only available to those referred by a health professional. Adapted gym equipment is available from Grimsby leisure centre. (Lincs Inspire Limited, 2017)
5.14 Clinical waste

All pharmacies provide patients with a service to dispose of unwanted medicines as part of the contractual framework’s Essential services, however this service does not cover the disposal of sharps generated by patients.

North East Lincolnshire Council does however commission a needle exchange service for the disposal of substance misuse sharps (see section 11.3.3), and also operates a free of charge clinical waste collection service from domestic properties. This therefore removes the need for a sharps collection and disposal service to be commissioned under pharmaceutical services.

Clinical waste collections are arranged by contacting North East Lincolnshire Council and registering as requiring a clinical waste collection (North East Lincolnshire Council, 2017). Surgical waste must be contained in the yellow clinical waste bags supplied by GPs and Grimsby hospital. Sharps boxes are used for residents who self-medicate using needles. All syringes and sharps must be placed in the sharps box supplied by the service. Users can also dispose of the yellow sharps boxes themselves by bringing them to Doughty Road Depot, where there is a sharps bin which can be used by the public near the security gates of the depot.

5.15 Out of area attendances

Demand for pharmaceutical services by non-residents has been considered by the HWB which is likely to arise from individuals who work in North East Lincolnshire but reside outside of the area, and from visitors/tourists to the area. There were a total of 4291 out of area attendances at North East Lincolnshire primary care services during 2016/17, and these are detailed in Table 12.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of out of area attendances</th>
<th>Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Out of Hours</td>
<td>1560</td>
<td>Central</td>
</tr>
<tr>
<td>Roxton ATC</td>
<td>2731</td>
<td>Immingham</td>
</tr>
</tbody>
</table>

Source: NELCCG

These out of area visitors will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.

5.16 Locally commissioned services

Further information on these services can be found in chapter 11, however their commissioning removes the need for them to be commissioned as pharmaceutical services.
CHAPTER 6

Immingham Locality

6.1 Overview

The Immingham locality includes the port town of Immingham and surrounding villages along with agricultural and industrial land.

Figure 25 shows a population pyramid for Immingham locality residents.

Table 13 presents key statistics for the Immingham locality.

Table 14 presents key health indicators for the Immingham locality including a comparison to figures for North East Lincolnshire overall.

Figure 26 is a map of the locality which shows the locations of the two pharmacies and the dispensing GP practice operating within the locality.

Figure 25  Immingham locality population pyramid, ONS mid 2016 population estimates

![Population Pyramid](image)

Source: ONS

The population distribution of Immingham locality residents is in general similar to that of North East Lincolnshire overall.
<table>
<thead>
<tr>
<th>Locality: Immingham</th>
<th>Immingham</th>
<th>North East Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Structure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 19</td>
<td>2,785</td>
<td>37,721</td>
</tr>
<tr>
<td>20 to 64</td>
<td>6,481</td>
<td>89,940</td>
</tr>
<tr>
<td>65+</td>
<td>2,376</td>
<td>31,483</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>11,642</td>
<td>159,144</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>11,160</td>
<td>152,643</td>
</tr>
<tr>
<td>Europe (Excluding UK)</td>
<td>235</td>
<td>3,779</td>
</tr>
<tr>
<td>Africa</td>
<td>25</td>
<td>743</td>
</tr>
<tr>
<td>Middle East and Asia</td>
<td>68</td>
<td>1,978</td>
</tr>
<tr>
<td>The Americas and the Caribbean</td>
<td>12</td>
<td>328</td>
</tr>
<tr>
<td>Antarctica and Oceania</td>
<td>7</td>
<td>144</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>&lt;5</td>
</tr>
<tr>
<td><strong>Households</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of All Households</td>
<td>4,961</td>
<td>69,707</td>
</tr>
<tr>
<td>Persons per Household</td>
<td>2.32</td>
<td>2.29</td>
</tr>
<tr>
<td><strong>Access to Car or Van</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Cars or Vans in Household</td>
<td>1,253</td>
<td>21,481</td>
</tr>
<tr>
<td>1 Car or Van or more in Household</td>
<td>3,708</td>
<td>48,226</td>
</tr>
<tr>
<td>% of households with access to a Car or Van</td>
<td>74.7%</td>
<td>69.2%</td>
</tr>
<tr>
<td><strong>Persons Economically Active</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Active Total (persons aged 16-74)</td>
<td>5,614</td>
<td>79,227</td>
</tr>
<tr>
<td>% Economically Active (all persons aged 16-74)</td>
<td>66.9%</td>
<td>68.4%</td>
</tr>
<tr>
<td>Part Time</td>
<td>1,225</td>
<td>19,086</td>
</tr>
<tr>
<td>Full Time</td>
<td>3,222</td>
<td>42,039</td>
</tr>
<tr>
<td>Self Employed</td>
<td>437</td>
<td>7,484</td>
</tr>
<tr>
<td>Employed</td>
<td>4,884</td>
<td>68,609</td>
</tr>
<tr>
<td>% Employed of Economically Active</td>
<td>87.0%</td>
<td>86.6%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>525</td>
<td>7,486</td>
</tr>
<tr>
<td>% Unemployed</td>
<td>9.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Full Time Student</td>
<td>205</td>
<td>3,132</td>
</tr>
<tr>
<td><strong>Persons Economically Inactive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Inactive Total (persons aged 16-74)</td>
<td>2,782</td>
<td>36,596</td>
</tr>
<tr>
<td>% Economically Inactive (all persons aged 16-74)</td>
<td>33.1%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Retired</td>
<td>1,417</td>
<td>18,018</td>
</tr>
<tr>
<td>Student</td>
<td>308</td>
<td>4,825</td>
</tr>
<tr>
<td>Looking After Home or Family</td>
<td>490</td>
<td>5,635</td>
</tr>
<tr>
<td>Long-term Sick or Disabled</td>
<td>399</td>
<td>5,612</td>
</tr>
<tr>
<td>Other</td>
<td>168</td>
<td>2,506</td>
</tr>
<tr>
<td><strong>Long-Term Health Problem or Disability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day-to-Day Activities Limited a Lot</td>
<td>1,052</td>
<td>14,786</td>
</tr>
<tr>
<td>Day-to-Day Activities Limited a Little</td>
<td>1,238</td>
<td>16,334</td>
</tr>
<tr>
<td>% Persons Limited on Day-to-Day activities</td>
<td>19.90%</td>
<td>19.50%</td>
</tr>
</tbody>
</table>

Source: ONS mid 2016 population estimates and 2011 Census, ONS Crown Copyright
<table>
<thead>
<tr>
<th>Indicator</th>
<th>North East Lincolnshire</th>
<th>Immingham</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (years) (2012-16)</td>
<td>80.3</td>
<td>79.6</td>
</tr>
<tr>
<td>Mean number of DMFT per sampled child aged 5 years (2015)</td>
<td>1.02</td>
<td>1.71</td>
</tr>
<tr>
<td>% of sampled children aged 5 years with DMFT &gt;0 (2015)</td>
<td>28.6%</td>
<td>39.1%</td>
</tr>
<tr>
<td>DASR per 100,000 population for causes of death considered preventable (persons all ages) (2012-16)</td>
<td>222.8</td>
<td>211.6</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality (persons &lt;75 years) (2012-16)</td>
<td>94.3</td>
<td>93.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality (persons all ages) (2012-16)</td>
<td>64.1</td>
<td>88.3</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality (persons all ages) (2012-16)</td>
<td>24.5</td>
<td>38.0</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality (persons &lt;75 years) (2012-16)</td>
<td>14.1</td>
<td>14.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all respiratory disease mortality (persons &lt;75 years) (2012-16)</td>
<td>40.9</td>
<td>57.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all communicable disease mortality (persons all ages) (2012-16)</td>
<td>10.6</td>
<td>10.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>165.5</td>
<td>145.5</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality considered preventable (persons &lt;75 years) (2012-16)</td>
<td>96.1</td>
<td>78.0</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality (males all ages) (2012-16)</td>
<td>53.9</td>
<td>41.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality (males &lt;75 years) (2012-16)</td>
<td>11.4</td>
<td>3.3</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons all ages) (2012-16)</td>
<td>69.7</td>
<td>67.3</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>44.1</td>
<td>33.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality (persons all ages) (2012-16)</td>
<td>22.7</td>
<td>24.5</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>12.6</td>
<td>12.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (females all ages) (2012-16)</td>
<td>36.1</td>
<td>28.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (females &lt;75 years) (2012-16)</td>
<td>23.2</td>
<td>17.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all-age all-cause mortality (2012-16)</td>
<td>1040.5</td>
<td>1050.5</td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Joint Strategic Needs Assessment

**Notes:***

- **↑** Higher figure than the North East Lincolnshire average (significantly better outcome)
- **↑** Higher figure than the North East Lincolnshire average (better but difference not significant)
- **↑** Higher figure than the North East Lincolnshire average (worse but difference not significant)
- **↓** Lower figure than the North East Lincolnshire average (significantly better outcome)
- **↓** Lower figure than the North East Lincolnshire average (better but difference not significant)
- **↓** Lower figure than the North East Lincolnshire average (worse but difference not significant)
- **↓** Lower figure than the North East Lincolnshire average (significantly worse outcome)

DMFT = decayed/missing/filled teeth
DASR = directly age and sex standardised rate
COPD = chronic obstructive pulmonary disease

Health outcomes for the Immingham locality are in general similar to those of North East Lincolnshire overall with no significant differences.
Figure 26  Immingham locality pharmacies and GP practices
6.2 Summary

There are two pharmacies in the Immingham locality (Table 15).

<table>
<thead>
<tr>
<th>Name</th>
<th>ODS Code</th>
<th>Address</th>
<th>Postcode</th>
<th>Main map ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lloyds Pharmacy</td>
<td>FJE54</td>
<td>18-20 Kennedy Way</td>
<td>DN40 2AE</td>
<td>21</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>FQK73</td>
<td>Pilgrim Primary Care Centre, Pelham Road</td>
<td>DN40 1JW</td>
<td>24</td>
</tr>
</tbody>
</table>

This locality has by far the smallest resident population out of the five North East Lincolnshire localities, and consequently has the fewest pharmacies. Pharmaceutical services for this locality are located centrally in the town of Immingham. One pharmacy is co-located with the GP practice at the primary care centre, and the other is located in the town shopping centre. Whilst there are no pharmacies in the villages of Habrough or Stallingborough, the GP practice in Immingham is a dispensing practice, as is the Killingholme surgery just across the border into North Lincolnshire. Both pharmacies are Lloyds. All residents live within 1.6km (1 mile) in a straight line or within a 10 minute drive time of one of the pharmacies. Wide opening hours are offered Monday to Friday, with one of the pharmacies open on a Saturday. Neither of the pharmacies open on a Sunday, however the locality is within a 15 minute drive time of a 100 hour pharmacy. There is an Assessment and Treatment Centre located at the Roxton practice.

Both pharmacies provide the MUR service and both completed nearly the maximum number of MURs in 2016/17 (95 and 99%). Both also provide the NMS and stoma appliance customisation and one provided the flu advanced service in 2016/17. Neither pharmacy provided the AUR service in 2016/17.

The HWB has noted the lower population density of this locality and the fact the GP practice will dispense to eligible residents in the rural areas around the town of Immingham. Whilst noting that there may be some benefit to a small percentage of the locality’s population in having a pharmacy in these rural areas, on balance the HWB is not satisfied that it would confer significant benefits, and in any case is very unlikely to be financially viable due to the fact that people living more than 1.6km from it would continue to be dispensed to by the GP practice.

Based upon the above information and also the information in chapter 4, the HWB concludes that there are no current or future needs for pharmaceutical services. It has also not identified any current or future improvements or better access to pharmaceutical services.
CHAPTER 7

Wolds Locality

7.1 Overview

The Wolds locality includes the villages of Scartho, Waltham, Laceby, Healing, Barnoldby-le-Beck, and surrounding smaller villages and agricultural land.

Figure 27 shows a population pyramid for Wolds locality residents.

Table 16 presents key statistics for the Wolds locality.

Table 17 presents key health indicators for the Wolds locality including a comparison to figures for North East Lincolnshire overall.

Figure 28 is a map of the locality which shows the locations of the four pharmacies and the three GP practices operating within the locality.

Figure 27  Wolds locality population pyramid, ONS mid 2016 population estimates

Source: ONS

The Wolds locality population is in general a much older population than that of North East Lincolnshire overall.
<table>
<thead>
<tr>
<th>Locality: Wolds</th>
<th></th>
<th>Wolds</th>
<th>North East Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Structure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 19</td>
<td>5,373</td>
<td>37,721</td>
<td></td>
</tr>
<tr>
<td>20 to 64</td>
<td>13,802</td>
<td>89,940</td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>6,284</td>
<td>31,483</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>25,459</td>
<td>159,144</td>
<td></td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>23,950</td>
<td>152,643</td>
<td></td>
</tr>
<tr>
<td>Europe (Excluding UK)</td>
<td>372</td>
<td>3,779</td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>117</td>
<td>743</td>
<td></td>
</tr>
<tr>
<td>Middle East and Asia</td>
<td>344</td>
<td>1,978</td>
<td></td>
</tr>
<tr>
<td>The Americas and the Caribbean</td>
<td>56</td>
<td>328</td>
<td></td>
</tr>
<tr>
<td>Antarctica and Oceania</td>
<td>25</td>
<td>144</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td></td>
</tr>
<tr>
<td><strong>Households</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of All Households</td>
<td>10,511</td>
<td>69,707</td>
<td></td>
</tr>
<tr>
<td>Persons per Household</td>
<td>2.37</td>
<td>2.29</td>
<td></td>
</tr>
<tr>
<td><strong>Access to Car or Van</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Cars or Vans in Household</td>
<td>1,480</td>
<td>21,481</td>
<td></td>
</tr>
<tr>
<td>1 Car or Van or more in Household</td>
<td>9,031</td>
<td>48,226</td>
<td></td>
</tr>
<tr>
<td>% of households with access to a Car or Van</td>
<td>85.9%</td>
<td>69.2%</td>
<td></td>
</tr>
<tr>
<td><strong>Persons Economically Active</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Active Total (persons aged 16-74)</td>
<td>12,505</td>
<td>79,227</td>
<td></td>
</tr>
<tr>
<td>% Economically Active (all persons aged 16-74)</td>
<td>70.0%</td>
<td>68.4%</td>
<td></td>
</tr>
<tr>
<td>Part Time</td>
<td>2,904</td>
<td>19,086</td>
<td></td>
</tr>
<tr>
<td>Full Time</td>
<td>7,058</td>
<td>42,039</td>
<td></td>
</tr>
<tr>
<td>Self Employed</td>
<td>1,497</td>
<td>7,484</td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>11,459</td>
<td>68,609</td>
<td></td>
</tr>
<tr>
<td>% Employed of Economically Active</td>
<td>91.6%</td>
<td>86.6%</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>531</td>
<td>7,486</td>
<td></td>
</tr>
<tr>
<td>% Unemployed</td>
<td>4.2%</td>
<td>9.4%</td>
<td></td>
</tr>
<tr>
<td>Full Time Student</td>
<td>515</td>
<td>3,132</td>
<td></td>
</tr>
<tr>
<td><strong>Persons Economically Inactive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Inactive Total (persons aged 16-74)</td>
<td>5,347</td>
<td>36,596</td>
<td></td>
</tr>
<tr>
<td>% Economically Inactive (all persons aged 16-74)</td>
<td>30.0%</td>
<td>31.6%</td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>3,457</td>
<td>18,018</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>642</td>
<td>4,825</td>
<td></td>
</tr>
<tr>
<td>Looking After Home or Family</td>
<td>570</td>
<td>5,635</td>
<td></td>
</tr>
<tr>
<td>Long-term Sick or Disabled</td>
<td>467</td>
<td>5,612</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>211</td>
<td>2,506</td>
<td></td>
</tr>
<tr>
<td><strong>Long-Term Health Problem or Disability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day-to-Day Activities Limited a Lot</td>
<td>1,930</td>
<td>14,786</td>
<td></td>
</tr>
<tr>
<td>Day-to-Day Activities Limited a Little</td>
<td>2,537</td>
<td>16,334</td>
<td></td>
</tr>
<tr>
<td>% Persons Limited on Day-to-Day activities</td>
<td>17.97%</td>
<td>19.50%</td>
<td></td>
</tr>
</tbody>
</table>

Source: ONS mid 2016 population estimates and 2011 Census, ONS Crown Copyright
<table>
<thead>
<tr>
<th>Indicator</th>
<th>North East Lincolnshire</th>
<th>Wolds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (years) (2012-16)</td>
<td>80.3</td>
<td>83.3</td>
</tr>
<tr>
<td>Mean number of DMFT per sampled child aged 5 years (2015)</td>
<td>1.02</td>
<td>0.59</td>
</tr>
<tr>
<td>% of sampled children aged 5 years with DMFT &gt;0 (2015)</td>
<td>28.6%</td>
<td>16.9%</td>
</tr>
<tr>
<td>DASR per 100,000 population for causes of death considered preventable (persons all ages) (2012-16)</td>
<td>222.8</td>
<td>153.4</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality (persons &lt;75 years) (2012-16)</td>
<td>94.3</td>
<td>63.0</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality considered preventable (persons &lt;75 years) (2012-16)</td>
<td>62.7</td>
<td>39.5</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality (persons all ages) (2012-16)</td>
<td>64.1</td>
<td>38.3</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality (persons &lt;75 years) (2012-16)</td>
<td>24.5</td>
<td>15.3</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality (persons all ages) (2012-16)</td>
<td>65.7</td>
<td>60.5</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality (persons &lt;75 years) (2012-16)</td>
<td>14.1</td>
<td>8.4</td>
</tr>
<tr>
<td>DASR per 100,000 population for all respiratory disease mortality (persons &lt;75 years) (2012-16)</td>
<td>40.9</td>
<td>24.0</td>
</tr>
<tr>
<td>DASR per 100,000 population for all communicable disease mortality (persons all ages) (2012-16)</td>
<td>10.6</td>
<td>9.5</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>165.5</td>
<td>120.4</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality considered preventable (persons &lt;75 years) (2012-16)</td>
<td>96.1</td>
<td>73.4</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality (males all ages) (2012-16)</td>
<td>53.9</td>
<td>33.3</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality (males &lt;75 years) (2012-16)</td>
<td>11.4</td>
<td>6.2</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons all ages) (2012-16)</td>
<td>69.7</td>
<td>45.1</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>44.1</td>
<td>26.2</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality (persons all ages) (2012-16)</td>
<td>22.7</td>
<td>25.6</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>12.6</td>
<td>15.5</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (females all ages) (2012-16)</td>
<td>36.1</td>
<td>43.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (females &lt;75 years) (2012-16)</td>
<td>23.2</td>
<td>29.4</td>
</tr>
<tr>
<td>DASR per 100,000 population for all-age all-cause mortality (2012-16)</td>
<td>1040.5</td>
<td>862.3</td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Joint Strategic Needs Assessment

↑ Higher figure than the North East Lincolnshire average (significantly better outcome)
↑ Higher figure than the North East Lincolnshire average (better but difference not significant)
↑ Higher figure than the North East Lincolnshire average (worse but difference not significant)
↑ Higher figure than the North East Lincolnshire average (significantly worse outcome)
↓ Lower figure than the North East Lincolnshire average (significantly better outcome)
↓ Lower figure than the North East Lincolnshire average (better but difference not significant)
↓ Lower figure than the North East Lincolnshire average (worse but difference not significant)
↓ Lower figure than the North East Lincolnshire average (significantly worse outcome)

DMFT = decayed/missing/filled teeth
DASR = directly age and sex standardised rate
COPD = chronic obstructive pulmonary disease

Health outcomes for the Wolds locality are in general better than those for North East Lincolnshire overall.
Figure 28  Wolds locality pharmacies and GP practices

GP Practice and Pharmacy Locations in Wolds Locality

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### 7.2 Summary

There are four pharmacies in the Wolds locality (Table 18).

**Table 18  Wolds locality pharmacies overview**

<table>
<thead>
<tr>
<th>Name</th>
<th>ODS Code</th>
<th>Address</th>
<th>Postcode</th>
<th>Main map ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cottingham Pharmacy</td>
<td>FM438</td>
<td>41 High Street, Waltham</td>
<td>DN37 0LJ</td>
<td>11</td>
</tr>
<tr>
<td>Day Lewis</td>
<td>FM096</td>
<td>Scartho Medical Centre, Springfield Road</td>
<td>DN33 3JF</td>
<td>13</td>
</tr>
<tr>
<td>Healing Pharmacy</td>
<td>FFK96</td>
<td>101-103 Station Road, Healing</td>
<td>DN41 7RB</td>
<td>15</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>FD193</td>
<td>8 Caistor Road, Laceby</td>
<td>DN37 7HX</td>
<td>18</td>
</tr>
</tbody>
</table>

Pharmaceutical services for this locality are located within the main villages of Scartho, Waltham, Laceby, and Healing. The three GP surgeries have a pharmacy nearby, with the Scartho pharmacy being co-located in the primary care centre. Whilst residents of some of the smaller villages within the locality have the furthest to travel out of all residents within North East Lincolnshire, and there are economic costs of travelling into the town centre from rural areas, all areas are within a 10 minute drive time of the nearest village pharmacy and within 15 minutes of a 100 hour pharmacy.

This is the most rural locality, there may be fewer transport services, and the locality also consists of a higher proportion of older residents than North East Lincolnshire overall. However, car ownership is considerably higher in this locality than for England overall as show in Figure 29.

**Figure 29  Car ownership levels for the Wolds locality, North East Lincolnshire and England**

Source: 2011 Census
Wide opening hours are offered Monday to Friday. Three pharmacies open on Saturday however only one is open in the afternoon. None of the pharmacies open on a Sunday, however as already stated all areas of the locality are within a 15 minute drive time of a 100 hour pharmacy and there are other pharmacies that open on a Sunday in the neighbouring locality. There is a choice of pharmacy contractor (Cottingham, Day Lewis, Healing (Oakley Enterprises), and Lloyds).

Considerable new housing is anticipated during the period of this PNA, particularly the Grimsby West Urban Extension development (approximately 367 units), around Grimsby Hospital (approximately 294 units), and the Scartho Top housing estate (approximately 243 units).

Three of the pharmacies are PhAS pharmacies (Lloyds in Laceby, Healing pharmacy, and Cottingham in Waltham), meaning that they have lower levels of dispensing activity, mainly due to the rural nature of the area within which they are located.

Three of the pharmacies provided a total of 584 MURs in 2016/17. If all four Wolds pharmacies delivered MUR there would be a potential maximum of 1,600. Two pharmacies provided the NMS and two pharmacies provided the flu vaccination advanced service.

The HWB has noted the lower population density of this locality. Whilst noting that there may be some benefit to a small percentage of the locality’s population in having a pharmacy in the southern part of the locality, on balance the HWB is not satisfied that it would confer significant benefits, and in any case is very unlikely to be financially viable, particularly as three of the locality pharmacies which are located in areas of greater population density, receive additional funding under the PhAS due to their low activity levels.

**Based upon the above information and also the information in chapter 4, the HWB concludes that there are no current or future needs for pharmaceutical services. It has also not identified any current or future improvements or better access to pharmaceutical services.**
CHAPTER 8

Central Locality

8.1 Overview

The Central locality is the largest locality and is an urban area that includes a large proportion of the town of Grimsby.

Figure 30 shows a population pyramid for Central locality residents.

Table 19 presents key statistics for the Central locality.

Table 20 presents key health indicators for the Central locality including a comparison to figures for North East Lincolnshire overall.

Figure 31 is a map of the locality which shows the locations of the fourteen pharmacies and the nine GP practices operating within the locality.

Figure 30  Central locality population pyramid, ONS mid 2016 population estimates

Source: ONS

The Central locality population is in general a marginally younger population than that of North East Lincolnshire overall.
## Table 19  Central locality – key statistics

<table>
<thead>
<tr>
<th>Locality: Central</th>
<th>Central</th>
<th>North East Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Structure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 19</td>
<td>13,404</td>
<td>37,721</td>
</tr>
<tr>
<td>20 to 64</td>
<td>30,974</td>
<td>89,940</td>
</tr>
<tr>
<td>65+</td>
<td>9,260</td>
<td>31,483</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>53,638</td>
<td>159,144</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>51,325</td>
<td>152,643</td>
</tr>
<tr>
<td>Europe (Excluding UK)</td>
<td>1,470</td>
<td>3,779</td>
</tr>
<tr>
<td>Africa</td>
<td>299</td>
<td>743</td>
</tr>
<tr>
<td>Middle East and Asia</td>
<td>739</td>
<td>1,978</td>
</tr>
<tr>
<td>The Americas and the Caribbean</td>
<td>94</td>
<td>328</td>
</tr>
<tr>
<td>Antarctica and Oceania</td>
<td>60</td>
<td>144</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>&lt;5</td>
</tr>
<tr>
<td><strong>Households</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of All Households</td>
<td>23,286</td>
<td>69,707</td>
</tr>
<tr>
<td>Persons per Household</td>
<td>2.32</td>
<td>2.29</td>
</tr>
<tr>
<td><strong>Access to Car or Van</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Cars or Vans in Household</td>
<td>7,914</td>
<td>21,481</td>
</tr>
<tr>
<td>1 Car or Van or more in Household</td>
<td>15,372</td>
<td>48,226</td>
</tr>
<tr>
<td>% of households with access to a Car or Van</td>
<td>66.0%</td>
<td>69.2%</td>
</tr>
<tr>
<td><strong>Persons Economically Active</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Active Total (persons aged 16-74)</td>
<td>26,965</td>
<td>79,227</td>
</tr>
<tr>
<td>% Economically Active (all persons aged 16-74)</td>
<td>68.8%</td>
<td>68.4%</td>
</tr>
<tr>
<td>Part Time</td>
<td>6,516</td>
<td>19,086</td>
</tr>
<tr>
<td>Full Time</td>
<td>14,279</td>
<td>42,039</td>
</tr>
<tr>
<td>Self Employed</td>
<td>2,196</td>
<td>7,484</td>
</tr>
<tr>
<td>Employed</td>
<td>22,991</td>
<td>68,609</td>
</tr>
<tr>
<td>% Employed of Economically Active</td>
<td>85.3%</td>
<td>86.6%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2,896</td>
<td>7,486</td>
</tr>
<tr>
<td>% Unemployed</td>
<td>10.7%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Full Time Student</td>
<td>1,078</td>
<td>3,132</td>
</tr>
<tr>
<td><strong>Persons Economically Inactive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Inactive Total (persons aged 16-74)</td>
<td>12,224</td>
<td>36,596</td>
</tr>
<tr>
<td>% Economically Inactive (all persons aged 16-74)</td>
<td>31.2%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Retired</td>
<td>5,244</td>
<td>18,018</td>
</tr>
<tr>
<td>Student</td>
<td>1,896</td>
<td>4,825</td>
</tr>
<tr>
<td>Looking After Home or Family</td>
<td>2,126</td>
<td>5,635</td>
</tr>
<tr>
<td>Long-term Sick or Disabled</td>
<td>2,024</td>
<td>5,612</td>
</tr>
<tr>
<td>Other</td>
<td>934</td>
<td>2,506</td>
</tr>
<tr>
<td><strong>Long-Term Health Problem or Disability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day-to-Day Activities Limited a Lot</td>
<td>4,984</td>
<td>14,786</td>
</tr>
<tr>
<td>Day-to-Day Activities Limited a Little</td>
<td>5,275</td>
<td>16,334</td>
</tr>
<tr>
<td>% Persons Limited on Day-to-Day activities</td>
<td>19.00%</td>
<td>19.50%</td>
</tr>
</tbody>
</table>

Source: ONS mid 2016 population estimates and 2011 Census, ONS Crown Copyright
<table>
<thead>
<tr>
<th>Indicator</th>
<th>North East Lincolnshire</th>
<th>Central</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (years) (2012-16)</td>
<td>80.3</td>
<td>79.3</td>
</tr>
<tr>
<td>Mean number of DMFT per sampled child aged 5 years (2015)</td>
<td>1.02</td>
<td>1.11</td>
</tr>
<tr>
<td>% of sampled children aged 5 years with DMFT &gt;0 (2015)</td>
<td>28.6%</td>
<td>33.2%</td>
</tr>
<tr>
<td>DASR per 100,000 population for causes of death considered preventable (persons all ages) (2012-16)</td>
<td>222.8</td>
<td>245.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality (persons &lt;75 years) (2012-16)</td>
<td>94.3</td>
<td>107.4</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality considered preventable (persons &lt;75 years) (2012-16)</td>
<td>62.7</td>
<td>71.5</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality (persons all ages) (2012-16)</td>
<td>64.1</td>
<td>67.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality (persons &lt;75 years) (2012-16)</td>
<td>24.5</td>
<td>22.1</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality (persons all ages) (2012-16)</td>
<td>65.7</td>
<td>68.4</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality (persons &lt;75 years) (2012-16)</td>
<td>14.1</td>
<td>16.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all respiratory disease mortality (persons &lt;75 years) (2012-16)</td>
<td>40.9</td>
<td>40.4</td>
</tr>
<tr>
<td>DASR per 100,000 population for all communicable disease mortality (persons all ages) (2012-16)</td>
<td>10.6</td>
<td>9.2</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>165.5</td>
<td>183.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality considered preventable (persons &lt;75 years) (2012-16)</td>
<td>96.1</td>
<td>105.1</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality (males all ages) (2012-16)</td>
<td>53.9</td>
<td>52.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality (males &lt;75 years) (2012-16)</td>
<td>11.4</td>
<td>13.3</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons all ages) (2012-16)</td>
<td>69.7</td>
<td>81.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>44.1</td>
<td>54.2</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality (persons all ages) (2012-16)</td>
<td>22.7</td>
<td>18.0</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>12.6</td>
<td>9.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (females all ages) (2012-16)</td>
<td>36.1</td>
<td>41.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (females &lt;75 years) (2012-16)</td>
<td>23.2</td>
<td>21.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all-age all-cause mortality (2012-16)</td>
<td>1040.5</td>
<td>1141.5</td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Joint Strategic Needs Assessment

↑ Higher figure than the North East Lincolnshire average (significantly better outcome)
↑ Higher figure than the North East Lincolnshire average (better but difference not significant)
↑ Higher figure than the North East Lincolnshire average (worse but difference not significant)
↑ Higher figure than the North East Lincolnshire average (significantly worse outcome)
↓ Lower figure than the North East Lincolnshire average (significantly better outcome)
↓ Lower figure than the North East Lincolnshire average (better but difference not significant)
↓ Lower figure than the North East Lincolnshire average (worse but difference not significant)
↓ Lower figure than the North East Lincolnshire average (significantly worse outcome)

DMFT = decayed/missing/filled teeth
DASR = directly age and sex standardised rate
COPD = chronic obstructive pulmonary disease

Health outcomes for the Wolds locality are in general worse than those for North East Lincolnshire overall.
Figure 31  Central locality pharmacies and GP practices

![Central locality pharmacies and GP practices map](image-url)
8.2 Summary

There are fourteen pharmacies in the Central locality (Table 21).

Table 21 Central locality pharmacies overview

<table>
<thead>
<tr>
<th>Name</th>
<th>ODS Code</th>
<th>Address</th>
<th>Postcode</th>
<th>Main map ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birkwood Pharmacy</td>
<td>FFX63</td>
<td>Westward Ho, Grimsby</td>
<td>DN34 5EN</td>
<td>2</td>
</tr>
<tr>
<td>Boots</td>
<td>FLV73</td>
<td>Churchview Health Centre, Cartergate</td>
<td>DN31 1QZ</td>
<td>4</td>
</tr>
<tr>
<td>Boots</td>
<td>FD897</td>
<td>43 Friargate, Freshney Place</td>
<td>DN31 1EL</td>
<td>5</td>
</tr>
<tr>
<td>Cohens Chemist</td>
<td>FA419</td>
<td>Freshney Green, Sorrell Road</td>
<td>DN34 4GB</td>
<td>8</td>
</tr>
<tr>
<td>Cohens Chemist</td>
<td>FGC59</td>
<td>132 Chelmsford Avenue</td>
<td>DN34 5DA</td>
<td>9</td>
</tr>
<tr>
<td>Drugs4Delivery</td>
<td>FQN38</td>
<td>Acorn Business Park, Moss Road</td>
<td>DN32 0LT</td>
<td>14</td>
</tr>
<tr>
<td>Lincolnshire Co-op</td>
<td>FD190</td>
<td>324 St Nicholas Drive</td>
<td>DN37 9SF</td>
<td>16</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>FHE56</td>
<td>208 Littlecoates Road</td>
<td>DN34 5SU</td>
<td>19</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>FJO11</td>
<td>Raj Medical Centre, Laceby Road</td>
<td>DN34 SLP</td>
<td>20</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>FNR70</td>
<td>Sainsburys, Corporation Road</td>
<td>DN31 1UF</td>
<td>22</td>
</tr>
<tr>
<td>Periville Chemist</td>
<td>FC797</td>
<td>9 Wingate Parade</td>
<td>DN37 9DR</td>
<td>27</td>
</tr>
<tr>
<td>Periville Chemist</td>
<td>FF575</td>
<td>Cromwell Road Primary Care Centre</td>
<td>DN31 2BH</td>
<td>28</td>
</tr>
<tr>
<td>Superdrug</td>
<td>FXG65</td>
<td>55 Friargate, Freshney Place</td>
<td>DN31 1QQ</td>
<td>32</td>
</tr>
<tr>
<td>Tesco</td>
<td>FGW79</td>
<td>Tesco, Market Street</td>
<td>DN31 1QS</td>
<td>34</td>
</tr>
</tbody>
</table>

This locality has the largest population of all the North East Lincolnshire localities, and includes pockets of considerable deprivation particularly in the South and West Marsh areas of the locality. This locality is served by the largest number of pharmacies and GP practices, which includes both of North East Lincolnshire’s 100 hour pharmacies. There are five relatively recently built primary care centres in the locality, each of which include a co-located pharmacy. This locality also includes two pharmacies located within the main shopping centre of North East Lincolnshire, and two pharmacies located within supermarkets. There is an adequate choice of pharmacy contractor (Birkwood (Bespoke), Boots, Cohens (Gorgemead Ltd), Drugs4Delivery (Tatari Reality Company), Lincolnshire Co-op, Lloyds, Periville, Superdrug, and Tesco). Because this locality consists of the main urban area of North East Lincolnshire and the town centre, there are generally adequate transport links throughout. All residential areas are within 1.6km (1 mile) in a straight line of a pharmacy. There is no pharmacy on the Nunsthorpe estate which has high levels of deprivation, a large child population, and a relatively high percentage of households with no car access, however there is a Lloyds pharmacy co-located with Raj medical centre on the edge of the estate. There is no pharmacy in the centre of the park area of the locality, however this area is within 1.6km (1 mile) in a straight line of pharmacies located either in the neighbouring Fiveways locality or in the town centre. Wide opening hours are offered Monday to Friday. Nine pharmacies open on Saturday whilst five open on Sunday. A Lloyds pharmacy on Dudley Street ceased trading January 2018, a Boots pharmacy being located nearby.

