



Redcar & Cleveland

Pharmaceutical Needs Assessment 2025 - 2028

Live Well South Tees Health & Wellbeing Board

Endorsed by PNA Steering Group: 28th August 2025

Endorsed by Public Health South Tees DMT: 9th September 2025

Endorsed by South Tees Health & Wellbeing Board: 11th September 2025

EXECUTIVE SUMMARY

Welcome

I hope you find the 2025-2028 Redcar & Cleveland pharmaceutical needs assessment helpful for better understanding the provision of pharmaceutical services in the borough and informing commissioning decisions. The process of developing this pharmaceutical needs assessment has reinforced my team's view that community pharmacy plays a vital role in public health across South Tees. Public Health South Tees will continue to build our relationships with community pharmacies to incorporate pharmacy into our place-based approach to help people live well across South Tees.

Mark Adams
Joint Director of Public Health
Public Health South Tees

Introduction to the pharmaceutical needs assessment (PNA)

The pharmaceutical needs assessment (PNA) for Redcar and Cleveland is a document that determines:

- if there are sufficient community pharmacies to meet the needs of the population;
- if community pharmacies could deliver other services to meet the population's health needs.

South Tees Health and Wellbeing Board has a statutory responsibility for producing and publishing a PNA for Redcar & Cleveland Council by 1st October 2025. The previous PNA was published on 1st October 2022. The 2025-2028 PNA will cover a three year period from the date of publication.

The PNA will be used to:

- Provide NHS England and NHS Improvement with the relevant information needed to inform their decisions on the required location and number of pharmacies in Redcar and Cleveland. The PNA is the basis for identifying gaps in service and the basis for determining market entry to NHS pharmaceutical services provision and the categories of routine application to join the pharmaceutical list (open a new pharmacy);
- Inform commissioning plans about pharmaceutical services that community pharmacists could provide to meet local needs;
- Support commissioning of high-quality pharmaceutical services;
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs of the local population and meet Public Health South Tees' ambitions;
- Allow local pharmacists the opportunity to contribute to the health of the people of Redcar and Cleveland.

How has it been produced?

The 2025-2028 Redcar & Cleveland PNA has been produced in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and 2021 Department of Health and Social Care Information Pack.

The development of the 2025-2028 Redcar & Cleveland PNA has been overseen by the Public Health South Tees PNA Steering Group. The steering group consists of representatives from across the local health and social care system, including representation from public and patient champions (Healthwatch South Tees) and local community pharmacy (Tees Local Pharmaceutical Committee).

Engagement with patients, the public, health professionals and local community pharmacies during the development of the PNA has generated important insight regarding the current and future provision of pharmaceutical services. This has included public and contractor surveys. Formal consultation on the 2025-2028 Redcar & Cleveland draft PNA ran from 16th May to 15th July 2025, in line with the 60-day minimum period set out in Regulation 8 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. A full consultation report is included with the PNA. The final PNA has been approved by South Tees Health and Wellbeing Board.

Conclusions

The 2025-2028 Redcar & Cleveland PNA outlines the need for pharmaceutical services within the borough and provides the information required to inform future commissioning decisions. 31 community pharmacies and 1 distance-selling pharmacy across the borough serve the population's pharmaceutical needs. There are no dispensing doctors and no appliance contractors.

South Tees Health and Wellbeing Board concludes that:

- There is adequate provision of pharmaceutical services across Redcar & Cleveland to serve the needs of our population, with no current gaps identified.
- If current pharmacies remain open, there are no anticipated gaps in pharmaceutical services for the three year period of the 2025-2028 pharmaceutical needs assessment.
- There is a reasonable choice of both providers and services available.
- Public engagement found that the majority of the respondents (87%) rated their pharmacies good, very good or excellent.
- Most popular services was supply of appropriate medicines, flu vaccination services, think pharmacy first scheme and urgent medicines following 111/GP referral.
- The most common potential improvements were more staffing, increase opening times (evening and weekends, lunchtime and unexpected closures), improved medication availability and better waiting times
- Community pharmacies play a critical role in delivering locally commissioned services on behalf of both Public Health South Tees and NENC ICB;
- Community pharmacy is an important asset for promoting public health and health protection preparedness, which Public Health South Tees should encompass in its ongoing place-based approach;
- Public Health South Tees should work with the wider council to continue to ensure that access to community pharmacy (and other healthcare services) continues to be considered in public transport planning.

CONTENTS PAGE

EXECUTIVE SUMMARY	2
Welcome.....	2
Introduction to the pharmaceutical needs assessment (PNA)	2
How has it been produced?	3
Conclusions.....	3
1.0 INTRODUCTION	8
1.1 What is a Pharmaceutical Needs Assessment?.....	8
1.2 Who has produced it?	8
1.3 How will it be used?	9
1.4 NHS Pharmacy Services	9
1.5 Recommendations from 2022 PNA	10
2.0 CONSULTATION AND ENGAGEMENT.....	11
2.1 Consultation.....	11
2.2 Engagement	11
3.0 LOCALITIES DEFINITION AND POPULATION SUMMARY	13
3.1 Localities Definition.....	13
3.2 Population Profile	14
3.2.1 Population summary	14
3.2.2 Deprivation Profile	16
3.2.3 Ethnicity	17
3.2.4 Benefits & Employment	17
3.2.5 Car Ownership.....	19
3.2.6 Housing and Households	19
3.2.7 Older people.....	19
3.2.8 Children and Educational attainment.....	20
3.2.9 Homeless population.....	21
3.2.10 Military veterans	21
3.2.11 Visitors	21
3.2.12 University students	21
3.2.13 Protected characteristics	21
4.0 LOCAL HEALTH NEEDS	22
4.1 Health summary.....	22

4.2 Specific Clinical Priorities	24
4.2.1 Smoking.....	24
4.2.2 Alcohol & substance misuse	25
4.2.3 Obesity & physical activity	25
4.2.4 Sexual health & teenage conceptions.....	25
4.2.5 Vaccinations	26
5.0 CURRENT PHARMACEUTICAL SERVICES PROVISION.....	27
5.1 Overview of pharmaceutical services providers	27
5.1.1 Community pharmacy contractors	27
5.2 Detailed description of existing community pharmacy providers	30
5.2.1 Access to pharmacies	30
5.2.2 Opening hours.....	31
5.3 Description of existing pharmaceutical services provided by community pharmacy contractors.....	37
5.3.1 NHS Essential Services	37
5.3.1.1 Dispensing Medicines, Repeat Dispensing, and electronic Repeat Dispensing (eRD)	38
5.3.2 NHS Advanced Services	38
5.3.2.1 Pharmacy First Service	39
5.3.2.2 New Medicines Service.....	39
5.3.2.3 Appliance Use Review (AUR) / Stoma Appliance Customisation (SAC) Service	39
5.3.2.4 NHS Flu vaccination service	40
5.3.2.5 Hypertension Case Finding Service	40
5.3.2.6 Lateral Flow Device (LFD) Tests Supply Service.....	40
5.3.2.7 Smoking Cessation Advanced Service	41
5.3.2.8 Pharmacy Contraception Service (PCS).....	41
5.3.3 NHS Enhanced Services	41
5.3.3.1 The COVID-19 Vaccination Programme	42
5.3.4 Locally commissioned services – public health (local authority) and ICB.....	42
5.3.4.1 Emergency Hormonal Contraception (EHC)	43
5.3.4.2 Stop smoking service	43
5.3.4.3 Supervised self-administration	44
5.3.4.4 Needle exchange (Nx)	44
5.3.4.5 Chlamydia screening.....	44
5.3.4.6 North East North Cumbria Integrated Care Board (NENC ICB) Community Pharmacy Specialist Palliative Care Medicines Stockists (including end of life)	45
5.3.4.7 Antiviral medication stockists.....	45

5.3.4.8 Local Minor Ailments ‘Think Pharmacy First’ Scheme.....	45
5.3.4.9 Bank Holiday Directed Opening.....	45
5.3.4.10 Maternity e-NRT Voucher Service.....	45
5.3.5 Non-NHS services	46
5.3.6 Pharmaceutical services provided to the population of Redcar and Cleveland from or in neighbouring HWB areas (cross boundary activity).....	46
5.4 Description of existing services delivered by pharmaceutical or other providers other than community pharmacy contractors	48
5.5 Results of the pharmacy questionnaire related to existing provision	49
5.6 Results of the public questionnaire related to existing provision.....	50
5.7 Consultation Findings.....	53
6.0 LOCAL HEALTH & WELLBEING STRATEGY & FUTURE DEVELOPMENTS	56
6.1 Public Health South Tees Strategy 2023-26	56
6.2 Health and Wellbeing Strategy 2024 – 20230.....	57
6.3 Future developments of relevance.....	58
6.3.1 Housing developments and changes in social traffic	58
6.3.2 Health care and GP practice estate.....	59
7.0 PHARMACEUTICAL NEEDS	60
7.1 Fundamental pharmaceutical needs	60
7.2 Pharmaceutical needs particular to Redcar and Cleveland	61
7.3 Pharmaceutical needs particular to the four localities	63
8.0 STATEMENT OF NEED FOR PHARMACEUTICAL SERVICES IN REDCAR & CLEVELAND	64
8.1 Statement of Need	64
8.1.1 Statement of Need: NHS Essential Services	64
8.1.2 Statement of Need: NHS Advanced Services	65
8.1.3 Statement of Need: NHS Enhanced Services	65
8.1.3.1 Bank Holiday Opening Hours	65
8.1.3.2 Community Pharmacy Coronavirus Vaccination Service.....	65
8.2 Other NHS services taken into account	65
8.2.1 Other Community Pharmacy Services Currently Commissioned in Redcar & Cleveland .	65
8.2.2 Community Pharmacy Services Commissioned by Public Health South Tees	65
8.2.2.1 Supervised Self-Administration	65
8.2.2.2 Needle Exchange	65
8.2.2.3 Stop Smoking (dispensing only).....	66
8.2.3 Community Pharmacy Services Commissioned by Public Health South Tees (via HCRG Care Services).....	66
8.2.4 Community Pharmacy Services Commissioned by Tees Valley SICBL	66

8.2.3.1 Community Pharmacy Specialist Palliative Care Medicines Stockists	66
8.2.3.2 Antiviral Medication Stockists	66
8.2.3.3 Local Minor Ailments 'Think Pharmacy First' Scheme.....	66
8.2.3.4 Maternity e-NRT Voucher Service.....	66
9.0 BROADER CONSIDERATIONS FOR PUBLIC HEALTH SOUTH TEES.....	66
9.1 Public Transport	66
9.2 Community pharmacies as an asset for the place-based approach.....	67
9.3 Community pharmacies as a strategic asset for health protection emergencies.....	67
9.4 Environmental Considerations	67
10.0 CONCLUSIONS	67
11.0 ACKNOWLEDGEMENTS.....	69
12.0 APPENDICES	70
12.2 Redcar & Cleveland Pharmacy Addresses	75

1.0 INTRODUCTION

1.1 What is a Pharmaceutical Needs Assessment?

A pharmaceutical needs assessment (PNA) describes the needs for pharmaceutical services within a local authority area. These needs are set out following consideration of broader population health needs, current pharmaceutical services provision and any gaps in that provision.

The PNA is a key tool for identifying what is needed locally to support the commissioning intentions for pharmaceutical services that community pharmacies and other providers could deliver.

Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each Health and Wellbeing Board to assess pharmaceutical needs in its area and publish a PNA (outlining a statement of pharmaceutical needs) every three years. Public Health South Tees Health and Wellbeing Board is responsible for producing and publishing a PNA for Redcar and Cleveland Borough Council by 1st October 2025. The previous PNA was published on 1st October 2022.

1.2 Who has produced it?

Public Health South Tees Health and Wellbeing Board has prepared this PNA, alongside the corresponding PNA for Middlesbrough Council. The Joint Director of Public Health is the named board member for ensuring the PNA meets the statutory requirements¹ and is published in a timely manner. A PNA Steering Group (figure 1), consisting of representatives from across the local health and social care system, has overseen the development of the PNA. All members of the PNA Steering Group have declared interests. No member has been found to have any conflict of interest, impacting their ability to oversee the production of the PNA.

Figure 1: Public Health South Tees PNA Steering Group
Joint Director of Public Health*
Public Health Principal*
Public Health Intelligence Specialist *
Public Health Pharmacist*
Local Pharmacy Committee Representative
Local Medical Committee Representative
Primary Care/ICB
Project Lead – Healthwatch South Tees
Deputy Chief Pharmacist – South Tees Foundation Trust
Planning Officers – Middlesbrough, Redcar and Cleveland Councils
*Public Health South Tees

The PNA for Redcar and Cleveland will be approved in September 2025 by Public Health South Tees Health and Wellbeing Board before publication on or before 1st October 2025.

¹ [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)

1.3 How will it be used?

Once published, this PNA will be used to:

- Provide NHS England NHS Improvement with the robust and relevant information needed to inform their decisions on the required location and number of pharmacies in Redcar and Cleveland. The PNA is the basis identifying gaps in service and the basis for determining market entry to NHS pharmaceutical services provision and the categories of routine application to join the pharmaceutical list (open a new pharmacy);
- Inform commissioning plans about pharmaceutical services that community pharmacists could provide to meet local needs;
- Support commissioning of high-quality pharmaceutical services;
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs of the local populations and meet Public Health South Tees' ambitions;
- Allow local pharmacists the opportunity to contribute to the health of the people of Redcar and Cleveland.

1.4 NHS Pharmacy Services

The Contractual Framework for Community Pharmacy provides three levels of pharmaceutical service - essential, advanced and enhanced, plus locally commissioned services.

Essential Services. As of March 2025, all community pharmacies are required to provide the following services:

- Dispensing medicines.
- Repeat Dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time.
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns.
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services.
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities.
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- Dispensing of appliances (in the "normal course of business")

Advanced Services. Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards. As of March 2025, the following advanced services may be provided by pharmacies:

- Appliance Use Review
- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service

- Stoma Appliance Customisation Service

National Enhanced Services. Enhanced services are a tier of services that pharmacies may provide. They can only be commissioned by NHS England. As of March 2025, the following enhanced services is commissioned by NHS England:

- COVID-19 Vaccination Programme

Locally Commissioned Services. Locally commissioned services are those services commissioned from pharmacies by local authorities and integrated care boards (ICBs). As of March 2025, the following locally commissioned services are available in Redcar and Cleveland (commissioner in brackets):

- Supervised self-administration (Redcar & Cleveland Council via contract with WithYou)
- Needle exchange (Redcar & Cleveland Council via contract with WithYou)
- Stop smoking (dispensing only) (Redcar & Cleveland Council)
- Emergency hormonal contraception supply (Redcar & Cleveland Council via the contract with HCRG)
- Chlamydia testing (Redcar & Cleveland Council via the contract with HCRG)
- Community Pharmacy Specialist Palliative Care Medicines (NENC ICB)
- Antiviral medication stockists (NENC ICB)
- Bank holiday Directed Opening (NENC ICB)

1.5 Recommendations from 2022 PNA

The 2022 PNA for Redcar and Cleveland concluded that there was adequate provision of NHS pharmaceutical services to meet the contemporary and likely future needs in all localities of Redcar and Cleveland. The 2022 PNA specifically found that:

- There is adequate provision of pharmaceutical services across Redcar & Cleveland to serve the needs of our population, with no current gaps identified;
- If current pharmacies remain open, there are no anticipated gaps in pharmaceutical services for the three year period of the 2022-2025 pharmaceutical needs assessment;
- There is a reasonable choice of both providers and services available;
- Public engagement found that the majority of the respondents (86%) rated their pharmacies fairly good to excellent;
- Community pharmacies play a critical role in delivering locally commissioned services on behalf of both Public Health South Tees and Tees Valley Sub ICB Location (SICBL);

The 2022 PNA for Redcar and Cleveland recommended the following options be explored for improvement of pharmaceutical services:

- Public Health South Tees should work with local system stakeholders to facilitate improved signposting to language access services;
- community pharmacy is an important asset for promoting public health and health protection preparedness, which Public Health South Tees should encompass in its ongoing place-based approach;
- Public Health South Tees should work with the wider council to continue to ensure that access to community pharmacy (and other healthcare services) continues to be considered in public transport planning.

2.0 CONSULTATION AND ENGAGEMENT

2.1 Consultation

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)² Public Health South Tees Health and Wellbeing Board must consult with specific organisations about the contents of the PNA at least once. That consultation must run for a minimum period of 60 days. The formal consultation on the draft PNA for Redcar and Cleveland ran from 16th May to 15th July 2025. In line with the 2013 regulations, the following stakeholders were consulted during this time:

- Health and Wellbeing Board members
- Community Pharmacy Tees Valley
- North East North Cumbria Integrated Care Board (NENC ICB)
- Cleveland Local Medical Committee
- Healthwatch South Tees
- All pharmacy contractors within the local authority boundary (any persons on the pharmaceutical lists)
- South Tees Hospital NHS Foundation Trust
- North East Ambulance Services
- Tees, Esk and Wear Valley (Mental Health) NHS Foundation Trust
- NHS England (North East & Yorkshire)
- Hartlepool Health and Wellbeing Board
- North Yorkshire Health and Wellbeing Board
- Stockton Health and Wellbeing Board
- General public via the council website and Healthwatch

All consultees were notified at the start of the consultation period with the website's address on which the draft PNA was available, along with the address for an online questionnaire for completion. Local contractors were notified through Pharmoutcomes.

The consultation aimed to determine:

- Whether the current provision of pharmaceutical services is sufficient to meet the needs of the population;
- Whether community pharmacies could deliver any other services in the area;
- Whether the consultee has any concerns about the information provided or conclusions drawn in the PNA.

The PNA Steering Group produced a consultation report following the consultation period. This includes:

- Consultees' responses to the consultation;
- Any replies to these responses from the PNA Steering Group.

A summary of the key findings of the consultation is included in Section 5.7 of this document, with a copy of the consultation questions and the full consultation report included as Appendix 3 (section 12.3).

2.2 Engagement

Public Health South Tees surveyed local contractors, key stakeholders and the public using online questionnaires.

Public Questionnaire. The public questionnaire was conducted online from 3rd December 2024 – 31st January 2025 via Middlesbrough Council's website. The questionnaire aimed to:

² [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)

- Improve our understanding of patient/public views, knowledge and experience of the pharmaceutical services available now, including views on what might be done to improve quality, access, choice or experience;
- Improve our understanding of patient / public stakeholder views on the need for additional pharmaceutical services and, therefore, any gaps in provision.

Redcar and Cleveland Council's communication team promoted the online questionnaire through social media, community networks and routine council communications. The survey results are summarised in Section 5.6. A copy of the public questionnaire is included in Appendix 1 (Section 12.1).

Contractor Questionnaire. The contractor questionnaire was conducted via Pharmoutcomes from November 2024 – January 2025. The questionnaire was intended to gather information on existing services (including the provision of a delivery service), languages spoken at the pharmacy and whether they will have the likely capacity to deliver future pharmaceutical services.

The survey results showed only 2 pharmacies across both Middlesbrough and Redcar & Cleveland had responded, so the results are not included in this needs assessment.

3.0 LOCALITIES DEFINITION AND POPULATION SUMMARY

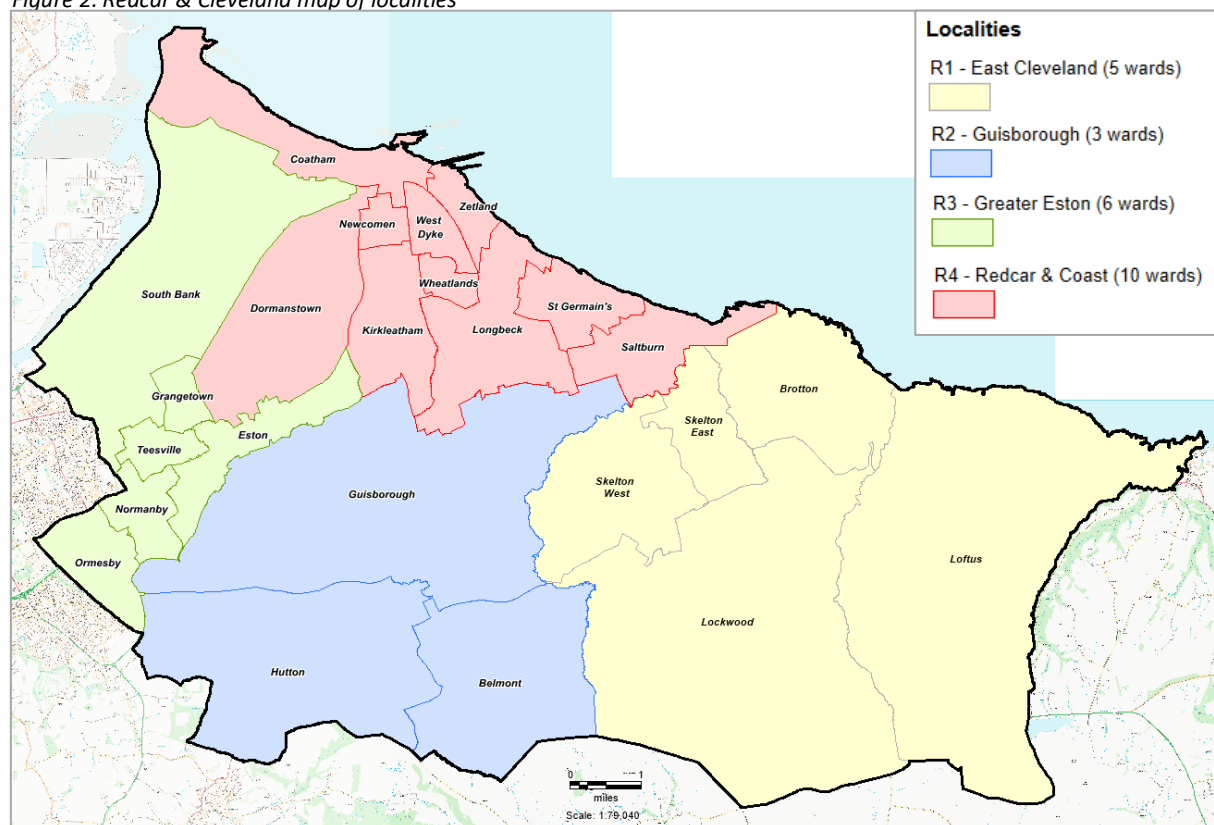
3.1 Localities Definition

Redcar & Cleveland is the easternmost of the five unitary authorities in Tees Valley. It is bordered to the north and east by the North Sea coast. To the north west, the river Tees estuary acts as a natural barrier and creates the border between Redcar & Cleveland and both Hartlepool and Stockton-On-Tees unitary authorities. Middlesbrough Borough Council borders to the west and the southern and eastern boundary is with two districts of North Yorkshire – Hambleton and Scarborough.

It may be reasonable to consider population health and wellbeing needs at a Health and Wellbeing Board level. However, for the purposes of understanding pharmaceutical needs at a more local level, further sub-division of the geography and associated demographics is required.

Localities were determined by analysing ward level population and sizes, the Indices of Deprivation (IMD) 2019 and the geographical location of the wards. Using this methodology described, four localities have been identified for Redcar & Cleveland, as shown on the map in figure 2 and these are identified for convenience as R1: East Cleveland (5 wards), R2: Guisborough (3 wards), R3: Greater Eston (6 wards) and R4: Redcar and Coast (10 wards).

Figure 2: Redcar & Cleveland map of localities



Ward boundaries have not changed since the 2022 PNA, therefore there are no adjustments to the boundary localities.

3.2 Population Profile

3.2.1 Population summary

The estimated population of Redcar & Cleveland is 137,938 based on ONS mid-2023 population estimates. This consists of 67,012 (48.5%) males and 70,926 (51.5%) females. Redcar & Cleveland's geographical area is 245 sq. km, the 4th largest local authority by area in the North East. Population density shows there are 563 people per sq. km in Redcar & Cleveland, the 4th least densely populated local authority in the North East.

Redcar & Cleveland has seen an estimated rise of 770 (0.6%) residents compared to the previous year of 2022 and a rise of 1,239 (0.9%) residents compared to 5 years previous in 2019. Both percentage increases are smaller for Redcar & Cleveland compared to the rest of North East. In Redcar & Cleveland there was a larger number of deaths compared to births, as shown in Figure 3. Figure 3 also shows net internal migration and net international migration, both of which saw larger inflows than outflows, resulting in a positive net migration.

Figure 3: North East population changes between 2022 and 2023

Name	Estimated Population mid-2023	Births & Deaths			Internal			International		
		Births	Deaths	Births minus Deaths	Migration Inflow	Migration Outflow	Migration Net	Migration Inflow	Migration Outflow	Migration Net
County Durham	532,182	4,392	6,457	-2,065	27,718	23,805	3,913	5,121	2,608	2,513
Darlington	110,562	1,006	1,311	-305	5,724	4,912	812	903	250	653
Hartlepool	95,366	904	1,104	-200	4,420	3,305	1,115	711	98	613
Middlesbrough	152,650	1,817	1,576	241	7,774	10,738	-2,964	8,199	1,420	6,779
Northumberland	327,055	2,500	4,121	-1,621	13,524	9,875	3,649	1,326	567	759
Redcar and Cleveland	137,938	1,252	1,883	-631	5,972	5,067	905	632	162	470
Stockton-on-Tees	202,415	1,920	2,088	-168	9,060	8,579	481	2,458	506	1,952
Tyne and Wear	1,153,212	10,710	12,926	-2,216	No data	No data	-1,270	23,226	7,551	15,675
Gateshead	199,139	1,823	2,445	-622	9,346	9,558	-212	2,773	744	2,029
Newcastle upon Tyne	311,976	3,018	2,717	301	25,582	27,396	-1,814	11,889	4,814	7,075
North Tyneside	211,769	1,872	2,419	-547	9,083	8,042	1,041	1,247	505	742
South Tyneside	149,270	1,416	1,995	-579	4,772	4,507	265	1,202	235	967
Sunderland	281,058	2,581	3,350	-769	9,347	9,897	-550	6,115	1,253	4,862
North East	2,711,380	24,501	31,466	-6,965	No data	No data	6,641	42,576	13,162	29,414

Source: ONS mid-year population estimates

The estimated median age of the Redcar & Cleveland population is 46 in 2023. This is the second oldest median age in the North East behind Northumberland. The North East average median age is 42.2 and the England average median age is 40.4. Redcar & Cleveland has seen a decrease of 0.2 years comparing 2023 median age to 2019. This compares with a decrease of 0.3 years in North East and an increase of 0.3 years in England. 20% (27,608) of the population of Redcar & Cleveland are aged 0-17. This mirrors the North East rate. 56% (78,508) are aged 18-64 and 24% are aged 65+, the second highest proportion in the North East.

ONS 2018 population projections estimated that the overall population in Redcar & Cleveland will increase by 3.1% in 2030 to 140,954 and increase by 4% in 2040 to 142,170. Estimates show that the 0-19 age group will decrease by 6% by 2040, the 20-64 age group will decrease by 4% however the 65+ will increase by 47%.

Figure 4 shows the Redcar & Cleveland ward population grouped by age bands and localities. Total population by ward ranges from 2,340 in Lockwood to Guisborough with 7,680 residents, with Eston and Kirkleatham also residing over 7,000 residents. More of the whole population live in R4: Redcar & Coast (40.4%), followed by R3: Greater Eston with 28%. The most children are in locality R3 with 21.8%. This is particularly notable in Grangetown where nearly a third (30.8%) of the population are children. When considering services for children, it should be recognised that 39% of the 0-17 year population of Redcar & Cleveland live in the R4 locality and 30% within R3.

For older people, 27.8% of those in R2: Guisborough are 65 years and over. St Germain's, Longbeck, Saltburn, and Hutton wards have the highest proportion over 65s. In contrast, Grangetown and Wheatlands wards have a proportion of over 65s of under 12% - half that of the Redcar & Cleveland average of 24%.

Figure 4: Redcar & Cleveland 2022 population estimated by wards and locality

	All Ages	Age 0-17		Age 18-64		Age 65+		Age 85+	
	No.	No.	%	No.	%	No.	%	No.	%
Locality R1: East Cleveland									
Brotton	6,845	1,370	20.0%	3,893	56.9%	1,582	23.1%	136	2.0%
Loftus	6,354	1,359	21.4%	3,486	54.9%	1,509	23.7%	170	2.7%
Skelton East	4,349	948	21.8%	2,543	58.5%	858	19.7%	47	1.1%
Skelton East	4,444	896	20.2%	2,601	58.5%	947	21.3%	77	1.7%
Lockwood	2,340	392	16.8%	1,346	57.5%	602	25.7%	60	2.6%
R1 Total	24,332	4,965	20.4%	13,869	57.0%	5,498	22.6%	490	2.0%
Locality R2: Guisborough									
Belmont	4,556	830	18.2%	2,499	54.9%	1,227	26.9%	95	2.1%
Guisborough	7,680	1,345	17.5%	4,307	56.1%	2,028	26.4%	332	4.3%
Hutton	6,718	1,244	18.5%	3,453	51.4%	2,021	30.1%	280	4.2%
R2 Total	18,954	3,419	18.0%	10,259	54.1%	5,276	27.8%	707	3.7%
Locality R3: Greater Eston									
Eston	7,404	1,558	21.0%	4,413	59.6%	1,433	19.4%	135	1.8%
Grangetown	6,381	1,963	30.8%	3,687	57.8%	731	11.5%	59	0.9%
Normanby	6,533	1,165	17.8%	3,692	56.5%	1,676	25.7%	160	2.4%
Ormesby	6,454	1,221	18.9%	3,581	55.5%	1,652	25.6%	236	3.7%
South Bank	5,414	1,373	25.4%	3,322	61.4%	719	13.3%	53	1.0%
Teesville	6,010	1,048	17.4%	3,354	55.8%	1,608	26.8%	193	3.2%
R3 Total	38,196	8,328	21.8%	22,049	57.7%	7,819	20.5%	836	2.2%
Locality R4: Redcar & Coast									
Coatham	4,881	808	16.6%	2,973	60.9%	1,100	22.5%	196	4.0%
Dormanstown	4,602	1,033	22.4%	2,686	58.4%	883	19.2%	99	2.2%
Kirkleatham	7,579	1,682	22.2%	4,120	54.4%	1,777	23.4%	185	2.4%
Longbeck	4,044	627	15.5%	2,171	53.7%	1,246	30.8%	120	3.0%
Newcomen	5,187	1,220	23.5%	2,957	57.0%	1,010	19.5%	149	2.9%
Saltburn	6,420	994	15.5%	3,468	54.0%	1,958	30.5%	302	4.7%
St Germain's	6,660	992	14.9%	3,476	52.2%	2,192	32.9%	318	4.8%
West Dyke	5,990	982	16.4%	3,468	57.9%	1,540	25.7%	227	3.8%
Wheatlands	5,404	1,314	24.3%	3,502	64.8%	588	10.9%	47	0.9%
Zetland	4,356	812	18.6%	2,494	57.3%	1,050	24.1%	128	2.9%
R4 Total	55,123	10,464	19.0%	31,315	56.8%	13,344	24.2%	1,771	3.2%

Low proportion of age group

High proportion of age group

Source: ONS mid-year population estimates for wards

In comparison to some of the wards in the neighbouring borough of Middlesbrough, with a larger retailing/ commercial centre, the potential for daily population influx is less in this respect. However, there will still be influx of social / commercial traffic into the town centre of Redcar and to some of the industrial facilities at South Bank and Wilton. There are retailing facilities at Cleveland Retail Park and light industrial / trade/ business parks at various sites including the area around Skippers Lane and Kirkleatham.

Although not as substantial in Redcar & Cleveland as near neighbours in Yorkshire, Durham and Northumberland, the population influx related to leisure and tourism may see seasonal variation in some localities and all-year round effects in others. For example, Saltburn attracts visitors for the beach and surfing, and walkers visit the Guisborough Forest and the Cleveland Way which passes by Guisborough locality, through Skelton and Saltburn then along the Coast back into Yorkshire. Sporting events such as horse racing, triathlon and half-marathon in Redcar likewise attract visitors.

Cross-boundary outflow is likely to be most significant to Middlesbrough in [Central] ward (Middlesbrough Town Centre), Coulby Newham (for a district shopping and leisure centre), and to the acute hospital in Longland & Beechwood ward.

The area around both [Ormesby] and [Nunthorpe] wards is 'cut in two' by the authority boundary, making the ward of Ormesby certainly subject to cross boundary flows into (Ormesby area) and out (Nunthorpe area) of Middlesbrough.

There may be inflow, particularly from wards in the east of Middlesbrough, to Cleveland Retail Park in South Bank ward.

3.2.2 Deprivation Profile

There is a substantial amount of evidence which shows that people living in the most deprived areas have poorer health than those in the most affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and lack resources to avoid their effects.

The Index of Multiple Deprivation 2015 (IMD2015) measures socioeconomic disadvantage across seven domains: income, employment, health, education, barriers to housing and services, crime, and living environment.

The overall IMD2015 is a weighted average of the indices for the seven domains. Levels of deprivation remain high with Redcar & Cleveland ranked the 40th most deprived local authority out of 317 in the country. Just under a quarter (24%) of Redcar & Cleveland residents live in the 10% most deprived areas nationally, the 10th highest percentage of any local authority nationally.

Each of the 32,844 LSOAs (neighbourhoods) in England are given a score and rank based on their deprivation level. Based on the LSOA scores, it's possible to estimate ranks for the wards in Redcar & Cleveland. There are 24 wards in Redcar & Cleveland. Of these wards, 1 (Grangetown) is in the top 1% most deprived wards in England and another ward (South Bank) is in the top 3% most deprived. Redcar & Cleveland has a total of 8 wards (33%) in the top 10% most deprived in England. This is shown in figure 5 below.

Comparison of wards with results of the IMD 2015 is not possible due to changes in ward boundaries in 2018.

Figure 5: Redcar & Cleveland IMD 2019 by ward and national rankings of 7,180 wards

Locality	Ward	2019 Rank
East Cleveland	Brotton	1,054
	Loftus	642
	Skelton East	3,000
	Skelton West	860
	Lockwood	563
Guisborough	Belmont	5,845
	Guisborough	1,180
	Hutton	6,769
Greater Eston	Eston	381
	Grangetown	8
	Normanby	2,097
	Ormesby	1,907
	South Bank	104
	Teesville	1,519
Redcar & Coast	Coatham	268
	Dormanstown	439
	Kirkleatham	274
	Longbeck	4,431
	Newcomen	1,117
	Saltburn	2,165
	St Germain's	3,133
	West Dyke	2,422
	Wheatlands	6,206
	Zetland	2,174

Top 1% most deprived nationally

Top 3% most deprived nationally

Source: IMD 2019, Ministry of Housing, Communities & Local Government

3.2.3 Ethnicity

The 2021 census showed that 2.3% (3,142) of the population in Redcar & Cleveland identified as ethnic minorities. This is significantly lower than the North East average of 7% and the England average of 19%. There has been a 59% percentage increase from the 2011 figure of 1,974. The largest ethnic group after White British at 97.7% was Mixed at 0.9% (1,185), followed by Asian/Asian British at 0.8% (1,160),

With a significantly lower non-white population than the Tees Valley or National average, there is only two wards in Redcar & Cleveland which may require specific consideration in this regard; 10.1% of the population of South Bank ward and 4.5% of Coatham ward are ethnic minorities.

3.2.4 Benefits & Employment

Figure 6 shows ward level rates of unemployment (% of working age population who are claiming jobseeker's allowance plus those who claim Universal Credit), long term unemployment (average monthly claimants of Jobseeker's Allowance who have been claiming for more than 12 months) and households with fuel poverty (a household is fuel poor if they have required fuel costs that are above average, the national median level, and were they to spend that amount, they would be left with a residual income below the official poverty line.) by ward and locality in Redcar & Cleveland.

Local authority rates are worse than England and the range of variability in these measures across the wards is notable. There is considerable variation in the proportion of the population receiving income related benefits across the wards.

Some wards in locality R3: Greater Eston and R4: Redcar & Coast showing a markedly higher proportion of the population receiving income benefits overall and those on long term unemployment. This can be particularly

seen in Grangetown, Coatham and South Bank which have considerably higher rates than other wards in Redcar & Cleveland.

Levels of fuel poverty show that 13 wards are above the England rate, and these are seen most in East Cleveland locality (particularly Loftus), followed by Greater Eston and Redcar & Coast localities.

In terms of residents, demand for access to a pharmacy outside of 9am to 6pm is likely to be higher in Guisborough and Redcar & Coast, with higher employment rates. These wards are close to pharmacies open 100 hours a week and this population are also likely to be more mobile and, perhaps, therefore also more likely to choose to access pharmacy services nearer to where they work.

Figure 6: Unemployment and Fuel Poverty by Redcar & Cleveland wards

Locality	Ward	Unemployment % (2021/22)	Long Term Unemployment (Rate per 1,000 working age, 2021/22)	Fuel Poverty % (2020)
East Cleveland	Brotton	5.1	2.8	14.4
	Lockwood	5.2	7.3	16.4
	Loftus	6.2	5.8	18.7
	Skelton East	4.2	6.3	10.6
	Skelton West	4.5	3.8	17.9
Guisborough	Belmont	2	0.7	9.5
	Guisborough	6	7.3	15.3
	Hutton	2.5	1.5	7.3
Greater Eston	Eston	8	7.1	13.6
	Grangetown	12.7	13.6	25
	Normanby	4.6	4.6	11.2
	Ormesby	4.6	3.1	11.7
	South Bank	10.7	9.4	20.4
	Teesville	4.5	5.1	12.8
Redcar & Coast	Coatham	11	7.3	18.2
	Dormanstown	6.9	2.4	18
	Kirkleatham	6.5	3.3	15.4
	Longbeck	2.9	2.2	11.5
	Newcomen	4.4	0.3	14
	Saltburn	3.8	2.3	14.7
	St Germain's	3.4	1.8	11.6
	West Dyke	3.6	1.2	11.5
	Wheatlands	1.4	1.4	5.1
	Zetland	4	0.5	16.2
	Redcar & Cleveland	5.5	4.4	14.3
	England	5	1.9	13.2

Source: Local Health, UKHSA

3.2.5 Car Ownership

Understanding of public transport and car ownership in a locality is useful in understanding potential pharmaceutical needs from the point of view of (a) a general indicator of prosperity (or otherwise) and (b) from a consideration of access to transport to attend a pharmacy.

Available data from the 2021 Census shows car ownership in Redcar & Cleveland at 75.2%, similar to the England rate of 76.5%. Redcar & Cleveland rate has increased since the 2011 Census figure of 71.6%.

The 2022 PNA noted that the variability and pattern of car ownership is consistent with other variables for example employment rates. It is clear that the population of some individual wards in Redcar and Coast locality and the Greater Eston locality are more likely to be dependent on public transport (or walking) to access a community pharmacy. Eston, Grangetown, South Bank, Coatham, Kirkleatham and Newcomen wards have a relatively high proportion of households without a car.

3.2.6 Housing and Households

Data from the 2021 census shows that 64.7% of housing was owner occupied in Redcar & Cleveland compared to 61.3% in England. In Redcar & Cleveland 18.9% was social rented compared to 17.1% in England and 15.8% was private rented in Redcar & Cleveland compared to 20.5% in England.

The proportion of houses that are owner occupied ranges from 27.6% in Grangetown 86% in Belmont. There are high numbers of private rented houses in Coatham (40.6%) and Saltburn (20.1%) and Guisborough (20.6%) and high number of social renters in Grangetown (56.9%), Kirkleatham (40.5%) and Dormanstown (33.6%).

3.2.7 Older people

Figure 7 shows the proportion of older people aged 66 and over living alone from the Census 2021 and living in poverty from IMD 2019 by ward in localities For older people living alone, the overall rate for Redcar & Cleveland is higher than the national rate and for older people living in poverty the rate is also higher, particularly in Greater Eston and Redcar & Coast localities. Collectively, older people have disproportionate pharmaceutical needs in relation to numbers of prescription items and long term conditions. Lone pensioners may have increased need for support in managing both their medicines and their long term conditions and a potentially greater requirement for domiciliary pharmaceutical care which is not currently available.

Figure 7: Older people living alone and in poverty from 2011 Census

Locality	Ward	One-person household - 66+ years (%)	Older people living in poverty (%)
East Cleveland	Brotton	6.2	15.8
	Lockwood	7	21.8
	Loftus	7.3	19.8
	Skelton East	5.6	11.2
	Skelton West	6.5	20.3
Guisborough	Belmont	6.2	6.9
	Guisborough	9.2	18.7
	Hutton	6	3
Greater Eston	Eston	7	28.5
	Grangetown	4.7	39.6
	Normanby	6.5	11.2
	Ormesby	8	13.1
	South Bank	4.5	30.9
	Teesville	8.8	16.9
Redcar & Coast	Coatham	8.1	20.9
	Dormanstown	7.7	28.1
	Kirkleatham	9.1	27.4
	Longbeck	7.8	7.9
	Newcomen	6.2	19.8
	Saltburn	9.8	14.7
	St Germain's	10.8	11.3
	West Dyke	7.7	10.6
	Wheatlands	2.4	6.1
	Zetland	7.6	17
	Redcar & Cleveland	7.2	16.8
	England	5.4	14.2

Source: Local Health, UKHSA

3.2.8 Children and Educational attainment

Child poverty is a significant issue in Redcar & Cleveland. The proportion of all children aged 0-15 living in income deprived families in 2019 is 25.6% or 6,195 children. This is significantly higher than the England rate of 17.1%. The difference in the rate of child poverty across the borough is stark, with 57.1% of children living in poverty in Grangetown ward compared to just 4.1% in Hutton ward.

Education attainment is similar in Redcar & Cleveland compared to England average. School readiness data - children achieving the expected level of development at the end of reception shows that 67.6% achieve this level in Redcar & Cleveland compared to 67.2%. The latest attainment data for secondary school children (2022/23) shows that 65.3% of children achieved a grade 4 (standard pass) in English and Maths GCSEs, similar to the national rate of 65.1%.

School readiness data at ward level showed that South Bank ward had the lowest level at 43.3% compared to the highest rate was seen in Saltburn ward at 82.7%.

3.2.9 Homeless population

The number of households owed a prevention or relief duty under the Homelessness Reduction Act, during the financial year is a new measure for homelessness. Prevention duties include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Relief duties are owed to households that are already homeless and require help to secure settled accommodation.

In Redcar & Cleveland there were 140 households in 2022/23 or a rate of 8.7 per 1,000. This is lower than the England rate of 12.4 and the North East rate of 15.4.

3.2.10 Military veterans

The Census 2021 showed that 5,315 or 8.7% of households in Redcar & Cleveland had a person who previously served in UK armed forces. This is higher than the England rate of 5.5%. Of veterans in Redcar & Cleveland, 37.5% described themselves as not in good health, slightly higher than the national rate of 35.5%.

3.2.11 Visitors

Data from the 2021 census showed that Middlesbrough has a high net commuter outflow, decreasing the overall population size during the working hours. 35,959 persons lived and worked in Redcar & Cleveland and 10,359 travelled from another area and commuted into Redcar & Cleveland, whilst 19,647 travelled to another area to work. This is significantly different to neighbouring Middlesbrough which has a net increase of approximately 4,400 daily.

3.2.12 University students

There is not a university located in Redcar & Cleveland but Teesside is home to Teesside University with a total of 24,150 students studying in the 2023/24 academic year. Redcar & Cleveland College located in Coatham now offers degree level qualifications for adults, however there is no student accommodation provided by the college.

3.2.13 Protected characteristics

A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

Protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These have been considered, particularly where improving access to pharmaceutical services provision can benefit each protected characteristic where applicable. Datasets that are available have been reviewed in the current chapter. Patient and public engagement was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups which further helps to support insight where other datasets are lacking.

4.0 LOCAL HEALTH NEEDS

4.1 Health summary

As we have seen, Redcar & Cleveland has significant levels of deprivation and a great variation in those levels within the borough. Alongside deprivation the health of people in Redcar & Cleveland is generally worse than the England average.

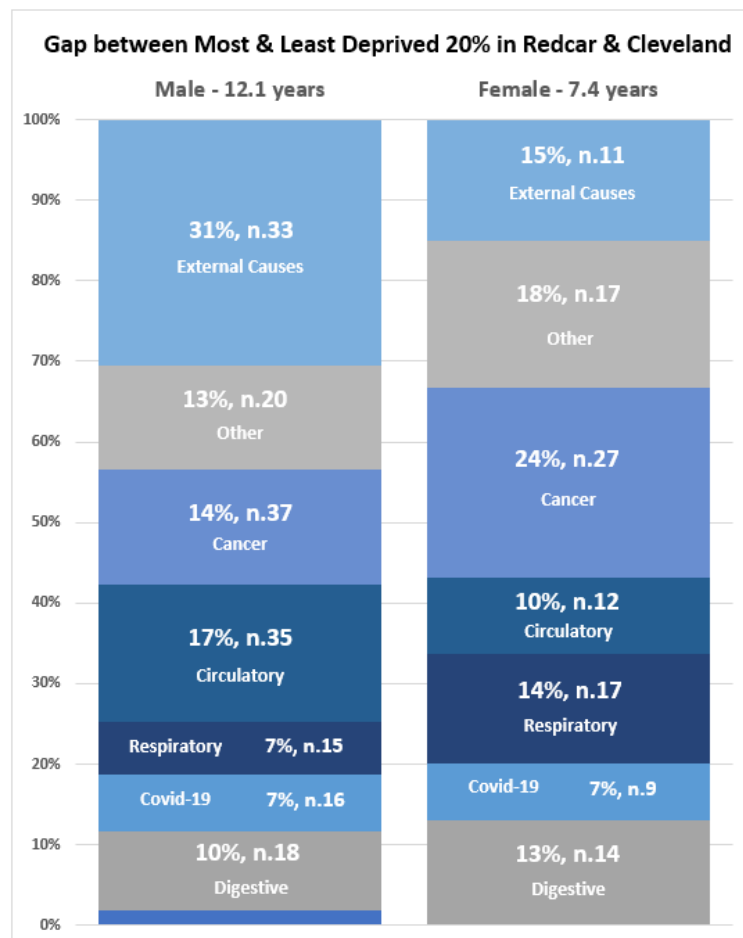
The life expectancy at birth in Redcar & Cleveland is 76.8 years for males and 81 years for females. This is lower than the England value of 78.9 years for males and 82.8 years for females. The 2021 census showed that 7.6% of residents in Redcar & Cleveland reported their health as poor or very poor, and 22.3% reported a long term illness or disability that impacts on their day to day activities.

People in Redcar & Cleveland can expect a healthy life expectancy of 56.9 years for males and 58.5 years for females. This compares with 63.1 years for males and 63.9 years for females nationally. The standardised mortality rate for deaths from all causes under 75 is 122. For comparison, the standardised mortality rate for England is 100. Within Redcar & Cleveland there are striking inequalities with a man living in the least deprived areas of the borough living 11.8 years longer than a man in the most deprived area; for women that difference is 11.5 years.

Premature mortality (under 75) is an important measure of the overall health of the population, with reductions over time demonstrating improvements in the health status of the overall population. Premature mortality can contribute significantly to the life expectancy gap between Redcar & Cleveland and England, and also within Redcar & Cleveland as shown in figure 8.

- Under 75 mortality from all causes is 434 deaths per 100,000 in Redcar & Cleveland in 2021- 23, this is 30th highest rate of all 150 local authorities in England.
- Premature mortality rates for cancer, cardiovascular, heart disease, stroke, respiratory and liver disease are all significantly worse than the England average.
- Key contributions to poor life expectancy and health inequalities for both males and females are respiratory, cancer, circulatory and external causes (suicides and drug related deaths), as shown in Figure 8 which shows the cause of deaths that are causing the life expectancy gap between the most and least deprived areas of Redcar & Cleveland.

Figure 8: Life expectancy gap between most and least deprived areas of Redcar & Cleveland by cause of death



Early intervention, prevention, diagnosis and treatment of disease can help to improve quality of life and reduce rates of premature mortality. There are several diseases which contribute to health inequality and premature death in Redcar & Cleveland, these include:

- The incidence of cancer in Redcar & Cleveland is higher than the England average with an incidence ration of 108 compared to 100 for England, the 20th highest nationally. Redcar & Cleveland is ranked 28th highest for premature cancer mortality, a rate of 142 per 100,000 which is significantly worse than England average of 122. The most prevalent cancers which contribute to mortality are Lung and Bowel cancer
- Mortality rates from cardiovascular disease in Redcar & Cleveland in 2021-13 is similar to the England average at 237 per 100,000 compared to 233 for England. Coronary heart disease (4%) prevalence is above the national average (3%)
- Hypertension (19.3%) prevalence is higher than the national average (14.8%)
- Stroke prevalence (2.5%) is higher than the national average (1.9%)
- The prevalence of chronic obstructive pulmonary disease (COPD) (3.5%) is higher than the national average (1.9%). Emergency admissions for COPD in 2022/23 was 500 per 100,000 compared to 326 in England.
- Diabetes prevalence (9.8%) is higher than national (7.7%).
- Estimated rates of common mental health issues (such as anxiety and depression) equate to around 18% of the adult population at any one time in Redcar & Cleveland.
- Redcar & Cleveland has the 3rd highest rate of suicides in England.

Figure 9 shows by ward the proportion of residents with limiting long term illness or disability. The overall rate is higher than the England value and 120 wards have rates over 20%. Low life expectancy, higher rates of premature mortality and higher rates of emergency hospital admissions can be in Greater Eston and Redcar & Coast localities.

Figure 9: Overarching health measures by ward

Locality	Ward	Limiting long-term illness or disability % (2021)	Life expectancy at birth for males (2016-20)	Life expectancy at birth for females (2016-20)	Deaths from all causes as ratio, under 75 years (2016-20)	Emergency hospital admissions for all causes as ratio (2016/17 - 2020/21)
East Cleveland	Brotton	23.3	76.9	82.9	121	98.4
	Lockwood	25.9	76.1	85	109.5	113.1
	Loftus	23.3	75.7	80.7	142.3	97.6
	Skelton East	21.9	80.1	86.2	96.2	96.7
	Skelton West	22.6	79.7	85.9	95.2	112.5
Guisborough	Belmont	15.9	81.8	85.9	62.5	85.1
	Guisborough	25.3	75.4	82.1	130.4	115.9
	Hutton	16.8	84.3	84.8	64	75.6
Greater Eston	Eston	25.4	74.6	77.8	162.2	142.1
	Grangetown	24.9	72.5	78.9	206.7	162.6
	Normanby	19.5	80.5	85.3	92.6	103.7
	Ormesby	20.7	79.5	85.5	106.5	104.8
	South Bank	21.7	73	75.2	202.4	155
	Teesville	22	76.8	79.4	137.8	121.8
Redcar & Coast	Coatham	30	74.1	77.7	174.4	128
	Dormanstown	24.4	74.4	80.9	175.8	129
	Kirkleatham	27.8	74.5	76.2	170.4	133.3
	Longbeck	18.7	79.5	81.4	100.1	88.9
	Newcomen	21.3	79.8	86.3	120.1	105.6
	Saltburn	25.2	77	80.6	131.3	89.5
	St Germain's	23.1	80.8	86.7	94.5	97.3
	West Dyke	20.5	82	86.7	80.9	101
	Wheatlands	11.1	81.3	82.9	72.5	75.7
	Zetland	22.4	78	81.5	120.6	104.4
	Redcar & Cleveland	22.3	77.6	81.5	122.4	110
	England	17.3	79.8	83.2	100	100

Source: Local Health, UKHSA

4.2 Specific Clinical Priorities

4.2.1 Smoking

Smoking is the most important cause of preventable ill health and premature mortality. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. The prevalence of adult smokers in Redcar & Cleveland (13.7%) is higher than the England average with 12.7%. There is also a higher prevalence of smoking in pregnancy with 10.6% of women smoking at time of delivery compared to 7.4% in England.

The rate of smoking attributable hospital admissions in 2019/20 is significantly higher than then England rate with a rate of 1,758 per 100,000 locally compared to 1,398 nationally. The rate of smoking attributable mortality is also significantly higher than the England rate with a rate of 271 per 100,000 compared to 202 in England. This is the 26th highest rate nationally.

4.2.2 Alcohol & substance misuse

Alcohol misuse 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. Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression.

In 2022/23 there 831 admissions episodes for alcohol-related conditions or a rate of 589 per 100,000 in Redcar & Cleveland. This is significantly higher than the England rate of 475. The rate for under 18s is 43 per 100,000 which is higher than the national rate. The 2022 rate per 100,000 for alcohol-related mortality in Redcar & Cleveland was 42 which is similar to the England rate of 40 per 100,000.

Substance misuse can be seriously damaging to an individuals' physical and mental health and to those around them, and often goes hand in hand with poor health, homelessness, unemployment, family breakdown and offending. There were 940 clients engaged in substance misuse treatment in Redcar & Cleveland in 2023/24 for either opiates, non-opiates or non-opiates and alcohol combined. The majority for opiate use, at 56% (529). 69% of clients in treatment are male and key ages of 30-44 years old. Of those in treatment only 16% are employed compared to 21% nationally.

The rate of those successfully completing treatment for opiates is lower than the national average with 4% compared to 5.1% for England. The rate is better for treatment for non-opiate users with 27.2% successfully completing, lower than the England rate of 30%. There is a significantly higher rate of deaths in drug treatment with a rate of 8.5 per 100,000 in Redcar & Cleveland compared to 5.2 in England.

4.2.3 Obesity & physical activity

Tackling obesity is one of the greatest long-term health challenges currently faced in England. Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health. In 2022/23, 69.4% of the Redcar & Cleveland population were classified as overweight or obese, higher than the England rate of 64%.

The National Child Measurement Programme (NCMP) shows within Redcar & Cleveland that the prevalence of excess weight amongst children in Reception and Year 6 is significantly worse than the national average. 27% of Reception Year and 39% of Year 6 children were overweight or obese in 2023/24. The reception rate is the 7th highest nationally.

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In 2022/23, 26.4% of adults were classified as inactive, higher than the England rate of 22.6%.

4.2.4 Sexual health & teenage conceptions

Sexual health and wellbeing is a major public health challenge with sexual ill health increasing. The highest burden is borne by gay and bisexual men, young people and black and minority ethnic groups. Improving sexual health is a priority at both national and local level.

The rate of all new sexually transmitted infection (STI) diagnosis in Redcar & Cleveland was 758 or 553 per 100,000 which is lower than the England rate of 704. Chlamydia is the most commonly diagnosed STI, with a rate of 328 per 100,000, which is lower than the national rate of 341. This is followed by gonorrhoea at 111 per 100,000 (England rate – 149), herpes at 42.3 per 100,000 (England rate – 47.6), syphilis at 33.5 (England rate – 16.7) and genital warts at 20.4 per 100,000 (England rate – 45.8).

The diagnosed prevalence of HIV is 0.53 per 1,000, which is lower than the national rate of 1.73. Under 18s conceptions in Redcar & Cleveland are very high with a rate of 27.3 per 1,000 in 2021 compared to national rate

of 13.1. This is the 5th highest rate for any local authority in England. Trends are showing the rate is reducing faster at a national level with the gap between Redcar & Cleveland and England widening.

4.2.5 Vaccinations

Childhood vaccination rates in Redcar & Cleveland for 2023/24 are compared to the England average. MMR for two doses at 5 years old is 89.1% locally compared to 83.9% nationally. The DTaP/IPV/Hib at 2 years old vaccine coverage is 94.8% in Redcar & Cleveland compared to 92.4% in England.

Influenza vaccine rates for the elderly are high in Redcar & Cleveland with a coverage of 81.8% for 2023/24 which is higher than the England rate of 77.8%. However the percentage of those in the at risk groups receiving a flu vaccination is significantly lower with a local rate of 44.8% compared to 41.4% nationally.

5.0 CURRENT PHARMACEUTICAL SERVICES PROVISION

5.1 Overview of pharmaceutical services providers

NHS England reports that there were 10,564 community pharmacies in England as at the end of quarter 2 2024/25, an 7% decline when compared to community pharmacies in England at January 2022 (11,358) and a 12.1% decline compared to the figure reported in the 2018 PNA (12,023). This national decline in the number of community pharmacies was not replicated in Redcar and Cleveland which has remained at 32 pharmacies, though there has been a slight change in where one is located.

As per figure 10 the rate of pharmacies per 100,000 population in England declined from 20.1 in 2022 to 18.5 due to the falling number in community pharmacies as abovementioned and the estimated increase in the population. Redcar and Cleveland's population remained relatively stable and as such the rate per 100,000 population remains the same as the last PNA, and still above the national rate. The breakdown by locality remains roughly similar to the last PNA with Guisborough remaining the only locality to have a lower rate than the national rate. Due to the relocation of a pharmacy the Redcar and Coast locality lost a pharmacy lowering its overall rate (-1.8) whilst the Greater Eston locality gained a pharmacy increasing its rate (+2.5).

Figure 10: Pharmacies in Redcar and Cleveland by location, number, and rate per 100,000 population

Locality	No. of Pharmacies	Population Estimates (mid-2022)	Pharmacies per 100,000 population
R1 - East Cleveland	6	24,281	24.7
R2 - Guisborough	3	19,032	15.8
R3 - Greater Eston	11	38,599	28.5
R4 - Redcar and Coast	12	55,263	21.7
Redcar and Cleveland	32	137,175	23.3
England	10,564	57,106,000	18.5

Notes:

1. Population estimates (mid-2022) are from the Office of National Statistics (ONS) Ward-level population estimates and UK, England, Wales, Scotland, and Northern Ireland estimates.
2. Number of pharmacies in England is from the 2024-25 Quarter 2 Consolidated Pharmaceutical List published by NHS England Business Services Authority. Available here: [Consolidated Pharmaceutical List - Datasets - Open Data Portal BETA](#)

5.1.1 Community pharmacy contractors

As previously stated, pharmaceutical services are provided to the population of the Redcar & Cleveland by **31 community pharmacy contractors** and **1 distance-selling pharmacy** (previously located in Coatham ward, now in the South Bank ward.) The names and addresses of these pharmacies, by locality, are included in Appendix 2 (Section 12.2). A summary of opening hours and services provided is shown in figure 11 below.

Pharmacies have been included in the description of numbers and locations of pharmacies up to May 2025. All of these pharmacies provided a response to the survey were included in patient/ stakeholder consultation and engagement processes. Any new pharmacies that open, or other changes (such relocations) or additional data received after this date will be reported after publication of the final PNA, either as a notification or formal Supplementary Statement as appropriate.

Figure 11: Pharmacy summary information.

Pharmacy	Appliance Use Review	Pharmacy First	Contraception	Covid - Lateral Flow Device	Flu	Hypertension	New Medical Service	Stoma Appliance Customisation	Stop Smoking	Pharmacy Access Scheme	Electronic Transfer of Prescription	100 Hour Pharmacy	40 Hour Pharmacy	Community Pharmacy	Distance Selling
Allied Pharmacy Loftus	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No
Harrops Chemists	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No
Kingston Pharmacy	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	No
Lingdale Pharmacy	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No
Skelton Pharmacy	No	Yes	No	No	No	No	Yes	No	No	No	Yes	No	Yes	Yes	No
Well (Brotton)	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	No
Boots (Guisborough)	No	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No
Guisborough Pharmacy	No	Yes	No	No	Yes	No	Yes	No	No	No	Yes	Yes	No	Yes	No
Well (Guisborough)	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	No
Asda Pharmacy	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	No
Boots (Nunthorpe)	No	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	No
Boots UK Limited	No	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No
Coatham Pharmacy	0	No	No	No	No	No	0	0	No	No	0	No	Yes	No	Yes
Grangetown Pharmacy	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	No
Pharmacy Express	No	Yes	No	Yes	Yes	No	Yes	No	No	No	Yes	No	Yes	Yes	No
South Bank Pharmacy	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	No
Tesco Stores	No	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No
Trunk Road Pharmacy	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No	Yes	Yes	No
Well (Eston)	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No
Whale Hill Pharmacy	No	Yes	No	No	Yes	No	Yes	No	No	No	Yes	No	Yes	Yes	No
Boots (Redcar)	No	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No
Boots (Saltburn)	No	Yes	No	No	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No
Clevecham	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No
Cooper Chemist (Redcar)	No	Yes	No	No	Yes	No	Yes	No	No	No	Yes	No	Yes	Yes	No
Coopers Chemist (Marske)	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No
Dormastown Pharmacy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No
Jhoots Pharmacy	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No
New Marske Pharmacy	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No
Park Avenue Pharmacy	No	Yes	No	No	Yes	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No
Saltburn Pharmacy	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	No
Tesco Stores	No	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No
W W Scott	No	Yes	No	No	No	No	Yes	No	No	No	Yes	No	Yes	Yes	No

Key: **R1 Pharmacies**, **R2 Pharmacies**, **R3 Pharmacies**, **R4 Pharmacies**

The number of pharmacies located in each ward of each of the four Redcar & Cleveland localities is shown in figure 12. There have been minimal changes to pharmacy provision in Redcar & Cleveland. There are no changes to the pharmacies located in R1: East Cleveland and R2: Guisborough locality since the previous PNA. There has been changes in R3 Greater Eston, and R4 Redcar and Coast, due to the relocation of Coatham Pharmacy from Coatham ward to South Bank ward..

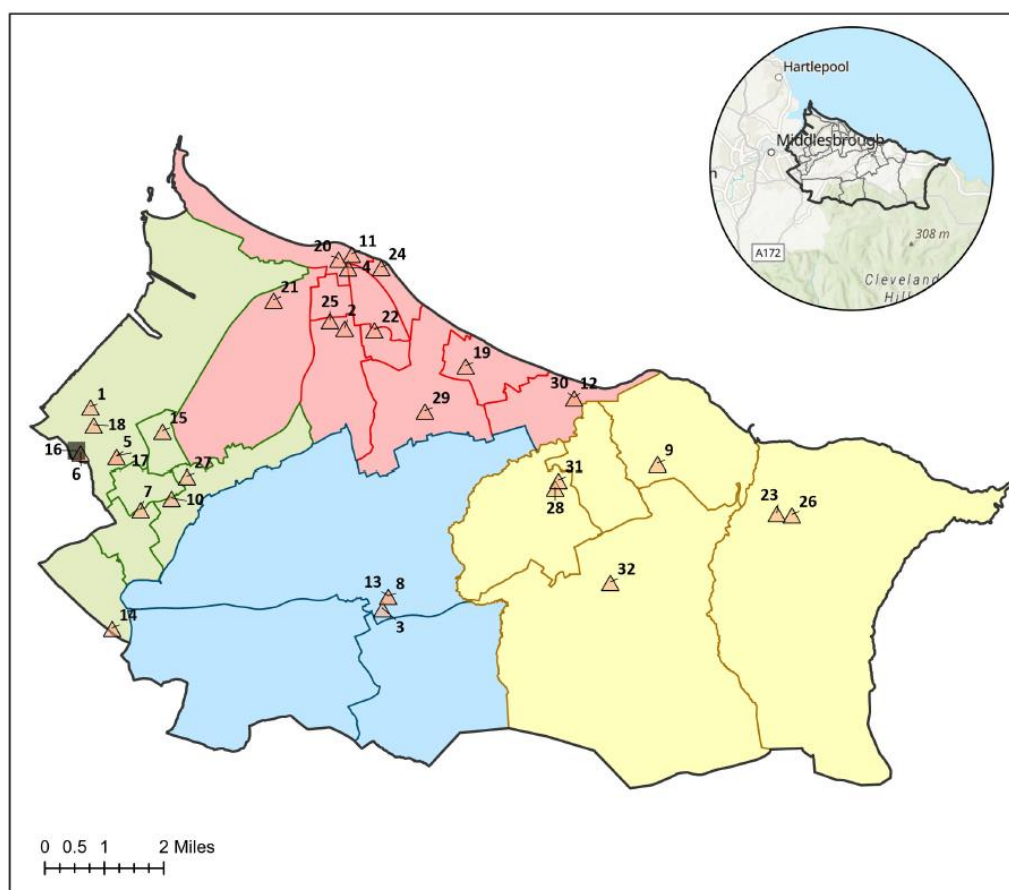
Figure 12: Pharmacy by ward and locality

R1 - East Cleveland		R2 - Guisborough		R3 - Greater Eston		R4 - Redcar and Coast	
Ward Name	No. of Pharmacies	Ward Name	No. of Pharmacies	Ward Name	No. of Pharmacies	Ward Name	No. of Pharmacies
Brotton	1	Belmont	0	Eston	2	Coatham	2
Lockwood	1	Guisborough	3	Grangetown	1	Dormanstown	1
Loftus	2	Hutton	0	Normanby	1	Kirkleatham	2
Skelton				Ormesby	1	Longbeck	1
East	0			South Bank	6	Newcomen	0
Skelton				Teesville	0	St Germain's	0
West	2					Saltburn	2
						West Dyke	1
						Wheatlands	1
						Zetland	1

Figure 13 below shows an uneven distribution of pharmacies across the Redcar & Cleveland geography, though each remains well served and each locality has at least 3 pharmacies to provide access and satisfactory choice.

Unlike other areas of the Tees Valley there is not only one 'town centre' in the borough. The commercial centre of Redcar is located in the R4: Redcar and Coast locality, but the geography of Redcar and Cleveland is such that there are also several other district centres, such as those at Guisborough, Eston and Saltburn as well as the more rural village communities such as Loftus, Brotton and Skelton which means that facilities and resources must be distributed over a wider area.

Figure 13: Map of Redcar and Cleveland showing the location of pharmacies



R1 Pharmacies

Number	Trading Name
9	Well (Brotton)
32	Lingdale Pharmacy
23	Harrops Chemists
26	Allied Pharmacy Loftus
28	Skelton Pharmacy
31	Kingston Pharmacy

R3 Pharmacies

Number	Trading Name
10	Well (Eston)
27	Whale Hill Pharmacy
15	Grangetown Pharmacy
7	Pharmacy Express
14	Boots (Nunthorpe)
1	Asda Pharmacy
5	Tesco Stores
6	Boots UK Limited
17	Trunk Road Pharmacy
18	South Bank Pharmacy
16	Coatham Pharmacy

R2 Pharmacies

Number	Trading Name
3	Guisborough Pharmacy
8	Well (Guisborough)
13	Boots (Guisborough)

R4 Pharmacies

Number	Trading Name
11	Boots (Redcar)
20	Cooper Chemist (Redcar)
21	Dormastown Pharmacy
2	Clevecham
25	W W Scott
29	New Marske Pharmacy
12	Boots (Saltburn)
30	Saltburn Pharmacy
19	Coopers Chemist (Marske)
4	Tesco Stores
22	Jhoots Pharmacy
24	Park Avenue Pharmacy

Localities

- R1 - East Cleveland (5 Wards)
- R2 - Guisborough (3 Wards)
- R3 - Greater Eston (6 Wards)
- R4 - Redcar and Coast (10 Wards)

Pharmacies

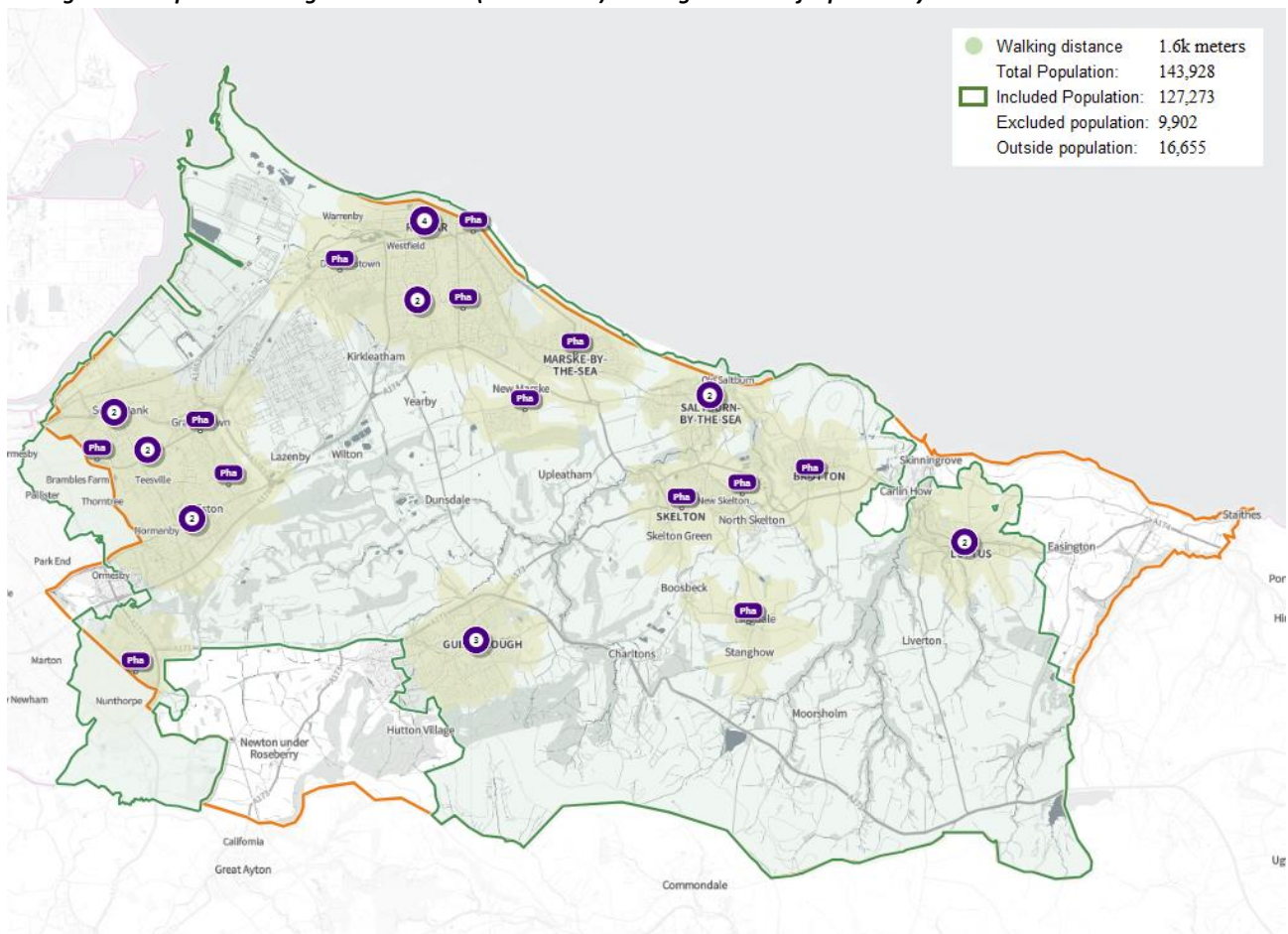
- Category
- Community Pharmacy
 - Distance Selling

5.2 Detailed description of existing community pharmacy providers

5.2.1 Access to pharmacies

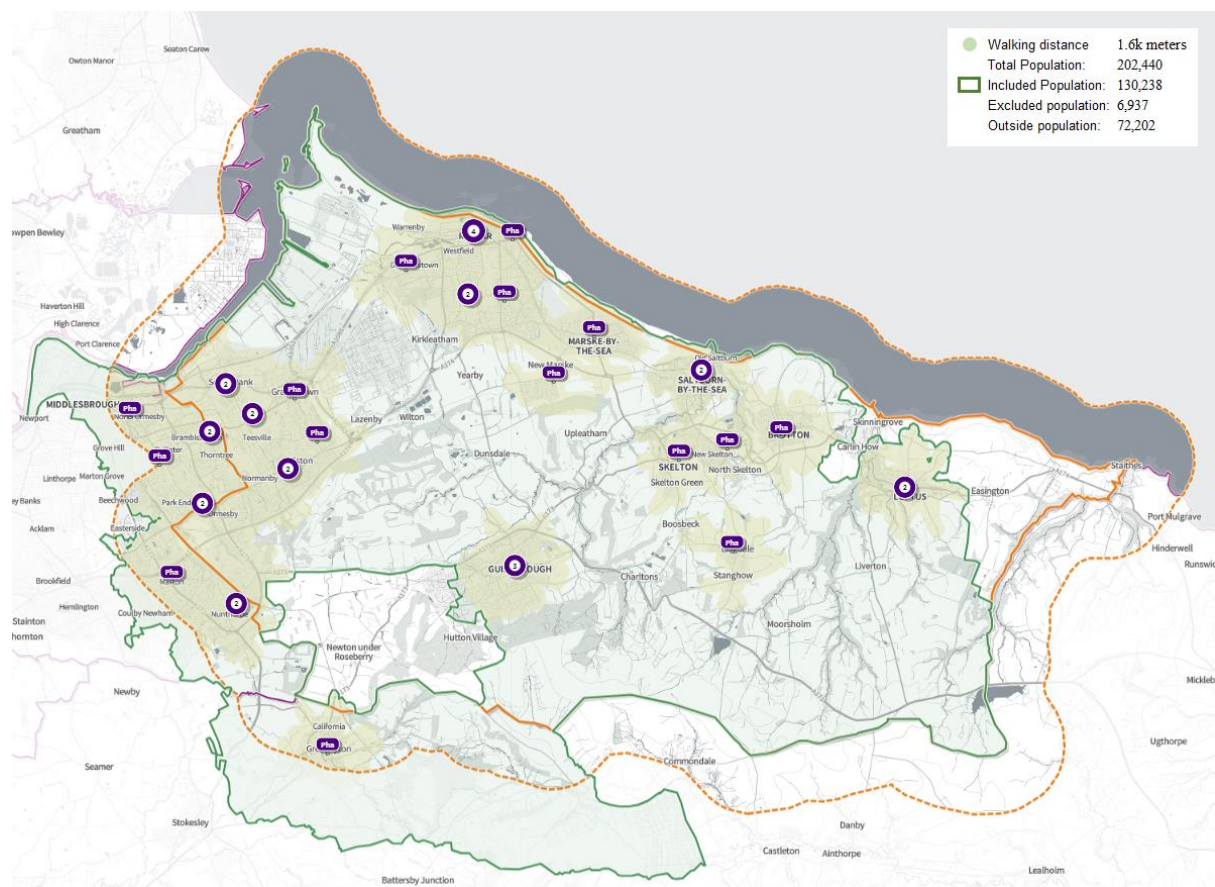
As per Figure 13 in Redcar & Cleveland, 127,273 or 92.8% of the population live within a walking distance of 1 mile (1.6km) of a pharmacy. If we include Middlesbrough pharmacies, this increases to 130,238 or 94.9%, as shown in Figure 14. A total 6,637 or 5.1% do not live within 1 mile and these are in Hutton ward, the North part of Loftus ward, and the East of Brotton ward, shown in the non-shaded bordered area.

Figure 13: Population living within a 1-mile (1.6k meters) walking distance of a pharmacy.



The residents living in those areas though can still access a pharmacy within a 5-minute car journey or a 20-minute journey by public transport.

Figure 14: Population living within a 1-mile (1.6k meters) walking distance of a pharmacy, including out of area pharmacies.



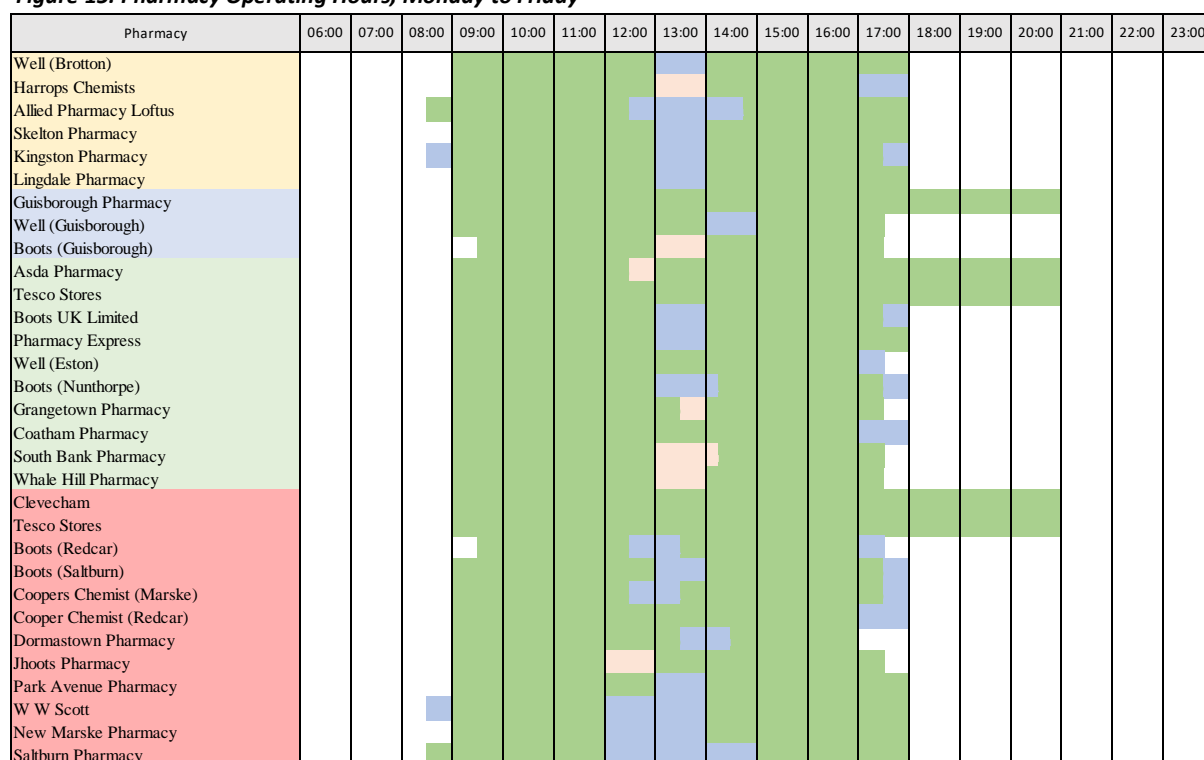
5.2.2 Opening hours

NHS England is responsible for administering opening hours for all pharmacies in Redcar & Cleveland. All pharmacies have 40 core contractual hours which cannot be amended without the consent of NHS England. Each pharmacy is therefore required to be open for a minimum of 40 hours a week which 27 in Redcar & Cleveland are contracted to, whilst a further 5 pharmacies have a 100 hour contract where they must be open for at least 72 hours per week, as core hours.

In addition to core hours, pharmacies may have supplementary opening hours which can be amended upwards or downwards by the pharmacy subject to agreement. These are provided on a voluntary basis by the pharmacy contractor, often based on patient need and business viability. In Redcar & Cleveland all pharmacies are open for more than the core contract hours.

Figure 15 below shows the Monday to Friday opening hours for pharmacies in Redcar & Cleveland. All pharmacies offer 9am – 5pm coverage in the borough with 4 pharmacies closing for 1 hour at lunchtime and one pharmacy for 30 minutes. There are 5 pharmacies which open before 9am (all open at 8.30am) which is significantly less than as at the last PNA in which 12 pharmacies opened before 9am with coverage in all 4 localities. Further there are 5 pharmacies which open on an evening (after 5pm) which is marginally less than as at the last PNA (6).

Figure 15: Pharmacy Operating Hours, Monday to Friday



Key: Core Hours, Supplementary Hours, Breaks / R1 Pharmacies, R2 Pharmacies, R3 Pharmacies, R4 Pharmacies

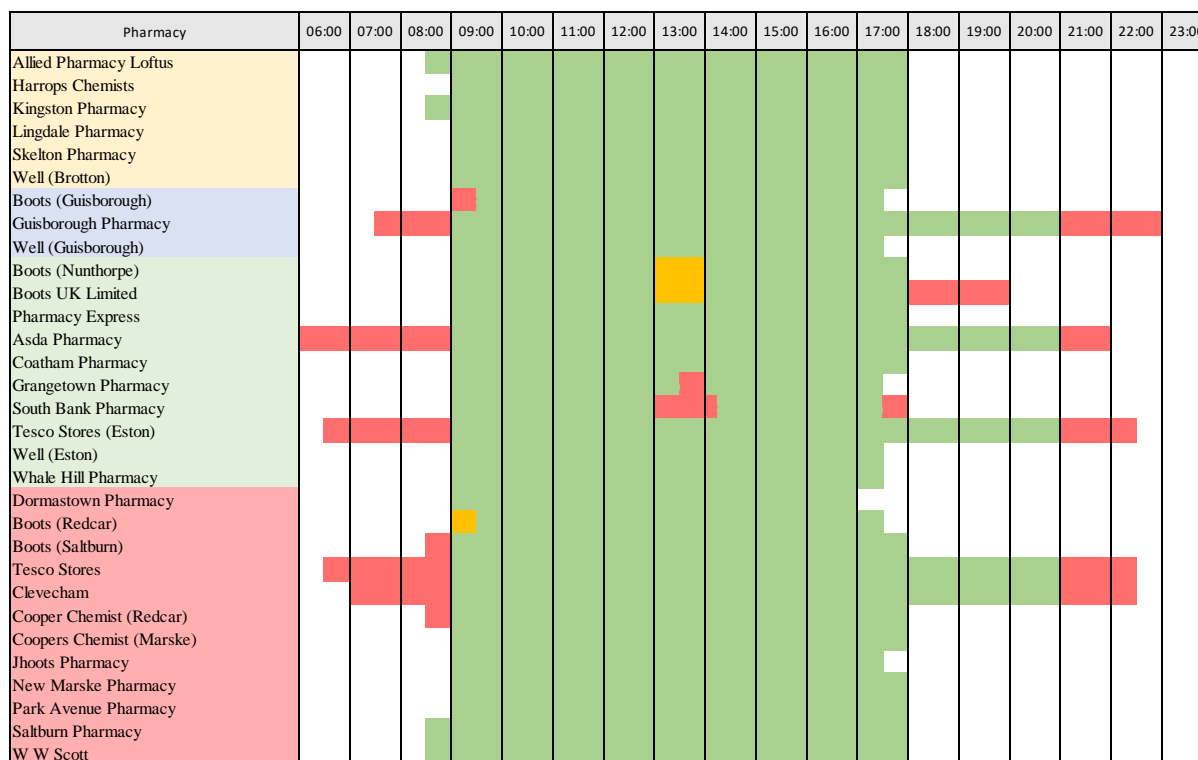
Notes:

1. New Marske Pharmacy has different supplementary hours on a Friday (12:00-14:00)

Whilst coverage remain strong across localities, especially 9-5 and evening provisions, there has been a significant cut in early hours (prior to 9am) and late evening provision (post 9pm) as per figure 16. As abovementioned only 5 pharmacies now open before 9am a 68% reduction from the last PNA. No pharmacies in Redcar and Cleveland now open before 8.30 whereas previously 5 pharmacies offered this early hour's provision.

A similar reduction has occurred for the late evening provision in which all pharmacies which opened during these hours as at the last PNA no longer do, and no other pharmacy has opted to provide during these hours, as such no pharmacies are open after 9pm. In total 13.75 hours were lost per day Monday to Friday from when they were last reviewed in the 2022 PNA, almost all accounted for in the reduction of hours in the early mornings and late evenings.

Figure 16: Change in Pharmacy Operating Hours, Monday to Friday



Key: **Current Hours**, **Decrease**, **Increase** / **R1 Pharmacies**, **R2 Pharmacies**, **R3 Pharmacies**, **R4 Pharmacies**

Notes:

1. This is a direct comparison with the operating hours for the pharmacy based on physical location, not pharmacy operator (though they remain the same in many cases), relocated or new pharmacies have been removed) as no direct comparison can be made.

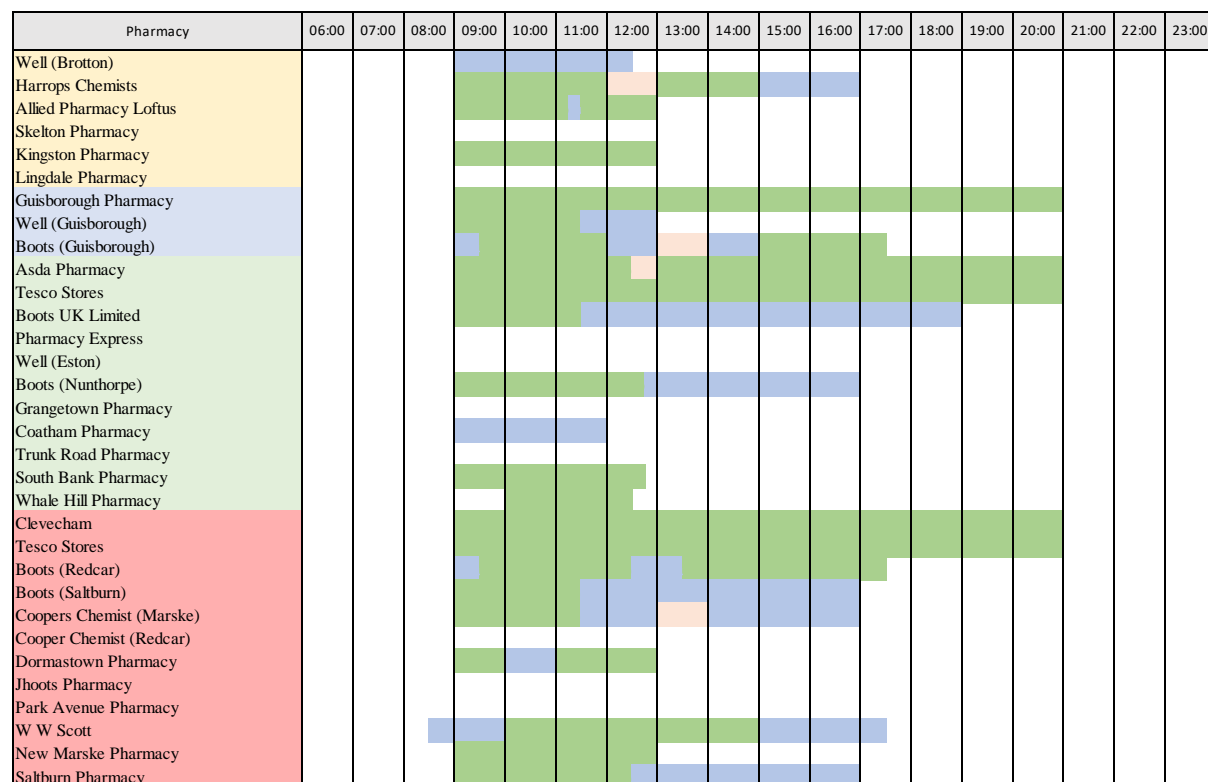
Saturday operating hours show a similar pattern to the Monday to Friday hours, strong 9-5 coverage and evening provisions, but a significant cut in early hours (prior to 9am) and late evening provision (post 9pm) as per figure 17.

Only one pharmacy opens before 9am on a Saturday down from 7 as at the last PNA and, as with Monday to Friday hours no pharmacies open before 8.30 whereas previously 5 pharmacies offered this early hour's provision. Late evening provision has followed the same pattern in which all pharmacies which opened during these hours as at the last PNA no longer do, and no other pharmacy has opted to provide during these hours, as such no pharmacies are open after 9pm.

In total 30.25 hours were lost on Saturday from when they were last reviewed in the 2022 PNA, with reductions in the early mornings and late evenings and with 4 pharmacies no longer opening.

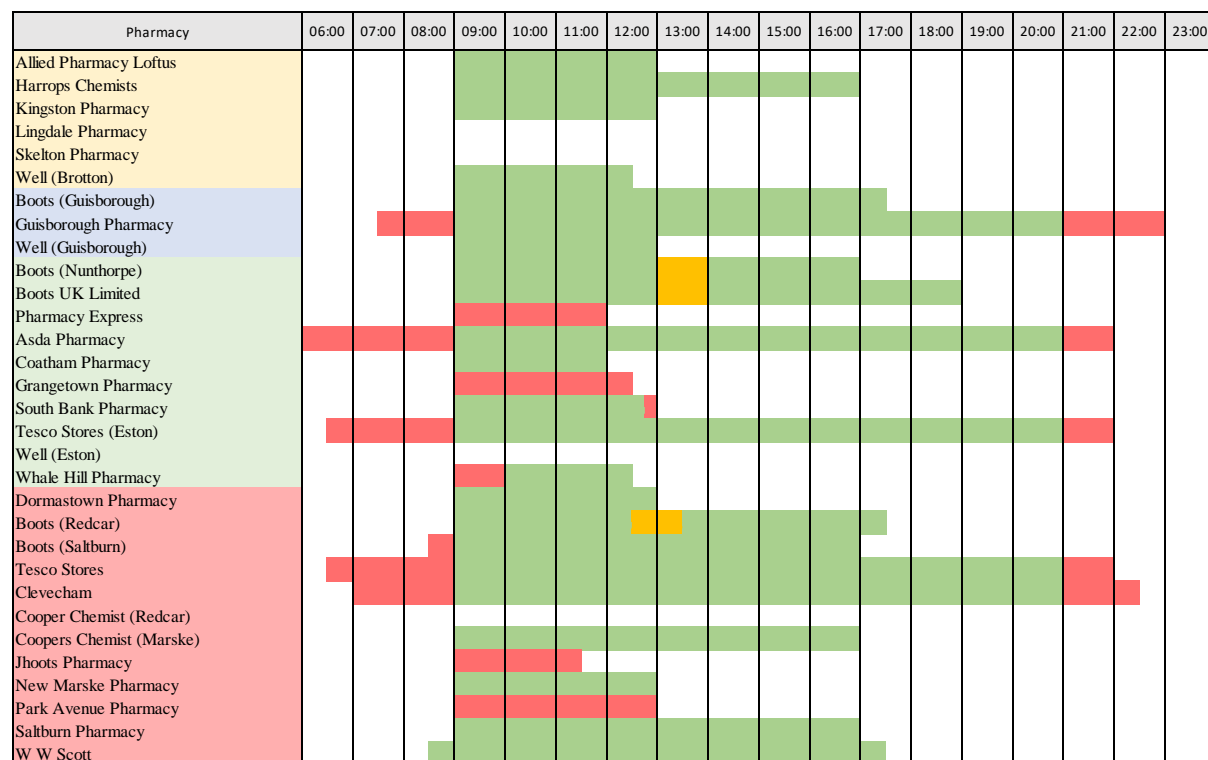
As with Monday to Friday, pharmacies remain within reasonable distance for residents of Redcar and Cleveland who can access a pharmacy within a 10-minute car journey or a 20-minute journey by public transport.

Figure 17: Pharmacy Operating Hours, Saturday



Key: Core Hours, Supplementary Hours, Breaks / R1 Pharmacies, R2 Pharmacies, R3 Pharmacies, R4 Pharmacies

Figure 18: Change in Pharmacy Operating Hours, Saturday



Key: Current Hours, Decrease, Increase / R1 Pharmacies, R2 Pharmacies, R3 Pharmacies, R4 Pharmacies

Notes:

1. This a direct comparison with the operating hours for the pharmacy based on physical location, not pharmacy operator (though they remain the same in many cases), relocated or new pharmacies have been removed as no direct comparison can be made.

As per figure 19 Redcar & Cleveland has 8 pharmacies that are open on a Sunday, with at least 1 pharmacy open in all localities except for R1 locality – East Cleveland. This has remained unchanged from the last PNA.

Figure 19: Pharmacy Operating Hours, Sunday

Pharmacy	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
Well (Brotton)																		
Harrops Chemists																		
Allied Pharmacy Loftus																		
Skelton Pharmacy																		
Kingston Pharmacy																		
Lingdale Pharmacy																		
Guisborough Pharmacy																		
Well (Guisborough)																		
Boots (Guisborough)																		
Asda Pharmacy																		
Tesco Stores																		
Boots UK Limited																		
Pharmacy Express																		
Well (Eston)																		
Boots (Nunthorpe)																		
Grangetown Pharmacy																		
Coatham Pharmacy																		
Trunk Road Pharmacy																		
South Bank Pharmacy																		
Whale Hill Pharmacy																		
Clevecham																		
Tesco Stores																		
Boots (Redcar)																		
Boots (Saltburn)																		
Coopers Chemist (Marske)																		
Cooper Chemist (Redcar)																		
Dormastown Pharmacy																		
Jhoots Pharmacy																		
Park Avenue Pharmacy																		
W W Scott																		
New Marske Pharmacy																		
Saltburn Pharmacy																		

Key: **Core Hours**, **Supplementary Hours**, **Breaks** / **R1 Pharmacies**, **R2 Pharmacies**, **R3 Pharmacies**, **R4 Pharmacies**

On a Sunday 72,679 residents are not within a 1-mile walking distance of a pharmacy (see figure 20), further 39,887 residents are not within a 5-minute car journey.

Overall, travelling to a pharmacy is a Sunday is more acute with a significant portion of the population not within a 1-mile walking distance. Alternative routes such as public transport are more time-consuming with travel times up-to and exceeding 30 minutes for those in the excluded areas, though all residents remain within a 15-minute car journey. East Cleveland -- as identified in the last PNA -- particularly Loftus and Easington remain the areas with the poorest access.

Figure 20: Population living within a 1-mile (1.6k meters) walking distance of a pharmacy open on Sunday

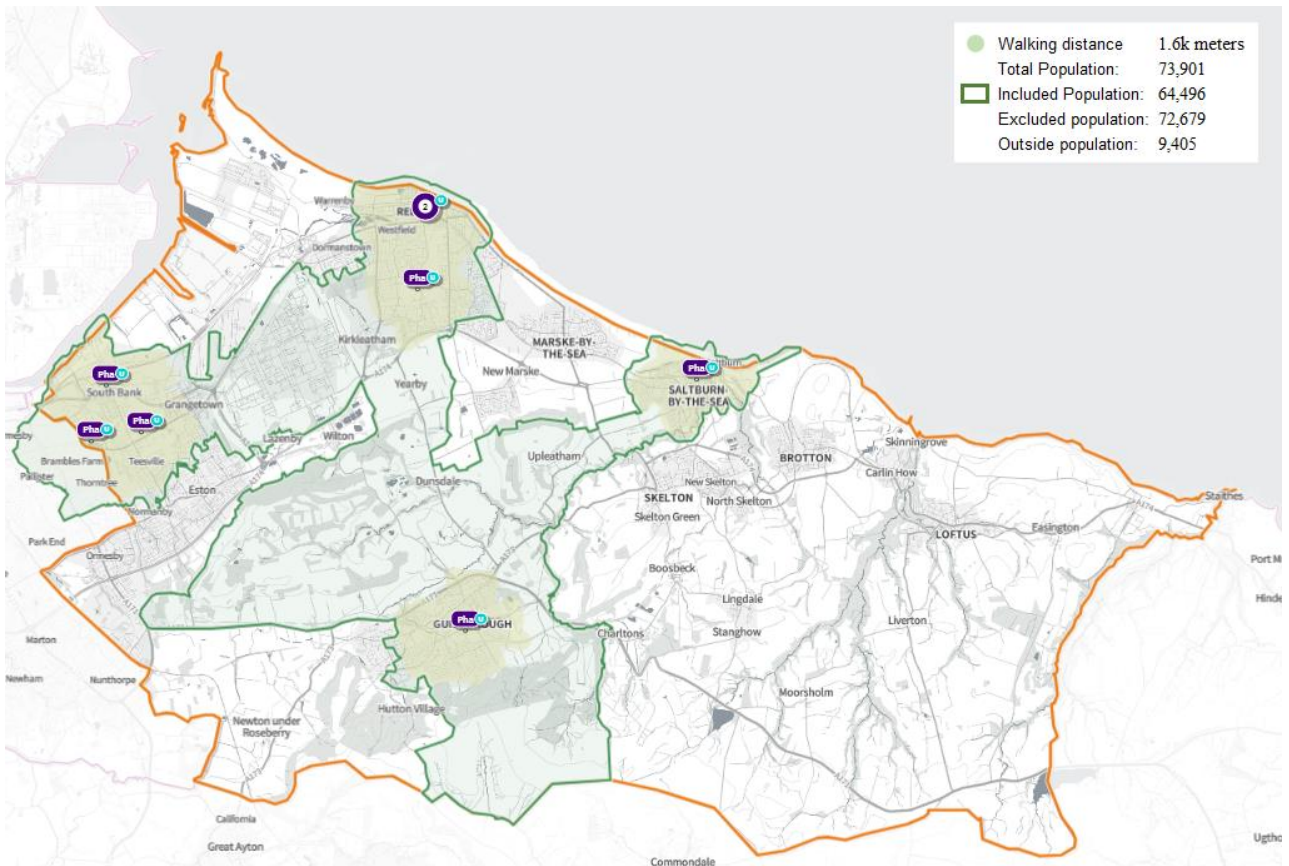
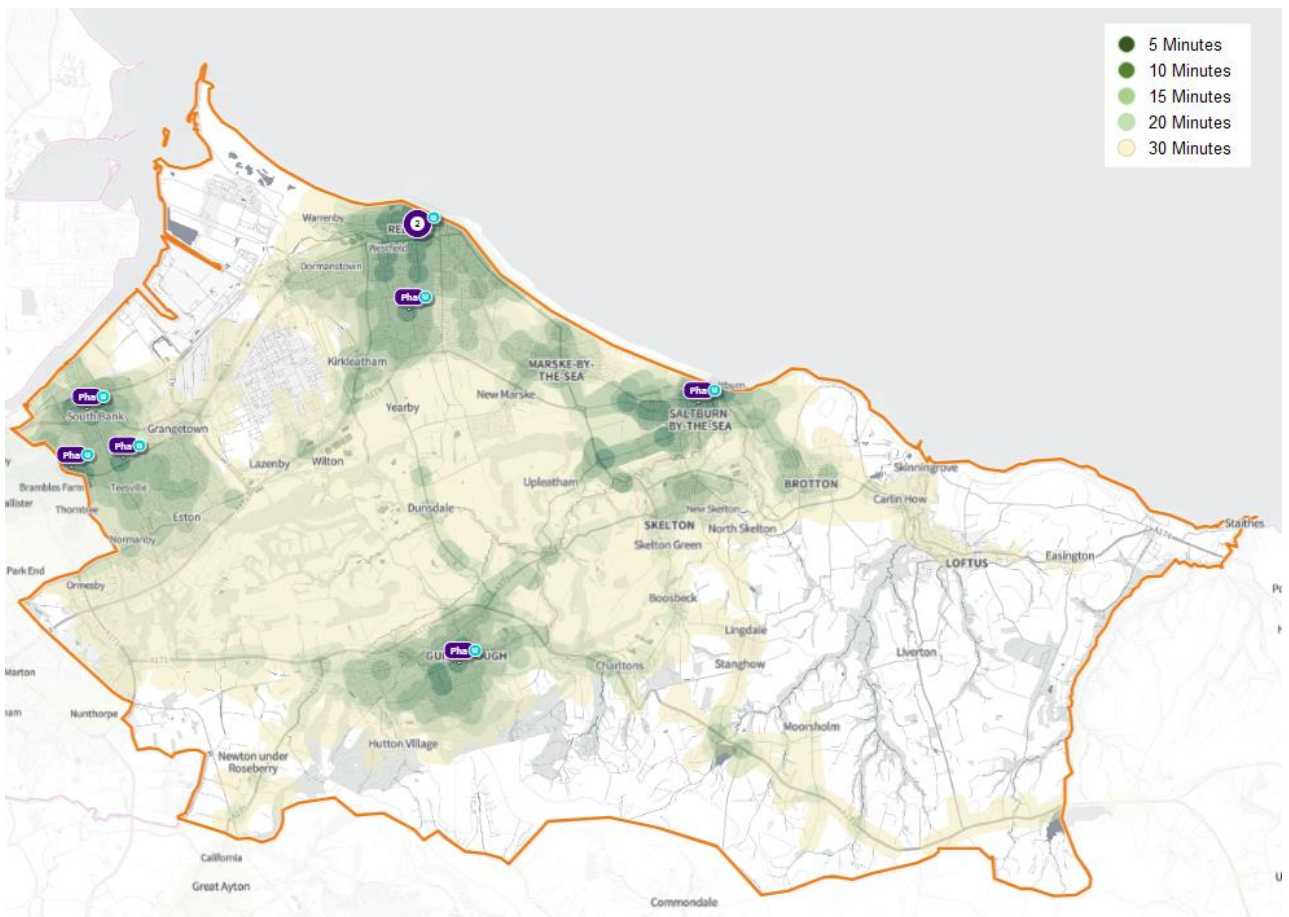


Figure 21: Public transport distance by time to a pharmacy open on Sunday



5.3 Description of existing pharmaceutical services provided by community pharmacy contractors

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013³ and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.⁴

NHS England (NHSE) commissions pharmaceutical services via the national Community Pharmacy Contractual Framework (CPCF)⁵, and these are administered by NENC ICB. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- Essential Services: services all community pharmacies are required to provide.
- Advanced Services: services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide providing they meet the requirements set out in the directions.
- National Enhanced Services: nationally specified services that are commissioned by NHS England. Currently, there is just one such service – the Covid-19 vaccination programme.

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. There are no LPS contracts in Redcar & Cleveland.

Locally commissioned community pharmacy services can also be contracted via a number of different routes and by different commissioners, including Local Authorities, the Integrated Care board (ICB) and local NHSE teams.

5.3.1 NHS Essential Services

Essential Services

The CPCF states that all pharmacies, including distance selling pharmacies, are required to provide the essential services.

The essential services are:

- Dispensing medicines.
- Repeat Dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time.
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns.
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services.

³ NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

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

⁴ Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013:

[The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2013/349/contents)

⁵ Community Pharmacy Contractual Framework (CPCF):

[Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](https://www.gov.uk/government/consultations/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026)

- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities.
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- Dispensing of appliances (in the "normal course of business")

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 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.

5.3.1.1 Dispensing Medicines, Repeat Dispensing, and electronic Repeat Dispensing (eRD)

Dispensing of NHS prescriptions is still the biggest pharmaceutical service provided by community pharmacies. The number of prescription items dispensed by community pharmacies in England in 2023-24 was 1110 million, which was a 3% increase from 2022/23. Tees Valley ICB practices located in Middlesbrough issued 4,193,022 items in 2023-24, an increase of 183,426 items compared to 2022-23. 92.6% of those were dispensed by Redcar & Cleveland pharmacies with 308,448 items being dispensed elsewhere. However this is countered by 427,902 items dispensed by Redcar & Cleveland pharmacies but prescribed elsewhere. This suggests a mix of the use of Distance Selling Pharmacies and significant cross-border activity with neighbouring Local authority areas.

5.3.2 NHS Advanced Services

In addition to the essential services, the NHS CPCS allows for the provision of 'advanced services'. Community pharmacies can choose to provide any of these services, providing they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements regarding premises. They are commissioned by NHSE and the specification and payment is agreed nationally.

Advanced services currently (2024) include:

- Appliance Use Review
- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service

Figure 22: Number of community pharmacies providing advanced services, in Redcar & Cleveland

Pharmacy Advanced Service	Number of Redcar & Cleveland pharmacies providing this service
Appliance Use Review	3
Flu Vaccination Service	29
Hypertension Case-Finding Service	23
Lateral Flow Device Tests Supply Service	21
New Medicines Service	31
Pharmacy Contraception Service	17
Pharmacy First Service	31
Smoking Cessation Service	10
Stoma Appliance Customisation service	3

Data Source: ^{NHSE 6}

5.3.2.1 Pharmacy First Service

The Pharmacy First service, which commenced on 31st January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women. Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent 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 an electronic referral).

31 pharmacies in Redcar & Cleveland are signed up to provide this service.

5.3.2.2 New Medicines Service

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. However, reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

The service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service.

Information from NHSE indicates that 31 community pharmacies are signed up to provide NMS in Redcar & Cleveland.

5.3.2.3 Appliance Use Review (AUR) / Stoma Appliance Customisation (SAC) Service

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by

⁶ Information on commissioned community pharmacy services for Redcar & Cleveland. NHS England Sub Region, December 2024

telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'.

This service is usually provided by the appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies.

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit 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. This service is normally undertaken by appliance contractors, although 3 pharmacies in Redcar & Cleveland also provide it.

5.3.2.4 NHS Flu vaccination service

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

Information from NHSE indicated that 29 community pharmacies in Redcar & Cleveland provided the Flu Vaccination service.

5.3.2.5 Hypertension Case Finding Service

The HCFS was commenced as an Advanced service in October 2021 to support the programme of identification of undiagnosed cardiovascular disease. Previously only being provided by pharmacists and pharmacy technicians, from December 2023, the service was further extended to be provided by suitably trained and competent non-registered pharmacy staff.

The service aims to:

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

Information from NHSE indicated that 23 pharmacies were signed up to deliver the HCFS in Redcar & Cleveland

5.3.2.6 Lateral Flow Device (LFD) Tests Supply Service

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 tests supply service was introduced in November 2023 to provide eligible patients with access to LFD tests. It replaced a similar service known as 'COVID-19 Lateral Flow Device Distribution Service', or 'Pharmacy Collect'.

If a patient tests positive, they are advised to call their general practice, NHS 111, or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

In Redcar & Cleveland, 23 pharmacies provide this service.

5.3.2.7 Smoking Cessation Advanced Service

The Smoking Cessation Advanced Service commenced in March 2022 for people referred to community pharmacies by hospital services. This service 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 medication and behavioural support as required. It supplements other locally commissioned smoking cessation services, such as the Redcar & Cleveland council Public Health-commissioned "Stop Smoking Service" and the ICB-commissioned "Maternal Smoking E-voucher Dispensing Service", both detailed further in this document.

This service is provided by 10 pharmacies in Redcar & Cleveland

5.3.2.8 Pharmacy Contraception Service (PCS)

The service provides an opportunity for community pharmacy to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE Guidelines (NG102)⁷.

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of Oral Contraception (OC), **and to continue** the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide:

- Greater choice from where people can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The service involves community pharmacists providing:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and
- Ongoing supply: where a person has been supplied with OC by a primary care provider or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken where necessary.

Note that Redcar & Cleveland also commissions the supply of emergency contraception and other sexual health services via community pharmacy. This is described in more detail in the local enhanced services section.

17 pharmacies are signed up to provide this service in Redcar & Cleveland.

5.3.3 NHS Enhanced Services

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

⁷ Community pharmacies: promoting health and wellbeing. NICE guideline [NG102]Published: 02 August 2018
<https://www.nice.org.uk/guidance/ng102>

This differs from a Local Enhanced Service (LES) that is locally developed and designed to meet local health needs, and for which NHSE would consult with Local Pharmaceutical Committees (LPCs). A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

At the time of writing, there is one NES commissioned by NHSE, the COVID-19 vaccination programme.

5.3.3.1 The COVID-19 Vaccination Programme

Pharmacies have been central to the Government's COVID-19 response, and figures from NHSE, in January 2022, show just how significant a contribution they have made to the vaccination efforts. In the previous 12 months to January 2022, which marked the one-year anniversary of the sector providing COVID-19 vaccinations, more than 22 million vaccinations were administered by community pharmacy-led COVID vaccination sites. NHSE also highlighted a 50% increase in the number of pharmacies delivering COVID-19 boosters since October 2021.

Since the 1st of March 2024, pharmacy owners have been able to assist with the COVID-19 Vaccination Service with provision of additional capacity to eligible cohorts in specific postcode areas: East of England; Midlands; North East & Yorkshire; South East; and South West.

13 pharmacies in Redcar & Cleveland provided vaccinations in the Autumn 2024 programme.

In December 2021, NHSE is commissioning phase 3 of the coronavirus vaccination service from interested community pharmacy providers. This follows on from the significant contributions made by the sector in earlier phases (in the 6 month period July to December 2021, community pharmacies had delivered 33.2% of all coronavirus vaccinations in Tees). The purpose of the service is to widen availability of the coronavirus vaccines to increase uptake. Redcar and Cleveland has 8 community pharmacies delivering this service with 3 more due to start soon.

It is unclear at this stage whether this service will be extended, and what form that extension might take.

5.3.4 Locally commissioned services – public health (local authority) and ICB

Locally commissioned services from pharmacies impact on the need for NHS pharmaceutical services as enhanced services to be commissioned by NHSE. Redcar and Cleveland Borough Council now commissions several locally contracted services, with Tees Valley SICBL / NENC ICB commissioning four services. Supervised Consumption and Emergency Hormonal Contraception (EHC) are the longest established services having been provided for over 20 years. Stop Smoking enhanced services have also been provided for a considerable period of time. A summary of services is shown in Figure 23.

Figure 23: Locally commissioned services

Service	Commissioner
Supervised Self-Administration	Redcar and Cleveland Borough Council via contract with WithYou
Needle Exchange	As above
Stop Smoking (dispensing only)	Redcar and Cleveland Borough Council
EHC supply (PGD)	Redcar & Cleveland Borough Council via contract with HCRG (Teeswide)
Chlamydia testing	As above
Community Pharmacy Specialist Care Medicines	NENC ICB
Antiviral Medication Stockists	NENC ICB
Bank Holiday Directed Opening	NENC ICB
Maternity e-NRT Voucher Service	NENC ICB

Figure 24 shows an overview of the number of pharmacies contracted to provide each of these locally commissioned services, by locality in Redcar and Cleveland, at December 2021.

Figure 24: Pharmacies contracted to provide each of these locally commissioned services

Area	Total Number of pharmacies	Needle Exchange	Stop Smoking	Supervised Self-Administration	Specialist drugs	EHC	Chlamydia screening
East Cleveland	6	2	3	3	0	1	2
Guisborough	3 (1 x 100hr)	0	3 (1)	1	1	3	2
Greater Eston	10 (3 x 100hr)	1	8 (3)	5	0	5 (2)	6 (2)
Redcar and Coast	13 (2 x 100hr)	5 (1)	8 (1)	9 (1)	3 (1)	9 (1)	7 (1)
HWB area	32	8	22	18	4	18	17

New pharmacies are required to demonstrate acceptable contractual standards and provide all essential services before they are eligible to provide both the advanced and NHSE enhanced services. Other locally commissioned services e.g. Public health or ICB will include their own standards. When reviewing services available in a locality, it must not be assumed that if a pharmacy does not offer a particular service, it is because either they have declined to do so, or that the premises or services do not meet the required standards. It may be for one of the reasons below

- The pharmacy has not been open long enough for the assessment of premises, governance or services provision to have been completed and/or suitable arrangements made for training or accreditation of pharmacy staff
- Recent change of pharmacist manager means that a service has been withdrawn pending re-accreditation or training
- The commissioner has determined not to commission that service in that location by virtue of existing adequate choice of provider and service in that area or service prioritisation on the basis of need.

Figure 24, and interpretation of service need, should be viewed in context of all of the above.

5.3.4.1 Emergency Hormonal Contraception (EHC)

Community pharmacies are sub-contracted to provide Emergency Hormonal Contraception (EHC) by the local provider (HCRG) that is directly commissioned by local authorities as part of a Tees-wide service.

EHC is provided under Patient Group Direction to women and girls aged 13 years and over and 17 of the 28 pharmacies in Redcar & Cleveland are currently accredited and contracted to provide the services in 2023-24.

5.3.4.2 Stop smoking service

15 of the 28 pharmacies in Redcar & Cleveland are currently commissioned to dispense Nicotine Replacement Therapy (NRT) via a voucher scheme. The vouchers are issued by the South Tees Stop Smoking Service Team and the vouchers is then sent to the patient's chosen pharmacy, where the pharmacy professionals carry out appropriate clinical checks prior to supply.

NENC ICB are in the process of commissioning a PGD supply service through community pharmacy for both varenicline and cytisine, which is due to start later in 2025. Each local authority area can choose to participate in this service, and it is anticipated that Redcar & Cleveland will commission pharmacies to provide it to augment the service offered by in-house advisors / prescribers.

5.3.4.3 Supervised self-administration

Supervising the daily self-administration of methadone and buprenorphine by patients is an important component of harm reduction programmes for people who are in treatment for substance misuse problems. Pharmacies with appropriately trained pharmacists and accredited premises are contracted to provide this service. Commissioned by Redcar & Cleveland through specialist substance use service provider WithYou, the LA Public Health team now work closely with pharmacies, clients and treatment providers to ensure that all parties work to provide a quality locally commissioned service.

18 pharmacies are currently accredited and contracted to provide this service for 2023-24.

There is a choice of providers in each locality apart from Guisborough, where there is currently only one.

Supervision is a daily activity so it is important that clients can access a pharmacy of their choice easily, and the spread of the activity and pharmacy location across the town seems to demonstrate that these needs are being met.

5.3.4.4 Needle exchange (Nx)

Substance misusers require sterile injecting equipment, information and advice and support to minimise the complications associated with drug misuse and accessing injecting equipment elsewhere. In general, pharmacies have been responsive to requests to take up this enhanced service. The pharmacy needle exchange service is integral to the main harm minimisation service commissioned by Public Health South Tees.

8 pharmacies across Redcar & Cleveland provide this service but there is currently no provision in Guisborough

5.3.4.5 Chlamydia screening

Pharmacies offering this service hold a supply of Chlamydia screening postal kits to be distributed to people under 25. Pharmacies are paid for each chlamydia kit that is distributed from their pharmacy; identified through their uploading of distribution details onto PharmOutcomes. There are a wide range of providers of this service which is part of the strategy to make the testing kits easily available to young people.

This screening programme is managed across the Tees Valley area by HCRG on behalf of the four Tees Borough Councils. HCRG reports that 14 pharmacies in Redcar & Cleveland are currently sub-contracted to provide this service. There are providers in both localities. This may provide an adequate service to meet the needs of the population but opportunities for improvement or better access to be achieved through the provision in wards with a high proportion of young people and high EHC activity by pharmacies should continue to be reviewed.

Chlamydia is the most common sexually transmitted infection, with higher rates in more deprived areas and is equally common in males and females. Chlamydia infection rates are highest in young people aged 16-24 years. The National Chlamydia Screening Programme (NCSP) promotes chlamydia testing in young people aged 15-24 years. A detection rate of 2,300/100,000 eligible population of 15-24 year olds or above is recommended by the National Chlamydia Screening Programme/ Public Health England. Currently, a detection rate of 2,300/100,000 eligible population of 15-24 year olds or above is recommended by the National Chlamydia Screening Programme/ Public Health England. The chlamydia detection rate per 100,000 females aged 15 to 24 years in Redcar and Cleveland was 3,327 in 2023, better than the rate of 1,962 for England. 26.4% of 15 to 24 year old females were tested for chlamydia, compared to 20.4% nationally.

In June 2021 the NCSP changed to focus on reducing the harms from untreated chlamydia infection where the burden of disease falls on women. This change is about protecting the reproductive health of women. Community pharmacies are ideally placed to support the uptake in higher risk patients.

5.3.4.6 North East North Cumbria Integrated Care Board (NENC ICB) Community Pharmacy Specialist Palliative Care Medicines Stockists (including end of life)

Medicines which are out of stock in a pharmacy on presentation of a prescription can usually be obtained from a pharmaceutical wholesaler within 24 hours and often less, unless there is a national problem with medicines supply beyond the control of community pharmacy. This usually meets the 'reasonable promptness' of the PhS contract specification.

In an End of Life (EOL) Care situation a patient's condition may deteriorate rapidly and the demands for medicines change in a way which is less easily planned. Modern pathways for EOL should reduce the requirement for unplanned, urgent access to those medicines frequently used at this time.

Improvement or better access to the availability of those medicines is achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. As of January 2025, 4 pharmacies have provided the service in Redcar and Cleveland, with at least two providers also open extended opening hours on evenings and weekends providing reasonable access at most times.

5.3.4.7 Antiviral medication stockists

NENC ICB directly commissions a small number of pharmacies to maintain a stock of oseltamivir for distribution in the event of a flu pandemic. There is 1 pharmacy in Redcar & Cleveland (Scotts Redcar) which holds this emergency stock, and across the full Tees Valley footprint there are 6 pharmacies in total.

5.3.4.8 Local Minor Ailments 'Think Pharmacy First' Scheme

Pharmacies across the NENC ICB/region can offer advice and treatment for many common conditions, under the banner 'Think Pharmacy First'. Not to be confused with the 'Pharmacy First' Advanced service, this scheme covers conditions which would more typically be managed in a pharmacy setting but where the price of the medications provides either a barrier to treatment, or forces patients to access other services such as General Practice or Accident and Emergency. The aim is to therefore improve both equity and access whilst at the same time reduce pressure elsewhere in the system.

The scheme is available through all 32 pharmacies in Redcar & Cleveland.

5.3.4.9 Bank Holiday Directed Opening

In order to ensure adequate pharmaceutical provision over bank holidays, xxx ICB directs pharmacies in each locality to open for a limited period. This is of particular importance on special bank holidays when all pharmacies (including former 100-hour pharmacies) are closed. If a pharmacy is directed to open it must comply with this instruction.

5.3.4.10 Maternity e-NRT Voucher Service

The NHS Maternity Tobacco Dependency Treatment service delivery model in the North East includes all pregnant women being screened for carbon monoxide at booking, with all women who have a level of 4ppm or above, or those who have stopped in the previous 2 weeks being referred to a specialist trained Tobacco Treatment Advisor within the Maternity service on an 'opt-out' basis. The Maternity Tobacco Treatment Advisors see all women referred and develop a personalised quit plan including medication. The Maternity Tobacco Treatment Advisor will provide structured support on top of existing antenatal care in line with National Centre for Smoking Cessation and Training (NCSCT) standards throughout the maternity care pathway. Quick and simple access to Nicotine Replacement Therapy (NRT) is an essential element of the maternity pathway. Community pharmacists utilise the online platform e-voucher scheme to receive requests from NHS Maternity Tobacco Treatment Advisors for pregnant women participating in a structured supported quit attempt, as well as providing advice on how to use the medication.

15 pharmacies in Redcar & Cleveland are signed up to provide this service.

5.3.5 Non-NHS services

Most pharmacies provide non-NHS pharmaceutical services to their patients, or to other professionals or organisations. For example, the sale of medicines over the counter is a private service (being fully paid for by the consumer) even though the advice that is provided alongside that sale is an NHS activity (e.g., The nationally contracted essential services 'Self Care' or 'Healthy Lifestyle' advice).

Some of these services are offered free to the patient or organisation (e.g. medicines delivery) or at a small charge (e.g., blood pressure measurement, cholesterol testing, and hair loss treatments). Many individuals, both patients and professionals, are not aware that the prescription collection and/ or medicines delivery services that are available from a large number of pharmacies are **not directly funded by the NHS**⁸.

The availability of the majority of such non- NHS services is largely beyond the scope of this PNA other than to acknowledge that they exist and to similarly acknowledge the impact that the 'free' availability of such services might have on the demand, or need, for similar such services to be provided by the NHS at this point in time. However, it should also be acknowledged that if the provision of some of these non-NHS services changed substantially, or were removed from the 'marketplace' all together, then this might create a gap in the provision of such pharmaceutical services, and this may need to be considered by the NHS.

5.3.6 Pharmaceutical services provided to the population of Redcar and Cleveland from or in neighbouring HWB areas (cross boundary activity)

The population of Redcar and Cleveland may travel outside of the HWB area for pharmaceutical services if they wish. Examples of how this might arise include:

- Persons may travel in connection with their occupation, or place of work
- Nearest pharmacy for very few residents of some areas of Redcar and Cleveland is in actually in another HWB area.
- Non-pharmaceutical retail-driven movement (e.g. visiting a supermarket or out of town shopping facility)
- A need to access pharmacy services at times of the most limited service provision – for example late evenings, on Sundays or on Bank holidays (or equivalent) days.
- Choice to access pharmaceutical services elsewhere for any other reason which may include using a Dispensing Appliance Contractor (DAC) or a distance-selling pharmacy

As previously described in section 3.1, Redcar and Cleveland is bordered by Hartlepool, Stockton, Middlesbrough and North Yorkshire. A significant amount of its boundary is bordered by the sea or the River Tees. Given that a large expanse of industrial land and the River Tees is on the boundary of Redcar and Cleveland with Stockton-on-Tees and Hartlepool no cross boundary activity is expected. Cross boundary activity into Middlesbrough and North Yorkshire and York should however be considered.

Transport links, proximity to existing pharmacies and service data where available, suggest that where users of pharmacy services do sometimes choose to travel out of Redcar and Cleveland to access a pharmacy, this would most commonly be to pharmacies located at:

- Ormesby in Middlesbrough
- The retail centre of Middlesbrough
- Teesside Retail Park in Stockton
- Pharmacies in Middlesbrough centre

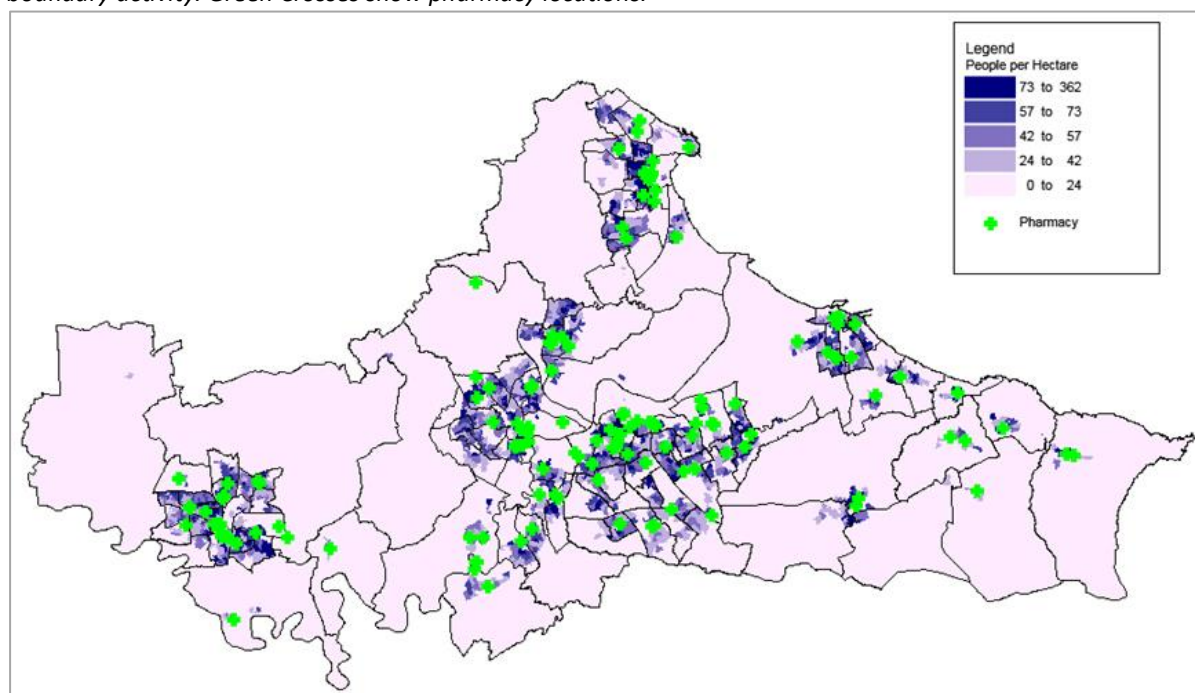
There are two pharmacies within 2 to 6 miles of the Redcar and Cleveland boundary into the North Yorkshire area. Some prescriptions from Redcar and Cleveland are dispensed here but this is likely to be opportunistic rather than essential. The pharmacies at Stokesley and Great Ayton open only standard daytime hours therefore it is most unlikely that any Redcar and Cleveland patients or professionals (e.g. for Palliative Care) would need

⁸ Or services counted as NHS services for the purposes of the PNA

to purposefully visit one of these pharmacies rather than closer pharmacies located at Guisborough or the Greater Eston locality. At the coastal boundary, patients from the North Yorkshire area beyond the Redcar and Cleveland boundary at East Cleveland, are more likely to travel into Redcar and Cleveland to use the pharmaceutical services there than the other way round.

Figure 25 shows pharmacy location overlaid on a population density map for the five Tees Valley HWB areas to assist with understanding the potential for cross boundary activity. The proximity of pharmacies in the borough to each other, local knowledge of the area including the industrialised and or rural areas at the borders of the external wards boundaries and lifestyle movement of the population as well as transport links, suggests that residents of Redcar and Cleveland and the associated reliant population, are more likely to access pharmaceutical services within Redcar and Cleveland. This is confirmed with prescription analysis in the following section.

Figure 25: Showing population density across Tees and pharmacy locations to illustrate potential for cross-boundary activity. Green Crosses show pharmacy locations.



Cross boundary activity data for dispensing of NHS prescriptions in the 'South Tees' HWB areas is described below and in figure 26. The table shows that based on prescription data for the year from April 20 to March 2021, the proportion dispensed within the Redcar & Cleveland HWB area was 91.9%, Three years later in 2023/24, 7.4% of Redcar & Cleveland prescriptions were dispensed outside the HWB, some of which will have been dispensed in neighbouring HWB areas. This is a reduction from 8.1% in 2020/21

Figure 26: Cross-boundary dispensing for HWB areas of South Tees . (Source: ePACT)

	April 20 – March 21		April 23 – March 24	
Prescriber area	Proportion of total scripts dispensed by pharmacy in that HWB area (%)	Proportion dispensed out of area (%)	Proportion of total scripts dispensed by pharmacy in that HWB area (%)	Proportion dispensed out of area (%)
Middlesbrough	87.8	12.2	86.5	13.5
Redcar and Cleveland	91.9	8.1	92.6	7.4

It is not considered that out of area pharmacies provide a ‘necessary’ pharmaceutical service for Redcar and Cleveland, this level is more likely to represent choice or convenience and may even demonstrate some large scale out of area transactions such as for nursing home patients. Some of this small proportion dispensed out of the area may include distance selling pharmacies, and those dispensed by appliance contractors.

5.4 Description of existing services delivered by pharmaceutical or other providers other than community pharmacy contractors

As previously stated, ‘pharmaceutical’ services are also experienced by the population of the Redcar & Cleveland HWB area (and also in the wider Tees Valley) by various routes other than those provided by the community pharmacy contractors, appliance contractors and dispensing doctors described above. Services are currently provided in connection with

- Secondary care provision
- Mental health provision
- Prison services (Stockton-on-Tees) and also via
- NENC ICB and
- Local authority commissioned services (e.g., for public health).

The majority of these services do not come under the definition of ‘pharmaceutical services’ as applies to the PNA. However, some of the pharmaceutical services required by community hospitals, mental health units and other community services could be, and sometimes are, commissioned under specific service level agreements with providers on the pharmaceutical list. This element of pharmaceutical service provision is more intangible, but examples that may be of significance have been included here.

There are three NHS Foundation Trust providers of secondary and community services within the Tees Valley. The James Cook University Hospital (part of South Tees NHS Foundation Trust) is situated in the Middlesbrough HWB area. Each trust will provide or commission a pharmaceutical service needed for in-patients, out-patients and some community services where commissioned. For completeness it is noted that pharmaceutical services for in-patients are also commissioned for the prison in the Stockton on Tees HWB area.

The local mental health trust (Tees, Esk and Wear Valley) similarly provides (or commissions) pharmaceutical services in connection with the range in-patient and out-patient services it delivers. Elements of these are delivered by a community pharmacy organisation under a specific contractual arrangement.

The NHS, local authorities, private and voluntary sectors and social enterprises also provide a range of community health services. It is important that healthcare and other professionals delivering these services have

access to professional support from pharmacists with specialist community health services expertise. This includes:

- Services generally provided outside GP practices and secondary care by community nurses, allied health professionals and healthcare scientists working from/in community hospitals, community clinics and other healthcare sites
- Services that reach across the area population, such as district nursing, school health, childhood immunisation, podiatry, and sexual health services
- Services that help people back into their own homes from hospital, support carers and prevent unnecessary admissions, such as intermediate care, respite, rehabilitation, admission avoidance schemes, end of life care etc., for care groups such as older people and those with a learning disability
- Specialist services and practitioners, such as community dental services, tissue viability specialist nurses and services that interface with social care.

Specific examples of services currently delivered to the reliant population of the Redcar & Cleveland HWB area, by a provider other than a community pharmacy or appliance contractor that could be commissioned and thereby delivered by a provider on the Pharmaceutical List, include

- A pharmaceutical pre-admission assessment service
- INR monitoring and dose adjustment in anticoagulation
- Dispensing services for mental health patients on weekend leave
- Independent prescribing services for drug users, or stop smoking clients or diabetes patients etc.
- Extended sexual health services such as Chlamydia treatment
- Services such as strategic work with social care in local authorities, advice to care homes, pharmaceutical advice to intermediate care, full medication reviews, sessional medicines management advice to prescribers

This list is not intended to be complete; it is not an easy task to unpick. Many of these services are ‘necessary services’ but as gaps in service provision (from alternative providers, or from community pharmacy) have not been highlighted, there is no commissioning priority for community pharmacy providers to deliver at this time. However, as transformation of health and social care pathways continue, there may be more opportunities to integrate community pharmacy to provide improvement or better access.

Additionally, we have already highlighted situations where pharmacy services are provided in a mixed-provider model alongside other providers e.g. needle exchange, EHC, cardiovascular disease (CVD) screening, Stop smoking. These are counted as a pharmaceutical service in the PNA but could be provided by either community pharmacies or the alternative providers at any time depending on commissioners’ preference. It is the overall population need and the overall balance of provision that determines whether or not there is gap in pharmaceutical service provision.

5.5 Results of the pharmacy questionnaire related to existing provision

All pharmacies across Redcar & Cleveland were invited to complete a survey about current and future service provision. Only 6 responses were received despite reminders and an extended. This may reflect the significant pressures the sector is under. The results were not included in the PNA due to the very small sample size.

5.6 Results of the public questionnaire related to existing provision

There were 329 respondents to the Redcar & Cleveland survey. Those living in TS10 – Redcar (37%) accounted for the most, followed by TS6 (Eston/Grangetown) with 15%, TS12 (Saltburn) with 14%, TS14 (Guisborough) with 12% and TS11 (Redcar) with 12%. Out of all the respondents reported 83% were female and the remaining 16% were male. The largest age groups seen for respondents was 65-74 years old with 25%, with the remaining age groups between 35-64 and 75+ having relatively even distribution.

Of the 329 respondents, 96 (30%) considered themselves to have a disability. Respondents were able to choose more than one response. 35% stated they had a long standing illness, 33% with a physical impairment and 16% had a mental health problem.

The overall number of respondents was higher compared to that achieved over the same time period for the previous PNA where 166 responses were collected.

In response to the question **“Do you usually use pharmacy in the area in which you live?”**

A high proportion of Redcar & Cleveland respondents at 96% (302) indicated that they usually use a pharmacy in the area in which they live.

In response to the question **“Do you use the same pharmacy?”**

64% (203) stated always, followed by usually at 35% (112), with 1% (2) stated rarely.

In response to the question **“If or when you go to a pharmacy in person, how do you usually get there?”**

45% of respondents stated they drove in their own car and 42% stated they walked. 5% stated they a got a lift in somebody else’s car and 4% use public transport.

In response to the question **“How often do you use a local pharmacy?”**

The most frequent response was monthly with 62% (201), followed by fortnightly with 14% (46) and quarterly with 11% (35).

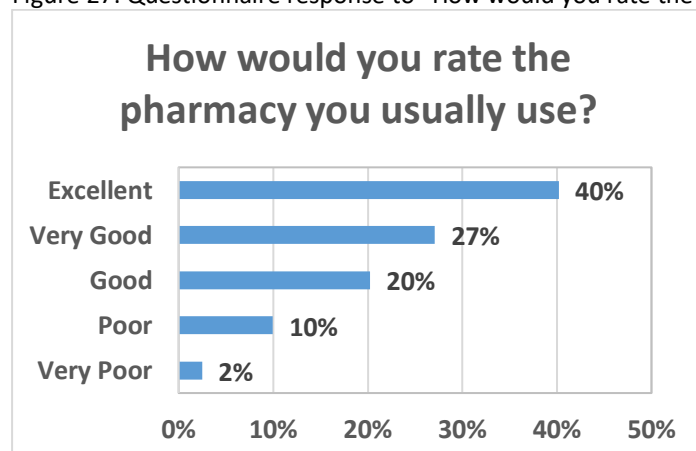
In response to the question **“Thinking about the pharmacy you use most, what type is it?”**

The most frequent response was local community or high street with 88% (284), followed by supermarket with 10% (31).

In response to the question **“How would you rate the pharmacy that you usually use?”** are outlined in figure 27.

88% of the respondents have rated the pharmacies that they usually use as either ‘excellent’ or ‘very good’ or ‘good’. 10% of the people have rated the pharmacy as ‘poor’ and 2% as ‘very poor’.

Figure 27: Questionnaire response to “How would you rate the pharmacy that you usually use?”



The question allowed for expanding on the reason for their rating.

For those who rated their pharmacy as excellent or very good, the collated feedback themes ordered by most frequency were

- Friendly and helpful staff (40%)
- Efficient service (20%)
- Prescription accuracy and availability 20%)
- Convenience (10%)
- Professionalism and knowledge (10%)
- Additional services (5%)

For those who rated their pharmacy as poor or very poor, the collated feedback themes ordered by most frequency were

Positive (30%)

- Friendly and helpful staff (15%)
- Convenient services (10%)
- Improved services (5%)

Negative (70%)

- Long queues and wait times (25%)
- Stock issues and limited range (20%)
- Management and service decline (15%)
- Accessibility and environment (10%)

For those who rated their pharmacy as poor or very poor, the collated feedback themes ordered by most frequency were.

- Long wait times and delays (35%)
- Stock issues and missing items (25%)
- Poor staffing and service quality (15%)
- Inconsistent opening hours (10%)
- Confidentiality and privacy concerns care (5%)
- Management and ownership changes (5%)

In response to the question **‘What do you think about the opening times of pharmacies that you use?’**

This shows that 65% of the Redcar & Cleveland respondents indicated that ‘they were happy with current opening times’, 24% respondents indicated that ‘pharmacies were not open long enough on weekends’ and 11% stated they were not open on a weekday either early or late enough.

Additional comments provided areas where residents had concerns;

- Requirement for more evening and late night access (30%)
- Requirement for more weekend & bank holiday availability (25%)
- Requirement for more early morning opening (15%)
- Issues with lunchtime closures (10%)
- Staffing issues and inconsistent hours (10%)

In response to the question **“If you had a minor health problem where would you go?”**

A total of 227 (71%) respondents would go to a pharmacy and 57 (18%) would go to a GP. 6% (17) respondents would use 111 or urgent treatment centre. 5% who stated other, the most common response was self care/treat myself first.

In response to the question **“Have you ever needed something from a pharmacy, but it was closed at the time?”**

A total of 138 (43%) respondents stated Yes and 165 (51%) stated No, whilst 16 (6%) didn’t know.

In response to the question **“What did you need?”**

Respondents were able to choose more than one response. The most common response was prescribed medicines at 39%, followed by over the counter medicines (34%), medicine or healthcare advice (15%) and emergency supply of medicines (11%).

In response to the question **“What did you do when you realised it was closed?”**

A total of 75 (49%) waited until the pharmacy was open, 53 (35%) respondents stated that they went to another pharmacy and 8 (5%) rang emergency services/111.

In response to the question **“Does the pharmacy you usually use have a separate consultation room where you able to have a confidential conversation if needed?”**

A total of 268 (82%) respondents stated Yes and 11 (3%) stated No, whilst 47 (14%) didn’t know.

Figure 28 below summaries the response to the question **“This list shows some NHS services pharmacies may already offer. Please tick which services you use/or may use in the future;”**

Respondents were able to choose more than one response. The most common response was supply of appropriate medicines at 19%, followed flu vaccination service (14%), think pharmacy first scheme (12%) and advice on new medicines on prescription (11%).

Figure 28: Pharmacy service used/may use in future

Services use/may use in future	%
Supply of appropriate medicines	19%
Flu vaccination service	14%
Think pharmacy first minor ailments	12%
Advice on new medicines on prescription	11%
Advice from pharmacist following advice from 111/GP	10%
Covid vaccination service	10%
Urgent medicines provided following 111/GP	9%
Supply of lateral flow (Covid)	5%
Hypertension diagnosis	3%
Regular oral contraception supply	2%
Emergency hormonal contraception	1%
Stop smoking services	1%
Return of used needles	1%

Figure 29 below summaries the response to the question **“How do you think the service your pharmacy provides, could be improved?”** Responders could select multiple options. The most common response was more staffing with 21%, followed by increase in opening times at 17% and medication availability and better waiting times, with 15% and 14%.

Figure 29: How pharmacy can be improved

Improvements	Proportion
More staffing	21%
Increase opening times	17%
Medication availability	15%
Better waiting times	14%
Product availability	12%
Communication	9%
NHS paid for delivery service	8%
Other	4%
Total	100%

In response to the question “**Are there any other comments you would like to make?**”

The most common comments related to underfunding and overworked staff. Pharmacies are understaffed, leading to long wait times and overwhelmed staff. There are frequent stock issues forcing patients to visit multiple locations. Many experience long delays. There are calls for extended hours and concerns over pharmacy closures. There was mixed feedback on pharmacist interactions and service quality. Some stated that they benefit from text notifications, but digital services exclude some users

5.7 Consultation Findings

Notification of commencement of the consultation period for the Redcar & Cleveland draft PNA was sent on 16th May 2025 with a closing date of 15th July 2025 to ensure that all statutory consultees had at least 60 days to be able to respond. The consultation questions were developed from the Department of Health and Social Care guidance.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- Local Pharmaceutical Committee;
- Local Medical Committee;
- all those currently on the pharmaceutical list in Redcar & Cleveland (via the LPC);
- Healthwatch South Tees, and through them with any other patient, consumer or community groups with an interest in the issue;
- NHS foundation trusts providing services in Redcar & Cleveland;
- NHS England;
- Health and Wellbeing Boards in Stockton, Hartlepool and North Yorkshire. Note that Redcar & Cleveland are represented on the joint Health and Wellbeing Board across South Tees; and
- North East and North Cumbria Integrated Care Board (ICB).

Emails were sent to all consultees informing them of the website address which contained the draft PNA document.

Stake holders were asked to respond to the following specific consultation questions

1. Has the purpose of the pharmaceutical needs assessment been explained?
2. Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Redcar & Cleveland?
3. Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?
4. Does the draft pharmaceutical needs assessment reflect the needs of Redcar & Cleveland's population?
5. Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?
6. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?
7. Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

8. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
9. Do you agree with the conclusions of the pharmaceutical needs assessment?
10. Do you have any other comments?

Findings of consultation:

Comments were received from 2 organisations.

One response was from Boots UK Ltd, who directly answered the questions. It should be noted that the responses have been made to both for Middlesbrough and Redcar and Cleveland PNA documents.

One response was from NENC ICB, who noted the findings but did not answer the questions, and provided additional information.

The comments received during the consultation have been summarised in the table below, along with notes and amendments in the following table on how they have been dealt with in this final version of the PNA.

Q1: Has the purpose of the pharmaceutical needs assessment been explained?
0 respondents answered Yes 1 respondents answered No
Q2: Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?
0 respondents answered Yes 1 respondents answered No
Q3: Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?
0 respondents answered Yes 1 respondent answered No
Q4: Does the draft pharmaceutical needs assessment reflect the needs of Redcar & Cleveland's population?
1 respondent answered Yes 0 respondents answered No
Q5: Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?
1 respondent answered Yes 0 respondents answered No
Q6: Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?
1 respondent answered Yes 0 respondent answered No

Q7: Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
1 respondent answered Yes 0 respondent answered No
Q8: Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
0 respondents answered Yes 1 respondent answered No
Q9: Do you agree with the conclusions of the pharmaceutical needs assessment?
1 respondent answered Yes 0 respondent answered No
Q10 Do you have any other comments?
<p><u>Boots UK Limited:</u></p> <ul style="list-style-type: none"> Number of respondents on page 12 mentions 2/29 (same as Middlesbrough) yet reference on page 27 suggests 32 pharmacies in the HWB. It looks as though this has been copied and pasted as the same as Middlesbrough. The draft PNAs currently aren't on the Council public website so how is this a public consultation? Feedback survey should be an open link to all not via email. <p><u>NENC ICB</u></p> <p>NENC ICB would like to make you aware of a pending application for the relocation of Jhoots Pharmacy from 1 Embleton Court Redcar to (within the Premier Store) 171-173 Redcar Lane, Redcar TS10 2EJ. NENC ICB has been made aware that the current premises are no longer occupied. The pharmacy is therefore not currently able to provide services, but is still active on the pharmaceutical list. We are looking into this from a contractual perspective and will update you in due course – Locality R4.</p>

Comments and amendments to Redcar & Cleveland PNA following consultation process

Change / response	Section within PNA
Boots UK Ltd:	
Amended text relating to number of respondents to the contractor questionnaire	2.2, page 12
There is no statutory requirement for the public to be directly included in the 60 day consultation period. Healthwatch South Tees were consulted.	N/A
There is no requirement for consultation responses to be collected through a survey	N/A
NENC ICB	
The HWB notes the current situation regarding the relocation of Jhoots Pharmacy, 1 Embleton Court, and will respond if required once the matter is concluded.	N/A

6.0 LOCAL HEALTH & WELLBEING STRATEGY & FUTURE DEVELOPMENTS

6.1 Public Health South Tees Strategy 2023-26

The Public Health Strategy is an ambitious Strategy aimed at preventing illness and poor health, improving health and wellbeing, and reducing health inequalities across the communities of South Tees. The Strategy describes the Programme Framework Public Health South Tees have developed and defines what they are aiming to achieve and how they will achieve it over the next three years.

The Strategy articulates action against the three domains of the Programme Framework: five Programmes, describing the priority areas of action; four core approaches that are consistent across all Programmes, including reducing health inequalities and best start in life and the three levels of intervention across the lifecourse, including developing health in all policies across the Council and the public health contribution to community development and community wealth building.

Figure 30: Public Health Programme Approach

5 Programmes	4 Business Imperatives	3 Levels of Intervention
<ul style="list-style-type: none"> ▪ Creating environments for healthy food choices and physical activity ▪ Protecting health ▪ Preventing ill-health ▪ Reducing vulnerability at a population level ▪ Promoting positive mental health and emotional resilience 	<ul style="list-style-type: none"> ▪ Improved financial efficiencies ▪ Better use of intelligence to inform decision-making ▪ Building purposeful relationships with key Partners ▪ Address health inequalities with a determined focus on the best start in life 	<ul style="list-style-type: none"> ▪ Civic-level – healthy public policy ▪ Service-level – evidence-based, effective, efficient and accessible services ▪ Community-level – family of community centred approaches & place-based working for population-level impact

The place-based approach consists of interventions at three levels:

- **Civic Level.** Working across the policy environment to create and promote healthy public policy;
- **Service Level.** Ensuring that health services are evidence-based, effective, efficient and accessible;
- **Community Level.** Empowering communities and building on their contributions to impact population health.

Community pharmacy is well placed to provide all three levels of interventions across the life-course. Pharmacies play a significant health and economic role within the community. They are a critical provider of health services commissioned by the local authority, GPs and the wider NHS. In addition, pharmacies can play a significant role in promoting healthy lifestyles and providing proactive health advice.

This Strategy is distinct from the Health and Wellbeing Strategy as it describes the programmes of work that Public Health South Tees will develop and lead. Whilst the Public Health Strategy will contribute, the Health and Wellbeing Strategy describes the whole system approach, across all partners of the LiveWell South Tees Board, to improving wellbeing and reducing inequalities in Middlesbrough and Redcar & Cleveland.

6.2 Health and Wellbeing Strategy 2024 – 20230

The Health and Wellbeing Board was established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together **to improve the health and wellbeing of their local population.**

The South Tees Health & Wellbeing Board have a statutory duty to produce for their local population: a Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy. The JSNAs are an equal and joint statutory duty of Middlesbrough and Redcar & Cleveland Local Authorities and the North East & North Cumbria Integrated Care Boards (ICBs), through the South Tees Health and Wellbeing Board. JSNAs provide intelligence and insight on the current and future health, care and wellbeing needs of our local population and how well these needs are being met. They have a strong focus on inequality of outcome and inequity in access. The JSNA are a fundamental part of planning and commissioning services at a local level.

The South Tees JSNA refresh adopted the missions and goals approach and the JSNA provides the intelligence behind the Missions – it will developed the collective understanding of the Missions; the issues behind the Missions and broad contributing factors to the current outcomes experienced.

The JSNA informed the development of the Health and Wellbeing Strategy, creating the consensus and commitment across partners on meaningful, long-term approaches across or within agencies to develop long-term, systemic solutions to our local challenges.

Needs assessments have been completed and were published in June 2024 across all 21 of the goals.

The Health & Wellbeing Strategy outlines how the Health & Wellbeing Board aims to improve the health and wellbeing of people living in South Tees and reduce health inequalities.

The Strategy aims to:

- Tackle **complicated problems which cannot be solved by any single agency.**
- Commit a wide range of partners to working together to explore local issues and challenges, **agree priorities to respond collaboratively**, using **collective resources.**
- Be informed by the **JSNA**, that uses data, intelligence and evidence to identify the current and future health and social care needs of the population in South Tees.

This mission-led Health & Wellbeing Strategy has been developed within the context of both the established vision and life-course approach as detailed below:

Figure 31: Mission led approach

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	Start Well	Live Well	Age Well
Aspiration	Children and Young People have the Best Start in Life We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles	People live healthier and longer lives We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle	More people lead safe, independent lives We want more people leading independent lives through integrated and sustainable support

6.3 Future developments of relevance

This PNA has considered additional needs for pharmaceutical services that may occur during the three-year lifetime of the document (October 2025 – September 2028) due to future developments, specifically:

- 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; mergers of GP practices, known closures of GP practices;
- other changes to the demand for services, e.g. increases in the range of services within primary care that increase the number of prescriptions that need to be dispensed, care or nursing home developments.

The remainder of section 6 has been written following close liaison with Redcar and Cleveland's planning department.

6.3.1 Housing developments and changes in social traffic

Redcar and Cleveland Five Year Housing Land Supply Assessment 2024-2029⁹ sets out an updated assessment of the five-year deliverable housing supply in Redcar and Cleveland from 1st April 2024 to 31st March 2029. This five-year forecast has been used by the PNA to estimate the number of new dwellings to be built over the period of the PNA.

The overall estimate is for 1,460 new dwellings to be built over this period, equivalent to 292 new dwellings per annum. Those sites expected to deliver over 100 dwellings within the period 2024/25 to 2028/29 are summarised as follows:

R3 – Greater Eston

- Normanby – 185 of a total of 436 (Woodcross Gate)
- South Bank – 169 of a total of 300 (Low Grange Phase I)
- South Bank – 125 of a total of 396 (Low Grange Phase II)

R4 – Redcar and Coast

- Redcar- 204 (Kirkleatham Green Phase II)
- Marske – 210 of a total of 810 (Land South of Marske)

The PNA should also have regard for the potential for housing stock losses. The Redcar & Cleveland Housing and Economic Land Availability Assessment Report (HELAA) 2020¹⁰ advises that as of 31st March 2020, there were no proposed residential clearance schemes in the pipeline. The HELAA is currently being updated. The likelihood of significant stock losses appears to be limited.

The Redcar and Cleveland Gypsy and Traveller Accommodation Assessment Study 2015¹¹ provides the basis of Redcar and Cleveland's evidenced need for pitches for this population. There are 18 pitches at The Haven Site in South Bank. The additional net pitch provision needed is assessed as five pitches over 2015-2025, with a further three pitches 2025-2030. The existing pharmaceutical services estate will accommodate specific pharmaceutical needs associated with this population.

⁹ [Five Year Land Supply Assessment 2024-2029.pdf](#)

¹⁰ [Redcar & Cleveland Housing and Economic Land Availability Assessment Report 2020](#)

¹¹ [Gypsy and Traveller Accommodation Assessment 2015.pdf \(redcar-cleveland.gov.uk\)](#)

The PNA Steering Group has considered the impact of the regeneration of the South Tees Development Corporation (STDC) area¹² on pharmaceutical needs, particularly the future potential pharmaceutical needs of the projected 20,000 net new workers. However, given the completion date of the STDC area is 2042, it is judged that this future pharmaceutical need will not fall within the 2025 – 2028 PNA period. Future PNAs must continue to link closely with local authority planning departments and, if necessary, the STDC to consider the impact of this regeneration on local pharmaceutical needs.

The PNA Steering Group has also considered the impact of a 42 bedroom hotel in Coatham that is under construction. Despite the potential for increased pharmaceutical demand from both staff and guests, existing pharmaceutical services should be able to meet this need.

Reviewing the developments currently known, the number of households per year likely to reach completion in any of these locations is not considered to create a new need for pharmaceutical services (over and above those which existing providers of pharmaceutical services can readily accommodate).

However, there is always uncertainty in the housing market which means that planned developments may not come to completion. Public Health South Tees will produce a new PNA if significant unexpected changes to development or demographics occur before 2028.

6.3.2 Health care and GP practice estate

Following consultation with NENC ICB there are no known changes to health care and GP practice estate, nor any intentions to increased commissioning nursing beds.

¹² [South-Tees-Master-Plan-Nov-19.2.pdf \(southteesdc.com\)](#)

7.0 PHARMACEUTICAL NEEDS

It is the purpose of the pharmaceutical needs assessment to systematically describe the pharmaceutical needs of the population of Redcar and Cleveland HWB area, and any specific requirements in the two localities. This section will describe the scope of pharmaceutical needs identified from a consideration of local health needs and local health strategy including future developments and the results of the recent patient, professional and stakeholder engagement.

7.1 Fundamental pharmaceutical needs

The population of Redcar and Cleveland will have some pharmaceutical needs that are consistent with the needs of the general public and health consumers throughout England.

Whilst community pharmacies are increasingly providing NHS and other services above and beyond dispensing, we must not forget the important role that they play in providing a safe and secure medicines supply chain. Conversely, we must ensure that commissioners of primary care services understand that the supply function is just one of the fundamental pharmaceutical services that are required.

It is considered that these fundamental pharmaceutical needs have been determined by the Department of Health for England and the services required to meet them incorporated into the essential services of the NHS pharmaceutical services contract. These fundamental pharmaceutical needs therefore include:

- The requirement to access Prescription Only Medicines (POMs) via NHS prescription (dispensing services), including NHS repeat dispensing and any reasonable adjustment required to provide support for patients under the Equality Act 2010;
- The need for self-care advice and the signposting needs of patients, carers and other professionals;
- Public health needs in relation to advice and support for health improvement and protection, especially in relation to medicines;
- The requirement to safely dispose of waste medicines in the community and finally
- The public and professional expectation of reasonable standards and quality of pharmaceutical care and service.

The requirement to have pharmaceutical services available to meet these fundamental needs of the people of Redcar and Cleveland is therefore without question, the more subjective part of the determination is related to the access to that provision. What constitutes sufficient access to, including choice within the context of the Regulations, these fundamental services as a minimum (and to any other pharmaceutical services provision considered necessary to meet the pharmaceutical needs for the population)? Does fundamental pharmaceutical need extend to the availability of those services on every street corner and 24 hours a day?

An assessment of access to any pharmaceutical service will require consideration of the number of pharmacies offering that service, their location, the hours that they are open and the personal circumstances of the individuals, or groups, that make up the population served by that pharmacy i.e. transport, income, mobility or disability, morbidity / poor health, mental capacity, language barriers, time, and knowledge of service availability. As the Regulations also require the PNA to have regard to choice, the choice of provider as well as the choice of services should be taken into account.

The Assessment reported in Section 8 will have regard to choice, reflecting on the possible factors to be considered in terms of “sufficient choice” as follows:

- *What is the current level of access within the health and wellbeing board's area to NHS pharmaceutical services?*
- *What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?*
- *What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?*
- *What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?*

- *Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?*

It should also be borne in mind that as of 30 June 2021 each resident had the choice of using any of the 379 distance selling premises in England, all of which are required to provide all of the essential services remotely to anyone anywhere in England who may request them.

7.2 Pharmaceutical needs particular to Redcar and Cleveland

How do the identified inequalities in health in Redcar and Cleveland impact on pharmaceutical needs?

People with poorer health and more long-term conditions are likely to have to take more medicines. They might have to start taking them earlier in their lives. They may need support to manage their medicines properly and to ensure they understand and engage with their medicines taking (compliance/ concordance). Many patients benefit from understanding more about their illness in relation to their medicines. Good pharmaceutical advice and support can help them become their own 'expert' and encourage them to be a positive and assertive partner in the management of their own health and the medicines-related aspects of it.

Any health need, ailment, or condition that involves the use of a pharmacy only (P) or prescription only (POM) medicine will require contact with a community pharmacy (or dispensing doctor in certain rural areas) to fulfil the supply function. Repeat prescribed medication (at least 80% of all prescriptions) does not require contact with a nursing or medical health professional at every issue. However, regular contact with a pharmacy provider (and in long-term conditions this is often the same provider) cannot be avoided unless that patient chooses not to have the prescription dispensed. The NHS repeat dispensing service can increase health contacts via a pharmacy and help to better monitor a patient's medicine-taking. A similar benefit of repeated contact for pharmaceutical care has operated for many years via installment dispensing for patients receiving substitute medicines for substance misuse.

There is an ideal opportunity to 'piggy-back' selected interventions on these frequent health contacts. With long-term conditions routine feedback from and to the patient about their medicines use, that may be shared (with consent) with a prescriber who recognises the value of that feedback, and has processes to respond to it, is likely to improve the overall management of that patient's condition and potentially reduce unnecessary hospital admission.

In most long-term conditions, there are significant medicines-related pharmaceutical needs, over and above supply. Evidence supports the value of structured interventions, pharmaceutical advice and information to support the correct use of medication to treat conditions such as hypertension, asthma, cardiovascular disease and diabetes. This begins with basic interventions fundamental to dispensing at the point of completion of that standard process and transfer of the medicines to the patient; often known as 'patient counselling' this aspect should not be lost just because there is a higher level intervention also available in the form of an NMS. In Redcar and Cleveland, the sheer numbers of patients to be supported in their condition mean that there is a pharmaceutical need to provide choice and enhanced support from the wider primary care team outside of general practice.

As the population ages, and the number of ill-health conditions they experience increases, the potential need for domiciliary services (not just non-NHS delivery services) will need to be considered, as this may be better use of commissioning resource where proximity to a pharmacy is a potential impediment. The national drive to improve access to clinical pharmacists in general practice will support this.

With both elective and urgent hospital admissions, smooth transition related to medicines is vital in relation to outcomes. Opportunities to work closely with secondary care pharmacist colleagues to promote communication across the interface and provide high quality interventions around medicines, particularly at discharge, can make a real difference to outcomes.

To promote health and well-being, the people of Redcar and Cleveland may need more support to understand the choices they have, and make, and the impact on their short and long term health. It may be difficult to make

better choices in the absence of knowledge but also if the future is bleak - much wider improvement in opportunity is of course already recognized that is beyond the scope of pharmaceutical services. However, pharmaceutical services can play a valuable role in providing additional opportunities for lifestyle interventions including signposting to services and support available outside the NHS system provided adequate information and skills training is available as an enabler.

For Redcar and Cleveland, the population needs help to stop smoking, lose or manage weight and improve dietary choices, reduce alcohol consumption and substance misuse and reduce sexual activity that risks pregnancy and sexually transmitted infections. Uptake of screening services and early awareness of cancer could be improved with high quality and targeted support in a wider range of areas. Pharmacies are ideally placed to support this and other initiatives. As well as support directly provided in pharmacies people may need pro-active (as well as reactive) signposting into other services, such as drug/ alcohol treatment or sexual health services, or those wider services that may be available to them. They may need innovative as well as traditional public health campaigns based on the principles of social marketing to improve engagement with self-help or self-care activity.

There are markedly more children in the Greater Eston locality. In areas where there are more children there will be a greater demand for childhood medicines both on prescription (POMs) and from pharmacy or other sources (P/General sales list (GSL)). Parents with poor educational attainment may need more support to understand how they can best support the self-care of their children. This may include advice and support to encourage them to complete their childhood immunisation programme. Low income may impact on their access to medicines without having to obtain a prescription.

A Pharmacy First (minor ailments scheme) may provide added value of repeatedly re-educating the population with regards to 'choosing well' for their access to health care support. It also meets a fundamental need to target those areas of higher deprivation and remove the potential for a two-tier pathway to self-care for those who can pay and those who can't. It also has the potential to improve access for patients to healthcare services integrating pharmacy services alongside GP or other primary care services.

The effects of high deprivation in a significant proportion of some wards, and in particular in Greater Eston will impact on the pharmaceutical needs of children and young people. Poorer choices with regard to the determinants of ill-health (poorer diet, parental smoking (including in pregnancy), and risk-taking behavior) will also affect child health. Brief interventions during contacts with a pharmacy may be used to enhance the opportunity for public health messages related to children such as encouragement to breast feed. Promotion of better oral health would also be of value where the dental caries rates in children are high.

There may be a need for more support to keep children safe and a greater awareness amongst pharmacy professionals on the appropriate action to take in the best interests of children and young people. Actions to promote medicines safety may be particularly important in areas where there is low adult literacy to ensure adequate understanding of the need to keep medicines out of reach of children (especially methadone etc.), to use them properly and to be able to give correct doses.

Ill-health and self-care for older people generate pharmaceutical needs related to the increased numbers of medicines that are often involved, and the increased number of people that are involved in managing them. The idea that it is a pharmaceutical necessity for all older people to have their original bottles or boxes of medicines removed and replaced with a 'dosette box' or compliance aid continues to be challenged at a strategic level. Routine use without good cause or requirement under the Equality Act (formerly Disability Discrimination Act (DDA)) should be discouraged. Greater understanding, at all levels, of the Act and how it applies to these pharmaceutical needs, goods and services would be very helpful.

Commissioners and providers of pharmacy services need to consider the impact of the identified low levels of adult literacy and numeracy on day to day pharmaceutical needs. Do we take enough care to ensure that people can understand their medicines? Can they calculate the time schedule for '4 times a day?' Can they read the labels on the bottles or do they just remember? Do they get the right information from Patient Information Leaflets supplied with medicines or other written advice? Do they understand the terms we use like 'relative risk?'

There is a pharmaceutical need for patient access to EHC. This clinical service is now well established in community pharmacy (and more recently via online supply) and opportunities to close an EHC consultation with the offer of a Chlamydia screening test and registration for the C-card scheme should be maximized. Screening might be better taken up via pharmacies if there was a free treatment option to return to that same pharmacy, where a relationship has been established. A PGD for chlamydia treatment in community pharmacy could broaden access and facilitate a more streamlined pathway without the inconvenience to the patient, and commissioner expense, of a second professional consultation to obtain a prescription to be able to access treatment free.

There are a range of pharmaceutical needs in relation to the support and management of patients with mental health problems including those related to dementia, dual diagnosis, harm minimization and substance misuse. As well as the needs for routine safe and secure supply of medicines to support drug treatment, often in line with controlled drugs legislation, the need for supervised self-administration is now common-place and almost routine. This client-group also has further pharmaceutical needs related to the management of blood-borne viruses, including provision of safer injecting equipment, good quality information and screening services. Redcar and Cleveland offers a pharmacy needle exchange service to support this.

Apart from health prevention activity in relation to cancers there are pharmaceutical needs arising from the treatment of these conditions. Again, the safe and secure supply function here is not to be underestimated. Quality and safety in relation to routine controlled drugs supply is fundamental, however there are often issues in relation to the timeliness of access to the range of drugs used in End of Life Care. The availability of local arrangements to improve the patient/ carer experience in accessing dispensed medicines at the End of Life is key.

There are great opportunities to further improve the involvement of pharmaceutical services at various stages of urgent care that currently absorb the time of other NHS services unnecessarily, e.g., referral to the Pharmacy First and Think Pharmacy First services. Support for GP practices to support staff in this referral process is ongoing and is key to embedding these services.

Pharmaceutical needs of in-patients in the acute hospital are provided for by the acute trust. The ICB usually identifies and includes in the tariff paid to the trust, an element of funding which is for discharge medication to allow the proper transfer of communication between hospital and primary care, to take place before there is an urgent need to supply more medicines. Where inadequate discharge processes exist in relation to medicines, a heightened pharmaceutical need is generated that may affect patient safety.

7.3 Pharmaceutical needs particular to the four localities

All of the pharmaceutical needs identified for Redcar and Cleveland apply to varying degrees in each of the four localities. There are specific needs within the localities; these will be considered in the statement of need and should be taken into account when planning the commissioning of essential, enhanced and locally contracted services from existing providers.

It is noted that locality R1: East Cleveland and areas of R2: Guisborough are partly characterised by their rurality. In some wards in R2, and R4 there are measures of greater affluence where most of the properties are owner occupied and there is a high level of access to a car. However, taking demographics into account, the fundamental pharmaceutical needs of this area, including those heightened by inequality and deprivation, are largely already identified in the general description for Redcar and Cleveland.

8.0 STATEMENT OF NEED FOR PHARMACEUTICAL SERVICES IN REDCAR & CLEVELAND

8.1 Statement of Need

Having regard to all of the issues presented throughout and the matters in PART 2 Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the South Tees HWB has identified no additional pharmaceutical needs for necessary services over and above those general needs identified for the HWB described above. Taking into account potential future needs, there is **no gap**, i.e. no identified need for any additional provider in any of the four localities.

8.1.1 Statement of Need: NHS Essential Services

The South Tees HWB considers that NHS Essential Services are **necessary** to meet the pharmaceutical needs of the population. Having regard to all the relevant factors (described in section 8.1), the South Tees HWB considers that:

- The general locations and opening hours in which current pharmaceutical services are provided are sufficient. This includes the days of the week and times at which these services are provided are necessary to meet the current and likely future pharmaceutical needs for Essential services in all four localities of the Redcar & Cleveland Borough Council Local Authority area.
- The South Tees HWB has noted variation in distance to the nearest open community pharmacy, particularly at evenings, weekends and bank holidays between locality R1 (East Cleveland) and the other three localities. This variation is likely due to the area being more sparsely populated. Access is in line with similarly populated areas in neighbouring HWB areas. The South HWB is unaware of any complaints relating to access to pharmaceutical services in the locality prior to conducting the PNA, and access to pharmacy in East Cleveland has not been raised as an issue during the public engagement process or by Health Watch South Tees.
- There is no identified need for any additional provider of pharmaceutical services (that is, for the avoidance of doubt, no current or known future need for new additional pharmacy contractor/s).
- The South Tees HWB considers that there is sufficient choice of both providers and services available to the resident and visiting population of all four localities in Redcar & Cleveland Borough Council Local Authority area. Some providers of pharmaceutical services outside the HWB area provide improvement and better access in terms of choice of services, but these are not necessary services, i.e. there is no gap in service that cannot be met from pharmacies located within the HWB area.
- The South Tees HWB has reviewed future developments of relevance as outlined in section 6 and do not consider that they will create a new need for pharmaceutical services (over and above those which existing providers of pharmaceutical services can readily accommodate).

Taking all relevant factors into account, based on current needs, there are **no gaps** in pharmaceutical service provision that could not be addressed through the existing contractors and commissioned services. There is, therefore, no current need for any new providers of pharmacy services.

There are no (doctor provided) dispensing services to which the Health and Wellbeing Board has had regard to in its assessment, which affect the need for pharmaceutical services in the Redcar & Cleveland area.

Although there are no Dispensing Appliance Contractors in Redcar & