

Pharmaceutical Needs Assessment 2025-28

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Executive summary

County Durham is a predominantly rural county with a total population of approximately 528,000 people. The County has a large and increasing aging population. The County experiences higher levels of deprivation than the national average, and hence significant health inequalities.

A Pharmaceutical Needs Assessment (PNA) is an assessment of need for pharmaceutical services in a Health and Wellbeing Board (HWB) area. It is used by the Integrated Care Board (ICB) (as a delegated duty of NHS England (NHSE)) in its consideration of applications to join the pharmaceutical list.

A PNA considers the health needs of the population, the provision of pharmaceutical services commissioned by or on behalf of NHSE (i.e. by the ICB) that can support health needs, and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period.

The PNA for County Durham links to the health needs identified in the Joint Strategic Needs and Assets Assessment (JSNAA) and the priorities in the Joint Local Health and Wellbeing Strategy (JLHWS).

Potential gaps in pharmaceutical services could be for example geographical gaps in the location of premises, or in the provision of services.

Once any gaps are identified they are articulated as needs for pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area at a specified time; or improvements or better access to pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area at a specified time. This can then trigger applications to meet those needs, or to secure those improvements or better access to pharmaceutical services.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹ require PNAs to include statements of the pharmaceutical services that the HWB has identified that:

- need to be provided to meet a current need
- will need to be provided in specified circumstances to meet a future need
- would currently secure improvements or better access
- would, if they were provided in specified future circumstances, secure future improvements or better access.

The key conclusion of the PNA 2025-28 is that there are sufficient pharmaceutical services across County Durham. The PNA includes information on the following:

- The number and geographical distribution of pharmacies and dispensing GP practices in County Durham. In March 2025, there are 118 pharmacies and 12 dispensing GP practices in County Durham. These are presented in 6 localities. There are no dispensing appliance contractors in County Durham.
- There is a good distribution of pharmaceutical services in areas of high population density, and in areas with more significant health needs (i.e. areas with a high population density of older people, and in areas of deprivation).
- A reasonable distribution of pharmacies exists and still provides extended and weekend opening hours in all localities.

¹ <https://www.legislation.gov.uk/ukxi/2013/349/contents>

- Out of area pharmaceutical services do not provide a necessary dispensing service in County Durham.
- The estimated builds of future housing developments by 2028 will not require new pharmaceutical services.
- County Durham has 22 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000.
- Despite the recent challenges that the high street and community pharmacy businesses have faced, public surveys of pharmaceutical services indicate that on average 92% of people who responded stated that they could easily access pharmaceutical services.

The PNA contains the following statements:

The pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services are:

- Essential services which are provided by all pharmacies.

The other relevant pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure improvements or better access are:

The following advanced services:

- New Medicine Service
- Flu Vaccination Service
- Pharmacy First Service, Hypertension Case Finding Service, Pharmacy Contraception Service²

The following local enhanced service:

- Think Pharmacy First Service

The pharmaceutical services that have been identified as services that the HWB is satisfied need to be provided to meet a current or future need for pharmaceutical services are:

- Current need: The provision of all essential services in County Durham are adequate to meet the needs for pharmaceutical services.
- To meet a future need: The provision of all essential services in County Durham are adequate to meet the future needs for pharmaceutical services.

The pharmaceutical services that have been identified as services that would secure improvements or better access to pharmaceutical services, either now or in the future are:

- Current improvements or better access: The provision of the other relevant advanced services and the local enhanced service are adequate.
- In specified future circumstances to secure improvements or better access: The provision of the other relevant advanced services and the local enhanced service are adequate and should continue to be encouraged.

Other NHS services that affect the need for pharmaceutical services are also described.

The PNA and accompanying maps, the up-to-date map of pharmaceutical services, and any supplementary statements can be found at <https://www.durhaminsight.info/health-and-social-care/pna/>.

² From June 2025 are commissioned together as a service bundle.

Section one: Pharmaceutical Needs Assessment

Key points

A PNA is an assessment of need for pharmaceutical services commissioned by or on behalf of NHSE (i.e. by the ICB as a delegated duty of NHSE) in a HWB area. These pharmaceutical services include the range of services commissioned by or on behalf of NHSE from pharmacies (including distance selling premises), dispensing appliance contractors, and dispensing doctors in rural areas.

A PNA considers the health needs of the population, the provision of pharmaceutical services commissioned that can support health needs, and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period.

Once any gaps are identified this can then trigger applications to the ICB (again as delegated duty of NHSE) to meet those needs, or to secure those improvements or better access to pharmaceutical services.

The main purpose of the PNA is to inform the submission of applications to the ICB for inclusion in a pharmaceutical list, and the subsequent determination of such applications.

The localities chosen for this PNA remain as:

1. Dales
2. Easington
3. Derwentside
4. Sedgefield
5. Durham
6. Chester-le-Street

1.1 What is a PNA?

A PNA is an assessment of need for pharmaceutical services in a HWB area. A HWB³ is required to assess the need for pharmaceutical services in its area and to publish a statement of that assessment (i.e. a PNA).

A PNA considers the health needs of the population (Section 2), the current provision of pharmaceutical services commissioned by or on behalf of NHSE (i.e. by the ICB) that can meet health needs (Section 3), and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period. If gaps are identified, a PNA then describes any needs for, or improvements or better access to specified pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area. This can then trigger pharmaceutical applications to meet those needs or secure those improvements or better access to pharmaceutical services.

1.2 The regulations and content of a PNA

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁴ (the 2013 Regulations) (Appendix 1) set out the minimum information that must be contained in a PNA and describe the process that must be followed in its development.

Regulation 4 and Schedule 1 of the 2013 Regulations outline the minimum requirements for PNAs. In addition, Regulation 9 sets out matters that the HWB is to have regard to.

³ <https://countydurhampartnership.co.uk/health-wellbeing-board/>

⁴ <https://www.legislation.gov.uk/ukxi/2013/349/contents>

In summary the regulations require a series of statements of:

- the pharmaceutical services that the HWB has identified as services that are **necessary** to meet the need for pharmaceutical services;
- the pharmaceutical services that have been identified as services that the HWB is satisfied need to be provided in order to meet **a current or future need** for a range of pharmaceutical services or a specific pharmaceutical service;
- the **other relevant** pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure improvements or better access;
- the pharmaceutical services that have been identified as services that **would secure improvements or better access** to a range of pharmaceutical services or a specific pharmaceutical service, **either now or in the future**; and
- **other NHS services** that affect the need for pharmaceutical services or a specific pharmaceutical service.

1.3 Pharmaceutical services

1.3.1 Definition of pharmaceutical services

'Pharmaceutical services' is a collective term for the services commissioned by or on behalf of NHSE. In 2023, ICBs were given delegated responsibility for the commissioning of pharmaceutical services.⁵

In relation to the PNA this includes:

- essential, advanced and enhanced services provided by pharmacies
- essential and advanced services provided by dispensing appliance contractors
- the dispensing service provided by some GP practices in rural areas
- services provided under a local pharmaceutical services (LPS) contract that are the equivalent of essential, advanced and enhanced services (Note: County Durham does not have any LPS contracts).

Whilst an ICB or a local authority may commission 'place based' or 'locally commissioned services' from pharmacies, these do not fall within the legal definition of pharmaceutical services (i.e. *place-based or locally commissioned services* is not a term that can be found within the 2013 Regulations), however HWBs are asked to make reference to them in their PNAs as 'other NHS services'.

1.3.2 Necessary pharmaceutical services

Once the provision of all pharmaceutical services has been identified the HWB is then required to identify those that are necessary services. These are defined within the 2013 Regulations as those that are necessary to meet the need for pharmaceutical services. Once it has determined which services are necessary services the HWB includes a statement to this effect within the PNA (Section 1.2).

1.3.3 Other relevant services

The remaining pharmaceutical services are then deemed to be other relevant services and a statement to this effect is included in the PNA (Section 1.2).

These are pharmaceutical services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements, or better access, to pharmaceutical services.

⁵ ICBs follow the NHSE delegated duties described in the Pharmacy Manual.
<https://www.england.nhs.uk/long-read/pharmacy-manual/>

1.3.4 Other NHS services

The 2013 Regulations then require the PNA to include a statement of the other NHS services that the HWB considers affect the need for pharmaceutical services (Section 1.2).

Place based or locally commissioned services (either by the ICB or the local authority) are deemed as 'other NHS services' in the PNA (Section 1.3.1).

Those NHS services that reduce the need for pharmaceutical services, in particular the dispensing service, include:

- hospital pharmacies
- personal administration of items by GP practices
- public health services commissioned by the local authority, and ICB enhanced place-based commissioned pharmacy services
- winter vaccination by GP practices

NHS services that increase the demand for pharmaceutical services include:

- GP out of hours services (where a prescription is issued)
- walk-in centres and minor injury units (where a prescription is issued)
- community nursing prescribing
- dental services

1.4 Market entry

The main purpose of the PNA is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications.

Section 126 of the NHS Act 2006⁶ places an obligation on NHSE to put arrangements in place so that drugs, medicines and listed appliances⁷ ordered via NHS prescriptions can be supplied to patients.

Under the 2013 Regulations a person (a pharmacist, dispenser of appliances, or in some rural areas a GP) who wishes to provide pharmaceutical services commissioned by or on behalf of NHSE must apply to be included on the relevant pharmaceutical list.

Under the delegated duties in the Pharmacy Manual, ICBs are responsible for maintaining pharmaceutical lists in respect of each HWB area. Applications for inclusion in one of these lists are submitted to Primary Care Support England (PCSE)⁸ and determined by the ICB. This is known as the NHS "market entry" system.⁹

There are a number of different types of application which can be submitted where someone wishes to open new pharmacy or dispensing appliance contractor premises:

1. to meet a current need identified in the PNA
2. to meet a future need identified in the PNA
3. to secure improvements or better access identified in the PNA
4. to secure future improvements or better access identified in PNA
5. to secure improvements or better access that were not identified in the PNA (i.e. unforeseen benefits)
6. to open distance selling pharmacies (DSPs).

⁶ <https://www.legislation.gov.uk/ukpga/2006/41/section/126>

⁷ <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

⁸ <https://pcse.england.nhs.uk/services/pharmacy-market-administration-services>

⁹ <https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications>;
<https://www.england.nhs.uk/publication/pharmacy-manual/>

The first four types of application are based on the PNA for the area of the HWB where the applicant wishes to provide services. The 2013 Regulations require PNAs to include statements of the pharmaceutical services (Section 1.2) that the HWB has identified that:

- need to be provided to meet a current need
- will need to be provided in specified circumstances to meet a future need
- would currently secure improvements or better access
- would, if they were provided in specified future circumstances, secure future improvements or better access.

The needs, improvements or better access could be for a particular service or for a range of services (Appendix 2). Where the HWB does not identify any needs for, or improvements or better access to, pharmaceutical services within the PNA the only types of application for new premises that could be submitted are those offering unforeseen benefits or for DSPs.

As above, the two types of application which lead to the opening of new premises that are not based on the PNA are for DSPs and those offering unforeseen benefits. Where an applicant submits an unforeseen benefits application, they are offering improvements or better access that were not foreseen when the PNA was written but would confer significant benefits on people in the area of the HWB.

Community pharmacy contractors that no longer wish to provide NHS services from their NHS pharmacy premises must provide adequate notice. Generally depending on business circumstances, contractors must give at least 3 months' notice in advance of the date on which they intend to cease providing pharmaceutical services. The exception is for contractors of 100-hour pharmacies in which case 6 months' notice is required.¹⁰

1.5 Process followed for developing the PNA

The PNA process follows Regulations 3-9 and Schedule 1 of the 2013 Regulations (Appendix 1):

- Regulation 3 defines what is meant by pharmaceutical services.
- Regulation 4 and Schedule 1 set out the minimum information requirements for a PNA.
- Regulation 9 sets out specific matters that the HWB must consider when drafting its PNA.
- Regulation 8 sets out the minimum consultation process that each HWB is required to undertake during the development of its PNA.
- Regulation 6 sets out the circumstances where a HWB board may need to produce a new PNA sooner than the usual three yearly cycle, or when a supplementary statement may/must be published.

The PNA process follows the supporting national guidance in the *Pharmaceutical needs assessments: information pack* updated by the Department of Health and Social Care (DHSC) in 2021.¹¹ This national guidance recommends that a steering group is established to support the process of PNA development. The role of the group is to advise and develop structures and processes to support the preparation of a comprehensive and robust PNA, building on expertise from across the local healthcare community. Establishing the group also ensures that the views of the main stakeholders are taken into account throughout the process of writing the document.

The County Durham PNA Steering Group is a sub-group of the HWB. This Group has the ongoing responsibility for the PNA, to keep it under review, and to consider the ongoing changes to pharmaceutical services in County Durham.

¹⁰ <https://cpe.org.uk/quality-and-regulations/terms-of-service/opening-hours/>

¹¹ <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

Terms of reference of this Group and the timeline for PNA development are in Appendix 3.

Table 1: PNA Steering Group members

Name	Role
Glen Wilson	Chair, Consultant in Public Health, Public Health, Durham County Council (DCC)
Claire Jones	PNA Lead, Public Health Pharmacy Adviser, Public Health, DCC
John Mitchell	Research and Consultant Officer, Chief Executives Service, DCC
Chloe Hillam	Senior Policy Officer, Regeneration, Economy and Growth, DCC
Julie Bradbrook	Partnership Team Manager, Corporate Affairs, Chief Executives Office, DCC
Emma Morris	Healthcare Partnership Manager, North of England, Boots UK Limited, Community Pharmacy Durham and Sunderland
Christopher Cunnington-Shore	Chair, Healthwatch County Durham

1.6 Process for updating the PNA

Regulation 6(3) of the 2013 Regulations describes the process for PNA updates (Appendix 1). HWBs are required to publish their next PNA within 3 years of the date on which the latest version was published.

Once the PNA has been published, the HWB has a process for publishing new versions of the PNA (every 3 years, or sooner if it identifies any significant changes to the need for pharmaceutical services) and supplementary statements (statements of fact describing significant changes to the availability of pharmaceutical services). The process that meets the regulatory requirements regarding publishing new versions and/or supplementary statements is described in Appendix 4. This is a delegated duty carried out by the PNA Steering Group (Appendix 3).

1.7 Localities for the purpose of the PNA

The 2013 Regulations require the HWB to divide its area up into localities and national guidance¹² suggests the use of existing boundaries such as:

- borough or district council boundaries
- super output areas
- electoral wards

Therefore, based on how the population of County Durham lives and travels, the localities chosen for the 2025-28 PNA remain as those chosen for the previous PNA:

1. Dales
2. Easington
3. Derwentside
4. Sedgefield
5. Durham
6. Chester-le-Street

These localities are also deemed to reflect any different needs of the different areas in the County.

¹² <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

Section two: Population profile and health needs

Key points

County Durham is a predominantly rural county with a total population of approximately 528,000 people. The County has a large and increasing aging population. The County experiences higher levels of deprivation than the national average, and hence significant health inequalities.

The PNA for County Durham takes account of the health needs identified in the JSNAA and the priorities described in the JLHWS.

The pharmaceutical services can support the health needs of the population are described in Section 2.3.

This section describes the health needs of the population that can be met by the provision of pharmaceutical services; and the national, regional, and local priorities for services.

2.1 Population health needs

Durham Insight <https://www.durhaminsight.info> provides access to information, data, analysis and research about what it is like to live in County Durham. It covers a broad range of themes including Population, Economy and Employment, Deprivation and Poverty, Children and Young People, Environment, Health and Wellbeing and Housing. It is used across our Partnerships to inform strategic decision making.

The information below is a summary of the key information relating to the provision of pharmaceutical services to support the population with long terms conditions (LTCs), particularly in the elderly and in areas of deprivation across the County.

Socially deprived communities currently bear the greatest burden of ill health and disease in County Durham. Reasons for this unequal distribution include socioeconomic factors, such as higher rates of unemployment, poor educational attainment, poorer quality housing, as well as lifestyle factors such as higher rates of smoking, higher rates of excessive drinking and poor diet. There is a clear social gradient nationally and locally in many measures, for example life expectancy and mortality i.e. lower life expectancy and higher mortality rates in the more deprived areas. There is a correlation between deprivation and life expectancy for men and women in County Durham, with the gap in life expectancy between the most and least deprived areas being 10.3 years for men and 8.2 years for women.

2.1.1 Population profile¹³

Population information for County Durham shows that:

- Between 2017 and 2022 the population of County Durham increased by 2.4% with the North-East increasing by 2.26% over the same period. In 2022, the total resident population in County Durham was 528,127.
- The overall population of County Durham is projected to grow by 3% between 2022 and 2032 to 551,854 people.
- The 65+ population is currently 113,708 or 21.5% of total the population (the North-East average is 20.7%).

¹³ <https://www.durhaminsight.info/population>. Based on Office for National Statistics based on population estimates for 2018

- The number of people aged 65 and over will increase by 19.9% (+22,996) by 2032 to 138,700.

Table 2: Population at a glance¹⁴

Locality	Total population	% County Durham total population	65+ population	65+ population % of locality total
Chester-le-Street	54,590	10%	12,499	23%
Derwentside	94,246	18%	20,061	21%
Durham City	101,476	19%	19,214	19%
Dales	91,038	17%	22,417	25%
Easington	95,154	18%	19,541	21%
Sedgefield	91,623	17%	19,976	22%

2.1.2 Life expectancy^{15 16}

Children born in County Durham are not expected to live for as long as children born in some other parts of the country; life expectancy for men and women locally is lower than England and has shown minimal change over the last 10 years. The long-term small year-on-year increases in life expectancy stopped around 2012-14, followed by a period of stagnation. However, it has been declining most recently since 2018-20 locally, regionally, and nationally largely due to the number of ‘excess deaths’ as a result of Covid-19. However, single year life expectancy has been rising for men and women since 2020 locally, regionally and nationally.

There is inequality in life expectancy between County Durham and England. Life expectancy locally for men (77.2 years) and women (80.4 years) is statistically significantly lower than England (men 78.9 years, women 82.8 years). Life expectancy over time has been improving faster in England than in County Durham, meaning the ‘gap’ between County Durham and England for men and women has been increasing.

There is also inequality in life expectancy within County Durham. Life expectancy for men is statistically significantly lower than for women in County Durham (this is the case nationally). Life expectancy is also shorter for those born in the more deprived than those in the least deprived areas. This ‘gap’ within County Durham between the most and least deprived areas is now 10.3 years for men, and 8.2 years for women. This inequality gap has been rising over time in locally, regionally and nationally.

Healthy life expectancy is the average number of years a person could expect to live in good health based on current mortality rates and self-reported good health. Male and female healthy life expectancy in County Durham is not significantly different at 58.8 and 59.7 years, respectively. Healthy life expectancy in County Durham remains significantly lower than England for both men and women at 63.1 years and 63.9 years, respectively. There has been little change in healthy life expectancy locally or nationally over time.

2.1.3 Causes of premature and preventable mortality¹⁷

Premature and preventable mortality can be used as important measures of the overall health of County Durham’s population and as an indicator of inequality between and within areas. Deaths are considered premature if they occur before the age of 75 years and are

¹⁴ <https://www.durhaminsight.info/population>. Based on Office of National Statistics Lower Super Output Area (LSOA) based population estimates for 2022

¹⁵ <https://www.durhaminsight.info/ageing-well/life-expectancy/>.

¹⁶ <https://www.durhaminsight.info/health-and-social-care/health-infographics/>

¹⁷ <https://www.durhaminsight.info/ageing-well/premature-and-preventable-mortality/>.

considered preventable if they can be avoided through effective public health and primary prevention interventions.

Unhealthy behaviours remain a key driver to reducing premature deaths, but social, economic and environmental factors also have a direct impact on health status and can exacerbate existing ill health. Mortality and morbidity, along with life expectancy and healthy life expectancy are influenced by the conditions in which people are born, grow, live, work and age. Addressing the wider determinants of health has a key role to play in reducing health inequalities.

Between 2021 and 2023 there were 3,223 premature deaths in County Durham from causes considered preventable, at a rate of 211.3 per 100,000 population. This is statistically significantly higher than England (163.7 per 100,000) and not statistically significantly different to the North-East (210.5 per 100,000). There is statistically significant variation in the rate of preventable premature mortality across North-East local authorities, with the rate ranging from 168.5/100,000 in Northumberland to 267.7.1/100,000 in Middlesbrough. County Durham's rate is not statistically significantly different to most North-East local authorities but is statistically significantly lower than Middlesbrough, Hartlepool (239.3 per 100,000), South Tyneside (235.2/100,000) and Sunderland (233.2/100,000), and is statistically significantly higher than Northumberland, North Tyneside (192.5 per 100,000) and Stockton-on-Tees (191.7 per 100,000).

Rates of preventable and premature mortality are higher in County Durham than England for many causes including:

- Cardiovascular disease (CVD)
- Cancer
- Liver disease
- Respiratory disease
- Circulatory diseases
- Suicide

LTCs, such as CVD, respiratory disease and cancer are among the leading causes of premature mortality in County Durham and make a major contribution to the life expectancy gap between County Durham and England.

2.1.4 Health inequalities^{18, 19}

Health inequalities are differences in health status or in the distribution of health determinants between different population groups. They arise from differences in socio-economic and environmental factors which influence people's behaviour, the opportunities available to them, the choices they make, their risk of poor health and their resilience. The social determinants of health are widely described as 'the causes of the causes of health inequalities.' These are the conditions in which people are born, grow, live, work and age. These conditions affect the likelihood of people enjoying long, healthy lives and will determine variations in health and life expectancy.

The health and wellbeing of the people in County Durham remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average, with too many of our population suffering from avoidable ill-health and dying prematurely or from causes that are preventable. For example:

- Prevalence of many LTCs such as hypertension, stroke, diabetes and cancer are higher in County Durham than England.

¹⁸ <https://www.durhaminsight.info/health-and-social-care/health-infographics/>.

¹⁹ <https://analytics.phe.gov.uk/apps/segment-tool/>.

- The rate of alcohol-related hospital admissions is significantly higher than England.
- Levels of teenage pregnancy, breastfeeding and smoking at time of delivery are worse than the England average.
- 26.7% of reception children and almost 37.8% of Year 6 children were classified as overweight in 2023-24.
- The rate of smoking related deaths for 2017-19 (277.8 per 100,000) was statistically significantly higher than England (202.2/100,000).

Health inequalities also exist within County Durham. For example:

- The distribution of life expectancy within County Durham is unequal. Life expectancy is 10.3 years lower for men and 8.2 years lower for women in the most deprived areas of County Durham than in the least deprived areas.
- There is a social gradient to excess weight and Smoking at Time of Delivery in County Durham, it is higher in the most deprived areas, whilst breastfeeding is lower in the most deprived areas.
- Cancer is the second biggest contributor to the gap between the most and least deprived communities in County Durham for men (15.4%) and the fifth biggest for women (11.8%).
- In 2020 to 2021, circulatory disease was the largest contributor to the gap between least and most deprived communities in County Durham for men (17.7%) and women (22%).
- Respiratory disease is the second largest contributor to the gap between the most and least deprived communities in County Durham for women (14.9%) and the fifth largest for men (11.5%).
- External causes of death for men (15.2%) have a greater contribution to the gap between deprived and affluent communities in County Durham compared to women (8.2%).

2.1.5 Lifestyle behaviours relevant to pharmaceutical services

2.1.5i Substance misuse^{20 21}

Substance misuse is strongly associated with poverty and deprivation and this impacts on substance misuse related deaths, blood borne virus infections, crime, child protection issues, domestic abuse and mental health. In County Durham the legacy of the loss of ready employment, especially male employment through mining and other industries, has left many communities vulnerable to the effect of substance misuse. These communities are not concentrated in specific areas across the county but spread among a diverse range of towns and small rural areas.

Substance misuse is defined by the Mental Health Foundation as the continued misuse of any mind-altering substance that severely affects a person's physical and mental health, social situation, and responsibilities. It has a negative impact on health and may take the form of drug dependence or be a part of a wider spectrum of problematic or harmful behaviour. Drug dependence is a chronic, relapsing disorder characterised by compulsive drug seeking and use despite adverse consequences.

In County Durham:

- Estimated prevalence of opiate and/or crack cocaine use in County Durham (8.5%) was similar to England (8.9%) and lower than the North-East (11.2%).

²⁰ <https://www.durhaminsight.info/living-well/substance-misuse/>

²¹ https://www.durhaminsight.info/combating_drugs_alcohol/

- The rate of hospital admissions due to substance misuse (15 to 24 years) was 58.3 per 100,000 (2020/21-22/23). This is similar to England and statistically significantly better than the North-East.
- 5.3% of opiate users had successful completion of drug treatment in 2022. This is statistically similar to England (5%).
- 33.2% of non-opiate users had successful completion of drug treatment in 2022. This is statistically similar to England (31.4%).
- Deaths from drugs misuse (2021-23) are statistically significantly higher locally (9.1 per 100,000) than England (5.5/100,000) but not significantly different to the North-East (9.8/100,000). Locally that equates to 131 drug misuse deaths in the period 2021-23. For this period the North-East has the highest rate of all English regions.

2.1.5ii Smoking²²

Smoking remains the single biggest cause of preventable illness and death and one of the largest causes of unfair health differences in England. Evidence relating to this social gradient is clear. People who have never worked or are long-term unemployed are four times as likely to smoke as those in professional or managerial roles. People working in manual jobs are twice as likely to smoke than other occupations. Smoking causes cancer, heart disease, stroke, asthma and chronic lung disease. Smoking in pregnancy impacts on the health of the mother, the unborn baby and wider family members by inhaling second hand smoke.

In County Durham:

- Around 900 people die every year from smoking related illnesses, including cancer, heart disease, stroke, asthma and chronic lung disease.
- The number of smokers in County Durham has been falling over time. The latest prevalence data (2023) shows smoking prevalence locally to have reduced to 11.7% which is similar to both England (11.6%) and the North-East (11%). However, despite this reduction approximately 49,000 of our residents continue to smoke.
- The proportion of mothers smoking at time of delivery (for 2023-24) in County Durham (12%) is statistically significantly higher than England (7.4%) and the North-East (10.2%). This has been falling over time locally, regionally and nationally at a similar rate.
- Over 41,000 children live in households with adults who smoke, this not only damages their health but increases their chance of becoming smokers themselves.