All fourteen pharmacies provide the MUR service and completed 4,166 MURs in 2016/17 with three pharmacies completing the maximum 400. Thirteen pharmacies provided the NMS, one provided stoma appliance customisation and seven provided the flu advanced service in 2016/17. No pharmacy provided the AUR service in 2016/17.

Based upon the above information and also the information in chapter 4, the HWB concludes that there are no current or future needs for pharmaceutical services. It has also not identified any current or future improvements or better access to pharmaceutical services.
CHAPTER 9
Fiveways Locality

9.1 Overview

The Fiveways locality is an urban area that includes the most deprived areas of Grimsby and Cleethorpes, some of which are among the most deprived areas in England.

Figure 32 shows a population pyramid for Fiveways locality residents.

Table 22 presents key statistics for the Fiveways locality.

Table 23 presents key health indicators for the Fiveways locality including a comparison to figures for North East Lincolnshire overall.

Figure 33 is a map of the locality which shows the locations of the seven pharmacies and the eleven GP practices operating within the locality.

Figure 32  Fiveways locality population pyramid, ONS mid 2016 population estimates

Source: ONS

The Fiveways locality population is in general a much younger population than that of North East Lincolnshire overall.
### Table 22  Fiveways locality – key statistics

<table>
<thead>
<tr>
<th>Locality: Fiveways</th>
<th>Fiveways</th>
<th>North East Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Structure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 19</td>
<td>9,746</td>
<td>37,721</td>
</tr>
<tr>
<td>20 to 64</td>
<td>21,427</td>
<td>89,940</td>
</tr>
<tr>
<td>65+</td>
<td>4,749</td>
<td>31,483</td>
</tr>
<tr>
<td>Total</td>
<td>35,922</td>
<td>159,144</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>34,802</td>
<td>152,643</td>
</tr>
<tr>
<td>Europe (Excluding UK)</td>
<td>1,144</td>
<td>3,779</td>
</tr>
<tr>
<td>Africa</td>
<td>167</td>
<td>743</td>
</tr>
<tr>
<td>Middle East and Asia</td>
<td>425</td>
<td>1,978</td>
</tr>
<tr>
<td>The Americas and the Caribbean</td>
<td>68</td>
<td>328</td>
</tr>
<tr>
<td>Antarctica and Oceania</td>
<td>31</td>
<td>144</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Households</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of All Households</td>
<td>16,211</td>
<td>69,707</td>
</tr>
<tr>
<td>Persons per Household</td>
<td>2.26</td>
<td>2.29</td>
</tr>
<tr>
<td><strong>Access to Car or Van</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Cars or Vans in Household</td>
<td>7,471</td>
<td>21,481</td>
</tr>
<tr>
<td>1 Car or Van or more in Household</td>
<td>8,740</td>
<td>48,226</td>
</tr>
<tr>
<td>% of households with access to a Car or Van</td>
<td>53.9%</td>
<td>69.2%</td>
</tr>
<tr>
<td><strong>Persons Economically Active</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Active Total (persons aged 16-74)</td>
<td>18,133</td>
<td>79,227</td>
</tr>
<tr>
<td>% Economically Active (all persons aged 16-74)</td>
<td>67.9%</td>
<td>68.4%</td>
</tr>
<tr>
<td>Part Time</td>
<td>4,358</td>
<td>19,086</td>
</tr>
<tr>
<td>Full Time</td>
<td>9,004</td>
<td>42,039</td>
</tr>
<tr>
<td>Self Employed</td>
<td>1,437</td>
<td>7,484</td>
</tr>
<tr>
<td>Employed</td>
<td>14,799</td>
<td>68,609</td>
</tr>
<tr>
<td>% Employed of Economically Active</td>
<td>81.6%</td>
<td>86.6%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2,613</td>
<td>7,486</td>
</tr>
<tr>
<td>% Unemployed</td>
<td>14.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Full Time Student</td>
<td>721</td>
<td>3,132</td>
</tr>
<tr>
<td><strong>Persons Economically Inactive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Inactive Total (persons aged 16-74)</td>
<td>8,581</td>
<td>36,596</td>
</tr>
<tr>
<td>% Economically Inactive (all persons aged 16-74)</td>
<td>32.1%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Retired</td>
<td>2,936</td>
<td>18,018</td>
</tr>
<tr>
<td>Student</td>
<td>1,238</td>
<td>4,825</td>
</tr>
<tr>
<td>Looking After Home or Family</td>
<td>1,652</td>
<td>5,635</td>
</tr>
<tr>
<td>Long-term Sick or Disabled</td>
<td>1,872</td>
<td>5,612</td>
</tr>
<tr>
<td>Other</td>
<td>883</td>
<td>2,506</td>
</tr>
<tr>
<td><strong>Long-Term Health Problem or Disability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day-to-Day Activities Limited a Lot</td>
<td>3,509</td>
<td>14,786</td>
</tr>
<tr>
<td>Day-to-Day Activities Limited a Little</td>
<td>3,709</td>
<td>16,334</td>
</tr>
<tr>
<td>% Persons Limited on Day-to-Day activities</td>
<td>19.70%</td>
<td>19.50%</td>
</tr>
</tbody>
</table>

Source: ONS mid 2016 population estimates and 2011 Census
Table 23  Health indicators for North East Lincolnshire and Fiveways locality

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North East Lincolnshire</th>
<th>Fiveways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (years) (2012-16)</td>
<td>80.3</td>
<td>77.5</td>
</tr>
<tr>
<td>Mean number of DMFT per sampled child aged 5 years (2015)</td>
<td>1.02</td>
<td>1.26</td>
</tr>
<tr>
<td>% of sampled children aged 5 years with DMFT &gt;0 (2015)</td>
<td>28.6%</td>
<td>33.3%</td>
</tr>
<tr>
<td>DASR per 100,000 population for causes of death considered preventable (persons all ages) (2012-16)</td>
<td>222.8</td>
<td>326.1</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality (persons &lt;75 years) (2012-16)</td>
<td>94.3</td>
<td>134.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality considered preventable (persons &lt;75 years) (2012-16)</td>
<td>62.7</td>
<td>98.4</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality (persons all ages) (2012-16)</td>
<td>64.1</td>
<td>103.0</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality (persons &lt;75 years) (2012-16)</td>
<td>24.5</td>
<td>39.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality (persons all ages) (2012-16)</td>
<td>65.7</td>
<td>66.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality (persons &lt;75 years) (2012-16)</td>
<td>14.1</td>
<td>19.5</td>
</tr>
<tr>
<td>DASR per 100,000 population for all respiratory disease mortality (persons &lt;75 years) (2012-16)</td>
<td>40.9</td>
<td>70.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all communicable disease mortality (persons all ages) (2012-16)</td>
<td>10.6</td>
<td>14.6</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>165.5</td>
<td>214.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality considered preventable (persons &lt;75 years) (2012-16)</td>
<td>96.1</td>
<td>136.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality (males all ages) (2012-16)</td>
<td>53.9</td>
<td>56.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality (males &lt;75 years) (2012-16)</td>
<td>11.4</td>
<td>14.0</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons all ages) (2012-16)</td>
<td>69.7</td>
<td>100.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>44.1</td>
<td>65.1</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality (persons all ages) (2012-16)</td>
<td>22.7</td>
<td>30.6</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality (persons &lt;75 years) (2012-16)</td>
<td>12.6</td>
<td>16.8</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (females all ages) (2012-16)</td>
<td>36.1</td>
<td>32.0</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality (females &lt;75 years) (2012-16)</td>
<td>23.2</td>
<td>26.0</td>
</tr>
<tr>
<td>DASR per 100,000 population for all-age all-cause mortality (2012-16)</td>
<td>1040.5</td>
<td>1264.9</td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Joint Strategic Needs Assessment

↑ Higher figure than the North East Lincolnshire average (significantly better outcome)
↑ Higher figure than the North East Lincolnshire average (better but difference not significant)
↑ Higher figure than the North East Lincolnshire average (worse but difference not significant)
↑ Higher figure than the North East Lincolnshire average (significantly worse outcome)
↓ Lower figure than the North East Lincolnshire average (significantly better outcome)
↓ Lower figure than the North East Lincolnshire average (better but difference not significant)
↓ Lower figure than the North East Lincolnshire average (worse but difference not significant)
↓ Lower figure than the North East Lincolnshire average (significantly worse outcome)

DMFT = decayed/missing/filled teeth
DASR = directly age and sex standardised rate
COPD = chronic obstructive pulmonary disease

Health outcomes for the Fiveways locality are in general much worse than those for North East Lincolnshire overall.
9.2 Summary

There are seven pharmacies in the Fiveways locality (Table 24).

Table 24 Fiveways locality pharmacies overview

<table>
<thead>
<tr>
<th>Name</th>
<th>ODS Code</th>
<th>Address</th>
<th>Postcode</th>
<th>Main map ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asda</td>
<td>FXC13</td>
<td>Asda, Holles Street</td>
<td>DN32 9DL</td>
<td>1</td>
</tr>
<tr>
<td>Boots</td>
<td>FN494</td>
<td>55 Freeman Street</td>
<td>DN32 7AE</td>
<td>6</td>
</tr>
<tr>
<td>Cottingham Pharmacy</td>
<td>FC890</td>
<td>342 Wellington Street</td>
<td>DN32 7JR</td>
<td>10</td>
</tr>
<tr>
<td>Lincolnshire Co-op</td>
<td>FJX84</td>
<td>121 Grimsby Road</td>
<td>DN35 7DG</td>
<td>17</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>FM640</td>
<td>Stirling Street Medical Centre</td>
<td>DN31 3AE</td>
<td>23</td>
</tr>
<tr>
<td>Periville Chemist</td>
<td>FYV42</td>
<td>Weelsby View, Ladysmith Road</td>
<td>DN32 9SW</td>
<td>29</td>
</tr>
<tr>
<td>Rowlands Pharmacy</td>
<td>FCE49</td>
<td>323a Grimsby Road</td>
<td>DN35 7ES</td>
<td>30</td>
</tr>
</tbody>
</table>

Fiveways locality is the most deprived within North East Lincolnshire and stark health inequalities are evident between this locality and that of North East Lincolnshire overall. The locality includes the areas with the lowest levels of car ownership in North East Lincolnshire, however all areas are within 1.6km (1 mile) in a straight line of a pharmacy. There is an adequate choice of pharmacy contractor (Asda, Boots, Cottingham, Lincolnshire Co-op, Lloyds, Periville, and Rowlands). Overall access to pharmaceutical services is adequate, with pharmacies being co-located with GP practices at the Clee, Stirling Street, and Weelsby View primary care centres, however the Weelsby View centre is on a poor bus route. Wide opening hours are offered Monday to Friday. Six pharmacies open on Saturday and one opens on Sunday. The HWB notes the additional services provided by Open Door and Quayside Medical Centre.

All seven pharmacies provide the MUR service and completed 2,129 MURs in 2016/17 with one pharmacy completing the maximum 400. All seven pharmacies provided the NMS, two provided stoma appliance customisation and five provided the flu advanced service in 2016/17. No pharmacy provided the AUR service in 2016/17.

Based upon the above information and also the information in chapter 4, the HWB concludes that there are no current or future needs for pharmaceutical services. It has also not identified any current or future improvements or better access to pharmaceutical services.
CHAPTER 10

Meridian Locality

10.1 Overview

The Meridian locality includes most of the town of Cleethorpes and the villages of Humberston and New Waltham.

Figure 34 shows a population pyramid for Meridian locality residents.

Table 25 presents key statistics for the Meridian locality.

Table 26 presents key health indicators for the Meridian locality including a comparison to figures for North East Lincolnshire overall.

Figure 35 is a map of the locality which shows the locations of the seven pharmacies and the four GP practices operating within the locality.

Figure 34  Meridian locality population pyramid, ONS mid 2016 population estimates

The Meridian locality population is in general a much older population than that of North East Lincolnshire overall.

Source: ONS
Table 25  Meridian locality – key statistics

<table>
<thead>
<tr>
<th>Locality: Meridian</th>
<th>Meridian</th>
<th>North East Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Structure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 19</td>
<td>6,413</td>
<td>37,721</td>
</tr>
<tr>
<td>20 to 64</td>
<td>17,256</td>
<td>89,940</td>
</tr>
<tr>
<td>65+</td>
<td>8,814</td>
<td>31,483</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32,483</td>
<td>159,144</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>31,406</td>
<td>152,643</td>
</tr>
<tr>
<td>Europe (Excluding UK)</td>
<td>558</td>
<td>3,779</td>
</tr>
<tr>
<td>Africa</td>
<td>135</td>
<td>743</td>
</tr>
<tr>
<td>Middle East and Asia</td>
<td>402</td>
<td>1,978</td>
</tr>
<tr>
<td>The Americas and the Caribbean</td>
<td>98</td>
<td>328</td>
</tr>
<tr>
<td>Antarctica and Oceania</td>
<td>21</td>
<td>144</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>&lt;5</td>
</tr>
<tr>
<td><strong>Households</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of All Households</td>
<td>14,738</td>
<td>69,707</td>
</tr>
<tr>
<td>Persons per Household</td>
<td>2.21</td>
<td>2.29</td>
</tr>
<tr>
<td><strong>Access to Car or Van</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Cars or Vans in Household</td>
<td>3,363</td>
<td>21,481</td>
</tr>
<tr>
<td>1 Car or Van or more in Household</td>
<td>11,375</td>
<td>48,226</td>
</tr>
<tr>
<td>% of households with access to a Car or Van</td>
<td>77.2%</td>
<td>69.2%</td>
</tr>
<tr>
<td><strong>Persons Economically Active</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Active Total (persons aged 16-74)</td>
<td>16,010</td>
<td>79,227</td>
</tr>
<tr>
<td>% Economically Active (all persons aged 16-74)</td>
<td>67.6%</td>
<td>68.4%</td>
</tr>
<tr>
<td>Part Time</td>
<td>4,083</td>
<td>19,086</td>
</tr>
<tr>
<td>Full Time</td>
<td>8,476</td>
<td>42,039</td>
</tr>
<tr>
<td>Self Employed</td>
<td>1,917</td>
<td>7,484</td>
</tr>
<tr>
<td>Employed</td>
<td>14,476</td>
<td>68,609</td>
</tr>
<tr>
<td>% Employed of Economically Active</td>
<td>90.4%</td>
<td>86.6%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>921</td>
<td>7,486</td>
</tr>
<tr>
<td>% Unemployed</td>
<td>5.8%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Full Time Student</td>
<td>613</td>
<td>3,132</td>
</tr>
<tr>
<td><strong>Persons Economically Inactive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Inactive Total (persons aged 16-74)</td>
<td>7,662</td>
<td>36,596</td>
</tr>
<tr>
<td>% Economically Inactive (all persons aged 16-74)</td>
<td>32.4%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Retired</td>
<td>4,964</td>
<td>18,018</td>
</tr>
<tr>
<td>Student</td>
<td>741</td>
<td>4,825</td>
</tr>
<tr>
<td>Looking After Home or Family</td>
<td>797</td>
<td>5,635</td>
</tr>
<tr>
<td>Long-term Sick or Disabled</td>
<td>850</td>
<td>5,612</td>
</tr>
<tr>
<td>Other</td>
<td>310</td>
<td>2,506</td>
</tr>
<tr>
<td><strong>Long-Term Health Problem or Disability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day-to-Day Activities Limited a Lot</td>
<td>3,311</td>
<td>14,786</td>
</tr>
<tr>
<td>Day-to-Day Activities Limited a Little</td>
<td>3,575</td>
<td>16,334</td>
</tr>
<tr>
<td>% Persons Limited on Day-to-Day activities</td>
<td>21.11%</td>
<td>19.50%</td>
</tr>
</tbody>
</table>

