

North East Lincolnshire Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) October 2022 to September 2025

October 2022

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Further information: glyn.thompson@nelincs.gov.uk

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.

Community Pharmacy Consultation Service (CPCS) - 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. Under the service, NHS 111 and GP practices can also refer people to a pharmacy for advice in relation to a minor ailment.

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.

Discharge Medicines Service - Following a stay in hospital, a patient's medicines may have changed. This service ensures that any such changes are identified, and the patient's records at their GP practice and pharmacy are updated to reduce the risk that the wrong medicines are prescribed and dispensed.

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.

Integrated Care Boards (ICBs) – ICBs took on the NHS planning functions previously held by clinical commissioning groups (CCGs) from the 1 July 2022, along with some planning roles from NHS England. In consultation with local partners, the ICBs will produce a five-year plan (updated annually) for how NHS services will be delivered to meet local needs. ICBs will also contract with providers to deliver NHS services and will be able to delegate some funding at place level to support joint planning of some NHS and council-led services.

Integrated Care Partnerships (ICPs) – ICPs operate as a statutory committee, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care. ICPs include representatives from the ICB, the local authorities, and other partners such as NHS providers, public health, social care, housing services and voluntary, community and social enterprise (VCSE) organisations.

Integrated Care Systems (ICSs) – ICSs are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners, to plan, co-ordinate and commission health and care services. All parts of England are now covered by 1 of 42 ICSs. The statutory ICS came into force on the 1 July 2022 and is made up of two key bodies – an integrated care board (ICB) and integrated care partnership (ICP). ICSs are underpinned by joint working at 'place' level through 'place-based partnerships' involving NHS organisations, local authorities, voluntary and community sector organisations, and local communities, across a smaller footprint than an ICS, often based on the area covered by a local authority.

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.

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

Place - In relation to integrated care systems, this refers to a town or district within an integrated care system, often (but not always) within the same boundaries of a council or borough.

Primary Care Networks (PCNs) - A key building block of the NHS long-term plan. They bring general practices together in geographical networks to work at scale.

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 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 October 2022 to September 2025.

The pharmaceutical needs assessment 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 pharmaceutical needs assessment and the duties on health and wellbeing boards. These provisions are then expanded upon in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. The North East Lincolnshire health and wellbeing board sanctioned the formation of a partnership steering group, tasked with preparing this pharmaceutical needs assessment in line with the Regulations.

North East Lincolnshire occupies a land area of approximately 192 square kilometres and has a resident population of just under 160,000 according to ONS mid-2020 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 health and wellbeing board which are presented in this pharmaceutical needs assessment. The pharmaceutical needs assessment 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. The pharmaceutical needs assessment has looked at changes which are anticipated within the lifetime of the document, for example changes to the population, and the building of new dwellings.

There are thirty-four pharmacies included in the North East Lincolnshire pharmaceutical list. These pharmacies are provided by nineteen 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 2021, North East Lincolnshire pharmacies dispensed 3,727,387 items.

Many GP practices are based in modern primary care centres with a co-located pharmacy, with pharmacy opening hours and service provision generally aligned 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 it is noted that 94% of dispensed items prescribed by North East Lincolnshire GPs were 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 15-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-one pharmacies open on a Saturday and six on a Sunday. Of the pharmacies that completed the contractor questionnaire, many reported offering a prescription collection service from surgeries and a delivery of dispensed medication service. With increased use of the Electronic Prescription Service (EPS), this allows prescribers to send prescriptions electronically 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. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.

Given the importance of visitors to North East Lincolnshire, particularly to Cleethorpes in the summer months, the health and wellbeing board notes that thirty-three pharmacies are commissioned to provide the community pharmacist consultation service. Therefore, for example, where seasonal visitors forget to bring their regular medicine(s) or require advice for a minor ailment, and phone the 111 service, they can be triaged and referred to a pharmacy providing this service.

Local health and social care systems are under great pressure and the impacts of the COVID-19 pandemic will be seen for years to come. This pharmaceutical needs assessment 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. In addition to dispensing, local pharmacies are commissioned to provide a range of additional services, for example, thirty pharmacies are commissioned to provide the minor ailment enhanced service, which gives patients greater choice whilst relieving pressure from other parts of the primary care health system. All pharmacies supported the response to the COVID-19 pandemic, for example by the distribution of lateral flow devices, and all pharmacies support the local health system to alleviate winter pressures, for example by administering flu vaccine.

Based on the information available at the time of developing this pharmaceutical needs assessment, which includes population demographics, housing projections, and the distribution of pharmacies and dispensing practices across the health and wellbeing board area, the health and wellbeing board concludes that the current provision will be sufficient to meet the future needs of the residents during the three-year lifetime of the pharmaceutical needs assessment.

The health and wellbeing board 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 pharmaceutical needs assessment.

CHAPTER 1

Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of the North East Lincolnshire Health and Wellbeing Board's area for a period of up to three years, linking closely to the joint strategic needs assessment. Whilst reports in the joint strategic needs assessment focusses on the general health needs of the population of North East Lincolnshire, the pharmaceutical needs assessment looks at how those health needs can be met by pharmaceutical services commissioned by NHS England and in the future by NHS Humber and North Yorkshire Integrated Care Board.

At the point of writing, NHS England is responsible for the commissioning of pharmaceutical services. However, it is anticipated that within the lifetime of the document, NHS Humber and North Yorkshire Integrated Care Board will become responsible for their commissioning. As it has not been confirmed when the integrated care board will take on responsibility, this document will continue to refer to NHS England as the commissioner.

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 health and wellbeing board'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 health and wellbeing board's pharmaceutical needs assessment, or to secure improvements or better access similarly identified in the pharmaceutical needs assessment. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the pharmaceutical needs assessment was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the pharmaceutical needs assessment 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 three-year lifetime of the pharmaceutical needs assessment.

Whilst the pharmaceutical needs assessment is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities and integrated care boards. A robust pharmaceutical needs assessment will ensure those who commission services from pharmacies and dispensing appliance contractors target services 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 pharmaceutical needs assessment

Further information on the health and wellbeing board's specific duties in relation to pharmaceutical needs assessments and the policy background to pharmaceutical needs assessments can be found in appendix 1, however following publication of its first pharmaceutical needs assessment the health and wellbeing board must, in summary:

- Publish revised statements (subsequent pharmaceutical needs assessments), on a three-yearly basis, which comply with the regulatory requirements
- Publish a subsequent pharmaceutical needs assessment 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 which explain changes to the availability of pharmaceutical services in certain circumstances

1.3 Pharmaceutical services

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

Pharmaceutical services may be provided by:

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

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 local pharmaceutical services contract with NHS England, zero dispensing appliance contractors, and one dispensing practice, as at the time of writing.

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

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 (the terms of service) are

set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. 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
 - Support for self-care
 - Home delivery service (during a declared pandemic only)
 - The discharge medicines service.
- 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 and promotion of healthy living requirements.
 - New medicine service
 - Stoma appliance customisation
 - Appliance use review
 - Seasonal influenza adult vaccination service
 - Community pharmacist consultation service
 - Hepatitis C antibody testing service (currently time limited until 31 March 2023)
 - Community pharmacy Covid-19 lateral flow device distribution service
 - Community pharmacy hypertension case-finding service
 - Smoking cessation referral from secondary care into community pharmacy service.
- 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
 - Emergency supply service
 - Gluten free food supply service
 - Home delivery service
 - Independent prescribing 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 these services is the requirement on each pharmacy contractor to participate in a system of clinical governance and promotion of healthy living. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended 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 additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises based on 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 (except for 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, and they may open for longer hours. Since August 2012 some pharmacy contractors may have successfully applied to open a pharmacy with a different number of core opening hours to meet a need, improvements or better access, identified in a pharmaceutical needs assessment.

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 health and wellbeing board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a pharmacy 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 NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as distance selling premises (sometimes called mail order or internet pharmacies).

Distance selling premises are required to provide essential services and participate in the system of clinical governance and promotion of healthy living in the same way as other pharmacies; however, they must provide these services remotely. For example, a patient asks for their prescription to be sent to a distance selling premises via the electronic prescription service and the contractor dispenses the item and then delivers it to the patient's preferred address. Distance selling premises 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 and delivery of dispensed items is free of charge.

1.3.2 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHS England does not hold contracts with dispensing appliance contractors. Their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which 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 (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances and
- Signposting.

They may also choose to provide advanced services. 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. The two advanced services that they may provide are:

- Stoma appliance customisation
- Appliance use review

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended 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.

Dispensing appliance contractors 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 dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor'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 health and wellbeing board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours, they simply notify NHS England of the change, giving at least three months' notice.

There are zero dispensing appliance contractors in North East Lincolnshire.

1.3.3 Pharmaceutical services provided by doctors

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended 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 (excluding distance selling premises), 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 in 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. Local pharmaceutical services complement the national contractual arrangements described above but are an important local commissioning tool in their own right. Local pharmaceutical services provide flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under the national contractual arrangements. For the purposes of the pharmaceutical needs assessment the definition of pharmaceutical services includes local pharmaceutical services. There are, however, no local

pharmaceutical services contracts within the health and wellbeing board's area and NHS England does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

1.4 Locally commissioned services

North East Lincolnshire Council and NHS Humber and North Yorkshire Integrated Care Board may also commission services from pharmacies and dispensing appliance contractors, 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 and Syringe Programme (NSP)
- Stop smoking provision

NHS Humber and North Yorkshire Integrated Care Board (formerly North East Lincolnshire Clinical Commissioning Group) commissions the following services:

- See section 5.6

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, NHS Humber and North Yorkshire Integrated Care Board, or North Lincolnshire and Goole NHS Foundation Trust, and which affect the need for pharmaceutical services are also included within the pharmaceutical needs assessment and are detailed in Chapter 5.

1.6 How the assessment was undertaken

1.6.1 Pharmaceutical needs assessment steering group

The North East Lincolnshire health and wellbeing board has overall responsibility for the publication of the pharmaceutical needs assessment, and the Director of Public Health is the health and wellbeing board member who is accountable for its development. The health and wellbeing board established a pharmaceutical needs assessment steering group with the purpose of ensuring that the health and wellbeing board develops a robust pharmaceutical needs assessment 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 pharmaceutical needs assessment. 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, were provided by Primary Care Commissioning (PCC).

1.6.2 Pharmaceutical needs assessment localities

At its initial meeting the steering group agreed the pharmaceutical needs assessment 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 health and wellbeing board area between neighbourhoods, and to reflect the historic approach taken in the joint strategic needs assessment.

1.6.3 Patient and public engagement

To gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available online via the council website from 1 July to 31 August 2021. 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, the CCG, and GP practices, through their various networks. Healthwatch supported patients to complete the survey face to face, and if patients were unable to access the internet, then they were able to phone Healthwatch for support. 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. A total of 545 patients completed the questionnaire and the findings from the questionnaire have been used throughout the pharmaceutical needs assessment with the full analysis detailed in appendix 12.

1.6.4 Contractor engagement

To inform the pharmaceutical needs assessment a contractor questionnaire was undertaken in which all pharmacies were invited to participate. The questionnaire was carried out electronically and was facilitated by the local pharmaceutical committee 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 two months from 1 October 2021.

Twenty-one of the thirty-four pharmacies completed the questionnaire, which equates to 62% participation.

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 pharmaceutical needs assessment with the full analysis detailed in appendix 13.

1.6.5 Other sources of information

Information was gathered from NHS England, North East Lincolnshire Clinical Commissioning Group (now NHS Humber and North Yorkshire Integrated Care Board), North East Lincolnshire Council, Care Plus Group, Lincs Inspire, and EQUANS (North East Lincolnshire Council's regeneration partner), regarding:

- Services provided to residents of the health and wellbeing board's area, whether provided from within or outside of the health and wellbeing board's area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the pharmaceutical needs assessment, and
- Any other developments which may affect the need for pharmaceutical services.

The North East Lincolnshire joint strategic needs assessment (North East Lincolnshire Council, 2021), Director of Public Health Annual Report (North East Lincolnshire Council, 2021), Office for Health Improvement and Disparities (OHID) health profile (Office for Health Improvement & Disparities, 2022), and Office for Health Improvement and Disparities child and maternal health profile (Office for Health Improvement & Disparities, 2022), all provided background information on the health needs of the population.

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, based on 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, victimisation, and harassment, 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 visitors.
- The Council is committed to ensuring that no-one is treated in any way less favourably on the grounds of age, disability, gender reassignment, marriage and/or civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.
- 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 on a six-monthly basis.

(North East Lincolnshire Council, 2022)

North East Lincolnshire Council has published a 2021 Equality Report (North East Lincolnshire Council, 2021) and an Equalities Community Profile (North East Lincolnshire Council, 2022), which bring together key statistics regarding people in North East Lincolnshire who fall within the protected characteristics as outlined in the Equality Act 2010.

1.6.7 Consultation

The responses to the patient and contractor questionnaires informed the draft pharmaceutical needs assessment.

The statutory 60-day consultation on the draft pharmaceutical needs assessment and detailed in Part 8 of the regulations, ran from 12 July 2022 to 11 September 2022. The statutory consultees were written to regarding the consultation, provided a link to the draft pharmaceutical needs assessment and survey, and invited to respond. In addition, the consultation was open to all, and was advertised via council and partner communication channels.

A report of the 60-day consultation, including the changes made to the draft pharmaceutical needs assessment to produce this final version, 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 under 160,000 according to the ONS mid-2020 population estimates (Office for National Statistics, 2021). 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, 2021).

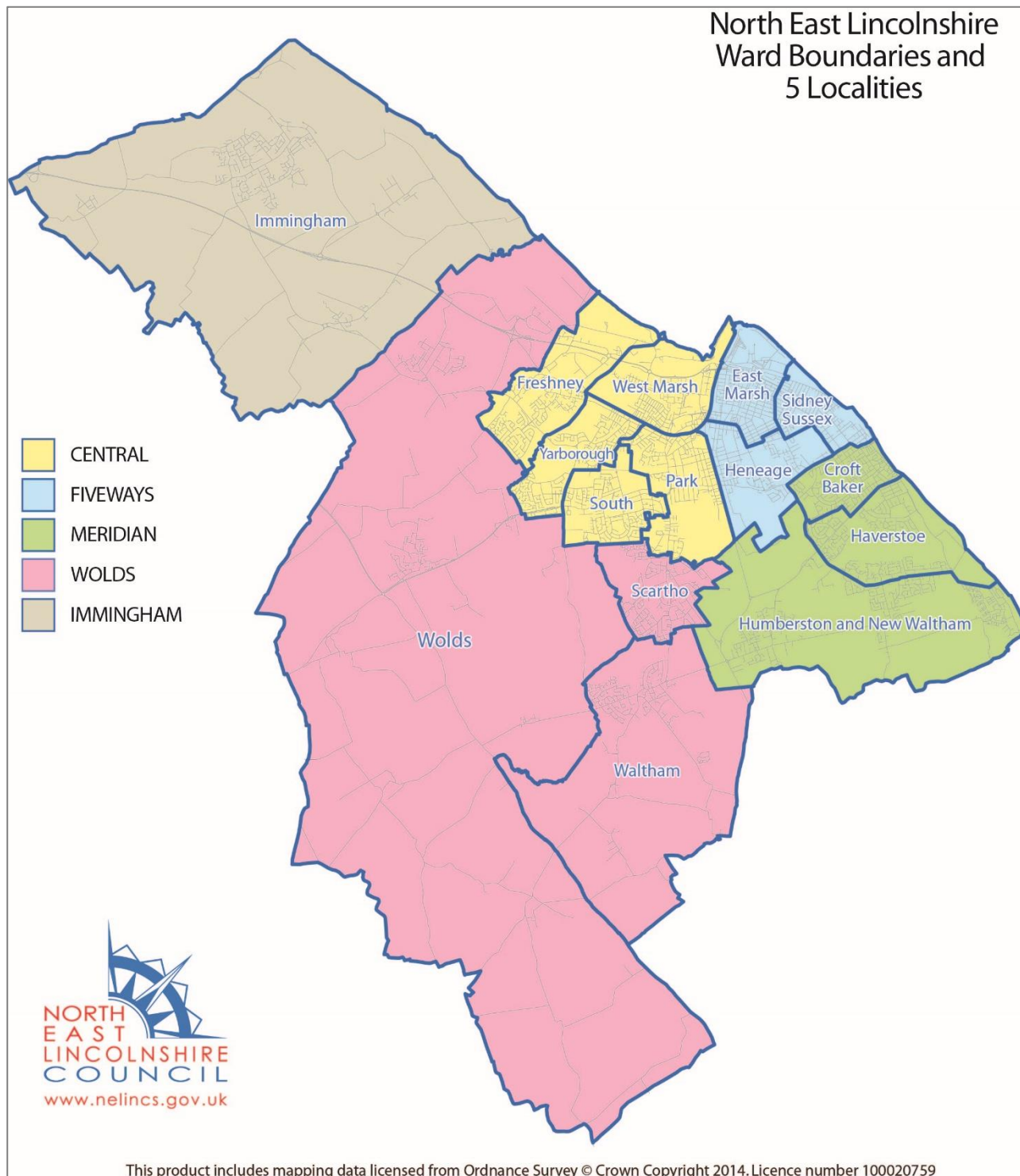
Following administrative boundary changes effective from 1 April 2003, North East Lincolnshire is comprised of 15 electoral wards (North East Lincolnshire Council, 2021). These wards are aggregated into 5 neighbourhoods and are presented in Table 1 and Figure 1. The neighbourhoods have been used as the localities for the purpose of the pharmaceutical needs assessment.

Table 1 North East Lincolnshire PNA localities and constituent electoral wards

Locality	Constituent Electoral Wards
Immingham	Immingham
Wolds	Scartho, Waltham, Wolds
Central	Freshney, Park, South, West Marsh, Yarborough
Fiveways	East Marsh, Heneage, Sidney Sussex
Meridian	Croft Baker, Haverstoe, Humberston and New Waltham

Figure 1

North East Lincolnshire PNA localities

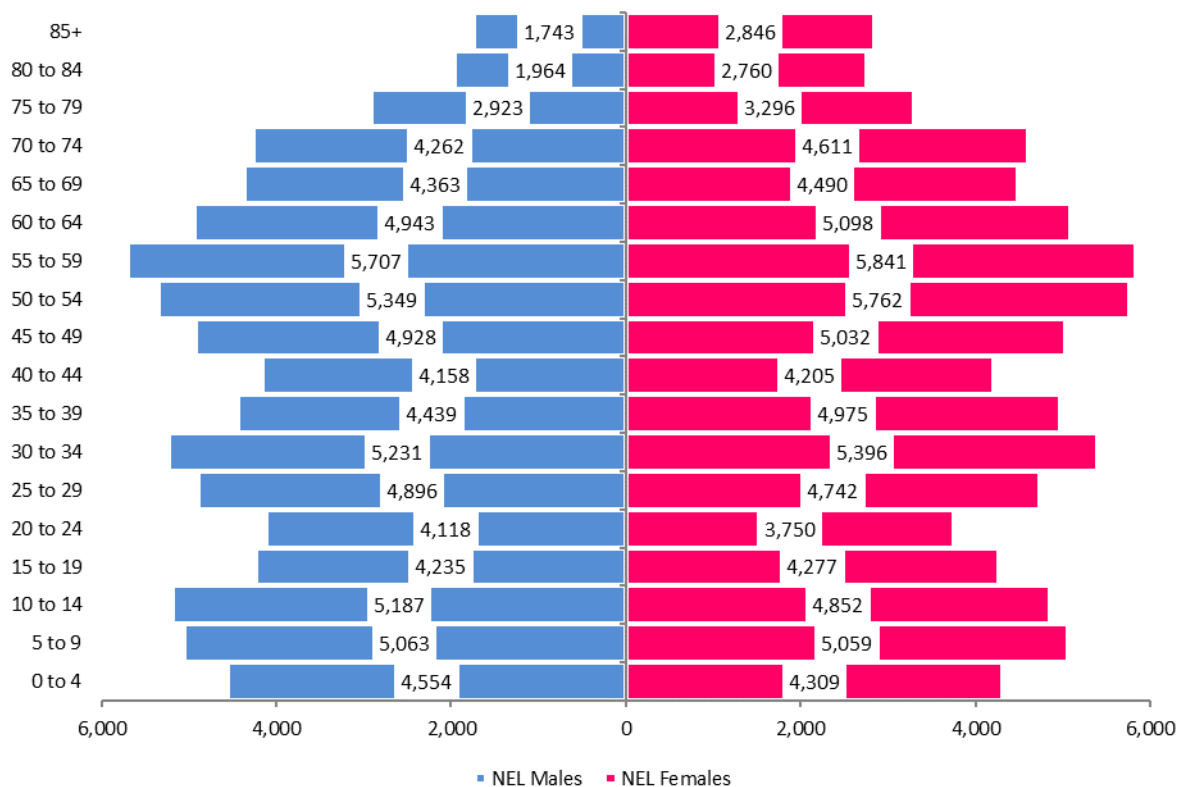


2.2 Population

ONS mid-2020 population figures estimate the North East Lincolnshire resident population to be 159,364 individuals (Office for National Statistics, 2021). ONS 2018 based subnational population projections estimate the population will have remained static at 159,843 in 2021 (Office for National Statistics, 2020) which is the period up to which this pharmaceutical needs assessment covers, and the health and wellbeing board is satisfied that any consequential increase in demand for pharmaceutical services as a result of a

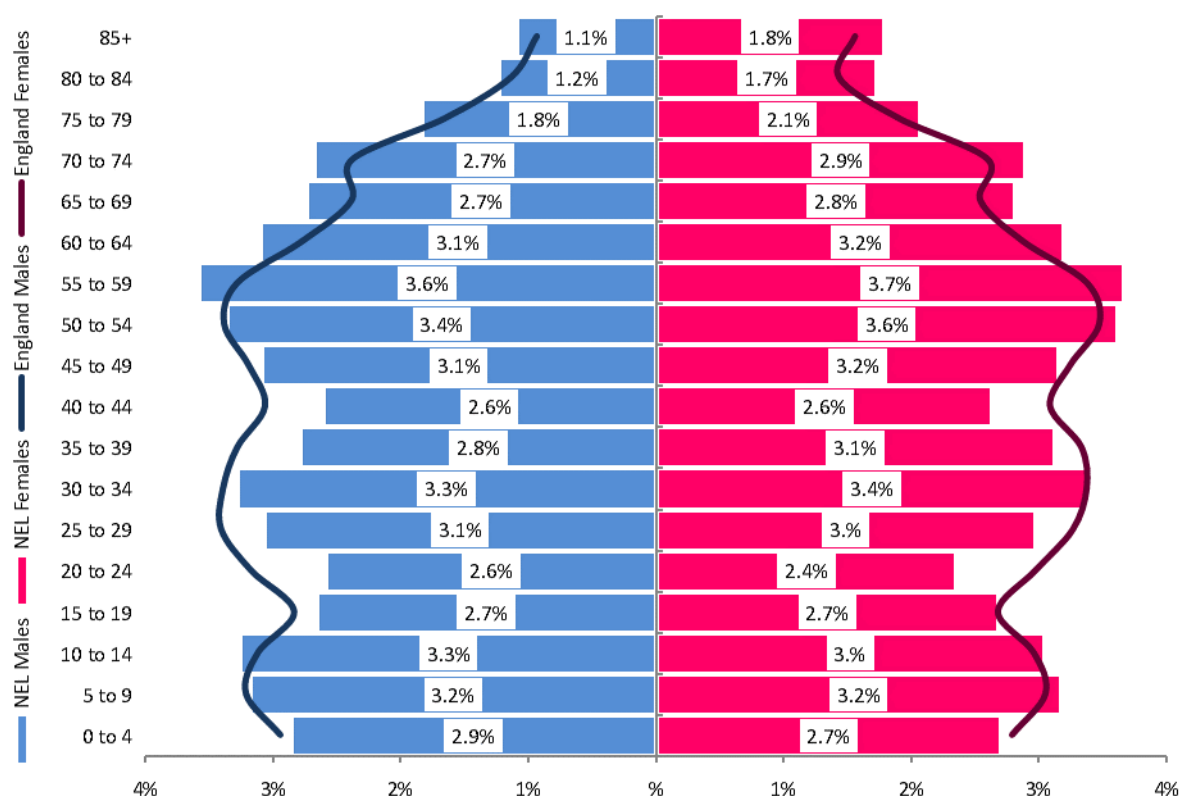
small increase in population size, will also be small and can be met by the existing network of contractors in its area. Population pyramids for the North East Lincolnshire population are detailed in Figure 2 and Figure 3. North East Lincolnshire has a relatively small population of Black, Asian, and Minority Ethnic populations. According to 2019 ONS estimates, there are approximately 7,650 non-White British people in North East Lincolnshire out of a total resident population of around 160,000 which equates to around 4.8%. This compares to around 20.9% of the overall England resident population estimated to be non-White British. Regarding 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, however the longer-term impacts of Brexit are still emerging. 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, 2020



Source: ONS

Figure 3 North East Lincolnshire population pyramid by 5-year age group and gender, percentages, 2020



Source: ONS

2.3 Housing

The ONS published projected numbers of households based on 2018 figures during 2020 (Office for National Statistics, 2020). 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, 2022 to 2030

	2022 (number)	2025 (number)	2018 to 2021 % increase	2030 (number)	2018 to 2025 % increase
NE Lincolnshire	71,198	71,587	0.6%	72,322	1.0%
Yorkshire & Humber	2,356,974	2,393,287	1.5%	2,452,860	2.5%
England	23,868,499	24,367,032	2.1%	25,147,231	3.2%

Source: ONS

Whilst the overall numbers of households in North East Lincolnshire are projected to increase from a 2022 baseline, by 1.5% by 2025, and then by 2.5% by 2030, these increases are smaller than the increases projected for both the Yorkshire and the Humber, and England.

The North East Lincolnshire Local Plan (North East Lincolnshire Council, 2018) was adopted on 22 March 2018, and covers the period 2013 to 2032. The adopted plan sets out policies and allocates land for specific uses including housing, employment. The local plan allocates housing on more than 60 sites, ranging from

ten dwellings in size to major extensions to the urban area. In addition to the adopted local plan, a five-year housing land supply assessment (North East Lincolnshire Council, 2021) was published in September 2021, covering the five-year period from 1 April 2021 to 31 March 2026. The five-year supply statement takes account of housing allocations set out in the adopted local plan. The assessment is considered a realistic and robust assessment of North East Lincolnshire's housing land supply situation, measured against the housing requirement set out in the local plan. These documents have been reviewed to determine predicted housing delivery over the lifetime of this pharmaceutical needs assessment. During 2020/21, the housing land supply assessment shows there were 244 dwelling completions. Whilst the Local Plan should be referred to in its own right, allocated sites with anticipated delivery between 2022/23 and 2025/26 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 non-allocated windfall completions are expected each year mainly from small urban sites.

Table 3 Predicted housing delivery by PNA locality, 2022/23 to 2025/26

Allocated sites	Predicted Delivery				Total
	2022/23	2023/24	2024/25	2025/26	
Immingham Locality	40	64	95	95	294
Fiveways Locality	25	34	47	25	131
Central Locality	67	89	95	139	390
Wolds Locality	208	271	349	372	1,200
Meridian Locality	201	176	239	402	1,018
Windfall	75	74	74	72	295
Total	616	708	899	1,105	3,328

Source: EQUANS

There are four identified sites already under construction that are predicted to deliver over 100 units during the lifetime of the pharmaceutical needs assessment, and these are detailed in Table 4.

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

Site code	Allocated site location	Locality	Predicted Delivery				Total
			2022/23	2023/24	2024/25	2025/26	
HOU076	Scartho Top	Wolds	81	81	81	81	324
HOU092	Humberston Avenue	Meridian	45	45	45	7	142
HOU128	Former Western School	Central	0	25	45	45	115
HOU146	Millennium Park	Meridian	45	45	45	45	180

Source: EQUANS

The biggest development in North East Lincolnshire that is already under construction and over the lifetime of the pharmaceutical needs assessment is the expansion of Scartho Top, with a predicted delivery of 324 units to the end of 2025/26. This is a considerable development and different elements of social infrastructure will need to be considered. Scartho Top has few facilities or public transport provision, however a supermarket opened in June 2022, with the nearest pharmacy being in Scartho village. The health and wellbeing board 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 pharmaceutical needs assessment, the health and wellbeing board 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 health and wellbeing board 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 pharmaceutical needs assessment.

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

Table 5 Housing tenure (%) by locality

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

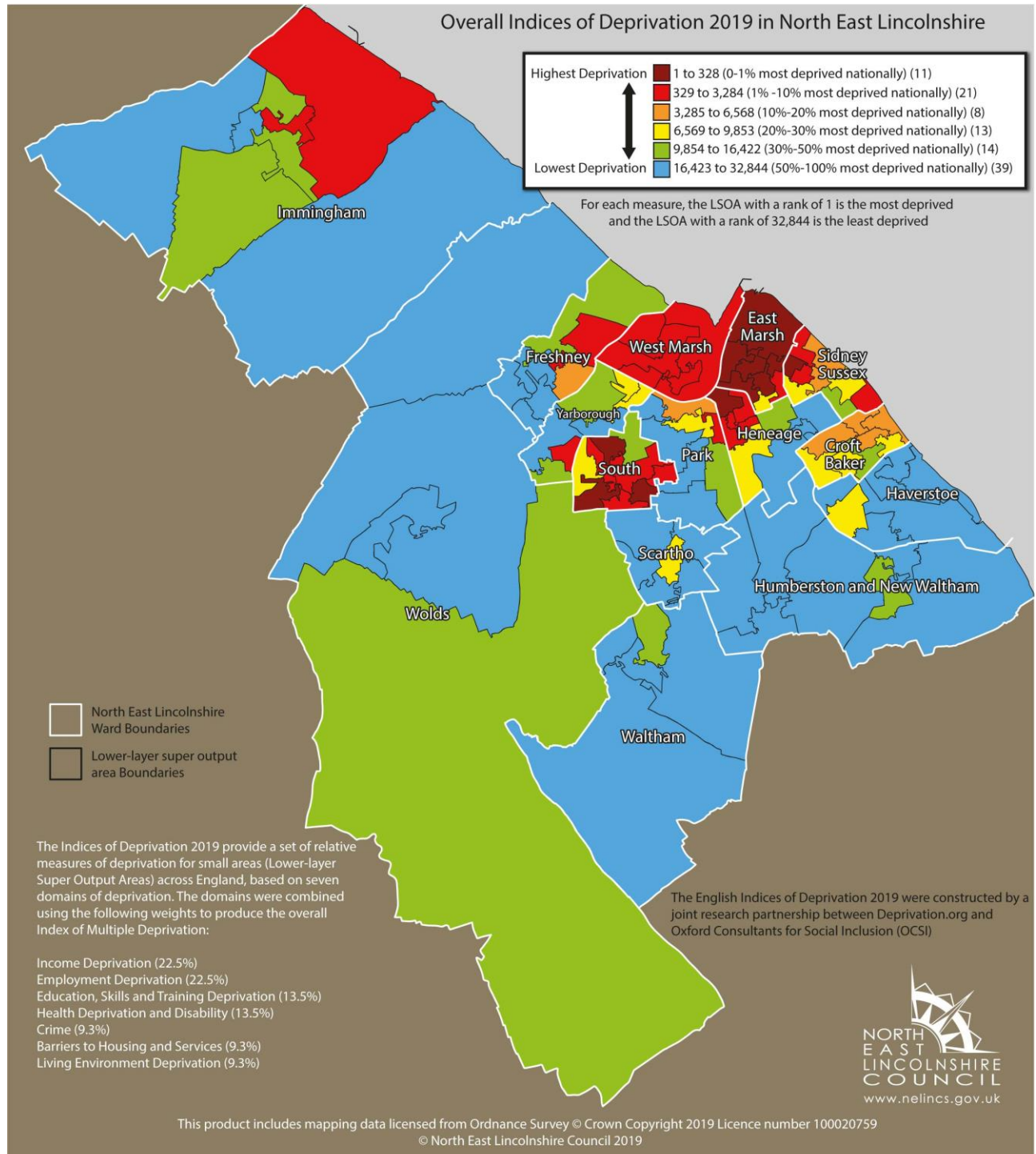
Source: Census ONS Crown copyright

2.4 Deprivation

The English Indices of Deprivation 2019 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 2019 (IMD 2019), 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 317), as the 29th most deprived local authority in England,

with 11 of the 106 LSOAs in North East Lincolnshire being in the most deprived 1% of LSOAs in England, and 32 LSOAs in total being in the most deprived 10% of LSOAs.

Figure 4 **Index of Multiple Deprivation by North East Lincolnshire LSOA, 2019**



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 over 46 million tonnes of cargo each year (Associated British Ports, 2022). Grimsby is known as Europe's food town and the area is home to around 500 food-related companies and has one of the largest concentrations of food manufacturing, innovation, storage, and distribution companies in Europe. (South Humber, 2022). Tourists are attracted to the seaside resort of Cleethorpes and to the Lincolnshire Wolds, with more than 10 million people visiting North East Lincolnshire each year (Invest NEL, 2022).

While the number of people in employment has risen recently, out of work benefit claimant rates and the percentage of households that are workless, are both higher in North East Lincolnshire in comparison to the Great Britain average (Office for National Statistics, 2022). Many of those who are in work are in temporary or low paid jobs. Disparities in employment prospects are noticeable between localities, and median earnings in North East Lincolnshire (£547 gross per week for full-time workers) are again lower than the Great Britain median earnings (£612 gross per week for full-time workers) (Office for National Statistics, 2022). Further economic activity/inactivity figures at locality level are presented within the individual locality chapters.

2.6 Health overview

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, 2021). 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 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 because 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, however key points are included within this pharmaceutical needs assessment.

The current JSNA (North East Lincolnshire Council, 2021) 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 remain considerable health inequality gaps between localities in North East Lincolnshire, and if closing this gap is to be a priority for the health and wellbeing board, then it is the underlying wider determinants of health, in particular employment, poverty, education and skills, and housing which need to be addressed.

2.6.1 General health

The Office for Health Improvement & Disparities has published health profiles for each local authority in England (Office for Health Improvement & Disparities, 2022). The North East Lincolnshire profile reports that the health of people in North East Lincolnshire is generally worse than that of England overall, with life expectancy, premature mortality from cardiovascular disease, premature mortality from cancer, adult obesity, smoking prevalence, and road deaths/injuries, all significantly worse than England. The chart presented in Figure 5 and taken from the OHID health profile shows how the health of people in North East Lincolnshire compares with that of England overall.

Figure 5 North East Lincolnshire Health Profile

Indicator	Period	NE Lincs			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Life expectancy and causes of death										
Life expectancy at birth (Male)	2018 - 20	–	-	78.0	78.4	79.4	74.1			84.7
Life expectancy at birth (Female)	2018 - 20	–	-	82.2	82.2	83.1	79.0			87.9
Under 75 mortality rate from all causes	2018 - 20	–	1,732	387.0	372.7	336.5	570.7			221.0
Under 75 mortality rate from all cardiovascular diseases	2017 - 19	–	412	92.0	80.2	70.4	121.6			43.6
Under 75 mortality rate from cancer	2017 - 19	–	686	152.6	137.5	129.2	182.4			87.4
Suicide rate	2018 - 20	–	34	8.4	12.5	10.4	18.8			5.0
Injuries and ill health										
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016 - 18	–	257	53.6	49.1	42.6*	97.4			17.7
Emergency Hospital Admissions for Intentional Self-Harm	2020/21	➔	280	191.5	172.7	181.2	471.7			41.5
Hip fractures in people aged 65 and over	2020/21	➔	225	662	539	529	723			315
Cancer diagnosed at early stage (experimental statistics)	2017	➔	395	52.9%	50.6%	52.2%	41.9%			57.7%
Estimated diabetes diagnosis rate	2018	–	-	84.0%	81.9%	78.0%	54.3%			97.5%
Estimated dementia diagnosis rate (aged 65 and over)										
> 66.7% (significantly)										
similar to 66.7%										
< 66.7% (significantly)										
	2021	➔	1,355	62.9%	63.2%	61.6%	50.5%			82.4%
Behavioural risk factors										
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	30	29.0	27.2	29.3	83.8			7.7
Admission episodes for alcohol-related conditions (Narrow): Old Method	2018/19	➔	1,031	654	729	664	1,127			389
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	–	27,763	22.2%	15.7%	13.9%	23.4%			8.0%
Percentage of physically active adults	2020/21	–	-	63.7%	65.2%	65.9%	48.8%			76.5%
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	–	-	67.6%	66.5%	63.5%	76.3%			44.0%
Child health										
Under 18s conception rate / 1,000	2020	➔	69	25.0	16.5	13.0	30.4			2.7
Smoking status at time of delivery	2020/21	➔	277	19.3%	13.1%	9.6%	21.4%			1.8%
Breastfeeding initiation	2016/17	➔	1,014	57.1%	69.3%	74.5%	37.9%			96.7%
Infant mortality rate	2018 - 20	–	20	4.0	4.2	3.9	6.8			1.7
Year 6: Prevalence of obesity (including severe obesity)	2019/20	➔	415	22.6%	21.9%	21.0%	30.1%			11.1%
Inequalities										
Deprivation score (IMD 2015)	2015	–	-	30.9	-	21.8	42.0			5.7
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	–	-	35.2%	27.6%	24.5%	36.8%			10.3%
Inequality in life expectancy at birth (Male)	2018 - 20	–	-	12.9	10.7	9.7	17.0			2.6
Inequality in life expectancy at birth (Female)	2018 - 20	–	-	8.5	8.8	7.9	13.9			1.2
Wider determinants of health										
Children in low income families (under 16s)	2016	↓	7,815	26.0%	19.7%	17.0%	31.8%			6.4%
Average Attainment 8 score	2020/21	–	84,878	46.6	49.2	50.9	42.9			60.9
Percentage of people in employment	2020/21	➔	69,200	73.5%	73.8%	75.1%	63.2%			84.3%
Statutory homelessness - Eligible homeless people not in priority need	2017/18	➔	206	2.9	1.0	0.8	8.1			0.1
Violent crime - hospital admissions for violence (including sexual violence)	2018/19 - 20/21	–	210	46.4	47.3	41.9	116.8			12.0
Health protection										
Excess winter deaths index	Aug 2019 - Jul 2020	–	90	16.4%	16.6%	17.4%	50.2%			0.7%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	↓	349	359	419	619	3,547			247
TB incidence (three year average)	2018 - 20	–	8	1.7	5.9	8.0	43.1			0.6

Source: OHID

2.6.2 Child health

The Office for Health Improvement & Disparities has also published child health profiles for each local authority in England (Office for Health Improvement & Disparities, 2022). The North East Lincolnshire profile reports that the health and wellbeing of children in North East Lincolnshire is generally worse than that of England overall. Specifically, under-18 conceptions, smoking at time of delivery, breastfeeding initiation, attainment, child poverty, children in care, and children killed or seriously injured on roads, are all significantly worse than England. The chart presented in Figure 6 and taken from the OHID child health profile shows how children's health and wellbeing in North East Lincolnshire compares with that of England overall.

Figure 6 North East Lincolnshire Child Health Profile

Indicator	Period	NE Lincs		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Infant mortality rate	2018 - 20	—	20	4.0	4.2	3.9	6.8		1.7
Child mortality rate (1-17 years)	2018 - 20	—	8	*	12.3	10.3	17.7		6.1
Population vaccination coverage - MMR for one dose (2 years old)	2020/21	→	1,654	95.3%	92.3%	90.3%	70.7%		97.9%
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2020/21	→	1,678	96.7%	95.1%	93.8%	77.8%		99.2%
Children in care immunisations	2021	—	429	96.0%	86.0%	86.0%	22.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	→	1,351	71.2%	70.0%	71.8%	63.1%		80.6%
Average Attainment 8 score	2020/21	—	84,878	46.6	49.2	50.9	42.9		60.9
Average Attainment 8 score of children in care	2020	—	874	25.0	21.2	21.4	10.6		35.2
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2020	→	220	6.2%	6.3%	5.5%	13.8%		1.4%
First time entrants to the youth justice system	2020	↓	23	150.7	185.1	169.2	348.5		56.6
Children in absolute low income families (under 16s)	2019/20	↑	6,915	22.3%	20.9%	15.6%	33.4%		5.4%
Children in relative low income families (under 16s)	2019/20	↑	8,519	27.4%	25.1%	19.1%	38.6%		6.9%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2020/21	—	297	16.5	12.4	11.6	32.2		3.6
Children in care	2021	↑	595	173	78	67	210		24
Children killed and seriously injured (KSI) on England's roads	2018 - 20	—	33	35.5	24.9	15.9	55.0		2.6
Low birth weight of term babies	2020	→	31	2.3%	3.0%	2.9%	4.9%		1.3%
Reception: Prevalence of obesity (including severe obesity)	2019/20	→	205	10.9%	10.5%	9.9%	14.6%		4.7%
Year 6: Prevalence of obesity (including severe obesity)	2019/20	→	415	22.6%	21.9%	21.0%	30.1%		11.1%
Percentage of 5 year olds with experience of visually obvious dental decay	2018/19	—	-	29.8%	28.7%	23.4%	50.9%		8.7%
Hospital admissions for dental caries (0-5 years)	2018/19 - 20/21	—	235	701.6	480.5	220.8	7.5		931.3
Under 18s conception rate / 1,000	2020	→	69	25.0	16.5	13.0	30.4		2.7
Teenage mothers	2020/21	→	15	1.1%	0.9%	0.6%	1.8%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	—	30	29.0	27.2	29.3	83.8		7.7
Hospital admissions due to substance misuse (15-24 years)	2018/19 - 20/21	—	40	81.9	77.5	81.2	229.4		16.9
Smoking status at time of delivery	2020/21	→	277	19.3%	13.1%	9.6%	21.4%		1.8%
Baby's first feed breastmilk	2018/19	—	835	52.0%	56.4%	67.4%	43.6%		98.7%
Breastfeeding prevalence at 6-8 weeks after birth - current method	2020/21	—	435	28.7%	*	47.6%*	-	Insufficient number of values for a spine chart	-
A&E attendances (0-4 years)	2019/20	↑	4,730	516.0	638.2	659.8	1,700.5		28.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2020/21	→	250	86.1	74.2	75.7	144.0		26.5
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2020/21	→	220	134.3	104.3	112.4	264.7		45.8
Hospital admissions for asthma (under 19 years)	2020/21	↓	25	69.1	66.8	74.2	290.2		22.5
Hospital admissions for mental health conditions (<18 yrs)	2020/21	→	20	58.0	74.5	87.5	263.5		21.0
Hospital admissions as a result of self-harm (10-24 years)	2020/21	→	85	339.4	358.4	421.9	1,173.7		112.4

Source: OHID

2.6.3 Older people health

Whilst the overall population of North East Lincolnshire is not projected to increase over the next 5 to 10 years, due to changes in the internal structure of the local population, the number 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, 2022). 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 ONS mid-2020 population figures, estimate that 20.9% of the North East Lincolnshire resident population is aged 65+ years, however POPPI projections suggest that this will rise to 22.6% of the population in 2025 and to 27.0% of the population by 2030. POPPI projections also show a small rise in the over 65 population living alone from 10,700 in 2020 to 12,950 in 2030. Increases are also predicted for older people with limiting long term illnesses and older people with cardiovascular disease.

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 the New Medicine Service (NMS). Older people in care homes also need to be considered. However, overall, the health and wellbeing board 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 that of North East Lincolnshire overall, whilst parts of Central and all of Fiveways, often experience poorer health outcomes compared to that of North East Lincolnshire overall. Immingham locality often experiences similar health outcomes compared to North East Lincolnshire.

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 much of the Fiveways and Central localities being 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 rate, whilst in Fiveways preventable mortality is significantly higher than the North East Lincolnshire rate. Areas of poorer health outcomes tend to correlate with areas of higher deprivation highlighted in section 2.4.

Table 6 Health indicators by North East Lincolnshire locality

	Local Authority	Immingham			Wolds			Central			Fiveways			Meridian		
	North East Lincolnshire	Immingham	Scartho	Waltham	Wolds	Freshney	Park	South	West Marsh	Yarborough	East Marsh	Heneage	Sidney Sussex	Croft Baker	Haverstoe	Humberston and New Waltham
Life expectancy at birth - male (years)	77.6	↑	↑	↑	↑	↑	↑	↓	↓	↑	↓	↓	↓	↓	↑	↑
Life expectancy at birth - female (years)	82.2	↓	↑	↑	↑	↑	↓	↑	↓	↑	↓	↓	↓	↑	↑	↑
Deaths from all causes - all ages (SMR)	111.5	↓	↓	↓	↓	↓	↓	↑	↑	↑	↑	↑	↑	↓	↓	↓
Deaths from all causes - <75 (SMR)	121.1	↓	↓	↓	↓	↓	↓	↑	↑	↑	↑	↑	↑	↑	↓	↓
Deaths considered preventable - <75 (SMR)	131.9	↓	↓	↓	↓	↓	↓	↑	↑	↓	↑	↑	↑	↑	↓	↓
Prevalence of obesity - reception (%)	10.9	↑	↓	↓	↓	↓	↓	↑	↑	↓	↑	↑	↓	↑	↓	↓
Prevalence of obesity - year 6 (%)	21.5	↓	↓	↓	↓	↓	↓	↑	↑	↓	↑	↑	↑	↑	↓	↓
Emergency hospital admissions for injuries - <5 (rate per 10,000)	12.7	↓	↓	↓	↓	↑	↓	↓	↑	↓	↑	↑	↑	↑	↓	↑
Emergency hospital admissions all causes - all ages (SAR)	86.5	↓	↓	↓	↓	↑	↓	↑	↑	↓	↑	↑	↑	↑	↓	↓
Incidence of all cancers - all ages (SIR)	104.5	↑	↓	↓	↓	↑	↓	↑	↑	↓	↑	↑	↑	↓	↓	↓
Incidence of lung cancer - all ages (SIR)	126.1	↑	↓	↓	↓	↑	↓	↑	↑	↓	↑	↓	↑	↓	↓	↓
Hospital stays for self-harm (SAR)	106.0	↓	↓	↓	↓	↓	↓	↑	↑	↑	↑	↓	↑	↑	↓	↓
People with limiting long-term illness or disability (%)	19.5	↑	↓	↓	↓	↓	↓	↑	↓	↓	↑	↓	↓	↑	↓	↑
Smoking at delivery (%)	20.1	↓	↓	↓	↓	↓	↓	↑	↑	↓	↑	↑	↑	↓	↓	↓

Source: OHID

↑	Higher figure compared to the NEL figure (significantly better outcome)
↑	Higher figure compared to the NEL figure (better but difference not significantly)
↑	Higher figure compared to the NEL figure (worse but difference not significant)
↑	Higher figure compared to the NEL figure (significantly worse outcome)
↓	Lower figure compared to the NEL figure (significantly better outcome)
↓	Lower figure compared to the NEL figure (better but difference not significant)
↓	Lower figure compared to the NEL figure (worse but difference not significant)
↓	Lower figure compared to the NEL figure (significantly worse outcome)

SAR = standardised admission ratio

SIR = standardised incidence ratio

SMR = standardised mortality ratio

The health and wellbeing board 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. Services that address lifestyle issues such as 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 Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. All community pharmacy contractors were required to become a HLP within the essential services component of the community pharmacy contractual framework, effective from April 2020, and this reflects the priority attached to public health and prevention work. (Pharmaceutical Services Negotiating Committee, 2022).

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 pharmaceutical needs assessment, 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 overall population 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.
- Just over a fifth of the North East Lincolnshire population are aged 65 years or over which is a higher percentage than for England overall.
- Population projections for North East Lincolnshire suggest a considerable increase in the 65 years and over population, with a marked increase in the 85 years and over population too.
- 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 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 study in North East Lincolnshire regarding the local burden of disease, 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 over 11,000 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.
- During January to March 2022, 44% of items dispensed by the 34 North East Lincolnshire pharmacy contractors were dispensed to patients aged 70 years or over (NHS Business Services Authority, 2022).
- The Office for Health Improvement & Disparities has published a productive healthy ageing profile (Office for Health Improvement & Disparities, 2022) for North East Lincolnshire which should be referred to.

For children:

- As a whole, the health and wellbeing of children in North East Lincolnshire is worse than that for England overall.
- 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 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 (Office for Health Improvement & Disparities, 2022) for North East Lincolnshire which should be read (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. 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 meals 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 are severe learning difficulty and autistic spectrum disorder. Of the pupils with SEN support, the most common primary needs are moderate learning difficulty, specific learning difficulty, and social emotional and mental health. (North East Lincolnshire Council, 2021)

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 (Office for Health Improvement & Disparities, 2022).

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, 2011).

3.7 Gender

- Male healthy life expectancy at birth for the period 2018-20 in North East Lincolnshire is 78.0 years which is lower than the England figure of 79.4 years. For females, the North East Lincolnshire figure is 82.2 years whilst the England figure is 83.1 years.
- Females have a longer life expectancy at 65 compared to men within North East Lincolnshire (20.7 and 17.9 years respectively).

- Life expectancy varies considerably within North East Lincolnshire and correlates with deprivation. Male life expectancy ranges from 70.0 years for East Marsh ward to 81.2 years for Scartho ward, which is a gap of 11.2 years. Female life expectancy ranges from 76.1 years for East Marsh ward to 86.2 years for Haverstoe ward, which is a gap of 10.2 years.
- 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, 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.
- Victims of domestic violence are at high risk of serious injury or death.

3.8 Sexual orientation

Reliable estimates of the LGBT community are unknown at local authority level. Estimates of LGBT prevalence are widely under reported as they are sensitive issues and defining sexual identity is complex.

Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health (Stonewall, 2015).

Some issues are highly prominent within parts of the LGBT community which includes the consumption of various forms of stimulant and drug taking, and being likely to drink often, although how this translates to quantity and 'binge' drinking is not clear. Overall, a greater percentage of gay and bisexual men attempt to take their own life than for the general male population overall. A greater percentage of lesbian women deliberately harm themselves compared to the general female rate.

Locally there is no obvious LGBT 'Scene' and homophobic attitudes may prevail in certain areas.

An Adolescent Lifestyle Survey (ALS) which was a survey of secondary school pupils was carried out in North East Lincolnshire during October 2021. All mainstream North East Lincolnshire secondary schools and pupil referral units participated. Pupils in years 9-11 were asked regarding their sexual orientation, and there were just over 4,000 responses and the findings were as follows.

Orientation	Percentage
Straight	75%
Gay/Lesbian	4%
Bisexual	10%
Some other way	5%
Don't know	6%

Source: NEL ALS 2021

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 several 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 that a person feels 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.

An Adolescent Lifestyle Survey (ALS) which was a survey of secondary school pupils in years 7 to 11 (ages 11 to 16) was carried out in North East Lincolnshire during October 2021. All mainstream North East Lincolnshire secondary schools and pupil referral units participated with over 7,000 responses received. 48% of respondents identified as male, 42% as female, 4% another way and 5% preferred not to say. Of those who identified other than male or female, most said they were genderfluid or non-binary.

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 dedicated facilities for its higher education students. Courses range from foundation degrees to top-up and full honours degrees, in varied subjects (The Complete University Guide, 2022). North East Lincolnshire also has several sixth forms including a dedicated sixth form college. Health issues particularly pertinent to student populations are:

- Mumps
- Screening for sexually transmitted diseases, and contraception including emergency hormonal contraception (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 2020/21 thirty-nine children aged 10-17 year olds were cautioned or sentenced. Suicide is a leading cause of death among young people and groups who are vulnerable include those in the youth justice system.

3.13 Homeless and rough sleepers

Rough sleepers are one of the most marginalised and socially excluded groups in society today. Many rough sleepers have histories of poor mental health, disability, long-term health problems, being in care as a child, substance misuse, imprisonment, and unemployment. Rough sleepers therefore suffer from poor health outcomes that are linked to their general socioeconomic and environmental circumstances, their restricted social and community networks, and the individual factors of their current lifestyle

A recent needs assessment of rough sleepers in North East Lincolnshire (North East Lincolnshire Council, 2019) determined that every rough sleeper is unique, with a specific set of circumstances that have led to them sleeping on the street, however, there were a number of issues which were particularly prevalent among rough sleepers, such as relationship breakdown, the impact of welfare reform policies, access to healthcare, and substance misuse.

Harbour Place is North East Lincolnshire's major provider of services for rough sleepers, offering both a day centre and a night shelter.

Rough sleeping sits at the very end of the spectrum of homelessness, happening when all other options have been exhausted, and as such is only a small percentage of the total number of people considered to be homeless. Homelessness includes people who have no accommodation available, are threatened with homelessness, if it is 'unreasonable' to expect someone to continue to occupy their accommodation, and those fleeing violence.

The North East Lincolnshire Council Homelessness Prevention Service 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.

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 regarding 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, 2022). 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.
- 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.

Whilst refugees and asylum seekers can have complex health needs, there is no evidence that refugees and asylum seekers use a disproportionate share of NHS resources, and migrants in the UK and elsewhere in Europe tend to use fewer services than native populations. (British Medical Association, 2022)

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).

North East Lincolnshire has welcomed refugees as part of government resettlement schemes. The impacts of the war in Ukraine are still emerging.

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 pharmacy contractor questionnaire asked if any other languages are spoken in the pharmacy. Of the twenty-one pharmacies that responded, ten pharmacies reported that other languages are spoken in the pharmacy, and the languages reported included Bulgarian, Cantonese, Chinese, Gujarati, Hindi, Italian, Latvian, Malay, Mandarin, Polish, Punjabi, Romanian, Sanskrit, and Spanish. 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. Two pharmacies responded, and the languages reported were Bulgarian, Chinese, Hindu, Mandarin, Polish, Romanian, and Russian.

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 10m visitors to North East Lincolnshire overall each year (South Humber, 2022).

The Community Pharmacist Consultation Service (CPCS) has been commissioned by NHS England. Therefore, where seasonal visitors forget to bring their regular medicine(s) or require advice for a minor ailment, 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 health and wellbeing board's area

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations, as amended as those services that are provided:

- within the health and wellbeing board's area and which are necessary to meet the need for pharmaceutical services in its area, and
- outside the health and wellbeing board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area.

For the purposes of this pharmaceutical needs assessment, the health and wellbeing board has defined necessary services as:

- essential services provided at all premises included in the pharmaceutical list
- the advanced services of the new medicine service, community pharmacist consultation service, and flu vaccination, and
- the dispensing service provided by some GP practices.

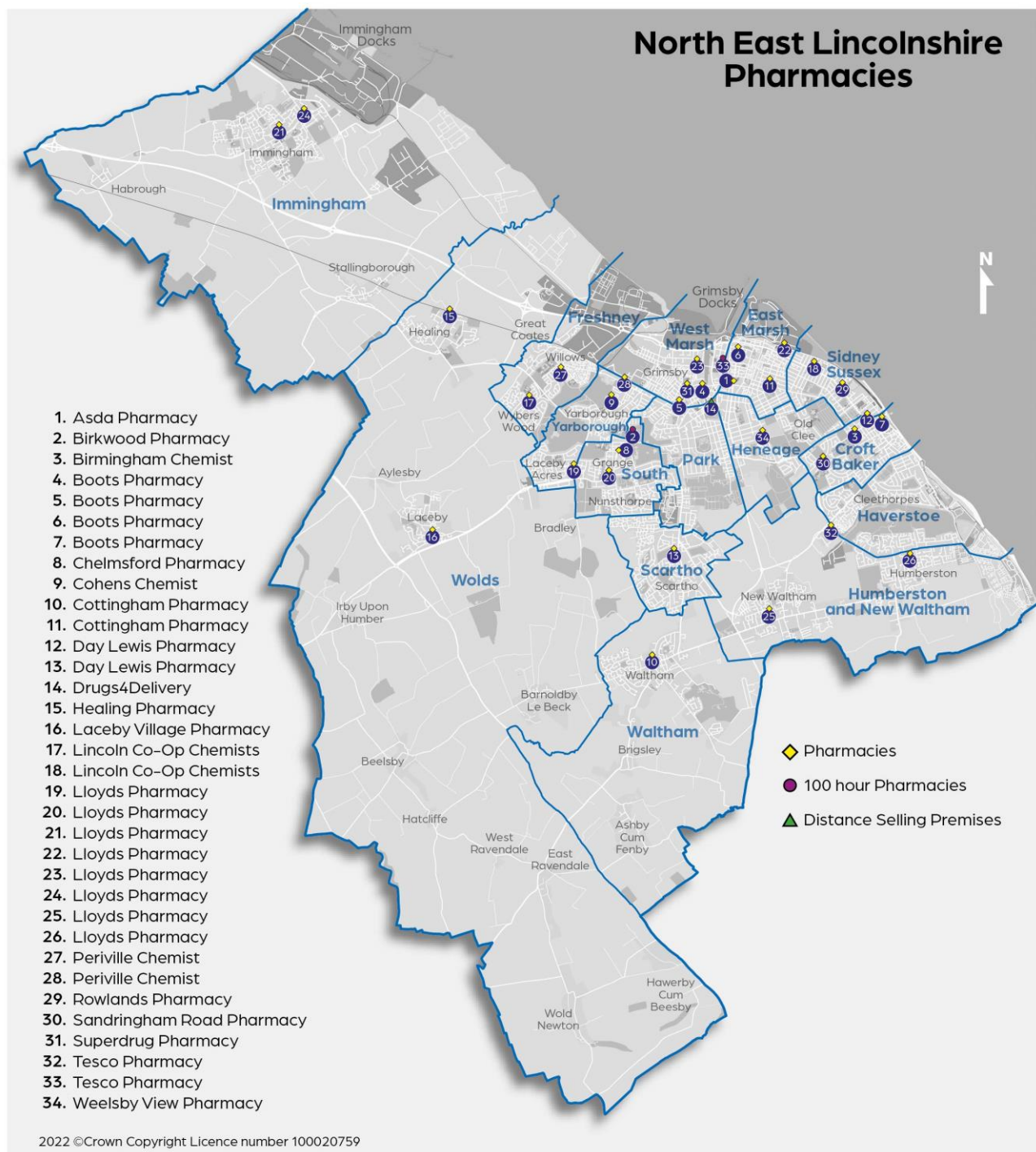
The North East Lincolnshire pharmaceutical list was supplied by NHS England, which shows there are thirty-four pharmacies operating in North East Lincolnshire. Thirty-four pharmacies equates to 2.1 pharmacies per 10,000 resident population. The locations of these pharmacies are presented in Figure 7. 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 nineteen different pharmacy contractors which includes both independent and multiple contractors:

- Asda Pharmacy (Asda Stores Ltd)
- Birkwood and Chelmsford Pharmacies (Warwick Healthcare Ltd)
- Birmingham Chemist (Birmingham Chemists Ltd)
- Boots (Boots UK Ltd)
- Cohens Chemist (Gorgemead Ltd)
- Cottingham Chemists (Sai Dutt Ltd)
- Cottingham Chemists (Cottingham Waltham Ltd)
- Day Lewis Pharmacy (Day Lewis PLC)
- Drugs4delivery (Tatari Reality Company Ltd)
- Healing Pharmacy (Oakley Enterprises Ltd)
- Laceby Village Pharmacy (Zimah Ltd)
- Lincolnshire Co-op Chemists (Lincoln Co-Op Chemists Ltd)
- Lloyds Pharmacy (Lloyds Pharmacy Ltd)
- Periville Chemists (Periville Ltd)
- Rowlands Pharmacy (Karma Medical Solutions Ltd) t/a Chemistcare Pharmacy from August 2022
- Sandringham Pharmacy (Sandringham Road Pharmacy Ltd)
- Superdrug Pharmacy (Superdrug Stores PLC)
- Tesco Pharmacy (Tesco Stores Ltd)
- Weelsby View Pharmacy (Weelsby View Pharmacy Ltd)

Figure 7

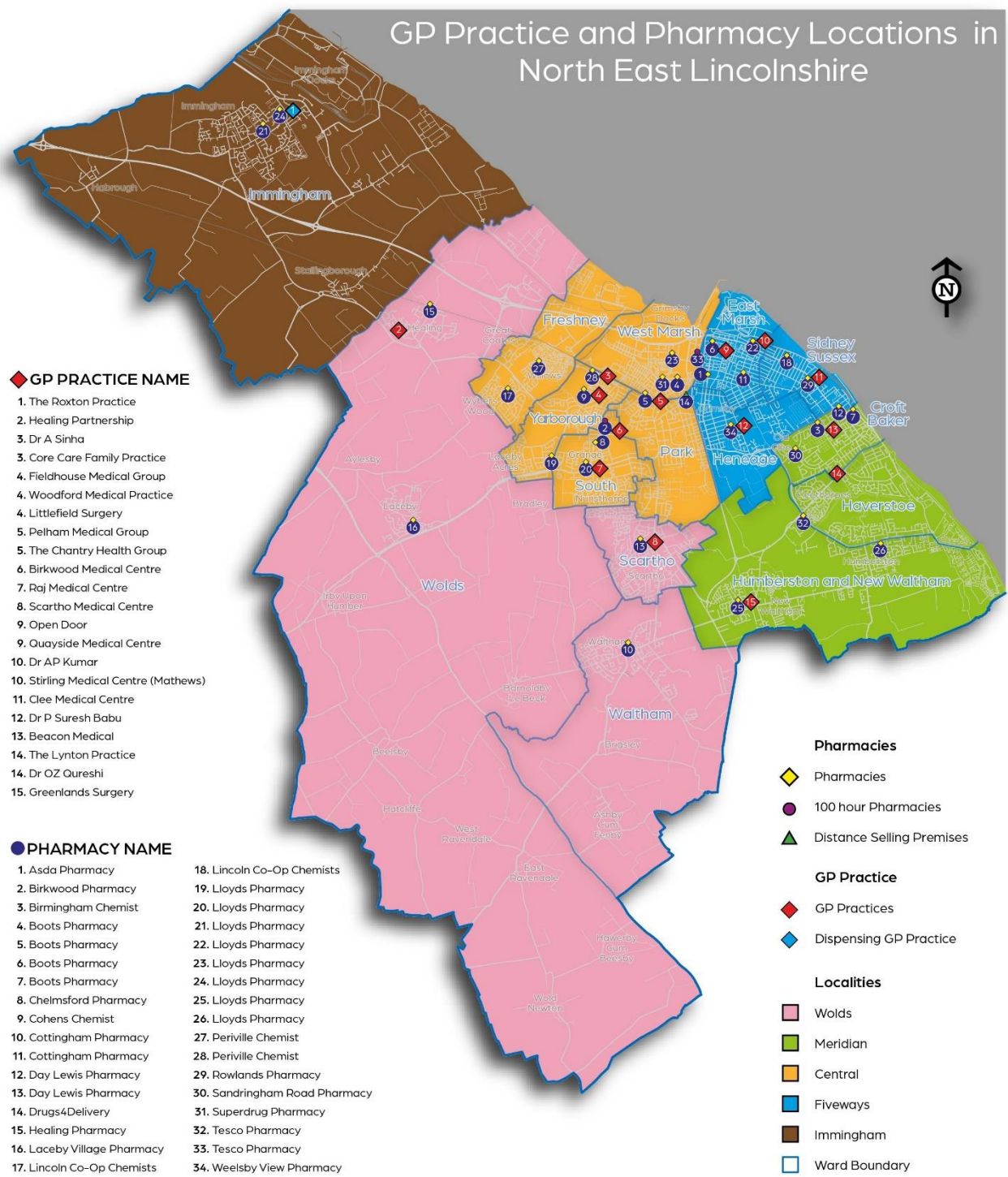
North East Lincolnshire pharmacy locations



An updated pharmacy access scheme (revised PhAS) started from January 2022, to continue to support patient access to isolated eligible pharmacies. Eligibility for PhAS continues to be based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. Eligible pharmacies must also provide the community pharmacist consultation service (CPCS). Eligible pharmacies receive additional payments via the community pharmacy contractual framework (CFCF). There are five revised PhAS pharmacies in North East Lincolnshire, two of which are in the Wolds locality (Laceby village and Healing pharmacy), and three of which are in the Meridian locality (Tesco Cleethorpes, Lloyds in New Waltham, and Lloyds in Humberston).

There are twenty-two 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 several 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, and the four branch surgeries in North East Lincolnshire, are Roxton at Weelsby View, Dr A Sinha in Laceby, Dr Matthews at Cromwell Road, and Greenlands in New Waltham. The Roxton GP practice in Immingham is a dispensing GP practice.

Figure 8 North East Lincolnshire GP practice and pharmacy locations



GP practices work together in groups of practices known as primary care networks (PCNs). In North East Lincolnshire, the twenty-three GP practices are grouped into five PCNs as follows.

- Apollo – Beacon Medical, Raj Medical Centre, Core Care Family Partnership, Healing Partnership
- Freshney Pelham – Pelham Medical Group, Fieldhouse Medical Group, Woodford Medical Group, Littlefield Surgery
- Genesis – The Chantry Health Group, Scartho Medical Centre, The Lynton Practice
- Meridian Health Group – The Roxton Practice, Open Door, Quayside Medical Centre
- Panacea – DR AP Kumar, Clee Medical Centre, Birkwood Medical Centre, DR A Sinha, Dr Mathews, Dr Qureshi, Greenlands Surgery, Dr P Suresh Babu

The supply of medicines to patients outside of secondary care can be done in several 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, 2017).

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.

Pharmacy contractor dispensing data for each pharmacy in North East Lincolnshire were obtained from the NHSBSA for the period 2021. These figures show that North East Lincolnshire pharmacies dispensed 3,727,387 items from 1,720,855 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, 2021

Code	Name	Locality	Number of forms	Number of items
FXC13	Asda	Fiveways	40161	75211
FFX63	Birkwood	Central	97174	220044
FE995	Birmingham	Meridian	152937	368861
FD897	Boots (Friargate)	Central	53456	118588
FLV73	Boots (Church View)	Central	55857	108163
FN494	Boots (Freeman St)	Fiveways	25487	54573
FX882	Boots (St Peter's)	Meridian	31808	66463
FQR20	Chelmsford	Central	15374	33187
FA419	Cohens	Central	137278	274591
FM438	Cottingham (Waltham)	Wolds	57068	123753
FQG15	Cottingham (Wellington St)	Fiveways	76773	167025
FD316	Day Lewis (St Peter's)	Meridian	39598	94124
FQK71	Day Lewis (Scartho)	Wolds	60718	120216
FQN38	Drugs4Delivery	Central	59692	145506
FFK96	Healing	Wolds	22796	47183
FV297	Laceby	Wolds	23434	49808
FD190	Lincoln Co-op (Wybers)	Central	39462	80869
FJX84	Lincoln Co-op (Grimsby Rd)	Fiveways	26413	57158
FHE56	Lloyds (Littlecoates Rd)	Central	41128	84798
FJ011	Lloyds (Laceby Rd)	Central	44280	92350
FJE54	Lloyds (Kennedy Way)	Immingham	43815	97331
FM640	Lloyds (Stirling St)	Fiveways	37001	76520
FNR70	Lloyds (Sainsbury's)	Central	17749	35366
FQK73	Lloyds (Pilgrim)	Immingham	55269	126863
FR221	Lloyds (New Waltham)	Meridian	37611	77454
FW062	Lloyds (Humberston)	Meridian	37787	84533
FC797	Periville (Willows)	Central	48970	118278
FF575	Periville (Cromwell Road)	Central	63659	134005
FCE49	Rowlands	Fiveways	52001	119969
FQR49	Sandringham	Meridian	37309	84470
FXG65	Superdrug	Central	15413	35015
FGC04	Tesco (Cleethorpes)	Meridian	44188	85957
FGW79	Tesco (Grimsby)	Central	19588	37047
FQV45	Weelsby View	Fiveways	109601	232108
Totals			1720855	3727387

Source: NHSBSA

The discharge medicines service is a new essential service that started from 15 February 2021. Up to the end of March 2022, four claims in total have been made by four different pharmacies in North East Lincolnshire.

Practice level prescribing data for North East Lincolnshire prescribers were obtained from NHSBSA (NHS Business Services Authority, 2022). 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 4,001,787 dispensed items prescribed by North East Lincolnshire GPs (excluding out of hours) during 2021:

- 3,566,991 (89.1%) items were dispensed by North East Lincolnshire pharmacies.
- 241,023 (6.0%) items were dispensed by pharmacies outside of North East Lincolnshire, and from a total of 1,151 pharmacies.
- 193,236 (4.8%) items were dispensed or personally administered by North East Lincolnshire GP practices.
- 537 (0.01%) items were dispensed or personally administered by a Lincolnshire GP practice.

Therefore 94.0% of dispensed items prescribed by North East Lincolnshire GPs were dispensed within North East Lincolnshire.

Within the dataset there were 30,973 dispensed items that were prescribed by other North East Lincolnshire prescribers during 2021, such as We Are With You substance misuse service, the Care Plus Group, dermatology, ophthalmology, and mental health teams. Of this total, 29,629 (95.7%) items were dispensed by North East Lincolnshire pharmacies.

A breakdown of dispensed items prescribed by North East Lincolnshire GP practices and dispensed by North East Lincolnshire pharmacies is presented in appendix 14. A breakdown of dispensed items prescribed by North East Lincolnshire GP practices and dispensed by out of area 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).

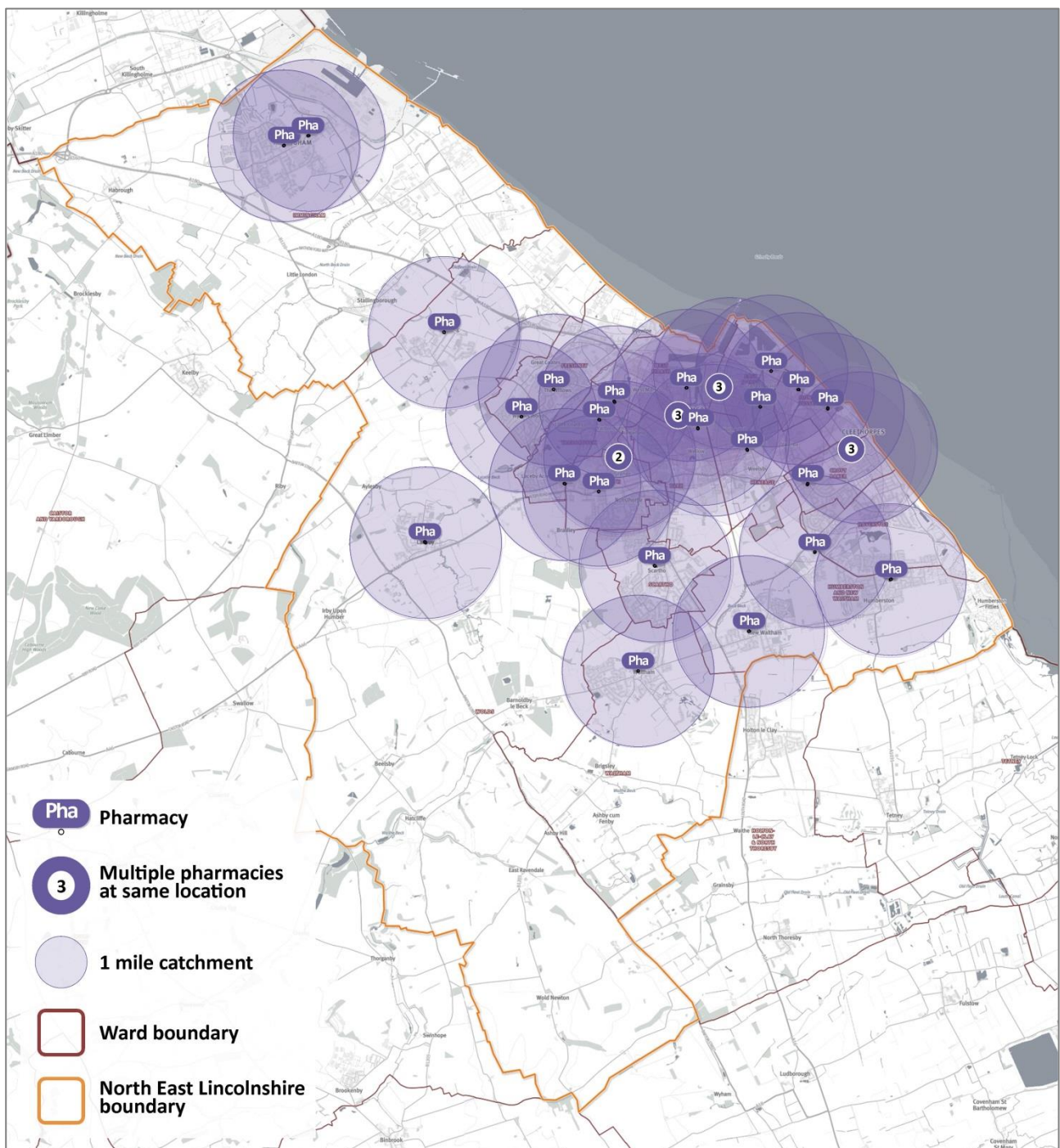
The SHAPE (Strategic Health Assessment Planning and Evaluation) Place Atlas is an evidence-based application which supports the strategic planning of services and physical assets across the whole health economy. SHAPE is free to NHS professionals and local authority professionals with a role in public health or social care, and access to the application is by formal registration and licence agreement (Office for Health Improvement & Disparities, 2022). 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, however those areas have no resident population.

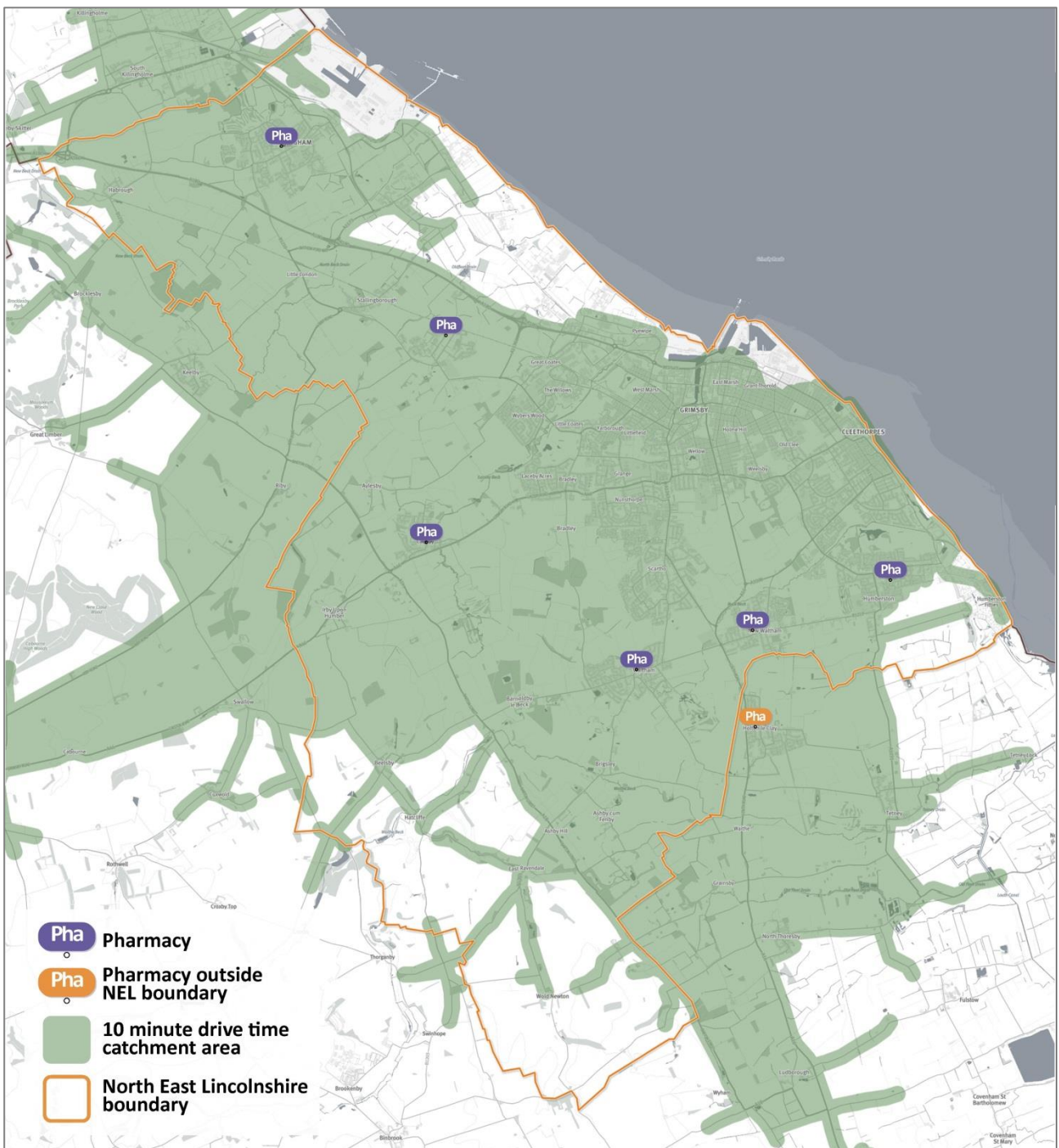
Figure 9 1.6km (1 mile) catchment areas of North East Lincolnshire pharmacies



Source: SHAPE Place Atlas © Crown Copyright and database rights 2022 Ordnance Survey 100016969

Since some 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 takes into account junctions, crossings, and traffic lights (Office for Health Improvement & Disparities, 2022). This drive time analysis using the SHAPE Place Atlas is presented in Figure 10 and suggests that all residents in North East Lincolnshire are within a ten-minute drive time of the nearest pharmacy. Although the map below shows some rural areas as being more than a ten-minute drive, there is no resident population in those areas.

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 2022 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 almost all residents of North East Lincolnshire are within a 15-minute drive time of a 100-hour pharmacy. The village of Wold Newton is an exception; however, the SHAPE Place Atlas confirms that a 100-hour pharmacy is within a 20-minute drive time of this village.

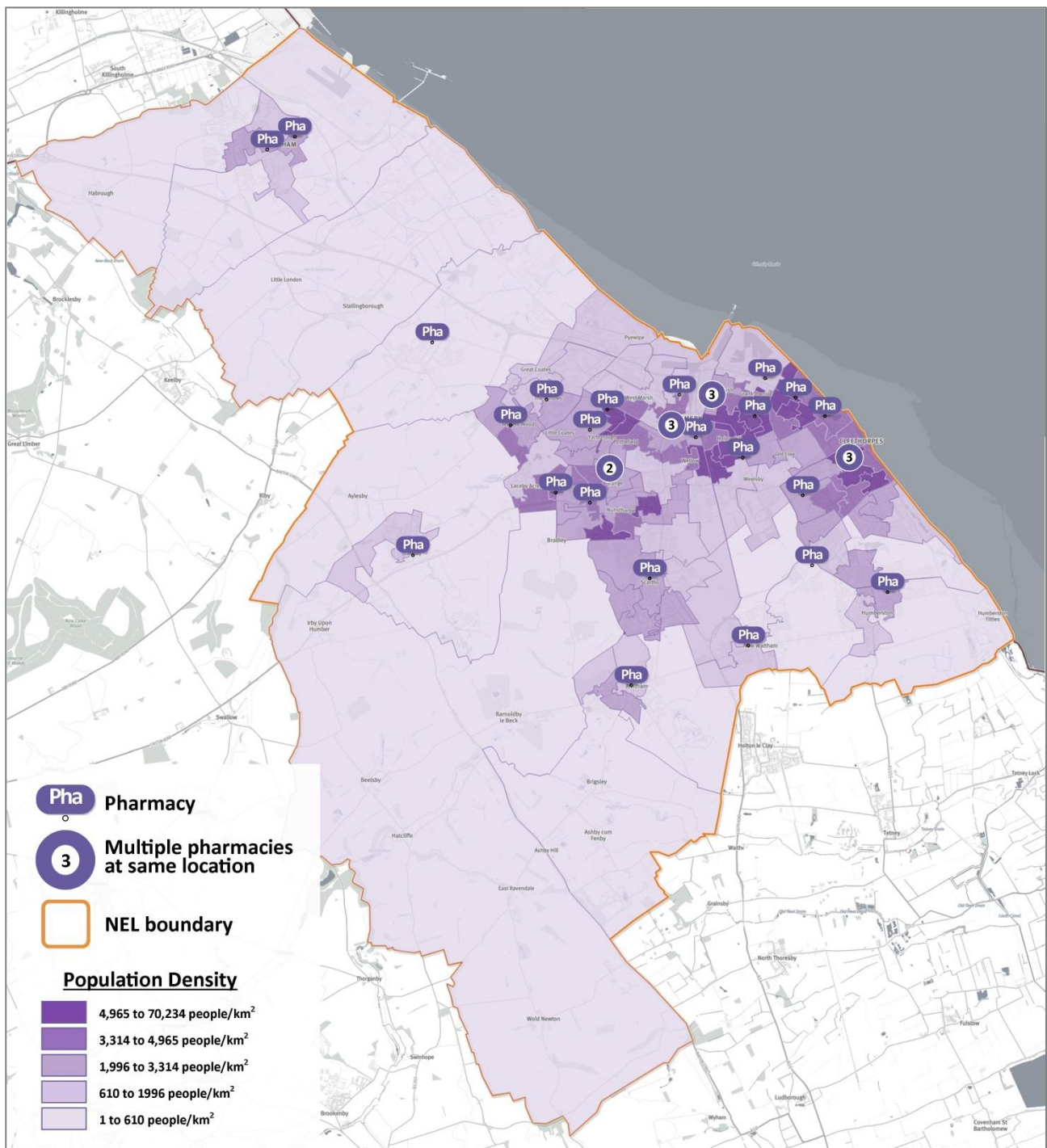
Figure 11 100-hour pharmacies – 15-minute drive time catchment areas of the two 100-hour pharmacies



Source: SHAPE Place Atlas © Crown Copyright and database rights 2022 Ordnance Survey 100016969

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 health

and wellbeing board concludes that residents of North East Lincolnshire are adequately served with regard to pharmacy access.



Source: SHAPE Place Atlas © Crown Copyright and database rights 2022 Ordnance Survey 100016969

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. The opening hours of all North East Lincolnshire pharmacies, split by core/all hours, weekday/weekend, and locality, are presented in the additional document that accompanies this pharmaceutical needs assessment.

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. GP practices are contracted to provide services between 8.00 and 18.30, Monday to Friday, excluding bank and public holidays. There are also extended hours services operating across the health and wellbeing board's area which offer appointments outside of these times. If GP practices or other providers of services moved to seven day working, it is expected that the existing pharmacies would adapt their opening hours accordingly. The health and wellbeing board has therefore not identified a future need for, or future improvements or better access to, pharmaceutical services regarding any move towards seven day working. If the existing pharmacies choose not to adapt their opening hours, then NHS England can direct a pharmacy or pharmacies to open to ensure access to pharmaceutical services seven days a week. The public questionnaire asked, 'When is it most convenient for you to use a pharmacy?', and the most popular times were between 9am and noon on a weekday, and between 9am and noon on a Saturday. More detailed analysis of this question can be found in appendix 12.

Dispensing appliance contractors are unable to supply medicines. Most pharmacies in North East Lincolnshire dispense appliances, and dispensing appliance contractors outside of North East Lincolnshire will dispense appliances to residents of North East Lincolnshire. This is confirmed by the findings of the contractor survey, because, of the twenty-one pharmacies that participated, sixteen reported dispensing all types of appliances, one pharmacy dispenses appliances excluding incontinence appliances, three pharmacies just dispense dressings, and one pharmacy does not dispense appliances.

Controlled localities are geographical areas in North East Lincolnshire which have been classed as 'rural' in character by NHS England 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, 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 (Killingholme 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 North East Lincolnshire outside of the urban Immingham and Grimsby/Cleethorpes areas is designated as a controlled locality.

Figure 13 and Figure 14 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 13 Edge of the controlled locality bordering Grimsby and Cleethorpes

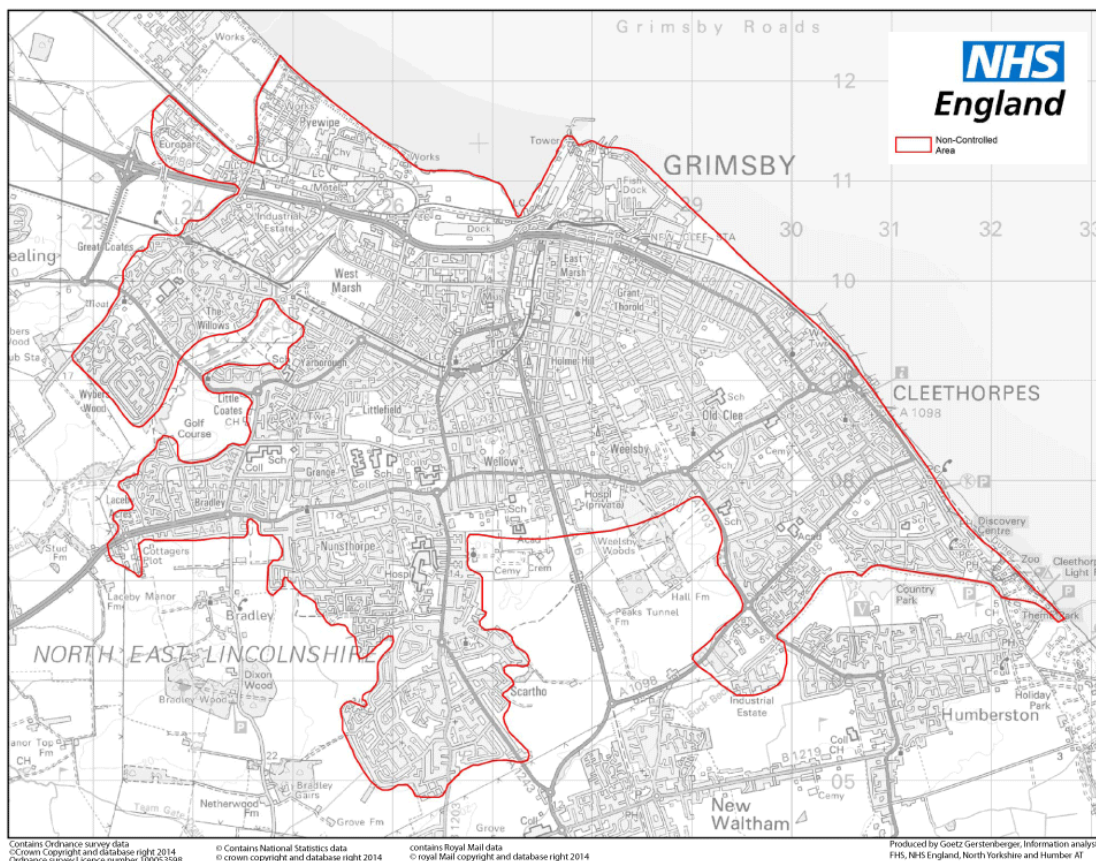
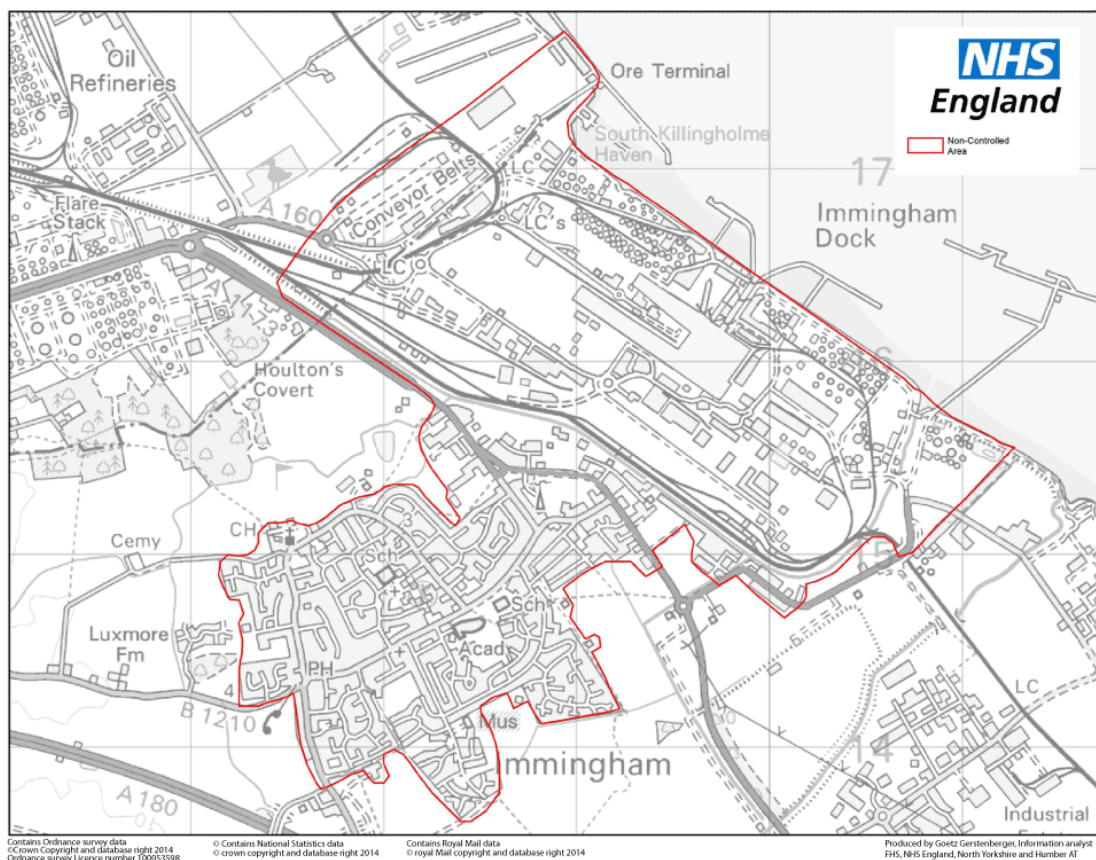


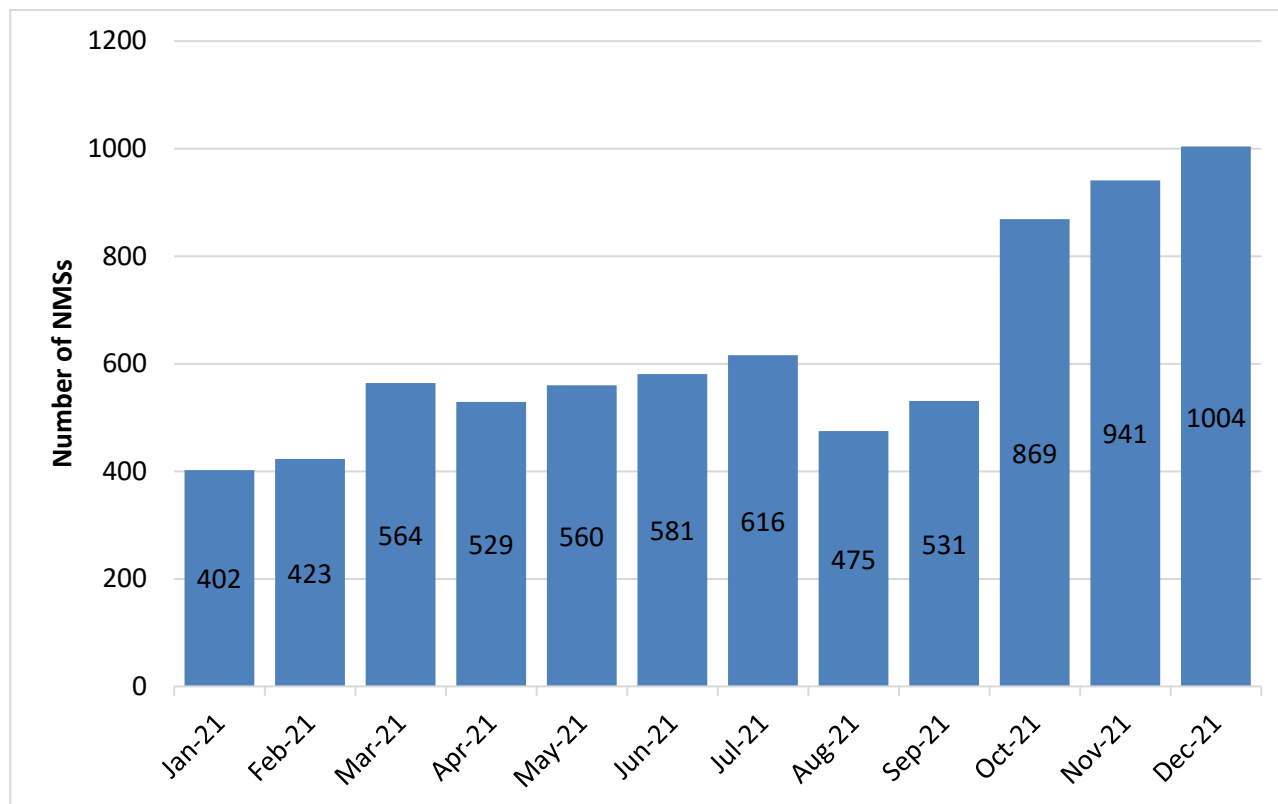
Figure 14 Edge of the controlled locality bordering Immingham



4.1.2 Access to the new medicine service

In 2021, all but one of the pharmacies provided this service, and a total of 7,495 full-service interventions were claimed over the year. The pharmacy that did not provide the service in 2021 also did not provide it in the first three months of 2022. Figure 15 shows the total number of full-service interventions claimed under the new medicine service by North East Lincolnshire pharmacies in 2021.

Figure 15 Number of full-service interventions claimed by North East Lincolnshire pharmacies



Source: NHS BSA

There is no nationally set maximum number of new medicine service 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 2021, the health and wellbeing board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

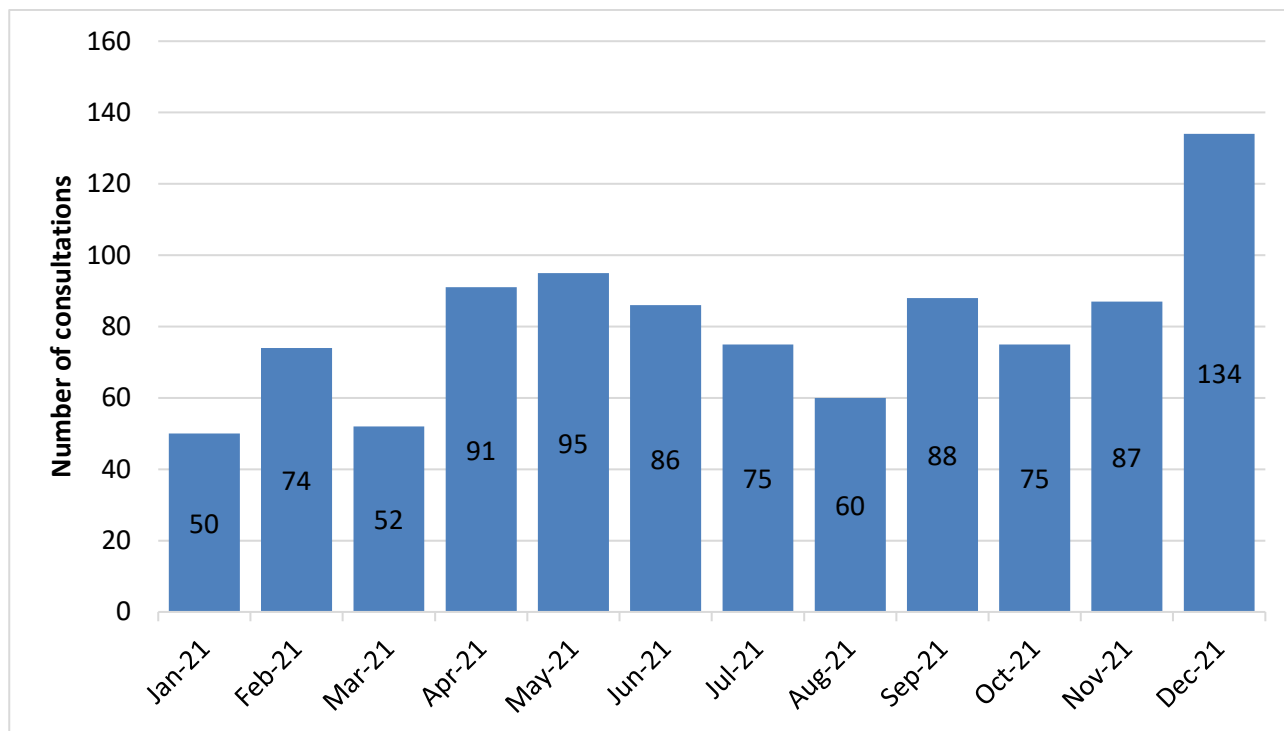
The numbers of new medicine services claimed by each pharmacy during 2021 are detailed in appendix 18.

4.1.3 Access to the community pharmacist consultation service

This service commenced in January 2021 and in the first 12 months all but four of the pharmacies had provided this service, providing a total of 967 consultations. The four pharmacies that did not provide the service in 2021 also did not provide it in the first three months of 2022.

Figure 16 shows the total number of consultations claimed under the service by North East Lincolnshire pharmacies in 2021.

Figure 16 **Number of consultations claimed by North East Lincolnshire pharmacies in 2021**



Source: NHS BSA

As at June 2022, 33 pharmacies are signed up to provide this service. Based upon this and the level of provision in 2021, the health and wellbeing board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

The numbers of consultations claimed by each pharmacy during 2021 are detailed in appendix 18.

4.1.4 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 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.

All but one of the pharmacies provided a total of 11,140 flu vaccinations between September 2020 and March 2021. There was a considerable range in the number of vaccinations given at pharmacy level, from one pharmacy which gave 22 vaccinations to another that gave 781 vaccinations.

Activity figures for the 2020/21 flu season for this advanced service are presented in appendix 18.

Based upon the level of provision in 2020/21, the health and wellbeing board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

4.1.5 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 08.30 to 18.30, 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 April 2022, 5,200 people were registered as a dispensing patient with the Roxton Practice (NHS Business Services Authority, 2022).

Data for prescriptions dispensed or personally administered by GP practices were obtained from the NHS BSA (NHS Business Services Authority, 2022). Figures for North East Lincolnshire GP practices for 2021, show that 193,424 items were dispensed via these routes, with 74% (142,253 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 17.

4.1.6 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHS England has a duty to ensure that residents of the health and wellbeing board's area can 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 health and wellbeing board'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 health and wellbeing board's area, although as noted in the previous section, the vast majority of items are. In 2021, 6.8% of items (241,023) were dispensed outside of the health and wellbeing board's area by a total of 1,151 different contractors.

Table 8 Out of area contractors dispensing >500 items to North East Lincolnshire GP registered patients, 2021

Dispenser Code	Number of items	Dispenser name	Dispenser location
FN849	62258	METABOLIC HEALTHCARE LTD	London
FLM49	50110	PHARMACY2U LTD	Leeds
FE396	20921	TA BURLEY LLP	Holton-le-Clay
FTD28	11606	OTC DIRECT LIMITED	Manchester
FJC72	11093	ONE DOSE LIMITED	Bradford
FWP87	6761	FITTLEWORTH MEDICAL LIMITED	Norfolk
FVX89	5663	D&B HEALTHCARE LTD	Lincoln
FJV34	5016	NUCARE LIMITED	Telford
FAP20	4817	BESTWAY NATIONAL CHEMISTS LIMITED	Stoke-on-Trent
FNV89	4364	MEDICX A G LIMITED	Hull
FXK91	4085	HOMECARE PHARMACY SERVICES LIMITED	Knaresborough
FL377	3443	D&M GOMPELS LIMITED	Worcester
FVQ58	3127	BARD LIMITED	West Sussex
FLV51	2927	CHARTER HEALTHCARE	Peterborough
FVH41	2694	PILL TIME LIMITED	Bristol
FJX51	2256	LINCOLN CO-OP CHEMISTS LTD	Lincoln
FV689	2172	BOOTS UK LIMITED	Lincoln
FGD92	1996	DONALD WARDLE & SON LIMITED	Stoke-on-Trent
FGF90	1840	THE CO-OPERATIVE CARE LIMITED	St Helens
FPQ59	1708	INNOX TRADING LIMITED	Lancashire
FGR26	1655	THE KOPPA COMPANY LIMITED	Crawley
FHH31	1526	DISPENSING HEALTHCARE LTD	Barrow-Upon-Humber
FHP17	1485	IVANOV&SMALES PHARM LTD	Hull
FMN01	1377	BARTON HEALTHCARE SERVICES LTD	Barrow-Upon-Humber
FH767	1243	GREAT BEAR HEALTHCARE LIMITED	Somerset
FCR61	1165	VP CHEMCARE LIMITED	London
FC879	1120	FITTLEWORTH MEDICAL LIMITED	Nottingham
FRH10	853	BOOTS UK LIMITED	Barton-Upon-Humber
FYR20	786	SECURICARE (MEDICAL) LTD	Buckinghamshire
FK552	631	SIMPLE ONLINE HEALTHCARE LIMITED	London
FXF12	617	CHARLES S BULLEN STOMACARE LIMITED	Liverpool
FH421	595	CHARLES S BULLEN STOMACARE LIMITED	Nottingham
FKX65	588	BOOTS UK LIMITED	Leicester
FTC20	506	BOOTS UK LIMITED	Market Rasen
FWF39	504	RXLIVE LIMITED	London

Source: NHSBSA

Of the 1,151 contractors outside of North East Lincolnshire which dispensed prescriptions written by a North East Lincolnshire GP practice, 35 contractors dispensed over 500 items each, accounting for 93% of the total out of area dispensing. These pharmacies are shown in Table 8.

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

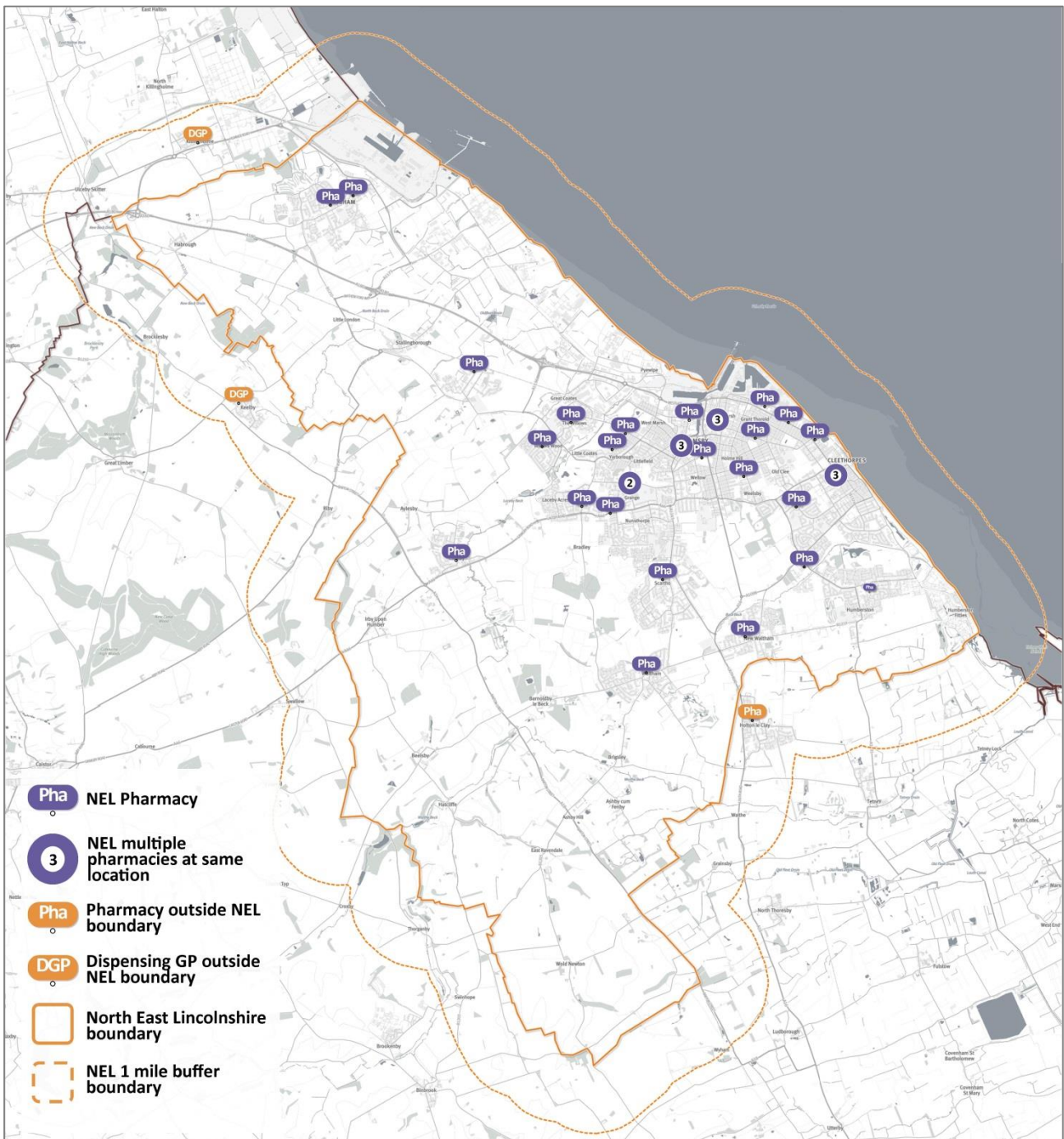
- Dispensed by a dispensing appliance contractor
- Use of distance selling premises
- Use of a pharmacy that is just over the border of North East Lincolnshire
- Prescriptions most likely dispensed whilst on holiday, at work or shopping.

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 17, which show an additional pharmacy in Holton-le-Clay (FE396), a dispensing GP practice in South Killingholme (B81648), and a dispensing GP practice (which is a branch of the North East Lincolnshire Roxton practice) in Keelby.

Of 61,667 items prescribed by the North Lincolnshire South Killingholme GP practice during 2021, 3,875 (6%) items were dispensed by North East Lincolnshire pharmacies.

The pharmacy in Holton-le-Clay dispensed 122,780 items during 2021, of which 20,921 (17%) were prescribed by North East Lincolnshire GPs. Due to its close proximity, it is likely that a considerable number of residents of Holton-le-Clay are registered with a North East Lincolnshire GP.

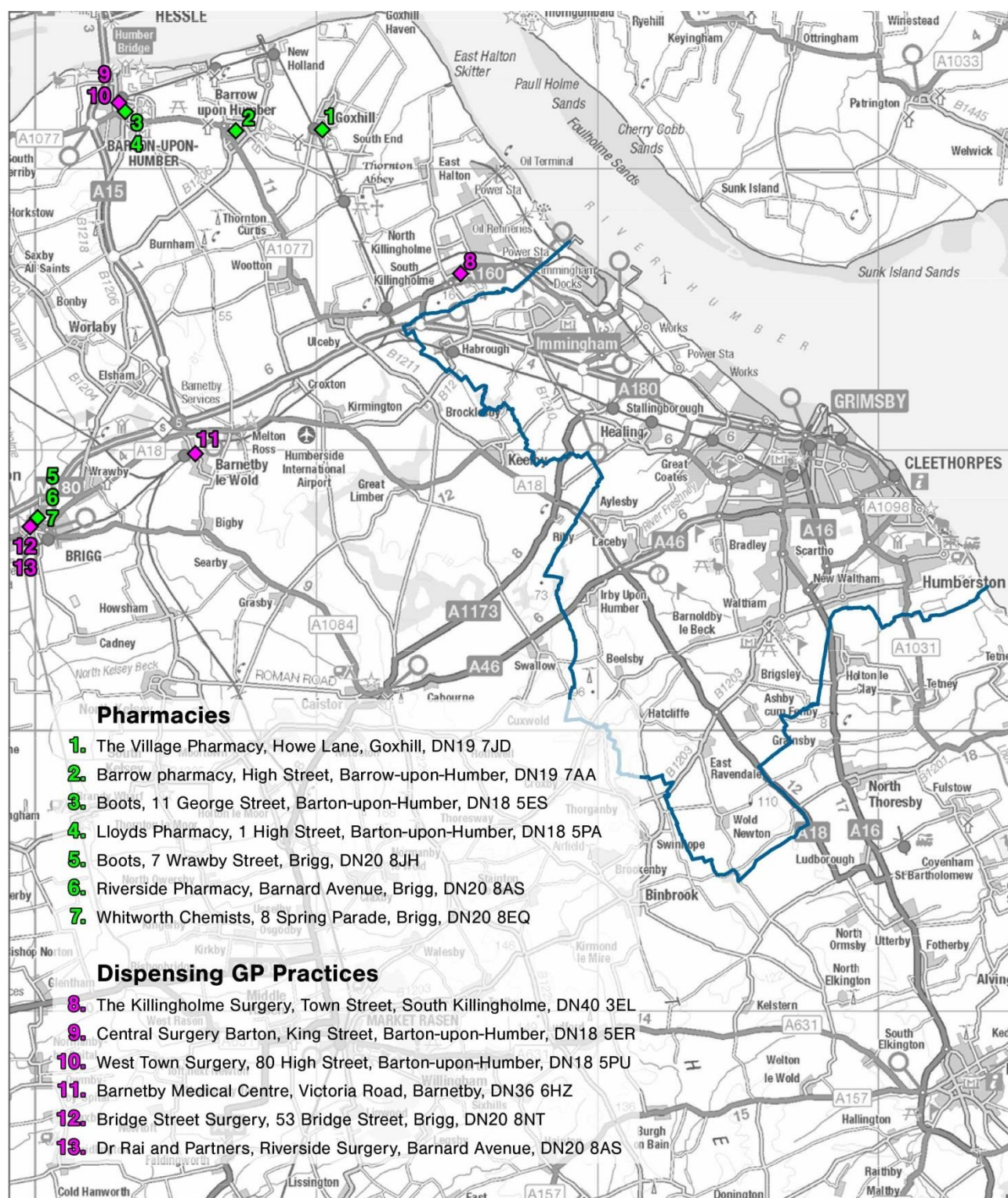
Figure 17 Pharmacies and dispensing GP practices within 1.6km (1 mile) of the North East Lincolnshire boundary



Source: SHAPE Place Atlas © Crown Copyright and database rights 2022 Ordnance Survey 100016969

North Lincolnshire borders the Western North East Lincolnshire border, and Figure 18 shows there are several North Lincolnshire pharmacies and dispensing GP practices a relatively short distance from North East Lincolnshire.

Figure 18 **Nearest pharmacies and dispensing GP practices in the neighbouring North Lincolnshire health and wellbeing board area**



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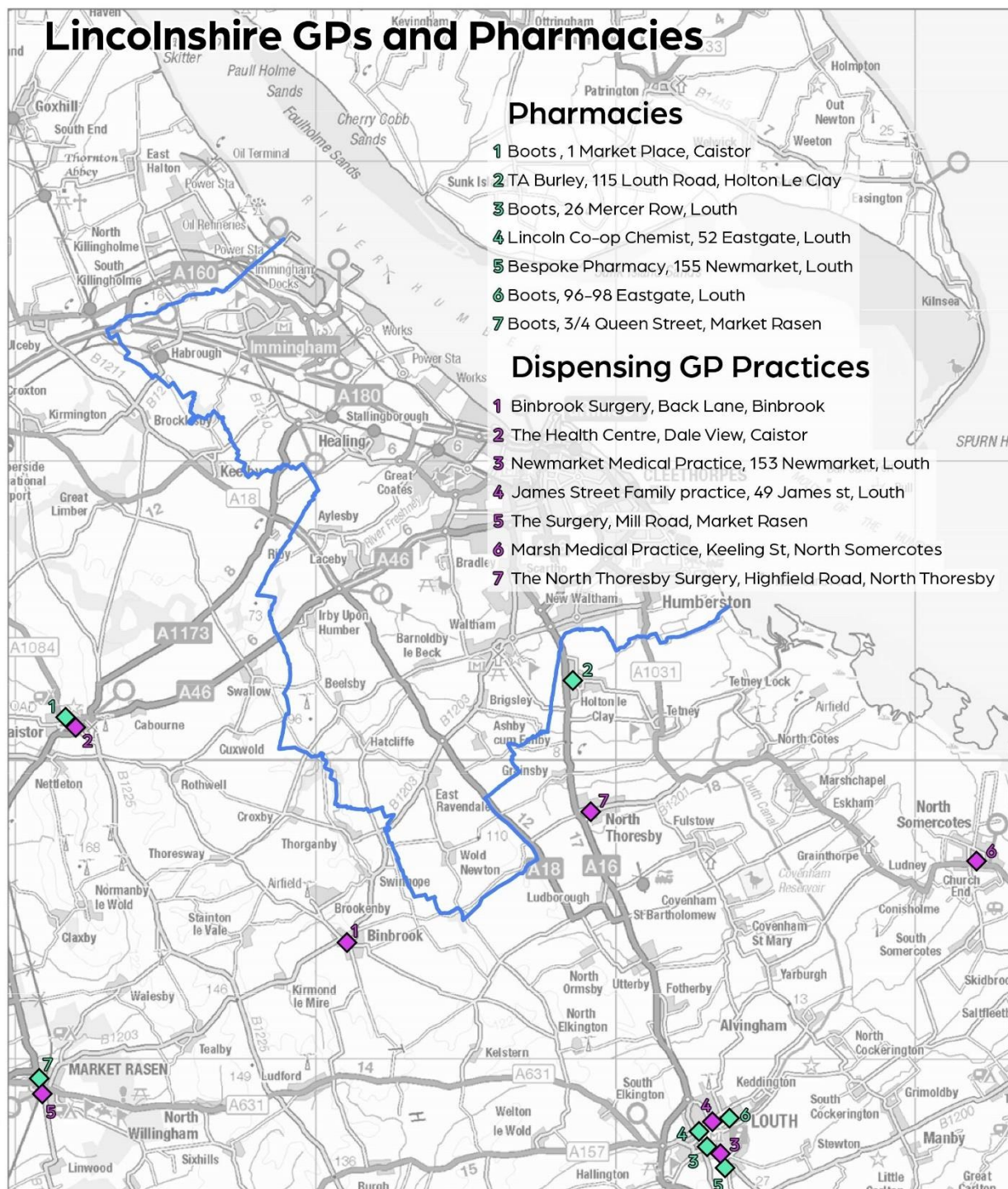
Graphic produced by Informatics IT Enablers.

During 2021, 6,139 items were dispensed by North Lincolnshire pharmacies that were prescribed by North East Lincolnshire GPs. This dispensing equates to 2.5% of all out of area dispensing, and just 0.2% of all North East Lincolnshire GP prescribing (excluding out of hours) that was subsequently dispensed.

During 2021, 6,480 items were dispensed by North East Lincolnshire pharmacies that were prescribed by North Lincolnshire GPs. This dispensing equates to only 0.1% of North Lincolnshire GP prescribing that was subsequently dispensed.

Lincolnshire borders the Southern North East Lincolnshire border, and Figure 19 shows there are several Lincolnshire pharmacies and dispensing GP practices a relatively short distance from North East Lincolnshire.

Figure 19 **Nearest pharmacies and dispensing GP practices in the neighbouring North Lincolnshire health and wellbeing board area**



North East Lincolnshire GP prescribing (excluding out of hours) that was subsequently dispensed. Of the 34,447 items dispensed, 20,921 items (61%) were dispensed by the pharmacy at Holton-le-Clay which is within 1 mile of the boundary with North East Lincolnshire, and of all out of area contractors, dispenses the third highest number of items prescribed by North East Lincolnshire GPs.

During 2021, 78,331 items were dispensed by North East Lincolnshire pharmacies that were prescribed by Lincolnshire GPs. This dispensing equates to only 0.4% of Lincolnshire GP prescribing that was subsequently dispensed. Of the 78,331 items dispensed by North East Lincolnshire pharmacies, 65,704 items (84%) were dispensed by four pharmacies. These pharmacies were Birkwood, Cottingham (Waltham), Boots (Freshney Place), and Lloyds (New Waltham). Birkwood is a 100-hour pharmacy so likely to pick up out of hours dispensing, Waltham and New Waltham pharmacies are closest to the boundary with Lincolnshire, and Boots is in the main shopping centre in Grimsby. There could also be some patients registered with a Lincolnshire GP who reside in North East Lincolnshire.

4.2.2 Access to New Medicine Service, Community Pharmacist Consultation Service, and flu vaccination

Information on the type of advanced services provided by pharmacies outside the health and wellbeing board'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 health and wellbeing board's area will access these services from contractors outside of North East Lincolnshire.

4.2.3 Dispensing service provided by some GP practices

Some residents of the health and wellbeing board'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.

4.3 Other relevant services: current provision within the health and wellbeing board's area

Other relevant services are defined within the 2013 regulations, as services that are provided in and/or outside the health and wellbeing board'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 health and wellbeing board has decided that other relevant services are:

- Appliance Use Reviews
- Stoma appliance customisation
- Community pharmacy Hepatitis C antibody testing service
- COVID-19 lateral flow device distribution service
- Community pharmacy hypertension case finding service
- Community pharmacy smoking cessation service, and
- the enhanced services commissioned by NHS England.

4.3.1 Access to Appliance Use Reviews

None of the pharmacies provided this service in 2021, despite 16 of the 21 pharmacies that completed the contractor questionnaire saying that they dispense all types of appliances. However, it is noted that prescriptions written by the GP practices are dispensed by dispensing appliance contractors outside of North East Lincolnshire. It is therefore likely that they are providing this service to residents.

4.3.2 Access to stoma appliance customisations

Six pharmacies customised 35 stoma appliances in 2021, despite 16 of the 21 pharmacies who completed the contractor questionnaire saying that they dispense all types of appliances. Since 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. The health and wellbeing board notes that not all stoma appliances need to be customised, and that prescriptions written by North East Lincolnshire GP practices are dispensed by dispensing appliance contractors outside of North East Lincolnshire, so this service is also being provided by contractors based outside of its area.

4.3.3 Community pharmacy Hepatitis C antibody testing service

No pharmacy provided this time limited service (currently due to end on 31 March 2023) in 2021, however one pharmacy did sign up to the service during 2021. Whilst no pharmacies have provided the service, there appears to be little demand nationally for the service, as nationally, only 45 tests were provided in 2021. It is recognised that this is a niche service that will not be relevant to many residents. The health and wellbeing board is therefore satisfied that there are no gaps in the provision of this service.

4.3.4 COVID-19 lateral flow device distribution service

The lateral flow device distribution advanced service is not currently commissioned by NHS England following the announcement that free testing ended on 1 April 2022 in England. However, if the service was to be recommissioned, it is anticipated that those pharmacies that previously provided the service would do so again (all 34 pharmacies provided this service, with 78,395 completed transactions in 2021). The health and wellbeing board is therefore satisfied that there is sufficient capacity within existing contractors in relation to this service and there are no geographical gaps in its provision.

4.3.5 Community pharmacy hypertension case finding service

This service commenced from 1 October 2021. In the first three months of the service starting, two pharmacies had undertaken blood pressure readings on five people. However, as of June 2022, 26 pharmacies have signed up to provide the service.

- Seven pharmacies signed up in October 2021
- Zero pharmacies signed up in November 2021
- One pharmacy signed up in December 2021
- Two pharmacies signed up in January 2022
- Four pharmacies signed up in February 2022
- Seven pharmacies signed up in March 2022
- One pharmacy signed up in April 2022
- One pharmacy signed up in May 2022
- Three pharmacies signed up in June 2022

The health and wellbeing board has noted the increase in the number of pharmacies that have signed up to provide this service and is satisfied that there are no gaps in the provision of this service.

4.3.6 Community pharmacy smoking cessation service

NHS England began to commission this service in March 2022 and as of June 2022, six pharmacies have signed up to provide it. The health and wellbeing board has noted that this is a very new service, and it therefore expects that the number of pharmacies that sign up to provide it, will increase in the coming months, as happened with the hypertension case finding advanced service. It has therefore not identified any gaps in the provision of this service

4.3.7 Access to enhanced services

NHS England currently commissions several enhanced services from pharmacies:

The minor ailments enhanced service embeds the ethos of pharmacies as a first point of contact for health advice, and allows 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. GP practices can refer people and people can also self-refer into the service. As of June 2022, 30 pharmacies are commissioned to deliver the service. The health and wellbeing board is satisfied that there is a good coverage of providers of this service across North East Lincolnshire.

The point of dispensing intervention enhanced service (PODIS) involves the pharmacist checking the patients or their representative that all the items are required before handing dispensed medicines to the patient. Where they are not, they will not be given to the patient and the patient's GP practice will be advised accordingly. 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.

As of June 2022, 21 pharmacies are commissioned to deliver the PODIS service. The health and wellbeing board is satisfied that at a health and wellbeing board level there is a good coverage of providers of this service.

A palliative care enhanced service ensures access to palliative care drugs. Three pharmacies are commissioned to hold a specified range of palliative care drugs, including one pharmacy that is commissioned to hold a wider range of palliative care drugs and to provide them as required 24/7 on call. The health and wellbeing board is therefore satisfied that there are no gaps in the provision of this service.

A Tuberculosis directly observed therapy enhanced service may be commissioned by NHS England to provide enhanced case management of those with Tuberculosis, which is key to improving treatment adherence and completion, particularly in relation to vulnerable groups of those at risk of non-adherence. Under the service, the pharmacist observes the person taking their medication. At present there is no need for the service. However, should it be required it will be commissioned from an appropriate pharmacy. The health and wellbeing board is therefore satisfied that there are no gaps in the provision of this service.

NHS England also currently commissions an NHS Community Pharmacy Contraception Management Service Pilot to provide access to the ongoing management of oral contraception (Tier 1). NHS community pharmacies are an accessible and convenient place for people to receive advice and support for contraception management. Through this pilot, people will have the option of being able to access their next supply of oral contraception directly from their pharmacist rather than from their GP or sexual health clinic. As part of this pilot, people can be seen by their pharmacist for management of their ongoing, routine oral contraception that was initiated in primary care or sexual health clinics. The aim of the pilot is to create additional capacity in primary care and sexual health clinics for ongoing oral contraception access to be available through a community pharmacy to relieve the burden on wider primary care and sexual health clinics and provide improved access for patients. (NHS England, 2022).

As of 24 June 2022, this pilot service is being offered at four pharmacies in North East Lincolnshire:

- Boots, 43 Friargate, Freshney Place, Grimsby – Central locality
- Lloyds Pharmacy, Fieldhouse Road, Humberston – Meridian locality
- Lloyds Pharmacy, Pilgrim Primary Care Centre, Immingham – Immingham locality
- Lloyds Pharmacy, Stirling Street Medical Centre, Grimsby – Fiveways locality

4.4 Other relevant services: current provision outside the health and wellbeing board's area

Information on the appliance use review, stoma appliance customisation, hepatitis C antibody testing, hypertension case finding, and smoking cessation services, provided by pharmacies and dispensing appliance contractors outside the health and wellbeing board'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 health and wellbeing board's area will access these services from pharmacies and dispensing appliance contractors outside of North East Lincolnshire, particularly considering 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 dispensing appliance contractor.

It is also possible that residents will have accessed enhanced services from pharmacies outside of the health and wellbeing board's area, but again this information is not 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 health and wellbeing board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the health and wellbeing board's area they currently have a choice of thirty-four pharmacies, operated by nineteen different contractors. Outside of the health and wellbeing board's area residents chose to access a further 1,151 contractors during 2021, although many are not used on a regular basis.

When asked what influences their choice of pharmacy, the most common responses in the patient survey, were 'close to my home', 'the pharmacy is easy to get to', 'parking is easy at the pharmacy', and 'close to my doctor' (note that more than one option could be ticked.). A full analysis of the patient 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
- 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 450,000 people across North and North East Lincolnshire, East Riding of Yorkshire, and East and West Lindsey, and 750 beds across the three hospitals (North Lincolnshire and Goole Hospitals NHS Foundation Trust, 2022). Diana, Princess of Wales Hospital is situated in the Central neighborhood locality in Grimsby and has a 24-hour emergency department, diagnostic facilities, and a dedicated children and family services building. It is a district general hospital with all the major specialties.

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 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. (North Lincolnshire and Goole Hospitals NHS Foundation Trust, 2022).

Electronic prescribing and medicines administration is live across all inpatient wards. The system allows doctors to prescribe from anywhere in the hospital. They can use the system to check appropriate doses and to cross check for allergies as well as drug interactions while they are prescribing. Nurses can see clearly what drug and dose has been prescribed and they can look up information on drugs at their fingertips rather than referring to the paper copy of the formulary. There's also a clear record of who has administered what and when and the system vastly reduces the chance of medication errors. (North Lincolnshire and Goole Hospitals NHS Foundation Trust, 2022).

The trust work in partnership with Lloyds pharmacy, who dispense prescriptions from outpatient clinics, allowing a more familiar 'community feel' for patients. The trust has an onsite Lloyds pharmacy at all three hospitals in Scunthorpe, Grimsby and Goole which are open 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.

Figures from the NHS Business Services Authority (NHS Business Services Authority, 2022), show that during the month of March 2022, 363 items were prescribed by North Lincolnshire and Goole NHS Foundation Trust (secondary care) and dispensed in the community. Extrapolating this figure suggests that around 4,350 items could be dispensed in the community over a 12-month period. Note that this figure is at trust level which includes Grimsby hospital, but also includes Scunthorpe and Goole hospitals too which are outside North East Lincolnshire.

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 Andrew's Hospice is located in the Fiveways locality and provides free care for people of all ages living with a progressive life-limiting conditions, including cancer, Motor Neurone Disease, cardio-vascular diseases, Multiple Sclerosis and Parkinson's disease. This care is available in a range of settings, from overnight stays and respite to out-patient visits and home care. Each year, the hospice provides care and support for more than 500 patients, both adults and children, and their families, friends and over 200 carers. The hospice has twelve en-suite adult rooms and four rooms for children for overnight stays, and there is accommodation available for families to stay in too. offer overnight stays and respite, symptom control, rehabilitation, and end of life care, as well as other services such as counselling, complementary therapies, lymphoedema clinics, physiotherapy, and bereavement support. (St Andrews Hospice, 2022).

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, 2022)

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, along with an advisory role.

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 and dispensed in 2019/20, 62.3% 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. During 2019/20, fluoride prescriptions accounted for 29.8% of the total prescriptions issued by dentists across England (Table 9).

Table 9 Dental prescriptions dispensed by BNF section, 2019/20

BNF section	Items prescribed	Percentage of total items (%)
Antimicrobial Drugs	2,642,391	62.3
Fluoride	1,264,201	29.8
Drugs acting on the oropharynx	234,130	5.5
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	31,408	0.7
Analgesics	30,923	0.7
Other	39,585	0.9
Total	4,242,638	100

Source: Dental Prescribing Dashboard 2020

* Five most common BNF sections. All other sections grouped under 'Other' (<1% of overall prescribing)

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, including for North Yorkshire and Humber. The data excludes prescriptions dispensed in prisons, hospital, and private prescriptions. The data covers prescribing and dispensing data to March 2020. 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 aims to help identification of outlying activities and trends that could improve best practice for prescribing among primary care dentists. (Public Health England, 2020)

Evidence suggests that some dentists prescribe antibiotics inappropriately. Inappropriate prescribing can lead to antibiotic resistance, and may be due to clinical time pressures, failure of previous operative procedures, or patient preferences. There are clear indications when antibiotics should be prescribed.

There were 13,764 dental items dispensed by North East Lincolnshire pharmacies in 2020/21. All 34 North East Lincolnshire pharmacies dispensed items, however 20% of items were dispensed by Asda pharmacy. The number of dental items dispensed by each North East Lincolnshire pharmacy during 2020/21 are detailed in appendix 14.

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 2021, 13,181 dispensed items were prescribed by the OOH service at Grimsby Hospital, with 13,076 items (99%) dispensed by North East Lincolnshire pharmacies.

Of the 13,076 items dispensed by North East Lincolnshire pharmacies, 10,241 items (78%) were dispensed by just five pharmacies, which are also the pharmacies with the widest opening hours:

- Asda (Fiveways locality), 3286 items
- Birkwood 100 hour (Central locality), 3283 items
- Tesco Grimsby 100 hour (Central locality), 1588 items
- Tesco Cleethorpes (Meridian locality), 1564 items
- Lloyds, Littlecoates Road (Central locality), 520 items

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 NHS Humber and North Yorkshire Integrated Care Board

The Health and Care Act 2022 provided for the establishment of Integrated Care Boards across England, as part of the Act's provisions for Integrated Care Systems. NHS England established 42 ICBs on a statutory basis on 1 July 2022. The NHS Humber and North Yorkshire ICB took on the NHS planning functions previously held by North East Lincolnshire Clinical Commissioning Group from 1 July 2022 which is also when the CCG was abolished.

NHS North East Lincolnshire CCG carried out an exercise early in 2022 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

Name	Description	Category
Care Plus Group Ltd	Community Nursing – includes Pulmonary rehabilitation, Falls, Rapid Response, Stroke, Home Care, Discharge Liaison & specialist support i.e. Macmillan & Marie Curie; Specialist Nurse Infection Control; Continence; Diabetes; Day Care Services	Other
Connect Health Pain Services Ltd	AQP Community Chronic Pain Management Service	Community Health
Core Care Links	Out of Hours GP provision and GPs operating in A&E	Other
Freshney Pelham Care Ltd	Services provided in residential care, health centres and clinics, urgent care, and St Andrews Hospice.	District nursing
HCRG Care Group	Dermatology service	Community
Hull & East Yorkshire Hospitals NHS Trust	Provider of acute specialist services that are unavailable at the local acute provider	Acute
Leeds Teaching Hospitals NHS Trust	Provider of acute specialist services that are unavailable at the local acute provider	Acute
NAVIGO	Mental Health & 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	Mental Health
Newmedica	Acute service for Ophthalmology outpatients	Acute
Northern Lincolnshire & Goole Hospitals NHS Foundation Trust	Provider of elective and non-elective treatment for the residents of North East Lincolnshire	Acute
Open Door Health Ltd	Community TB Service	Other

Sheffield Children's NHS Foundation Trust	Provider of acute hospital services for paediatrics	Acute
Sheffield Teaching Hospitals NHS Foundation Trust	Provider of acute adult services that cannot be provided by the local hospital	Acute
St Andrews Hospice	Hospice Care for adults	End of Life Care
St Hugh's Hospital	Provider of acute elective services offering choice of provider to the patient at the time of referral	Acute
United Lincolnshire Hospitals NHS Trust	Provider of acute specialist services that are unavailable at the local acute provider	Acute

Source: NHS North East Lincolnshire CCG

Figures from the NHS Business Services Authority show that during 2021, 1,302 dispensed items were prescribed by Freshney Pelham Care Ltd, 2,430 dispensed items were prescribed by North East Lincolnshire Dermatology, and 927 dispensed items were prescribed by Newmedica community ophthalmology.

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

Clinical pharmacists are increasingly working as part of general practice teams. They are highly qualified experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes, and value through a person-centred approach. (NHS England, 2022). Previously these reviews were carried out by GPs and 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. It is not anticipated that clinical pharmacists will affect the need for the essential services, but they may reduce the need for the NMS if they are providing services with the same aims and objectives.

5.7 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. Formed in 2011 as a result of the Care Trust Plus being required to split its commissioner/provider functions, Care Plus Group provides a wide range of community services (Care Plus Group, 2022). The services Care Plus Group provides include the following:

- Community Nursing
- Community Urgent Care
- Clinical Assessment Service
- Hospital Discharge Team
- LD services
- Cambridge Park rehabilitation and re-enablement unit
- Fairways residential care
- Community cardiology service
- Primary care services – Open Door and Quayside
- 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 35 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 57 community practitioner nurse prescribers employed by the Care Plus Group. The numbers of dispensed items prescribed by Care Plus Group nurse prescribers during 2021 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 dispensed items prescribed by Care Plus Group, 2021**

Time Period	Number of BNF items prescribed
Quarter 1 2021	2093
Quarter 2 2021	2266
Quarter 3 2021	2435
Quarter 4 2021	2730

Source: NHSBSA 2022

During 2021, 9524 dispensed items were prescribed by the Care Plus Group, with 9189 items (96%) being dispensed by North East Lincolnshire pharmacies.

Of the 9189 items dispensed by North East Lincolnshire pharmacies, 6717 items (73%) were dispensed by just three pharmacies:

- Birmingham Pharmacy, St Hugh's Avenue (Meridian locality), 2872 items
- Healing Pharmacy (Wolds locality), 2101 items
- Weelsby View Pharmacy, Ladysmith Road (Fiveways locality), 1744 items

Open door is part of CPG 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 but 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

Quayside GP practice is also part of CPG and located on Albion Street.

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

5.8 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. The pharmacy service provides clinical and dispensing activities for service users across NAViGO's inpatient and community teams. NAViGO have one specialist pharmacist,

with community pharmacists and technicians based at Lloyds pharmacy on Littlecoates Road in Grimsby, which is in the Central locality.

The NAViGO Choice and Medication Portal <http://www.choiceandmedication.org/navigo/> is a website that provides open access to information about medications used by NAViGO and associated conditions. (NAViGO, 2022)

In addition, figures from the NHS Business Services Authority, show that in 2021, 433 dispensed items were prescribed by the acute adult mental health, acute mental health, community mental health team East, community adult mental health (Open Door), and older people's mental health teams.

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

5.9 Screening/immunisation services through pharmacies

NHS England along with the Office for Health Improvement & Disparities, 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 and Social Care 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 an 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, with a local pharmacy providing the service 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 pharmacy contractor questionnaire that a number of local pharmacies provide their own private (non-NHS) screening services e.g. cholesterol and diabetes checks, along with the provision of vaccinations e.g. travel vaccines.

5.10 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/Office for Health Improvement & Disparities, 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 / Office for Health Improvement & Disparities, 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 these children's public health services.

5.11 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 Wellbeing Service 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. An outreach model which will enable the delivery of targeted and opportunistic checks in the community and workplace settings across the borough is currently being developed.

5.12 Weight Management

Tier 2 weight management provision in North East Lincolnshire is currently delivered by the Local Authority (Wellbeing Service) and four external providers, Lincs Inspire, GTSET, Green Futures and Thrive. A Train the Trainer model was adopted and delivered by Xyla Health and Wellbeing in August 2021 to 12 educators from the 5 settings ready for commencement of programmes in Sept/October 2021 creating a consistent

model of delivery across the borough. The 12-week face to face behaviour change programme accepts referrals through service providers, GPs and via self-referral.

Lincs Inspire is one of the providers working in partnership with North East Lincolnshire Council and other partners to deliver adult Tier 2 Weight Management programmes across the borough, accessible in both libraries and leisure facilities. (Lincs Inspire Limited, 2022).

It is therefore 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 not for profit subsidiary trading company). Lincs Inspire currently manages five sporting facilities, four statutory libraries, arts and sports development services, and the public archive for Northern Lincolnshire.

The Active Forever programme is a concessionary exercise referral scheme designed to support people in their first steps to leading a more active and healthier lifestyle. Active Forever is a 12-week programme, and is available at Cleethorpes Leisure Centre, Grimsby Health and Wellbeing Centre, Grimsby Leisure Centre, and Immingham Swimming Pool (with a range of different activities at each site). As a starting point two activities are recommended per week, following assessment and in partnership with the referring medical professional, activities are recommended to meet both suitability and the confidence level of the participant. This can include:

- Exercise sessions in one of five gyms
- Swimming
- Group classes for low impact exercise/sports activities
- Power assisted exercise sessions
- Community sessions in centres and wider Lincs Inspire facilities (Tai Chi, Walking Football, Low impact Dance)
- Craft, music, reminiscence, and other lifestyle activities

After participants have completed the Active Forever programme, they have the opportunity to carry on via an Active Forever membership at a continued concessionary rate. This option is available for up to a month after the programme has finished. Once expired the normal 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. This provides specific access to specialised adapted gym equipment available only at Grimsby Health and Wellbeing Centre. (Lincs Inspire Limited, 2022)

Both programmes are designed to support participants to better manage long term health conditions, recovery from serious illness/or surgery, disability or more recently Long Covid symptoms.

5.13 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 weekly clinical waste collection service to registered addresses. This therefore reduces 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, 2022). 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.

5.14 Out of area attendances

Demand for pharmaceutical services by non-residents has been considered by the health and wellbeing board, 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 311 out of area attendances at the North East Lincolnshire GP Out of Hours service during 2021 and these are shown in Table 12.

Table 12 GP Out of Hours, out of area attendances, 2021

Service	Number of out of area attendances	Locality
GP Out of Hours – face to face	137	Central
GP Out of Hours – call backs	174	

Source: NELCCG

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

5.15 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

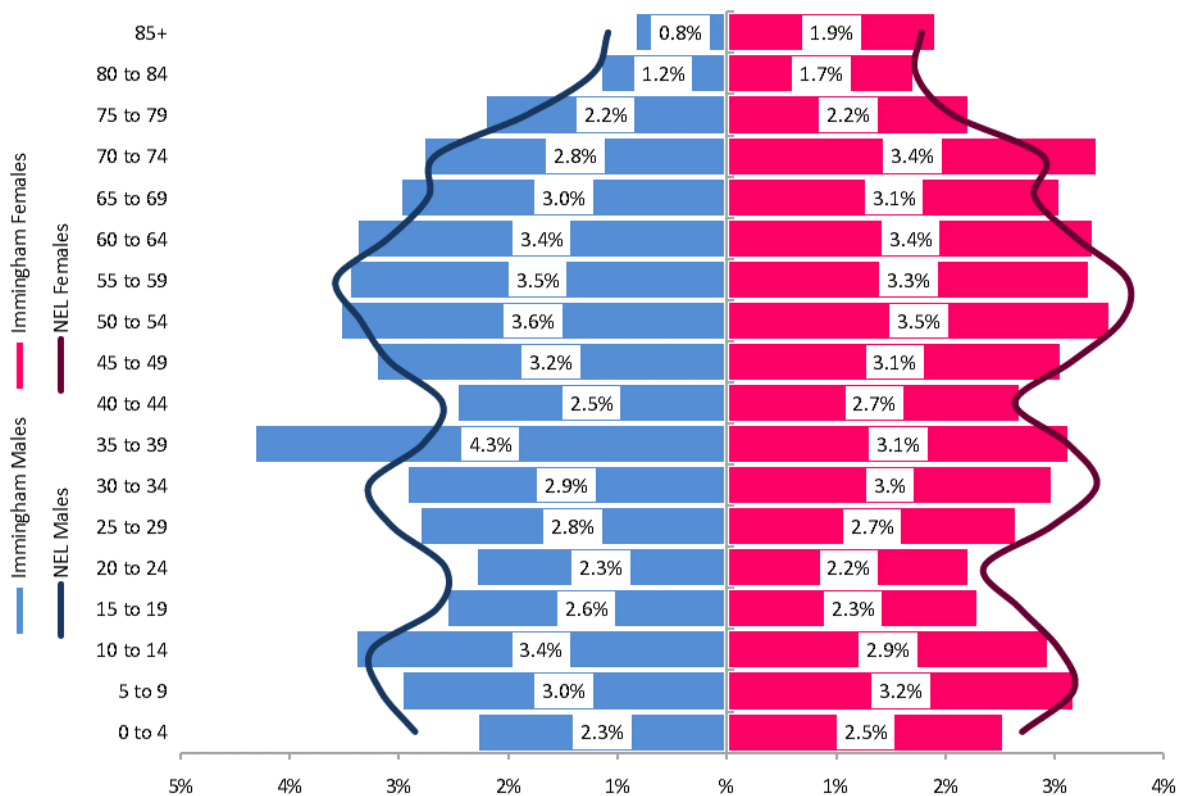
Immingham Locality

6.1 Overview

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

Figure 20 shows a population pyramid for Immingham locality residents.

Figure 20 Immingham locality population pyramid, ONS mid 2020 population estimates



Source: ONS

The population distribution of Immingham locality residents is in general similar to that of North East Lincolnshire overall.

Table 13 presents key statistics for the Immingham locality.

Table 13 Immingham locality – key statistics

Locality: Immingham	Immingham	North East Lincolnshire
Age Structure (2020)		
0 to 19	2,652	37,536
20 to 64	6,411	88,570
65+	2,665	33,258
Total	11,728	159,364
Ethnicity		
United Kingdom	11,160	152,643
Europe (Excluding UK)	235	3,779
Africa	25	743
Middle East and Asia	68	1,978
The Americas and the Caribbean	12	328
Antarctica and Oceania	7	144
Other	0	<5
Live births (2020)	84	1,573
Claimant count, age 16+ (Dec 2021)		
Number	270	4,710
Proportion of residents aged 16-64	3.9	5.0
Households		
Number of All Households	4,961	69,707
Persons per Household	2.32	2.29
Access to Car or Van		
No Cars or Vans in Household	1,253	21,481
1 Car or Van or more in Household	3,708	48,226
% of households with access to a Car or Van	74.7%	69.2%

Source: ONS mid-2020 population estimates, NOMIS, and Census, ONS Crown Copyright.

The Indices of Deprivation is published at LSOA level and comprises several domains which encompass the wider determinants of health. The 106 LSOAs in North East Lincolnshire were ranked by deprivation, and then split into quintiles, with quintile 1 being the most deprived, and quintile 5 the least deprived. The quintiles are therefore five equal groups (fifths) into which the 106 North East Lincolnshire LSOAs have been divided according to deprivation distribution. Table 14 shows how the distribution of Immingham locality LSOAs by quintile, compares to that of North East Lincolnshire overall. A domain with a higher proportion of Immingham locality LSOAs in quintile 1 (most deprived) than there is for North East Lincolnshire overall, indicates relatively high deprivation for that domain in comparison to the local authority. Conversely, a domain with a higher proportion of Immingham locality LSOAs in quintile 5 (least deprived) than there is for North East Lincolnshire overall, indicates relatively low deprivation for that domain in comparison to the local authority.

Table 14 Wider determinant of health indicators for Immingham locality compared to North East Lincolnshire overall

Immingham Locality Deprivation type	→ Decreasing Deprivation Quintiles →				
	1	2	3	4	5
Overall	25%	0%	25%	50%	0%
Low income	25%	0%	38%	25%	13%
Unemployment	25%	0%	38%	25%	13%
Education overall	13%	25%	38%	13%	13%
Education - children's attainment	25%	13%	50%	0%	13%
Education - adult qualifications	13%	38%	25%	13%	13%
Health	13%	13%	25%	25%	25%
Crime	0%	0%	25%	38%	38%
Barriers to services and housing	50%	25%	25%	0%	0%
Barriers - physical proximity to services	50%	50%	0%	0%	0%
Barriers - access to housing	13%	25%	13%	50%	0%
Living - local environment	0%	0%	25%	63%	13%
Living - quality of housing	0%	0%	13%	63%	25%
Living - air quality and RTAs	0%	13%	38%	25%	25%
Children in income deprived families	13%	13%	38%	25%	13%
Older people - low income	13%	13%	38%	13%	25%
North East Lincolnshire	21%	20%	20%	20%	20%

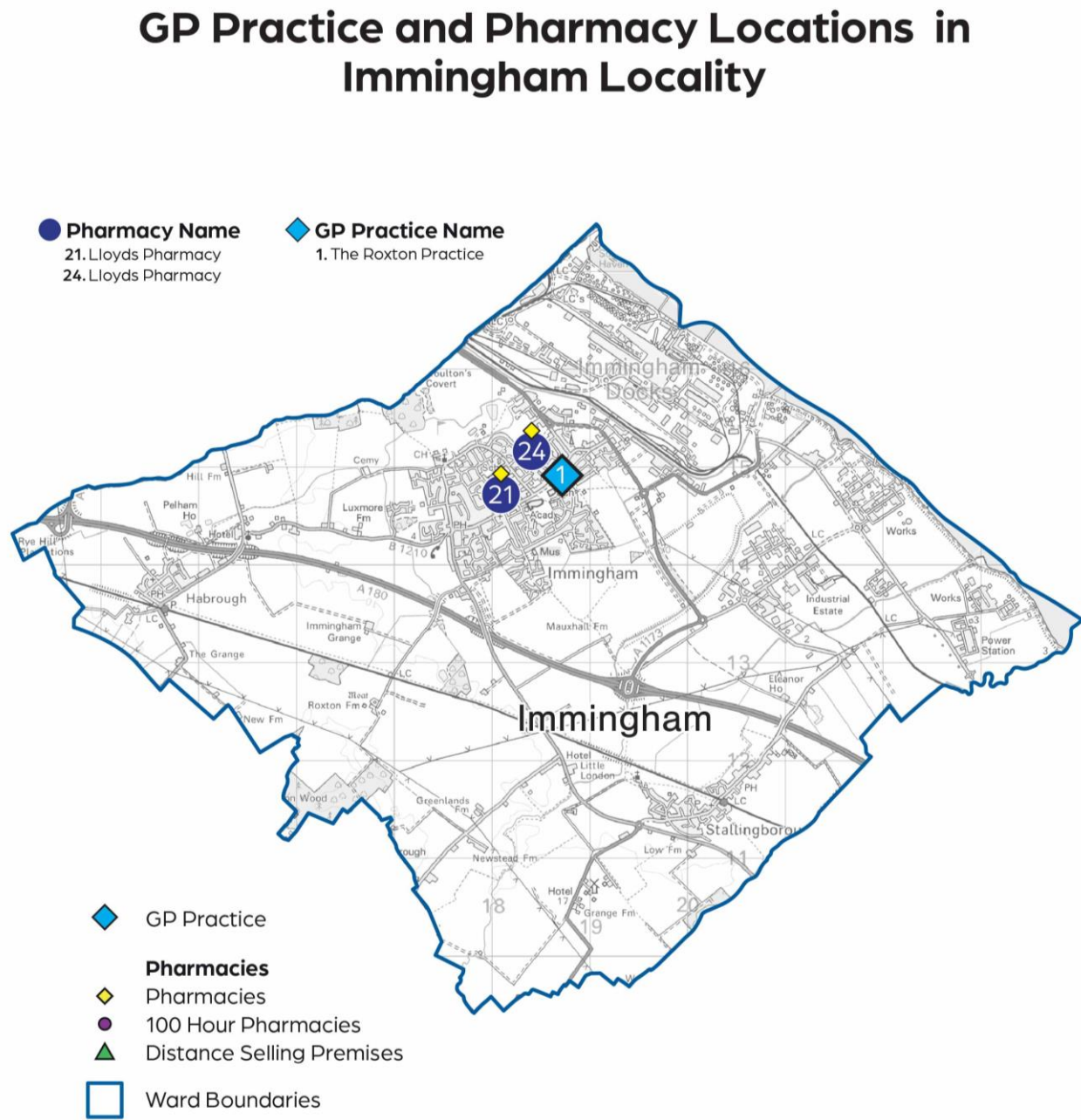
Source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

- Locality with a higher percentage of LSOAs in quintile than North East Lincolnshire overall
- Locality with a lower percentage of LSOAs in quintile than North East Lincolnshire overall

Wider determinant of health outcomes are mixed for Immingham locality. One quarter of Immingham locality LSOAs are in the most deprived North East Lincolnshire quintile for overall deprivation, and also for the low income and unemployment domains. Half of Immingham locality LSOAs are in the most deprived North East Lincolnshire quintile regarding the physical proximity to services, which reflects the more rural and industrial nature of this locality. Immingham locality has better outcomes for the health and crime domains, with a higher proportion of locality LSOAs within the least deprived North East Lincolnshire quintile than that of the local authority overall.

Figure 21 is a map of the locality which shows the locations of the two pharmacies and the dispensing GP practice operating within the locality.

Figure 21 **Immingham locality pharmacies and GP practices**



6.2 Summary

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

Table 15 Immingham locality pharmacies overview

Name	ODS Code	Address	Postcode	Main map ref
Lloyds Pharmacy	FJE54	18-20 Kennedy Way	DN40 2AE	21
Lloyds Pharmacy	FQK73	Pilgrim Primary Care Centre, Pelham Road	DN40 1JW	24

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 Roxton 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 Roxton GP practice in Immingham is a dispensing practice, as is the Roxton branch surgery in Keelby and the Killingholme GP practice, both of which are just across the boundary in Lincolnshire and North Lincolnshire respectively. The Roxton GP practice dispensed 142,253 items during 2021. 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 morning. Neither of the pharmacies open on a Sunday, however the locality is within a 15-minute drive time of a 100-hour pharmacy.

Both pharmacies are Lloyds. A total of 224,194 items were dispensed during 2021 and both pharmacies report dispensing all types of appliances. Both pharmacies provided the new medicine service and stoma appliance customisation during 2021. Both pharmacies administered flu vaccine between September 2020 and March 2021. As of June 2022, both pharmacies are commissioned to provide the community pharmacist consultation service, the hypertension case finding advanced service, and the minor ailments enhanced service. In addition, NHS England has commissioned the Lloyds pharmacy in the Pilgrim Primary Care Centre, for the NHS Community Pharmacy Contraception Management Service Pilot to provide access to the ongoing management of oral contraception (Tier 1).

Pharmacy	Open Sat	Open Sun	Items 1	NMS 2	AUR 3	SAC 4	Flu 5	CPCS 6	HepC 7	Hyper 8	Smoke 9	MAS 10	PAL 11	PODIS 12
FJE54	AM	N	97,331	Y	N	Y	Y	Y	N	Y	N	Y	N	N
FQK73	N	N	126,863	Y	N	Y	Y	Y	N	Y	N	Y	N	N

(1) Number of items dispensed during 2021. (2) Completed New Medicine Service interventions during 2021. (3) Conducted Appliance Use Reviews during 2021. (4) Stoma appliances customised during 2021. (5) Flu vaccines administered, September 2020 to March 2021. (6) Signed up to the Community Pharmacist Consultation Service as of June 2022. (7) Signed up to the Community Pharmacy Hepatitis C Antibody Testing Service as of June 2022. (8) Signed up to the Hypertension case-finding advanced service as of June 2022. (9) Signed up to the smoking cessation advanced service as of June 2022. (10) Signed up to the minor ailments enhanced services as of June 2022. (11) Signed up to the palliative care enhanced service as of June 2022. (12) Signed up to the point of dispensing intervention enhanced service as of June 2022.

The health and wellbeing board 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 health and wellbeing board is not satisfied that it would confer significant benefits, and in any case is very unlikely to be financially viable because people living more than 1.6km from it would continue to be dispensed to by the GP practice.

Based upon the above information and the information in chapter 4, the health and wellbeing board 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

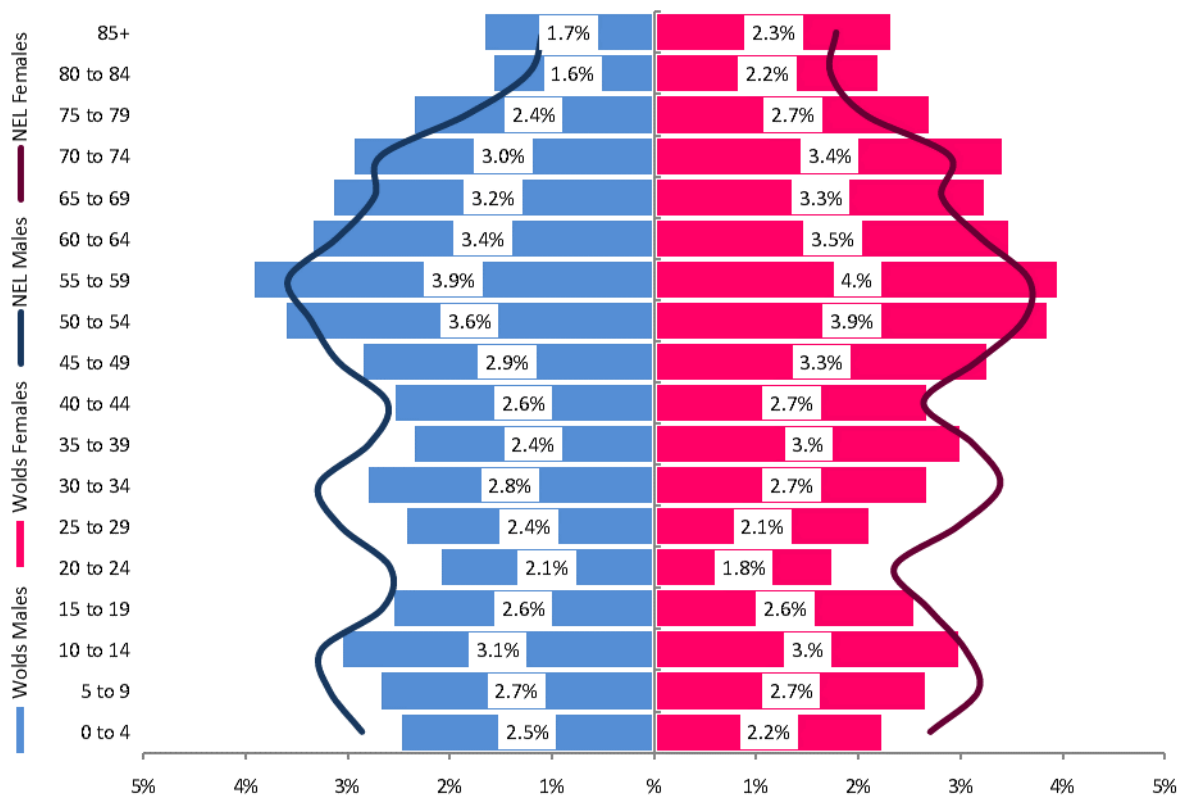
Wolds Locality

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 22 shows a population pyramid for Wolds locality residents.

Figure 22 Wolds locality population pyramid, ONS mid 2020 population estimates



Source: ONS

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

Table 16 presents key statistics for the Wolds locality.

Table 16 Wolds locality – key statistics

Locality: Wolds	Wolds	North East Lincolnshire
Age Structure		
0 to 19	5,526	37,536
20 to 64	13,733	88,570
65+	6,663	33,258
Total	25,922	159,364
Ethnicity		
United Kingdom	23,950	152,643
Europe (Excluding UK)	372	3,779
Africa	117	743
Middle East and Asia	344	1,978
The Americas and the Caribbean	56	328
Antarctica and Oceania	25	144
Other	<5	<5
Live births (2020)	193	1,573
Claimant count, age 16+ (Dec 2021)		
Number	255	4,710
Proportion of residents aged 16-64	1.7	5.0
Households		
Number of All Households	10,511	69,707
Persons per Household	2.37	2.29
Access to Car or Van		
No Cars or Vans in Household	1,480	21,481
1 Car or Van or more in Household	9,031	48,226
% of households with access to a Car or Van	85.9%	69.2%

Source: ONS mid-2020 population estimates, NOMIS, and Census, ONS Crown Copyright.

The Indices of Deprivation is published at LSOA level and comprises several domains which encompass the wider determinants of health. The 106 LSOAs in North East Lincolnshire were ranked by deprivation, and then split into quintiles, with quintile 1 being the most deprived, and quintile 5 the least deprived. The quintiles are therefore five equal groups (fifths) into which the 106 North East Lincolnshire LSOAs have been divided according to deprivation distribution. Table 17 shows how the distribution of Wolds locality LSOAs by quintile, compares to that of North East Lincolnshire overall. A domain with a higher proportion of Wolds locality LSOAs in quintile 1 (most deprived) than there is for North East Lincolnshire overall, indicates relatively high deprivation for that domain in comparison to the local authority. Conversely, a domain with a higher proportion of Wolds locality LSOAs in quintile 5 (least deprived) than there is for North East Lincolnshire overall, indicates relatively low deprivation for that domain in comparison to the local authority.

Table 17 Wider determinant of health indicators for Wolds locality compared to North East Lincolnshire overall

Wolds Locality Deprivation type	→ Decreasing Deprivation Quintiles →				
	1	2	3	4	5
Overall	0%	0%	20%	20%	60%
Low income	0%	7%	7%	33%	53%
Unemployment	0%	7%	7%	33%	53%
Education overall	0%	0%	13%	20%	67%
Education - children's attainment	0%	7%	0%	33%	60%
Education - adult qualifications	0%	0%	7%	20%	73%
Health	0%	13%	7%	27%	53%
Crime	0%	0%	7%	40%	53%
Barriers to services and housing	40%	13%	13%	13%	20%
Barriers - physical proximity to services	47%	27%	13%	0%	13%
Barriers - access to housing	0%	13%	7%	13%	67%
Living - local environment	0%	7%	7%	27%	60%
Living - quality of housing	0%	7%	20%	40%	33%
Living - air quality and RTAs	0%	0%	13%	20%	67%
Children in income deprived families	0%	0%	13%	33%	53%
Older people - low income	0%	13%	7%	27%	53%
North East Lincolnshire	21%	20%	20%	20%	20%

Source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

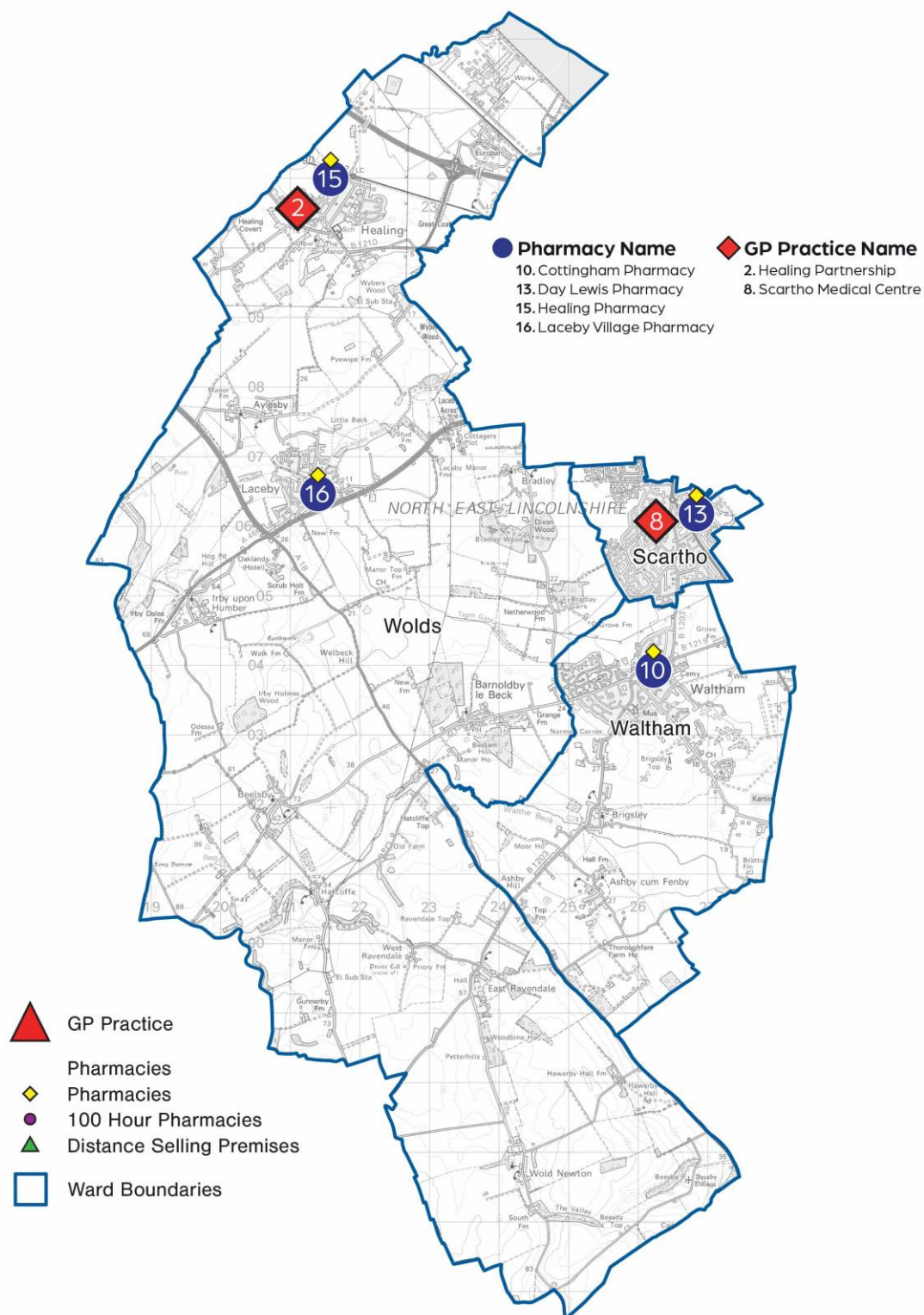
- Locality with a higher percentage of LSOAs in quintile than North East Lincolnshire overall
- Locality with a lower percentage of LSOAs in quintile than North East Lincolnshire overall

Wider determinant of health outcomes are good for Wolds locality. None of Wolds locality LSOAs are in the most deprived North East Lincolnshire quintile for any domain, the only exception being for the physical proximity to services which just reflects the rural nature of this locality. 60% of Wolds locality LSOAs are in the least deprived North East Lincolnshire quintile for the overall deprivation.

Figure 23 is a map of the locality which shows the locations of the four pharmacies and the two GP practices operating within the locality. There is an additional GP branch surgery (Dr A Sinha) in Laceby.

Figure 23 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).

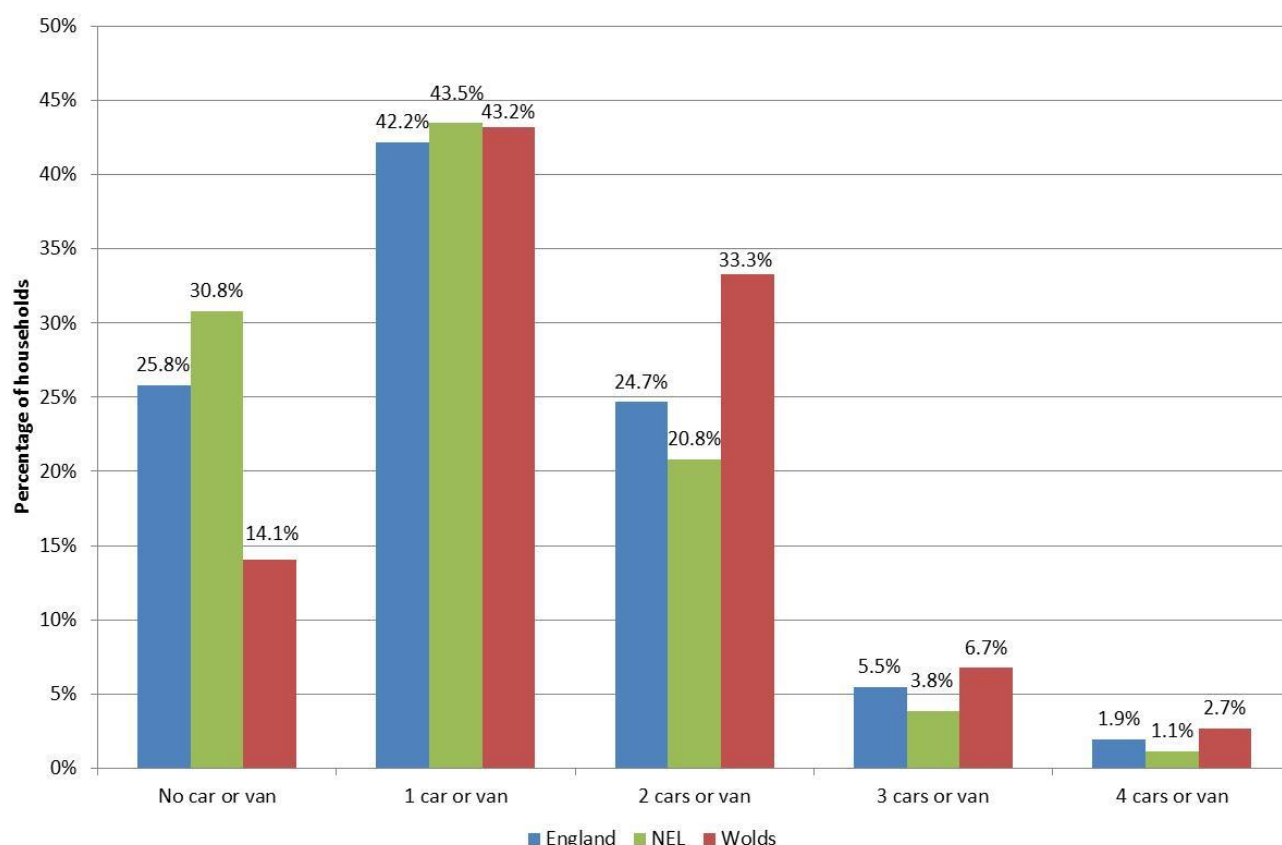
Table 18 Wolds locality pharmacies overview

Name	ODS Code	Address	Postcode	Main map ref
Cottingham Pharmacy	FM438	41 High Street, Waltham	DN37 0LJ	10
Day Lewis	FQK71	Scartho Medical Centre, Springfield Road	DN33 3JE	13
Healing Pharmacy	FFK96	101-103 Station Road, Healing	DN41 7RB	15
Laceby Village	FV297	8 Caistor Road, Laceby	DN37 7HX	16

Pharmaceutical services for this locality are located within the main villages of Scartho, Waltham, Laceby, and Healing. The two GP surgeries in this locality 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 24, and has the highest levels of household car access of the five localities.

Figure 24 Car ownership levels for the Wolds locality, North East Lincolnshire, and England



Source: ONS Census

Wide opening hours are offered Monday to Friday. Two pharmacies are open on a Saturday morning. 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 Waltham Ltd, Day Lewis, Healing (Oakley Enterprises), and Lloyds).

Considerable new housing is anticipated during the lifetime of this pharmaceutical needs assessment with 1,200 units predicted and this is more than any other locality. The biggest development is anticipated to be Scartho Top with 324 units predicted.

A total of 340,960 items were dispensed during 2021, and the two pharmacies which completed the contractor survey both report dispensing all types of appliances. Three pharmacies provided the new medicine service, whilst none provided appliance use reviews or stoma appliance customisations during 2021. All pharmacies administered flu vaccine between September 2020 and March 2021. As of June 2022, three pharmacies are commissioned to provide the community pharmacist consultation service, two pharmacies the hypertension case finding advanced service, one pharmacy the smoking cessation advanced service, and three pharmacies for both the minor ailments and point of dispensing intervention enhanced services.

Pharmacy	Open Sat	Open Sun	Items 1	NMS 2	AUR 3	SAC 4	Flu 5	CPCS 6	HepC 7	Hyper 8	Smoke 9	MAS 10	PAL 11	PODIS 12
FM438	AM	N	123,753	Y	N	N	Y	Y	N	Y	Y	Y	N	Y
FQK71	N	N	120,216	Y	N	N	Y	Y	N	Y	N	Y	N	Y
FFK96	AM	N	47,183	N	N	N	Y	N	N	N	N	N	N	N
FV297	N	N	49,808	Y	N	N	Y	Y	N	N	N	Y	N	Y

(1) Number of items dispensed during 2021. (2) Completed New Medicine Service interventions during 2021. (3) Conducted Appliance Use Reviews during 2021. (4) Stoma appliances customised during 2021. (5) Flu vaccines administered, September 2020 to March 2021. (6) Signed up to the Community Pharmacist Consultation Service as of June 2022. (7) Signed up to the Community Pharmacy Hepatitis C Antibody Testing Service as of June 2022. (8) Signed up to the Hypertension case-finding advanced service as of June 2022. (9) Signed up to the smoking cessation advanced service as of June 2022. (10) Signed up to the minor ailments enhanced services as of June 2022. (11) Signed up to the palliative care enhanced service as of June 2022. (12) Signed up to the point of dispensing intervention enhanced service as of June 2022.

The health and wellbeing board 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 health and wellbeing board is not satisfied that it would confer significant benefits, particularly as two of the pharmacies in the locality are revised pharmacy access scheme pharmacies (Laceby village and Healing pharmacy), meaning they have lower levels of dispensing activity, much of which is due to the more rural nature of this locality.

Based upon the above information and the information in chapter 4, the health and wellbeing board 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

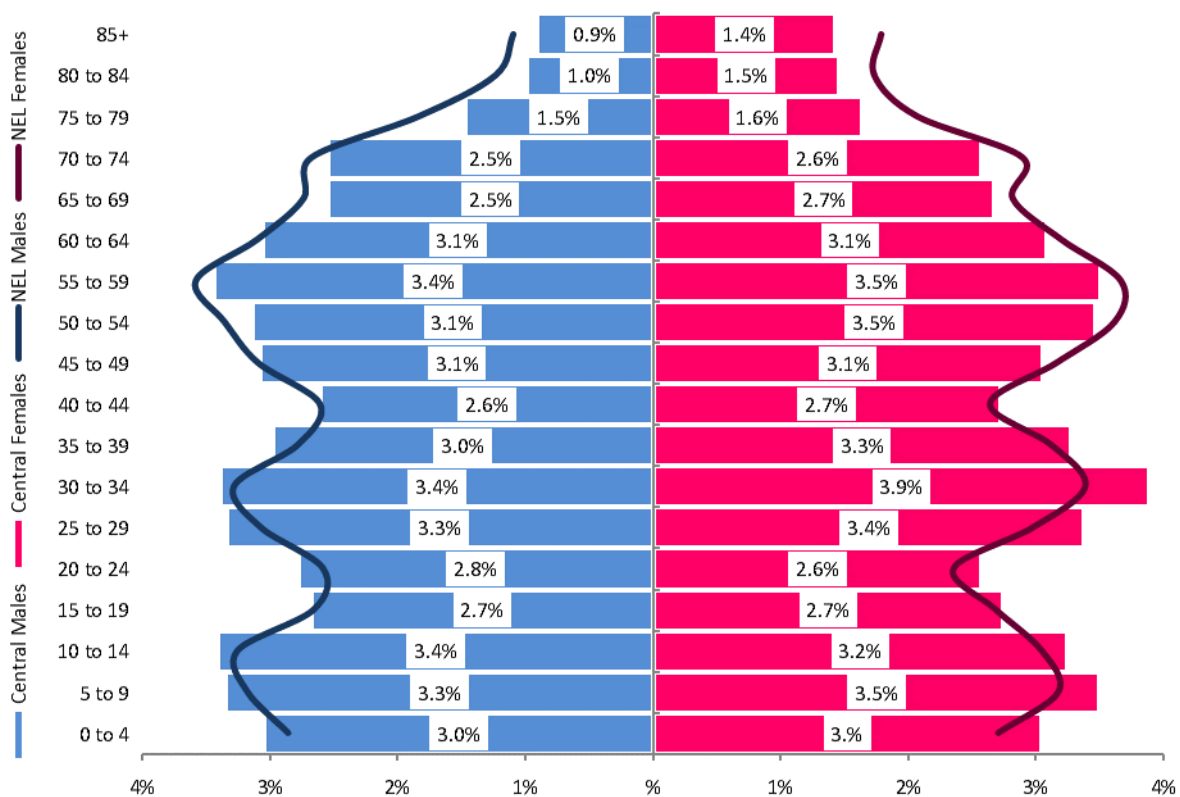
Central Locality

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 25 shows a population pyramid for Central locality residents.

Figure 25 Central locality population pyramid, ONS mid 2020 population estimates



Source: ONS

The Central locality population is in general a marginally younger population than that of North East Lincolnshire overall.

Table 19 presents key statistics for the Central locality.

Table 19 Central locality – key statistics

Locality: Central	Central	North East Lincolnshire
Age Structure		
0 to 19	13,330	37,536
20 to 64	30,246	88,570
65+	9,725	33,258
Total	53,301	159,364
Ethnicity		
United Kingdom	51,325	152,643
Europe (Excluding UK)	1,470	3,779
Africa	299	743
Middle East and Asia	739	1,978
The Americas and the Caribbean	94	328
Antarctica and Oceania	60	144
Other	0	<5
Live births (2020)	606	1,573
Claimant count, age 16+ (Dec 2021)		
Number	1,830	4,710
Proportion of residents aged 16-64	5.6	5.0
Households		
Number of All Households	23,286	69,707
Persons per Household	2.32	2.29
Access to Car or Van		
No Cars or Vans in Household	7,914	21,481
1 Car or Van or more in Household	15,372	48,226
% of households with access to a Car or Van	66.0%	69.2%



Source: ONS mid-2020 population estimates, NOMIS, and Census, ONS Crown Copyright

The Indices of Deprivation is published at LSOA level and comprises several domains which encompass the wider determinants of health. The 106 LSOAs in North East Lincolnshire were ranked by deprivation, and then split into quintiles, with quintile 1 being the most deprived, and quintile 5 the least deprived. The quintiles are therefore five equal groups (fifths) into which the 106 North East Lincolnshire LSOAs have been divided according to deprivation distribution. Table 20 shows how the distribution of Central locality LSOAs by quintile, compares to that of North East Lincolnshire overall. A domain with a higher proportion of Central locality LSOAs in quintile 1 (most deprived) than there is for North East Lincolnshire overall, indicates relatively high deprivation for that domain in comparison to the local authority. Conversely, a domain with a higher proportion of Central locality LSOAs in quintile 5 (least deprived) than there is for North East Lincolnshire overall, indicates relatively low deprivation for that domain in comparison to the local authority.

Table 20 Wider determinant of health indicators for Central locality compared to North East Lincolnshire overall

Central Locality Deprivation type	→ Decreasing Deprivation → Quintiles				
	1	2	3	4	5
Overall	28%	22%	22%	19%	8%
Low income	28%	19%	22%	17%	14%
Unemployment	28%	19%	22%	17%	14%
Education overall	31%	22%	19%	19%	8%
Education - children's attainment	31%	25%	19%	19%	6%
Education - adult qualifications	31%	17%	28%	14%	11%
Health	28%	19%	17%	25%	11%
Crime	22%	36%	17%	17%	8%
Barriers to services and housing	22%	22%	22%	19%	14%
Barriers - physical proximity to services	14%	19%	28%	33%	6%
Barriers - access to housing	31%	19%	19%	22%	8%
Living - local environment	17%	25%	39%	14%	6%
Living - quality of housing	14%	33%	28%	14%	11%
Living - air quality and RTAs	22%	28%	17%	31%	3%
Children in income deprived families	25%	25%	22%	19%	8%
Older people - low income	25%	22%	22%	14%	17%
North East Lincolnshire	21%	20%	20%	20%	20%

Source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

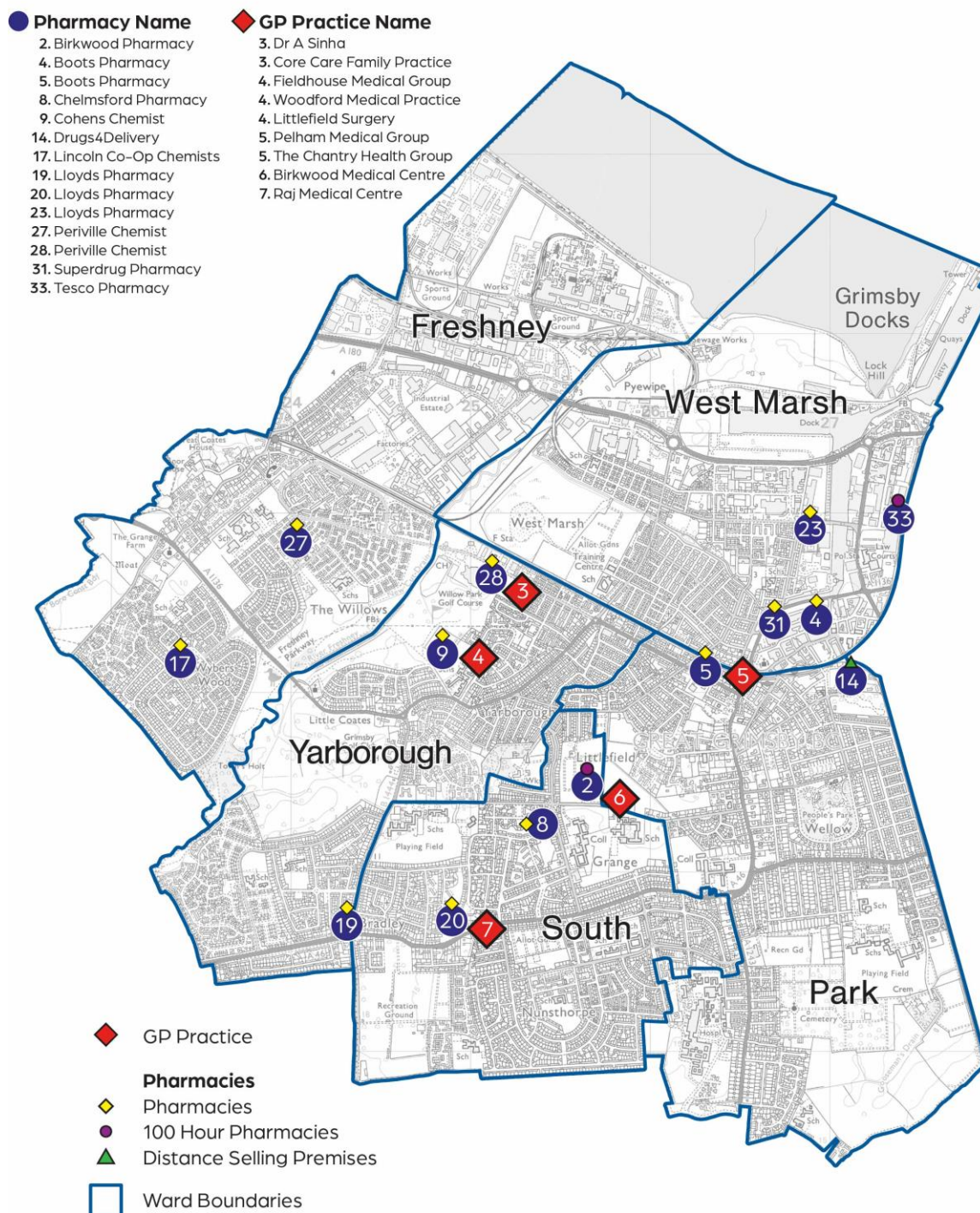
-  Locality with a higher percentage of LSOAs in quintile than North East Lincolnshire overall
-  Locality with a lower percentage of LSOAs in quintile than North East Lincolnshire overall

Wider determinant of health outcomes for Central locality are in general a little poorer than those of North East Lincolnshire overall. Around one quarter of Central locality LSOAs are in the most deprived North East Lincolnshire quintile for a number of domains, including for overall deprivation, health, and low income for both children and older people.

Figure 26 is a map of the locality which shows the locations of the fourteen pharmacies and the nine GP practices operating within the locality. There is an additional GP branch surgery (Dr Mathews) at Cromwell Primary Care Centre.

Figure 26 Central locality pharmacies and GP practices

GP Practice and Pharmacy Locations in Central Locality



8.2 Summary

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

Table 21 Central locality pharmacies overview

Name	ODS Code	Address	Postcode	Main map ref
Birkwood Pharmacy	FFX63	Westward Ho, Grimsby	DN34 5EN	2
Boots	FD897	43 Friargate, Freshney Place	DN31 1EL	4
Boots	FLV73	Church View Health Centre, Cartergate	DN31 1QZ	5
Chelmsford Pharmacy	FQR20	132 Chelmsford Avenue	DN34 5DA	8
Cohens Chemist	FA419	Freshney Green, Sorrell Road	DN34 4GB	9
Drugs4Delivery	FQN38	Acorn Business Park, Moss Road	DN32 0LT	14
Lincolnshire Co-op	FD190	324 St Nicholas Drive	DN37 9SF	17
Lloyds Pharmacy	FHE56	208 Littlecoates Road	DN34 5SU	19
Lloyds Pharmacy	FJ011	Raj Medical Centre, Laceby Road	DN34 5LP	20
Lloyds Pharmacy	FNR70	Sainsburys, Corporation Road	DN31 1UF	23
Periville Chemist	FC797	9 Wingate Parade	DN37 9DR	27
Periville Chemist	FF575	Cromwell Road Primary Care Centre	DN31 2BH	28
Superdrug	FXG65	55 Friargate, Freshney Place	DN31 1QQ	31
Tesco	FGW79	Tesco, Market Street	DN31 1QS	33

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 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 and Chelmsford (Warwick), Boots, Cohens (Gorgemead), 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 four open on Sunday.

A total of 1,517,807 items were dispensed during 2021, and of the seven pharmacies which completed the contractor survey, six report dispensing all types of appliances whilst one reports just dispensing dressings. All pharmacies provided the new medicine service, none provided appliance use reviews, and two provided stoma appliance customisations, during 2021. All pharmacies administered flu vaccine between September 2020 and March 2021. As of June 2022, all seven pharmacies are commissioned to provide the community pharmacist consultation service, none for the community pharmacy Hepatitis C antibody testing service, thirteen pharmacies for the hypertension case finding advanced service, three pharmacies for the smoking cessation advanced service, twelve pharmacies for the minor ailments service, two pharmacies for the palliative care service (including one on 24/7 on call), and eight pharmacies for the point of dispensing

intervention enhanced services. In addition, NHS England has commissioned the Boots pharmacy in Freshney Place for the NHS Community Pharmacy Contraception Management Service Pilot to provide access to the ongoing management of oral contraception (Tier 1).

Pharmacy	Open Sat	Open Sun	Items 1	NMS 2	AUR 3	SAC 4	Flu 5	CPCS 6	HepC 7	Hyper 8	Smoke 9	MAS 10	PAL 11	PODIS 12
FFX63	Y	Y	220,044	Y	N	N	Y	Y	N	Y	N	Y	Y	Y
FD897	Y	Y	118,588	Y	N	N	Y	Y	N	Y	N	Y	N	Y
FLV73	AM	N	108,163	Y	N	N	Y	Y	N	Y	N	Y	N	Y
FQR20	N	N	33,187	Y	N	N	Y	Y	N	Y	N	Y	N	Y
FA419	N	N	274,591	Y	N	N	Y	Y	N	Y	Y	N	N	N
FQN38	N	N	145,506	Y	N	N	Y	Y	N	Y	N	n/a	Y	n/a
FD190	AM	N	80,869	Y	N	N	Y	Y	N	Y	N	Y	N	Y
FHE56	Y	N	84,798	Y	N	Y	Y	Y	N	Y	N	Y	N	N
FJ011	N	N	92,350	Y	N	Y	Y	Y	N	Y	N	Y	N	N
FNR70	Y	Y	35,366	Y	N	N	Y	Y	N	N	N	Y	N	N
FC797	Y	N	118,278	Y	N	N	Y	Y	N	Y	Y	Y	N	Y
FF575	N	N	134,005	Y	N	N	Y	Y	N	Y	Y	Y	N	Y
FXG65	Y	N	35,015	Y	N	N	Y	Y	N	Y	N	Y	N	N
FGW79	Y	Y	37,047	Y	N	N	Y	Y	N	Y	N	Y	N	Y

(1) Number of items dispensed during 2021. (2) Completed New Medicine Service interventions during 2021. (3) Conducted Appliance Use Reviews during 2021. (4) Stoma appliances customised during 2021. (5) Flu vaccines administered, September 2020 to March 2021. (6) Signed up to the Community Pharmacist Consultation Service as of June 2022. (7) Signed up to the Community Pharmacy Hepatitis C Antibody Testing Service as of June 2022. (8) Signed up to the Hypertension case-finding advanced service as of June 2022. (9) Signed up to the smoking cessation advanced service as of June 2022. (10) Signed up to the minor ailments enhanced services as of June 2022. (11) Signed up to the palliative care enhanced service as of June 2022. (12) Signed up to the point of dispensing intervention enhanced service as of June 2022.

Based upon the above information and the information in chapter 4, the health and wellbeing board 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

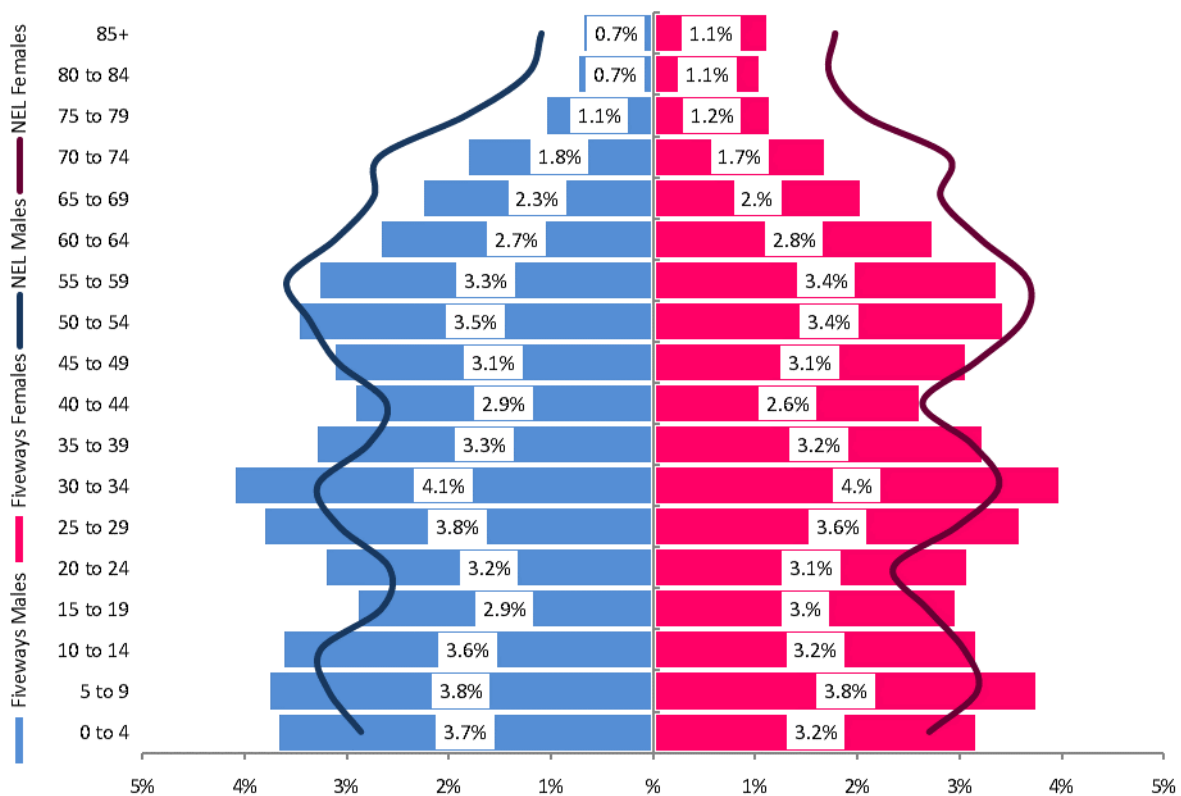
Fiveways Locality

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 27 shows a population pyramid for Fiveways locality residents.

Figure 27 Fiveways locality population pyramid, ONS mid 2020 population estimates



Source: ONS

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

Table 22 presents key statistics for the Fiveways locality.

Table 22 Fiveways locality – key statistics

Locality: Fiveways	Fiveways	North East Lincolnshire
Age Structure		
0 to 19	9,729	37,536
20 to 64	21,238	88,570
65+	4,912	33,258
Total	35,879	159,364
Ethnicity		
United Kingdom	34,802	152,643
Europe (Excluding UK)	1,144	3,779
Africa	167	743
Middle East and Asia	425	1,978
The Americas and the Caribbean	68	328
Antarctica and Oceania	31	144
Other	0	1
Live births (2020)	475	1,573
Claimant count, age 16+ (Dec 2021)		
Number	1,825	4,710
Proportion of residents aged 16-64	8.0	5.0
Households		
Number of All Households	16,211	69,707
Persons per Household	2.26	2.29
Access to Car or Van		
No Cars or Vans in Household	7,471	21,481
1 Car or Van or more in Household	8,740	48,226
% of households with access to a Car or Van	53.9%	69.2%

Source: ONS mid-2020 population estimates, NOMIS, and Census, ONS Crown Copyright.

The Indices of Deprivation is published at LSOA level and comprises several domains which encompass the wider determinants of health. The 106 LSOAs in North East Lincolnshire were ranked by deprivation, and then split into quintiles, with quintile 1 being the most deprived, and quintile 5 the least deprived. The quintiles are therefore five equal groups (fifths) into which the 106 North East Lincolnshire LSOAs have been divided according to deprivation distribution. Table 23 shows how the distribution of Fiveways locality LSOAs by quintile, compares to that of North East Lincolnshire overall. A domain with a higher proportion of Fiveways locality LSOAs in quintile 1 (most deprived) than there is for North East Lincolnshire overall, indicates relatively high deprivation for that domain in comparison to the local authority. Conversely, a domain with a higher proportion of Fiveways locality LSOAs in quintile 5 (least deprived) than there is for North East Lincolnshire overall, indicates relatively low deprivation for that domain in comparison to the local authority.

Table 23 Wider determinant of health indicators for Fiveways locality compared to North East Lincolnshire overall

Fiveways Locality Deprivation type	→ Decreasing Deprivation → Quintiles				
	1	2	3	4	5
Overall	40%	32%	16%	12%	0%
Low income	40%	28%	20%	12%	0%
Unemployment	40%	28%	24%	8%	0%
Education overall	40%	32%	16%	12%	0%
Education - children's attainment	36%	32%	12%	20%	0%
Education - adult qualifications	40%	40%	8%	12%	0%
Health	40%	24%	28%	8%	0%
Crime	48%	28%	24%	0%	0%
Barriers to services and housing	0%	24%	24%	28%	24%
Barriers - physical proximity to services	0%	12%	12%	20%	56%
Barriers - access to housing	40%	28%	20%	8%	4%
Living - local environment	52%	36%	8%	4%	0%
Living - quality of housing	52%	28%	12%	0%	8%
Living - air quality and RTAs	56%	24%	20%	0%	0%
Children in income deprived families	48%	20%	20%	8%	4%
Older people - low income	40%	28%	16%	16%	0%
North East Lincolnshire	21%	20%	20%	20%	20%

Source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

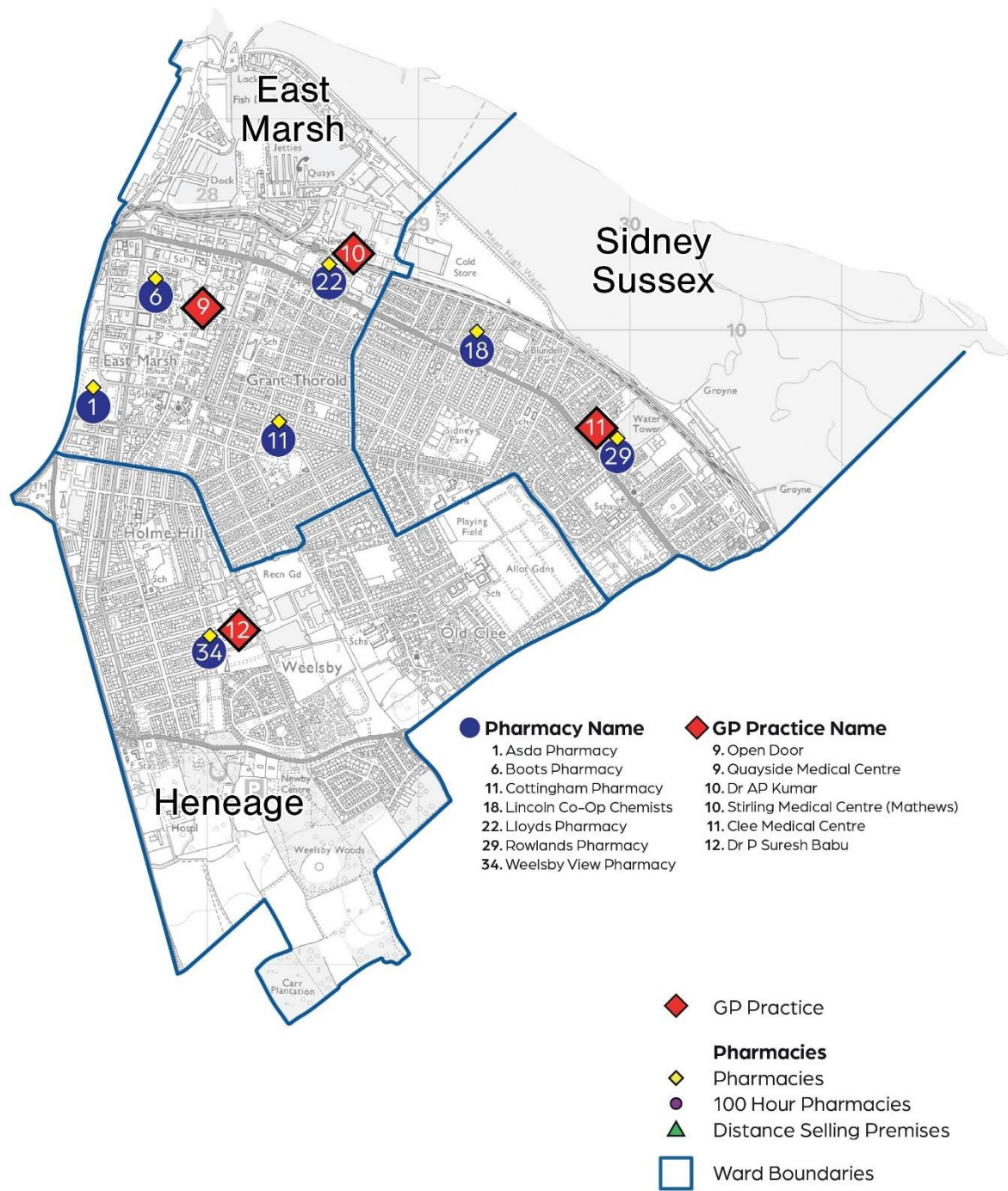
- Locality with a higher percentage of LSOAs in quintile than North East Lincolnshire overall
- Locality with a lower percentage of LSOAs in quintile than North East Lincolnshire overall

Wider determinant of health outcomes are poor for Fiveways locality. Forty per cent of Fiveways locality LSOAs are in the most deprived North East Lincolnshire quintile for overall deprivation, and also for the low income, unemployment, education, and health domains. Around half of Fiveways locality LSOAs are in the most deprived North East Lincolnshire quintile regarding crime, the living environment, and children in low income families. Most domains have no Fiveways LSOAs in the least deprived North East Lincolnshire quintile. The only exception is the physical proximity to services domain, which reflects the urban nature of this locality.

Figure 28 is a map of the locality which shows the locations of the seven pharmacies and the six GP practices operating within the locality. There are two additional GP branch surgeries, which are Roxton at the Weelsby View Medical Centre and Greenlands at the Stirling Street Medical Centre.

Figure 28 Fiveways locality pharmacies and GP practices

GP Practice and Pharmacy Locations in Fiveways Locality



9.2 Summary

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

Table 24 Fiveways locality pharmacies overview

Name	ODS Code	Address	Postcode	Main map ref
Asda	FXC13	Asda, Holles Street	DN32 9DL	1
Boots	FN494	55 Freeman Street	DN32 7AE	6
Cottingham Pharmacy	FQG15	342 Wellington Street	DN32 7JR	11
Lincolnshire Co-op	FJX84	121 Grimsby Road	DN35 7DG	18
Lloyds Pharmacy	FM640	Stirling Street Medical Centre	DN31 3AE	22
Rowlands Pharmacy	FCE49	323a Grimsby Road	DN35 7ES	29
Weelsby View	FQV45	Weelsby View, Ladysmith Rd	DN32 9SW	34

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 (Sai Dutt Ltd), Lincolnshire Co-op, Lloyds, Rowlands (Karma Medical Solutions Ltd t/a Chemistcare Pharmacy from August 2022), and Weelsby View). 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. Wide opening hours are offered Monday to Friday. Four pharmacies open on Saturday, and one opens on Sunday. The health and wellbeing board notes the additional services provided by Open Door and Quayside GP practices.

A total of 782,562 items were dispensed during 2021, and of the three pharmacies which completed the contractor survey, two report dispensing all types of appliances whilst the other just dispenses dressings. All pharmacies provided the new medicine service, none provided appliance use reviews, and one provided stoma appliance customisation, during 2021. All pharmacies administered flu vaccine between September 2020 and March 2021. As of June 2022, all seven pharmacies are commissioned to provide the community pharmacist consultation service, one pharmacy the community pharmacy Hepatitis C antibody testing service, five pharmacies the hypertension case finding advanced service, two pharmacies the smoking cessation advanced service, six pharmacies for the minor ailments service, one pharmacy the palliative care service, and five pharmacies the point of dispensing intervention enhanced services. In addition, NHS England has commissioned the Lloyds pharmacy in the Stirling Street Medical Centre, for the NHS Community Pharmacy Contraception Management Service Pilot to provide access to the ongoing management of oral contraception (Tier 1).

Pharmacy	Open Sat	Open Sun	Items 1	NMS 2	AUR 3	SAC 4	Flu 5	CPCS 6	HepC 7	Hyper 8	Smoke 9	MAS 10	PAL 11	PODIS 12
FXC13	Y	Y	75,211	Y	N	N	Y	Y	N	Y	N	Y	N	Y
FN494	Y	N	54,573	Y	N	N	Y	Y	N	N	N	Y	N	Y
FQG15	Y	N	167,025	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
FJX84	AM	N	57,158	Y	N	N	Y	Y	N	Y	N	Y	N	Y
FM640	N	N	76,520	Y	N	N	Y	Y	N	Y	N	Y	N	N
FCE49	N	N	119,969	Y	N	Y	Y	Y	N	N	N	N	N	N
FQV45	N	N	232,108	Y	N	N	Y	Y	N	Y	Y	Y	N	Y

(1) Number of items dispensed during 2021. (2) Completed New Medicine Service interventions during 2021. (3) Conducted Appliance Use Reviews during 2021. (4) Stoma appliances customised during 2021. (5) Flu vaccines administered, September 2020 to March 2021. (6) Signed up to the Community Pharmacist Consultation Service as of June 2022. (7) Signed up to the Community Pharmacy Hepatitis C Antibody Testing Service as of June 2022. (8) Signed up to the Hypertension case-finding advanced service as of June 2022. (9) Signed up to the smoking cessation advanced service as of June 2022. (10) Signed up to the minor ailments enhanced services as of June 2022. (11) Signed up to the palliative care enhanced service as of June 2022. (12) Signed up to the point of dispensing intervention enhanced service as of June 2022.

Based upon the above information and the information in chapter 4, the health and wellbeing board 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

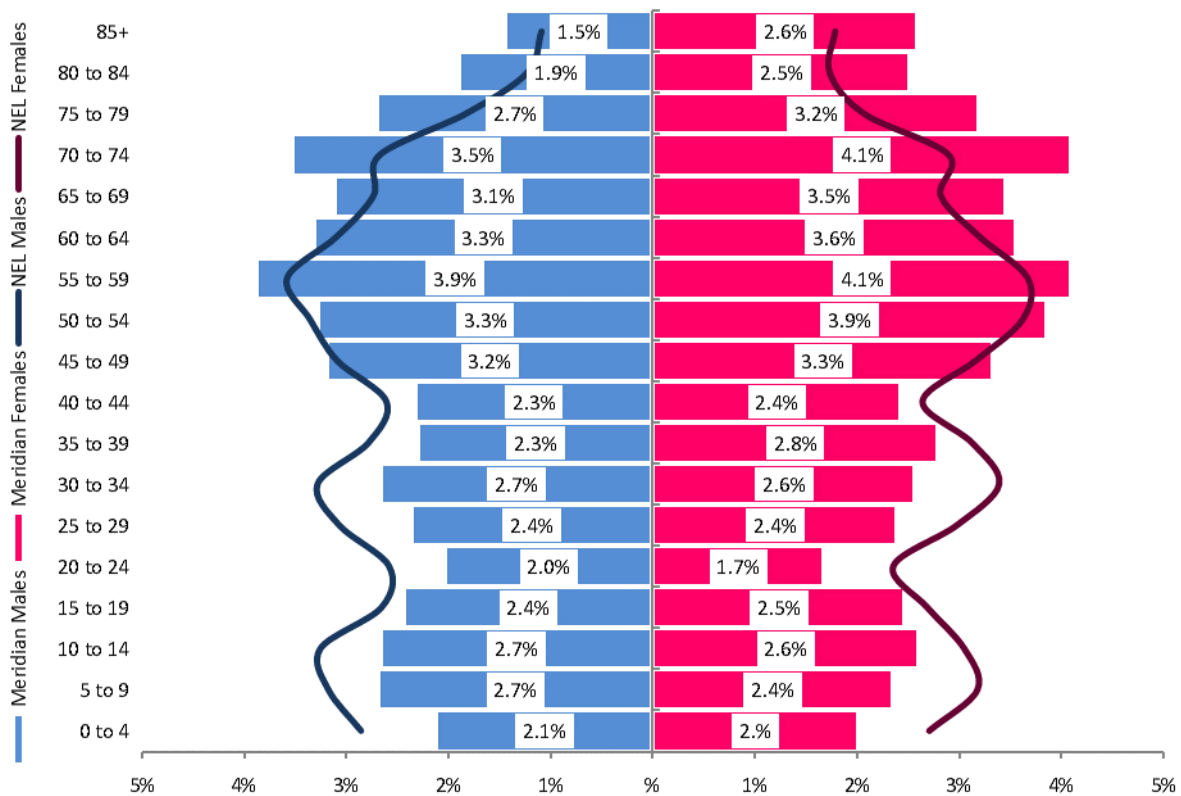
Meridian Locality

10.1 Overview

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

Figure 29 shows a population pyramid for Meridian locality residents.

Figure 29 Meridian locality population pyramid, ONS mid 2020 population estimates



Source: ONS

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

Table 25 presents key statistics for the Meridian locality.

Table 25 Meridian locality – key statistics

Locality: Meridian	Meridian	North East Lincolnshire
Age Structure		
0 to 19	6,299	37,536
20 to 64	16,942	88,570
65+	9,293	33,258
Total	32,534	159,364
Ethnicity		
United Kingdom	31,406	152,643
Europe (Excluding UK)	558	3,779
Africa	135	743
Middle East and Asia	402	1,978
The Americas and the Caribbean	98	328
Antarctica and Oceania	21	144
Other	0	<5
Live births (2020)	215	1,573
Claimant count, age 16+ (Dec 2021)		
Number	530	4,710
Proportion of residents aged 16-64	2.9	5.0
Households		
Number of All Households	14,738	69,707
Persons per Household	2.21	2.29
Access to Car or Van		
No Cars or Vans in Household	3,363	21,481
1 Car or Van or more in Household	11,375	48,226
% of households with access to a Car or Van	77.2%	69.2%

Source: ONS mid-2020 population estimates, NOMIS, and Census, ONS Crown Copyright.

The Indices of Deprivation is published at LSOA level and comprises several domains which encompass the wider determinants of health. The 106 LSOAs in North East Lincolnshire were ranked by deprivation, and then split into quintiles, with quintile 1 being the most deprived, and quintile 5 the least deprived. The quintiles are therefore five equal groups (fifths) into which the 106 North East Lincolnshire LSOAs have been divided according to deprivation distribution. Table 26 shows how the distribution of Meridian locality LSOAs by quintile, compares to that of North East Lincolnshire overall. A domain with a higher proportion of Meridian locality LSOAs in quintile 1 (most deprived) than there is for North East Lincolnshire overall, indicates relatively high deprivation for that domain in comparison to the local authority. Conversely, a domain with a higher proportion of Meridian locality LSOAs in quintile 5 (least deprived) than there is for North East Lincolnshire overall, indicates relatively low deprivation for that domain in comparison to the local authority

Table 26 Wider determinant of health indicators for Meridian locality compared to North East Lincolnshire overall

Meridian Locality Deprivation type	→ Decreasing Deprivation → Quintiles				
	1	2	3	4	5
Overall	0%	23%	18%	18%	41%
Low income	0%	27%	18%	23%	32%
Unemployment	0%	27%	14%	27%	32%
Education overall	0%	14%	23%	32%	32%
Education - children's attainment	0%	9%	32%	18%	41%
Education - adult qualifications	0%	9%	27%	41%	23%
Health	5%	23%	23%	18%	32%
Crime	9%	5%	27%	27%	32%
Barriers to services and housing	18%	14%	14%	23%	32%
Barriers - physical proximity to services	27%	14%	27%	18%	14%
Barriers - access to housing	0%	14%	32%	23%	32%
Living - local environment	14%	9%	9%	27%	41%
Living - quality of housing	18%	5%	18%	23%	36%
Living - air quality and RTAs	0%	18%	23%	23%	36%
Children in income deprived families	0%	27%	14%	23%	36%
Older people - low income	9%	14%	23%	32%	23%
North East Lincolnshire	21%	20%	20%	20%	20%

Source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

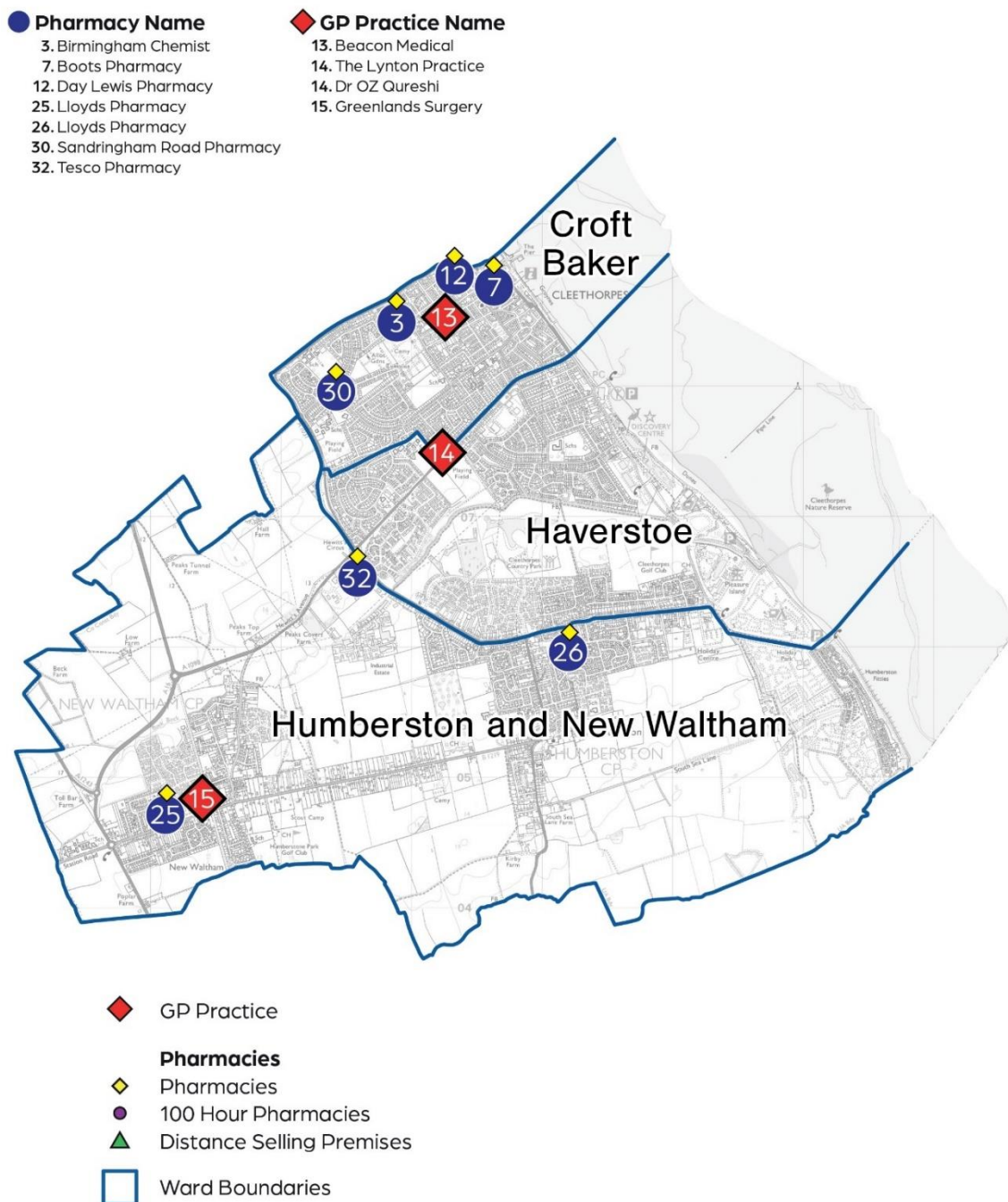
- Locality with a higher percentage of LSOAs in quintile than North East Lincolnshire overall
- Locality with a lower percentage of LSOAs in quintile than North East Lincolnshire overall

Wider determinant of health outcomes are good for Meridian locality. None of Meridian locality LSOAs are in the most deprived North East Lincolnshire quintile for overall deprivation, or the low income, unemployment, or education domains. For most domains, between thirty and forty per cent of Meridian locality LSOAs are in the least deprived North East Lincolnshire quintile.

Figure 30 is a map of the locality which shows the locations of the seven pharmacies and the four GP practices operating within the locality.

Figure 30 Meridian locality pharmacies and GP practices

GP Practice and Pharmacy Locations in Meridian Locality



10.2 Summary

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

Table 27 Meridian locality pharmacies overview

Name	ODS Code	Address	Postcode	Main map ref
Birmingham Chemist	FE995	Cleethorpes PCC, St Hughes Avenue	DN35 8EB	3
Boots	FX882	63-67 St Peter's Avenue	DN35 8HF	7
Day Lewis	FG710	14-16 St Peter's Avenue	DN35 8HL	13
Lloyds Pharmacy	FR221	Unit 1-2 Greengables, New Waltham	DN36 4YE	25
Lloyds Pharmacy	FW062	53-55 Fieldhouse Road, Humberston	DN36 4UJ	26
Sandringham Pharmacy	FQR49	36 Sandringham Road	DN35 9HB	30
Tesco	FGC04	Tesco, Hewitts Avenue	DN35 9QR	32

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 Cleethorpes (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 (except for 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. Five pharmacies open on Saturday, and one opens on Sunday.

The Meridian locality includes the Cleethorpes coast and associated resort and seaside tourist attractions, and will likely 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 Community Pharmacist Consultation Service is an advanced service that has been commissioned by NHS England and is provided by all seven pharmacies in the locality, and during 2021, Tesco completed the most consultations of any pharmacy in North East Lincolnshire.

New housing is anticipated during the lifetime of this pharmaceutical needs assessment with 1,018 units predicted. The two largest developments are anticipated to be Humberston Avenue and Millennium Park, with 142 and 180 units predicted respectively.

Three of the pharmacies are revised pharmacy access scheme pharmacies (Tesco Cleethorpes, Lloyds in New Waltham, and Lloyds in Humberston).

A total of 861,862 items were dispensed during 2021, and of the four pharmacies which completed the contractor survey, two report dispensing all types of appliances, one dispenses appliances excluding incontinence appliances, whilst the fourth pharmacy does not dispense appliances. All pharmacies provided the new medicine service, none provided appliance use reviews, and one provided stoma appliance customisation, during 2021. All pharmacies administered flu vaccine between September 2020 and March 2021. As of June 2022, all seven pharmacies are commissioned to provide the community pharmacist consultation service, none for the community pharmacy Hepatitis C antibody testing service, four pharmacies for the hypertension case finding advanced service, no pharmacies for the smoking

cessation advanced service, all seven pharmacies for the minor ailments service, no pharmacies for the palliative care service, and five pharmacies for the point of dispensing intervention enhanced services. In addition, NHS England has commissioned the Lloyds pharmacy in Humberston for the NHS Community Pharmacy Contraception Management Service Pilot to provide access to the ongoing management of oral contraception (Tier 1).

Pharmacy	Open Sat	Open Sun	Items 1	NMS 2	AUR 3	SAC 4	Flu 5	CPCS 6	HepC 7	Hyper 8	Smoke 9	MAS 10	PAL 11	PODIS 12
FE995	N	N	368,861	Y	N	N	Y	Y	N	N	N	Y	N	Y
FX882	Y	N	66,463	Y	N	N	Y	Y	N	N	N	Y	N	Y
FD316	AM	N	94,124	Y	N	N	Y	Y	N	Y	N	Y	N	Y
FR221	AM	N	77,454	Y	N	N	Y	Y	N	Y	N	Y	N	N
FW062	N	N	84,533	Y	N	Y	Y	Y	N	Y	N	Y	N	N
FQR49	AM	N	84,470	Y	N	N	Y	Y	N	N	N	Y	N	Y
FGC04	Y	Y	85,957	Y	N	N	Y	Y	N	Y	N	Y	N	Y

(1) Number of items dispensed during 2021. (2) Completed New Medicine Service interventions during 2021. (3) Conducted Appliance Use Reviews during 2021. (4) Stoma appliances customised during 2021. (5) Flu vaccines administered, September 2020 to March 2021. (6) Signed up to the Community Pharmacist Consultation Service as of June 2022. (7) Signed up to the Community Pharmacy Hepatitis C Antibody Testing Service as of June 2022. (8) Signed up to the Hypertension case-finding advanced service as of June 2022. (9) Signed up to the smoking cessation advanced service as of June 2022. (10) Signed up to the minor ailments enhanced services as of June 2022. (11) Signed up to the palliative care enhanced service as of June 2022. (12) Signed up to the point of dispensing intervention enhanced service as of June 2022.

Based upon the above information and the information in chapter 4, the health and wellbeing board 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 health and wellbeing board decided to include the services it commissions from pharmacies within the pharmaceutical needs assessment, 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, 2018)

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'. Several 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

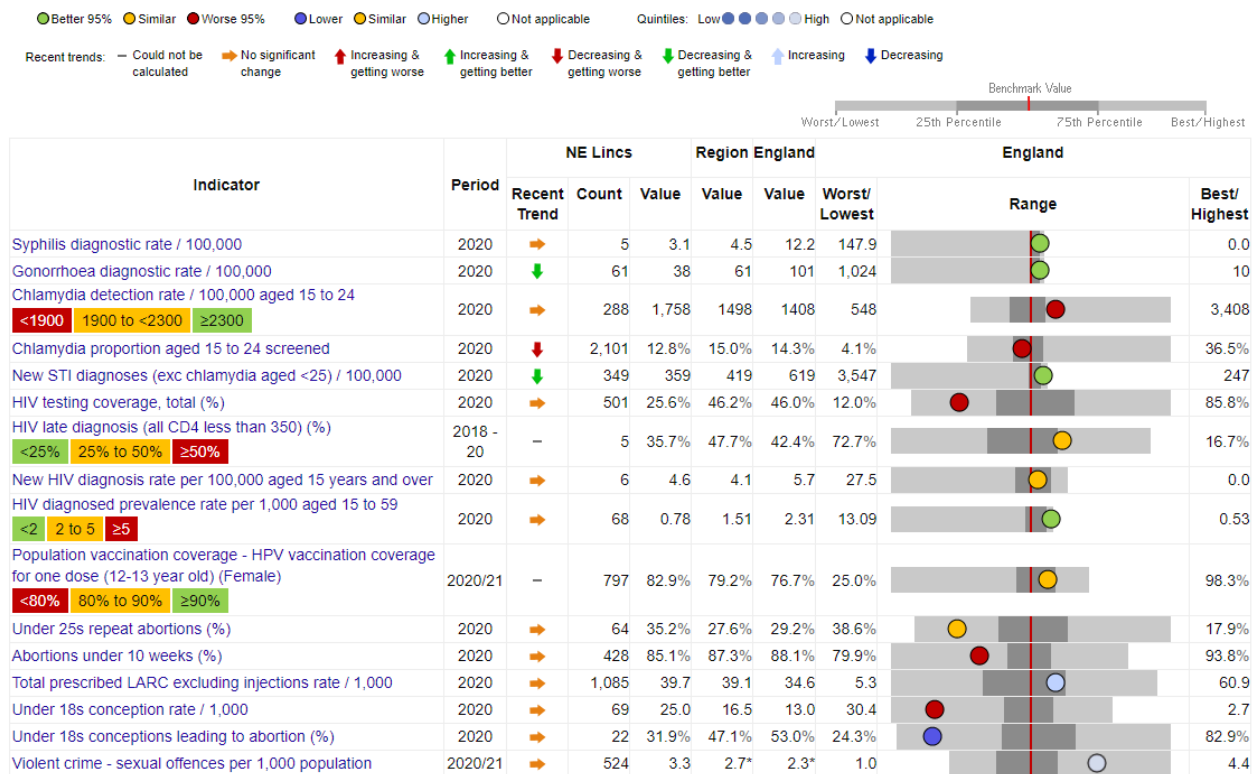
Local Authorities	Integrated Care Boards (formerly Clinical Commissioning Groups)	NHS England
Comprehensive sexual health services including:	Most abortion services	Contraception provided as an additional service under the GP contract
Contraception including LESs (implants) and NESs (intra-uterine contraception) and all prescribing costs, excluding contraception provided as an additional service under the GP contract	Female sterilisation	
	Male sterilisation (vasectomy)	HIV treatment and care (including drug costs for post exposure prophylaxis after sexual exposure)
	Nonsexual health elements of psychosexual health services	Promotion of opportunistic testing and treatment for STIs and patient requested testing by GPs
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	Gynaecology, including any use of contraception for non-contraceptive purposes	All sexual health elements of healthcare in secure and detained settings
Sexual health aspects of psychosexual counselling		Sexual assault referral centres
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		Cervical screening
		Specialist foetal medicine services

Source: SHNA

The Office for Health Improvement & Disparities has published a detailed North East Lincolnshire sexual and reproductive health profile (Office for Health Improvement & Disparities, 2022), which provides a snapshot of sexual and reproductive health across a range of topics, and this profile should be referred to. Key indicators from this profile are shown in Figure 31.

Sexual health outcomes are mixed in North East Lincolnshire compared to England overall. Rates of many STIs are lower in North East Lincolnshire. Under 18 conceptions is a local area of concern.

Figure 31 Key indicators from the OHID North East Lincolnshire sexual and reproductive health profile



Source: OHID

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, with the current contract extension running to the 30 November 2022, however there is scope for a further extension of a minimum of 12 months to the 30 November 2023. 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.

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 1 April 2013, and was reviewed during 2016 along with all sexual health commissioned services, and then 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 32.

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 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.

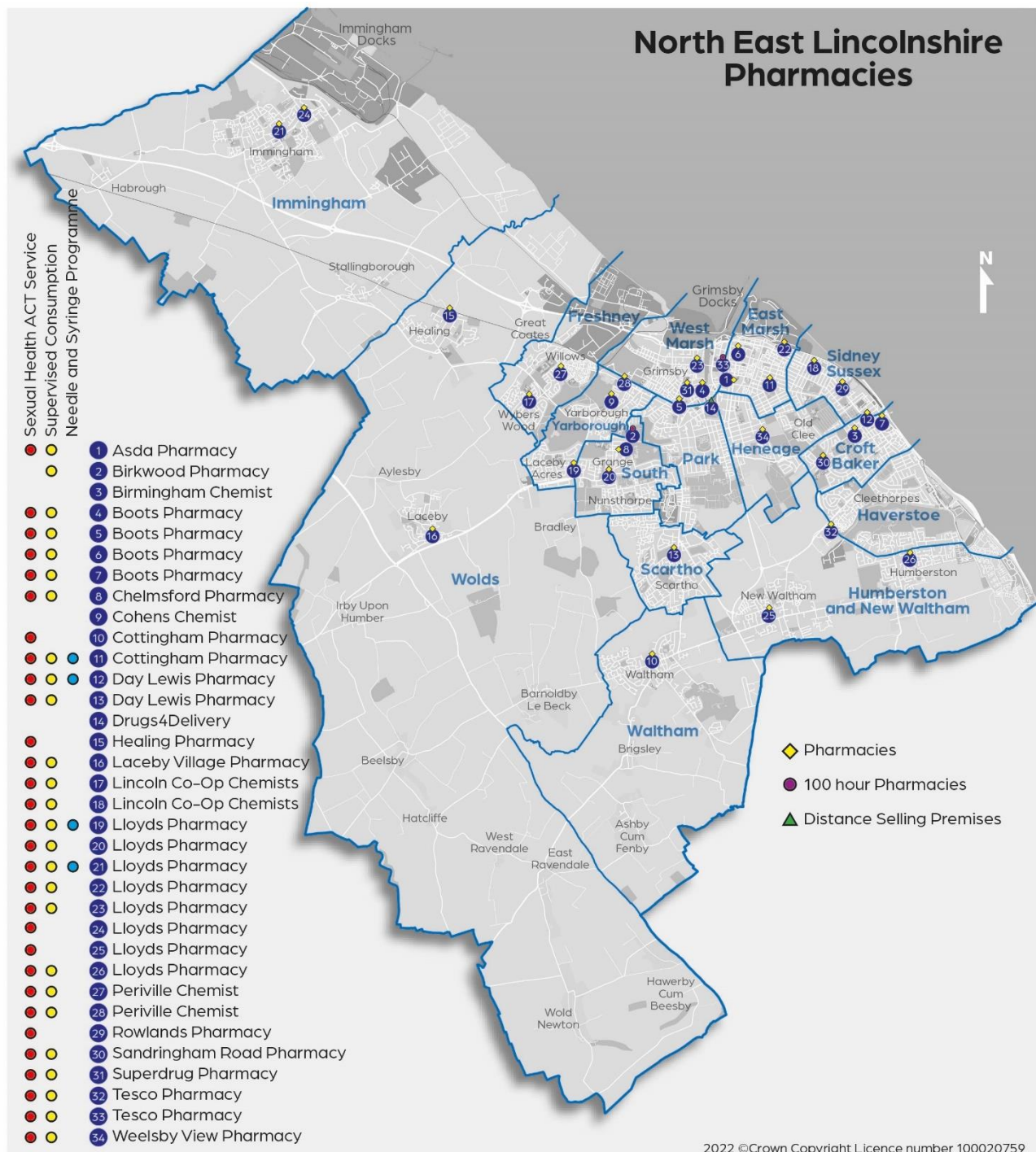
Both the current Levonorgestrel PGD and the Ulipristal Acetate PGD run until the 30 September 2023. Under the Human Medicines Regulations 2012, all medicines are assigned to one of three legal categories, which are prescription only medicines, pharmacy only medicines, and general sale list (NHS Business Services Authority, 2017). 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, 2017).

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 service performance dashboard for 2021/22 is presented in appendix 19.

Figure 32

Sexual health, supervised consumption, and needle exchange services locally commissioned by North East Lincolnshire Council and delivered through pharmacies



11.3 Alcohol and other drug recovery services locally commissioned by North East Lincolnshire Council and delivered through pharmacies

11.3.1 Background

Alcohol and other drugs use, for some, can result in negative consequences for the individual and those around them. Problematic use can go hand in hand with poor health, homelessness, family breakdown, worklessness, and in some cases with involvement in crime. For those wanting to change/cease their substance use it is essential that there are effective and accessible treatment and recovery services available, as well as support with other 'life problems' that may be present, such as housing, employment, debt, poor health, trauma, adverse childhood experiences, etc.

Changes to the Health and Social Care Act 2012, resulted in the responsibility for commissioning drug and alcohol treatment services in North East Lincolnshire transferring to North East Lincolnshire Council in April 2013 (HM Government, 2012). In December 2021 the Government released "From Harm to Hope: a 10-year drugs plan to cut crime and save lives", the overall aims being to break drug supply chains, deliver a world class treatment and recovery system and reduce the demand for recreational drugs. (HM Government, 2021).

Part of the provision for those accessing services is opiate substitution treatment (OST). The supervised consumption of medication used in OST and the provision of needle and syringe services for those who inject drugs are provided through pharmacies. Adult drug and alcohol services in North East Lincolnshire are provided by We Are With You. Figures from the NHS Business Services Authority show that during 2021, 15,413 dispensed items were prescribed by We Are With You North East Lincolnshire.

11.3.2 Supervised consumption service

Local pharmacies play an important role in the care of substance misusers in North East Lincolnshire. Since April 2018, North East Lincolnshire Council commissioned We Are With You (formerly 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 opiate substitution 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-six community pharmacies, giving good service reach throughout North East Lincolnshire (see Figure 32 for the participating pharmacies).

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 and syringe services

Since 2018, North East Lincolnshire Council commissioned We Are With You (formerly Addaction) to deliver and oversee the needle and syringe service within North East Lincolnshire working with community pharmacies.

Needle and syringe programmes 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 provides harm reduction information sign posting to treatment/recovery services, and helps to reduce/eliminate drug litter within North East Lincolnshire.

The service is delivered by four pharmacies (see Figure 32 for the participating pharmacies).

If there is disinvestment in respect of the provision of needle and syringe 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

Smoking is the most important cause of preventable ill health and premature mortality in the UK (UKHSA, 2021). 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 (UKHSA, 2021).

Smoking is a considerable public health issue for North East Lincolnshire. Figures sourced from the UK Health Security Agency (UKHSA, 2021) show that for 2020, 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 (16.5%) is statistically significantly higher than the England (12.1%) prevalence. Further figures sourced from the UK Health Security Agency (UKHSA, 2021), show that the North East Lincolnshire smoking attributable mortality rate for 2017-19 (282.1 per 100,000 population aged 35+ years), is statistically significantly higher than the England (202.2) 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 and unlicensed nicotine products (inc. E-cig starter kits and liquids). Depending on the treatment choice, interventions involve smokers attending on a weekly basis usually over a twelve-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 or supply of unlicensed nicotine products (inc. E-cig starter kits and liquids). The use of these products 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 requesting formal GP prescriptions. Locally, pharmacological products are supplied in several ways to those attending the wellbeing service stop smoking provision:

NRT - The wellbeing service stop smoking provision currently can offer 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 the wellbeing service by request letter for GP prescription or via retail purchase. All North East Lincolnshire pharmacies have the opportunity to provide NRT under the local voucher scheme. Wellbeing service also offer by a free voucher scheme in conjunction with Ecig Outlet Ltd to supply unlicensed nicotine product only (inc. E-cig starter kit & liquids) or without liquids containing nicotine just flavouring.

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. (2021/22 both products not presently used as unavailable due to production issues).

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 2021/22 and split by pharmacotherapy treatment is detailed in Table 29.

Table 29 North East Lincolnshire Council wellbeing service stop smoking program activity data, 2021/22

Treatment	Number of quit dates set	Successfully quit	Quit rate %
1 NRT treatment	270	192	71%
Combination of NRT concurrently	196	153	78%
Zyban only	0	0	0
Champix only	57	43	75%
Licensed nicotine product, and/or Zyban, and/or Champix consecutively	*	*	0
Combination of licensed medication and unlicensed nicotine product concurrently	38	22	58%
Licensed medication and unlicensed nicotine product consecutively	416	303	73%
Unlicensed nicotine product only (inc. E-cig starter kit and liquids)	33	16	48%
Did not use any licensed medication or unlicensed nicotine product	10	7	70%
Treatment unknown	0	0	0
Totals	519	370	71%

Source: NELC wellbeing service

* not recorded on system

APPENDIX 1

Policy context and background information

Between the 1980s and 2012 the ability for a new pharmacy or dispensing appliance 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.

Primary care trusts 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 primary care trusts 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 primary care trusts 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 primary care trusts 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. Some primary care trusts had begun to revise their pharmaceutical needs assessments (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 primary care trust pharmaceutical needs assessments, required further review and strengthening, to ensure they were an effective and robust commissioning tool which supported primary care trust decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health 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 pharmaceutical needs assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all primary care trusts to produce their first pharmaceutical needs assessment which complied with the requirement of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second pharmaceutical needs assessment no later than three years after the publication of the first pharmaceutical needs assessment. The group also drafted regulations on how pharmaceutical needs assessments would be used to determine applications for new pharmacy and dispensing appliance contractor premises (referred to as the ‘market entry’ system) and these regulations took effect from 1 September 2012. The first North East Lincolnshire pharmaceutical needs assessment 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 health and wellbeing boards and transferred responsibility to develop and update pharmaceutical needs assessments from primary care trusts to health and wellbeing boards. Responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts 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 health and wellbeing boards to develop and update pharmaceutical needs assessments and gives the Department of Health and Social Care 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 Wellbeing Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Wellbeing 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 Wellbeing 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 Wellbeing 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 pharmaceutical needs assessment
- Information that must be included in the pharmaceutical needs assessment (it should be noted that health and wellbeing boards are free to include any other information that they feel is relevant)
- Date by which health and wellbeing boards must publish their first pharmaceutical needs assessment
- Requirement on health and wellbeing boards to publish further pharmaceutical needs assessments 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 pharmaceutical needs assessment, for at least 60 days; and
- Matters the health and wellbeing board is to have regard to when producing its pharmaceutical needs assessment.

Each health and wellbeing board was under a duty to publish its first pharmaceutical needs assessment by 1 April 2015. In the meantime, the pharmaceutical needs assessment produced by the preceding primary care trust remained in existence and was used by NHS England, to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises. This deadline was met with the North East Lincolnshire health and wellbeing board publishing its first pharmaceutical needs assessment on 1 April 2015.

Once a health and wellbeing board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment 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 health and wellbeing board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition, a health and wellbeing board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate:

1. The health and wellbeing board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes
2. The health and wellbeing board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and is in the course of making a revised assessment and is satisfied that it needs to immediately modify its current pharmaceutical needs assessment 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 health and wellbeing board 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

health and wellbeing board must publish a supplementary statement explaining that the removal does not create such a gap.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended were subject to a post implementation review by the Department of Health and Social Care in 2017/18, the aim of which was to determine whether they have met their intended objectives. The review determined that:

- The 2013 Regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand
- There is flexibility within the system where an unforeseen benefit is identified
- Access to NHS pharmaceutical services in England is good, and patients generally have reasonable choice about how and where they access services and
- There remains a degree of 'clustering'

The review concluded that the regulations have largely achieved the original policy objectives which remain relevant and appropriate for the regulation of pharmaceutical services in England. It recommended that the Department of Health and Social Care consults on a number of amendments to the regulations, and that changes are made to the underpinning guidance, to address several unintended consequences and realise opportunities to deliver against the policy objectives more effectively. However, none of these relate to the requirements for pharmaceutical needs assessment.

With effect from 1 October 2020 the regulations were amended to delay the requirement on health and wellbeing boards to publish their third pharmaceutical needs assessment by 1 April 2021. This was extended again until 1 October 2022. The amendments were due to the impact the Covid-19 pandemic has had on all commissioners and providers of health and social care services.

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.

7. Home delivery service while a disease is or in anticipation of a disease being imminently pandemic

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

- In a specified area,
- In specified circumstances, and
- For the duration specified in the announcement.

It is therefore not a service that pharmacies are required to provide all the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided, pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS Volunteer Responders, where either are available.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:

- Deliver the medicine themselves as part of the advanced service
- Arrange for another pharmacy to deliver it on their behalf as part of the advanced service
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of the advanced service.

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health, eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf, and where a volunteer is not able to collect and deliver the medicines, can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

8. Discharge medicines service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission, to ensure that all changes are identified, and patient records are amended accordingly. In addition, patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it, and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended outcomes

The discharge medicines service started from 15 February 2021 to ensure better communication about changes made to a patient's medicines in hospital and the aims of the service are to:

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions, and
- Support the development of effective team-working across hospital, community and primary care network pharmacy teams and general practice teams, and provide clarity about respective roles.

APPENDIX 3

Advanced Services

1. 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 new medicine service involves three stages, recruitment into the service, an intervention about one or two weeks later, and a follow up after 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.

2. Stoma appliance customisation

Service description

Stoma appliance customisation (SAC) 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.

3. 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, and
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

4. 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.

5. Home delivery services during a pandemic

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

- In a specified area
- In specified circumstances and
- For the duration specified in the announcement

It is therefore not a service that pharmacies are required to provide all the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided, pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf, who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS Volunteer Responders, where either are available. This falls within the essential services home delivery service.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:

- Deliver the medicine themselves as part of this advanced service,
- Arrange for another pharmacy to deliver it on their behalf as part of this advanced service, or
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of this advanced service.

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health, eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf, and where a volunteer is not able to collect and deliver the medicines, can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

6. NHS community pharmacist consultation service

Service description

Under the NHS community pharmacist consultation service, patients who urgently need medicines or who have symptoms of a minor illness, and contact either NHS 111 or an integrated urgent care clinical assessment service, are referred to a community pharmacist for a consultation, thereby releasing capacity in other areas of the urgent care system, such as accident and emergency (A&E) and general practices, and improving access for patients.

Aims and intended outcomes

The aims of this service are to:

- Support the integration of community pharmacy into the urgent care system, and to appropriately refer patients with lower acuity conditions or who require urgent prescriptions, releasing capacity in other areas of the urgent care system
- Offer patients who contact NHS 111, the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting, on referral from an NHS 111 call advisor and via the NHS 111 online service
- Reduce demand on integrated urgent care services, urgent treatment centres, emergency departments, walk in centres, other primary care urgent care services and GP Out of Hours

services, and free up capacity for the treatment of patients with higher acuity conditions within these settings

- Appropriately manage patient requests for urgent supply of medicines and appliances
- Enable convenient and easy access for patients and for NHS 111 call advisor referral
- Reduce the use of primary medical services for the referral of low acuity conditions (i.e. minor illnesses) from NHS 111 and the need to generate urgent prescriptions
- Identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent use of urgent and emergency care services in the future
- Ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine or appliance requested
- Increase patient awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions and for medicines access and advice
- Be cost effective for the NHS when supporting patients with low acuity conditions

7. Community pharmacy hepatitis c antibody testing services

Service description

People who inject drugs who are not engaged in community drug and alcohol treatment services will be offered the opportunity to receive a Hepatitis C virus test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service).

Where the test produces a positive result, the person will be referred for appropriate further testing and treatment via the relevant operational delivery network.

Aims and intended outcomes

The aim of this service is to increase levels of testing for Hepatitis C virus among people who inject drugs and who are not engaged in community drug and alcohol treatment services to:

- Increase the number of diagnoses of Hepatitis C virus infection
- Permit effective interventions to lessen the burden of illness to the individual
- Decrease long-term costs of treatment, and
- Decrease onward transmission of Hepatitis C virus.

8. Community pharmacy COVID-19 lateral flow device distribution service

Service description

Covid-19 lateral flow antigen tests allow the detection of people with high levels of the Covid-19 virus, making them effective in identifying individuals who are most likely to transmit the virus, including those not showing symptoms. With up to a third of infected individuals not displaying symptoms, broadening asymptomatic testing is essential. Increased use of lateral flow devices can help identify more people who are highly likely to spread the virus, and therefore break the chain of transmission. This service allows people to collect lateral flow devices from a pharmacy.

Aims and intended outcomes

The purpose of the service is to improve access to testing by making lateral flow device test kits readily available at pharmacies for asymptomatic people, to identify positive cases in the community and break the chain of transmission. The service will work alongside existing NHS Test and Trace Covid-19 testing routes.

Tests will be administered away from the pharmacy. The pharmacy will not be involved in the generation or communication of results. Pharmacy teams will not be required to support the communication of results or next steps to the person taking the test.

9. Community pharmacy hypertension case-finding service

Service description

Cardiovascular disease is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life years. Hypertension is the biggest risk factor for the disease and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Early detection of hypertension is vital and there is evidence that community pharmacy has a key role in detection and subsequent treatment of hypertension and cardiovascular disease, improving outcomes and reducing the burden on GPs.

Under this service, potential patients who meet the inclusion criteria will be proactively identified and offered the service. Where the patient accepts, the pharmacist will then conduct a face-to-face consultation in the pharmacy consultation room (or other suitable location if the service is provided outside of the pharmacy), and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacist will discuss the results with the patient and complete the appropriate next steps as set out in the service specification which includes (as appropriate):

- sending the test results to the patient's GP
- providing advice on maintaining healthy behaviours, or promoting healthy behaviours
- offering ambulatory blood pressure monitoring
- urgent referral to their GP, and
- repeating the test.

Aims and intended outcomes

The aims and objectives of this service are to:

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements; and
- Promote healthy behaviours to patients.

10. Community pharmacy smoking cessation service

Service description

The NHS Long Term Plan has adopted the Ottawa Model for Smoking Cessation. The Ottawa Model establishes the smoking status of all patients admitted to hospital followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy or pharmacotherapy, and follow-up after discharge. All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway

Aims and intended outcomes

- The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.
- The objective of the service is to ensure that any patients referred by NHS trusts to community pharmacy for the service receive a consistent and effective offer, in line with National Institute for Health and Care Excellence guidelines and the Ottawa Model for Smoking Cessation.

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 school's 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.

22. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances—

- Which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription, and
- Where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 are met (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health).

APPENDIX 5

Terms of service for dispensing appliance contractors

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 dispensing appliance contractor:

- 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 dispensing appliance contractor 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 dispensing appliance contractor 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 dispensing appliance contractor 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 dispensing appliance contractor 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 dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor 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 dispensing appliance contractor 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) by 1 October 2022 which 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 officers and develop 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, aligns with the Joint Strategic Needs Assessment (JSNA)
4. Ensure a communications plan is developed to keep 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 (NELC)
- Humber Local Pharmaceutical Committee (LPC)
- NHS England
- 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 along with a range of associated support will be provided by an adviser from Primary Care Commissioning (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 North East Lincolnshire Clinical Commissioning Group
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.

Accountability and reporting

The Health and Wellbeing Board member responsible for development of the PNA is the Director of Public Health (DPH).

The PNA steering group will be accountable to the DPH.

Date agreed

March 2021

APPENDIX 7

Community Pharmacy Patient Survey

Pharmacies have an important role in providing quality healthcare. These questions are about community pharmacies, by which 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 realise that you may have experienced difficulties in going to a pharmacy over the last few months, and that there have been delays beyond the control of the pharmacy staff in dispensing your prescriptions. These will have been due to COVID-19 as well as national drug shortages which have become more of a problem over the last couple of years. We would like to understand your experience of going to a pharmacy before and during the pandemic so that we can best plan for services going forward.

During the COVID-19 pandemic:

1. Did you receive a letter advising you to shield?

- ☐ Yes
- ☐ No (skip to Q4)

2. Where did you (this could include a friend, family member, or a volunteer) get your medicines from?

- ☐ A pharmacy
- ☐ My GP practice

3. Please can you tell us about your experience of getting your medicines whilst you were shielding? As this is an anonymous survey, please do not include any information that would identify yourself.
(then skip to Q5)

4. Please can you tell us about your experience of getting your medicines during the COVID-19 pandemic? As this is an anonymous survey, please do not include any information that would identify yourself.

Outside of the COVID-19 pandemic:

5. 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 Q10)
- ☐ I never use a pharmacy (skip to Q10)

6. 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

7. 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 ...

8. If you go to the pharmacy by yourself or with someone, how do you usually get there? (tick all that apply)

- ☐ On foot
- ☐ By bike
- ☐ By bus
- ☐ By car
- ☐ By taxi
- ☐ Other, please tell us ...

9. When is it most convenient (day/time) for you to use a pharmacy? (tick all that apply)

	Weekday (Mon-Fri)	Saturday	Sunday
Before 9am			
Between 9am and noon			
Between noon and 2pm			
Between 2pm and 5pm			
Between 5pm and 8pm			
After 8pm			

10. How would you find out information about a pharmacy e.g. opening times or services offered? (tick all that apply)

- ☐ Look on the internet
- ☐ Telephone the pharmacy
- ☐ Visit the pharmacy
- ☐ Other, please tell us ...

11. Is there anything you would like to tell us about our local pharmacies?

APPENDIX 8

Community Pharmacy Patient Survey – Press Release

Share your experiences of community pharmacies

Residents in the area are being asked to share their experiences of local community pharmacy services.

North East Lincolnshire Council is asking residents to tell them about pharmacy services in their area as part of a pharmaceutical needs assessment used by the NHS.

The assessment aims to understand what pharmacy services are available in our area, what services local people need, and how things might change in the future.

NHS England use the assessment information to make decisions on where pharmacy services are needed most and can help identify where improvements are needed.

Councillor Margaret Cracknell, portfolio holder for health and wellbeing at North East Lincolnshire Council, said: “Pharmacies are so important for our communities. Local residents across our area rely on their local pharmacies for regular and ad hoc medicines. They’re also great places to go for advice if you have minor ailments.

“This survey is very useful in helping us 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.

“The thoughts and experiences of residents can really help to shape the draft needs assessment which will go out to public consultation in the coming months.”

The consultation is looking at places, often known as pharmacies or chemists, that you would use to get a prescription or buy medicines. This does not include the pharmacy at the hospital or the part of the pharmacy where you buy general or beauty products.

To have your say on the consultation, visit www.nelincs.gov.uk/have-your-say

To complete this over the phone please contact Healthwatch North East Lincolnshire on 01472 361459.

The consultation closes to the public on 31 August 2021.

APPENDIX 9

Community Pharmacy Patient Survey – Poster

Local Pharmacies – Meeting the needs of residents

North East Lincolnshire Council is 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 31 August 2021.

Please complete the short survey online at: <https://pna.questionpro.eu/>

If you would like to take part in the survey but do not have access to the internet or would just like to speak to someone, then please contact Healthwatch North East Lincolnshire on 01472 361459 or text 07748 367218 and we can phone you back.



APPENDIX 10

Pharmacy Contractor Questionnaire

Date of completion

--

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

--

Postcode

--

Pharmacy shared NHS Mail address

--

Pharmacy telephone

--

Pharmacy fax if applicable

--

Pharmacy website address (if
applicable)

--

Do you give permission for the LPC to
update its opening hours and related
matters using information provided by
you in this questionnaire?

- ☐ Yes
☐ No

Is this a distance selling premises?
(i.e. it cannot provide essential services
to persons present at the pharmacy)

- ☐ Yes
☐ No

Is this a 100 hour pharmacy?

- ☐ Yes
☐ No

Is the pharmacy entitled to pharmacy
access scheme payments?

- ☐ Yes
☐ No
☐ Possibly

Opening hours

Please look up your opening hours on the following Excel file as supplied by NHS England and confirm whether they are correctly recorded as your usual hours.

Click here for Excel file.

Or Click here for PDF 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 NHS England by email on england.pharmacyreturns@nhs.net.

Are your hours correct as recorded as above? ☐ Yes

☐ No

Change to terms of service

From July 2020, changes were made to the terms of service for all pharmacies providing NHS pharmaceutical services, by revising the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the approvals under them (The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan). [Click here](#) for details.

Consultation room on premises

As a result of the healthy living pharmacy level 1 (HLP) criteria becoming terms of service from 1 January 2021, almost all pharmacies will need to have a consultation room. Changes to requirements can be viewed here: [click here](#) for details.

Is there a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially?

- ☐ None: submitted request to NHS England that premises is too small
- ☐ None: NHS England approved my request that premises is too small
- ☐ None: distance selling premises
- ☐ Available including wheelchair access
- ☐ Available without wheelchair access
- ☐ Planned before 1 April 2023
- ☐ Other (please specify)

Where there is a consultation area, is it a closed room?

- ☐ Yes
- ☐ No

Handwashing facilities available?

- ☐ In the consultation area
- ☐ Close to the consultation area
- ☐ None

Patients attending for consultations have access to toilet facilities?

- ☐ Yes
- ☐ No

Access to off-site consultation area?

- ☐ Yes (i.e. pharmacy has access to one which the former primary care trust or NHS England team has given consent to use)
- ☐ No

The pharmacy is willing to undertake consultations in patient's home/other suitable site?

- ☐ Yes
- ☐ No

Information facilities

Information technology requirements

The five-year deal states "21.requirements around NHS mail, SCR¹ and DoS² [and NHS.UK (formerly NHS Choices)] will become Essential terms of service for community pharmacy contractors. [Click here](#) for details.

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. Please identify.

¹ Summary care records

² Directory of services

Advanced services

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

- | | |
|--|-------------------------------|
| Hepatitis C testing service | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Soon |
| | <input type="checkbox"/> No |
| Covid-19 lateral flow test distribution service | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Soon |
| | <input type="checkbox"/> No |
| New medicine service | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Soon |
| | <input type="checkbox"/> No |
| Appliance use review service | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Soon |
| | <input type="checkbox"/> No |
| Community pharmacist consultation service (CPCS) | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Soon |
| | <input type="checkbox"/> No |
| Flu vaccination service | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Soon |
| | <input type="checkbox"/> No |
| Stoma appliance customisation service | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Soon |
| | <input type="checkbox"/> No |

Yes – currently providing

Soon – intend to begin within the next 12 months

No – not intending to provide

Commissioned services

Please give details of the commissioned services provided by your pharmacy. These can be enhanced services commissioned jointly by NHS England or the clinical commissioning group, public health services commissioned by a local authority, or services you could provide privately.

Please tick the box that applies for each service.

NHSE/CCG - Currently commissioned jointly by NHS England and the clinical commissioning group.

LA - Currently commissioned by local authority

No – do not provide

Pr - Currently offering as a privately funded service

Wtp - Willing to provide

NHS England /clinical commissioning services

NHS England currently commissions the following local services jointly with the clinical commissioning group:

- Minor ailments service
- Palliative care stock-holding service
- Palliative care out of hours on-call service
- Point of dispensing intervention service (not dispensed) (PODIS)
- Directly observed therapy (TBDOT)

Minor ailments scheme	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Palliative care stock-holding scheme	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Palliative care on-call out of hours service	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Point of dispensing intervention service (PODIS)	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Directly observed therapy of tuberculosis medicines	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr

Locally commissioned public health services

North Lincolnshire Council commissions the following through an external provider company – needle and syringe exchange service and supervised consumption service (includes methadone and Buprenorphine).

Supervised methadone	<input type="checkbox"/> LA	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Supervised Buprenorphine	<input type="checkbox"/> LA	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Needle and syringe exchange service	<input type="checkbox"/> LA	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr

Other services

Disease specific medicines management services

Allergies	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Alzheimer's/dementia	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Coronary heart disease	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Chronic obstructive pulmonary disease	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Depression	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Diabetes type 1	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Diabetes type 2	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Heart failure	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Parkinson's disease	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No

Other (please state, including funding source)

--

Other services

Anticoagulant monitoring service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Anti-viral distribution service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Care home service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
C-card condom registration and provision service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Chlamydia testing service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Chlamydia treatment service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Contraception service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No

Emergency hormonal contraception service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Emergency supply service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Gluten free food supply service (i.e. not supply on a prescription)	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Home delivery service (not appliances)	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Independent prescribing service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
If providing an independent prescribing service, what therapeutic areas covered?	<div></div>					
Language access service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Medication review service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Medication assessment and compliance support service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Medicines optimisation service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
If providing a medicines optimisation service, what therapeutic areas are covered?	<div></div>					
Obesity management (adults and children)	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Out of hours on demand service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Patient group direction service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
If providing a patient group direction service, please list the names of the medicines available.	<div></div>					
Phlebotomy service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Prescriber support service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Schools service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Sharps disposal service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No

Stop smoking service ☐ Pr ☐ Wtp ☐ No

Supplementary prescribing service ☐ Pr ☐ Wtp ☐ No

If providing a supplementary
prescribing service, what therapeutic
areas are covered?

Vascular risk assessment service (NHS
health check) ☐ Pr ☐ Wtp ☐ No

Screening service

Alcohol ☐ Pr ☐ Wtp ☐ No

Cholesterol ☐ Pr ☐ Wtp ☐ No

Diabetes ☐ Pr ☐ Wtp ☐ No

Gonorrhoea ☐ Pr ☐ Wtp ☐ No

Helicobacter pylori ☐ Pr ☐ Wtp ☐ No

HbA1C ☐ Pr ☐ Wtp ☐ No

Hepatitis ☐ Pr ☐ Wtp ☐ No

Human immunodeficiency virus ☐ Pr ☐ Wtp ☐ No

Other (please state including
funding source)

Other vaccinations

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

Childhood
vaccinations ☐ NHSE/CCG ☐ Pr ☐ Wtp ☐ No

If yes, please
provide details

Covid-19
vaccinations ☐ NHSE/CCG ☐ Pr ☐ Wtp ☐ No

Hepatitis (at risk workers or patients)	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Human papilloma virus	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Meningococcal vaccinations	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Pneumococcal vaccinations	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Travel vaccines	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No

Other (please state, including funding source)

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries ☐ Yes ☐ No

Delivery of dispensed medicines – free of charge on request ☐ Yes ☐ No

Delivery of dispensed medicines – selected patient groups (list criteria)

Delivery of dispensed medicines – selected areas (list areas)

Delivery of dispensed medicines – chargeable ☐ Yes ☐ No

Monitored dosage systems – free of charge on request ☐ Yes ☐ No

Monitored dosage systems - 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 services?

Almost done

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

Future services

Please tell us who has completed the form in case we need to contact you about any queries.

Contact name

Contact phone number (if different to the number given above)

Thank you for completing this pharmaceutical needs assessment questionnaire.

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Appendix 11

Contractor Questionnaire Accompanying Letter

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 statutory responsibility of the HWB to revise and republish its PNA, the current PNA is under revision to be republished by 1 October 2022.

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, and a partnership steering group (of which the LPC is a key member) has been established to oversee the process.

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 questionnaire will be live for two months from 1 October 2021 and we would be grateful if you could complete this as soon as possible. This questionnaire is an opportunity for pharmacies to inform the PNA.

Thank you for your support.

Paul McGorry, Chief Executive Officer Community Pharmacy Humber
Glyn Thompson, on behalf of the North East Lincolnshire Health and Wellbeing Board

Appendix 12

Patient Survey Results

Overall, there were 545 responses to the survey, however not all participants completed every question.

The first four questions were designed to understand the impact of the COVID-19 pandemic. The first question determined whether respondents were asked to shield during the COVID-19 pandemic. The majority of respondents were not asked to shield (81%). Those who were asked to shield (19%) were subsequently asked where they got their medication from, and 91% responded 'a pharmacy' and 9% responded 'my GP practice'.

The respondents who were asked to shield, were asked regarding their experience of getting their medicines whilst shielding. The majority of responses were positive, with many reporting that friends or family had collected prescriptions on their behalf.

"A friend collected medications on a regular basis"

"Friends and family collected"

"Husband or friend collected them"

"My daughter or husband"

Others reported getting their prescriptions delivered to their home.

"All medicines delivered"

"My medicine is delivered"

"No problem, the pharmacy delivered to my home at no extra cost during lockdown".

The negative experiences tended to focus on delivery and resulted in some respondents changing pharmacy.

"At first it was difficult because I had to rely on family, neighbours, and friends to collect my medication. I was then advised to change pharmacies, which I did, and they delivered the order throughout COVID-19."

"My wife collected any prescriptions because my pharmacy does not deliver."

"It was hard because I used to have them delivered but then there was an extra charge. Now I wait till my husband finishes work at the end of the week."

"Requested delivery but advised would be a charge so changed pharmacy".

The respondents who were not asked to shield, were asked regarding their experience of getting their medicines during the COVID-19 pandemic. Again, a clear majority of responses were positive, with many reporting no problems or that friends or family had collected prescriptions on their behalf.

"Collected medicines for parents, long queues but well organised overall."

"Delivered from pharmacy no problems."

"Delivery was very good. No complaints."

"Everything has been straight forward as all done electronically. Just the queuing which cannot be helped."
"I had no major problems, apart from having to wait outside the pharmacy because the numbers inside were limited."
"No problems at all."
"The pharmacy service, which is always excellent, remained so during the pandemic."

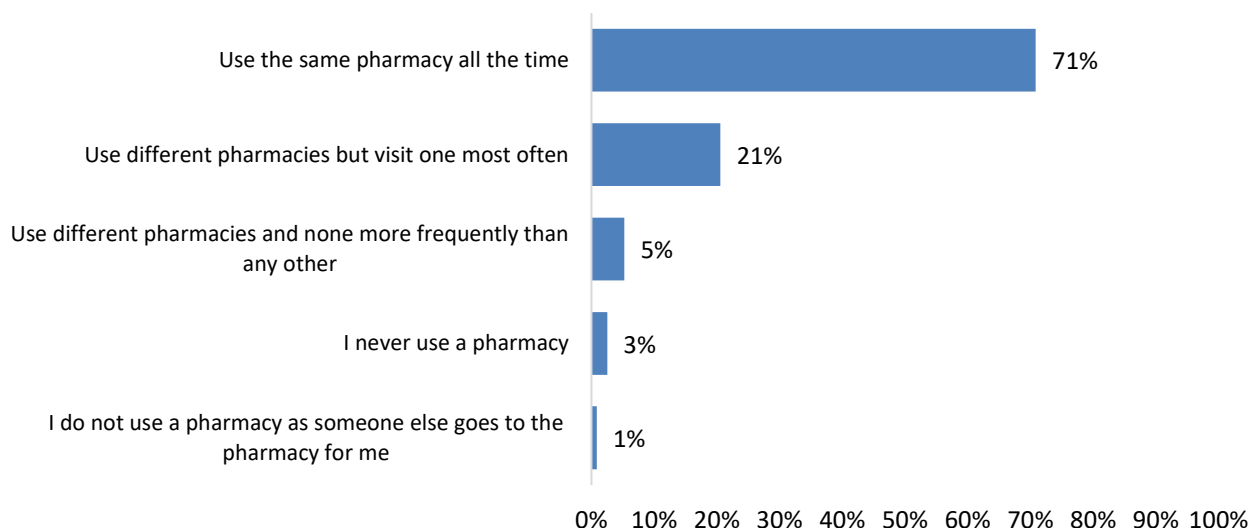
The negative experiences tended to focus on waiting times and access issues.

"At first we were queuing in all weathers for up to 2 hours in some cases."
"Much longer waits at the beginning of the pandemic."
"At the start of the pandemic I was refused to be seen because my medical problem wasn't urgent enough, but it had been causing a lot of pain for me."
"Difficult, I have mobility issues so was unable to stand and queue, had to rely on others to do it for me."
"Extremely long queues with waiting times sometimes up to an hour."
"For the most part ok but there needs to be access to medicines past 10pm. The latest we have in town is 10pm and given the size of the local population, we need access to later opening."
"I work full time and found it stressful having to queue, normally in / out."
"Queueing made it very difficult to gain access during times such as lunch breaks. Queueing outside with people who did not understand or want to maintain distances was very stressful. Nothing I needed was in short supply though."
"Very long queues at pharmacy especially during first lockdown".
"The pharmacy I used was appalling during the emergency. There was no communication using their web site, text messages or answering e- mails or phone calls. Fortunately the pharmacy I changed to was better organised in telling us what was happening about deliveries."

The rest of the survey was intended to gain insight of community pharmacy outside of the COVID-19 pandemic.

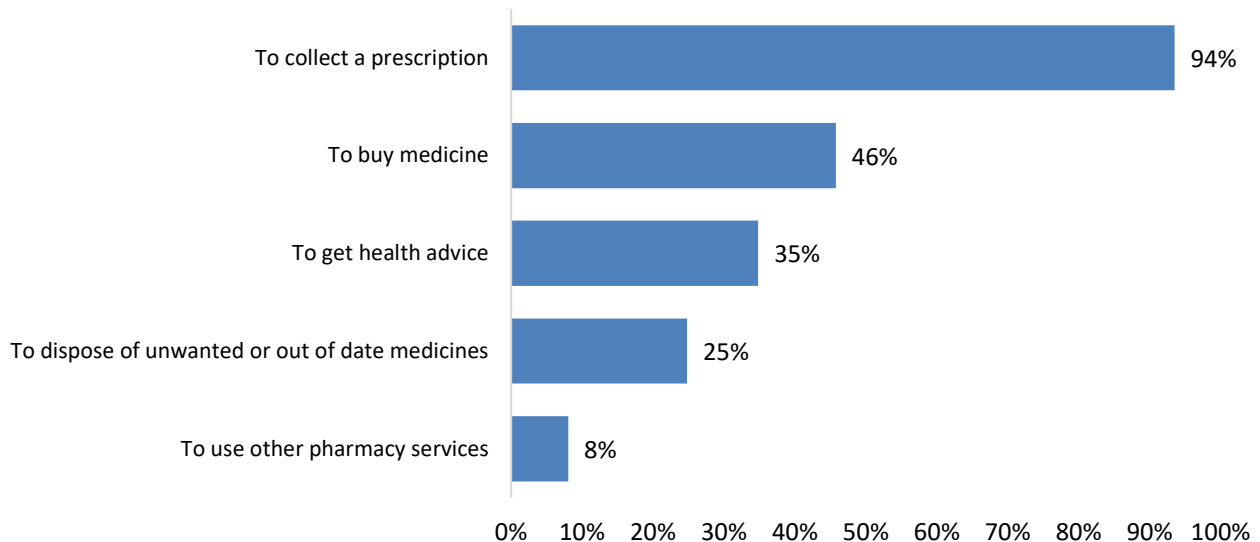
Regarding which pharmacy respondents used, just over 70% of respondents said they use the same pharmacy all of the time, and just over 20% said they use different pharmacies but visit one most often. Only 5% said they always use a different pharmacy and none more than another.

Do you ...?



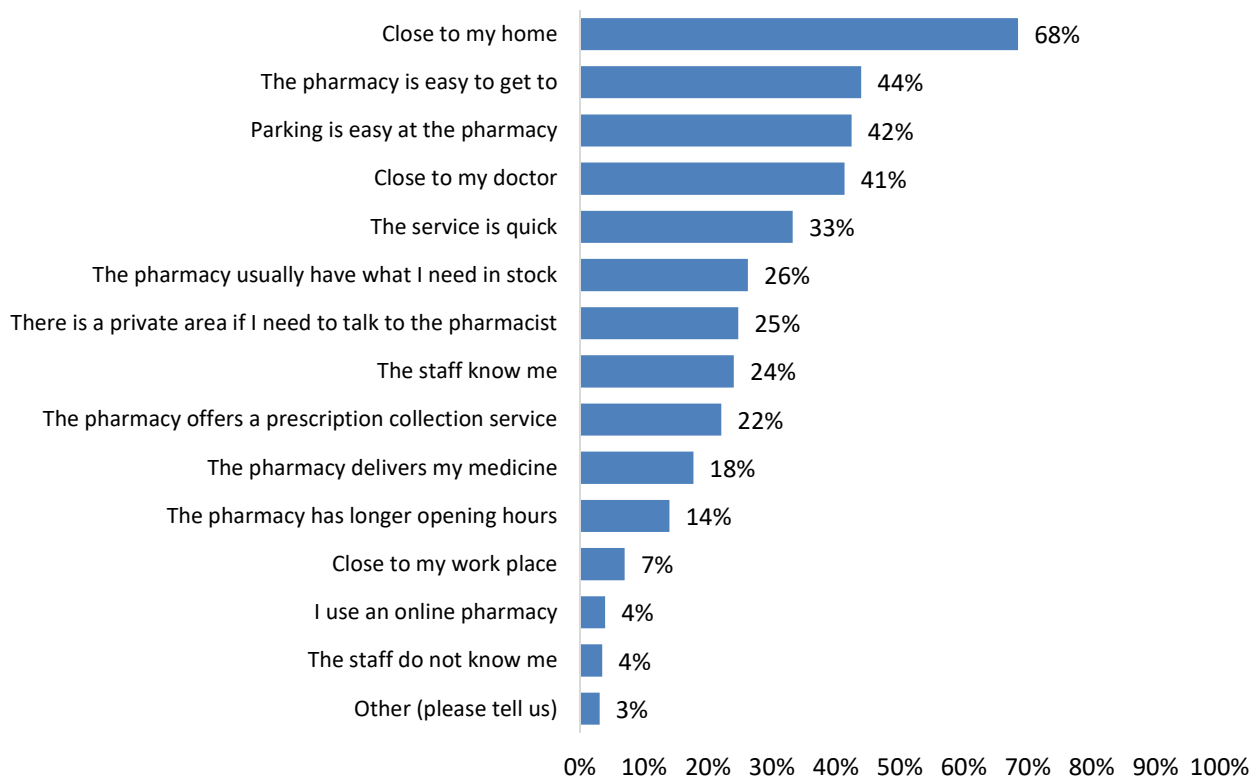
Regarding why respondents used pharmacies, almost all respondents (94%) use a pharmacy to collect a prescription, additionally 46% buy medicines, 35% get help and advice, and 25% dispose of unwanted or out of date medicines. Of those who said they use it for something else, most said it was for the seasonal flu vaccine. Note that respondents could give more than one answer.

Why do you use a pharmacy?



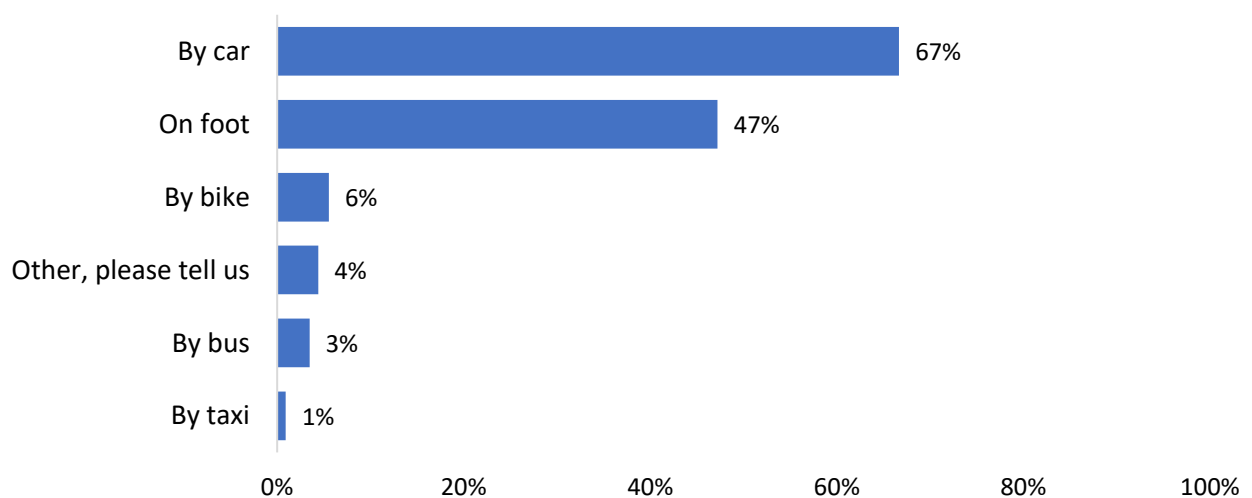
Regarding the factors that influence pharmacy choice, the most important factor in choosing a pharmacy is its location, with 68% saying they choose a pharmacy because it is close to home, 44% saying because it is easy to get to, 42% saying because parking is easy, and 41% saying because it is close to the doctor. Note that respondents could tick more than one answer.

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



Regarding how respondents travel to pharmacies, a majority (67%) travel by car, followed by 47% on foot. Only 6% go on their bike, 3% on the bus, and 1% by taxi. Note that respondents could tick more than one answer.

If you go to the pharmacy by yourself or with someone, how do you usually get there?



Regarding the most convenient times for patients to use a pharmacy, responses varied widely, with some respondents selecting several day/time combinations, whilst others selected fewer. Respondents working and caring commitments along with their own health and transport situation, are along with many other factors, likely to influence how convenient different days/times are.

- Overall, it was most convenient for respondents to use pharmacies on a weekday (Monday to Friday).
- The most convenient times to use a pharmacy were between 9am and noon on a weekday (56%), followed by the same time on a Saturday (41%).

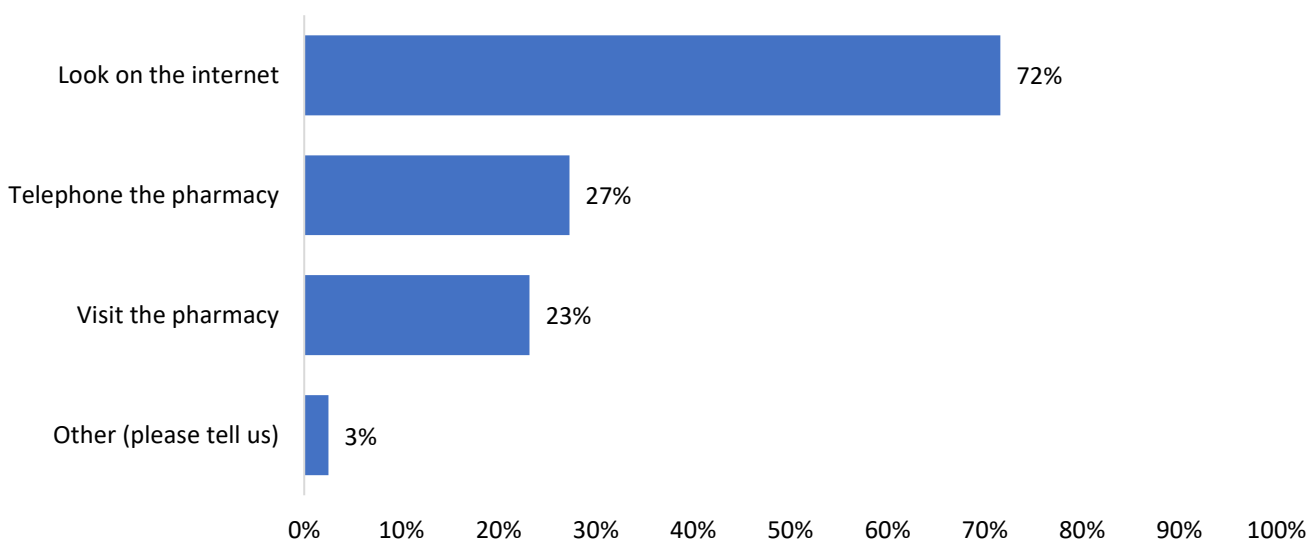
Note that respondents could tick more than one answer.

When is it most convenient (day/time) for you to use a pharmacy?

	Before 9am	Between 9am and noon	Between noon and 2pm	Between 2pm and 5pm	Between 5pm and 8pm	After 8pm
Weekdays	26%	56%	33%	38%	30%	12%
Saturday	16%	41%	22%	21%	13%	8%
Sunday	9%	21%	13%	13%	10%	8%

Regarding finding information, around three quarters of respondents (72%) said that they would look on the internet if they wanted to find out about a pharmacy. Around one quarter of respondents said they would telephone the pharmacy and around one quarter also said they would visit the pharmacy. Note that respondents could tick more than one answer.

How would you find out about a pharmacy e.g. opening times or services offered?



A final question asked if there is anything else that participants would like to tell us about our pharmacies. There were many positive responses reporting good experiences and examples of good customer service. Several issues were raised however, with common themes being access, opening times, privacy, and service quality.

Access:

"As we have no bus service, for some it's very difficult to access a chemist."

"Many are in places where there isn't good access for disabled or elderly people who may need to be brought to the pharmacy for advice or services. They are often small, and do not have wide spaces for wheelchair users."

"They are needed locally as not everyone drives."

Opening times:

"Can't understand why the majority are closed on Sundays when people are more likely to need the service and health advice as they are off work etc."

"Closed Saturday afternoon which is not very useful."

"Generally very good but poor evening services."

"I think they are open at the right times, but I do think there should be at least one pharmacy open all night for emergencies."

"My pharmacy doesn't open on a Saturday. I do find this strange practice as I often need to visit on a weekend."

"Need more pharmacies open in the evening after work. Need late night option because if really ill and get a prescription from attending the out of hours GP service at Grimsby hospital, the hospital will not dispense the medication, and you have to wait until the following morning to get your medicine from your normal pharmacy when it opens. Seems wrong to have to wait all that time to start benefitting from the medicine particularly when getting an out of hours GP appointment in the first place is an acknowledgment that it is urgent."

"Not many local pharmacies open at weekends. Those that do aren't usually local."

"Not open on a Saturday even though its opening hours on the net say it is"

"They all go for a lunch break around 12-1 so if you're a working person popping out to get your medicine on your lunch break it is not always possible. I tried 4 different pharmacies once within 2 miles of each other and they were all on break and couldn't process my prescription."

Privacy:

"It would be good if there were more private areas to speak with the pharmacist."

"There is no privacy. The assistants often talk very loudly to customers, and question customers loudly about their medication, and shout over to each other. Everyone in the pharmacy can hear everything."

"There is no patient confidentiality when they shout out your name then you have to say your address. Anyone could be listening and follow you home if you are on certain medication."

"Very happy with the service they provide and the opening hours. Staff are friendly. Only minus point is level of confidentiality, but the premises are very small."

Service quality:

"[name of pharmacy] are quick and always have everything. At [name of pharmacy] I always had to wait over a week."

"[name of pharmacy] are very slow, there is always a long wait."

"Home delivery service was not provided by previous pharmacy so changed to one that did do home delivery and am very satisfied with the service they provide."

"I changed pharmacy because my previous pharmacy started charging £60 a year to deliver."

"I used the one attached to my medical centre for a long time but they often ran out of my meds. Since I switched to an online pharmacy I've had no issues."

"Need to offer more advice for minor ailments, and advertise minor ailments scheme."

"The service is very slow and they don't seem to have much stock."

"Prescription is never ready, always missing 1 or more items."

APPENDIX 13

Contractor Survey Results

Twenty-one of the thirty-four North East Lincolnshire pharmacies open at the time the survey was undertaken during 2021 completed the questionnaire, which was a 62% response rate. It has had to be assumed that the responses are representative of all pharmacies in North East Lincolnshire. The twenty-one pharmacies that completed the survey were:

- Birmingham Chemists
- Cottingham Pharmacy (Wellington Street)
- Day Lewis Pharmacy
 - Scartho
 - St Peter's Avenue
- Laceby Pharmacy*
- Lincolnshire Co-Op chemists
 - St Nicholas Drive
 - Grimsby Road
- Lloyds Pharmacy
 - Littlecoates Road
 - Laceby Road
 - Kennedy Way
 - Stirling Street
 - Sainsbury's
 - Pelham Road
 - New Waltham
 - Humberston
- Periville Chemists
 - Cromwell Road
 - Wingate Parade
 - Weelsby View*
- Said Dutt Ltd (Cottingham Pharmacy)
- Sandringham Pharmacy
- Superdrug

* Laceby pharmacy and Weelsby View pharmacy have since changed ownership.

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. Three 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, seventeen with wheelchair access and four without wheelchair access. All consultation rooms are closed rooms.
- Fifteen pharmacies have handwashing facilities in the consultation room, five pharmacies have facilities close to the consultation room, and one pharmacy has no handwashing facilities.
- Patients attending consultations have access to toilet facilities at just seven pharmacies.
- Four pharmacies have access to an offsite consultation area.
- Eight pharmacies are willing to undertake consultations in patient's homes or other suitable sites.

Services (appliances)

Sixteen pharmacies reported that they dispense all types of appliances, one pharmacy dispenses appliances excluding incontinence appliances, three pharmacies just dispense dressings, and one pharmacy does not dispense appliances.

Advanced services

- One pharmacy provides the Hepatitis C testing service with one further pharmacy intending to begin within the next 12 months.
- All pharmacies provided the COVID-19 lateral flow test distribution service at the time of the survey.
- All pharmacies provide the New Medicine service.
- Two pharmacies provide the Appliance Use Review service with one further pharmacy intending to begin within the next 12 months.
- All pharmacies provide the Community Pharmacy Consultation Scheme (CPCS).
- All but one pharmacy report that they provide the Flu Vaccination service.
- Three pharmacies provide the Stoma Appliance Customisation service with one further pharmacy intending to begin within the next 12 months.

Commissioned services

- Pharmacies reported a range of NHS England commissioned services or locally commissioned public health services that they provide, but also conveyed willingness to provide additional services should they be commissioned.
- Pharmacies reported widespread willingness to provide disease specific medicines management and other services.

Other services

- Overall, few pharmacies provide screening services (some provide private cholesterol and diabetes screening) but again there is a willingness to provide.
- Regarding vaccinations, most pharmacies report that they provide a private seasonal Influenza vaccination service. Only a few pharmacies provide other types of vaccination, most of which were private provision, however, again a willingness to provide was demonstrated.

Private and non-commissioned services

- Thirteen of the twenty-one pharmacies provide a prescription collection service from GP practices.
- Thirteen pharmacies also deliver dispensed medicines free of charge on request. Eleven pharmacies reported that the delivery of dispensed medicines is chargeable.

- Eighteen of the twenty-one pharmacies provide monitored dosage systems (MDS) free of charge on request. Five pharmacies reported that monitored dosage systems are chargeable.

Languages

- Ten pharmacies reported languages other than English that are spoken in the pharmacy. Some pharmacies reported multiple languages.
- Two pharmacies provided insight as to the languages other than English that are spoken by the community their pharmacy serves.

Needs for a locally commissioned service (By definition these are not pharmaceutical services)

Contractor opinions included the following comments:

“UTI MAS list to be extended.” (Urinary Tract Infection Minor Ailment Service)

“Pharmacist Prescribing service Travel Clinics”.

“A service to provide MAR sheets to care agencies to reduce need to provide monitored dosage systems to patients with carers”. (Medicine Administrative Record)

“Free condoms”.

APPENDIX 14

Dental dispensing by North East Lincolnshire pharmacies, 2020/21

Code	Pharmacy	Locality	Number of items
FXC13	Asda	Fiveways	2,794
FFX63	Birkwood	Central	352
FE995	Birmingham	Meridian	405
FD897	Boots (Friargate)	Central	567
FLV73	Boots (Church View)	Central	161
FN494	Boots (Freeman St)	Fiveways	205
FX882	Boots (St Peter's)	Meridian	270
FQR20	Chelmsford	Central	118
FA419	Cohens	Central	884
FM438	Cottingham (Waltham)	Wolds	334
FQG15	Cottingham (Wellington St)	Fiveways	329
FD316	Day Lewis (St Peter's)	Meridian	212
FQK71	Day Lewis (Scartho)	Wolds	203
FQN38	Drugs4Delivery	Central	6
FFK96	Healing	Wolds	107
FV297	Laceby	Wolds	94
FD190	Lincoln Co-op (Wybers)	Central	214
FJX84	Lincoln Co-op (Grimsby Rd)	Fiveways	293
FHE56	Lloyds (Littlecoates Rd)	Central	654
FJ011	Lloyds (Laceby Rd)	Central	186
FJE54	Lloyds (Kennedy Way)	Immingham	977
FM640	Lloyds (Stirling St)	Fiveways	92
FNR70	Lloyds (Sainsbury's)	Central	260
FQK73	Lloyds (Pilgrim)	Immingham	396
FR221	Lloyds (New Waltham)	Meridian	284
FW062	Lloyds (Humberston)	Meridian	217
FC797	Periville (Willows)	Central	125
FF575	Periville (Cromwell Road)	Central	929
FCE49	Rowlands	Fiveways	101
FQR49	Sandringham	Meridian	153
FXG65	Superdrug	Central	111
FGC04	Tesco (Cleethorpes)	Meridian	660
FGW79	Tesco (Grimsby)	Central	601
FQV45	Weelsby View	Fiveways	470
Total	13,764		

Number of items dispensed by North East Lincolnshire pharmacies from dental FP10 prescriptions. Prescriptions could be raised anywhere in England, however all dispensing within North East Lincolnshire.

APPENDIX 15

Dispensed items prescribed by NEL GP practices and dispensed by NEL pharmacies, 2021

		North East Lincolnshire GP Practice - Prescriber																										
		B81003	B81012	B81015	B81016	B81023	B81030	B81031	B81039	B81055	B81077	B81087	B81091	B81108	B81603	B81606	B81620	B81642	B81655	B81656	B81663	B81664	B81665	B81697	Y01948	Y02684	Total	
North East Lincolnshire Pharmacy - Dispenser	FA419	534	16	1803	5014	1896	1659	112321	1389	240	103196	465	37515	503		425	74	154	85	473	769	665	115	248	272	256	270087	
	FC797	1081	1326	3671	9638	6098	1293	13020	29716	1730	5202	3406	2568	9236		4782	577	1208	2878	3321	5301	236	1682	6853	725	1489	117037	
	FCE49	489	45	115490	94	253	128	604	59	957	39	8	71	65		304	657	97	4	23		143	4		5	147	119686	
	FD190	373	795	2734	6394	5469	1174	14683	5496	236	9795	4000	2591	4033		2944	157	131	30	681	12267	19	3236	1349	5	338	78930	
	FD316	7499	1158	18949	2259	2230	26185	1757	1397	8699	303	952	251	161		617	6330	9824	225	576	29	1074	63	173	393	1211	92315	
	FD897	6314	1139	8546	9797	9730	8576	8300	18975	2943	4386	2825	1852	1928		1653	739	1540	639	2518	668	447	964	1605	2024	1207	99315	
	FE995	295352	1443	19928	1516	2564	1908	1846	2324	9859	1669	1164	221	672		987	6989	11122	314	768	536	1074	50	529	604	423	363862	
	FF575	478	271	2630	5564	6656	1288	12688	8427	593	4286	1950	2966	28981	4	18182	593	712	1597	2151	24641	10	886	1633	376	1055	128618	
	FFK96	150	203	357	1213	630	197	2120	13077	103	1564	797	369	535		199	70	26		250	127		22040	125	155	8	44315	
	FFX63	2587	849	5397	3141	3229	6140	3062	4332	2388	3450	146048	598	1116		823	1274	1031	400	2048	946	101	745	998	890	385	191978	
	FGC04	3158	1174	11617	2101	2336	4873	4227	2606	15005	1524	989	1487	571		935	1521	24322	637	378	35	460	137	257	41	142	80533	
	FGW79	409	930	2288	2761	2950	1744	6041	3117	1626	1867	1235	1059	641		559	927	361	156	959	456	208	408	195	766	1899	33562	
	FHE56	1932	5316	5616	8280	4750	5898	7642	8671	745	3450	5038	2107	3564		2984	442	590	407	9542	983	293	221	1213	1097	638	81419	
	FJ011	572	1663	848	3345	2455	1824	3985	3801	544	1192	3035	540	697		1336	161	248	175	63198	125	135	150	367	410	469	91275	
	FJE54	21	261	705	42	212	43	1980	84286	129	48	51	133	218		145	53	24	42	549	133	19	1384	31	254	580	91343	
	FJX84	1654	1784	17502	637	1714	204	1326	2148	1467	221	390	67	386		1950	16606	416	295	491	421	2742	5	344	827	1945	55542	
	FLT35	102	361	728	1775	756	335	2506	6991	423	1962	1057	463	28906		103	44	484	30	1780	87	22	264	135	5	22	49341	
	FLV73	252	268	748	54637	39060	722	3214	891	169	1399	296	470	949		433	140	90	39	424	213	179	40	114	911	639	106297	
	FM438	4998	619	5537	5117	3716	51116	4447	3425	2836	4307	4502	1609	822	1	681	262	7418	392	1568	356	139	342	653	35	376	105274	
	FM640	877	22064	1761	839	1186	106	1355	1236	880	164	326	260	518		21236	506	484	5219	695	344	12981	61	526	561	1572	75757	
	FN494	560	2813	3986	1892	2538	248	1574	4447	893	691	482	209	729	1	1869	345	291	657	1334	480	1200	55	310	14964	8996	51564	
	FNR70	331	349	1677	4683	3021	1962	6401	2681	562	3587	934	1497	883		647	42	369	356	426	226	125	64	1114	807	962	33706	
	FQG15	3211	5909	29114	8463	11353	4201	10027	20101	4239	4023	6553	1370	3195	3	8883	4895	4238	2948	1846	1148	4671	251	1850	10324	9462	162278	
	FQK71	1338	615	2166	3022	1356	97899	2998	1478	446	1406	1901	638	230		373	388	494	76	781	117	30	252	261	126	218	118609	
	FQK73	15	5	473	30	230	3	20	122744	30	204	68	119	28		273		8	10	187	32	1	248	7	137	321	125193	
	FQN38	3470	4646	19186	12439	10188	14002	5179	21388	5029	5555	3445	1214	2326	2	4971	3014	2642	962	5374	1710	2663	497	2181	6071	5187	143341	
	FQR20	599	911	1561	3677	2607	496	4290	1004	554	3718	4310	728	198		392	235	150	35	4868	444	12	96	137	1172	467	32661	
	FQR49	5815	16372	14726	1329	1958	1182	3389	5015	11314	1630	1061	444	370	2	1162	3137	10341	379	1120	28	1482	5	487	95	866	83709	
	FR221	3485	905	5926	2496	2934	13439	3658	1719	4971	1818	2488	1395	633		522	189	3844	13985	388	117	188	156	989	145	115	66505	
	FW062	5911	1572	14524	2307	1575	4387	3730	3193	24533	1762	2191	357	735		796	1389	8263	733	565	53	1281	89	180	388	369	80883	
	FX882	7942	1314	17308	1286	1610	1403	3759	2459	6474	678	561	713	816		738	3519	6229	564	1268	291	1697	152	465	729	1548	63523	
	FXC13	1354	1618	7482	4846	3605	1166	6500	9246	1771	2791	1852	1748	1443	1	3058	956	608	622	1867	688	1039	210	1826	3740	6123	66160	
	FXG65	419	520	1559	4534	5840	1674	3157	3045	169	4819	1420	1329	1208		356	290	304	76	1284	24	150	45	1221	146	678	34267	
	FYV42	1856	1050	5822	3085	3121	1684	3216	149846	2792	1804	8443	617	698	34	1304	467	2492	3991	919	88	757	201	28311	3333	2175	228106	
	Total	365138	80284	352365	178253	149826	259159	265022	550730	115349	184510	214243	69575	97994	48	86622	56988	100555	38958	114620	53883	36243	35118	56687	52533	52288	3566991	

Source: NHSBSA. Almost all patients of Roxton at Weelsby View (B81603) had been moved to Roxton (B81039). Blundell Park Surgery (Dr Biswas-Saha) (B81620) has since closed with patients moving to Clee Medical Centre (B81015). Weelsby View Pharmacy has since been recoded to FQV45 (from FYV42) and Laceby Pharmacy has since been recoded to FV297 (from FLT35) after changes of ownership. Humberview Surgery (B81664) closed on 30 September 2022.

APPENDIX 16

Dispensed items prescribed by NEL GP practices and dispensed by out of area pharmacies, 2021

		North East Lincolnshire GP Practice - Prescriber																									
		B81003	B81012	B81015	B81016	B81023	B81030	B81031	B81039	B81055	B81077	B81087	B81091	B81108	B81603	B81606	B81620	B81642	B81655	B81656	B81663	B81664	B81665	B81697	Y01948	Y02684	Total
OOA Pharmacy - Dispenser	Lincolnshire	1682	351	2827	747	1527	8342	1968	8501	876	1261	1216	872	783		351	420	621	306	349	344	79	457	321	164	82	34447
	North Lincolnshire	135	2	318	31	32	26	460	3442	340	143	173	22	117		144	15	62	8	134	10		100	2	390	33	6139
	Other	10485	6469	17502	12935	6218	23361	8006	55076	7647	5501	5488	1918	3311	178	4739	2298	4989	2105	11176	1114	3198	1609	1402	1565	2147	200437
	Total	12302	6822	20647	13713	7777	31729	10434	67019	8863	6905	6877	2812	4211	178	5234	2733	5672	2419	11659	1468	3277	2166	1725	2119	2262	241023

Source: NHSBSA

Almost all patients of Roxton at Weelsby View (B81603) had been moved to Roxton (B81039).

Blundell Park Surgery (Dr Biswas-Saha) (B81620) has since closed with patients moving to Clee Medical Centre (B81015).

Humberview Surgery (B81664) closed on 30 September 2022.

APPENDIX 17

North East Lincolnshire prescriptions dispensed and/or personally administered by dispensing doctor practices, or personally administered by prescribing doctor practices, 2021

Dispenser code	Dispenser name	Number of items
B81003	BEACON MEDICAL	4,301
B81012	DR AP KUMAR	1,200
B81015	CLEE MEDICAL CENTRE	6,788
B81016	PELHAM MEDICAL GROUP	2,967
B81023	THE CHANTRY HEALTH GROUP	2,637
B81030	SCARTH MEDICAL CENTRE	4,380
B81031	FIELDHOUSE MEDICAL GROUP	4,202
B81039	THE ROXTON PRACTICE	142,253
B81055	LYNTON PRACTICE	2,004
B81077	WOODFORD MEDICAL PRACTICE	3,936
B81087	BIRKWOOD MEDICAL CENTRE	3,881
B81091	LITTLEFIELD SURGERY	4,379
B81108	DR A SINHA	186
B81606	DR MATHEWS STIRLING MEDICAL	1,653
B81620*	DR BISWAS	200
B81642	DR OZ QURESHI	2,078
B81655	GREENLANDS SURGERY	1,387
B81656	RAJ MEDICAL CENTRE	2,006
B81663	CORE CARE FAMILY PRACTICE	739
B81664**	HUMBERVIEW SURGERY	525
B81665	HEALING PARTNERSHIP	699
B81697	DR P SURESH BABU	609
Y01948	OPEN DOOR	34
Y02684	QUAYSIDE MEDICAL CENTRE	380
Total		193,424

Source: NHSBSA

* Practice B81620 has since closed, and patients transferred to B81015.

** Humberview Surgery (B81664) closed on 30 September 2022.

APPENDIX 18

Advanced Services Activity – 2021

Code	Name	Locality	NMS (1)	SAC (2)	AUR (3)	Flu Vacs (4)	C19 Del (5)	CPCS (6)	Hep C (7)	C19 LFT (8)	Hyper (9)	Smoking (10)
FXC13	Asda	Fiveways	38	0	0	363	0	98	0	1953	0	-
FFX63	Birkwood	Central	760	0	0	475	565	89	0	2303	0	-
FE995	Birmingham	Meridian	282	0	0	387	1912	3	0	2146	0	-
FD897	Boots (Friargate)	Central	67	0	0	620	45	23	0	2521	0	-
FLV73	Boots (Church View)	Central	125	0	0	293	9	34	0	786	0	-
FN494	Boots (Freeman St)	Fiveways	26	0	0	219	0	3	0	951	0	-
FX882	Boots (St Peter's)	Meridian	82	0	0	371	13	8	0	1641	0	-
FQR20	Chelmsford	Central	79	0	0	22	133	0	0	774	0	-
FA419	Cohens	Central	1175	0	0	262	1004	8	0	7352	1	-
FM438	Cottingham (Waltham)	Wolds	514	0	0	781	670	21	0	5722	0	-
FQG15	Cottingham (Wellington St)	Fiveways	72	0	0	511	615	26	0	2397	0	-
FD316	Day Lewis (St Peter's)	Meridian	112	0	0	341	107	9	0	935	0	-
FQK71	Day Lewis (Scartho)	Wolds	347	0	0	338	119	33	0	2254	4	-
FQN38	Drugs4Delivery	Central	12	0	0	0	0	0	0	9990	0	-
FFK96	Healing	Wolds	0	0	0	276	0	0	0	160	0	-
FV297	Laceby	Wolds	179	0	0	97	70	1	0	787	0	-
FD190	Lincoln Co-op (Wybers)	Central	215	0	0	323	0	14	0	1458	0	-
FJX84	Lincoln Co-op (Grimsby Rd)	Fiveways	99	0	0	152	1	26	0	1241	0	-
FHE56	Lloyds (Littlecoates Rd)	Central	114	17	0	145	10	38	0	1946	0	-
FJ011	Lloyds (Laceby Rd)	Central	139	1	0	195	0	13	0	599	0	-
FJE54	Lloyds (Kennedy Way)	Immingham	269	3	0	673	27	40	0	5270	0	-
FM640	Lloyds (Stirling St)	Fiveways	151	0	0	166	20	21	0	1244	0	-
FNR70	Lloyds (Sainsbury's)	Central	46	0	0	208	0	48	0	2018	0	-
FQK73	Lloyds (Pilgrim)	Immingham	177	2	0	602	34	22	0	3752	0	-
FR221	Lloyds (New Waltham)	Meridian	186	0	0	290	0	6	0	872	0	-
FW062	Lloyds (Humberston)	Meridian	124	5	0	603	40	8	0	1294	0	-
FC797	Periville (Willows)	Central	540	0	0	426	1347	61	0	1897	0	-
FF575	Periville (Cromwell Road)	Central	541	0	0	226	1302	31	0	2121	0	-
FCE49	Rowlands	Fiveways	126	7	0	25	200	0	0	838	0	-
FQR49	Sandringham	Meridian	54	0	0	358	0	17	0	834	0	-
FXG65	Superdrug	Central	108	0	0	251	0	32	0	783	0	-
FGC04	Tesco (Cleethorpes)	Meridian	52	0	0	372	0	155	0	3054	0	-
FGW79	Tesco (Grimsby)	Central	101	0	0	360	0	41	0	3393	0	-

FQV45	Weelsby View	Fiveways	583	0	0	409	2604	38	0	3109	0	-
Total			7495	35	0	11140	10847	967	0	78395	5	-

Source: NHSBSA

(1) Number of New Medicine Service (NMS) interventions declared. Jan to Dec 2021. 33 of 34 pharmacies completed NMS interventions during 2021.

(2) Number of Stoma Customisation Fees. Jan to Dec 2021.

(3) Number of Appliance Use Reviews (AURs) conducted. Jan to Dec 2021.

(4) Number of Flu vaccines administered. September 2020 to March 2021.

(5) Number of COVID-19 Home Delivery Fees. Jan to Dec 2021. 94.5% during the period Jan to Mar 2021. The pandemic delivery advanced service finished on 5th March 2022 and the whole service was decommissioned on 31st March 2022.

(6) Number of Community Pharmacist Consultation Service (CPCS) Fees. Jan to Dec 2021.

(7) Number of Community Pharmacy Hepatitis C Antibody Testing Service Fees.

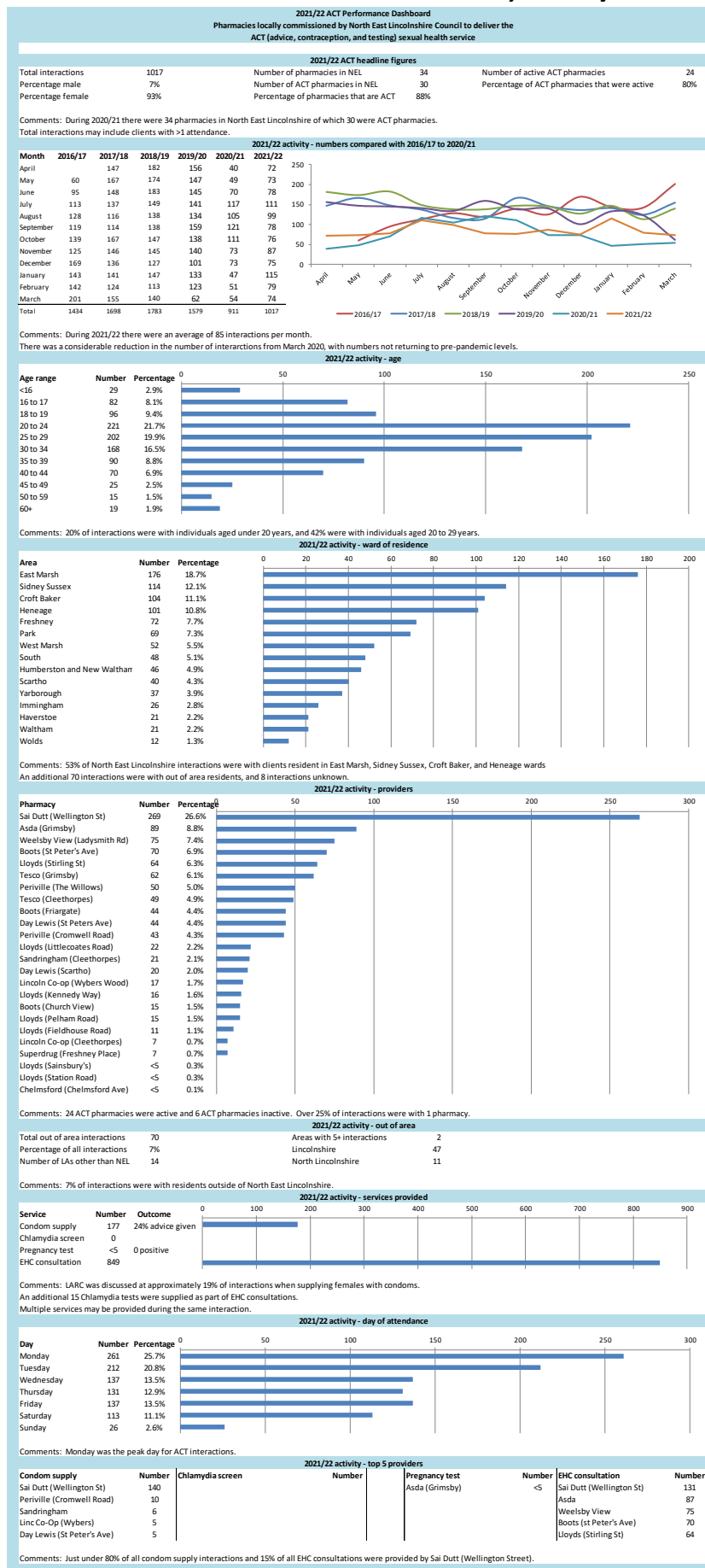
(8) Number of Community Pharmacy Completed Transactions for Covid-19 Lateral Flow Device Distribution Service. Apr to Dec 2021. This service was decommissioned on 31st March 2022.

(9) Number of Community Pharmacy Clinic Blood Pressure checks. Oct to Dec 2021. Hypertension case-finding advanced service commissioned from 1st October 2021.

(10) The smoking cessation advanced service was commissioned from 10th March 2022.

APPENDIX 19

ACT Performance Dashboard, 2021/22



APPENDIX 20

PNA Consultation Report

1 Introduction

As part of the pharmaceutical needs assessment process, the health and wellbeing board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the health and wellbeing board's area, are accurately reflected in the final pharmaceutical needs assessment document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

2 Consultation process

To complete this process, the health and wellbeing board consulted with those parties identified under part 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, to establish if the draft pharmaceutical needs assessment addresses the issues that they consider are relevant to the provision of pharmaceutical services. Those consulted were:

- Community Pharmacy Humber,
- Humberside Local Medical Committee,
- Contractors included in the pharmaceutical list,
- GPs included in the dispensing doctor list,
- Healthwatch North East Lincolnshire,
- Northern Lincolnshire and Goole NHS Foundation Trust,
- NHS Humber and North Yorkshire Integrated Care Board,
- NHS England - North East and Yorkshire,
- Lincolnshire Health and Wellbeing Board,
- North Lincolnshire Health and Wellbeing Board,
- Hull Health and Wellbeing Board, and
- East Riding Health and Wellbeing Board.

An email was sent to the above organisations, inviting them to submit their views on the draft pharmaceutical needs assessment, and weblinks to the draft pharmaceutical needs assessment and the consultation questionnaire were included in the email.

Several additional partners were invited to participate, and these included Care Plus Group, NAViGO, EQUANS, Lincs Inspire, and members of the local health care partnership. The consultation was open to all and was advertised via council and partner communication channels.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online.

The questions were designed to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change, and identify any current and future gaps in pharmaceutical services.

The consultation ran from 12 July to 11 September 2022.

It should be noted that participants in the consultation were not required to complete every question.

The consultation received 19 responses, which identified as follows.

Response type	Response count
On behalf of an organisation	5
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	2
A personal response	11
Other	1
	19

3 Summary of online questions, responses, and the health and wellbeing board's considerations

All comments made as part of the consultation are included verbatim, although where contractors are identified, their names have been removed.

3.1 Responses by members of the public

In asking "Was the purpose and background of the draft PNA clear to you?", the health and wellbeing board is pleased to note that ten people said "Yes".

One comment was made in response to this question.

- "It's a huge document requiring specialist knowledge."

The health and wellbeing board acknowledges that at over 180 pages in length, the pharmaceutical needs assessment is not a quick or easy read. However, it does need to include all the information required by the regulations and by its very nature is a technical document.

The next question asked, "Do you feel that the draft PNA accurately shows what pharmaceutical provision is currently in place in North-East Lincolnshire?", and the health and wellbeing board is pleased to note that again ten people said "Yes".

One comment was made in response to this question.

- "Analytical skills required".

The health and wellbeing board acknowledges that due to the information that must be included in the pharmaceutical needs assessment, there is a degree of analysis required.

When asked “Do you feel that the draft PNA reflects the needs of the North-East Lincolnshire Population?”, the health and wellbeing board is pleased to note that again ten people said “Yes”.

One comment was made in response to this question.

- “See above answer”.

When asked “Do you feel there are any gaps or additional information that should be included in the draft PNA?”, the health and wellbeing board is pleased to note that ten people said no.

One comment was made in response to this question.

- “Simple summary required at the start of the document followed by in-depth report, graphs etc”

The health and wellbeing board notes that the pharmaceutical needs assessment contains a two-page executive summary and is therefore satisfied that no amendment is required.

Respondents were then asked whether they agreed with the overall findings of the draft PNA. The health and wellbeing board is pleased to note that ten people said “Yes”.

One comment was made in response to this question.

- “Average member of the public cannot be expected to assess the overall findings”

The health and wellbeing board notes that the pharmaceutical needs assessment is a technical document, written for a specific purpose and for a specific audience. As a result it has to be written using certain terms and must contain specified information. The health and wellbeing board did undertake a patient engagement survey in order that views of members of the public were taken into account in the drafting of the pharmaceutical needs assessment.

Finally, those responding to the consultation were asked whether they had any further comments. Four comments were made.

1. “To be honest, I have only scanned through the report. As someone from the general public, it is a very complex report, written for specialists in the subject. Each section is fairly easy to work through but there are so many sections and I do not have the time to work through them in detail. I suspect many members of the public would easily be put off from reading it by the amount of detail. It looks comprehensive and it looks complete. It seems to cover all areas of our community. However, my comments, which are shown above, are not from a detailed read.”
2. “This is a well researched and presented report for professionals but far too involved and long for the average person. Admit I did not read all 184 pages! Could not find a summary of findings or recommendations.”
3. “Read the chapter for the area where I live and it all seems to make sense.”

4. "Generally clear overall but obvious that it is a technical document for a specific purpose where specialist knowledge or experience would aid understanding."

The health and wellbeing board is pleased to note the third comment.

Overall, the health and wellbeing board has considered the responses from members of the public and is satisfied that no amendment to the pharmaceutical needs assessment is required as a result of them.

3.2 Responses by an organisation including pharmacies / dispensing appliance contractors / dispensing practices / other

The organisations that were consulted were asked slightly different questions.

In response to "Was the purpose and background of the draft PNA clear to you", the health and wellbeing board is pleased to note that all eight organisations said "Yes".

When asked "Was the information in the draft PNA easy to understand?", the health and wellbeing board is again pleased to note that all eight organisations said "Yes".

Next, the consultees were asked "Do you feel that the draft PNA accurately shows what pharmaceutical provision is currently in place in North-East Lincolnshire?". The health and wellbeing board is pleased to note that six organisations said "Yes". The two that said "No" expanded upon their response.

- "Although the PNA describes the provision currently in place it doesn't reflect the current service delivery and performance of those providers. Several providers are currently experiencing staffing shortages and are reducing or in some cases ceasing services which is having a significant impact on general practice workload. Specific examples in the include (not exhaustive): 29th -30th July 2022 – [name of pharmacy] closed. w/c 1st August 2022 – [name of pharmacy] closed all week Monday to Friday 5th – 14th August 2022 – [name of pharmacy] significantly reduced services each day and full closure on 11th August 2022 9th August 2022 – [name of pharmacy] closed all day."
- "The draft PNA describes what the position in the [name of] area should be, but does not reflect the current situation. The pharmacies in [place] have had staff issues and over the last 2 months there have been a number of occasions when they have been closed. This impacts heavily on patients and on the workload of the [name of] Practice."

The health and wellbeing board notes that pharmacies are permitted by their terms of service to notify NHS England of temporary suspensions in the provision of pharmaceutical service in certain circumstances. Compliance with the terms of service is outside of the scope of the pharmaceutical needs assessment and is the responsibility of NHS England. NHS England has confirmed that pharmacy closures are happening both nationally and locally, and it is working with contractors to resolve the matter.

As required by the regulations, the pharmaceutical needs assessment reflects the core and supplementary opening hours of pharmacies as agreed with NHS England. Should the health and wellbeing board be notified of any permanent changes to these, or permanent closures of pharmacies, it will consider whether or not it needs to produce and publish a new pharmaceutical needs assessment. It has noted that, even though the pharmaceutical needs assessment does not identify any current needs, improvements or better access for North East Lincolnshire, this does not stop the submission of an unforeseen benefits application,

should an applicant be of the opinion that allowing a pharmacy to open in a specified area would confer significant benefits on a patient group or groups that were not foreseen when the pharmaceutical needs assessment was written.

The health and wellbeing board is satisfied that in including the contractual opening hours for each of the pharmacies, it has met the requirements of the regulations, and will consider what, if any, action is required should those change permanently.

The consultation next asked “Do you feel that the draft PNA reflects the needs of the North-East Lincolnshire population?”. Again, the health and wellbeing board is pleased to note that six organisations said “Yes”. The two organisations that said “No” went on to expand upon their response.

- “The emerging health and care joint committee for NE Lincs is promoting a population health management approach to improve the outcomes of communities with common interest. The committee is proposing a collaborative approach between providers at both NE Lincs health and care partnership (HCP) population level and PCN level. All key providers have committed to work together to address the needs of different populations and improve their outcomes at HCP and PCN. To date Pharmacy has been absent from those conversations and plans despite being a key potential player to improve population outcomes.”
- “Pharmacies have not yet appeared to have been included in the proposals of the Health and Care Joint Committee for North East Lincs.”

The health and wellbeing board has noted both comments but is of the opinion that the matter raised is outside of the scope of the pharmaceutical needs assessment, and this should instead be raised directly with the committee who can then engage with Community Pharmacy Humber. It would, however, like to see all providers of health and care services working collaboratively to reduce health inequalities.

When asked “Has the draft PNA provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?”, the health and wellbeing board is pleased to note that five organisations said “Yes”. The two that said “No” went on to expand upon their response. One organisation chose not to respond to this question.

- “The PNA conclusion states that there is sufficient provision on page 11 of the draft document however this does not consider current and recent service delivery of the current pharmacy providers. This issue does need to be addressed in order to support the wider health system and demand into general practice specifically. The PNA should support and encourage new providers who are keen to work with the local HCP and PCNs to address population needs and improve outcomes through a more innovative collaborative approach with other providers and stakeholders.”
- “The draft PNA document states that there is sufficient Pharmaceutical provision. However. that has not been the actual case recently in the [name of] area.”

The health and wellbeing board has responded to these points above.

The consultation then asked “Do you feel there are any gaps or additional information that should be included in the draft PNA?” and the health and wellbeing board is pleased to note that five organisations said “Yes”. The three that said “No” went on to expand upon their response.

- “Current service delivery and future assurance plans for existing pharmacy providers is critical for assessing the current provision and whether additional services are required.”
- “The PNA acknowledges that 'if there is a shift 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'. Page 71. Current work with the Connected Health Network is expanding and will cause a shift from secondary to primary care. This is a new model of care in which GP's and hospitals work together as one clinical network reducing the need for patients being referred into a hospital. Instead hospital specialists become an extended part of the GP practice/network meaning some of the initial prescribing which would have been dispensed via the hospital is prescribed via the GP and dispensed in primary care. Also, Outpatient transformation work accelerated by Covid-19 response is also continuing with more virtual clinics. This also has the potential to increase community pharmacy dispensing to avoid patients having to attend the hospital site to collect medications following a virtual consultation. Have these been adequately considered in the PNA?”
- “The current level of service in the area of [name of place] must be taken into account in assessing the ongoing provision for the future.”

The health and wellbeing board has already responded to the first and third comments. In relation to the second comment, the health and wellbeing board can confirm that it has taken into account the demand for the dispensing service generated by prescribing within hospitals. It has noted that the number of items dispensed by pharmacies within its area has, in line with the national trend, increased over the years and has seen no evidence that suggests that the existing pharmacies are at capacity.

It has also noted that the catchment area for the hospitals are larger than the area covered by North East Lincolnshire Health and Wellbeing Board, and therefore patients will choose to access a pharmacy near to where they live or work in order to have a prescription dispensed following a virtual appointment rather than travel to a pharmacy in North East Lincolnshire. The health and wellbeing board is therefore satisfied that no amendment to the pharmaceutical needs assessment is required as a result of this comment.

For the next question, the health and wellbeing board is pleased to note that six organisations confirmed they agreed with the overall findings of the draft PNA. The two that said they did not expanded upon their response.

- “Our practice is experiencing significant pressures as a result of continued reduced service and full closures of pharmacy providers across North East Lincolnshire. The impact of this is seen most acutely in [name of place] where both pharmacies regularly have problems staffing their stores with appropriately qualified staff.”
- “Currently, Pharmaceutical provision in the [name of] area is not satisfactory. The current providers must vastly improve the service to patients. If they are not capable of doing so then the opportunity for new suppliers should be considered. The current suppliers are in [place] and maybe a wider approach to the whole area should be considered. There are no pharmacies in the villages of [identified villages]. The [name of practice] is the health providers for [place], which is outside the NEL area, in Lincolnshire. It has a population in excess of 2,000 and the [name] is supporting a submission to the Lincolnshire Pharmaceutical needs assessment for a pharmacy in the village. It would perhaps be beneficial if the Lincolnshire and NEL PNA’s jointly considered the needs of the [name of practice] area as a whole: that is [identified villages].”

The health and wellbeing board has responded to this matter above. In relation to the final point regarding a joint assessment of a defined area which spans two health and wellbeing board areas, the health and wellbeing board has noted that is not possible, as the regulations require the pharmaceutical needs assessment to cover the area of the individual health and wellbeing board.

Finally, those responding to the consultation were asked whether they had any further comments. Three comments were made.

- “I wonder if paragraphs such as 'The health and wellbeing board 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 health and wellbeing board 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.' are within the scope of the PNA; viability is something that is very difficult to quantify, predict and is ambiguous therefore opening this assertion up to challenge. I would simply leave this out as it has the same impact as we are intending by just including the bold summaries.”

The health and wellbeing board has noted this comment and has amended that part of the pharmaceutical needs assessment accordingly.

- “The PNA is well structured, well informed and contains lots of informative information which flows positively throughout the chapters and appendices.”

The health and wellbeing board is pleased to note this comment.

- “In the main community pharmacy hours are aligned to GP practice hours with a small number of pharmacies providing extended hours during the week or on a Sunday. It isn't clear from the PNA what Bank/Public holiday provision is in place and whether this is adequate. There is therefore a potential gap in out of hours service provision if medicines are required from the GP OOH service whilst all community pharmacies are closed and the GP OOH doesn't have the medicine available. The Discharge Medicines Service workload is likely to increase. From April 2022 NHS Acute trusts have a CQUIN to implement and increase referrals recognizing the benefits for patients from this service. Currently the CQUIN is to refer 0.5% to 1.5% of discharges to community pharmacy meaning there is potential for significant increase in referrals in future years.”

The health and wellbeing board has made reference to the arrangements for public and bank holidays, Christmas Day, Good Friday and Easter Sunday, in section 4.1.6.

The health and wellbeing board has noted that there will be an increase in demand for the discharge medicines service as it embeds locally during the lifetime of the pharmaceutical needs assessment. However, the volume of referrals by the hospital trusts is currently very low (153 claims for this service were made by pharmacies across the NHS Humber and North Yorkshire Integrated Care Board in June 2022, of which 10 were made by Northern Lincolnshire and Goole NHS Foundation Trust). The health and wellbeing board is satisfied that even if there is a threefold increase in the number of referrals, the additional demand can be met by the pharmacies, particularly as not all patients will access the service from a pharmacy in North East Lincolnshire, as the trust provides services across North and North East

Lincolnshire, East Riding of Yorkshire, and East and West Lindsey. The health and wellbeing board is therefore satisfied that no amendment to the pharmaceutical needs assessment is required as a result of this comment.

4 Conclusion

The health and wellbeing board is pleased to note that the response to the consultation has been very positive. Overall, no concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed and the conclusions are agreed with.

5 Amendments

The following amendments have been made to the pharmaceutical needs assessment:

- Typographical errors have been corrected.
- Reference to NHS England and NHS Improvement has been amended to NHS England.
- The last paragraph of appendix 1 has been amended to reflect the change in date by which the pharmaceutical needs assessment is to be published.
- One amendment to a pharmacy's supplementary opening hours has been made. As the amendment is minor in nature it does not affect the conclusions of the document.
- Clarified the details of the GP branch surgeries.
- Humberview GP practice closed on 30 September 2022. The document has been amended accordingly.
- Rowlands & Co (Retail) Ltd t/a Rowlands Pharmacy, changed ownership in August 2022, to Karma Medical Solutions Ltd t/a Chemistcare Pharmacy. A note has been added to the document to acknowledge this change.

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Strategy, Policy and Performance
North East Lincolnshire Council
Municipal Offices
Town Hall Square
Grimsby
DN31 1HU
www.nelincs.gov.uk