2.1.5iii Alcohol misuse²³

Alcohol-related harm is a major health issue in the UK and is a causal factor in more than 60 medical conditions. It is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. The main health consequences of alcohol misuse are liver disease, cancers (liver, oral, oesophageal, gastric, colon, breast), hypertension, stroke, acute intoxication and injuries. Additionally, there are psychiatric consequences such as depression and self-harm, as well as impact on the foetus.

In County Durham:

- Levels of alcohol harm are greater in County Durham than England.
- Estimates suggest levels of alcohol dependency (16.7 per 1,000) are similar to England; this equates to around 7,100 people locally. However, estimates also suggest that 22% of adults in County Durham binge drink compared to 15% across England.

²² <https://www.durhaminsight.info/living-well/tobacco-control/>

²³ <https://www.durhaminsight.info/living-well/alcohol-related-harm/>. Accessed 28.05.24

- In 2022-23 alcohol specific admission rates in County Durham for persons (716 per 100,000) were statistically significantly higher than England (581/100,000) but statistically significantly lower than the North-East (958/100,000). That's around 3,800 admissions in County Durham in 2022/23. Local admission rates are higher for men (963/100,000) than women (486/100,000). This is the case regionally and nationally. There is also a social gradient to the local distribution of alcohol specific admissions. In 2022-23 they were around 4 times higher in the most deprived areas than the least deprived.
- Alcohol-related mortality rates in County Durham are statistically significantly higher than England. In 2022 the rate for County Durham was 47.9/100,000 compared to 39.7/100,000 nationally. Locally that equates to 260 alcohol-related deaths in 2022. Alcohol related mortality has been rising over time locally, regionally and nationally, although the rate for both County Durham and the North-East fell for the most recent year (2022).
- Alcohol-specific mortality rates in County Durham are also statistically significantly higher than England. In 2023 the rate for County Durham was 23.4/100,000 compared to 15/100,000 nationally. Locally that equates to 124 alcohol-specific deaths in 2023. Alcohol-specific mortality has been rising over time locally, regionally and nationally.

2.2 Priorities for health and social care

2.2.1 National and regional priorities

In 2019, NHSE published the NHS Long Term Plan,²⁴ which set out priorities for healthcare over the next ten years, and included the implementation and intended outcomes of NHS services to be delivered by 2023-24.

Subsequent annual priorities and operational planning guidance from NHSE have focused on the ongoing need to recover core services following the Covid-19 pandemic. Key targets are:²⁵

- Increased primary care access (e.g. increasing the use of community pharmacy by the introduction of the Pharmacy First Service).
- Improved urgent and emergency care.
- Meeting the growing need for mental health support.
- Early diagnosis and treatment of cancer.
- Tackling health inequalities by using the Core20PLUS5 approach which defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas:²⁶
 - Core20*: The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation.
 - PLUS*: PLUS population groups which should be identified at a local level, e.g. people with a learning disability; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; groups experiencing social exclusion (e.g. people experiencing homelessness, drug and alcohol dependence, Gypsy, Roma and Traveller communities, sex workers).
 - 5*: The five clinical areas of focus for adults are.
 - Maternity
 - Severe mental illness

²⁴ <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

²⁵ 2023/24 priorities and operational planning guidance at <https://www.england.nhs.uk/operational-planning-and-contracting/previous-planning-guidance/>. 2024/25 priorities and operational planning guidance at <https://www.england.nhs.uk/operational-planning-and-contracting/>.

²⁶ Adults: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>. Children: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/>

- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding and optimal management, and lipid optimal management (hence the introduction of Hypertension Case-Finding Service).

The NHS Long Term Plan described that every part of England would be covered by an Integrated Care System (ICS). ICSs are population-based models of care that integrate primary, secondary, community and other health and care services.²⁷

The NHS in England is divided up into 42 ICSs which are responsible for planning and funding health and care services in the area they cover. County Durham is part of the North-East and North Cumbria (NENC) ICS.²⁸

Within each ICS, an ICB took over the delegated responsibility for primary medical services from the former Clinical Commissioning Groups (CCGs) in July 2022. ICBs are accountable to NHS England for NHS spending and performance within their boundaries.

Since April 2023, ICBs then took on delegated responsibility for the commissioning of pharmaceutical services in their area. NHSE retains the responsibility to identify national priorities, set outcomes and negotiate the Community Pharmacy Contractual Framework.

The focus remains on delivering care at 'place level', which is normally across the area of a local authority, covering a population of 250,000-500,000.

Places are made up of neighbourhoods, which usually correspond to an electoral ward or district of a borough council, with a population of 30,000-50,000. Within the neighbourhood, a Primary Care Network (PCN) co-ordinates the work of general practices in the neighbourhood and collaborates with other providers to lead on the detailed design and delivery of integrated services across their localities and neighbourhoods. There are 13 PCN's covering County Durham, with a community pharmacist lead attached to each.²⁹

The ICS also contains an Integrated Care Partnership (ICP), which is a joint committee between the ICB and the local authorities within the ICS. ICPs are the 'direction setting' part of ICS, with a responsibility for producing an Integrated Care Strategy on how to meet the health and wellbeing needs of the population in the ICS area.

2.2.2 Local priorities

The local authorities in the ICS area are responsible for social care and public health functions. Within each local authority, a JSNAA is produced by the local authority's HWB. This sets out the needs of the local authority's population and it is used by the HWB to develop their JLHWS.

The Integrated Care Strategy developed by the ICS will be informed by the JSNAAs and JLHWS of the constituent local authorities.

The PNAs for each local authority area take account of the health needs identified in the JSNAA and the priorities described in the JLHWS.

2.2.2i Joint Strategic Needs and Assets Assessment³⁰

The aim of the JSNAA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is a continuous process of strategic assessment for the health and wellbeing needs of the local population. It is used to determine what actions the

²⁷ <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/integrated-care-systems/>

²⁸ <https://northeastnorthcumbria.nhs.uk/>

²⁹ <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/primary-care-networks-pcns/>; <https://www.cpniec.org.uk/nhs-contract/primary-care-networks/>

³⁰ <https://www.durhaminsight.info/health-and-social-care/jsna/>. Accessed 14.10.24

local authority, the NHS and other partners need to take to meet health and social care needs, and to improve health outcomes and address health inequalities.

The JSNAA for County Durham provides a detailed overview of the current and future health and wellbeing needs of the people of County Durham, and aims to:

- highlight areas where there is a need to improve health and wellbeing outcomes for the local community
- aid decision makers in targeting resources to both areas and services
- act as a resource document to support health and wellbeing planning and commissioning
- help inform local plans and strategies to provide a basis upon which to plan for the achievement of local outcomes and targets.

2.2.2ii Joint Local Health and Wellbeing Strategy³¹

This strategy outlines a vision for improving health and wellbeing, and for addressing health inequalities in the county. The JLHWS 2023-28 is the overarching health and wellbeing place-based plan for County Durham and is used by partners to shape any other strategic plans and strategies. The NENC Integrated Care Strategy is required to have regard of this plan.

Health and wellbeing is influenced by a range of factors. Health and social care accounts for as little as 15%, whilst healthy behaviours such as what we eat and drink, how often we are physically active, whether we smoke, or drink alcohol and our mental health will impact 40%. The wider determinants of health such as how much money we have, the quality of the house we live in, the natural environment surrounding us and our access to transport, education and work have the greatest impact on our health and wellbeing at 45%.³²

There are four priority areas of focus in the JLHWS for 2023-28, which have been identified from the evidence base in the JSNAA, and which are the biggest contributors to people in County Durham dying early, living in poor health or with illness:³³

1. Making smoking history
2. Enabling healthy weight for all
3. Improving mental health, resilience and wellbeing
4. Reducing alcohol harms

Making smoking history

Targets include to reduce the:

- Percentage of people who smoke to 5% by 2030.
- Number of hospital admission episodes for diseases related to smoking.
- Number of smoking related deaths.
- Proportion of mothers smoking at time of delivery.

Enabling healthy weight for all

Targets include to:

- Increase the proportion of children who are a healthy weight.
- Reduce the access to and promotion of unhealthy food, with a focus on hot food takeaways and food advertising.

³¹ <https://countydurhampartnership.co.uk/health-wellbeing-board/joint-health-and-wellbeing-strategy/>. Accessed 14.10.24

³² Director of Public Health Annual Report 2023. 10 years in Local Authority - Looking back to plan ahead. <https://www.durham.gov.uk/article/22392/Public-health-annual-report>

³³ <https://countydurhampartnership.co.uk/health-wellbeing-board/vision-and-priorities/>. Accessed 14.10.24

- Increase the number of children who are a healthy weight.
- Reduce the proportion of adults who are overweight and obese.
- Increase in the number of physically active children, young people and adults.

Improving mental health, resilience and wellbeing

Targets include to reduce:

- Reported anxiety levels and levels of depression.
- Demand for specialist mental health services.
- Suicide rates.
- Premature mortality for adults with Severe Mental Illness.

Reducing alcohol harms

Targets include to:

- Increase the number of people in treatment for drink dependency.
- Reduce the number of hospital admission episodes for alcohol related incidents and disease.
- Reduce the under 75 death rates from chronic liver disease.
- Have more children and young people with an alcohol-free childhood.

2.3 Pharmaceutical services

As of January 2025, the following pharmaceutical services can therefore support the health needs of the population (Section 3 for further detail of each service):

2.3.1 Essential services³⁴

- Dispensing of prescriptions and disposal of unwanted medicines.
- Healthy living pharmacy work (promotion of healthy lifestyles; signposting people to health or social care services; support for self-care).
- The Discharge Medicines Service which aims to reduce the risk of medication problems when a person is discharged from hospital.

2.3.2 Advanced services³⁵

- The New Medicine Service which provides support for people with LTCs newly prescribed a medicine to help improve medicines adherence.
- The Pharmacy First Service which allows pharmacists to treat seven common health conditions (and supply some prescription only medicines where clinically appropriate) without needing a GP appointment or a prescription; enables pharmacies to issue an urgent supply of repeat medication to patients following a referral from NHS111; and enables NHS111 and GP practices to refer patients to a pharmacy for advice and treatment of minor illnesses.
- The Hypertension Case-Finding Service which supports the early detection of hypertension by providing adults aged 40 years or over a free blood pressure check at the pharmacy.
- The Pharmacy Contraception Service which allows women and teenage girls to get help with their contraception choices, get started on oral contraceptive pills, or get their next supply of oral contraceptive pills from the pharmacy without a prescription.
- The Smoking Cessation Service which supports patients who started their stop smoking journey in hospital.
- The Flu Vaccination Service.

³⁴ <https://cpe.org.uk/national-pharmacy-services/essential-services/>

³⁵ <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

2.3.3 Enhanced services³⁶

- The national enhanced Covid-19 Vaccination Service.
- The local enhanced Think Pharmacy First Service which compliments the Pharmacy First Service to provide advice and treatment of a number of common conditions.

³⁶ National enhanced services at <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/>. Local enhanced service of Think Pharmacy First at <https://northeastnorthcumbria.nhs.uk/here-to-help-winter/common-conditions/> (Enhanced services are commissioned by the ICBs or NHSE from a specified list of services. Part 4, 14 of the 2013 Regulations describe the types of enhanced services that the NHS may commission which includes a Minor Ailment Scheme. The full list of these services in Part V1C of the Drug Tariff at <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>).

Section three: Types of pharmaceutical service

Key points

'Pharmaceutical services' is a collective term for the range of services commissioned by or on behalf of NHSE.

The pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services are:

- Essential services which are provided by all pharmacies.

The other relevant pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure improvements or better access are:

The following advanced services:

- New Medicine Service
- Flu Vaccination Service
- Pharmacy First Service, Hypertension Case Finding Service, Pharmacy Contraception Service (Note: From June 2025 are commissioned together as a service bundle)

The following local enhanced service:

- Think Pharmacy First Service

3.1 Background

Community pharmacies deliver an increasing range of pharmaceutical services to their patients in addition to their core essential service role of dispensing medicines.

Although pharmacies are facing very challenging times, there are a number of important changes which can or will enable pharmacies to make better use of their workforce now and in the future. For example (as of January 2025):

For registered pharmacy technicians:

- To work under a patient group direction (PGD) to supply and / or administer prescription only medicines (POMs).³⁷
- Funded education to improve clinical skills.³⁸
- A funded community pharmacy technician apprenticeship programme.³⁹

The opportunity for all community pharmacists to become prescribers over the next few years, for example newly registered pharmacists will be able to prescribe from April 2025.⁴⁰

Forthcoming changes to the hub and spoke dispensing model.⁴¹ Within the 'hub and spoke' model, multiple 'spoke' pharmacies receive prescriptions and a 'hub' pharmacy carries out

³⁷ <https://www.gov.uk/government/news/new-powers-for-dental-and-pharmacy-staff-to-free-up-appointments>

³⁸ <https://www.hee.nhs.uk/our-work/pharmacy/community-pharmacy-training>

³⁹ <https://www.hee.nhs.uk/our-work/pharmacy/national-training-offers/training-offers-pharmacy-technicians/pre-registration-trainee-pharmacy-technician-ptpt>

⁴⁰ <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/>; <https://www.hee.nhs.uk/our-work/pharmacy/independent-prescribing>; <https://www.hee.nhs.uk/our-work/pharmacy/transforming-pharmacy-education-training/emerging-routes-early-career-prescribing-pharmacy>

⁴¹ <https://cpe.org.uk/quality-and-regulations/hub-spoke-opd-supervision/hub-spoke/>; <https://cpe.org.uk/briefings/psnc-briefing-017-21-hub-and-spoke-dispensing/>

the more routine aspects of dispensing of those prescriptions on a large scale, potentially using automation. As of January 2025, this is only possible between pharmacies within the same legal entity. Forthcoming changes include the use of hub and spoke models between pharmacies owned by different legal entities, and the introduction of two different models for this (model 1 would involve patients only interacting with the spoke pharmacy, whilst model 2 would permit the hub to supply medicines directly to the patient on behalf of the spoke).

Pharmacies also continue to work with GP practices on the implementation of new services. For example, there are electronic tools to make referrals to community pharmacies from a number of health settings, such as GP practices and urgent treatment centres; new service specifications are enabling pharmacists to inform GP practice records of patient consultation outcomes; and there are lead community pharmacists linked to each PCN to discuss joint working (Section 2.2).

3.2 Pharmaceutical services

'Pharmaceutical services' is a collective term for the services commissioned by or on behalf of NHSE. In 2023, ICBs were given delegated responsibility for the commissioning of pharmaceutical services.⁴²

In relation to the PNA this includes:

- essential, advanced and enhanced services provided by pharmacies
- essential and advanced services provided by dispensing appliance contractors
- the dispensing service provided by some GP practices in rural areas
- services provided under a LPS contract that are the equivalent of essential, advanced and enhanced services (Note: County Durham does not have any LPS contracts).

Pharmaceutical services are funded from a fixed global sum that is negotiated on an annual basis.

In July 2019, a national five-year deal for community pharmacies was agreed, the Community Pharmacy Contractual Framework (CPCF) for 2019 to 2024. This set out a vision for the expansion of clinical service delivery over five years, in line with the NHS Long Term Plan.⁴³

In November 2023, DHSC published details of the CPCF for 2023-25, which launched the Pharmacy First service as well as other changes to pharmacy funding and services.⁴⁴

In March 2025, details of the CPCF for 2025-26 were announced. This introduced a national emergency contraception service as well as further changes to pharmacy funding and services.⁴⁵

Community pharmacies provide three tiers of pharmaceutical service which have been identified in 2013 Regulations. These are:

- Essential services: services all pharmacies are required to provide.
- Advanced services: services that pharmacies can choose to provide in order to support patients with safe use of medicines.
- Enhanced services: services that are commissioned by or on behalf of NHSE.

⁴² ICBs follow the NHSE delegated duties described in the Pharmacy Manual.

<https://www.england.nhs.uk/long-read/pharmacy-manual/>

⁴³ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>; <https://cpe.org.uk/our-work/negotiations/cpcf-settlement-2019-20-to-2023-24/>

⁴⁴ <https://www.gov.uk/government/publications/pharmacy-first-contractual-framework-2023-to-2025/pharmacy-first-letter-to-contractors>; <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>

⁴⁵ <https://cpe.org.uk/our-news/cpcf-arrangements-for-2024-25-and-2025-26-announced/>; <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

Whilst an ICB or a local authority may commission 'place based' or 'locally commissioned services' from pharmacies, these do not fall within the legal definition of pharmaceutical services (i.e. *place-based* or *locally commissioned services* is not a term that can be found within the 2013 Regulations), however HWBs are asked to make reference to them in their PNAs as 'other NHS services' (Section 1.3).

3.2.1 Essential services⁴⁶

All pharmacies, including DSPs, are required to provide the essential services. NHSE is responsible for ensuring that all pharmacies deliver all essential services as specified. Each pharmacy must demonstrate compliance with the CPCF by providing sufficient evidence for delivery of every service on an annual basis.

As of January 2025, there are 6 essential services that will be provided by all pharmacies:

1. Dispensing medicines. The Electronic Prescription Service (EPS) is part of the dispensing service.
2. Repeat dispensing. Patients using this service obtain repeat supplies of NHS prescriptions without the need for their GP practice to issue a prescription each time a supply is required. Under the repeat dispensing service pharmacy teams will:
 - Dispense repeat dispensing prescriptions issued by a general practice
 - Ensure that each repeat supply is required
 - Seek to ascertain that there is no reason why the patient should be referred back to their general practice.

As the EPS has developed, the majority of repeat dispensing is now carried out via EPS and is termed electronic Repeat Dispensing (eRD).

3. Disposal of unwanted medicines. Pharmacies are only obliged to accept unwanted medicines from households (including residential homes).
4. Public Health (Promotion of Healthy Lifestyles): which includes providing advice to people who appear to have diabetes, be at risk of CVD (especially those with high blood pressure), or smoke, or are overweight; and participating in up to four health campaigns (two national and two ICB campaigns).⁴⁷
5. Healthy Living Pharmacies (HLP): Pharmacies were required to become HLPs in 2020-21. The adoption of HLPs marked a significant development for community pharmacy and its contribution to health promoting interventions. The HLP framework aims to improve people's health, help reduce health inequalities and ensures community pharmacy can continue to contribute to the Government's ambition of putting prevention at the heart of the NHS, as set out in the NHS Long Term Plan. HLP is an organisational development framework underpinned by three enablers of:
 - Workforce Development: A skilled team to pro-actively support and promote behaviour change and improve health and wellbeing, including a qualified Health Champion who has undertaken the Royal Society for Public Health Level 2 Award 'Understanding Health Improvement', and a team member who has undertaken leadership training.
 - Engagement: Local stakeholder engagement with other health and care professionals (especially general practice), community services, local authorities and members of the public.
 - Environment (Premises Requirements): Premises that facilitate health promoting interventions with a dedicated health promotion zone.
6. **Discharge Medicines Service (DMS)**. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60% of patients have 3 or more changes made to their

⁴⁶ <https://cpe.org.uk/national-pharmacy-services/essential-services/>

⁴⁷ Announced March 2025. <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. Under this service NHS Trusts identify patients who will benefit from the DMS and, subject to the patient consenting to a referral, they will send a referral to a pharmacy via a secure electronic system, e.g. PharmOutcomes or NHSmail. The community pharmacist will then review a person's medicines on discharge and ensure that any changes are actioned accordingly.

It should be noted that clinical governance is not an essential service.⁴⁸ Instead, it is a framework which underpins the provision of all pharmaceutical services.

And in addition, all pharmacies (with two exceptions) are required to have a consultation room that is:

- clearly designated as a room for confidential conversations,
- distinct from the general public areas of the pharmacy premises, and
- a room where both the person accessing pharmaceutical services and a person performing pharmaceutical services are able to be seated together and communicate confidentially.

The two exceptions are:

- DSPs, and
- pharmacies that NHSE have deemed to be too small to have a consultation room.

However, these pharmacies must have arrangements in place to enable confidential discussions as part of the provision of pharmaceutical services by telephone or another live audio link and a live video link.⁴⁹

3.2.2 Advanced services⁵⁰

Advanced services are those services that pharmacies may choose to provide if they meet the required standards. Information on these standards and the services themselves are set out in the Pharmaceutical Services 12 (Advanced and Enhanced Services) (England) Directions 2013 which can be found in Part VIC of the Drug Tariff.⁵¹

Pharmacies will only provide additional services if they have the infrastructure and capacity to do so.

As of January 2025, the following 9 advanced services may be provided by pharmacies:

- **New Medicine Service:** provides support for people with LTCs newly prescribed a medicine to help improve medicines adherence.
- **Pharmacy First Service:** allows pharmacists to treat seven common health conditions (and supply some prescription only medicines where clinically appropriate) without needing a GP appointment or a prescription; enables pharmacies to issue an urgent supply of repeat medication to patients following a referral from NHS111; and enables NHS111 and GP practices to refer patients to a pharmacy for advice and treatment of minor illnesses.
- **The Hypertension Case-Finding Service:** supports the early detection of hypertension by providing adults aged 40 years or over a free blood pressure check at the pharmacy.
- **The Pharmacy Contraception Service:** allows women and teenage girls to get help with their contraception choices, get started on oral contraceptive pills, or get their next supply of oral contraceptive pills directly from the pharmacy without a prescription.

⁴⁸ <https://cpe.org.uk/quality-and-regulations/clinical-governance/>

⁴⁹ <https://cpe.org.uk/our-news/regs-reminder-14-consultation-rooms-and-remote-consultations/>

⁵⁰ <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

⁵¹ <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

- The Flu Vaccination Service.
- The Smoking Cessation Service: supports patients who started their stop smoking journey in hospital.
- The Lateral Flow Device Service.

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

- Appliance Use Review
- Stoma Appliance Customisation

As of June 2025, the Pharmacy First Service, Hypertension Case Finding Service, and Pharmacy Contraception Service will be commissioned as a service bundle.⁵²

3.2.2i New Medicine Service

The New Medicine Service (NMS) was launched in 2011 to help tackle the harm caused by non-adherence to medication. 25-50% of medicines are not taken as intended or directed, and 15% of people receiving new medicines take few, if any, doses. This 'non-adherence' may lead to further prescriptions, tests and investigations, poor clinical outcomes, increased admissions to hospital, and premature mortality. Non-adherence to appropriately prescribed medicines is therefore a considerable issue for the NHS.⁵³

The NMS provides support for people with LTCs who are newly prescribed a medicine, in order to help improve medicines adherence. Pharmacy teams support patients taking specific drugs for the following conditions:⁵⁴

- Asthma and chronic obstructive pulmonary disease (COPD)
- Diabetes (Type 2)
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndrome
- Stroke/transient ischaemic attack
- Coronary heart disease
- Atrial fibrillation
- Long term risks of venous thromboembolism/embolism

In October 2025, the NMS will expand to include antidepressants to enable patients who are newly prescribed an antidepressant to receive extra support from their community pharmacist.⁵⁵

⁵² <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

⁵³ <https://cpe.org.uk/wp-content/uploads/2013/07/Commissioning-medicines-optimisation-services-from-community-pharmacy-Guidance-for-commissioners.pdf>

⁵⁴ <https://www.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists>

⁵⁵ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

3.2.2ii Pharmacy First Service

The Pharmacy First Service (PFS) began in February 2024 and provides the opportunity for community pharmacy to play an even bigger role within the urgent care system.⁵⁶ The service consists of three elements:

- Pharmacy First (clinical pathways) – this enables pharmacists to supply NHS medicines where clinically appropriate (including some POM medicines under PGD), to treat 7 common health conditions of:
 1. sinusitis: 12 years and over
 2. sore throat: 5 years and over
 3. acute otitis media (earache): 1 – 17 years
 4. infected insect bites: 1 year and over
 5. impetigo: 1 year and over
 6. shingles: 18 years and over
 7. uncomplicated urinary tract infections in women: 16 to 64 yearsConsultations for these 7 clinical pathways can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, general practices and others. Normal prescription charge rules apply to POMs supplied under this service.
- Pharmacy First (urgent repeat medicine supply) – previously commissioned as the Community Pharmacy Consultation Service (CPCS), this enables pharmacies to issue an urgent supply of repeat medication to patients following a referral from NHS111. Normal prescription charge rules apply to POMs supplied under this service.
- Pharmacy First (NHS referrals for minor illness) – previously commissioned as the CPCS, this enables NHS111 and GP practices to refer patients to a pharmacy for advice and treatment of minor illnesses.

For the CPCS elements of the service, i.e. minor illness referral or the supply of urgent repeat medicines, both must follow a referral from NHS 111, general practices (urgent repeat medicine supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without a referral). In March 2025, it was announced that patients would be able to choose a DSP when advised by NHS111 online to self-refer to a pharmacy for a minor illness or a common condition (clinical pathway) element of Pharmacy First (excluding otitis media). This expands on the work to integrate DSPs for emergency supply of prescribed medicine requests.⁵⁷

Following a consultation, a person's GP health record is then updated.

A search function at <https://www.nhs.uk/nhs-services/pharmacies/> will allow a search for a pharmacy that provides the PFS.

3.2.2iii Hypertension Case-Finding Service

Early detection of hypertension is vital, and community pharmacy can provide a key role in detection and subsequent treatment of hypertension. This service began in October 2021 to:

- Identify people aged 40 years or older with high blood pressure, who have previously not had a confirmed diagnosis of hypertension, and refer them to general practice for appropriate management (this can include people under 40 years, at the discretion of a pharmacist).
- Undertake clinic and ambulatory blood pressure checks when necessary, at the request of a general practice (Note: A blood pressure measurement is a 'clinic check' and ambulatory monitoring is 24-hour blood pressure monitoring).

At the end of a patient consultation, where readings indicate:

- Normal blood pressure - the pharmacist will promote healthy behaviours.

⁵⁶ <https://www.england.nhs.uk/long-read/launch-of-nhs-pharmacy-first-advanced-service/>

⁵⁷ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

- High blood pressure - the pharmacist will offer Ambulatory Blood Pressure Monitoring (ABPM) from the pharmacy and will also promote healthy behaviours.
- Very high blood pressure - the pharmacist will refer the patient to see their GP within 24 hours.

Note:

- Adults cannot ask the pharmacy for a free blood pressure check if they already have a diagnosis of high blood pressure or have had their blood pressure checked by a healthcare professional in the past 6 months.
- From December 2023, the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.

GP practices can refer patients to community pharmacies for either clinic readings or ambulatory measurements. For example:

- The community pharmacy can be asked to measure the blood pressure of patients diagnosed with hypertension where the GP practice has no recent blood pressure measurement recorded.
- The community pharmacy can be asked to measure the ambulatory blood pressure of patients who have had a high clinic reading but have not yet been followed up with home or ambulatory monitoring.

Following a consultation, a person's GP health record is then updated.

A search function at <https://www.nhs.uk/nhs-services/pharmacies/> allows a search for a pharmacy that provides free blood pressure checks.

3.2.2iv Pharmacy Contraception Service

The Pharmacy Contraceptive Service (PCS):

- Offers women a greater choice of where they can access contraception services from.
- Creates extra capacity in primary care and sexual health clinics to support meeting the demand for more complex assessments.

As of January 2025, the PCS provides:

- Ongoing monitoring and repeat supply of oral contraception initiated in primary care (including general practice and pharmacies) or sexual health clinics. This service element began in April 2023.
- Initiation of oral contraception. This service element began in December 2023.

In October 2025, the PCS will also provide:

- Emergency Oral Hormonal Contraception (EOHC).⁵⁸

Pharmacy supply is undertaken using PGDs.

Following the use of this service and with the individual's consent, their GP health record is then updated.

A search function at <https://www.nhs.uk/nhs-services/pharmacies/> allows a search for a pharmacy that provides the contraceptive pill without a prescription.

3.2.2v Flu Vaccination Service

This service runs from September to March with the aim of vaccinating eligible patients by the end of January. The administration of a flu vaccine is legally authorised by a national PGD, and currently covers patients aged 18 years and older in the at risk groups that are published each year at www.gov.uk/government/collections/annual-flu-programme.

Pharmacists providing this service carry out training for both injection technique and basic life support training every two years and must ensure that a person's GP health record is updated on the same day the vaccine is administered or on the following working day.

⁵⁸ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

A search function at <https://www.nhs.uk/nhs-services/pharmacies/> allows a search for a pharmacy that provides NHS flu vaccinations.

3.2.2vi Smoking Cessation Service

The Smoking Cessation Service (SCS) began in March 2022 and enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing free nicotine replacement therapy (NRT) and behavioural support as required.⁵⁹ In line with the NHS Long Term Plan, everyone admitted to hospital should be offered NHS funded tobacco treatment services by March 2024.

In March 2025 it was announced that during 2025-26, this service would also be able to provide varenicline and cytisine under PGD.

3.2.2 vii Lateral Flow Device Service

The Lateral Flow Device (LFD) Service began in November 2023 and offers at-risk patients access to free LFD tests from pharmacies.

The NHS offers Covid-19 treatment to people with Covid-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using an LFD test if they develop symptoms suggestive of Covid-19. It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test. The LFD service was introduced to provide eligible patients with free access to LFD tests. This is a walk-in service where patients or their representatives can collect one box of 5 LFD tests from a participating community pharmacy on confirmation that the patient is part of the potentially eligible for Covid-19 treatments cohort.

A search function at <https://www.nhs.uk/nhs-services/pharmacies/> allows a search for a pharmacy that provides free Covid-19 lateral flow tests.

3.2.2viii Appliance Use Review and Stoma Appliance Customisation Services

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any specified appliance by:

- Establishing the way in which the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance.
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

The Stoma Appliance Customisation (SAC) service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a 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. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

3.2.3 Enhanced services

Enhanced services are the third tier of services that pharmacies may provide and they can only be commissioned by or on behalf of NHSE. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) which can be found in the Drug Tariff.⁶⁰

⁵⁹ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

⁶⁰ <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

Enhanced services are agreed between NHSE and individual contractors/pharmacies. This means both that pharmacies can choose whether to deliver the service and NHSE can choose whether it wants a specific contractor/pharmacy to deliver the service (as opposed to an advanced service which is available to all pharmacies to provide, should they choose to do so).

As of January 2025, there are two types of enhanced service:

3.2.3i National enhanced services:⁶¹

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of enhanced service, a national enhanced service (NES).

Under this type of service, NHSE commissions an enhanced service that is nationally specified. This requires NHSE to consult with Community Pharmacy England (CPE) on matters relating to the service specification and remuneration for the service.

This differs from a local enhanced service (LES) that is locally developed and designed to meet local health needs and for which ICBs (on behalf of NHSE) would consult with the LPCs (see below).

The Covid-19 vaccination service is a NES⁶² and eligible people book vaccination appointments at pharmacies or find a pharmacy walk-in clinic at <https://www.nhs.uk/nhs-services/covid-19-services/covid-19-vaccination-services/>.

3.2.3ii Local enhanced services

These are commissioned by the ICB on behalf of NHSE to meet a local need. As of January 2025, there is one LES, the Think Pharmacy First Service⁶³ which complements the Pharmacy First Service to provide advice and treatment of a number of common conditions. Think Pharmacy First commissions a *common conditions service* from pharmacies across the NENC ICB, under a contracting arrangement with Pharmacy Services North-East (PSNE).

Community pharmacies can offer advice and treatment on:

- Aches and pains - back pain, headache, period pain, teething
- Allergies - bites and stings, hay fever, skin reaction
- Colds and flu – cough, congestion, sore throat, fever / temperature
- Ear care – earache, ear infection, ear wax
- Eye care - bacterial conjunctivitis, styes
- Gastrointestinal care – diarrhoea, constipation, indigestion, haemorrhoids
- Head lice
- Mouth care - cold sores, oral thrush, ulcers
- Skin care - athlete's foot, contact dermatitis / atopic eczema, nappy rash, warts, and verrucae
- Vaginal thrush

Any medication provided is free of charge for people who don't normally pay for their prescriptions.

⁶¹ <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/>

⁶² <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/covid-19-vaccination-service/>

⁶³ <https://northeastnorthcumbria.nhs.uk/toolkits/common-conditions/>
<https://www.cpniec.org.uk/locally-commissioned-services/integrated-care-system-services/>

3.2.4 Pharmacy Quality Scheme

The Pharmacy Quality Scheme (PQS) forms part of the CPCF, is optional and rewards community pharmacies that achieve quality criteria in two domains of patient safety and medicines optimisation.⁶⁴

As of March 2025, PQS 2025-26 criteria include:

Gateway Criteria:

- Being signed up and registered to deliver the Pharmacy First clinical pathways and the Pharmacy Contraceptive Service.

Medicines Optimisation Domain:

- Palliative and end of life care: Pharmacies must develop or update a palliative and end of life care action plan and, if they stock the necessary palliative and end of life care medicines, update their NHS 'directory of services' profile to confirm this.
- Respiratory: Pharmacies should refer patients aged 5 to 15 years who do not have a spacer, and all patients using 3 or more short-acting bronchodilators without any corticosteroid inhaler in the last 6 months.
- EOHC: All pharmacists, and other registered pharmacy professionals intending to provide the service, must complete the Centre for Pharmacy Post Graduate Education (CPPE) emergency contraception online training.
- NMS depression training: All pharmacists must complete CPPE consulting with people with mental health problems online training.

Patient Safety Domain

- Pharmacy First: All registered professionals must have completed the CPPE sepsis online training.
- Enhanced Disclosure and Barring Service (DBS) checks: Enhanced DBS checks should have been undertaken for all registered pharmacy professionals within the last 3 years.

3.2.5 Summary of public information available on pharmaceutical services

As of January 2025:

- Information at <https://www.nhs.uk/nhs-services/pharmacies/> provides an overview of pharmacy services and a search function for a pharmacy that provides the contraceptive pill without a prescription, free blood pressure checks, the NHS flu vaccination service and free Covid-19 lateral flow tests.
- National videos on the following services are available at <https://www.england.nhs.uk/publication/promotional-materials-for-community-pharmacy-services/>: Discharge medicines service, new medicines service, free blood pressure check service, providing the contraceptive pill without a prescription, and the smoking cessation service.
- Regional information and videos on the following services are available at <https://northeastnorthcumbria.nhs.uk/toolkits/>: free blood pressure check service, providing the contraceptive pill without a prescription, Pharmacy First Service.

3.2.6 Distance selling pharmacies

The 2013 Regulations do not allow DSPs to provide essential services to people on a face-to-face basis. They will receive prescriptions either via the EPS or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier (**Note:** DSPs must deliver all dispensed NHS items without charge). They must provide essential services to anyone, anywhere in England, where requested to do so.

They may choose to provide advanced and enhanced services, but when doing so must ensure that they do not provide any element of the essential services to persons present at

⁶⁴ <https://cpe.org.uk/quality-and-regulations/pharmacy-quality-scheme/>

the premises. In March 2025, it was announced that the Regulations would be amended so that DSPs would no longer be able to provide advanced and enhanced services to patients on the pharmacy premises.⁶⁵

3.2.7 Dispensing appliance contractors

Whilst drugs are the most common healthcare intervention and a large proportion of the HWB's population are prescribed them, a smaller proportion will require access to appliances. Those that are available on the NHS are set out in Part IX of the Drug Tariff and include:

- catheters,
- dressings,
- elastic hosiery,
- hernia support garments,
- trusses,
- colostomy bags, and
- urostomy bags.

Dispensing appliance contractors are different to pharmacy contractors because they:

- only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs
- are not required to have a pharmacist
- do not have a regulatory body
- their premises do not have to be registered with the General Pharmaceutical Council (GPhC).

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

- dispensing of prescriptions
- dispensing of repeat prescriptions
- for certain appliances, offer to deliver them to the patient (delivering in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice
- where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

3.2.8 Dispensing doctors

Dispensing doctors are authorised to provide drugs and appliances in designated rural areas known as controlled localities. Controlled localities are areas that have been determined to be 'rural in character' by NHSE (or a preceding organisation) or on appeal by NHS Resolution. There is no one factor that determines whether or not an area is rural in character; rather NHSE will consider a range of factors which may include population density, the presence or absence of facilities, employment patterns, community size and distance between settlements, and the availability of public transport. Their importance comes into play in relation to the ability for a GP practice to dispense to its registered patients.

In order to be dispensed to by their GP practice, a patient must meet the requirements in the regulations which in summary are:

- they must live in a controlled locality,
- they must live more than 1.6km (measured in a straight line) from a pharmacy,
- the practice must have approval for the premises at which they will dispense to them,
- the practice must have the appropriate consent for the area the patient lives in.

Dispensing practices are not required to have a pharmacist in their dispensary and their premises do not have to be registered with the GPhC.

⁶⁵ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

Dispensing doctors do not provide the full range of pharmaceutical services that pharmacies do, however, ICBs and PCNs commission practice pharmacists to work in GP practices including dispensing practices and nationally there continues to be a drive to integrate clinical pharmacists into GP practices.

3.3 Other NHS services

Whilst an ICB or a local authority may commission 'locally commissioned services' from pharmacies, these do not fall within the legal definition of pharmaceutical services (i.e. *locally commissioned services* is not a term that can be found within the 2013 Regulations), however HWBs are asked to make reference to them in their PNAs as 'other NHS services'.

3.3.1 Public health locally commissioned services (as of January 2025)

3.3.1i Sexual health services

3.3.1i(a) Emergency Oral Hormonal Contraception Service

The aim of the EOHC Service is to increase the accessibility and availability of 'free at point of issue' EOHC to females aged 13 years and over in pharmacies in County Durham and Darlington. This service therefore helps to reduce unintended teenage pregnancies and to increase the knowledge of emergency contraception and its use. The EOHC Service is run through accredited pharmacists operating under a PGD.

3.3.1i(b) Chlamydia Screening Service

For pharmacies also offering the Chlamydia Screening Service, dual screening postal packs (for chlamydia and gonorrhoea) are offered during an EOHC consultation, where appropriate, to females aged 13-24 years and their partners. This aids the detection of undiagnosed infection.

3.3.1i(c) C Card Scheme

The aim of this scheme is to provide young people aged 13-24 with sexual health advice and information, and free condoms in a discreet and professional setting. Participating pharmacies largely provide the free condom supply service, however some pharmacies also provide the initial C Card registration service in addition to the ongoing supply of free condoms. Pharmacies signed up to provide C Card registration are specially trained to give advice about sexual health and the correct use of condoms.

3.3.1ii Stop smoking services

3.3.1ii(a) NRT eVoucher Scheme

This Scheme allows trained stop smoking advisers commissioned by the Stop Smoking Service to provide eVouchers to patients to redeem at a commissioned County Durham pharmacy. Pharmacies act as an NRT voucher dispensing point under this service and ensure that the NRT product is suitable for the patient.

3.3.1ii(b) Level 2 Stop Smoking Service

This service provides a programme of stop smoking support and access to stop smoking treatments from pharmacies. The service includes:

- Identifying smokers and offering support (including targeting the priority groups of routine and manual workers).
- Delivering support by trained staff and enabling access to appropriate pharmacotherapy.
- Offering support for up to 12 weeks including weekly support for at least the first 4 weeks (including carbon monoxide monitoring).
- Referring smokers to specialist Level 3 services where appropriate (e.g. pregnant smokers).

- Achieving the required number of 4-week quitters.

3.3.1iii Substance misuse services

3.3.1iii(a) Alcohol Brief Intervention Service

The aims of this service include to:

- Identify levels of drinking amongst those presenting with conditions possibly related to alcohol (e.g. persistent gastric symptoms, high blood pressure).
- Prevent progression to dependent drinking.
- Raise public awareness of safe levels of drinking and consequences of unsafe drinking (particularly targeting women who are pregnant / trying to conceive).
- Reduce alcohol related hospital admissions.

Pharmacists and/or their staff are trained in the appropriate use of the World Health Organisation alcohol screening AUDIT tool, and how to provide brief advice to patients aged 16 years and above.

3.3.1iii(b) Supervised Consumption Service

Supervised consumption of methadone and other medications through community pharmacies is an integral element to the overall shared care services provided to support people who misuse substances – heroin in particular. Current guidelines recommend that all new treatment for opiate dependence be subject to supervised consumption for the first three months or a longer period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the service user, helping to promote a move away from chaotic and risky behaviour.

3.3.1iii(c) Naloxone Supply Service

Drug related deaths continue to rise year-on-year in Great Britain. Naloxone is an emergency antidote to opioid overdose. In the event of a suspected opioid overdose naloxone can temporarily reverse the life-threatening effects of an overdose of opioids such as depressed breathing.

The aim of the service is to provide a naloxone (Prenoxad) supply service to clients and the wider community to support a reduction in accidental deaths from opioid overdose.

3.3.1iii(d) Needle Exchange Service

The aim of the needle exchange service is to provide a needle exchange facility to injecting drug users over the age of 18 in order to reduce the levels of harm associated with injecting drug use for individuals, families and local communities. Pharmacies distribute sterile injecting equipment, provide advice and information on the safe disposal of injecting equipment, and distribute appropriate literature advising on harm reduction, safer sex and local services to all injecting drug users. The pharmacy service compliments the exchange service offered at the Drug and Alcohol Recovery Centres.

3.3.2 ICB place-based enhanced commissioned services (as of January 2025)⁶⁶

3.3.2i Reimbursement of Tuberculosis Medication Costs Scheme

This scheme enables patients who normally pay for their prescriptions to receive anti tuberculosis (TB) drugs free of charge. Patients present their prescription and a letter from community health services to their community pharmacy which then provides the prescription free of charge and subsequently claims this charge back from the ICB place based commissioning team.

3.3.2ii Food Thickening Voucher Scheme

⁶⁶ <https://cpdands.org.uk/county-durham-services-2/>

This scheme enables patients seen by the Speech and Language Therapy service to quickly obtain food thickening products via a voucher through community pharmacies.

3.3.2iii Palliative Care Scheme

The aim of this scheme is to ensure that appropriate palliative care drugs are available in the community at the point of need. Designated community pharmacies hold an agreed list of palliative care drugs to enable easier access.

3.3.2iv Flu Antiviral Medicines Service

Flu antiviral medicines can be prescribed to patients who at an increased risk of developing complications of influenza, during periods when national surveillance schemes show there is a lot of flu in the community. They also are prescribed on advice from UK Health Security Agency (UKHSA) for outbreaks of influenza and avian flu in care homes, residential settings or individual contacts.

Antiviral medicines should generally be taken within 48 hours of getting the flu or of having contact with someone who has the flu. Therefore, this service ensures that the pharmacy stocks a locally agreed range of flu antiviral medicines, to ensure that patients have prompt access to these medicines during the opening hours of the pharmacy.

3.3.2v Minor Eye Conditions and Treatment Service

In the Minor Eye Conditions and Treatment Service (MECATS), patients who have been seen by a registered optometrist for a minor eye condition, then present to the pharmacy with a voucher requesting a treatment from an agreed local formulary. Patients who are registered with a County Durham and Darlington GP practice and are exempt from NHS prescription charges receive this treatment free of charge.

3.4 Non-commissioned services

- A goodwill prescription delivery service continues to be available from the majority of pharmacies.

3.5. Pharmaceutical service provision

Information provided by the ICB and North of England Care Support System (NECS) showed that:⁶⁷

3.5.1 GP practice dispensaries

Between 2022-23 and 2023-24 the number of prescription items dispensed by GP practice dispensaries in County Durham increased by 1.5%.⁶⁸

3.5.2 Pharmacy service provision

3.5.2i The necessary and other relevant pharmaceutical services

The pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services are:

- Essential services which are provided by all pharmacies.

The other relevant pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure improvements or better access are:

The following advanced services:

- New Medicine Service
- Flu Vaccination Service

⁶⁷ ICB data received in January 2025. NECS data received in October 2024.

⁶⁸ Items dispensed in 2022-23 of 613,143. Items dispensed in 2023-24 of 622,072.

- Pharmacy First Service, Hypertension Case Finding Service, Pharmacy Contraception Service⁶⁹

The following local enhanced service:

- Think Pharmacy First Service

3.5.2ii Essential pharmacy services

Between 2022-23 and 2023-24 the number of prescription items dispensed by pharmacies in County Durham increased by 2.4%.⁷⁰ This corresponds to a total item increase of 394,537 items or an average of an extra 281 prescription items per month per pharmacy.⁷¹

To put this into perspective:⁷²

- Between 2022-23 and 2023-24 the number of prescription items dispensed by pharmacies in England increased by 3%.
- In 2023-24, the average number of prescription items dispensed by pharmacies in England per month is 7,723.⁷³

The number of prescription items issued by GP practices in County Durham between 2022-23 and 2023-24 increased by a total of 475,647 items or by 2.9%.⁷⁴ Table 3 shows the increase in each locality (Appendix 5 for individual GP practice information), and does not raise any concerns regarding increases in dispensed prescription items which cannot be adequately managed by the existing pharmacy network.

Table 3: Prescription items between 2022-23 and 2023-24

Table 3a: Prescription items issued by GP practices in County Durham between 2022-23 and 2023-24

Locality	Number of pharmacies in January 2025	Number of items prescribed in 2022-23	Number of items prescribed in 2023-24	Total increase in number of prescribed items	Total % increase
Dales	21	2,829,074	2,915,331	86,257	3.05%
Easington	26	3,654,297	3,748,200	93,903	2.57%
Derwentside	19	2,972,235	3,061,751	89,516	3.01%
Sedgefield	20	3,119,336	3,209,723	90,387	2.90%
Durham	19	2,294,954	2,324,708	29,754	1.30%
Chester-le-Street	12	1,795,835	1,881,665	85,830	4.78%
Total	117	16,665,731	17,141,378	475,647	2.9%

⁶⁹ From June 2025 commissioned together as a service bundle.

⁷⁰ Items dispensed in 2022-23 of 16,440,505. Items dispensed in 2023-24 of 16,835,042.

⁷¹ 394,537 items / 117 pharmacies in January 2025 / 12 months.

⁷² <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

⁷³ In 2023-24: 1,113,000,000 items dispensed by 12,009 pharmacies.

⁷⁴ Items prescribed in 2022-23 of 16,665,731. Items prescribed in 2023-24 of 17,141,378.

Table 3b: Average prescription item increase per locality pharmacy between 2022-23 and 2023-24

Locality	Number of pharmacies in January 2025	Total increase in number of prescribed items by GP practices in County Durham	Average <u>monthly</u> increase in prescription items dispensed between 2022-23 and 2023-24 if all dispensed in County Durham ⁷⁵
Dales	21	86,257	342
Sedgefield	20	93,903	391
Easington	26	89,516	287
Derwentside	19	90,387	396
Durham	19	29,754	131
Chester-le-Street	12	85,830	596
Total number	117	475,647	

3.5.2iii Advanced and enhanced pharmacy services

As of January 2025, provision in the advanced and enhanced pharmacy services is described below:

Table 4a: Advanced service provision in the 21 Dales pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Pharmacy First	100% (n=21)	96% (as the CPCS)
Flu Vaccination Service	86% (n=18)	74%
NMS	100% (n=21)	100%
AUR or SAC	0% (n=0)	0%
Lateral Flow Device Service	67% (n=14)	NA
Pharmacy Contraception Service	71% (n=15)	NA
Hypertension Case-finding Service	86% (n=18)	NA
Smoking Cessation Service	24% (n=5)	NA

⁷⁵ Number of prescription items issued by GP practices in County Durham between 2022-23 and 2023-24 increased by a total of 475,647 items. The corresponding increase between 2022-23 and 2023-24 of the number of prescription items dispensed by pharmacies in County Durham is 394,537 (i.e. 81,110 items are dispensed by pharmacies outside the HWB area). In 2023-24, the average number of prescription items dispensed by pharmacies in England per month is 7,723.

Table 4b: Enhanced service provision in the 21 Dales pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Covid-19 Vaccination Service	38% (n=8)	NA
Think Pharmacy First Service	100% (n=21)	NA

Table 5a: Advanced service provision in the 26 Easington pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Pharmacy First	100% (n=26)	100% (as the CPCS)
Flu Vaccination Service	81% (n=21)	36%
NMS	96% (n=25)	96%
AUR or SAC	0% (n=0)	4%
Lateral Flow Device Service	89% (n=23)	NA
Pharmacy Contraception Service	81% (n=21)	NA
Hypertension Case-finding Service	92% (n=24)	NA
Smoking Cessation Service	12% (n=3)	NA

Table 5b: Enhanced service provision in the 26 Easington pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Covid-19 Vaccination Service	31% (n=8)	NA
Think Pharmacy First Service	100% (n=26)	NA

Table 6a: Advanced service provision in the 19 Derwentside pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Pharmacy First	84% (n=16)	100% (as the CPCS)
Flu Vaccination Service	79% (n=15)	50%
NMS	100% (n=19)	100%
AUR or SAC	11% (n=2)	10%
Lateral Flow Device Service	84% (n=16)	NA
Pharmacy Contraception Service	68% (n=13)	NA
Hypertension Case-finding Service	79% (n=15)	NA
Smoking Cessation Service	42% (n=8)	NA

Table 6b: Enhanced service provision in the 19 Derwentside pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Covid-19 Vaccination Service	68% (n=13)	NA
Think Pharmacy First Service	100% (n=19)	NA

Table 7a: Advanced service provision in the 20⁷⁶ Sedgefield pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Pharmacy First	100% (n=20)	100% (as the CPCS)
Flu Vaccination Service	90% (n=18)	64%
NMS	100% (n=20)	100%
AUR or SAC	0% (n=0)	0%
Lateral Flow Device Service	65% (n=13)	NA
Pharmacy Contraception Service	75% (n=15)	NA
Hypertension Case-finding Service	80% (n=16)	NA
Smoking Cessation Service	40% (n=8)	NA

Table 7b: Enhanced service provision in the 20⁷⁷ Sedgefield pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Covid-19 Vaccination Service	25% (n=5)	NA
Think Pharmacy First Service	100% (n=20)	NA

Table 8a: Advanced service provision in the 19 Durham pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Pharmacy First	100% (n=19)	100% (as the CPCS)
Flu Vaccination Service	89% (n=17)	57%
NMS	100% (n=19)	100%
AUR or SAC	5% (n=1)	5%
Lateral Flow Device Service	74% (n=14)	NA
Pharmacy Contraception Service	68% (n=13)	NA
Hypertension Case-finding Service	79% (n=15)	NA
Smoking Cessation Service	11% (n=2)	NA

⁷⁶ As of January 2025 – will increase to 21 once a DSP opens in Sildon in March 2025.

⁷⁷ As of January 2025 – will increase to 21 once a DSP opens in Sildon in March 2025.

Table 8b: Enhanced service provision in the 19 Durham pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Covid-19 Vaccination Service	47% (n=9)	NA
Think Pharmacy First Service	100% (n=19)	NA

Table 9a: Advanced service provision in the 12 Chester-le-Street pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Pharmacy First	100% (n=12)	100% (as the CPCS)
Flu Vaccination Service	92% (n=11)	42%
NMS	83% (n=10)	83%
AUR or SAC	8% (n=1)	8%
Lateral Flow Device Service	92% (n=11)	NA
Pharmacy Contraception Service	67% (n=8)	NA
Hypertension Case-finding Service	100% (n=12)	NA
Smoking Cessation Service	42% (n=5)	NA

Table 9b: Enhanced service provision in the 12 Chester-le-Street pharmacies

Service	% of pharmacies providing this service in Jan 2025	% of pharmacies providing this service in 2022-25 PNA
Covid-19 Vaccination Service	33% (n=4)	NA
Think Pharmacy First Service	100% (n=12)	NA

For the other relevant services, as of January 2025, this can be summarised across the 6 localities as:

- The New Medicine Service, Pharmacy First Service, and the Think Pharmacy First Service are offered by the majority of pharmacies.
- The provision of the Flu Vaccination Service and the Hypertension Case Finding Service is widespread.
- For the Pharmacy Contraceptive Service: provision of this service is increasing, with pharmacies working alongside the Sexual Health Services in County Durham. From June 2025, this service is commissioned as a service bundle alongside Pharmacy First and the Hypertension Case Finding Service, and so provision of this service will increase as part of this service bundle.

For the remaining pharmaceutical services that are not deemed to be 'other relevant' services:

- Smoking Cessation Service: smoking remains the leading cause of preventable illness and premature death (Section 2.1.5) and is one of the priorities in the County Durham JLHWS (Section 2.2.2). A small number of pharmacies have signed up to provide this service however, there doesn't appear to be a need for this service with the Stop Smoking Service in County Durham fulfilling this role within the local Trusts.

- Covid-19 services: It is uncertain as to the long-term need for the Lateral Flow Device advanced service⁷⁸, and the Covid-19 vaccination enhanced service may once again become a service where the NHS targets the areas of provision.
- Appliance services: There continues not to be a need for the provision of the Appliance Use Review and Stoma Appliance Customisation Services.

Note: Engaging with services is a decision for each pharmacy based on their own individual circumstances.

⁷⁸ In March 2025, the service was extended for another year.
<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

Section four: Access to pharmaceutical services

Key points

Alongside many other businesses on the high street, community pharmacies across England have faced a number of economic challenges, which has led to some pharmacy closures.

However, County Durham still has a good distribution of pharmaceutical services with the rural population mainly being served by dispensing GP practices. This is reflected by the fact that, in July 2024, 99.9% of residential properties in County Durham are within a 20-minute drive of a pharmacy or dispensing GP; and 79.6% are within a 20-minute walk of a pharmacy or dispensing GP. This is also reflected in the public surveys where an average of 92% of people who responded stated that they can easily access pharmaceutical services.

There is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density.

Similarly, there is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density of older people. This is important since the older population is increasing. In addition, older patients often have higher morbidity and generally require more support with their medicines and access to pharmaceutical services.

County Durham experiences higher levels of deprivation than the national average. Previous research by Durham University showed that 99.8% of the population in the areas of highest deprivation in England had access to a community pharmacy within a 20-minute walk. This pattern is generally supported locally in each of the 6 localities where pharmacy locations are mapped against areas of deprivation. Therefore, community pharmacy is already well-placed to provide pharmaceutical services in the heart of deprived communities.

In January 2025, County Durham has an above England average supply of community pharmacies, at 22 pharmacies per 100,000 population compared to the England average of 21 per 100,000.

There are no dispensing appliance contractors in County Durham.

A good distribution of pharmacies still exists with extended and weekend opening hours. People requiring urgent medication from primary care services are generally directed to a 100-hour pharmacy open⁷⁹ in that or a neighbouring locality.

Out of area pharmaceutical services do not provide a necessary dispensing service in County Durham (only 5.4% of all items prescribed by GP practices in County Durham are dispensed outside the County).

None of the predicted housing development builds by 2028 will require new pharmaceutical services due to reasonable cover from already existing services. However, the HWB will keep this under review for the Sniperley Park, Seaham Garden Village and Integra 61 developments.

⁷⁹ From April 2023, 100-hour pharmacies could reduce to new core opening hours of no less than 72 hours a week. See Section 4.3.1.

4.1 Background

Alongside many other businesses on the high street, community pharmacies across England have faced a number of economic challenges in recent years, which has led to some pharmacy closures.⁸⁰

Pharmaceutical services are funded from an NHS fixed global sum that is negotiated on an annual basis, therefore if the number of pharmacies double each pharmacy would receive half the pharmacy income.

Pharmacies rely on NHS funding for around 90% of their income. The remaining 10% can come from locally commissioned services and from retail income.

The funding package received from the NHS has not been deemed by the pharmacy sector to be adequate, therefore pharmacy closures are more likely in deprived areas where patients don't purchase retail items or use private pharmacy services.⁸¹ However, the CCPF 2025-26 was announced in March 25 which gave the first significant investment in community pharmacy's core funding for over 10 years.⁸²

4.1.1 Determination of impact following a closure of a pharmaceutical service

When a pharmacy or GP practice dispensary closes the PNA Steering Group, on behalf of the HWB, makes a judgement on whether a closure would leave a significant gap in pharmaceutical services in the area. This is done (as applicable) by:

- Analysing the number of prescriptions dispensed by a closing GP practice dispensary or pharmacy and the surrounding pharmacy network.
- Engaging with the remaining local pharmacies for their views on potential increased workloads.
- Determining which pharmaceutical and other NHS services are provided by a closing pharmacy and the remaining pharmacy network.
- Considering if a closure leads to a significant change in opening hours in the area.
- Asking for public views via the local Councillor for that area.
- Considering a realistic benchmark for declaring a significant gap, taking into account that, as of January 2025:
 1. In the north of the region in 2023, a significant gap in pharmaceutical services was declared in a deprived town which had lost two pharmacies and displaced 20,000 prescriptions per month. To put this into context, in 2023-24, the average number of prescription items dispensed by pharmacies in England per month was approximately 7,700.
 2. Pharmacies rely on NHS funding for around 90% of their income. This income is derived from a fixed global sum, hence if the number of pharmacies double then their NHS income is halved.

4.2 Location of pharmaceutical services

An important consideration in determining the adequacy of pharmaceutical services is how long it takes to travel to a pharmacy or dispensing GP practice. In July 2024, 264,614 out of 264,655 residential properties (99.9%) in County Durham are within a 20-minute drive of a pharmacy or dispensing GP; 79.6% (n=210,608) are within a 20-minute walk of a pharmacy or dispensing GP. This compares to 100% and 80% respectively in December 2021, when the previous PNA was written.

In order to protect patient access in areas of deprivation or where community pharmacy provision is sparse, a national Pharmacy Access Scheme (PhAS) remains in place. This scheme pays additional monies to small and medium sized pharmacies that are a mile or more from another pharmacy (this is measured by road distance rather than as the crow

⁸⁰ <https://pharmaceutical-journal.com/article/feature/supermarket-pharmacy-closures-a-watershed-moment>

⁸¹ <https://cpe.org.uk/learn-more-about-community-pharmacy/information-for-politicians/>

⁸² <https://cpe.org.uk/our-news/cpcf-arrangements-for-2024-25-and-2025-26-announced/>

flies). A list of pharmacies eligible for the PhAS, together with eligibility criteria and a guidance is available.⁸³

In County Durham, 17 pharmacies are eligible for this payment from June 2022. This is to be expected due to the rural nature of County Durham.

4.2.1 Pharmacy services

In March 2025, there are 118 pharmacies (10 of which are 100-hour pharmacies⁸⁴, and 7 of which are DSPs) in County Durham.

This compared to 124 pharmacies in the previous PNA in April 2022, 13 of which were 100-hour pharmacies, and 7 of which were DSPs.

Tables 10 and 11 describe these closures, none of which were deemed to leave a significant gap in pharmaceutical services. As of March 2025, the view of the PNA Steering Group is that there are still sufficient NHS pharmaceutical services across County Durham.

The previously granted consolidation applications in Ferryhill and Durham City at <https://www.durhaminsight.info/health-and-social-care/pna/pna-2018-to-2021/pna-supplementary-statements/> and at Easington Colliery at <https://www.durhaminsight.info/health-and-social-care/pna/pna-2022-2025/pna-supplemental-statements-2022-2025/> continue not to leave a significant gap in pharmaceutical services in those areas.

Table 10: Pharmacies in County Durham in March 2025

Locality	Number of pharmacies Mar 25 (Number in Apr 22)	Number of 100-hour pharmacies Mar 25 (Number in Apr 22)	Location of 100-hour pharmacies Mar 25	Number of DSPs Mar 25 (Number in Apr 22)
Dales	21 (22)	4 (5)	Bishop Auckland x3 Crook	0 (0)
Easington	26 (29)	1 (2)	Peterlee	2 (2)
Derwentside	19 (20)	2 (3)	Consett Stanley	1 (1)
Sedgefield	21 ⁸⁵ (21)	2 (2)	Newton Aycliffe Spennymoor	2 (2)
Durham	19 (20)	1 (1)	Dragonville Industrial Estate, Durham	0 (0)
Chester-le-Street	12 (12)	0 (0)	-	2 (2)
Total	118 (124)	10 (13)		7 (7)

⁸³ <https://cpe.org.uk/our-news/phas-list-updated-following-review/>; <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>. Accessed 25.10.24

⁸⁴ From April 2023, 100-hour pharmacies could reduce to new core opening hours of no less than 72 hours a week. See Section 4.3.1.

⁸⁵ Increased to 21 in March 2025 following the opening of a DSP in Shildon.

Table 11: Summary of pharmacy premise changes between April 2022 and March 2025

Locality	Number of pharmacies in April 2022	Number of pharmacies in March 2025	Brief description of change
Dales	22	21	Closure of a 100-hour pharmacy - Lloyds Pharmacy in Sainsbury's, Bishop Auckland in July 2024
Sedgefield	21	21	Closure a DSP - Well Pharmacy, Chilton Industrial Estate in June 2024 Opening of a DSP – Net Pharmacy, Dabble Duck Industrial Estate, Shildon in March 2025
Easington	29	26	Consolidation of two Boots Pharmacies in Easington Colliery in May 2023 ⁸⁶ Closure of a 100-hour pharmacy - Asda Pharmacy, Seaham in August 2024 Closure of Boots Pharmacy, Horden in February 2024.
Derwentside	20	19	Closure of a 100-hour pharmacy - Boots Pharmacy, Tanfield in August 2024
Durham	20	19	Closure of Lloyds Pharmacy in Sainsbury's, Arnison Centre in April 2023
Chester-le-Street	12	12	-
Total number	124	118	

The County Durham population in 2022 was 528,127. Projections indicate this will increase to 551,854 by 2032. This means that in January 2025, County Durham has 22 pharmacies per 100,000 population (reducing to 21 pharmacies per 100,000 population in 2028). This currently higher than the England average of 21 per 100,000.⁸⁷

The maps at <https://www.durhaminsight.info/pna/> show that there is a good distribution of pharmacies across County Durham, with the rural population mainly being served by dispensing practices (Appendix 6).

⁸⁶ <https://www.durhaminsight.info/pna/pna-supplemental-statements-2022-2025/>

⁸⁷ In January 2025, there are 117 pharmacies in County Durham. In 2022, the population of County Durham was 528,127. In 2023-24 there are 12,009 active community pharmacies in England. <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england>. In 2022, the population of England was 57,112,500. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2023>

The maps at <https://www.durhaminsight.info/pna/> also show pharmacy locations mapped against population density (all ages). There is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density (Appendix 6).

Similarly, the maps at <https://www.durhaminsight.info/pna/> show pharmacy locations mapped against population density of the over 65's (Appendix 6). Again, there is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density of older people. This is important since older patients often have higher morbidity and generally require more support with their medicines and access to pharmaceutical services.

A study published in the British Medical Journal (BMJ) in 2014 by Durham University⁸⁸ sought to determine the percentage of the population in England that have access to a community pharmacy within a 20-minute walk, and how this linked to social deprivation. It found that 90.2% of the population in the areas of lowest deprivation have access to a community pharmacy within a 20-minute walk, whilst 99.8% of the population in the areas of highest deprivation have access to a community pharmacy within a 20-minute walk. This is supported locally by the maps at <https://www.durhaminsight.info/pna/> where pharmacy locations are mapped against deprivation to show a good availability of pharmacies across the areas of deprivation in the 6 localities (Appendix 6). Therefore, community pharmacy is well-placed to provide pharmaceutical services in the heart of deprived communities.

4.2.2 Dispensing GP practices

In January 2025, there are 12 dispensing GP practices in County Durham, with the rural population mainly being served by dispensing practices (maps at <https://www.durhaminsight.info/pna/>).

The number reported in the previous PNA was 13, with the closure of the Belmont and Sherburn Medical Group dispensary in Sherburn Village in July 2024. This closure was not deemed to create a significant gap in the availability of pharmaceutical services in the area.

Table 12: Dispensing GP practices in County Durham in January 2025

Locality	Number of dispensing GP practices	GP practice
Dales	7	<ul style="list-style-type: none"> • Auckland Medical Group, Bishop Auckland • Barnard Castle Surgery • Woodview Medical Practice, Cockfield • Old Forge Surgery, Middleton-in-Teesdale • Pinfold Medical Practice, Butterknowle • Evenwood Medical Practice • Gainford Surgery
Easington	0	-
Derwentside	3	<ul style="list-style-type: none"> • Browney House Surgery, Langley Park • The Haven Surgery, Burnhope • Oakfields Health Group, Hamsterley Colliery
Sedgefield	2	<ul style="list-style-type: none"> • Bewick Crescent Surgery, Newton Aycliffe • St Andrews Medical Practice, Spennymoor

⁸⁸ Todd *et al.* The positive pharmacy care law: an area level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ 2014 **4(8)** 1-8. <http://bmjopen.bmj.com/content/4/8/e005764>

Locality	Number of dispensing GP practices	GP practice
Durham	0	-
Chester-le-Street	0	-
Total	12	

4.2.3 Dispensing appliance contractors

There are no dispensing appliance contractors in County Durham. Information received from NECS in October 2024 showed that in the NENC region there are 5 dispensing appliance contractor sites:

- Amcare Ltd, South Shields
- Amcare Ltd, Sunderland
- B Braun Medical Ltd, Sunderland
- Fittleworth Medical Limited, Sunderland
- Salts Healthcare Limited, Newcastle upon Tyne

Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or the EPS, and arranging for dispensed items to be delivered to the patient. They are not registered or regulated by the GPhC and are not required to have a pharmacist.

4.2.4 Out of area dispensing

Out of area pharmaceutical services do not provide a necessary dispensing service in County Durham based on the fact that approximately 5.4% of all items prescribed by GP practices in County Durham are dispensed outside the County:

Table 13: Out of area dispensing⁸⁹

Financial year	% total items prescribed in County Durham that are dispensed inside County Durham	% total items prescribed in County Durham that are dispensed outside County Durham
2021-22	95%	5%
2022-23	94.5%	5.5%
2023-24	94.2%	5.8%

4.3 Opening hours of pharmacy services

Pharmacies and dispensing appliance contractors have two different types of opening hours: core and supplementary. In general, pharmacies will have either 40 or 72-100 (called 100-hour pharmacies for those that have opened under the former exemption from the control of entry test) core opening hours per week. In January 2025 there are 10 100-hour pharmacies which provide extended and out of hours cover for pharmaceutical services across the county, and must open for between 72-100 core contractual hours. Dispensing appliance contractors are generally required to have not less than 30 core opening hours per week. Core opening hours can only be changed by first applying to the ICB (as a delegated duty of NHSE). As with all applications, they may be granted or refused.

Any opening hours that are over and above the core opening hours are called supplementary opening hours. They can be changed by giving the ICB at least 5 weeks notice. Therefore, all assessments on access to pharmaceutical services by opening hours are made using core hours only.

⁸⁹ Information provided by NECS in October 2024

4.3.1 Reductions in opening hours

Changes to the regulations (The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023) in April 2023⁹⁰ introduced new Terms of Service to allow the following changes to opening hours of pharmacies:

4.3.1i 100-hour pharmacies

From April 2023, 100-hour pharmacies could reduce to new core opening hours of no less than 72 hours a week which must include:

1. Monday to Saturday 5-9pm (no rest breaks are permitted during this time).
2. Sunday 11am-4pm (rest breaks are permitted).
3. Sunday's total opening hours (i.e. the existing, total core opening hours on Sundays must remain).⁹¹

During 2023, all 100-hour pharmacies in County Durham reduced their opening hours to 72 hours a week which reduced the pharmacy opening hours from 10pm-midnight Monday to Saturday to 9pm; and from various opening hours (ranging from 4-8pm) on Sundays to 4pm (with the exception of Station Road Pharmacy, Consett which has core opening hours until 8pm on Sundays). None of these reductions in opening hours were deemed to leave a significant gap in pharmaceutical services in the area (see Section 4.3.2).

Table 14: Changes in the opening hours of 100-hour pharmacies in 2023

Table 14a: Dales

100-hour pharmacy	Opening hours in April 2023	Opening hours in January 2025
Tesco, St Helen Auckland Industrial Estate	Mon: 08:00-22:30, Tue-Fri: 06:30-22:30 Sat: 06:30-22:00 Sun: 10:00-16:00	Mon – Fri: 09:00-21:00 Sat: 09:00-21:00 Sun: 10:00-16:00
Boots, Bishop Auckland Shopping Park	Mon-Fri: 08:00-24:0 Sat: 09:00-23:00 Sun: 10:00-16:00	Mon – Fri: 09:00-13:00, 14:00 - 21:00 Sat: 09:00-13:00, 14:00 - 21:00 Sun: 10:00-16:00
Asda Pharmacy, South Church Road	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00	Mon-Fri: 09:00-12:30, 13:00-16:30, 17:00-21:00 Sat: 09:00-12:30, 13:00-16:30, 17:00-21:00 Sun: 10:00-16:00
Crook Pharmacy, Hope Street	Mon-Fri: 07:00-23:00 Sat: 08:00-22:00 Sun: 10:00-16:00	Mon – Fri: 09:00-21:00 Sat: 09:00-21:00 Sun: 10:00-16:00

Table 14b: Easington

100-hour pharmacy	Opening hours in April 2023	Opening hours in January 2025
Asda Pharmacy, Peterlee	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00	Mon-Fri: 09:00-12:30, 13:00-16:30, 17:00-21:00 Sat: 09:00-12:30, 13:00-16:30, 17:00-21:00 Sun: 10:00-16:00

Table 14c: Derwentside

100-hour pharmacy	Opening hours in April 2023	Opening hours in January 2025
Station Road Pharmacy, Consett	Mon: 08:00-23:00, Tues-Fri: 07:00-23:00 Sat: 07:00-22:00	Mon-Fri: 09:00-15:00, 16:00-21:00 Sat: 09:00-15:00, 16:00-21:00 Sun: 10:00-20:00

⁹⁰ <https://www.england.nhs.uk/long-read/guidance-on-the-nhs-pharmaceutical-and-local-pharmaceutical-services-amendment-regulations-2023/>

⁹¹ <https://cpe.org.uk/briefings/psnc-briefing-012-23-dhscs-changes-to-the-pharmaceutical-regulations/>

100-hour pharmacy	Opening hours in April 2023	Opening hours in January 2025
	Sun: 10:00-16:00	
Asda, Stanley	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00	Mon-Fri: 09:00-12:30, 13:00-16:30, 17:00-21:00 Sat: 09:00-12:30, 13:00-16:30, 17:00- 21:00 Sun: 10:00-16:00

Table 14d: Sedgefield

100-hour pharmacy	Opening hours in April 2023	Opening hours in January 2025
Tesco, Newton Aycliffe	Mon: 08:00-22:30, Tue-Fri: 06:30-22:30 Sat: 06:30-22:00 Sun: 10:00-16:00	Mon – Fri: 09:00-21:00 Sat: 09:00-21:00 Sun: 10:00-16:00
Asda, Spennymoor	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00	Mon-Fri: 09:00-12:30, 13:00-16:30, 17:00-21:00 Sat: 09:00-12:30, 13:00-16:30, 17:00- 21:00 Sun: 10:00-16:00

Table 14e: Durham

100-hour pharmacy	Opening hours in April 2023	Opening hours in January 2025
Tesco, Dragonville Industrial Estate	Mon: 08:00-22:30, Tue-Fri: 06:30-22:30 Sat: 06:30-22:00 Sun: 10:00-16:00	Mon – Fri: 09:00-21:00 Sat: 09:00-21:00 Sun: 10:00-16:00

Table 14f: Chester-le-Street

100-hour pharmacy	Opening hours in April 2023	Opening hours in January 2025
n/a-	n/a	n/a

4.3.1ii An ICB notification procedure for introducing or changing rest breaks

From April 2023, pharmacies could introduce or change rest breaks:

- More than one rest break is permitted each day.
- Each break must not be more than 1 hour.
- The total core opening hours for each day must be maintained (therefore the working day becomes longer).
- Pharmacies notify their ICB of rest breaks, or a change in the length or timing of an existing lunch or other break in core opening hours, and at least 5-weeks later implement those changes. No permission is required provided that the changes are in accordance with the regulations on rest breaks.

If pharmacies want to make changes to core opening hours that are not in accordance with the regulations for rest breaks, they must make an application in the usual way and wait for a decision by the ICB.

Note: 100-hour pharmacies must apply for rest breaks as part of an application either to reduce core opening hours, or as an application to change/rearrange the days or times of core opening hours.

4.3.1iii A requirement to have a business continuity plan dealing with temporary closures

Pharmacies must have a business continuity plan for their premises to deal with temporary suspensions of pharmaceutical services because of illness or another reason beyond the control of the pharmacy.

4.3.1iv Procedures for applying to change core opening hours and notifying changes of supplementary opening hours

- **Applications to change core opening hours:** ICBs may grant a change to core opening hours following an application by a pharmacy, either:
 1. to maintain the existing level of NHS pharmacy provision; or
 2. to maintain a sustainable level of adequate NHS pharmacy provision where maintaining the existing level of provision is either unnecessary or not realistically achievable.

The previous requirement for there to be a change in the needs of patients before a change in core opening hours could be made has been removed. ICBs have the ability to grant applications by pharmacies either to amend the times at which they provide core opening hours, or to reduce their core opening hours, to what may be realistically achievable for the pharmacy.

In March 2025, it was clarified that ICBs should consider a pharmacy's evidence of the economic viability of their current opening hours alongside evidence of patient demand for the pharmacy's services during these hours.⁹²

Pharmacies may use this provision to move all their core opening hours to weekdays if they can demonstrate that there is not a need for core opening hours at the weekend.

- **Notifications to change to supplementary opening hours:** The notice period to reduce or amend supplementary opening hours remains at 5 weeks. If a pharmacy notifies the ICB of a reduction in supplementary opening hours, or a change in the days or times they are provided, at least 5 weeks later the pharmacy can make those changes. Pharmacies can ask the ICB to agree to a shorter notice. There is no notice period for increasing supplementary opening hours, but pharmacies must notify the ICB of any increase in the number of supplementary opening hours before they implement the increase.

4.3.2 Access to pharmacy services out of hours

At quiet times, out of hours or on bank holidays, patients may have to travel further to a pharmacy, for example, to a 100-hour pharmacy.⁹³

If an ICB wants a community pharmacy to be open at quiet times, out of hours or on bank holidays and no pharmacy is available, the ICB can go through a process to direct and separately fund the pharmacy to open. NENC ICB does commission pharmacies to open on bank holidays to ensure patients can access pharmacy services within a reasonable travel distance. This additional 'directed' service provision is commissioned to ensure provision is reasonably spread across the geography of NENC.

If a person urgently requires a doctor, then they are advised to contact their own GP practice between 8am – 6pm Monday to Friday. If their own GP practice cannot see them that day, they may be offered an appointment at the nearest primary care service.

Outside of these hours patients are advised to contact NHS111 or visit NHS111 online to be signposted to the appropriate service.

As of January 2025, there are four primary care service sites located in:

- Dales: Bishop Auckland
- Sedgefield: Newton Aycliffe
- Easington: Peterlee
- Durham: University Hospital of North Durham (UHND).

⁹² <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

⁹³ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

Primary care services are pre-bookable services via NHS111 or other urgent care providers and do not offer walk in facilities.

These sites operate between 12pm – 8pm Monday to Friday, with three sites then operating 8am – 1pm at weekends and bank holidays; and the fourth site in Bishop Auckland operating 8am – 8pm at weekends and bank holidays.

People requiring urgent medication are generally provided with a prescription and directed to a 100-hour pharmacy⁹⁴ open in that locality.

Since the last PNA there has been a reduction in the availability of the 100-hour pharmacy service provision across the County due to:

Closures: The closure of 3 100-hour pharmacies in the County in 2024. In the last PNA, there were 13 100-hour pharmacies and currently (as of January 2025) there are 10 100-hour pharmacies (Table 11).

None of these closures were deemed to leave a significant gap in pharmaceutical services in the area due to following facts:

- The remaining 100-hour pharmacies in the relevant locality areas of the Dales, Easington and Derwentside will continue to provide reasonable access to pharmaceutical services out of hours.
- GP practices can electronically transmit prescriptions to a pharmacy of the patient's choice.
- Prescriptions issued by GP practices in these areas are dispensed by a variety of pharmacies.
- The remaining pharmacy networks can accommodate these closures.
- All other services are provided by the remaining local pharmacy network.

Opening hours: Changes to the regulations (The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023) in April 2023 which allowed 100-hour pharmacies to reduce to new core opening hours of no less than 72 hours a week (Table 14). During 2023, stakeholders were kept up to date on the ongoing changes to opening hours, and no concerns were raised, therefore none of these changes in core opening hours were deemed to leave a significant gap in pharmaceutical services in the area. The new core opening hours of 100-hour pharmacies when reducing to 72 hours a week should include up to 9pm Monday to Saturday and up to 4pm on Sundays (as was previously the case on Sundays).

Table 15: Pharmacies in County Durham in January 2025

Locality	Total number of pharmacies Jan 2025 (Number in April 2022)	Number of 100-hour pharmacies Jan 2025 (Number in April 2022)	Number of pharmacies with core opening hours after 6pm weekdays Jan 2025 (Number in April 2022)	Number of pharmacies with core opening hours on Saturday Jan 2025 (Number in April 2022)	Number of pharmacies with core opening hours on Sunday Jan 2025 (Number in April 2022)
Dales	21 (22)	4 (5)	4 (5)	10 (11)	4 (5) (none open after 4pm)

⁹⁴ Must open for between 72-100 core contractual hours.

Locality	Total number of pharmacies Jan 2025 (Number in April 2022)	Number of 100-hour pharmacies Jan 2025 (Number in April 2022)	Number of pharmacies with core opening hours after 6pm weekdays Jan 2025 (Number in April 2022)	Number of pharmacies with core opening hours on Saturday Jan 2025 (Number in April 2022)	Number of pharmacies with core opening hours on Sunday Jan 2025 (Number in April 2022)
Easington	26 (29)	1 (2)	1 (2)	10 (12)	1 (2) (none open after 4pm)
Derwentside	19 (20)	2 (3)	2 (3)	6 (7)	2 (3) (none open after 8pm)
Sedgefield	20 (21)	2 (2)	2 (2)	5 (6)	2 (2) (none open after 4pm)
Durham	19 (20)	1 (1)	1 (1)	4 (6)	2 (3) (none open after 5pm)
Chester-le-Street	12 (12)	0 (0)	0 (0)	4 (4)	0 (0)
Total	117 (124)	10 (13)	10 (13)	39 (46)	11 (15)

This information can be summarised as:

Table 16: Locality core opening hours

Locality	Core opening hours
Dales	There is reasonable access to pharmaceutical services in the evenings and at weekends (with no pharmaceutical service after 4pm Sunday evenings).
Easington	There is reasonable access to pharmaceutical services in the evenings and at weekends (with no pharmaceutical service after 4pm Sunday evenings).
Derwentside	There is good access to pharmaceutical services in the evenings and at weekends (with no pharmaceutical service after 8pm Sunday evenings).
Sedgefield	There is reasonable access to pharmaceutical services in the evenings and at weekends (with no pharmaceutical service after 4pm Sunday evenings).
Durham	There is reasonable access to pharmaceutical services in the evenings and at weekends (with no pharmaceutical service after 5pm Sunday evenings).
Chester-le-Street	There is reasonable access to pharmaceutical services on Saturdays with no pharmaceutical service after 6pm weekdays or on Sunday, however there is provision in the nearby Durham locality.

Apart from one pharmacy in the Derwentside locality with core opening hours to 8pm on Sundays, there are no pharmacies open on Sunday evenings. As of January 2025, the primary care service in Bishop Auckland operates until 8pm, and patients can alternatively be supplied with medication from the County Durham and Darlington Foundation Trust (CDDFT) urgent care service that is based at the same site.

Table 17 shows the prescription items issued by primary care services in County Durham. Differences in the number of prescriptions issued are likely to reflect the extended opening hours of the Dales service and the direct issue of pre-packed medication by the services instead of the issue of a prescription.

Table 17: Prescription items issued by primary care services in County Durham 2022-23 and 2023-24

Primary Care Service	Prescription items issued 2022-23	Prescription items issued 2023-24
Dales: Bishop Auckland	18,338	21,638
Sedgefield: Newton Aycliffe	6,079	5,012
Easington: Peterlee	10,009	8,783
Durham: UHND	612	695

The maps at <https://www.durhaminsight.info/pna/> show the location of pharmacies with core opening hours after 6pm (these are the 100-hour pharmacies only) and pharmacies with core opening hours at the weekend (with a 100-hour pharmacy distinction) (Appendix 6). Appendix 7 lists the additional supplementary hours for each pharmacy, with a distinction of which pharmacies are 100-hour and which pharmacies are distance-selling, in order to give a full picture of total pharmacy opening hours.

4.4 The public view

Appendix 8 describes the results of the Healthwatch and Community Champion surveys in the summer of 2024; and the results from the statutory public consultation. Of those who responded to the summer 2024 surveys, 92% reported that they can easily access pharmacy services.

Responses that summarise access to pharmacy services when developing the PNA are described below:

4.4.1 Healthwatch

Healthwatch County Durham carried out an online survey in the summer of 2024 to gain an initial insight of the experiences of people accessing pharmaceutical services in County Durham. Of the 65 responses received:

- 85% can easily access pharmacy services
- 35% access pharmacy services at least monthly
- 35% always use the same pharmacy service
- 48% normally access their pharmacy service by car or taxi
- 74% use a community pharmacy and 22% use a GP practice dispensary
- 6% use an online / internet pharmacy

See further information in Appendix 8.

4.4.2 Community Champion

In the summer of 2024, the Community Champion network promoted an online survey to their local communities. Of the 42 responses received:

- 98% can easily access pharmacy services
- 52% access pharmacy services less than once a week but at least monthly
- 60% always use the same pharmacy service
- 61% normally access their pharmacy service by car or taxi
- 69% use a community pharmacy and 29% use a GP practice dispensary
- 2% use an online / internet pharmacy

These responses are also available across each of the 6 localities (Appendix 8).

4.5 Choice of pharmaceutical services

The 2013 Regulations require the HWB to have regard as to whether there is sufficient choice to obtaining pharmaceutical services. Alongside location and opening hours of pharmaceutical services the following factors should also be taken into account:

- The majority of pharmacies provide a non-commissioned goodwill delivery service. Whilst these are not a pharmaceutical service, where provided they can improve the provision of, or access to, services, particularly dispensing services, in the areas that the pharmacy delivers to. This is a private goodwill service and can therefore be withdrawn at any time.
- All pharmacies are required to facilitate, to a reasonable extent, remote access to the pharmaceutical services they provide, where people wish to access them remotely. This is likely to be an attractive option for certain residents, but not all as there will be those who do not have access to the internet or who prefer to access services on a face-to-face basis.⁹⁵
- Patients can choose to use a DSP (Section 3.2.6) to get their medication delivered to them free of charge. Of those who responded to the Healthwatch and Community Champions surveys, the use of DSPs continues to be minimal.
- The majority of prescriptions generated by GP practices are sent to pharmacies electronically which helps to support convenience and ease of access for patients across County Durham:

Table 18: The electronic prescription service⁹⁶

Financial year	% total items prescribed in County Durham that are prescribed electronically	% total items prescribed in County Durham that are prescribed as eRepeats
2021-22	94.4%	29.7%
2022-23	94.5%	29.5%
2023-24	94.8%	29.9%

4.6 Residents with a protected characteristic

The Equality Act 2010⁹⁷ sets out the framework which requires service providers not to discriminate against persons with a disability. A person is regarded as being disabled if they have a long term physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle so that access is provided to a service as close as it is reasonably possible to get to the standard normally offered to the public at large. The provider will be in breach of the legislation if there is a reasonable adjustment available which he chooses not to make, making the disabled person unable to access the service.

From 2005, the funding of the NHS Pharmaceutical Services has included an element to recognise the additional cost of complying with disability legislation. Easy open containers, large print labels, and reminder charts are common adjustments in pharmacy.

In addition, pharmacies can access the ICB-commissioned interpreting and translation service.⁹⁸

⁹⁵ <https://cpe.org.uk/our-news/regs-reminder-12-facilitating-remote-access-to-pharmacy-services/>

⁹⁶ Information provided by NECS in October 2024

⁹⁷ <https://cpe.org.uk/quality-and-regulations/other-regulatory-and-terms-of-service-requirements/equality-act/>

⁹⁸ As of January 2025, further details at <https://www.language-empire.net/site/index.html>

4.7 Future developments

The PNA describes any needs for pharmaceutical services that may arise during the three-year lifetime of the document. Matters to have regard to here include:

- housing developments
- regeneration projects
- highways projects that will affect how services are accessed
- creation of new retail and leisure facilities that will draw people to an area
- changes in the provision of primary medical services for example the relocation of GP practices.

NENC ICB works with GP practices on an ongoing basis to process any requests for mergers, list closures or relocations. In January 2025, the ICB did not have any active requests for such changes.

4.7.1 Regeneration sites and future employment opportunities

In line with the development plan for County Durham⁹⁹ and from information correct as of January 2025:

Table 19: Summary of regeneration sites and future employment opportunities

Locality	Area	Description	Likely to warrant an increase in pharmaceutical services 2025-28?
Dales	Crook	Consolidation of town centre and introduction of alternative uses of current retail space.	No
Dales	Bishop Auckland	Regeneration of town centre underway with potential conversion of retail space to residential developments.	No
Dales	Bishop Auckland	Further development of Tindale Retail Park.	No
Easington	Peterlee	Consolidation of town centre and introduction of alternative uses of current retail space.	No
Easington	Horden	Regeneration of the town. ¹⁰⁰	No
Easington	Seaham	Consolidation of town centre and introduction of alternative uses of current retail space.	No
Easington	Seaham	Development of neighbourhood facilities at Seaham Garden Village. Neighbourhood facilities include outline permission for health facilities.	Not within the timescale of this PNA (First 500 homes expected by 2028). HWB to keep under review.
Easington	Murton	Jade Park development: Employment site offering an estimated 2200 jobs. Phase 1 and 2 delivered; phase 3 to be implemented.	No

⁹⁹ <https://www.durham.gov.uk/article/3266/Development-Plan-for-County-Durham>

¹⁰⁰ <https://www.durham.gov.uk/article/26499/Regenerating-Horden-Horden-Master-plan-consultation>

Locality	Area	Description	Likely to warrant an increase in pharmaceutical services 2025-28?
Derwentside	Consett	Consolidation of town centre and introduction of alternative uses of current retail space.	No
Derwentside	Stanley	Consolidation of town centre and introduction of alternative uses of current retail space.	No
Sedgefield	Spennymoor	Town centre regeneration programme	No
Sedgefield	Thinford	Thinford roundabout retail park extension.	No
Sedgefield	Newton Aycliffe	Consolidation of town centre and introduction of alternative uses of current retail space.	No
Sedgefield	Newton Aycliffe	Forrest Park development: Employment site offering an estimated 3000 jobs. Infrastructure works complete and work is underway on phase 1.	No
Durham	Aykley Heads	Employment site offering an estimated 4000 jobs. The site has a permission in place for a total of 38,468sqm of office floorspace. Building on Plot C now fully developed and occupied by DCC.	No
Durham	Sniperley Park	Development of neighbourhood facilities at Sniperley Park.	Not within the timescale of this PNA (First 420 homes expected by 2028. The ask of the developer is to build a healthcare facility by the time the 800 th house is completed). HWB to keep under review.
Durham	Dragonville	Retail park development at former Mono Containers site. Currently half occupied.	No
Durham	City centre	New leisure opportunities in centre and on riverbank, and more accommodation (for students, plus hotels).	No
Durham	Bowburn	Integra 61 (Amazon) expansion: <ul style="list-style-type: none"> • 112 housing units are expected to be completed by 2028-29. • Many of the industrial units are complete, with some 	HWB to keep under review.

Locality	Area	Description	Likely to warrant an increase in pharmaceutical services 2025-28?
		<p>plots still being advertised for sale with planning permission to build. There are also units including restaurant/café, takeaway and drive thru which are complete.</p> <p>Shorter term developments include a potential GP surgery and residential care home. An application has been approved for the care home. The site where a GP surgery has been identified is out to the market for a subsequent submission of a planning application.</p> <p>A hotel, industrial storage and distribution, retail, public house, children's nursery, and car showroom aren't expected in the short term.</p>	
Chester-le-Street	Chester-le-Street	Consolidation of town centre and introduction of alternative uses of current retail space.	No
Chester-le-Street	Chester-le-Street	Expansion of leisure and hospitality offer at riverside.	No

4.7.2 Housing developments

For potential future changes to pharmaceutical service need due to new housing developments during 2025-28, an analysis of building 'commitments' (i.e. sites with planning permission) in County Durham was undertaken and is correct as of January 2025.

DCC consults the ICB on all proposed housing developments and an impact assessment is undertaken to assess the capacity of the effected GP practice(s).

In January 2025, the view of the ICB is that the Sniperley Park and Seaham Garden Village developments will have an impact on local practices, therefore the ICB is working with the effected GP practices and DCC to understand what is required to ensure that there is sufficient capacity for the additional patients.

Factors taken into account for new housing developments in order to gauge potential demand for pharmaceutical services include:

- Is it a significant housing development: Appendix 9 shows the future housing developments of 100 or more builds and the estimated builds by 2028-29. Census data indicates an average of 2.2 people per house in County Durham.
- What type of houses will be built in a development: For example, bungalows which are more likely to attract an elderly population; a housing association development which may be associated with a population experiencing multiple deprivations.

- Are other developments planned within that housing development: For example, GP practices, schools, retail and leisure facilities, and employment. In County Durham, if a local centre is planned as part of a larger housing development, it is usually 3-4 units. Locally there is an agreement that a reasonable allocation of patients to a GP is typically 1600 – 1700 patients to take into account any deprivation.
- Can a judgement be reasonably made as to whether this development may result in a re-distribution of the existing population in an area (e.g. a development specifically intended to meet localised housing needs) or a new population moving into the area (e.g. a newly retired population moving to a local beauty spot, or as a result of the impact of a significant new employment opportunity)?
- Is the predicted incoming population likely to:
 1. Alter their choice of GP practice?
 2. Have significant health needs (e.g. an elderly population, or a population suffering from multiple deprivations)?
 3. Be able to easily access pharmaceutical services within 20 minutes (e.g. via foot, sustainable transport, or by car)? However, as described in Section 4.5, residents will have access to all DSPs in England; pharmacies can offer remote access to services where this is appropriate; and the majority of existing pharmacies offer a private goodwill delivery service.
- Can existing pharmacies meet an increased demand: For example, if residents do not have a sufficient choice of local pharmaceutical service (Appendix 9 shows the number of pharmacies within a 20-minute walk and a 20-minute drive of each housing development).

Section 3.5.2ii describes the prescription items issued across County Durham. Relating this to housing and the County Durham population, the number of prescription items issued by GP practices in County Durham between 2022-23 and 2023-24 increased by 2.9%. Table 3 shows the increase in each locality, and how this relates to the pharmacies in each locality and does not raise any concerns regarding increases in dispensed prescription items which cannot be adequately managed by the existing pharmacy network.

The impact in each locality of sites with an estimated build of more than 100 houses by 2028-29 is discussed below (**Note:** Additional housing developments that have had more than 100 houses completed during 2021-24 are also listed).

4.7.2i Dales

Table 20 lists the housing developments in the Dales locality with an estimated build of more than 100 houses by 2028-29. These sites will contain approximately 770 new houses, however there are sufficient pharmacies within a 20-minute drive of these sites. Two of the five sites have pharmacies within a 20-minute walk.

Table 20: Sites with an estimated build of more than 100 houses by 2028-29

Site name	Settlement	Total completed 2021-24	Estimated completions by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Brack's Farm	Bishop Auckland	76	128	60	0
Land south of Douglas Crescent, Auckland Park	Bishop Auckland	0	200	57	0
Land north of Etherley Moor	Etherley Dene	27	118	49	0

Site name	Settlement	Total completed 2021-24	Estimated completions by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
H22 – High West Road	Crook	0	155	50	4
Land adjacent to (East) Ash Drive	Willington	0	170	72	1

4.7.2ii Easington

Table 21 lists the housing development in the Easington locality with an estimated build of more than 100 houses by 2028-29. This site will contain approximately 500 new houses. There are sufficient pharmacies within a 20-minute drive of these sites, however the HWB will keep this development under review.

Table 21: Sites with an estimated build of more than 100 houses by 2028-29

Site name	Settlement	Total completed 2021-24	Estimated completions by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Land south of A182 Seaham (Seaham Garden Village)	Countryside - East Durham	0	500	35	0

4.7.2iii Derwentside

Table 22 lists the housing developments in the Derwentside locality with an estimated build of more than 100 houses by 2028-29. These sites will contain approximately 820 new houses, however there are sufficient pharmacies within a 20-minute drive of these sites. Three of the five sites have pharmacies within a 20-minute walk.

Table 22: Sites with an estimated build of more than 100 houses by 2028-29

Site name	Settlement	Total completed 2021-24	Estimated completions by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Genesis Site, Berry Edge South	Consett	84	200	30	3
Ever Ready Industrial Estate	Tanfield Lea	0	160	45	0
Delves Lane site	Delves Lane	0	225	46	0
Land east of Fern Dene, Knitsley Lane, Templetown	Delves Lane	0	120	31	4
Land south of Greylingstadt Terrace, Stanley	The Middles	0	120	50	1

4.7.2iv Sedgefield

Table 23 lists the housing developments in the Sedgefield locality with an estimated build of more than 100 houses by 2028-29. These sites will contain approximately 860 new houses, however there are sufficient pharmacies within a 20-minute drive of these sites. Six of the eight sites have pharmacies within a 20-minute walk.

Table 23: Sites with an estimated build of more than 100 houses by 2028-29

Site name	Settlement	Total completed 2021-24	Estimated completions by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Land north of West Chilton Terrace	Chilton	0	123	54	1
Whitworth Park	Spennymoor	102	42	60	2
Former Electrolux Site, Merrington Lane	Spennymoor	42	200	66	5
Land north and west of Almond Close	Spennymoor	0	155	65	0
Land south of 100 To 106 Dean Road	Ferryhill	60	101	64	2
Land north of Durham Road,	Middlestone Moor	109	178	65	0
Land north of Middridge Road	Newton Aycliffe	159	43	44	1
Land south of Eden Drive	Sedgefield	102	21	44	1

4.7.2v Durham

Table 24 lists the housing developments in the Durham locality with an estimated build of more than 100 houses by 2028-29. These sites will contain approximately 1380 new houses, however there are sufficient pharmacies within a 20-minute drive of these sites. Five of the six sites have pharmacies within a 20-minute walk, however the HWB will keep the Sniperley Park site under review.

Table 24: Sites with an estimated build of more than 100 houses by 2028-29

Site name	Settlement	Total completed 2021-24	Estimated completions by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Integra 61 land south of Bowburn and west of A688	Bowburn	145	112	85	1
Colliery Road	Bearpark	12	136	60	0
Bogma Hall Farm	Coxhoe	113	31	83	1
Milburngate House	Durham City	1	302	95	2
H5 - Sniperley Park	Durham City	0	420	84	1

Site name	Settlement	Total completed 2021-24	Estimated completions by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Land to the east of Regents Court, Sherburn Road	Gilesgate Moor	0	375	92	3

4.7.2vi Chester-le-Street

Table 25 lists the housing developments in the Chester-le-Street locality with an estimated build of more than 100 houses by 2028-29. These sites will contain approximately 360 new houses, however there are sufficient pharmacies within a 20-minute drive of these sites. The site at Pelton Fell also has a pharmacy within a 20-minute walk.

Table 25: Sites with an estimated build of more than 100 houses by 2028-29

Site name	Settlement	Total completed 2021-24	Estimated completions by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Lambton Park, Chester Road	Bournmoor	51	125	57	0
Roseberry Playing Fields	Newfield	0	104	57	0
Land east of Moss Close Farm	Pelton	84	106	57	0
Land west of Valley Road, Pelton Fell	Pelton Fell	143	22	55	1

List of Abbreviations

ABPM	Ambulatory blood pressure monitoring
AUR	Appliance use review
BMJ	British Medical Journal
CCG	Clinical Commissioning Group
CDDFT	County Durham and Darlington Foundation Trust
COPD	Chronic obstructive pulmonary disease
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CPPE	Centre for Pharmacy Postgraduate Education
CVD	Cardiovascular disease
DBS	Disclosure and Barring Service
DCC	Durham County Council
DHSC	Department of Health and Social Care
DMS	Discharge Medication Service
DSP	Distance selling pharmacy
EOHC	Emergency oral hormonal contraception
EPS	Electronic Prescription Service
eRD	Electronic repeat dispensing
GPhC	General Pharmaceutical Council
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
JLHWS	Joint Local Health and Wellbeing Strategy
JSNAA	Joint Strategic Needs and Assets Assessment
LES	Local enhanced service
LFD	Lateral flow device
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service

LSOA	Lower super output area
LTC	Long term condition
MECATS	Minor Eye Conditions and Treatment Service
NECS	North of England Care System Support
NENC	North-East and North Cumbria
NES	National enhanced service
NHSE	NHS England
NMS	New Medicine Service
NRT	Nicotine replacement therapy
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PFS	Pharmacy First Service
PGD	Patient group direction
PhAS	Pharmacy Access Scheme
PNA	Pharmaceutical needs assessment
POM	Prescription only medicine
PQS	Pharmacy Quality Scheme
PSNE	Pharmacy Services North-East
SAC	Stoma appliance customisation
SCS	Smoking Cessation Service
TB	Tuberculosis
UHND	University Hospital North Durham
UKHSA	UK Health Security Agency

Appendix 1: Summary of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹⁰¹

Part 2: PNAs

Regulation 3. PNAs

3 (1) The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act, whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.

3 (2) The pharmaceutical services to which each PNA must relate are all the pharmaceutical services that may be provided under arrangements made by NHSE for:

- a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
- b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
- c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by NHSE with a dispensing doctor).

Regulation 4. Information to be contained in PNAs

4 (1) Each PNA must contain the information set out in Schedule 1.

4 (2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its PNA pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement).

Regulation 6. Subsequent assessments

6 (1) Subject to paragraph 2, after it has published its first assessment or a revised assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a PNA.

6 (2) Each HWB that has published a PNA must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to:

- a) the number of people in its area who require pharmaceutical services;
- b) the demography of its area; and
- c) the risks to the health or well-being of people in its area, unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

6 (3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its PNA (and any such supplementary statement becomes part of that assessment), where:

- a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
- b) the HWB
 - I. is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or

¹⁰¹ <https://www.legislation.gov.uk/ukxi/2013/349/contents>. Accessed 07.10.24

- II. is in the course of making its first or a revised assessment and is satisfied that immediate modification of its PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

6(4) Where chemist premises are removed from a pharmaceutical list, as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application:

- a) to meet a current or future need for pharmaceutical services; or
 - b) to secure improvements, or better access, to pharmaceutical services,
- the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its PNA.

Regulation 8. Consultation on PNAs

8 (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making:

- a) any Local Pharmaceutical Committee (LPC) for its area (including any LPC for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- b) any Local Medical Committee (LMC) for its area (including any LMC for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- d) any LPS chemist in its area with whom NHSE has made arrangements for the provision of any local pharmaceutical services;
- e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- f) any NHS trust or NHS foundation trust in its area;
- g) NHSE; and
- h) any neighbouring HWB.

8 (2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed PNA.

8 (3) Where a HWB is consulted on a draft under paragraph (2), if there is a LPC or LMC for its area or part of its area that is different to a LPC or LMC consulted under paragraph (1)(a) or (b), that HWB:

- a) must consult that Committee before making its response to the consultation; and
- b) must have regard to any representations received from the Committee when making its response to the consultation.

8 (4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

8 (5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

8 (6) If a person consulted on a draft under paragraph (2):

- a) is treated as served with the draft by virtue of paragraph (5); or
- b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

Regulation 9. Matters for consideration when making assessments

9 (1) When making an assessment for the purposes of publishing a PNA, each HWB must have regard, in so far as it is practicable to do so, to the following matters:

- a) the demography of its area;
- b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
- c) any different needs of different localities within its area;
- d) pharmaceutical services provided in the area of any neighbouring HWB which affect:
 - I. the need for pharmaceutical services in its area, or
 - II. whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
- e) any other NHS services provided in or outside its area (which are not covered by subparagraph (d)) which affect:
 - I. the need for pharmaceutical services in its area, or
 - II. whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

9 (2) When making an assessment for the purposes of publishing a PNA, each HWB must take account of likely future needs:

- a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
- b) having regard to likely changes to:
 - I. the number of people in its area who require pharmaceutical services,
 - II. the demography of its area, and
 - III. the risks to the health or well-being of people in its area.

Schedule 1: Information to be contained in PNAs

1. Necessary services: current provision

A statement of the pharmaceutical services that the HWB has identified as services that are provided:

- a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

2. Necessary services: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

3. Other relevant services: current provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:

- a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

- b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

4. Improvements and better access: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
- b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

5. Other NHS services

A statement of any NHS services provided or arranged by a local authority, NHSE, an ICB, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect:

- a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

6. How the assessment was carried out

An explanation of how the assessment has been carried out, and in particular:

- a) how it has determined what are the localities in its area;
- b) how it has taken into account (where applicable):
 - I. the different needs of different localities in its area, and
 - II. the different needs of people in its area who share a protected characteristic; and
- c) a report on the consultation that it has undertaken.

7. Map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Appendix 2: Identifying gaps in pharmaceutical services¹⁰²

Background

A PNA considers the health needs of the population, the provision of pharmaceutical services commissioned by the ICB (as a delegated duty of NHSE) that can meet health needs, and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period. If gaps are identified, a PNA then describes any needs for, or improvements or better access to specified pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area. This can then trigger pharmaceutical applications to meet those needs or secure those improvements or better access to pharmaceutical services.

The 2013 Regulations require a series of statements of the pharmaceutical services that the HWB is satisfied:

- need to be provided in order to meet a current need
- will need to be provided in specified circumstances in order to meet a future need
- would currently secure improvements or better access
- would, if they were provided in specified future circumstances, secure future improvements or better access.

Identifying gaps in pharmaceutical services to meet a current need in the PNA

Potential gaps in pharmaceutical services could be for:

1. Geographical gaps in the location of premises.
2. Geographical gaps in the provision of services.
3. Gaps in the times at which, or days on which, services are provided (however see Regulation 21A below).

Once any gaps are identified they are to be articulated as needs for pharmaceutical services, or improvements or better access to pharmaceutical services.

Geographical gaps in the location of premises

This is determined by:

- Mapping a standardised travel time (the view of the PNA Steering Group is that an acceptable travel time is 20 minutes either on foot or by car / public transport) from the pharmacies and dispensing GP practices to allow for the identification of any areas where the residential population lives outside that travel time (including services in neighbouring HWBs for any areas the edge of the HWB area that are outside the chosen travel time).
- Analysing where prescriptions are dispensed.
- Information gained from public engagement questionnaires to gather information on how the public travels to pharmaceutical services.

Geographical gaps in the provision of services

- Provision of each of the NHSE commissioned advanced and enhanced services are determined in order to establish any geographical gaps in provision (Note: All premises will provide all essential services).

Current gaps in the times at which, or days on which, services are provided

- Consideration is given as to whether there are any gaps in the times at which services are provided. This could be for a specific pharmaceutical service or a range of services e.g at the weekend.

¹⁰² Adapted from <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>, and then updated using the information in <https://cpe.org.uk/briefings/psnc-briefing-050-21-regulatory-amendments-in-late-2021-early-2022/>

- When considering times of service provision, this should be based on core opening hours since supplementary opening hours can be changed with at least 5 weeks notice.

However in 2022, Regulation 21A was added to the 2013 Regulations which allows NHSE to refuse certain routine applications for new pharmacy premises that seek to meet a need, or secure improvements or better access, identified in the PNA (whether current or future gaps in provision), if it is satisfied that granting the application would result in an undesirable increase in the availability of essential services in the HWB area.

Regulation 21A gives NHSE greater scope to refuse applications for new pharmacies seeking to provide a small number of additional opening hours to fulfil a current or future need, or secure current or future improvements or better access, identified in the PNA.

Articulating a current need in the PNA

Geographical gaps in the location of premises

If the current need for a pharmacy is identified, then the PNA should state that. However, it should be noted that a pharmacy of itself is not a pharmaceutical service, therefore the need would be expressed as follows:

“There is a current need for a pharmacy providing the following services, Monday to Saturday in Anytown:

- all essential services,
- the NMS, and
- flu vaccinations.”

The HWB could go on and specify the required opening hours.

Geographical gaps in the provision of services

The PNA should include a precise statement of the service(s) that needs to be provided in order to meet a need for that service(s). This precise statement should include a description of:

- The service(s) required
- In what location
- At what times of the day

An example of such a statement would be:

- “There is a current need for the provision of flu vaccinations on Saturdays and Sundays between the hours of 09.00 and 19.00 in Anytown.”

Current gaps in the times at which, or days on which, services are provided

Opening hours are not in themselves pharmaceutical services. Therefore, if there is a gap in the provision of services of certain times this would be articulated as an improvement or better access to specified services at specified times. For example:

“Better access to the following services would be secured by their provision on weekday evenings between 17.00 and 19.30 in Anytown:

- all essential services,
- flu vaccinations, and
- the NMS.”

However, see comments on Regulation 21A above.

Identifying gaps in provision to meet a future need

The PNA must set out any needs for pharmaceutical services that may arise during the 3-year lifetime of the document. Matters to have regard to here include (Section 4.6):

- housing developments
- regeneration projects
- highways projects that will affect how services are accessed

- creation of new retail and leisure facilities that will draw people to an area
- changes in the provision of primary medical services for example the relocation of GP practices.

Articulating a future need in the PNA

If a pharmacy providing a specified range of services is identified as needed within a housing development, then consideration will need to be given as to the trigger for that need.

Is it on:

- Completion of a certain number of houses?
- Occupation of a certain number of houses?
- Completion of a certain phase of the development?
- Completion of the whole development?
- Completion of some or all of the other facilities?

For example:

“There is a future need for a pharmacy within the village centre of the development on occupation of 1,000 houses, that is open Monday to Friday between 09.00 and 19.00, and on Saturdays 09.00 to 17.30, providing the following services:

- all essential services, and
- the following advanced services: NMS, flu vaccination.”

Appendix 3: PNA development

PNA Steering Group Terms of Reference

1. Aims

- 1.1 To develop and keep under review the Pharmaceutical Needs Assessment (PNA) on behalf of the Health and Wellbeing Board (HWB) as required by the Health and Social Care Act 2012.

2. Objectives

- 2.1 To ensure that the statutory requirements and the minimum standards of partnership working and PNA development are implemented, under the:
- Health and Social Care Act 2012
 - National Health Service Act 2006
 - The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
- 2.2 To act as a sub-group of the HWB to develop the PNA and keep it under review. To report to the HWB on at least an annual basis.
- 2.3 To ensure that the PNA is evidence based in describing the health needs of a population and takes account of the information contained in the Joint Strategic Needs Assets Assessment.

3. Priorities

- 3.1 The PNA Steering Group will be responsible for developing and reviewing the PNA on behalf of the HWB as required by the Health and Social Care Act 2012.
- 3.2 The PNA Steering Group will be responsible for providing a view to the HWB on significant changes to pharmaceutical services.

4. Membership

- 4.1 The core membership reflects the strategic role of co-operating and participating persons and bodies across the HWB, specifically related to pharmaceutical services. Membership is as follows:

Name	Role
Glen Wilson	Chair, Consultant in Public Health, Public Health, DCC
Claire Jones	PNA Lead, Public Health Pharmacy Adviser, Public Health, DCC
John Mitchell	Research and Consultant Officer, Chief Executives Service, DCC
Chloe Hillam	Senior Policy Officer, Regeneration, Economy and Growth, DCC
Julie Bradbrook	Partnership Team Manager, Corporate Affairs, Chief Executives Office, DCC
Emma Morris	Healthcare Partnership Manager, North of England, Boots UK Limited, Community Pharmacy Durham and Sunderland
Christopher Cunnington-Shore	Chair, Healthwatch County Durham

Members are expected to attend each meeting and where members are unable to attend, they should send a briefed representative.

Other key officers will be invited to attend the PNA Steering Group as required.

5. Working Arrangements

- 5.1 The PNA Steering Group will meet at least annually.

- 5.2 The Chair is Glen Wilson, Public Health Consultant and the Vice-Chair is Claire Jones, Public Health Pharmacy Adviser. This will be reviewed every 3 years in line with PNA development.
- 6. Performance measures**
- 6.1 The PNA Steering Group agenda and supporting papers will be circulated a least a week before the meeting.
- 6.2 Action logs will be kept for all meetings.
- 7. Governance**
- 7.1 The PNA Steering Group will report to the HWB.
- 8. Confidentiality**
- 8.1 Confidential items will be restricted and circulated to Group Members only via secure email.
- 9. Decision Making**
- 9.1 It is expected that decisions will be reached by consensus. If a consensus cannot be reached the Chair will then call for a vote and a simple majority will prevail. The Chair will have a second casting vote if a simple majority is not reached.
- 9.2 Any member who has a conflict of interest in any item should declare that interest at the start of the item. That member may make representations, provide evidence and answer questions, but must leave the meeting at the Chair's direction before the decision is made.
- 9.3 If an urgent decision is required which cannot wait until the next meeting, a special meeting can be arranged. If this is not practical, then the Chair in discussion with the Vice-Chair may take a decision. The decision will be reported to the next scheduled meeting.
- 10. Quorum**
- 10.1 It is important that sufficient organisations are present at all meetings so that decisions can be made. Where members are unable to attend, they should send a briefed representative.
- 10.2 To be quorate, the meeting will comprise of representation from at least 3 organisations which must include either the Chair or Vice Chair and Community Pharmacy North-East Central
- 10.3 If a meeting has fewer members than this figure it will be deemed inquorate. Matters may be discussed but no decisions taken.

Timeline for the development of the PNA

Meeting	Date	Purpose
PNA Steering Group	30 January and 27 February 2025	To agree final first draft PNA to send to Management Teams
Public Health Senior Management Team	16 April 2025	For comment
Briefing on PNA for HWB Chair	April 2025	Briefing for Cllr on PNA consultation
PNA Steering Group	14 May 2025	Agree consultation draft for statutory consultation
Statutory 60-day consultation	19 May – 17 July 2025	Public consultation
Adults Wellbeing and Health Overview and Scrutiny Committee	July 2025	Consultation
PNA Steering Group	31 July 2025	To agree final draft to send to Management Teams and HWB
Public Health Senior Management Team	6 August 2025	Revised PNA following consultation
Adults and Health Services Senior Management Team	14 August 2025	Revised PNA following consultation
Corporate Management Team	20 August 2025	Revised PNA following consultation
Briefing on PNA for HWB Chair	August 2025	Briefing for Cllr on PNA before comes to HWB
Officer Health and Wellbeing Group	September 2025	Revised PNA following consultation
Health and Wellbeing Board	September 2025	Formal agreement of PNA
Publication on DCC website	1/10/25	Content required at https://www.durhaminsight.info/health-and-social-care/pna/ : <ul style="list-style-type: none"> • Final PNA document • Section for supplementary statements • Pharmaceutical services listing and map
Cabinet report	15 October 2025	Final PNA for information

Appendix 4: Process for updating the PNA¹⁰³

Once the PNA has been published, the HWB has a process for publishing new versions of the PNA (every 3 years, or sooner if it identifies any significant changes to the need for pharmaceutical services) and supplementary statements (statements of fact describing significant changes to the availability of pharmaceutical services). This is a delegated duty carried out by the PNA Steering Group.

Publishing a new version of the PNA: Significant changes to the need for pharmaceutical services

Once a PNA is published, the 2013 Regulations require the HWB to produce a new one if it identifies changes to the need for pharmaceutical services, which are of a significant extent. This could be due to changes to:

- the number of people in the area who require pharmaceutical services,
- the demography of the area, or
- risks to the health or wellbeing of people in the area.

The only exception to this requirement is where the HWB is satisfied that producing a new PNA would be a disproportionate response to the changes.

An example is:

Whilst drafting its next PNA, the HWB notes that the regeneration of a steelworks plant is due to start in 4 years' time. As well as 15,000 houses there will also be a business park, retail area and extensive leisure and recreational facilities. It is anticipated that when finished the development will draw a considerable number of daily visitors.

Whilst groundworks will start in year 3, building of the first phase of housing is not due to start until the following year. The HWB is of the opinion that a pharmacy providing a specified range of pharmaceutical services 7 days a week will be required in the future but decides not to include the project in the PNA as it will not generate any need for pharmaceutical services within the 3-year lifetime of the PNA.

Six months after the PNA is published, it is announced that the project is being bought forward in order to stimulate the local economy and the first phase of housing will commence within the next 6 months.

Due to the location of the development on the edge of a town from which it is separated by a busy motorway, there is no easy access to the nearest pharmacies.

The HWB board is of the opinion that this represents a significant change to the need for pharmaceutical services and starts the process of producing its next PNA.

Publishing supplementary statements: Significant changes to the availability of pharmaceutical services

A supplementary statement is published to explain significant changes to the availability of pharmaceutical services where:

- the changes are relevant to the granting of a future application(s) for inclusion in the pharmaceutical list for the HWB area;
- the HWB is satisfied that producing a new PNA would be a disproportionate response to those changes (or it is already producing its next PNA but is satisfied that it needs to immediately modify the existing document in order to prevent significant detriment to the provision of pharmaceutical services).

Supplementary statements are statements of fact only; they do not make any assessment of the impact the change may have on the need for pharmaceutical services. Effectively, they are an update of what the PNA says about the availability of pharmaceutical services. They

¹⁰³ <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

are not a vehicle for updating what the PNA says about the need for pharmaceutical services.

Once published the supplementary statement becomes part of the PNA and will therefore be referred to by the ICB when it determines applications for inclusion in a pharmaceutical list. It will also be referred to by NHS Resolution when it determines an appeal. Supplementary statements are therefore published alongside the PNA.

Publication of a supplementary statement can then lead to applications to meet a current need as a current need would be inferred by the publication of the supplementary statement.

Where the HWB identifies changes to the availability of pharmaceutical services that are not relevant to the granting of applications and therefore does not issue a supplementary statement, it will keep a record of these changes so that they can be incorporated into the next version of the PNA.

Examples of where a supplementary statement would need to be considered¹⁰⁴

When there is no significant change in the availability of pharmaceutical services that would be relevant to the granting of a future application(s), a supplementary statement would not need to be published. Examples include:

A change of ownership of a pharmacy (this not a change to the availability of pharmaceutical services and therefore no supplementary statement is issued).

A pharmacy has relocated three doors down the road i.e. a no significant change relocation (this is a very minor change to the availability of pharmaceutical services and is not relevant to the granting of a future application for inclusion in the pharmaceutical list and therefore no supplementary statement is issued. The HWB would update the map showing the premises at which pharmaceutical services are provided).

One of three pharmacies that are on the same road within 600 metres of each other reduces its supplementary opening hours on a Saturday and now closes at 13.00 instead of 17.00. The other two pharmacies open on Saturday afternoons, one until 22.00 as it is a 100-hour pharmacy (whilst this is a change to the availability of pharmaceutical services it is not relevant to the granting of a future application due to the close proximity of the two other pharmacies, one of which must stay open until 22.00, therefore a supplementary statement does not need to be issued).

When there is a significant change in the availability of pharmaceutical services that is relevant to the granting of a future application(s), a supplementary statement would need to be published. Examples include:

The only pharmacy in a deprived part of a town closes. The next nearest pharmacy is 2 miles away. This is a change to the availability of pharmaceutical services, so the HWB considers whether the change is therefore relevant to the granting of a future application for inclusion in the pharmaceutical list by considering e.g. travel times to the nearest pharmacy, the availability of private and public transport, the fact it is likely to be too far to walk for many people, and the availability of other NHS services. If the HWB considers that there is now a gap in the provision of pharmaceutical services, then it would need to publish a supplementary statement. This can then lead applications to meet a current need as the current need would be inferred by the publication of the supplementary statement. Following

¹⁰⁴ <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

the closure of the pharmacy the HWB must update the map showing the premises at which pharmaceutical services are provided.

The PNA identifies the need for a new pharmacy. An application is subsequently received, granted and the pharmacy opens. This is a change to the availability of pharmaceutical services and is also relevant to the granting of future applications as the PNA only identified the need for one pharmacy. A supplementary statement is therefore published so as to avoid the submission of unnecessary applications. Following the opening of the pharmacy the HWB must update the map showing the premises at which pharmaceutical services are provided.

An unforeseen benefits application for a pharmacy within a village is granted. This is a change to the availability of pharmaceutical services and is also relevant to the granting of further applications. A supplementary statement would therefore need to be published so as to avoid the submission of unnecessary applications.

Consolidation applications – see below.

Consolidation applications¹⁰⁵

A supplementary statement must be issued in connection with the granting of a consolidation application.

Since December 2016 pharmacies have been able to apply to NHSE and now the ICB to consolidate the provision of pharmaceutical services at two pharmacies onto one site, i.e. one set of premises closes. However, such applications:

- cannot involve distance selling premises
- can only involve two pharmacies that are in the area of the same HWB
- may be submitted where the applicant owns both pharmacies
- may be submitted where the applicant owns one of the pharmacies and another contractor owns the other pharmacy.

The ICB is directed to refuse a consolidation application if it satisfied that to grant it would create a gap in pharmaceutical services provision that could be met by an application offering to:

- meet a current or future need for pharmaceutical services, or
- secure improvements or better access to pharmaceutical services.

HWBs have a statutory duty to make representations in writing which indicate whether or not granting the application would create such a gap. The HWB therefore has a process by which a consideration can be made as to whether the closure of one of the pharmacies would result in such a gap.

When the pharmacy that is to close does so the HWB will be notified of this by PCSE. At that point the HWB issues a supplementary statement where it is of the opinion that the closing of one of the pharmacies does not create a gap that could be met by an application offering to meet a need for, or secure improvements or better access to, pharmaceutical services. Such a supplementary statement remains in place and provides regulatory protection for the continuing pharmacy against an application offering to meet a need for, or secure improvements or better access to, pharmaceutical services for the remaining lifetime of the PNA.

Having granted a consolidation application the ICB must then refuse any further “unforeseen benefits” applications by other pharmacy contractors seeking inclusion in the pharmaceutical

¹⁰⁵ <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

list, if the applicant is seeking to rely on the consolidation as evidence of a gap in provision. This would be the case at least until the next revision of the PNA.

When the PNA is then to be revised, the HWB will need to consider again where there are any current geographical gaps in the location of premises. The HWB will be aware that the consolidation did not previously create a gap and a supplementary statement was published at the time to this effect. Unless there have been other changes in the locality, and these are then sufficient to have created a need for an additional pharmacy or the provision of a pharmaceutical service or services at certain times, there will continue to be no gap. It is recommended that within the PNA that it is noted that a pharmacy previously closed as the result of a consolidation but that did not create a gap and the HWB remains of that opinion. This will then ensure that the regulatory protection conferred by the consolidation will continue for the lifetime of the next PNA.

HWBs should note that if a consolidation application is refused the owner of the site that was to be closed can still give notice to the ICB that they intend to close the pharmacy. The HWB would then need to consider whether it will need to provide a supplementary statement following this closure. If the refusal was because the ICB was satisfied that to grant the consolidation would create a gap in pharmaceutical services provision, then a supplementary statement would be required following the closure of the premises.

Appendix 5: Prescribing by GP practices in County Durham between 2022-23 and 2023-24

Dales

GP practice	Address	Items prescribed 2022-23	Items prescribed 2023-24	Change in items between 2022-23 and 2023-24	% change in items between 2022-23 and 2023-24
Auckland Medical Group	The Old Fire House, Watling Road, Bishop Auckland, DL14 6RP	478,535	490,298	11,763	2.5%
Bishopgate Medical Centre	178 Newgate Street, Bishop Auckland, DL14 7EJ	443,055	464,649	21,594	4.9%
Station View Medical Centre	29a Escomb Road, Bishop Auckland, DL14 6AB	309,773	320,146	10,373	3.3%
Evenwood Medical Practice	Copeland Lane, Evenwood, DL14 9SU	69,381	71,493	2,112	3.0%
Barnard Castle Surgery	Victoria Road, Barnard Castle, DL12 8HT	289,019	293,335	4,316	1.5%
Old Forge Surgery	Middleton-In-Teesdale, DL12 0QE	91,170	93,227	2,057	2.3%
Gainford Surgery	Main Road, Gainford, DL2 3BE	87,347	93,382	6,035	6.9%
Pinfold Medical Practice	Pinfold Lane, Butterknowle, DL13 5NX	102,514	105,927	3,413	3.3%
Woodview Medical Practice	The Surgery, Cockfield, DL13 5AF	86,550	86,204	-346	-0.4%
The Weardale Practice	Dale Street, Stanhope, DL13 2XD	211,451	213,847	2,396	1.1%
North House Surgery	Hope Street, Crook, DL15 9HU	384,286	400,688	16,402	4.3%
Willington Medical Group	Chapel Street, Willington, DL15 0EQ	275,993	282,135	6,142	2.2%

Easington

GP practice	Address	Items prescribed 2022-23	Items prescribed 2023-24	Change in items between 2022-23 and 2023-24	% change in items between 2022-23 and 2023-24
William Brown Centre	Manor Way, Peterlee, SR8 5TW	530,416	539,974	9,558	1.8 %
The Horden Group Practice	Sea View Health Centre, Fourth Street, Horden, SR8 4LD	242,822	257,574	14,752	6.1 %
Byron Medical Practice	Deneside Medical Centre, The Avenue, Deneside, Seaham, SR7 8LF	342,662	346,778	4,116	1.2 %
The New Seaham Medical Group	Eastdene Road, Eastlea, Seaham, SR7 8DY	138,478	139,717	1,239	0.9 %
Marlborough Surgery	Seaham Primary Care Ctr, St John's Square, Seaham, SR7 7JE	386,072	402,474	16,402	4.3 %
Murton Medical Centre	The Surgery, 20 Woods Terrace East, Murton, SR7 9AB	322,994	327,216	4,222	1.3%
Silverdale Family Practice	South Hetton Health Centre, Front St, South Hetton, DH6 2TH	169,977	175,661	5,684	3.3%
Bevan Medical Group	Bevan Grove, Shotton Colliery, DH6 2LQ	273,196	285,580	12,384	4.5%
Southdene Medical Centre	Front St, Shotton Colliery, DH6 2LT	119,404	118,435	-969	-0.8%
Blackhall and Peterlee Practice	Blackhall & Peterlee, Community Health Centre, Hesleden Road, Blackhall, TS27 4LQ	354,492	363,382	8,890	2.5%
East Durham Medical Group	The Carodoc Surgery, Front Street West, Wingate, TS28 5PZ	655,110	670,460	15,350	2.3%
Wingate Medical Practice IntraHealth	The Medical Centre, Front Street West, Wingate, TS28 5PZ	118,674	120,949	2,275	1.9%

Derwentside

GP practice	Address	Items prescribed 2022-23	Items prescribed 2023-24	Change in items between 2022-23 and 2023-24	% change in items between 2022-23 and 2023-24
Annfield Plain Surgery	Durham Road, Annfield Plain, Stanley, DH9 7TD	121,030	123,561	2,531	2.1%
Drs Lambert & NG	9 West Road, Annfield Plain, Stanley, DH9 7XT	178,225	191,208	12,983	7.3%
Tanfield View Medical Group	Scott Street, Tanfield, Stanley, DH9 8AD	391,498	396,634	5,136	1.3%
Stanley Medical Group	Stanley Primary Care Centre, Clifford Road, Stanley, DH9 0AB	407,917	430,691	22,774	5.6%
Queens Road Surgery	83 Queens Road, Blackhill, Consett, DH8 0BW	423,503	426,446	2,943	0.7%
Consett Medical Centre	Station Yard, Consett, DH8 5YA	610,967	630,373	19,406	3.2%
Leadgate Surgery	George Ewen House, Watling Street, Leadgate, DH8 6DP	200,353	197,630	-2,723	-1.4%
Brownie House Surgery	Front Street, Langley Park, DH7 9YT	86,864	89,446	2,582	3.0%
Lanchester Medical Centre	Durham Road, Lanchester, DH7 0LP	99,237	105,198	5,961	6.0%
The Haven Surgery	The Surgery, The Haven, Burnhope, DH7 0BD	60,048	63,799	3,751	6.3%
Cedars Medical Group	Cedar Crescent, Burnopfield, NE16 6HU	143,227	149,607	6,380	4.5%
Oakfields Health Group	Hamsterley Colliery, NE17 7SB	249,366	257,158	7,792	3.1%

Sedgefield

GP practice	Address	Items prescribed 2022-23	Items prescribed 2023-24	Change in items between 2022-23 and 2023-24	% change in items between 2022-23 and 2023-24
Jubilee Medical Group	Cobblers Hall, Carers Way, Burn Lane, Newton Aycliffe, DL5 4SE	331,603	362,855	31,252	9.4%
Bewick Crescent Surgery	27 Bewick Crescent, Newton Aycliffe, DL5 5LH	459,275	459,269	-6	0.0%
Pease Way Medical Centre	2 Pease Way, Newton Aycliffe, DL5 5NH	315,218	325,178	9,960	3.2%
Hallgarth Surgery	Cheapside, Shildon, DL4 2HP	185,846	183,625	-2,221	-1.2%
St Andrews Medical Practice	Sensier House, St Andrew's Lane, Spennymoor, DL16 6QA	439,851	464,782	24,931	5.7%
Bishops Close Medical Practice	Spennymoor Health Centre, Bishop's Close, Spennymoor, DL16 6ED	315,422	312,551	-2,871	-0.9%
West Cornforth Medical Centre	Reading Street, West Cornforth, DL17 9LH	134,470	126,501	-7,969	-5.9%
Ferryhill and Chilton Medical Practice	The Surgery, Durham Road, Ferryhill, DL17 8JJ	521,440	528,686	7,246	1.4%
Skerne Medical Group	Harbinson House, Front Street, Sedgefield, TS21 3BN	416,211	446,276	30,065	7.2%

Durham City

GP practice	Address	Items prescribed 2022-23	Items prescribed 2023-24	Change in items between 2022-23 and 2023-24	% change in items between 2022-23 and 2023-24
Claypath and University Medical Group	26 Gillesgate, Durham, DH1 1QW	248,693	243,146	-5,547	-2.2%
Belmont and Sherburn Medical Group	Broomside Lane, Belmont, DH1 2QW	161,768	170,226	8,458	5.2%
Cheveley Park Medical Centre	Cheveley Park Medical Centre, The Links, Belmont, DH1 2UW	105,812	112,427	6,615	6.3%
Chastleton Medical Group	Newton Drive, Framwellgate Moor, DH1 5BH	220,899	224,701	3,802	1.7%
Dunelm Medical Practice	Kelvin House Medical Centre, 1-2 Victor Terrace, Bearpark, DH7 7DG	339,959	352,931	12,972	3.8%
The Medical Group	Adrian Clark House, Sawmills Lane, Meadowfield, DH7 8NH	755,111	752,572	-2,539	-0.3%
Bowburn Medical Centre	Bow Street, Bowburn, DH6 5AL	90,540	94,555	4,015	4.4%
Coxhoe Medical Practice	1 Lansdowne Road, Coxhoe, DH6 4DH	182,338	193,455	11,117	6.1%
West Rainton Surgery	The Surgery, Woodland View, West Rainton, DH4 6RQ	189,834	180,695	-9,139	-4.8%

Chester-le-Street

GP practice	Address	Items prescribed 2022-23	Items prescribed 2023-24	Change in items between 2022-23 and 2023-24	% change in items between 2022-23 and 2023-24
Great Lumley Surgery	The Surgery, Front Street, Great Lumley, DH3 4LE	172,098	179,376	7,278	4.2%
Bridge End Surgery	Picktree Lane, Chester-Le-Street, DH3 3SL	210,614	218,276	7,662	3.6%
Middle Chare Medical Group	Middle Chare, Chester-Le-Street, DH3 3QD	317,439	316,715	-724	-0.2%
Cestria Health Centre	Whitehill Way, Chester-Le-Street, DH2 3DJ	341,078	359,534	18,456	5.4%
Pelton and Fellrose Medical Group	Unit 1, Lavender Centre, Pelton Lane, Pelton, DH2 1HS	297,496	323,733	26,237	8.8%
Villages Medical Group	21 Gardiner Crescent, Pelton Fell, DH2 2NJ	138,638	141,417	2,779	2.0%
Sacrison Medical Centre	Front Street, Sacrison, DH7 6JW	318,472	342,614	24,142	7.6%

Appendix 6: Pharmaceutical service maps

Master map of pharmaceutical services in County Durham

The up-to-date listing and map of all pharmacies and dispensing GP practices in County Durham is at <https://www.durhaminsight.info/health-and-social-care/pna/>. It is a statutory requirement to keep this information up to date.

Mapping exercise for the PNA 2025-28

This mapping exercise was undertaken in October 2024 and is currently available at <https://experience.arcgis.com/experience/f4b0763535a34bedbc833c84d2aabff1/>.

These maps can be viewed as the 6 PNA localities of:

- Dales
- Easington
- Derwentside
- Sedgefield
- Durham
- Chester-le-Street

The following maps were created in October 2024:

Population

- Location of pharmacies mapped against population density (all ages).
- Location of pharmacies mapped against population density of the over 65's.
- Location of pharmacies mapped against deprivation.

Access

- Pharmacies open after 6pm (with a 100-hour pharmacy distinction).
- Pharmacies open at the weekend (with a 100-hour pharmacy distinction).

Note: This information is based on core opening hours only since additional supplementary opening hours can, with a 5 week notice to the ICB, change at any time. For this mapping exercise, information on core opening hours was obtained from the ICB in August 2024.

Examples of advanced service provision

- Pharmacies providing the Hypertension Case Finding Service.
- Pharmacies providing the Flu Vaccination Service.

Note: For this mapping exercise, information was obtained from the ICB in August 2024.

Appendix 7: Location and opening hours of pharmaceutical services¹⁰⁶

Dales

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Tesco Stores Limited	Tesco Pharmacy	St Helen Auckland Industrial Estate	Bishop Auckland	DL14 9AB	100 Hour Pharmacy	Mon-Fri: 09:00-21:00 Sat: 09:00-21:00 Sun: 10:00-16:00	None
Boots UK Limited	Boots Pharmacy	Unit 8 Bishop Auckland Shopping Park	Bishop Auckland	DL14 9FA	100 Hour Pharmacy	Mon – Fri: 09:00-13:00; 14:00-21:00 Sat: 09:00-13:00; 14:00-21:00 Sun: 10:00-16:00	None
Asda Stores Ltd	Asda Pharmacy	South Church Road	Bishop Auckland	DL14 7LB	100 Hour Pharmacy	Mon-Fri: 09:00-12:30; 13:00-16:30; 17:00-21:00 Sat: 09:00-12:30; 13:00-16:30; 17:00-21:00 Sun: 10:00-16:00	None
Auckland Medical Group		The Old Fire House, Watling Street	Bishop Auckland	DL14 6RP	Dispensing GP Practice	Mon-Fri: 08:00-13:00; 14:00-18:00	
North East Pharmacy Group	Bishop Auckland Pharmacy - Newgate	203 Newgate Street	Bishop Auckland	DL14 7EL	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-17:30
Boots UK Limited	Boots Pharmacy	Primary Care Centre, Watling Road	Bishop Auckland	DL14 6RP	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00 Thurs: 08:00-09:00
Bestway National Chemists Limited	Well Pharmacy	172-174 Newgate Street	Bishop Auckland	DL14 7EJ	Community Pharmacy	Mon-Fri: 08:00-12:30; 13:30-17:00	Mon-Fri: 12:30-13:30; 17:00-17:30 Sat: 09:00-12:00
Bestway National	Well Pharmacy	Station View Medical Centre,	Bishop Auckland	DL14 6AB	Community Pharmacy	Mon-Fri: 08:45-13:00; 14:00-17:45	Mon-Fri: 13:00- 14:00

¹⁰⁶ Information based on: Information on GP practice dispensary opening times gathered in August 2024. Information on pharmacy opening hours from ICB information provided in January 2025 (listed opening hours do not take account of pharmacy rest breaks). Changes to pharmacy premises to March 2025.

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Chemists Limited		29a Escomb Road					
Barnard Castle Surgery		Victoria Road	Barnard Castle	DL12 8HT	Dispensing GP Practice	Mon-Wed: 08:00-18:00 Thurs: 08:00 -14:00 Fri: 08:00-18:00	
Day Lewis Plc	Day Lewis Plc	86 Galgate	Barnard Castle	DL12 8BJ	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00
Boots UK Limited	Boots Pharmacy	37-39 Market Place	Barnard Castle	DL12 8NE	Community Pharmacy	Mon-Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-17:30 Sat: 09:00-13:00; 14:00-17:30	Mon-Tues: 13:00-14:00 Thurs: 13:00-14:00 Sat: 13:00-14:00
North East Pharmacy Group	Bishop Auckland Pharmacy – St Helen	144 Melrose Drive	St Helen Auckland	DL14 9DN	Community Pharmacy	Mon-Fri: 08:30-13:00; 14:00-17:30	Mon-Fri: 13:00-14:00
M J & A Gordon Limited	Tow Law Pharmacy	24 High Street	Tow Law	DL13 4DL	Community Pharmacy	Mon-Wed: 09:00-12:30; 13:30-18:00 Thurs: 09:00-12:30; 13:30-15:00 Fri: 09:00-12:30; 13:30-18:00 Sat: 09:00-12:00	None
Gill & Schofield	Coundon Pharmacy	Victoria Lane	Coundon	DL14 8NL	Community Pharmacy	Mon-Fri: 08:45-13:15; 14:00-17:30	None
Stanhope Chemists Ltd	Stanhope Chemists Ltd	79 Front Street	Stanhope	DL13 2TZ	Community Pharmacy	Mon-Tues: 09:00-12:15; 13:30-17:30 Wed: 09:00-12:15; 13:30-16:00 Thurs-Fri: 09:00-12:15; 13:30-17:30 Sat: 09:00-12:15	None

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Woodview Medical Practice		The Surgery	Cockfield	DL13 5AF	Dispensing GP Practice	Mon - Tues: 08:30 -18:00 Wed: 8:30 – 15:00 Thurs - Fri: 08:30 -18:00	
Cockfield Healthcare Limited	Cockfield Pharmacy	38 Front Street	Cockfield	DL13 5DS	Community Pharmacy	Mon-Fri: 09:00-17:00	None
Northern Pharmacy Group Ltd	Wolsingham Pharmacy	12 Market Place	Wolsingham	DL13 3AE	Community Pharmacy	Mon: 09:00-12:15; 13:30-17:30 Tues: 09:00-12:15; 13:30-17:00 Wed: 09:00-12:15 Thu: 09:00-12:15; 13:30-17:00 Fri: 09:00-12:15; 13:30-17:30 Sat: 09:00-12:15	None
Old Forge Surgery		The Surgery	Middleton-In-Teesdale	DL12 0QE	Dispensing GP Practice	Mon-Fri: 08:00-18:00	
Day Lewis Plc	Day Lewis Plc	19 Market Place	Middleton-In-Teesdale	DL12 0QG	Community Pharmacy	Mon-Tues: 09:00-17:30 Wed: 09:00-13:00 Thu-Fri: 09:00-17:30 Sat: 09:00-13:00	None
Northern Pharmacy Group Ltd	Crook Pharmacy	50 Hope Street	Crook	DL15 9HU	100 Hour Pharmacy	Mon-Fri: 09:00-21:00 Sat: 09:00-21:00 Sun: 10:00-16:00	None
Boots UK Limited	Boots Pharmacy	8 North Terrace	Crook	DL15 9AZ	Community Pharmacy	Mon-Fri: 09:00-17:30 Sat: 09:00-17:30	None
Clemitsons Ltd	Clemitsons Ltd	25A Hope Street	Crook	DL15 9HS	Community Pharmacy	Mon-Fri: 08:30-12:30; 13:00-17:00	Mon-Fri: 12:30-13:00 Sat: 09:00-12:00
Clemitsons Ltd	Clemitsons Ltd	51 Hope Street	Crook	DL15 9HU	Community Pharmacy	Mon-Fri: 08:30-12:00; 13:30-18:00	Mon-Fri: 12:00-13:30
Britton & Robson Ltd	Britton & Robson Ltd	46 High Street	Willington	DL15 0PG	Community Pharmacy	Mon-Fri: 08:30-12:30; 13:30-17:30	None

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Pinfold Medical Practice		Pinfold Lane	Butterknowle	DL13 5NX	Dispensing GP Practice	Mon: 08:30-18:00 Tues: 08:30-17:00 Wed: 08:30-18:00 Thurs: 08:30-17:00 Fri: 08:30-18:00 Closed every day between 12:30-14:00	
Evenwood Medical Practice		Copeland Lane	Evenwood	DL14 9SU	Dispensing GP Practice	Mon: 08:00 – 18:00 Tues: 08.00-12.00 Wed: 08.00-13.00 Thurs: 08.00–18.00 Fri: 08.00–17.00	
Gainford Surgery		Main Road	Gainford	DL2 3BE	Dispensing GP Practice	Mon-Fri: 08:00-18:00	

Easington

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Asda Stores Ltd	Asda Pharmacy	Surtees Road	Peterlee	SR8 5HA	100 Hour Pharmacy	Mon-Fri: 09:00-12:30; 13:00-16:30; 17:00-21:00 Sat: 09:00-12:30; 13:00-16:30; 17:00-21:00 Sun: 10:00-16:00	None
Boots UK Limited	Boots Pharmacy	30-32 The Chare	Peterlee	SR8 1AE	Community Pharmacy	Mon - Fri: 09:00-13:00; 14:00-16:45 Sat: 09:00-12:00; 13:00-16:45	Mon-Fri: 13:00-14:00; 16:45-17:30 Sat: 12:00-13:00; 16:45-17:30
York Road Co Ltd	York Road Pharmacy	60 York Road	Peterlee	SR8 2DP	Community Pharmacy	Mon-Tues: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00 Thu-Fri: 09:00-13:00; 13:30-17:30 Sat: 09:00-13:00	None

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
IntraHealth Pharmacy Limited	IntraHealth Pharmacy Limited	William Brown Centre, Manor Way	Peterlee	SR8 5SB	Community Pharmacy	Mon-Fri: 09:00-12:30; 13:30-18:00	Mon: 08:30-09:00; 12:30-13:30 Tues-Fri: 08:30-09:00; 12:30-13:30; 18:00-19:00
Bestway National Chemists Limited	Well Pharmacy	9 The Chare	Peterlee	SR8 1AE	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-11:30	Sat: 11:30-13:00
M Whitfield Limited	M Whitfield Limited	30 Forth Street	Horden	SR8 4LB	Community Pharmacy	Mon-Fri: 09:00-12:30; 13:30-17:30 Sat: 09:00-11:30	Sat: 11:30-12:30
Boots UK Limited	Boots Pharmacy	South Hetton Health Centre, Front Street	South Hetton	DH6 2TH	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-17:30
Boots UK Limited	Boots Pharmacy	Craddock House, Seaside Lane	Easington Colliery	SR8 3PF	Community Pharmacy	Mon-Fri: 09:00-13:00; 13:30-17:30	Mon-Fri: 13:00-13:30 Sat: 09:00-13:00
Boots UK Limited	Boots Pharmacy	63 Church Street	Seaham	SR7 7HF	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-16:45 Sat: 09:00-13:00; 14:00-16:45	Mon-Fri: 16:45-17:00 Sat: 16:45-17:00
Teesside LLP	Seaside Pharmacy	43 Church Street	Seaham	SR7 7HF	Community Pharmacy	Mon-Fri: 08:30-12:30; 14:00-18:00	Mon-Fri: 13:30-14:00
Bestway National Chemists Limited	Well Pharmacy	1 The Avenue, Deneside	Seaham	SR7 8LQ	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	None
J S Locum Services Ltd	Kaila Pharmacy	Unit 5, Byron Place	Seaham	SR7 7DR	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00 Sat: 09:00-13:00
Vangmayi Ltd	J & J Pharmacy	1 West Grove, Westlea Estate	Seaham	SR7 8EL	Community Pharmacy	Mon-Fri: 09:00-14:00; 14:30-17:30	Mon-Fri: 14:00-14:30 Sat: 09:15-13:00
Bestway National	Well Pharmacy	Seaham Primary Care Centre,	Seaham	SR7 7JE	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon- Fri: 08:00-09:00; 17:00-18:00

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Chemists Limited		St Johns Square					
G Whitfield Limited	G Whitfield Limited	16 Woods Terrace East	Murton	SR7 9AA	Community Pharmacy	Mon: 09.00-12.30; 13.30-17:00 Tues-Wed: 09.00-12.30; 13.30-17:30 Thurs: 09.00-12.30; 13.30-17:00 Fri: 09.00-12.30; 13.30-17:30 Sat: 09:00-12:30	None
Foster Morton Healthcare Limited	The Village Pharmacy	13/15 Woods Terrace	Murton	SR7 9AD	Community Pharmacy	Mon-Fri: 08:30-12:30; 13:30-17:30	Mon-Wed: 12:30 - 13:30; 17:30 - 18:00 Thurs-Fri: 12:30 - 13:30
Crispin Pharmacy Ltd	Shotton Pharmacy	2 Front Street	Shotton Colliery	DH6 2LT	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-12:30
Haswell Pharmacy Limited	Haswell Pharmacy	80 Front Street	Haswell	DH6 2BL	Community Pharmacy	Mon-Wed: 09:00-17:30 Thurs: 09:00-15.00 Fri: 09:00-17:30	Thurs: 15:00-17:30
M Whitfield Limited	M Whitfield Limited	2 Stanley Terrace	Thornley	DH6 3ES	Community Pharmacy	Mon-Wed: 09:00-12:30; 14:00-18:00 Thurs: 09:00-12:30; 14:00-17.30 Fri: 09:00-12:30; 14:00-18:00 Sat: 09:00-12:00	None
Bestway National Chemists Limited	Well Pharmacy	51 Middle Street	Blackhall Colliery	TS27 4EE	Community Pharmacy	Mon-Fri: 09:00-17:30	None
M Whitfield Limited	M Whitfield Limited	28 Middle Street	Blackhall Colliery	TS27 4EA	Community Pharmacy	Mon-Fri: 09:00-12:30; 13:30-17:30 Sat: 09:00-11:30	None

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Boots UK Limited	Boots Pharmacy	The Medical Centre, Front Street	Wingate	TS28 5PZ	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00
Life Healthcare Solutions	Life Chemist Trimdon Colliery	11 Luke Street	Trimdon Colliery	TS29 6DP	Community Pharmacy	Mon-Fri: 09:00-13:00; 13:30-17:30	None
M Whitfield Limited	M Whitfield Limited	The Primary Care Centre, Thornley Road	Wheatley Hill	DH6 3NR	Community Pharmacy	Mon-Wed: 09:00-12:30; 14:00-18:00 Thurs: 09:00-12:30; 14:00-17:30 Fri: 09:00-12:30; 14:00-18:00 Sat: 09:00-12:00	None
Chaganti Limited	Peterlee Pharmacy	81 Edenhill Road	Peterlee	SR8 5DD	Distance Selling Pharmacy	Mon-Fri: 09:00-17:00	None
D & D Healthcare (NE) Ltd	Netscripts Direct	Byron House, Hall Dene Way, Seaham Grange Industrial Estate	Seaham	SR7 0PY	Distance Selling Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-18:00

Derwentside

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Avicenna Retail Limited	Annfield Plain Pharmacy	3 West Road	Annfield Plain	DH9 7XA	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00
Browney House Surgery		Front Street	Langley Park	DH7 9YT	Dispensing GP Practice	Mon-Wed: 08:00-18:00 Thurs: 08:00-12:00 Fri: 08:00-18:00	
Bestway National Chemists Limited	Well Pharmacy	40 Front Street	Langley Park	DH7 9SA	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-08:45; 17:30-18:00 Sat: 08:45-12:30

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
T & J Healthcare Ltd	Station Road Pharmacy	9 Station Road	Consett	DH8 5RL	100 Hour Pharmacy	Mon-Fri: 09:00-15:00; 16:00-21:00 Sat: 09:00-15:00; 16:00-21:00 Sun: 10:00-20:00	None
Ala Pharma Ltd	Moorside Pharmacy	Consett Park Terrace, Moorside	Consett	DH8 8ET	Community Pharmacy	Mon-Fri: 08:30-14:30	None
John Low Ltd	John Low Ltd	83 Queens Road, Shotley Bridge	Consett	DH8 0BW	Community Pharmacy	Mon-Fri: 08:30-13:30; 14:00-17:00	Mon-Fri: 13:30 - 14:00
Omicare Healthcare Ltd	Derwent Pharmacy	12 Station Road	Consett	DH8 5RL	Community Pharmacy	Mon-Fri: 08:45-12:45; 14:30-17:45 Sat: 09:15-13:00	Mon-Fri: 08:30-08:45; 12:45-14:30; 17:45-21:30 Sat: 09:00-09:15; 13:00-21:00 Sun: 10:00-21:00
Bestway National Chemists Limited	Well Pharmacy	The Derwent Centre, Middle Street	Consett	DH8 5QP	Community Pharmacy	Mon-Tues: 09:30-14:00; 15:00-17:30 Wed-Fri: 09:30-14:00; 15:00-17:00 Sat: 09:30-14:00; 15:00-17:00	Mon-Tues: 09:00-09:30; 14:00-15:00 Wed-Fri: 09:00-09:30; 14:00-15:00; 17:00-17:30 Sat: 09:00-09:30; 14:00-15:00; 17:00-17:30
Boots UK Limited	Boots Pharmacy	Station Yard West, Delves Lane	Consett	DH8 5YA	Community Pharmacy	Mon-Fri: 08:30-13:00; 14:00-17:30	Mon-Fri: 13:00-14:00 Sat: 08:30-12:00
Kuver Limited	Burnopfield Pharmacy	Cedar Crescent	Burnopfield	NE16 6HU	Community Pharmacy	Mon-Fri: 09.00-17.30	None
Kuver Limited	Dipton Pharmacy	Lesbury House, Front Street	Dipton	DH9 9AD	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	None
Kuver Limited	Leadgate Pharmacy	George Ewen House, Watling Street	Leadgate	DH8 6DP	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-17:30

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Lydon Pharmacy Group Ltd	Craghead Pharmacy	6 Standerton Terrace	Craghead	DH9 6DD	Community Pharmacy	Mon: 08:30-12:30; 13:00-19:00 Tue-Wed: 08:30-12:30; 13:00-17:30 Thu: 08:30-13:00 Fri: 08:30-12:30; 13:00-17:30	None
Asda Stores Ltd	Asda Pharmacy	Front Street	Stanley	DH9 0NB	100 Hour Pharmacy	Mon-Fri: 09:00-12:30; 13:00-16:30; 17:00-21:00 Sat: 09:00-12:30; 13:00-16:30; 17:00-21:00 Sun: 10:00-16:00	None
Boots UK Limited	Boots Pharmacy	53 Front Street	Stanley	DH9 0SY	Community Pharmacy	Mon: 08:30-13:00; 14:00-17:30 Tue-Fri: 08:30-13:00; 14:00-17:00 Sat: 08:30-13:00; 14:00-17:00	Mon-Fri: 13:00-14:00 Tue-Fri: 17:00-17:30 Sat: 13:00-14:00
Sri Kanaparthi Ltd	Clifford Road Pharmacy	Clifford Road	Stanley	DH9 0AB	Community Pharmacy	Mon: 09:00-13:00; 14:00-18:00 Tue-Fri: 09:00-12:00; 14:00-18:00 Sat: 09:00-13:00	Mon: 13:00-14:00 Tue-Fri: 12:00-14:00
Lydon Pharmacy Group Ltd	Stanley Pharmacy	79 Front Street	Stanley	DH9 0TB	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00 Sat: 09:00-13:00
The Haven Surgery		The Haven	Burnhope	DH7 0BD	Dispensing GP Practice	Mon – Tues: 08:00 – 18:00 Wed: 08:00-12:00 Thurs – Fri: 08:00 – 18:00 Telephone lines closed 12:30 – 13:00	
M D & A G Burdon Ltd	Lanchester Pharmacy	15 Front Street	Lanchester	DH7 0LA	Community Pharmacy	Mon-Fri: 09:00-13.00; 14.00-18:00	Mon-Fri: 08:30-09:00; 13.00-14.00 Sat: 09:00-17:00
Kuver Limited	Taylor's Pharmacy	226 Park Road	South Moor	DH9 7AN	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-18:00

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Oakfields Health Group		Oakfields Health Centre	Hamsterley Colliery	NE17 7SB	Dispensing GP Practice	Mon - Wed: 08:30-18:00 Thurs: 08:30-12:30 Fri: 08:30-18:00	
Sri Vijaya Venkata LLP	Consett Pharmacy	Unit 19b Number One Industrial Est	Consett	DH8 6SY	Distance Selling Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00 Sat: 09:00-18:00

Sedgefield

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Tesco Stores Limited	Tesco Pharmacy	Greenwell Road	Newton Aycliffe	DL5 4DH	100 Hour Pharmacy	Mon-Fri: 09:00-21:00 Sat: 09:00-21:00 Sun: 10:00-16:00	None
Bewick Crescent Surgery		27 Bewick Crescent	Newton Aycliffe	DL5 5LH	Dispensing GP Practice	Mon: 08.00-18:00 Tues: 08.00-19:30 Wed - Fri: 08.00-18:00	
A R McConnell Limited	The Village Pharmacy	Pioneering Care Centre, Cobbler's Hall, Burn Lane	Newton Aycliffe	DL5 4SE	Community Pharmacy	Mon-Fri: 08:30-13:00; 14:00-17:30	Sat: 09:00-12:00
Boots UK Limited	Boots Pharmacy	57 Beveridge Way	Newton Aycliffe	DL5 4DU	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-17:00 Sat: 09:00-13:00; 14:00-15:00	Sat: 13:00-14:00; 15:00-17:00
Robert & Roberts Limited	Bewick Pharmacy	27 Bewick Crescent	Newton Aycliffe	DL5 5LH	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-18:00
LP SD Thirty Nine Ltd	Newton Pharmacy	Pease Way Medical Centre	Newton Aycliffe	DL5 5NH	Community Pharmacy	Mon-Fri :09:00-13:00; 14:00-18:00	Mon-Fri: 13:00 - 14:00
Asda Stores Ltd	Asda Pharmacy	St Andrew's Lane	Spennymoor	DL16 6QB	100 Hour Pharmacy	Mon-Fri: 09:00-12:30; 13:00-16:30; 17:00-21:00 Sat: 09:00-12:30; 13:00-16:30; 17:00-21:00	None

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
						Sun: 10:00-16:00	
St Andrews Medical Practice		Sensier House, St Andrew's Lane	Spennymoor	DL16 6QA	Dispensing GP Practice	Mon-Fri: 08:30-13:00; 14:00-18:00	
Bestway National Chemists Limited	Well Pharmacy	St Andrews Medical Centre	Spennymoor	DL16 6QA	Community Pharmacy	Mon-Fri: 09:00-13:00; 13:30-17:30	Mon-Fri: 08:30-09:00; 13:00-13:30; 17.30-18.00
Empharm North East Ltd	Miller Chemist	22 Cheapside	Spennymoor	DL16 6DJ	Community Pharmacy	Mon-Fri: 09:00-12:30; 13:30-18:00	Mon-Fri: 08:45-09:00; 12:30-13:30 Sat: 09:00-13:00
Boots UK Limited	Boots Pharmacy	18 Cheapside	Spennymoor	DL16 6DJ	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00 Sat: 09:00 - 16:00
Boots UK Limited	Boots Pharmacy	2 North Street	Ferryhill	DL17 8HX	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00
J's Healthcare Limited	Higginbottom Pharmacy	11 Main Street	Ferryhill	DL17 8LA	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-17:30
Centrechem Ltd	Sedgefield Pharmacy	11 Front Street	Sedgefield	TS21 3AT	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-12:00
Bestway National Chemists Limited	Well Pharmacy	14 Church Street	Sildon	DL4 1DX	Community Pharmacy	Mon-Fri: 08:30-13:00; 14:00-17:30	Sat: 09:00-12:00
Hancock & Ainsley Ltd	Hancock & Ainsley Ltd	1 Main Street	Sildon	DL4 1AJ	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri; 13:00-14:00 Sat: 09:00-12:00
Intrahealth Pharmacy Limited	Cheapside Chemist	5 Cheapside	Sildon	DL4 2HP	Community Pharmacy	Mon-Fri: 08:45-13:00; 14:00-17:30 Sat: 09:00-12:00	None
Intrahealth Pharmacy Limited	Chilton Chemist	Chilton Health Centre, Norman Terrace	Chilton	DL17 0HF	Community Pharmacy	Mon: 08:45-12:30; 13:30-17:45 Tues: 08:45-12:30; 13:30-17:30 Wed: 08:45-12:30; 13:30-17:45	None

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
						Thu: 08:45-13:30 Fri: 08:45-12:30; 13:30-17:45 Sat: 08:30-12:00	
Intrahealth Pharmacy Limited	Intrahealth Pharmacy Limited	West Cornforth Medical Centre, Reading Street	West Cornforth	DL17 9LH	Community Pharmacy	Mon-Fri: 09:00-13:00; 13:30-17:30	None
Life Healthcare Solutions	Life Chemist Trimdon Village	23a Church Road	Trimdon Village	TS29 6PY	Community Pharmacy	Mon-Fri: 09:00-12:45; 13:45-18:00	None
Life Healthcare Solutions	Life Chemist Fishburn	9 Alhambra Terrace	Fishburn	TS21 4BU	Community Pharmacy	Mon-Fri: 08:30-12.30; 13.30-17.30	Sat: 09:00-12:00
Robert & Roberts Limited	Neville Pharmacy	6 Neville Parade	Newton Aycliffe	DL5 5DH	Distance Selling Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	None
Zedsor Limited	Net Pharmacy	Unit 10J, Dabble Duck Industrial Estate	Shildon	DL4 2RA	Distance Selling Pharmacy	Mon-Fri: 09:00 – 13:00; 14:00 - 18:00	None

Durham

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Tesco Stores Limited	Tesco Pharmacy	Dragonville Industrial Estate, Dragon Lane	Durham	DH1 2XQ	100 Hour Pharmacy	Mon-Fri: 09:00-21:00 Sat: 09:00-21:00 Sun: 10:00-16:00	None
Alrahi & Singh Ltd	Pharmacy Express	Hilary House	Kelloe	DH6 4PE	Community Pharmacy	Mon-Fri: 08:30 - 16:30	None
Bestway National Chemists Limited	Well Pharmacy	25 Gilesgate	Gilesgate	DH1 1QW	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00
M Whitfield Limited	M Whitfield Limited	34 Sunderland Road	Gilesgate	DH1 2LG	Community Pharmacy	Mon-Fri: 09:00-12:30; 14:00-18:00 Sat: 09:00-11:30	None
Parkchem Ltd	Sherburn Village Pharmacy	2 Harley Terrace	Sherburn	DH6 1DS	Community Pharmacy	Mon-Wed: 08:45-13:00; 14:00-18:00 Thu: 08:45-12:00; 13:00-17:00 Fri: 09:00-13:00; 14:00-18:00	Mon-Wed: 13:00 - 14:00 Thu: 12:00 - 13:00 Fri: 08:45 - 09:00; 13:00 - 14:00
IntraHealth Pharmacy Limited	Belmont Pharmacy	6 Blue House Buildings, High Street	Belmont	DH1 1AR	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-13:00; 14:00-17:30
James & Lindsey Clark	J & L C Clark Chemists	10 Cheveley Park, Shopping Centre	Belmont	DH1 2AA	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-17:30 Sat: 09:00-13:00
Boots UK Limited	Boots Pharmacy	Unit 9, Durham City Retail Park	Belmont	DH1 2RP	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00 Sat: 09:00-18:00
Boots UK Limited	Boots Pharmacy	Unit B, Arnison Centre Retail Park	Pity Me	DH1 5GB	Community Pharmacy	Mon-Fri: 09:00-14:00; 15:00-18:00	Mon-Fri: 14:00-15:00; 18:00-19:00, Sat: 09:00-18:00 Sun: 10:30-16:30
Coolmain Services Ltd	Leak Chemists	29 Front Street	Framwellgate Moor	DH1 5EE	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	None
Hall Newton Trading Ltd	Newton Hall Pharmacy	55 Carr House Drive	Framwellgate Moor	DH1 5LT	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	None

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Winning Esh Trading Ltd	Esh Winning Pharmacy	1 New House Road	Esh Winning	DH7 9JU	Community Pharmacy	Mon-Fri: 09:00-12:30; 13:30-18:00	Sat: 09.00-12.30
W Smith (Durham) Ltd	W Smith (Durham) Ltd	Flass Terrace	Ushaw Moor	DH7 7LD	Community Pharmacy	Mon-Fri: 09:00-12:30; 13:30-18:00	Sat: 09.00-12.30
Mr T Grey	The Storehouse Pharmacy	The Store House	Rainton Gate	DH4 6SQ	Community Pharmacy	Mon-Fri: 08:30 - 12:30; 13:30 - 17:30	Mon-Fri: 08:15 - 08:30; 17:30 - 18:00
Boots UK Limited	Boots Pharmacy	2-5 Market Place	Durham City	DH1 3NB	Community Pharmacy	Mon-Fri: 08:30-17:30 Sat: 08:30-17:30 Sun: 11:00-17:00	None
Bowburn Pharmacy Company Ltd	Bowburn Pharmacy	2 Ash Terrace	Bowburn	DH6 5AS	Community Pharmacy	Mon-Fri: 08:45-12:30; 13:45-18:00	None
M Whitfield Limited	M Whitfield Limited	1 Sanderson Street	Coxhoe	DH6 4DF	Community Pharmacy	Mon -Tues: 09:00-12:30; 14:00-18:00 Wed: 09:00-12:30; 14:00-17:30 Thurs – Fri: 09:00-12:30; 14:00-18:00 Sat: 09:00-12:00	None
Bestway National Chemists Limited	Well Pharmacy	The Health Centre, Sawmills Lane	Meadowfield	DH7 8NJ	Community Pharmacy	Mon-Fri: 08:15-12:30; 13:30-17:15	Mon-Fri: 12:30-13:30; 17:15-18:00
Lalitha Consulting Ltd	Brandon Pharmacy	Manchester House, Commercial Street	Brandon	DH7 8PL	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00

Chester-le-Street

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Gorgemead Limited	Cohens Chemist	5 Bridge End	Chester-le-Street	DH3 3RE	Community Pharmacy	Mon-Fri: 09:00-12:30; 14:00-18:00 Sat: 09:00-10:00; 11:30-13:00	Mon-Fri: 12:30-13:00 Sat: 10:00-11:30
Gorgemead Limited	Cohens Chemist	15 Middle Chare	Chester-le-Street	DH3 3QD	Community Pharmacy	Mon-Fri: 09:00-17:30	Mon-Fri: 17:30-18:00
Boots UK Limited	Boots Pharmacy	8-9 St.Cuthberts Walk	Chester-le-Street	DH3 3YQ	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-17:00 Sat: 09:00-13:00; 14:00-17:00	Mon-Fri: 13:00-14:00; 17:00-17:30 Sat: 13:00-14:00; 17:00-17:30
Superdrug Stores Plc	Superdrug Pharmacy	48-50 Front Street	Chester-le-Street	DH3 3BD	Community Pharmacy	Mon-Fri: 08:30-14:00; 14:30-17:30 Sat: 08:30-14:00; 14:30-17:30	None
Boots UK Limited	Boots Pharmacy	Cestria Health Centre, Whitehill Way	Chester-le-Street	DH2 3DJ	Community Pharmacy	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-17:30
Centrechem Ltd	Centrechem Ltd	Pelton Primary Care Centre, Ouston Lane	Pelton	DH2 1EZ	Community Pharmacy	Mon-Fri: 09:00-18:00	Mon-Fri: 08:30-09:00 Sat: 09:00-12:00
Fletcher Gamble Limited	Pelton Fell Pharmacy	Fell Road	Pelton Fell	DH2 2NR	Community Pharmacy	Mon-Fri: 09:00-12:00; 13:00-18:00	None
G Whitfield Limited	G Whitfield Limited	38 Gill Crescent North	Fencehouses	DH4 6AW	Community Pharmacy	Mon-Wed: 09:00-12:30; 14:00-18:00 Thu: 09:00-12:30; 14:00-17:00 Fri: 09:00-12:30; 14:00-18:00 Sat: 09:00-12:30	None

Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Type	Pharmacy Core or GP Practice Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Boots UK Limited	Boots Pharmacy	The Medical Centre, Front Street	Sacrison	DH7 6JW	Community Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00
J Dinning (Lumley) Limited	Lumley Pharmacy	13 Lombard Place	Great Lumley	DH3 4QP	Community Pharmacy	Mon-Fri: 08:30-17:45	None
Amerikana LLP	Vigo Pharmacy	Unit 1D, Drum Industrial Estate	Chester-le-Street	DH2 1SS	Distance Selling Pharmacy	Mon-Fri: 09:00-13:00; 14:00-18:00	None
Amerikana LLP	Sacrison Pharmacy	Suite 4, AMR Building, Sacrison Industrial Estate, Plawsworth Road	Sacrison	DH7 6JX	Distance Selling Pharmacy	Mon-Fri: 09:00-17:00	None

Appendix 8: Public views of pharmacy services

Public views gathered during the preparation of the draft PNA

Healthwatch County Durham carried out an online survey in the summer of 2024 to gain an initial insight of the experiences of people accessing pharmaceutical services in County Durham. Of the 65 responses received:

- 85% can easily access pharmacy services
- 35% access pharmacy services at least monthly
- 35% always use the same pharmacy service
- 48% normally access their pharmacy service by car or taxi
- 74% use a community pharmacy and 22% use a GP practice dispensary
- 6% use an online / internet pharmacy
-

See further information below.

Responses from across County Durham (n=65)¹⁰⁷

How often do you access pharmacy services?

At least once a week	0%
At least monthly	35%
At least every 3 months	20%
At least every 6 months	6%
At least once a year	22%
Less than once a year	12%

Do you use the same pharmacy service?

Always	35%
Usually	37%
No	22%

Can you easily access pharmacy services?

Yes	85%
No	5%
Don't know / NA	6%

Thinking about the pharmacy service you use the most, how do you usually access this service?

On foot	32%
Public transport	3%
Car or taxi	48%
Online	12%
Other	2%

What type of pharmacy service do you use the most?

Community Pharmacy	74%
GP Practice Dispensary	22%
Internet pharmacy service	6%
Other	0%

¹⁰⁷ Some of the response rates may not add up to 100% due to incomplete survey completions.

What does your pharmacy or GP practice dispensary do well? Comments included:

Staff

- Sort the issue
- Treats customers with care and respect
- Knowledgeable, polite and helpful
- Always there to help when they can
- Very helpful, extremely patient and kind
- They know the regular patients and build up a good rapport
- They are aware of regular individual needs and have good knowledge of products
- Very friendly, knows customers, very reliable
- They are friendly and efficient
- Friendly staff
- Nice staff
- Friendly and helpful. They know most who walk in through the doors. Benefit of local pharmacy
- Very polite sales assistants

Service

- It's efficient and friendly
- Up to now happy with my new one
- Provides flu and Covid injections, no waiting or appointment times
- Text when prescription ready
- Face to face discussion
- Always have my medicines ready on time
- They are friendly and know us well. They always check any medication is compatible other medication. They're very helpful and welcoming. A great service
- Doorstep delivery
- Personal service
- Quick service. Reliable information and diagnosis
- Tell you about the new prescription doctor prescribed
- Responsive
- Preparation of repeat medical very promptly
- Keep me informed
- Proficient and local
- Inform you about medication and small ailments advice
- Sends me messages when my prescription is ready
- Usually well stocked and a variety of choice
- Customer service
- Gives monthly prescription on time. Offer advice
- Always willing to speak to patients
- Listen and not rush you along, will do what you can do to get medicines needed promptly
- In doctors they do ok, I get what I need
- Makes me feel safe to disclose and show my ailments
- A quick delivery service
- Speak with me on the day I need to be seen
- Privacy is always offered through the use of a little room
- Provides a fast and private service
- Treats me with kindness. Diagnosis and shows me what I need to treat the problem
- Medication is generally ready on time, or completed on arrival
- Gave my medication that was prescribed
- I'm happy with the current set up
- Able to give you medicine/treatment needed i.e. they know what the problem is

Access

- Convenient opening hours
- The one I generally use is very well stocked with a variety of items making things quite easily accessible
- Easy to access not normally very busy so easy to speak to someone

Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:

Staff

- More staff
- A little more time when explaining
- They could be more friendly and less rude

Service

- This is not particular to my pharmacy, but customers should not have to give their address out loud in front of other customers. The screens still in place make this worse, as it's necessary to speak louder
- The pharmacy used to be good for making up prescriptions from GP and getting them delivered quickly. Now, there are always delays and we usually have to visit to get the prescriptions and then wait in sometimes long queues
- There seems to be lots of medication unavailable. Not pharmacy fault but causes a lot of gossip
- The time it takes to get a prescription. I have sometimes waited over 1 hour. I now collect prescriptions 15 minutes before closing to avoid waiting times
- Shortages should be addressed by provider not re-referred back to patient to re-apply via GP/practice
- Increased stock of medicines
- If they had prescription powers for antibiotics
- Be more efficient
- Issues with missing prescriptions in the past
- I feel the pharmacist needs further training on the pharmacy first service and conditions that is sees to
- Prescriptions can take a long time to arrive - items are not always stocked
- If this was bigger maybe a more private talking space. Make it easier with more embarrassing issues. More abuse training physical and emotional
- Doctors could share my information so I don't need to see both
- More affordable
- Prescribe without GP involvement

Access

- Telephone service would help me very much. I have walked in many times to be informed I need to go to my GP
- If it was a bit bigger, they could have a private room for personal problems
- Saturday and Sunday service
- Confidential area to speak and receive any information
- Provide a private booth area
- Open longer hours
- If you ask if your prescription is ready on passing the pharmacy say a day earlier so I don't have to travel back to town they sometimes say no which is fair they will tell me the prescription isn't at the pharmacy. But 40mins later when I've just arrived home I will get a message that my prescription is ready. They have done that several times now

Community Champion

In the summer of 2024, the Community Champion network promoted an online survey to their local communities. Of the 42 responses received:

- 98% can easily access pharmacy services

- 52% access pharmacy services less than once a week but at least monthly
- 60% always use the same pharmacy service
- 61% normally access their pharmacy service by car or taxi
- 69% use a community pharmacy and 29% use a GP practice dispensary
- 2% use an online / internet pharmacy

These responses are also available across each of the 6 localities:

Responses from across County Durham (n=42)

How often do you use a pharmacy service?

At least once a week	12%
Less than once a week but at least monthly	52%
Around every few months	19%
Around every six months	10%
Around once a year	7%
Less than once a year	0%
Never	0%

Do you use the same pharmacy service?

Always	60%
Usually	29%
No	12%

Can you easily access pharmacy services?

Yes	98%
No	2%
Don't know / NA	0%

Thinking about the pharmacy service you use the most, how do you usually access this service?

On foot	25%
Public transport	6%
Car or taxi	61%
Other	8%

What type of pharmacy service do you use the most?

Community Pharmacy	69%
GP Practice Dispensary	29%
Internet pharmacy service	2%
Other	0%

Responses from the Dales (n=10)

How often do you use a pharmacy service?

At least once a week	20%
Less than once a week but at least monthly	20%
Around every few months	20%
Around every six months	10%
Around once a year	30%
Less than once a year	0%
Never	0%

Do you use the same pharmacy service?

Always	60%
Usually	20%
No	20%

Can you easily access pharmacy services?

Yes	90%
No	10%
Don't know / NA	0%

Thinking about the pharmacy service you use the most, how do you usually access this service?

On foot	30%
Public transport	0%
Car or taxi	70%
Other	0%

What type of pharmacy service do you use the most?

Community Pharmacy	90%
GP Practice Dispensary	10%
Internet pharmacy service	0%
Other	0%

What does your pharmacy or GP practice dispensary do well? Comments included:

Staff

- Treat me as a person and explains medicine use and follows up after 2 weeks. Also give advice and to dispose of medicine no longer required

Service

- My daughter has specific needs, requires no delays in her medication and is not allowed to collect her medication herself, they acknowledge this without it being an issue
- Friendly service, gives helpful advice, my items are usually ready for me to collect but if they aren't it doesn't take too long to wait. There is a private room to speak a pharmacist in if I need personal advice
- It's a small independent so they know me personally. I can ring then go check if they've received my repeat prescription, they always have the full prescription and are always available to give advice. I think they've started to work with my practice, so when it's appropriate they will ring me when the GP isn't available for an appointment
- Always have items in stock
- Provide advice regarding medications
- Fulfils its obligations

Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:

Service

- Bigger premises
- More support for them to be able to deliver my prescription when I'm not able to get out
- A notification service to let you know your prescription is ready to collect. You have to email the surgery to ask for a repeat prescription. You get no response from the surgery and no notification from the pharmacy to say it's there. You just have to wait a couple of days, go to the pharmacy and hope it's done. There have been occasions where I have gone to the pharmacy after a couple of days and it has been a wasted journey as it hasn't even been sent over from the GP yet. Also, my local pharmacy needs to get up to date with how you can communicate with them. Currently this is only in person or by telephone. I believe they do

have an email address but I've been told that I can only contact them about my prescription by telephoning which is not convenient to me

- Better communication and less waiting times. Would also help if the shutters were fully open so you can tell it's open

Access

- Longer opening times would be beneficial to help the working people have better access
- Open on Saturdays as I work full time, it's hard to get there during opening hours in the week

Responses from Easington – no responses received.

Responses from Derwentside (n=6)

How often do you use a pharmacy service?

At least once a week	0%
Less than once a week but at least monthly	50%
Around every few months	33%
Around every six months	17%
Around once a year	0%
Less than once a year	0%
Never	0%

Do you use the same pharmacy service?

Always	50%
Usually	50%
No	0%

Can you easily access pharmacy services?

Yes	100%
No	0%
Don't know / NA	0%

Thinking about the pharmacy service you use the most, how do you usually access this service?

On foot	33%
Public transport	17%
Car or taxi	50%
Other	0%

What type of pharmacy service do you use the most?

Community Pharmacy	50%
GP Practice Dispensary	50%
Internet pharmacy service	0%
Other	0%

What does your pharmacy or GP practice dispensary do well? Comments included:

Staff

- Lovely staff who are polite and friendly
- Polite and helpful
- Friendly and informative

Service

- Customer service and advice
- Normally a quick service turnaround

Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:

Service

- Accuracy
- I normally have to return as they are short of a certain tablet or drug
- They should have a wider range of suppliers as currently have limited which means short supplies and owing slips, which then encounters more journeys which is not ideal for the environment if people travel in car etc

Responses from Sedgefield (n=9)

How often do you use a pharmacy service?

At least once a week	11%
Less than once a week but at least monthly	67%
Around every few months	22%
Around every six months	0%
Around once a year	0%
Less than once a year	0%
Never	0%

Do you use the same pharmacy service?

Always	78%
Usually	22%
No	0%

Can you easily access pharmacy services?

Yes	100%
No	0%
Don't know / NA	0%

Thinking about the pharmacy service you use the most, how do you usually access this service?

On foot	13%
Public transport	0%
Car or taxi	75%
Other	13%

What type of pharmacy service do you use the most?

Community Pharmacy	56%
GP Practice Dispensary	44%
Internet pharmacy service	0%
Other	0%

What does your pharmacy or GP practice dispensary do well? Comments included:

Staff

- Friendly and helpful staff, mobile notifications when meds are ready to collect
- Friendly and approachable
- Always quick and helpful

Service

- Drug supply. And other testing is also available
- Offers a delivery service as I live quite a distance from the surgery
- Deliveries
- My prescription is sent to the pharmacy after I order it on line via my doctor it is available within a couple of days very convenient. I could have it delivered to me so I am happy with the service
- It does all I need it to do

Access

- Good accessibility and opening times

Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:

Service

- Communication - there are regular problems in the supply chain. The 5 out of the last 7 repeat prescriptions had to be called for twice due to items not being there (even waiting for 3 days after it was sent electronically from the GP). If there is going to be a delay it should flagged up or at least a call to say the balance of the prescription is ready
- Sometimes have difficulty getting certain medications in stock

Access

- Easier to contact by phone, often not answered
- Earlier / later opening times

Responses from Durham City (n=6)

How often do you use a pharmacy service?

At least once a week	17%
Less than once a week but at least monthly	67%
Around every few months	17%
Around every six months	0%
Around once a year	0%
Less than once a year	0%
Never	0%

Do you use the same pharmacy service?

Always	67%
Usually	17%
No	17%

Can you easily access pharmacy services?

Yes	100%
No	0%
Don't know / NA	0%

Thinking about the pharmacy service you use the most, how do you usually access this service?

On foot	17%
Public transport	17%
Car or taxi	67%
Other	0%

What type of pharmacy service do you use the most?

Community Pharmacy	100%
GP Practice Dispensary	0%
Internet pharmacy service	0%
Other	0%

What does your pharmacy or GP practice dispensary do well? Comments included:

Staff

- Friendly and efficient

Service

- Accessible, friendly and helpful service
- Nothing at moment, downhill rapidly since new owners took over
- Dispense medication quickly and efficiently
- The tablets are always right

Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:

Staff

- They need more staff always manic busy ...

Service

- Better organisation, quicker service. Sort out the mayhem or will lose custom. Large community of people and elders who can't go elsewhere, linked to doctors surgery for prescriptions and dispensary
- Yes, employ more people

Responses from Chester-le-Street (n=5)

How often do you use a pharmacy service?

At least once a week	0%
Less than once a week but at least monthly	60%
Around every few months	40%
Around every six months	0%
Around once a year	0%
Less than once a year	0%
Never	0%

Do you use the same pharmacy service?

Always	20%
Usually	40%
No	40%

Can you easily access pharmacy services?

Yes	100%
No	0%
Don't know / NA	0%

Thinking about the pharmacy service you use the most, how do you usually access this service?

On foot	25%
Public transport	0%
Car or taxi	25%
Other	50%

What type of pharmacy service do you use the most?

Community Pharmacy	60%
GP Practice Dispensary	20%
Internet pharmacy service	20%
Other	0%

What does your pharmacy or GP practice dispensary do well? Comments included:

Staff

- Very helpful

Service

- Sends me reminders so I know when I need to reorder. Free delivery
- Prescription is ready in advance
- Prepares prescriptions in advance
- Send text when prescriptions are to be collected

Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:

Service

- It is always busy, do not know what they could do to improve this
- Always a queue plus people taking methadone in public view

Public consultation in the summer 2025

National guidance

Regulation 8 of the 2013 Regulations describe the process of PNA consultation (Appendix 1). The 2013 Regulations require a report of the consultation to be included in the final version of the PNA.

The Durham County Council public consultation

The statutory 60-day public consultation will run from 19 May – 17 July 2025 at <https://letstalkcountydurham.co.uk/en-GB/>.

Responses to the consultation will be received via email to pnaconsultation@durham.gov.uk or via an online questionnaire aimed at either County Durham residents; or organisations / groups, health care professionals or other.

Comments received from County Durham residents

The online questionnaire will ask the following questions of County Durham residents:

1. How often do you use a pharmacy service?
2. Do you use the same pharmacy service?
3. What type of pharmacy service do you use the most?
4. Can you easily access pharmacy services?
5. Thinking about the pharmacy service you use the most, how do you usually access this service?
6. What does your dispensary / pharmacy service do well?
7. Is there any way your dispensary / pharmacy service could be improved?

8. In which of the following local areas do you live?
- Dales (Bishop Auckland, Crook, Teesdale, Weardale)
 - Easington (Peterlee, Seaham, Horden)
 - Derwentside (Consett, Stanley, Lanchester)
 - Sedgefield (Newton Aycliffe, Spennymoor, Ferryhill, Shildon)
 - Durham (Sherburn, Belmont, Bowburn, Coxhoe, Meadowfield)
 - Chester-le-Street (Pelton, Sacriston, Fencehouses)
 - Don't know / none of these

Comments received from organisations

Comments received along with the response from the PNA Steering Group (on behalf of the HWB).

Organisation	Summary of comments	PNA Steering Group response
Adults Wellbeing and Health Overview and Scrutiny Committee		
Community Pharmacy Durham and Sunderland		

Appendix 9: Housing developments in County Durham of 100 properties or more, and with estimated builds by 2028-29¹⁰⁸

Dales

Site name	Settlement	Total no of units	Total completed	Total completed 2021-24	Estimated number of houses that will be built by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Brack's Farm	Bishop Auckland	300	172	76	128	60	0
Land south of Douglas Crescent, Auckland Park	Bishop Auckland	500	94	0	200	57	0
Former Cemex site	St Helen Auckland	100	79	62	21	51	3
Land north of Etherley Moor	Etherley Dene	145	27	27	118	49	0
High Riggs (land adjacent Darlington Road)	Barnard Castle	107	107	47	0	13	2
Land east of Deerbolt HMYOI and north of Bowes Road	Startforth	162	150	92	12	11	2
Land to the north of Darlington Road, Barnard Castle	Countryside - West Durham	97	0	0	97	13	2
H22 - High West Road	Crook	256	0	0	155	50	4
Former Riding Carpets site	Willington	213	166	11	47	69	1
Land adjacent to (East) Ash Drive	Willington	200	0	0	170	72	1

¹⁰⁸ Information correct January 2025

Easington

Site name	Settlement	Total no of units	Total completed	Total completed 2021-24	Estimated number of houses that will be built by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Low Hills (land between Easington and Peterlee)	Peterlee	900	0	0	0	41	1
North East Industrial Estate	Peterlee	390	0	0	0	43	3
Land west of Blackhall Cemetery and south of Hesleden Road	Blackhall Colliery	123	64	64	59	41	2
Field to the south of Wayside, Wingate Lane	Wheatley Hill	106	106	8	0	65	1
Land South of A182, Seaham (Seaham Garden Village)	Countryside - East Durham	1500	0	0	500	35	0
Land south-east of Stewart Drive	Wingate	250	142	0	0	52	0
East of Martindale Walk, south of Wellfield Road South	Wingate	166	166	38	0	56	0

Derwentside

Site name	Settlement	Total no of units	Total completed	Total completed 2021-24	Estimated number of houses that will be built by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Shotley Bridge Hospital	Shotley Bridge	240	240	33	0	29	1
Land south of Fenwick Way	Consett	319	276	3	43	31	4
Genesis Site, Berry Edge South	Consett	406	143	84	200	30	3
Former Explorer Group Delves Lane Dales View	Delves Lane	227	227	0	0	36	3
Delves Lane site	Delves Lane	288	0	0	225	46	0
Land to the north-east of Castledene Road	Delves Lane	105	19	19	86	36	4
Middles Farm Village	South Stanley	296	296	66	0	48	0
Land to the north-east of Annfield Auto Services Residential Development Site	New Kyo	102	102	36	0	48	2
Ever Ready Industrial Estate	Tanfield Lea	287	0	0	160	45	0
Land east of Fern Dene, Knitsley Lane, Templetown	Delves Lane	170	0	0	120	31	4
Land south of Greylingstadt Terrace, Stanley	The Middles	181	0	0	120	50	1

Sedgefield

Site name	Settlement	Total no of units	Total completed	Total completed 2021-24	Estimated number of houses that will be built by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Land east of Clare Lodge and Durham Road	Chilton	191	220	63	0	59	1
Land north of West Chilton Terrace	Chilton	123	0	0	123	54	1
Whitworth Park	Spennymoor	726	684	102	42	60	2
Black & Decker (Durham Gate)	Spennymoor	279	279	36	0	72	0
Former Electrolux site, Merrington Lane	Spennymoor	425	42	42	200	66	5
Thorns Lighting, Merrington Lane	Spennymoor	414	414	63	0	64	5
Land at and to West of K Hartwell LTD Butchers, Race Green Lane Industrial Estate	Spennymoor	108	108	24	0	70	0
Land north and west of Almond Close	Spennymoor	187	0	0	155	65	0
Land south of 100 To 106 Dean Road	Ferryhill	161	60	60	101	64	2
Land north of Durham Road	Middlestone Moor	309	131	109	178	65	0
Land at Spout Lane	Sildon	276	252	26	24	41	1
Dale Farm Land at Dale Road	Sildon	340	0	0	0	43	0
Land north of Middridge Road	Newton Aycliffe	256	213	159	43	44	1
Site O - Cobblers Hall	Newton Aycliffe	175	175	24	0	45	1
Land at former Sedgefield Community Hospital, Salters Lane	Sedgefield	100	58	37	42	52	1
Land south of Eden Drive	Sedgefield	277	256	102	21	44	1

Durham

Site name	Settlement	Total no of units	Total completed	Total completed 2021-24	Estimated number of houses that will be built by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Integra 61 land south of Bowburn and west of A688	Bowburn	270	158	145	112	85	1
Former Cape Asbestos Works, Durham Road (The Grange)	Bowburn	360	360	74	0	91	1
Colliery Road	Bearpark	148	12	12	136	60	0
Bogma Hall Farm	Coxhoe	153	122	113	31	83	1
Land west of Browney Lane	Browney	292	292	6	0	85	1
Land to north-east of St. Mary's Terrace	Coxhoe - Parkhill	210	200	99	10	86	2
Land east of Mill Lane	Sherburn Village	132	124	98	8	75	1
Land north of Ladysmith Terrace	Ushaw Moor	167	167	20	0	58	1
Mount Oswald	Durham City	291	291	55	0	60	0
Milburngate House	Durham City	303	1	1	302	95	2
Former Police HQ, Aykley Heads	Durham City - Aykley Heads	217	217	55	0	75	2
H5 - Sniperley Park	Durham City	1925	1925	0	420	84	1
Land to the east of Regents Court, Sherburn Road	Gilesgate Moor	470	0	0	375	92	3
Land north-east side of Cross Lane	Sacrison	200	160	97	40	67	2

Chester-le-Street

Site name	Settlement	Total no of units	Total completed	Total completed 2021-24	Estimated number of houses that will be built by 2028-29	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
British Oxygen Co, Vigo Lane	Chester-le-Street	233	233	37	0	62	0
Lambton Park, Chester Road	Bournmoor	400	64	51	125	57	0
Land rear of Newfield Terrace Newfield Farm	Newfield	274	274	16	0	53	0
Roseberry Playing Fields	Newfield	104	0	0	104	57	0
Land east of Moss Close Farm	Pelton	190	84	84	106	57	0
Land west of Valley Road, Pelton Fell	Pelton Fell	165	143	143	22	55	1