Source: ONS mid 2016 population estimates and 2011 Census
<table>
<thead>
<tr>
<th>Indicator</th>
<th>North East Lincolnshire</th>
<th>Meridian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (years) <em>(2012-16)</em></td>
<td>80.3</td>
<td>82.1</td>
</tr>
<tr>
<td>Mean number of DMFT per sampled child aged 5 years <em>(2015)</em></td>
<td>1.02</td>
<td>0.65</td>
</tr>
<tr>
<td>% of sampled children aged 5 years with DMFT &gt;0 <em>(2015)</em></td>
<td>28.6%</td>
<td>20.0%</td>
</tr>
<tr>
<td>DASR per 100,000 population for causes of death considered preventable *(persons all ages) <em>(2012-16)</em></td>
<td>222.8</td>
<td>172.6</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality *(persons &lt;75 years) <em>(2012-16)</em></td>
<td>94.3</td>
<td>70.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all CVD mortality considered preventable *(persons &lt;75 years) <em>(2012-16)</em></td>
<td>62.7</td>
<td>45.2</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality *(persons all ages) <em>(2012-16)</em></td>
<td>64.1</td>
<td>52.1</td>
</tr>
<tr>
<td>DASR per 100,000 population for all COPD mortality *(persons &lt;75 years) <em>(2012-16)</em></td>
<td>24.5</td>
<td>21.3</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality *(persons all ages) <em>(2012-16)</em></td>
<td>65.7</td>
<td>66.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all stroke mortality *(persons &lt;75 years) <em>(2012-16)</em></td>
<td>14.1</td>
<td>9.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all respiratory disease mortality *(persons &lt;75 years) <em>(2012-16)</em></td>
<td>40.9</td>
<td>28.6</td>
</tr>
<tr>
<td>DASR per 100,000 population for all communicable disease mortality *(persons all ages) <em>(2012-16)</em></td>
<td>10.6</td>
<td>9.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality *(persons &lt;75 years) <em>(2012-16)</em></td>
<td>165.5</td>
<td>150.7</td>
</tr>
<tr>
<td>DASR per 100,000 population for all cancer mortality considered preventable *(persons &lt;75 years) <em>(2012-16)</em></td>
<td>96.1</td>
<td>80.5</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality *(males all ages) <em>(2012-16)</em></td>
<td>53.9</td>
<td>73.0</td>
</tr>
<tr>
<td>DASR per 100,000 population for all prostate cancer mortality *(males &lt;75 years) <em>(2012-16)</em></td>
<td>11.4</td>
<td>14.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality *(persons all ages) <em>(2012-16)</em></td>
<td>69.7</td>
<td>56.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all lung cancer mortality *(persons &lt;75 years) <em>(2012-16)</em></td>
<td>44.1</td>
<td>35.1</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality *(persons all ages) <em>(2012-16)</em></td>
<td>22.7</td>
<td>20.1</td>
</tr>
<tr>
<td>DASR per 100,000 population for all colorectal cancer mortality *(persons &lt;75 years) <em>(2012-16)</em></td>
<td>12.6</td>
<td>10.2</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality *(females all ages) <em>(2012-16)</em></td>
<td>36.1</td>
<td>27.4</td>
</tr>
<tr>
<td>DASR per 100,000 population for all breast cancer mortality *(females &lt;75 years) <em>(2012-16)</em></td>
<td>23.2</td>
<td>18.9</td>
</tr>
<tr>
<td>DASR per 100,000 population for all-age all-cause mortality <em>(2012-16)</em></td>
<td>1040.5</td>
<td>906.3</td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Joint Strategic Needs Assessment

↑ Higher figure than the North East Lincolnshire average (significantly better outcome)
↑ Higher figure than the North East Lincolnshire average (better but difference not significant)
↑ Higher figure than the North East Lincolnshire average (worse but difference not significant)
↑ Higher figure than the North East Lincolnshire average (significantly worse outcome)
↓ Lower figure than the North East Lincolnshire average (significantly better outcome)
↓ Lower figure than the North East Lincolnshire average (better but difference not significant)
↓ Lower figure than the North East Lincolnshire average (worse but difference not significant)
↓ Lower figure than the North East Lincolnshire average (significantly worse outcome)

DMFT = decayed/missing/filled teeth
DASR = directly age and sex standardised rate
COPD = chronic obstructive pulmonary disease

Health outcomes for the Meridian locality are in general much better than those for North East Lincolnshire overall.
Figure 35  Meridian locality pharmacies and GP practices

GP Practice and Pharmacy Locations in Meridian Locality

PHARMACY NAME
1. Birmingham Chemist
2. Boots
3. Day Lewis
4. Lloyds Pharmacy
5. Lloyds Pharmacy
6. Sandringham Pharmacy
7. Tesco Pharmacy

GP PRACTICE NAME
8. Beacon Medical
9. Lynton Practice
10. Dr Qureshi
11. Greenlands Surgery

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10.2 Summary

There are seven pharmacies in the Meridian locality (Table 27).

Table 27 Meridian locality pharmacies overview

<table>
<thead>
<tr>
<th>Name</th>
<th>ODS Code</th>
<th>Address</th>
<th>Postcode</th>
<th>Main map ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham Chemist</td>
<td>FE995</td>
<td>Cleethorpes PCC, St Hughes Avenue</td>
<td>DN35 8EB</td>
<td>3</td>
</tr>
<tr>
<td>Boots</td>
<td>FX882</td>
<td>63-67 St Peter’s Avenue</td>
<td>DN35 8HF</td>
<td>7</td>
</tr>
<tr>
<td>Day Lewis</td>
<td>FG710</td>
<td>14-16 St Peter’s Avenue</td>
<td>DN35 8HL</td>
<td>12</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>FR221</td>
<td>Unit 1-2 Greengables, New Waltham</td>
<td>DN36 4YE</td>
<td>25</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>FW062</td>
<td>53-55 Fieldhouse Road, Humberston</td>
<td>DN36 4UJ</td>
<td>26</td>
</tr>
<tr>
<td>Sandringham Pharmacy</td>
<td>FQR49</td>
<td>36 Sandringham Road</td>
<td>DN35 9HB</td>
<td>31</td>
</tr>
<tr>
<td>Tesco</td>
<td>FGC04</td>
<td>Tesco, Hewitts Avenue</td>
<td>DN35 9QR</td>
<td>33</td>
</tr>
</tbody>
</table>

Overall, pharmaceutical service provision in the Meridian locality is considered adequate. There is a pharmacy in both of the villages of Humberston and New Waltham, a choice of two pharmacy contractors is available in the main shopping area of Cleethorpe (St Peter’s Avenue), a pharmacy is located in the Sandringham Road area, a pharmacy is co-located at the Cleethorpes primary care centre, and a pharmacy is also located in the largest supermarket in the locality. All areas are (with the exception of the Humberston Fitties) within 1.6km (1 mile) in a straight line of a pharmacy. There is an adequate choice of pharmacy contractor (Birmingham, Boots, Day Lewis, Lloyds, Sandringham, and Tesco). Wide opening hours are offered Monday to Friday. All pharmacies open on Saturday and one opens on Sunday. This locality is comprised of three wards with all existing pharmacies located within the Croft Baker and Humberston and New Waltham wards, with no pharmacies located in the Haverstoe ward. There is no pharmacy co-located at the Taylors Avenue medical centre.

The Meridian locality includes the Cleethorpes coast and associated resort and seaside tourist attractions, and will experience a seasonal demand for pharmaceutical services particularly over the summer months, from people who are not resident in North East Lincolnshire but who are tourists visiting Cleethorpes and the local seaside attractions. Due to the temporary and relatively short stay within the area by visitors, issues are likely to be regarding medication for acute conditions, the need for repeat medication, and support for self-care. The NHS urgent medicine supply advanced service (NUMSAS) has been commissioned by NHS England and is being rolled out in North East Lincolnshire, and this service is detailed in section 4.1.4.

Three of the pharmacies are PhAS pharmacies (Tesco Cleethorpes, Lloyds in New Waltham, and Lloyds in Humberston).

All seven pharmacies provide the MUR service and completed 1,941 MURs in 2016/17. Six pharmacies provided the NMS, two provided stoma appliance customisation, and all seven provided the flu advanced service in 2016/17. No pharmacy provided the AUR service in 2016/17.

Based upon the above information and also the information in chapter 4, the HWB concludes that there are no current or future needs for pharmaceutical services. It has also not identified any current or future improvements or better access to pharmaceutical services.
CHAPTER 11
North East Lincolnshire Council Commissioned Services

11.1 Context

Both the regulations and the NHS Act 2006 define ‘pharmaceutical services’ as those services commissioned by NHS England from pharmacies and dispensing appliance contractors, and the dispensing service provided by some GPs. As a result of the Health and Social Care Act 2012, many public health functions were transferred to local authorities (DH, 2012), and since April 2013, some of the public health services that were commissioned as local enhanced services by North East Lincolnshire Care Trust Plus (CTP), are now the responsibility of North East Lincolnshire Council as part of its public health responsibilities (Local Government Association, 2013). There is increasing recognition that pharmacies can make a considerable contribution to population health improvement (Public Health England, 2014), and the HWB decided to include the services it commissions from pharmacies within the PNA, however it should be noted that these are not ‘pharmaceutical services’ as defined by the regulations, but that these are known as locally commissioned services.

11.2 Sexual health services locally commissioned by North East Lincolnshire Council and delivered through pharmacies

11.2.1 Background

From April 2013, the commissioning of sexual health services changed and responsibility for commissioning most sexual health work was transferred to local authorities. Local authorities are now responsible for providing comprehensive, open access sexual health services, that include prevention, detection, and treatment. Reducing the burden of unplanned pregnancy (whether this leads to maternity, miscarriage or abortion) requires a sustained public health response. This should be based around the following: marketing; easy access to high quality information for informed decision making; easy access to the full range of contraception (particularly the most effective long-acting reversible contraception (LARC), the implant, intrauterine systems (IUS) and intrauterine device (IUD)) for pregnancy prevention; and accessible pregnancy testing with rapid referral into abortion services for unwanted pregnancy. These services should be delivered alongside promotion of safer sexual and health-care seeking behaviour. (Public Health England, 2015)

Local authorities are not responsible for the NHS England contracted element of sexual health services, but can commission sexual health services in primary care. This includes services commissioned from general practice and pharmacy as ‘locally commissioned services’. A number of services for sexual health were originally in place as local enhanced services (LES), and when responsibility transferred to the local authority in April 2013 these LES arrangements also transferred. Sexual health commissioning responsibilities are detailed in Table 28.
Table 28  Sexual health commissioning responsibilities

<table>
<thead>
<tr>
<th>Local Authorities</th>
<th>Clinical Commissioning Groups</th>
<th>NHS England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive sexual health services including:</td>
<td>Most abortion services</td>
<td>Contraception provided as an additional service under the GP contract</td>
</tr>
<tr>
<td>Contraception including LESs (implants) and NESs (intra-uterine contraception) and all prescribing costs, excluding contraception provided as an additional service under the GP contract</td>
<td>Female sterilisation</td>
<td>HIV treatment and care (including drug costs for post exposure prophylaxis after sexual exposure)</td>
</tr>
<tr>
<td>Sexually transmitted infection (STI) testing and treatment, chlamydia screening as part of the National Chlamydia Screening Programme (NCSP), HIV testing and partner notification for STIs and HIV</td>
<td>Male sterilisation (vasectomy)</td>
<td>Promotion of opportunistic testing and treatment for STIs and patient requested testing by GPs</td>
</tr>
<tr>
<td>Sexual health aspects of psychosexual counselling</td>
<td>Nonsexual health elements of psychosexual health services</td>
<td>All sexual health elements of healthcare in secure and detained settings</td>
</tr>
<tr>
<td>Any sexual health specialist services, including young people’s sexual health and teenage pregnancy services, outreach, HIV prevention promotion, services in schools, colleges and pharmacies, advice and sexual health promotion</td>
<td>Gynaecology, including any use of contraception for non-contraceptive purposes</td>
<td>Sexual assault referral centres</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cervical screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specialist foetal medicine services</td>
</tr>
</tbody>
</table>

Source: SHNA

In general, sexual health outcomes are better in North East Lincolnshire than for England overall. Local issues are under 18 conception rates and repeat abortions.

A comprehensive sexual health needs assessment for North East Lincolnshire (North East Lincolnshire Council, 2017) was published in 2017 and this should be referred to in its own right.

Public Health England has also published a detailed North East Lincolnshire sexual and reproductive health profile (Public Health England, 2017), which provides a snapshot of sexual and reproductive health across a range of topics, and again this profile should be referred to in its own right. Key indicators from this profile are shown in Figure 36.
Contraceptive and sexual health services are provided by a combination of providers in North East Lincolnshire. Virgin Care is the largest provider, providing the North East Lincolnshire Integrated Sexual Health Service (ISHS), having been the provider since 2013 and being successful in a recent recommissioning exercise, with the new contract commencing December 2017. Virgin Care operate a hub and spoke model, with the main hub situated at the Stirling Street medical centre in the Fiveways locality, with spoke outreach clinics operational elsewhere in North East Lincolnshire e.g. at further and higher education settings. In addition to face to face services, Virgin Care offer a virtual hub which is an online service that provides online access to appointments 24/7 and advice on a wide range of sexual health services such as contraception and STI testing. All prescribing for the ISHS is undertaken in house and Virgin Care stock all medicines to issue patients onsite. Virgin Care do have a contingency in place should there be any stock issues, and have arrangements with the Lloyds pharmacy (also located at the Stirling Street medical centre) for Virgin Care prescription forms to be dispensed under a “private”/contractual arrangement, where the pharmacy would invoice Virgin Care directly for the cost of medicines plus an agreed dispensing fee.

Source: PHE
11.2.2 Pharmacy sexual health service

The pharmacy sexual health service is known as ACT (advice, contraception, and testing) in North East Lincolnshire and the initiative has been operating successfully since December 2009. This service transferred to North East Lincolnshire Council on 1st April 2013, and was reviewed during 2016 along with all sexual health commissioned services, and relaunched from 1 May 2016 with updated contracts and locally agreed Patient Group Directions (PGDs) in place for pharmacists to supply Levonorgestrel or Ulipristal Acetate Emergency Hormonal Contraception (EHC). ACT offers free EHC, condoms, Chlamydia screening and pregnancy testing to all age groups. All pharmacists and staff involved in the provision of ACT must have relevant knowledge, appropriate training and appropriate current accreditation in the operation of the service, including sensitive, client centred communication skills. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. ACT pharmacies are shown in Figure 37.

Payment reflects activity including the supply of EHC, condoms, Chlamydia screening and pregnancy tests, and is administered through the PharmOutcomes platform. Payment for Chlamydia screening will be based on detection of the STI i.e. positive screens received by the lab and not on the number of screens undertaken.

Thirty one of the thirty four pharmacies in North East Lincolnshire have ACT contracts, resulting in extensive ACT coverage across North East Lincolnshire with reach into all local communities.

Pharmacies provide support (both verbal and written information) to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections through safer sex and condom use, information on the use of regular long term contraceptive methods and provide onward signposting to services that provide long term contraceptive methods, diagnosis and management of STIs.

The Levonorgestrel PGD and the Ulipristal Acetate PGD have recently been updated, the new PGDs being effective from 1 December 2017. Under the Human Medicines Regulations 2012, all medicines are assigned to one of three legal categories, which are prescription only medicines, pharmacy only medicines, and general sale list (NHS Business Services Authority, 2013). PGDs provide an exemption from these restrictions, which enable the supply or administration of medicines by named regulated healthcare professionals to groups of people who may not be individually identifiable before presentation (NHS Business Services Authority, 2013). A North East Lincolnshire ACT training session was held on 14 November 2017 for pharmacists. The agenda for this event is detailed in appendix 18 which focussed on the latest Faculty guidance regarding EHC, the revised PGDs, and the PharmOutcomes platform.

In summary pharmacists will supply Levonorgestrel 1500mg or Ulipristal Acetate 30mg EHC free of charge when appropriate in line with the requirements of locally agreed Patient Group Directions (PGD). The Pharmacist will assess the need and suitability of the client to receive EHC, in line with the PGDs. Where appropriate a supply will be made. If supply is inappropriate, advice and referral to another source of assistance will be provided. All clients will be offered a referral for a Copper IUD as the most effective form of Emergency Contraception. If a Copper IUD is accepted the pharmacy will facilitate the referral to the Integrated Sexual Health service or GP. The pharmacy should still supply EHC where clinically appropriate.

ACT service activity data has been readily available for analysis since the transfer of administration to the PharmOutcomes platform in May 2016. The ACT performance dashboard for the service between May 2016 and October 2017 is shown in appendix 19.
Figure 37  Sexual health, supervised consumption, and needle exchange services locally commissioned by North East Lincolnshire Council and delivered through pharmacies
11.3 Substance misuse services locally commissioned by North East Lincolnshire Council and delivered through pharmacies

11.3.1 Background

Drug misuse is a complex but treatable condition which for some can result in compulsive drug use, damaging themselves and those around them. Such use can go hand in hand with poor health, homelessness, family breakdown, worklessness, and crime and disorder, and there is, for some, an intrinsic link between drug misuse and re-offending (National Treatment Agency, 2017). Many people cease their drug misuse but unfortunately go on to drink alcohol at harmful levels. On an individual basis, ceasing use of their ‘drug of choice’ and moving on into recovery relies on effective and accessible treatment, but also support with other ‘life problems’ that are usually present, such as housing, employment, debt, poor health etc. Locally, efforts to tackle drug and alcohol misuse have worked alongside criminal justice organisations to tackle re-offending rates, as a significant proportion of service users have also been involved with the criminal justice system.


Drug treatment nationally has focussed upon heroin and/or crack/cocaine, which are seen as the two most problematic drugs to the individual, society, and in driving crime. Drug taking patterns are changing and this emphasis is lessening, although in North East Lincolnshire, heroin remains the major problem as far as those who are accessing treatment services.

A comprehensive substance misuse needs assessment for North East Lincolnshire (North East Lincolnshire Council, 2017) was published in 2017 and this should be referred to in its own right. Key points from the local data analysis were:

- The majority of users in treatment are primarily opiate users.
- Clients under 30 are most likely to be non-opiate users, those aged 30-44 are most likely to use opiates and the older age groups are most likely to be in treatment for alcohol.
- New clients entering treatment in the younger age groups are decreasing whilst the over 30s are increasing.
- The number of clients in treatment for mephedrone has increased, however the numbers in treatment for other New Psychoactive Substances (NPS) are currently low.
- The proportion of clients with complex needs is increasing while the proportion of clients successfully completing treatment is decreasing.
- There is a high proportion of clients in treatment with very high complexity in North East Lincolnshire.
- Males were more likely to be admitted to hospital as a result of drug and/or alcohol misuse.
- Those living in the most deprived wards were significantly more likely to be admitted to hospital for drug-related conditions than the North East Lincolnshire average.
The majority of drug-related admissions were via A&E.
A local survey of drug and alcohol service users showed that 28.5% had children living with them.
In 2016/17 there were 812 calls in North East Lincolnshire for an ambulance where the chief complaint directly related to drugs, and 358 of these resulted in the patient being taken to hospital.

11.3.2 Supervised consumption service

Local pharmacies play an important role in the care of substance misusers in North East Lincolnshire. From April 2018, North East Lincolnshire Council commissions Addaction to deliver and oversee the supervised consumption service within North East Lincolnshire working with community pharmacies.

Pharmacists supervise consumption of methadone or buprenorphine (brand name Subutex) by those receiving pharmacotherapy treatment for their substance use.

The aims of the service are:

- To deliver a high quality supervised methadone and buprenorphine scheme to North East Lincolnshire residents aged 18 years and over (except where indicated otherwise in the service specification) who are misusing substances;
- To assist prescribing clinicians in the provision of community based prescribing;
- To ensure that the patient takes the correct doses of medication as prescribed;
- To prevent prescribed medication being diverted to the illegal market;
- To reduce the possibility of accidental poisoning, particularly of children; and
- To reduce incidents of accidental death through overdose.

The service is delivered by twenty eight community pharmacies, giving good service reach throughout North East Lincolnshire (see Figure 37 for the participating pharmacies). During 2016/17 the busiest sites (with in excess of 30 service users) were:

- Cottingham, Wellington Street, Grimsby
- Boots, Freeman Street, Grimsby
- Lloyds, Bradley Crossroads, Grimsby
- Boots, St Peters Avenue, Cleethorpes
- Asda, Holles Street, Grimsby
- Birkwood Pharmacy, Westward Ho, Grimsby

The average number of individuals who have been supervised per month within North East Lincolnshire over a 3 year period for Methadone and Buprenorphine were 450 and 80 respectively.

Payments to pharmacies that deliver the service are made on a quarterly basis, and are based on the total number of supervised doses for that period. During 2015/16, 92,520 doses of methadone and 13,835 doses of buprenorphine were supervised at pharmacies. Client numbers ranged from 449 per month to 475 per month (Methadone) and 67 to 87 (Buprenorphine). During 2015/16, service users taking Methadone visited pharmacies on average, 16.7 times per month. The number of clients able to have Methadone medication for home usage fell to around 90 per month. It should be noted that the pharmacy costs do not include the prescribing costs. Secondary care prescribing costs have a different cost code and
are paid from the public health drugs and alcohol budget. Primary care prescribing costs are met by the Clinical Commissioning Group.

The responsibility for the coordination of pharmacy based supervised medication services from April 2018 is included within a widened specification for the specialist treatment provision (which will be provided by Addaction), rather than directly commissioned by North East Lincolnshire Council. This methodology is intended to ensure more effective connect between treatment and pharmacy provision, and also more appropriate prescribing decisions based on service user need and progress. The new service will therefore be required to provide, through partnership agreements with community pharmacists, the supervision of the consumption of prescribed methadone and/or buprenorphine for the management of opiate dependence, at the point of dispensing in community pharmacies in North East Lincolnshire, as part of a community prescribing intervention. This includes all relevant costs associated with the provision of this service.

There are specific risks should there be disinvestment in supervised consumption services. There is definitive guidance in respect of managing supervised consumption which is ultimately a clinical decision that takes into consideration many aspects of an individual’s circumstances (Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Group, 2017).

Following the introduction of supervised consumption in England and Scotland, methadone-related deaths reduced fourfold (Strang, et al., 2010).

If there is disinvestment in respect of supervised consumption the results could be:

- Fewer pharmacies providing this service therefore reduced geographical spread
- Less time for those pharmacies left to:
  - give appropriate time to the supervision of patients
  - give harm reduction and treatment advice
  - make observations on the patients presentation and communicate with prescribers if they have any concerns.

And as a result of the above:

- Diversion of controlled drugs
- Patients who do not have adequate storage facilities taking controlled drugs home therefore putting children at risk
- Risk of accidental or deliberate overdose for those patients who have a significant, unstable psychiatric illness or are threatening self-harm.

11.3.3 Needle exchange service

From April 2018, North East Lincolnshire Council commissions Addaction to deliver and oversee the needle exchange service within North East Lincolnshire working with community pharmacies.

Needle exchange programmes supply needles and syringes, and other preparation equipment, to users who inject drugs. The aim of needle and syringe programmes is to reduce sharing of needles (and
equipment) which can consequently result in blood-borne viruses and other infections (such as HIV, hepatitis B and C) being transmitted. It is hoped that if there is a reduction in these infections being transmitted, via sharing of needles, then the prevalence of blood-borne viruses will reduce, also benefiting wider society (NICE, 2014). The service also helps to reduce/eliminate drug litter within North East Lincolnshire.

The service is delivered by eight pharmacies (see Figure 37 for the participating pharmacies), and one further site is located within the Foundations Drug and Alcohol Service at Queen Street (due to close 31 March 2018). During 2016/17 the busiest sites were:

- Cottingham, Wellington Street, Grimsby (approximately 1200 visits per month)
- Foundations, Queen Street, Grimsby (approximately 350 visits per month)
- Lloyds, Littlecoates Road, Grimsby (approximately 200 visits per month)

In most other areas pharmacies supply pre-packs of syringes, acid sachets, stericups, and sterile water; locally, supply is on a ‘pick and mix’ basis, thereby reducing the cost of providing unwanted items.

Needle Exchange service activity is measured quarterly with key 2015/16 data being:

- The number of new or re-registrations = 50
- Transactions = 22,676
- Syringes Supplied = 312,265
- Rate of return (used syringes) = 71.94% (Of the 22,676 transactions 16,327 returned used syringes – it’s not possible to count the actual number of syringes as they are returned in bio-hazard bins)

Also extras, being;

- Citric Acid 36,265
- Ascorbic Acid = 135,330
- Stericups = 182,168
- Sterile Water = 15,716

Within North East Lincolnshire the demand of the needle exchange programme is increasing year on year. When monthly trends are compared on a year on year basis, there is increased demand between spring and autumn with lower demand during winter months. These variations may be associated with summer visitors to the area, and also seasonal drugs of choice.

The responsibility for the coordination of pharmacy based needle exchange services from April 2018 is included within a widened specification for the specialist treatment provision (which will be provided by Addaction), rather than directly commissioned by North East Lincolnshire Council. This will include the provision and collection of equipment, performance monitoring, payments to pharmacies and training of pharmacy staff. The commissioner will, if required, facilitate communication between the provider and those pharmacies currently providing needle exchange services. The provider will work with participating pharmacies to improve performance, particularly in relation to the return of used equipment. The provider will also work with the commissioner to identify and recruit new pharmacies to the scheme as required within the existing budget.
If there is disinvestment in respect of the provision of needle exchange services from pharmacies the results could be:

- A rise in drug related deaths including those who inject performance enhancing drugs and tanning products
- A rise in hepatitis infections
- A rise in HIV infection
- The resurgence in drug using related “litter” which after much effort has been virtually eradicated in North East Lincolnshire.

11.4 Stop smoking services locally commissioned by North East Lincolnshire Council

11.4.1 Background

Figures from the National Institute for Health and Care Excellence (NICE) reveal that smoking is the leading cause of preventable morbidity and early death in England, with smoking being attributable for approximately one out of every six deaths in England (NICE, 2013). Most of these deaths are from one of the three primary diseases associated with smoking, which are lung cancer, chronic obstructive lung disease (emphysema and bronchitis), and coronary heart disease (Richardson, 2001). Smoking is the biggest factor contributing to the gap in healthy life expectancy seen across the socioeconomic status gradient. There are considerable inequalities in smoking attributable deaths, as the areas with the highest smoking attributable mortality rates, have rates approximately three times those of the areas with the lowest smoking attributable mortality rates (NICE, 2013).

Smoking is a considerable public health issue for North East Lincolnshire. Figures sourced from Public Health England (Public Health England, 2017) show that for 2016, North East Lincolnshire had the fourth highest adult smoking prevalence out of the 15 local authorities in the Yorkshire and the Humber region. The North East Lincolnshire smoking prevalence (19.9%) is statistically significantly higher than the England (15.5%) prevalence. Further figures sourced from Public Health England (Public Health England, 2017), show that the North East Lincolnshire smoking attributable mortality rate for 2014-16 (333.2 per 100,000 population aged 35+ years), is statistically significantly higher than the England (272.0) rate.

The North East Lincolnshire wellbeing service stop smoking program operates in line with the ‘Local Stop Smoking Services: Service and delivery guidance 2014’ (National Centre for Smoking Cessation and Training, 2014). These guidelines identify the principles, methodology, and quality standards to be followed for delivering stop smoking services, and are intended to inform the commissioning, delivery, and monitoring of the services. The wellbeing service stop smoking provision coordinates and provides high quality clinical stop smoking interventions. All interventions share common elements i.e. a pre-quit assessment, tailored delivery of a structured support programme, and an offer for the provision of approved pharmacotherapy. Depending on the treatment choice, interventions involve smokers attending on a weekly basis usually over a six to eight week period. Additional support is offered to clients over the telephone, along with access to a wellbeing worker or practitioner, and sign posting to out of hours support services. A variety of intensive stop smoking interventions are offered from a variety of health and community settings, and include open rolling support groups, closed groups, tailored support to pregnant smokers, 1-1 support, workplace
programmes, and telephone support. The treatment programmes incorporate a combination of behavioural support with approved pharmacological products. Use of these products in particular with those smokers identified as being heavily addicted and at greatest risk of smoking related ill health are critical to increasing the smokers chances of quitting.

11.4.2 Local service provision involving the supply of stop smoking pharmacological products by pharmacies

Stop smoking medicines currently approved by the Medicines and Healthcare Regulatory Agency (MHRA) are Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix). It is a requirement under Department of Health and NICE guidelines (NICE, 2013) to offer all stop smoking pharmacotherapies on prescription to any smoker who is motivated to quit. All pharmacotherapy should remain available for at least the duration recommended by the product specification (average 3 months) and patients should be able to access approved stop smoking medicines simply and easily. The wellbeing service workers are not nurse prescribers therefore a voucher system makes this possible in addition to formal prescription. Locally, pharmacological products are supplied in a number of ways to those attending the wellbeing service stop smoking provision:

NRT - The wellbeing service stop smoking provision currently offers up to 4 weeks supply of NRT through local pharmacies to those attending its programmes utilising a voucher scheme approach for all clients exempt from prescription payment. Vouchers are issued on a weekly basis subject to continued attendance and verified abstinence. Clients who access stop smoking provision who do not qualify for the voucher scheme are advised that subject to GP approval, products can be supplied through GP prescription or via retail purchase. All North East Lincolnshire pharmacies have the opportunity to provide NRT under the local voucher scheme.

Champix and Zyban – These products being designated as Prescription Only Medicines are only available on GP prescription and are supplied to clients following assessment and recommendation by the wellbeing stop smoking provision.

General prescribing of smoking cessation products - Not all smokers will use the local wellbeing service stop smoking provision to quit and pharmacological products may be provided on prescription from their GP.
Activity data for the wellbeing service stop smoking program for 2016 and split by pharmacotherapy treatment is detailed in Table 29.

Table 29  
North East Lincolnshire Council wellbeing service stop smoking program activity data, 2016

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number of quit dates set</th>
<th>Successfully quit</th>
<th>Quit rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 NRT treatment</td>
<td>287</td>
<td>94</td>
<td>33%</td>
</tr>
<tr>
<td>Combination of NRT concurrently</td>
<td>145</td>
<td>68</td>
<td>47%</td>
</tr>
<tr>
<td>Zyban only</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Champix only</td>
<td>387</td>
<td>265</td>
<td>68%</td>
</tr>
<tr>
<td>Licensed nicotine product, and/or Zyban, and/or Champix consecutively</td>
<td>20</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>Combination of licensed medication and unlicensed nicotine product concurrently</td>
<td>20</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td>Licensed medication and unlicensed nicotine product consecutively</td>
<td>11</td>
<td>6</td>
<td>55%</td>
</tr>
<tr>
<td>Unlicensed nicotine product only</td>
<td>21</td>
<td>10</td>
<td>48%</td>
</tr>
<tr>
<td>Did not use any licensed medication or unlicensed nicotine product</td>
<td>87</td>
<td>46</td>
<td>53%</td>
</tr>
<tr>
<td>Treatment unknown</td>
<td>33</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>1013</td>
<td>514</td>
<td>51%</td>
</tr>
</tbody>
</table>

Source: NELC wellbeing service
APPENDIX 1

Policy context and background information

Between the 1980s and 2012 the ability for a new pharmacy or DAC premises to open was largely determined by the regulatory system that became known as ‘control of entry’. Broadly speaking an application to open new premises was only successful if a primary care trust (PCT) or a preceding organisation considered it was either necessary or expedient to grant the application in order to ensure that people could access pharmaceutical services.

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the ‘necessary or expedient’ test were introduced – namely 100 hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies.

In January 2007 a review of the system was published by the government (Department of Health, 2007), and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could get to a pharmacy within 20 minutes, including in deprived areas) (Department of Health, 2008), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process.

PCTs believed that they did not have sufficient influence to commission pharmaceutical services that reflected the health needs of their population. This was at odds with the thrust of the then NHS reforms which aimed to give PCTs more responsibility to secure effective commissioning of adequate services to address local priorities.

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services (Galbraith, 2007). One of the recommendations of this second review was that PCTs should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow PCTs to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

The government responded to the outcomes of both reviews, as well as a report by the All-Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper “Pharmacy in England. Building on strengths – delivering the future” published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However it was recognised that at the time there was considerable variation in the scope, depth and breadth of pharmaceutical needs assessments (PNAs). Some PCTs had begun to revise their PNAs (first produced in 2004) in light of the 2006 re-organisations, whereas others had yet to start the process. The White Paper confirmed that the government considered that the structure of and data requirements for PCT PNAs, required further review and strengthening, to ensure they were an effective and robust commissioning tool which supported PCT decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health (DH) established an advisory group with representation from the main stakeholders. The terms of reference for the group were:

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to
publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for PNAs were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all PCTs to produce their first PNA which complied with the requirement of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second PNA no later than three years after the publication of the first PNA. The group also drafted regulations on how PNAs would be used to determine applications for new pharmacy and DAC premises (referred to as the ‘market entry’ system) and these regulations took effect from 1 September 2012. The first North East Lincolnshire PNA was produced by North East Lincolnshire Care Trust Plus.

The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established HWBs and transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the DH powers to make regulations.

### Section 128A Pharmaceutical needs assessments

(1) Each Health and Well-being Board must in accordance with regulations--
(a) assess needs for pharmaceutical services in its area, and
(b) publish a statement of its first assessment and of any revised assessment.

(2) The regulations must make provision--
(a) as to information which must be contained in a statement;
(b) as to the extent to which an assessment must take account of likely future needs;
(c) specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;
(d) as to the circumstances in which a Health and Well-being Board must make a new assessment.

(3) The regulations may in particular make provision--
(a) as to the pharmaceutical services to which an assessment must relate;
(b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;
(c) as to the manner in which an assessment is to be made;
(d) as to matters to which a Health and Well-being Board must have regard when making an assessment.

The regulations referred to in the NHS Act 2006 are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (HM Government, 2013), as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

- Services that are to be covered by the PNA;
- Information that must be included in the PNA (it should be noted that HWBs are free to include any other information that they feel is relevant);
• Date by which HWBs must publish their first PNA;
• Requirement on HWBs to publish further PNAs on a three yearly basis;
• Requirement to publish a revised assessment sooner than on a three yearly basis in certain circumstances;
• Requirement to publish supplementary statements in certain circumstances;
• Requirement to consult with certain people and organisations at least once during the production of the PNA, for at least 60 days; and
• Matters the HWB is to have regard to when producing its PNA.

Each HWB was under a duty to publish its first PNA by 1 April 2015. In the meantime the PNA produced by the preceding PCT remained in existence and was used by NHS England to determine whether or not to grant applications for new pharmacy or DAC premises. This deadline was met with the North East Lincolnshire Health and Wellbeing Board publishing its first PNA on 1 April 2015.

Once a HWB has published its first PNA it is required to produce a revised PNA within three years, or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the HWB is satisfied that producing a revised PNA would be a disproportionate response to those changes.

In addition a HWB may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate:

1. The HWB identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or DAC premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes;
2. The HWB identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or DAC premises, and is in the course of making a revised assessment and is satisfied that it needs to immediately modify its current PNA in order to prevent significant detriment to the provision of pharmaceutical services in its area; and
3. Where a pharmacy is removed from a pharmaceutical list as a result of the grant of a consolidation application, if the HWB is of the opinion that the removal does not create a gap in pharmaceutical services, that could be met by a routine application offer to meet a current or future need, or secure improvements or better access to pharmaceutical services, then the HWB must publish a supplementary statement explaining that the removal does not create such a gap. (A consolidation application is an application to close one pharmacy and to consolidate the services provided from those premises onto the site of another pharmacy.)

The 2013 regulations are subject to a post implementation review by DH in 2017/18 the aim of which is to determine whether they have met their intended objectives. It is not intended that the review will recommend wider policy changes, and any proposed changes to the 2013 regulations that arise from the review will be subject to further appropriate consultation. At the time of drafting this PNA the outcome is unknown.
APPENDIX 2

Essential Services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- performing appropriate legal, clinical and accuracy checks
- having safe systems of operation, in line with clinical governance requirements
- having systems in place to guarantee the integrity of products supplied
- maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- providing information and advice to the patient or carer on the safe use of their medicine or appliance
- providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient’s need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.
3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people’s homes by providing a route for disposal, thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- have diabetes; or
- be at risk of coronary heart disease, especially those with high blood pressure; or
- who smoke; or
- are overweight,

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the ‘hard to reach’ sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.
APPENDIX 3

Advanced Services

1. Medicines use review and prescription intervention service

Service description

This service includes medicines use reviews undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. A medicines use review is about helping patients use their medicines more effectively.

Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

To improve patient knowledge, concordance and use of medicines by:

- establishing the patient’s actual use, understanding and experience of taking their medicines;
- identifying, discussing and assisting in resolving poor or ineffective use of their medicines;
- identifying side effects and drug interactions that may affect patient compliance;
- improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

2. New medicine service

Service description

The new medicine service (NMS) is provided to patients who have been prescribed for the first time, a medicine for a specified long term condition, to improve adherence. The NMS involves three stages, recruitment into the service, an intervention about one or two weeks later, and a follow up after a two or three weeks.

Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long term conditions, in order—

- as regards the long term condition—
  - to help reduce symptoms and long term complications, and
  - in particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support; and

- to help the patients—
  - make informed choices about their care,
  - self-manage their long term conditions,
  - adhere to agreed treatment programmes, and
  - make appropriate lifestyle changes.
3. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- the stoma appliance to be customised is listed in Part IXC of the Drug Tariff;
- the customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- modification is based on the patient’s measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

4. Appliance use review

Service description

An appliance use review (AUR) is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient’s agreement, to improve the patient’s knowledge and use of any specified appliance by:

- establishing the way the patient uses the specified appliance and the patient’s experience of such use;
- identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient;
- advising the patient on the safe and appropriate storage of the specified appliance;
- advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

5. National influenza adult vaccination service

Service description

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who fall in one of the national at risk groups. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction.
Aims and intended outcomes

The aims of this service are to:

- sustain uptake of flu vaccination by building the capacity of community pharmacies as an alternative to general practice;
- provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and
- reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

6. NHS urgent medicine supply advanced service

Service description

Patients contacting NHS 111 to request access to urgently needed medicines or appliances, will be referred to a pharmacy that is providing this service, for assessment and potentially the supply of a medicine or appliance previously prescribed for that patient on a NHS prescription, where the pharmacist deems that the requirements of Human Medicines Regulations 2012 are met, for example the patient has immediate need for the medicine or appliance, and that it is impractical to obtain a prescription without undue delay. For the purposes of this service, any medicine or appliance that has previously been prescribed to the patient on an NHS prescription can be supplied, as long as the requirements of the Human Medicines Regulations 2012 are met.

This service is being run as a national pilot until 30 September 2018.

Aims and intended outcomes

The aims of this service are to:

- appropriately manage NHS 111 requests for urgent supply of medicines and appliances;
- reduce demand on the rest of the urgent care system, particularly GP OOHs providers;
- identify problems that lead to individual patients running out of their regular medicines or appliances and to recommend potential solutions that could prevent this happening in the future;
- increase patients’ awareness of the electronic repeat dispensing service; and
- ensure equity of access to the emergency supply provision irrespective of the patient’s ability to pay for the cost of the medicines or appliances supplied.
APPENDIX 4

Enhanced Services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient’s blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

2. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

3. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
   - the proper and effective ordering of drugs and appliances for the benefit of residents in the care home,
   - the clinical and cost effective use of drugs,
   - the proper and effective administration of drugs and appliances in the care home,
   - the safe and appropriate storage and handling of drugs and appliances, and
   - the recording of drugs and appliances ordered, handled, administered, stored or disposed of.

4. A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

5. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

6. An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England.

7. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient’s home, drugs and appliances other than specified appliances.

8. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
   - drugs which they are using,
   - their health, and
   - general health matters relevant to them, and where appropriate referral to another health care professional.

9. A medication review service, the underlying purpose of which is for a registered pharmacist—
   - to conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient’s care record, held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
• to advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
• where appropriate, to refer the patient to another health care professional.

10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —

• to assess the knowledge of drugs, the use of drugs by, and the compliance with drug regimens, of vulnerable patients and patients with special needs, and
• to offer advice, support and assistance to vulnerable patients and patients with special needs, regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens.

11. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.

12. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist —

• to provide sterile needles, syringes and associated materials to drug misusers,
• to receive from drug misusers used needles, syringes and associated materials, and
• to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre.

13. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

14. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

15. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

16. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on —

• the clinical and cost effective use of drugs,
• prescribing policies and guidelines, and
• repeat prescribing.

17. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to —

• the clinical and cost effective use of drugs in the school,
• the proper and effective administration and use of drugs and appliances in the school,
• the safe and appropriate storage and handling of drugs and appliances, and
• the recording of drugs and appliances ordered, handled, administered, stored or disposed of.

18. A screening service, the underlying purpose of which is for a registered pharmacist —

• to identify patients at risk of developing a specified disease or condition,
• to offer advice regarding testing for a specified disease or condition,
• to carry out such a test with the patient’s consent, and
• to offer advice following a test and refer to another health care professional as appropriate.

19. A stop smoking service, the underlying purpose of which is for the pharmacy contractor —

• to advise and support patients wishing to give up smoking, and
• where appropriate, to supply appropriate drugs and aids.

20. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor’s premises.

21. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist, is party to a clinical management plan, to implement that plan with the patient’s agreement.
APPENDIX 5

Terms of service for DACs

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice, and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the DAC:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the DAC judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the DAC ascertains the patient’s need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a DAC for a period agreed by the prescriber.
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient.
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions.
3. Home delivery service

Service description

The delivery of certain appliances to the patient’s home.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agreed with the patient;
- In a package that displays no writing or other markings which could indicate its content; and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance, and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure that patients are able to seek appropriate advice on their appliance, to increase their confidence in choosing an appliance that suits their needs, as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the DAC is closed, advice is either to be provided via the care line or callers are directed to other providers who can provide advice

Service description

Provision of advice on certain appliances via a telephone care line outside of the DAC’s contracted opening hours. The DAC is not required to staff the care line all day, every day, but when it is not, callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.
7. Signposting

Service description

Where a patient presents a prescription for an appliance which the DAC does not supply the prescription is either:

- with the consent of the patient, passed to another provider of appliances, or
- if the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.
APPENDIX 6

Pharmaceutical Needs Assessment Steering Group

Terms of Reference

Purpose

The purpose of the group is to ensure that the North East Lincolnshire Health and Wellbeing Board (HWB) develops a robust Pharmaceutical Needs Assessment (PNA) that complies with the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the needs of its population.

Objectives

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, considered and robust PNA, building on expertise from across the local healthcare community.

In particular, the group will:

1. Ensure the PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
2. Develop a project plan and ensure representation of the full range of stakeholders
3. Ensure that the PNA, although it is a separate document, integrates with both the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)
4. Ensure a communications plan is developed to keep patients and members of the public and other stakeholders updated on progress
5. Ensure that the PNA links with both national and local priorities
6. Ensure that the PNA reflects any current or future needs for pharmaceutical services, and improvements or better access to pharmaceutical services, as will be required by the population of North East Lincolnshire
7. Ensure that the PNA informs the nature, location and duration of enhanced services that are to be commissioned by NHS England
8. Ensure a robust and meaningful consultation is undertaken
9. Develop the PNA so that it includes the public health services commissioned by North East Lincolnshire Council and the evidence base for the commissioning of these services by the Council.
Membership

Membership of the group shall be:

- North East Lincolnshire Council
- Humber Local Pharmaceutical Committee
- NHS England – North Region (Yorkshire and the Humber)
- North East Lincolnshire Clinical Commissioning Group (CCG)
- North East Lincolnshire Healthwatch
- Care Plus Group

A deputy may be used where the regular member of the group is unable to attend.

Advice on the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 will be provided by an adviser from PCC.

Other staff members/ stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

The group will be chaired by the North East Lincolnshire Council lead for public health intelligence.

Any potential conflicts of interest should be disclosed to the chair prior to meetings. In such circumstances the chair shall determine if such matters are to be disclosed.

Quorum

For the purpose of decision making, a meeting of the group shall be regarded as quorate where all three of the following stakeholder groups are represented:

1. North East Lincolnshire Council
2. NHS England or NEL CCG
3. Humber Local Pharmaceutical Committee

Should one of these groups not be represented, the meeting can still take place for the purpose of progressing already agreed actions and scheduled work.

Frequency of meetings

The group will meet as required during the lifetime of the project. Meetings will be held virtually, where appropriate.

Accountability and reporting

The Health and Wellbeing Board member responsible for development of the PNA is the DPH.

The PNA steering group will be accountable to the DPH.

The final draft PNA will be presented to the Health and Wellbeing Board for approval and sign-off.

Date agreed
August 2017
APPENDIX 7
Community Pharmacy Public Questionnaire

Pharmacies have an important role in providing quality healthcare. When we talk about community pharmacies we mean places you would use to get a prescription or buy medicines which you can only get from a pharmacy (this could be for yourself or for someone else, and includes online pharmacies). We don’t mean hospital pharmacies or the part of a pharmacy where you buy beauty or general products.

We are in the process of refreshing our pharmaceutical needs assessment which assesses how the provision of pharmaceutical services meets the health needs of local residents. We will use your views to help write our assessment.

1. Do you?
   - Use the same pharmacy all the time
   - Use different pharmacies but visit one most often
   - Use different pharmacies and none more frequently than any other
   - I do not use a pharmacy as someone else goes to the pharmacy for me (skip to Q6)
   - I never use a pharmacy (skip to Q6)

2. Why do you use a pharmacy? (tick all that apply)
   - To collect a prescription
   - To buy medicine
   - To get health advice
   - To dispose of unwanted or out of date medicines
   - To use other pharmacy services, please tell us what these are ....

3. What are the most important factors that influence the pharmacy you go to? (tick all that apply)
   - Close to my home
   - Close to my doctor
   - Close to my work place
   - The pharmacy is easy to get to
   - Parking is easy at the pharmacy
   - The service is quick
   - The staff know me
   - The staff do not know me
   - The pharmacy has longer opening hours
   - The pharmacy offers a prescription collection service
   - The pharmacy delivers my medicine
   - The pharmacy usually have what I need in stock
   - There is a private area if I need to talk to the pharmacist
   - I use an online pharmacy
   - Other, please tell us ...

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4. When is it most convenient for you to use a pharmacy? (please tick all that apply)

<table>
<thead>
<tr>
<th>Time</th>
<th>Weekday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
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<td>Between 9am and noon</td>
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<td>Between noon and 2pm</td>
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<td>Between 2pm and 5pm</td>
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<td>Between 5pm and 8pm</td>
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<tr>
<td>After 8pm</td>
<td>☐</td>
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</tr>
</tbody>
</table>

5. How would you find out information about a pharmacy e.g. opening times or services offered?
- ☐ Look on the internet
- ☐ Telephone the pharmacy
- ☐ Visit the pharmacy
- ☐ Look in the local paper
- ☐ Ask friends of family
- ☐ Other, please tell us ...

6. Is there anything you would like to tell us about our local pharmacies (please use the box below)

Personal Information

The following questions are more personal in nature but will help give us a better understanding when looking at the results. This information will not be used to identify you. It will be processed in accordance with the Data Protection Act.

Age bracket
- ☐ 15-19
- ☐ 20-34
- ☐ 35-49
- ☐ 50-64
- ☐ 65+

Do you consider yourself to have a disability or long term illness?
- ☐ Yes
- ☐ No

Thank you for taking the time to complete this survey. Your response will be used to inform the decision making process. Once analysed, the results will be available on our consultation webpage.

Please return your completed questionnaire to the NELC Customer Access Points:
- Municipal Offices, Town Hall Square, Grimsby, DN31 1HU
- Immingham Civic Centre Hub, Pelham Road, Immingham, DN40 1QF
APPENDIX 8
Community Pharmacy Public Questionnaire – Press Release

Have your say on community pharmacies

North East Lincolnshire Council is asking residents to tell them about pharmacy services in their area.

We need to understand what pharmacy services we have, what services our local people need, and how things might change in the future. This process is called a ‘pharmaceutical needs assessment’ and we are refreshing the North East Lincolnshire assessment at the moment. The assessment is primarily used by NHS England to make decisions regarding requests to open or to move a pharmacy, and to understand whether better access or improvements to services are required.

By a pharmacy (sometimes known as a chemist) we mean a place you would use to get a prescription or buy medicines which you can only buy from a pharmacy. We don’t mean the pharmacy at the hospital or the part of the pharmacy where you buy general or beauty products.

Councillor Jane Hyldon-King, portfolio holder for health and wellbeing, said “Pharmacies have an important role in providing quality healthcare. We are carrying out this survey to understand how local people use pharmacy services, the extent to which pharmacy services meet the needs of local people, and to identify what may be needed in the future.”

“By completing this brief consultation we will be able to use the views of residents to help us write our draft assessment which will go out to consultation in the coming months.”

To have your say please complete the 2 minute survey online at Bit.ly/NELpharmacies or complete a paper version available at council customer access points and Lincs Inspire libraries.
APPENDIX 9

Community Pharmacy Public Questionnaire – Poster

Local Pharmacies – Meeting the needs of residents

North East Lincolnshire Council asking about pharmacy services in the area to see if they meet the needs of the local residents. These results will be used to review their ‘pharmaceutical needs assessment’ which in turn will have a 60 day consultation in the coming months. The survey closes on 10th November 2017.

Please complete the 2 minute survey online at:

Bit.ly/NELpharmacies

Paper versions available at council offices and Lincs Inspire libraries.
APPENDIX 10

Contractor Questionnaire

PNA Questionnaire 2017 (Preview)

Date of completion: 30-May-2017

Premises Details

Name of Contractor
(i.e. name of individual, partnership or company owning the pharmacy business)

Address of Contractor

Please enter your ODS Code:

Trading Name

Postal Code

Pharmacy email address

Pharmacy telephone

Pharmacy fax
Pharmacy website address

Is this a Distance Selling Pharmacy?
- Yes
- No
(i.e. it cannot provide Essential Services to persons present at the pharmacy)

Is this a 100 hr Pharmacy?
- Yes
- No

Entitled to Pharmacy Access scheme payments?
- Yes
- No

Opening Hours

Please look up your opening hours on the following files (either PDF or Spreadsheet) and confirm whether they are correctly recorded.
Click here for PDF version
Click here for Excel version
Action to take if you believe your hours to be incorrectly recorded:
If you are a multiple, in the first instance contact your line manager.
You should then contact your NHS England Area Team by email on England.primarycare@nhs.net

Are your hours correct
- Yes
- No
as recorded above?

Bank Holidays and Directed Opening

Are you regularly open on Bank Holidays?
- Yes
- No

Would you consider signing up to a 3-5 year Bank Holiday rota if NHSE were to commission one?

Would you sign up?
- Yes
- No

Consultation Facilities

Is there a consultation area?
- Yes, on the premises
- Yes, away from the premises
- No consultation area is available
(Consultation area should meet the criteria for the Medicines Use Review service)

Information facilities

Is the pharmacy EPS R2 enabled?
- Yes, EPS R2 enabled
- Planning to become EPS R2 enabled in the next 12 months
- No current plans to provide EPS R2
  EPS R2, Electronic Prescription Service Release 2
Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

Adobe PDF files (.pdf)
- Not able to view or open
- Able to view only

Microsoft Word files (.doc or .docx)
- Not able to view or open
- Able to view only
- Able to open fully, edit and save

Microsoft Excel files (.xls or .xlsx)
- Not able to view or open
- Able to view only
- Able to open fully, edit and save

Essential Services (appliances)
In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?
- Yes - All types, or
- Yes, excluding stoma appliances, or
- Yes, excluding incontinence appliances, or
- Yes, excluding stoma and incontinence appliances, or

- Yes, just dressings, or
- None
- Other

Advanced Services
Please give details of the Advanced Services provided by your pharmacy.
Please tick the box that applies for each service.

Yes - Currently providing
Soon - Intending to begin within the next 12 months
No - Not intending to provide

Medicines Use Review service
- Yes
- Soon
- No

New Medicine Service
- Yes
- Soon
- No

Appliance Use Review service
- Yes
- Soon
- No

NHS Urgent Medicine Supply Service (NUMSAS)
- Yes
- Soon
- No

Seasonal Influenza vaccination service
- Yes
- Soon
- No

Stoma Appliance Customisation service
- Yes
- Soon
- No

Commissioned Services
Please give details of the Commissioned Services provided by your pharmacy. These can be Enhanced Services commissioned jointly by
NHSE or the CCG, or Public Health Services commissioned by a Local Authority.
Please tick the box that applies for each service.
NHSE/CCG - Currently commissioned jointly by NHSE and the CCG
LA - Currently commissioned by Local Authority
Pr - Currently offering as a privately funded service
Wtp - Willing to provide
If you are not providing the service then leave that line blank.

Anticoagulant Monitoring [NHSE/CCG LA Pr Wtp]
Anti-viral Distribution Service [NHSE/CCG LA Pr Wtp]
Care Home Service [NHSE/CCG LA Pr Wtp]
Chlamydia Treatment Service [NHSE/CCG LA Pr Wtp]
Contraception Service [NHSE/CCG LA Pr Wtp]
(not an F10 Service)
Prescription Intervention Scheme (Not dispensing scheme)
Locally commissioned [NHSE/CCG LA Pr Wtp]
Pharmacy Urgent Repeat Medicine Service

Disease Specific Medicines Management Service:
Allergies [NHSE/CCG LA Pr Wtp]
Alzheimer's/dementia [NHSE/CCG LA Pr Wtp]

Asthma [NHSE/CCG LA Pr Wtp]
CHD [NHSE/CCG LA Pr Wtp]
COPD [NHSE/CCG LA Pr Wtp]
Depression [NHSE/CCG LA Pr Wtp]
Diabetes type I [NHSE/CCG LA Pr Wtp]
Diabetes type II [NHSE/CCG LA Pr Wtp]
Epilepsy [NHSE/CCG LA Pr Wtp]
Gluten Free Food Supply Service [NHSE/CCG LA Pr Wtp]
(la not supply on FPP)
Heart Failure [NHSE/CCG LA Pr Wtp]
Hypertension [NHSE/CCG LA Pr Wtp]
Parkinson's disease [NHSE/CCG LA Pr Wtp]

Other (please state including funding source)

End of Disease specific Medicines Management Service options.

Emergency Hormonal Contraception Service [NHSE/CCG LA Pr Wtp]
Home Delivery Service [NHSE/CCG LA Pr Wtp]
(not applicable)
Independent Prescribing Service [NHSE/CCG LA Pr Wtp]

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Therapeutic areas covered (if providing)

Language Access Service  
NhSE/CCG  LA  Pr  Wtp

Note: This is not the NMS or MUR service.

Medication Review Service  
NhSE/CCG  LA  Pr  Wtp

Medicines Assessment and Compliance Support Services:

Medicines Management Support Service  
NhSE/CCG  LA  Pr  Wtp

(i.e. the L2G service (previously the Vulnerable Elderly / Adult Service)

DomMAR Carer’s Charts  
NhSE/CCG  LA  Pr  Wtp

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme  
NhSE/CCG  LA  Pr  Wtp

MUR Plus/Medicines Optimisation Service  
NhSE/CCG  LA  Pr  Wtp

Therapeutic areas covered (if providing)

Needle and Syringe Exchange Service  
NhSE/CCG  LA  Pr  Wtp

Obesity management  
NhSE/CCG  LA  Pr  Wtp

(Adults and children)

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy of TB medicines  
NhSE/CCG  LA  Pr  Wtp

Palliative Care scheme  
NhSE/CCG  LA  Pr  Wtp

End of On Demand Availability of Specialist Drugs Service options

Patient Group Direction Service  
NhSE/CCG  LA  Pr  Wtp

Not including HHC or Venlafaxine (see separate question)

Please list the names of the medicines available if providing PGD services

Medicines available

Phlebotomy Service  
NhSE/CCG  LA  Pr  Wtp

Prescriber Support Service  
NhSE/CCG  LA  Pr  Wtp

Schools Service  
NhSE/CCG  LA  Pr  Wtp

Screening Service:

Alcohol  
NhSE/CCG  LA  Pr  Wtp

Chlamydia  
NhSE/CCG  LA  Pr  Wtp

Cholesterol  
NhSE/CCG  LA  Pr  Wtp

Diabetes  
NhSE/CCG  LA  Pr  Wtp

Gonorrhoea  
NhSE/CCG  LA  Pr  Wtp

H. pylori  
NhSE/CCG  LA  Pr  Wtp

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HbA1c ○ NHS/CCI G □ LA □ Pr □ Wtp
Hepatitis ○ NHS/CCI G □ LA □ Pr □ Wtp
HIV ○ NHS/CCI G □ LA □ Pr □ Wtp

Vascular Risk Assessment Service (NHS Health Check)

Other (please state - including funding source)

End of screening service options

Do you provide a private seasonal influenza vaccination service? ○ Yes ○ No

Other vaccinations

Childhood vaccinations ○ NHS/CCI G □ LA □ Pr □ Wtp

If Yes, please provide details:

Hepatitis (at risk workers or patients) ○ NHS/CCI G □ LA □ Pr □ Wtp

Travel vaccines ○ NHS/CCI G □ LA □ Pr □ Wtp

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service ○ NHS/CCI G □ LA □ Pr □ Wtp

EXCLUDING Needle Exchange

Stop Smoking Service:

NRT voucher service ○ NHS/CCI G □ LA □ Pr □ Wtp

Varenicline PGD Service ○ Yes ○ No

End of Stop Smoking Service options

Supervised Administration Service:

Supervised Methadone ○ NHS/CCI G □ LA □ Pr □ Wtp

Supervised Buprenorphine ○ NHS/CCI G □ LA □ Pr □ Wtp

End of Supervised Administration Service options

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy?

○ Yes

○ Currently working towards HLP status

○ No

If yes, how many Healthy Living Champions do you currently have?
Non Commissioned services

Does the pharmacy provide any of the following?

- Collection of prescriptions: Yes ☐ No ☐
- Delivery of dispensed medicines - Free of charge on request: ☐ Yes ☐ No
- Delivery of dispensed medicines - Selected patient groups (list criteria): ☐ Yes ☐ No
- Delivery of dispensed medicines - Selected areas (list areas): ☐ Yes ☐ No
- Delivery of dispensed medicines - chargeable: ☐ Yes ☐ No
- MDS Free of charge on request: ☐ Yes ☐ No
- MDS Chargeable: ☐ Yes ☐ No

Languages

One potential barrier to accessing a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other than English are spoken in the pharmacy:

What languages other than English are spoken by the community your pharmacy serves:

Almost done

If there is a particular need for a locally commissioned service, please include details here:

Other:

Please tell us who has completed this form in case we need to contact you about and queries:

Contact name:

Contact telephone number:

If different to pharmacy number given above:

Thank you for completing this PNA questionnaire.
Appendix 11

Contractor Questionnaire Accompanying Letter

Commissioning and Strategic Support Unit
North East Lincolnshire Council
Municipal Offices
Town Hall Square
Grimsby
DN31 1HU

Community Pharmacy Humber
Albion House
Albion Lane
Willerby
HU10 6TS

3 August 2017

Dear Pharmacy Manager

Re: North East Lincolnshire Health and Wellbeing Board Pharmaceutical Needs Assessment
Community Pharmacy Questionnaire

The Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services at a local level. The North East Lincolnshire Health and Wellbeing Board (HWB) has a duty to publish a PNA which will assess how the provision of pharmaceutical services meets the health needs of its population. The PNA is used by NHS England as a basis to make decisions about pharmacy market entry and exit, and dispensing doctor contracts. It will also be used to aid the planning of pharmacy services by identifying where and what services may be commissioned to improve the health of the North East Lincolnshire population within available resources.

In line with the transfer of responsibility to develop and update PNAs from the Primary Care Trusts to the Local Authority Health and Wellbeing Boards (Health and Social Care Act 2012 from 1st April 2013), the HWB published its first PNA in April 2015 (http://www.nelincsdata.net/resource/view?resourceId=267). In line with the statutory responsibility of the HWB to revise and republish its PNA every three years, the current PNA is under revision to be republished 1 April 2018.

There is widespread engagement during the PNA revision process and there will be a minimum 60 day consultation period in line with the Regulations once the draft document becomes finalised. It is essential that your PNA is robust and accurate. Janet Clark, your Local Pharmaceutical Committee representative, is a key member of the North East Lincolnshire PNA Steering Group.

As part of our engagement and data collection process, you are requested to complete a Community Pharmacy Questionnaire using the PharmOutcomes Platform. Pharmacies that are part of a multiple / chain of pharmacies may need to speak to their head office before the survey is completed.

The survey will be live for four weeks from 3 August to close on 31 August and we would be grateful if you could complete this as soon as possible. To speed up completion of the questionnaire, the hours we hold for you are those provided by you to NHS England and are accessible from a lookup table on PharmOutcomes during completion of the questionnaire. You will need to refer to these hours when you are completing the survey.

This questionnaire is an opportunity for pharmacies to inform the draft PNA. Thank you for your support.

Yours faithfully

Glyn Thompson
Commissioning and Strategic Support Unit
North East Lincolnshire Council
Appendix 12

Community Survey Results

193 people took part in the survey, the majority (181) completed the survey online, additionally 12 completed the survey on paper.

Just under half of respondents said they use different pharmacies but one most often and 40.1% said they use the same one all of the times, only 11% said they always use a different pharmacy and none more than another.

Do you ...? (n=192)

- Use different pharmacies but visit one most often: 47.9%
- Use the same pharmacy all the time: 40.1%
- Use different pharmacies and none more frequently than any other: 10.9%
- I never use a pharmacy: 0.5%
- I do not use a pharmacy as someone else goes to the pharmacy for me: 0.5%

Almost all respondents (97.2%) use a pharmacy to collect a prescription, additionally 58% buy medicines, 40.3% get help and advice and 34.7% dispose of unwanted or out of date medicines, respondents could give more than one answer therefore the total exceeds 100%. Of those who said they use it for something else, most said it was for the seasonal flu vaccine.

Why do you use a pharmacy? (n=176)
The most important factor in choosing a pharmacy is its location, 64.8% said they choose a pharmacy because it is close to home, 44.9% said being close to the doctor and 43.2% said one that it is easy to get to. Less important factors included going to a pharmacy where the staff didn’t know them, having a delivery service and being close to work. Respondents could tick more than one answer, therefore the total exceeds 100%.

What are the most important factors that influence the pharmacy you go to?
Opening times

Out of the 175 respondents that answered the question *When is it most convenient for you to use a pharmacy?*

- All said on a weekday.
- Half said on a Sunday.
- Three quarters said on a Saturday.
- The most popular times were between 9am and noon and between 2pm and 5pm on a weekday, and between 9am and noon on a Saturday.
- Few said it was convenient to use a pharmacy before 9am on any day of the week.
- Similarly few said it was convenient to use a pharmacy after 8pm on any day.
- 43% said it was convenient to use a pharmacy between 5pm and 8pm on a weekday.
- Of those who did say they would find it useful to use a pharmacy on a Sunday most said that would be in the morning.

<table>
<thead>
<tr>
<th></th>
<th>Before 9am</th>
<th>09:00 to 12:00</th>
<th>12:00 to 14:00</th>
<th>14:00 to 17:00</th>
<th>Between 5pm and 8pm</th>
<th>After 8pm</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weekdays</strong></td>
<td>18%</td>
<td>54%</td>
<td>43%</td>
<td>54%</td>
<td>43%</td>
<td>21%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Saturday</strong></td>
<td>12%</td>
<td>55%</td>
<td>42%</td>
<td>41%</td>
<td>22%</td>
<td>14%</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Sunday</strong></td>
<td>10%</td>
<td>37%</td>
<td>33%</td>
<td>24%</td>
<td>18%</td>
<td>13%</td>
<td>50%</td>
</tr>
</tbody>
</table>

*All percentages are calculated out of 175 respondents to the question.*

The majority of respondents said that they would look on the internet if wanted to find out about a pharmacy.

How would you find out about a pharmacy e.g. opening times or services offered? (n=171)
Only 9% of respondents were aged 20 to 34, most were aged 50-64 years.

Age of respondents (n=177)

38.4% said they considered themselves to have a disability or long term illness.
Is there anything else you would like to tell us about local pharmacies?

- It is very frustrating when you go and the staff cannot give out your prescription because the pharmacist isn’t present.
- All health centres should have a pharmacy on site or nearby. Not all people have transport.
- There is always a long wait and different staff.
- All the ones I use are excellent.
- It is easier to ask them [pharmacists] for advice rather than getting a GP visit.
- They are handy to use and the staff know you so are easy to talk to.
APPENDIX 13

Contractor Survey Results

Only twenty one of the thirty five North East Lincolnshire pharmacies open at the time the survey was undertaken during 2017 completed the questionnaire, which was a 60% response rate. Lloyds Dudley Street ceased trading January 2018, therefore the following analysis is based on the responses of the twenty current pharmacies. It has had to be assumed that the responses are representative of all pharmacies in North East Lincolnshire. The twenty current pharmacies that completed the survey were:

- Asda Pharmacy
- Birkwood Pharmacy
- Boots (Friargate, Cartergate, Freeman Street, and St Peter’s Avenue)
- Cottingham Chemists (Wellington Street and Waltham)
- Lincolnshire Co-op chemists (St Nicholas Drive and Grimsby Road)
- Lloyds Pharmacy (Pelham Road, Littlecoates Road, Caistor Road, Corporation Road)
- Periville Chemists (Cromwell Road, Wingate Parade, Ladysmith Road)
- Sandrigham Pharmacy
- Tesco Pharmacy (Hewitts Avenue and Market Street)

Opening Hours
The contractor questionnaire was an opportunity for the contractors to confirm that their opening hours as stated on the pharmaceutical list supplied by NHS England are correct. Five pharmacies responded that their hours were incorrect. If hours were incorrect the questionnaire informed contractors to contact NHS England to resolve the discrepancies.

Consultation Area
All pharmacies reported that they have a consultation area on the premises and that they are EPS R2 enabled.

EPS R2 enabled
All pharmacies reported that they are EPS R2 enabled.

Essential services (appliances)
Seventeen pharmacies reported that they dispense all types of appliances, once pharmacy dispenses appliances excluding incontinence appliances, one pharmacy just dispenses dressings, and one pharmacy does not dispense appliances.

Advanced services
- All pharmacies provide the Medicines Use Review service.
- All pharmacies provide the New Medicine service.
- One pharmacy provides the Appliance Use Review service with three further pharmacies intending to start within the next 12 months.
• Four pharmacies provide the Stoma Appliance Customisation service with a further pharmacy intending to start within the next 12 months.
• Six pharmacies provide the NHS Urgent Medicine Supply Service with five further pharmacies intending to start in the next 12 months.
• Sixteen pharmacies provide the Seasonal Influenza Vaccination service with a further two pharmacies intending to start in the next 12 months.

Commissioned services
Pharmacies reported a range of services that they are commissioned to provide, but also conveyed willingness to provide additional services should they be commissioned.

Private and non-commissioned services
A range of services are provided privately e.g. diabetes screening, seasonal Influenza vaccination, and travel vaccines.
• All pharmacies provide a prescription collection service from GP practices.
• Sixteen pharmacies deliver dispensed medicines free of charge on request.
• Eighteen pharmacies provide monitored dosage systems (MDS) free of charge on request.

Needs for a locally commissioned service
(By definition these are not pharmaceutical services)
Contractor opinions included the following comments:

“Our needle exchange is often asked to take back sharps from non-service users. It would be an excellent idea to do this and would be easy to set up as the infrastructure is already in place.”

“The supply of MDS to patients is increasing and is often prompted by care agencies who insist on them for their clients. It is getting to the point where saturation point is being reached & time and staff will soon not be available to provide this free service. Funding is required or a directive to care agencies stating that MDS are not necessary if medicines being given by carers. A funded Medicine Administrative Record (MAR) chart service may help to some degree.”

“The ACT scheme is great for our community so it makes sense to develop it.”

Other comments
“The Minor Ailments Scheme has been a success already. I’m very proud of what we have achieved and I would love to help develop the scheme to cover more conditions and with a wider range of treatments. It has enhanced our relationship with members of the community where the cost of OTC medicines has been a real barrier to accessing pharmacy services. I believe the MAS could well become a real game changer in primary care.”
## APPENDIX 14

### North East Lincolnshire CCG 2016/17 Prescribing Data

<table>
<thead>
<tr>
<th>BNF Chapter Number</th>
<th>BNF* Chapter Name</th>
<th>Number of Items</th>
<th>Actual Cost (£)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anaesthesia</td>
<td>339,155</td>
<td>34,470.51</td>
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<tr>
<td>2</td>
<td>Appliances</td>
<td>1,226,036</td>
<td>928,041.40</td>
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<tr>
<td>3</td>
<td>Cardiovascular System</td>
<td>268,496</td>
<td>3,577,310.48</td>
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<tr>
<td>4</td>
<td>Central Nervous System</td>
<td>698,244</td>
<td>4,654,462.21</td>
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<td>5</td>
<td>Dressings</td>
<td>129,722</td>
<td>1,117,448.21</td>
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<td>6</td>
<td>Ear, Nose And Oropharynx</td>
<td>371,133</td>
<td>143,723.21</td>
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<td>7</td>
<td>Endocrine System</td>
<td>96,502</td>
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<td>8</td>
<td>Eye</td>
<td>15,950</td>
<td>350,122.99</td>
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<td>9</td>
<td>Gastro-Intestinal System</td>
<td>181,240</td>
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<td>10</td>
<td>Immunological Products &amp; Vaccines</td>
<td>114,738</td>
<td>285,181.55</td>
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<td>11</td>
<td>Incontinence Appliances</td>
<td>60,984</td>
<td>154,858.71</td>
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<td>12</td>
<td>Infections</td>
<td>30,280</td>
<td>467,090.65</td>
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<tr>
<td>13</td>
<td>Malignant Disease &amp; Immunosuppression</td>
<td>87,765</td>
<td>479,750.34</td>
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<tr>
<td>14</td>
<td>Musculoskeletal &amp; Joint Diseases</td>
<td>39,676</td>
<td>465,518.71</td>
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<tr>
<td>15</td>
<td>Nutrition And Blood</td>
<td>7,838</td>
<td>2,340,179.02</td>
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<tr>
<td>19</td>
<td>Obstetrics,Gynae+Urinary Tract Disorders</td>
<td>3,199</td>
<td>844,002.97</td>
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<tr>
<td>20</td>
<td>Other Drugs And Preparations</td>
<td>60,001</td>
<td>89,508.69</td>
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<tr>
<td>21</td>
<td>Respiratory System</td>
<td>77,380</td>
<td>3,407,559.17</td>
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<td>22</td>
<td>Skin</td>
<td>6,085</td>
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<tr>
<td>23</td>
<td>Stoma Appliances</td>
<td>24,402</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>3,838,826</strong></td>
<td><strong>26,433,307.62</strong></td>
</tr>
</tbody>
</table>

Source: NHSBSA

* The British National Formulary (BNF) is a joint publication by the British Medical Association and the Royal Pharmaceutical Society, providing information on medicines available in the UK. In the BNF medicines are classified by therapeutic group.

** Actual cost is the estimated cost to the NHS, which is usually lower than the Net Ingredient Cost (the price listed in the drug tariff/price list). Actual cost is calculated by subtracting the average percentage discount per item received by pharmacists from the NIC, but adding in the value of a container allowance for each item.
### APPENDIX 15

**Items prescribed by NEL GP practices and dispensed by NEL pharmacies, 2016/17**

<table>
<thead>
<tr>
<th>North East Lincolnshire GP Practice - Prescribing</th>
<th>North East Lincolnshire Pharmacy - Dispensing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B81003</strong></td>
<td><strong>B81012</strong></td>
</tr>
<tr>
<td><strong>B81015</strong></td>
<td><strong>B81016</strong></td>
</tr>
<tr>
<td><strong>B81023</strong></td>
<td><strong>B81030</strong></td>
</tr>
<tr>
<td><strong>B81031</strong></td>
<td><strong>B81039</strong></td>
</tr>
<tr>
<td><strong>B81055</strong></td>
<td><strong>B81077</strong></td>
</tr>
<tr>
<td><strong>B81087</strong></td>
<td><strong>B81091</strong></td>
</tr>
<tr>
<td><strong>B81108</strong></td>
<td><strong>B81160</strong></td>
</tr>
<tr>
<td><strong>B81162</strong></td>
<td><strong>B81164</strong></td>
</tr>
<tr>
<td><strong>B81165</strong></td>
<td><strong>B81166</strong></td>
</tr>
<tr>
<td><strong>B81167</strong></td>
<td><strong>B81169</strong></td>
</tr>
<tr>
<td><strong>B81197</strong></td>
<td><strong>Y01948</strong></td>
</tr>
<tr>
<td><strong>Y02684</strong></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 16

North East Lincolnshire prescriptions dispensed and/or personally administered by dispensing doctor practices, or personally administered by prescribing doctor practices, 2016/17

<table>
<thead>
<tr>
<th>Dispenser code</th>
<th>Dispenser name</th>
<th>Number of items</th>
</tr>
</thead>
<tbody>
<tr>
<td>B81003</td>
<td>BEACON MEDICAL</td>
<td>4,404</td>
</tr>
<tr>
<td>B81012</td>
<td>DR AP KUMAR</td>
<td>1,633</td>
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<tr>
<td>B81015</td>
<td>CLEE MEDICAL CENTRE</td>
<td>5,249</td>
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<tr>
<td>B81016</td>
<td>PELHAM MEDICAL GROUP</td>
<td>3,310</td>
</tr>
<tr>
<td>B81019*</td>
<td>DR JETHWA</td>
<td>59</td>
</tr>
<tr>
<td>B81023</td>
<td>THE CHANTRY HEALTH GROUP</td>
<td>3,260</td>
</tr>
<tr>
<td>B81030</td>
<td>SCARTHO MEDICAL CENTRE</td>
<td>6,079</td>
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<tr>
<td>B81031</td>
<td>FIELDHOUSE MEDICAL GROUP</td>
<td>5,047</td>
</tr>
<tr>
<td>B81039</td>
<td>THE ROXTON PRACTICE</td>
<td>121,514</td>
</tr>
<tr>
<td>B81055</td>
<td>LYNTON PRACTICE</td>
<td>1,026</td>
</tr>
<tr>
<td>B81077</td>
<td>WOODFORD MEDICAL PRACTICE</td>
<td>5,007</td>
</tr>
<tr>
<td>B81087</td>
<td>BIRKWOOD MEDICAL CENTRE</td>
<td>3,730</td>
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<tr>
<td>B81091</td>
<td>LITTLEFIELD SURGERY</td>
<td>4,144</td>
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<tr>
<td>B81108</td>
<td>DR A SINHA</td>
<td>1,338</td>
</tr>
<tr>
<td>B81603</td>
<td>ROXTON AT WEELSBY VIEW</td>
<td>1,199</td>
</tr>
<tr>
<td>B81606</td>
<td>DR MATHEWS</td>
<td>1,944</td>
</tr>
<tr>
<td>B81620</td>
<td>DRS BISWAS &amp; RAY</td>
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</tr>
<tr>
<td>B81642</td>
<td>DR OZ QURESHI</td>
<td>1,086</td>
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<tr>
<td>B81655</td>
<td>GREENLANDS SURGERY</td>
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<tr>
<td>B81656</td>
<td>RAJ MEDICAL CENTRE</td>
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<tr>
<td>B81663</td>
<td>CORE CARE FAMILY PRACTICE</td>
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<tr>
<td>B81664</td>
<td>HUMBERVIEW SURGERY</td>
<td>650</td>
</tr>
<tr>
<td>B81665</td>
<td>HEALING PARTNERSHIP</td>
<td>559</td>
</tr>
<tr>
<td>B81671*</td>
<td>DR KESHRI</td>
<td>129</td>
</tr>
<tr>
<td>B81677</td>
<td>DRS CHALMERS &amp; MEIER</td>
<td>1,532</td>
</tr>
<tr>
<td>B81689*</td>
<td>DR HUSSAIN</td>
<td>409</td>
</tr>
<tr>
<td>B81693</td>
<td>MEDI ACCESS</td>
<td>380</td>
</tr>
<tr>
<td>B81697</td>
<td>DR P SURESH BABU</td>
<td>792</td>
</tr>
<tr>
<td>Y01948</td>
<td>OPEN DOOR</td>
<td>178</td>
</tr>
<tr>
<td>Y02684</td>
<td>QUAYSIDE MEDICAL CENTRE</td>
<td>57</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>177,748</strong></td>
</tr>
</tbody>
</table>

Source: NHSBSA

* Practices B81019, B81671, and B81689 have closed / merged with other practices.
## APPENDIX 17

### Advanced Services Activity – 2016/17

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Locality</th>
<th>No of MUR Payments**</th>
<th>No of NMS interventions</th>
<th>No of AURs</th>
<th>No of SAC fees</th>
<th>No of flu vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>FXC13</td>
<td>Asda</td>
<td>Fiveways</td>
<td>391</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>236</td>
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<tr>
<td>FFX63</td>
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<tr>
<td>FE995</td>
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<td>5</td>
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<td>FQN38</td>
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**TOTALS** 9,803 3,130 0 136 2,655

Source: NHSBSA

* Lloyds (FLL50) ceased trading January 2018.

** Four pharmacies claimed for more than the permitted annual total of 400. These 121 ineligible medicines use reviews have been discounted for the purposes of this pharmaceutical needs assessment.
APPENDIX 18

ACT service training event held on 14 November 2017

North East Lincolnshire ACT service

Emergency Hormonal Contraception (EHC) via Patient Group Direction (PGD) Service training event:
Revised Patient Group Directions launching 1 December 2017

Agenda

Programme for the evening

- Welcome
  - Caroline Barley North East Lincolnshire Council
- The local picture
  - Glyn Thompson North East Lincolnshire Council
- Emergency contraception update: Latest Faculty guidance (FSRH March 2017)
  - Jill Ladlow Virgin Care
- Summary of changes to Levonorgestrel PGD and Ulipristal Acetate PGD Effective from 1 December 2017
  - Caroline Hayward Humber LPC
- Live PharmOutcomes demonstration
  - Caroline Hayward Humber LPC
APPENDIX 20
PNA Consultation Report

The draft PNA was published on the North East Lincolnshire Council website for 60 days from 18 January to 19 March 2018. Part 8 of the regulations detail the requirements for the statutory PNA consultation. All the organisations the HWB has a duty to consult with were notified and invited to participate in the consultation.

An accompanying SurveyMonkey questionnaire on the draft PNA was structured around seven questions as follows:

1 Was the purpose and background of the draft PNA clear to you? Yes/No/Comments

2 Was the information in the draft PNA easy to understand? Yes/No/Comments

3 Do you feel that the draft PNA accurately shows what current pharmaceutical provision is in place within North East Lincolnshire? Yes/No/Comments

4 Do you feel the draft PNA reflects the needs of the North East Lincolnshire population? Yes/No/Comments

5 Do you feel there are any gaps or additional information that should be included? Yes/No/Comments

6 Do you agree with the overall findings of the draft PNA? Yes/No/Comments

7 If you have any further comments or suggestions regarding the draft PNA, please tell us these below.

Responses were reviewed by the steering group to agree the rationale as to whether any modifications to the draft PNA were required.

In total, twenty nine responses to the consultation were received, of which three were from organisations, the remaining being from members of the public.

Organisation comments:

Comment: On 1.12.17 a new service was commissioned by NHS England on behalf of NE Lincolnshire CCG – Point of Dispensing Intervention Scheme (PODIS).
Response: This three year enhanced service has been added to section 4.3.3.

Public comments:

Comment: Whilst the majority of respondents reported they were able to understand the PNA, six respondents commented on the length of the PNA and that it was too detailed and difficult to understand e.g. “I found it easy to understand but it was a very lengthy document. I read the executive summary and the relevant chapter for my address”
“Some areas were a little technically put for people with limited knowledge”
“Did not understand it”
Response: Unfortunately the pharmaceutical needs assessment is, by its very nature, a technical document and must reflect the wording of, and phrases used within, the regulations.

One respondent commented as follows:
Comment: “The importance of local pharmacies contributing to the health & welfare of the residents cannot be over emphasized. Especially in alleviating GPs work load.”
Response: Agreed. NHS England has recently undertaken an extensive media campaign promoting pharmacies as a first point of contact for patients and members of the public. The minor ailment enhanced service is commissioned in North East Lincolnshire and is detailed in section 4.3.3.
Comment: “Pharmacies should take on more of the GPs work especially for routine ailments, minor first aid etc.”
Response: Agreed. NHS England has recently undertaken an extensive media campaign promoting pharmacies as a first point of contact for patients and members of the public. The minor ailment enhanced service is commissioned in North East Lincolnshire and is detailed in section 4.3.3.

Another respondent commented as follows:
Comment: “Couldn’t see much on proposals for anti coagulation monitoring.”
Response: The CCG is responsible for commissioning this service and as such it is outside the scope of this document but the comment is noted.
Comment: “Are repeat prescription regularly reviewed. Have had experience of repeat prescription being continued when not required and therefore money wasted.”
Response: GPs should regularly review repeat medications. Patients should only order the medicines they require and should check the medication prior to leaving the pharmacy. Where concerns are identified that a patient is receiving medicines that they do not require they should raise this with the pharmacy and their GP practice. If concerns are not resolved they should be raised with NHS England.

A further respondent commented as follows:
Comment: “Stand in pharmacy queues and the reality is that frail and elderly are being sent away as medications not available. Repeat prescriptions are not dispensed.”
Response: Nationally there are a number of drugs in short supply and this is outside of the control of pharmacy contractors. The Department of Health and Social Care are aware of this issue. Pharmacies are required to dispense all valid NHS prescriptions for drugs with reasonable promptness with a few exceptions e.g. to persons who threaten pharmacy staff with violence. Where patients have concerns they should contact NHS England who will investigate.
Comment: “Mental health patients cannot obtain medicine reviews as all professionals record not our remit.”
Response: The prescriber should undertake medicine reviews. If a patient has a concern regarding their medicines they should approach their pharmacy and ask for a medicine use review.
Comment: “Safety of patients when medications not dispensed when pharmacy and go unable to communicate.”
Response: Pharmacies are required to dispense all valid NHS prescriptions for drugs with reasonable promptness with a few exceptions e.g. to persons who threaten pharmacy staff with violence. Where patients have concerns they should contact NHS England who will investigate.
Comment: “For organisation to learn from alerts…”
Response: It is not clear what this particular issue is and therefore unable to respond.
Two respondents commented on access to dispensing for patients of the GP out of hours service:

**Comment:** “Missed the need for provision at GP Out of Hours' site. I.e. 24 hour provision. The need for 24 hour dispensing provision, which used to be available in a number of places in North East Lincolnshire. Thie is vital if attending the Out of Hours GP service and you are given an urgent prescription! Sureloy such provision should be made available at the DPoW GP Out of Hours' site!”

**Comment:** “The availability of dispensing must match that of prescribing. I recently had need to attend the GP out of hours service during the evening, being referred by the single point of access team, and was eventually prescribed antibiotics for a severe infection. It was gone 10pm by the time I was seen and given a prescription, and when I enquired where to go for dispensing, I was told that only Birkwood pharmacy would be open and until 11pm. Fortunately I had a relative to transport me, so I could start my course of antibiotics, and I was very worried we would not get there in time. Many prescriptions from the GP out of hours service are likely to require urgent dispensing. The pharmacy at the hospital should be able to do this. I would have had no access to a dispensing service if I had not had transport to get to a late night pharmacy or if I had still been at the GP service at 11pm, and the painful infection would have worsened.

**Response:** As a result of these comments section 5.5 has been amended. If there is an urgent need for a patient to have medicines when there is no pharmacy open, the GP OOH service will provide these to the patient.
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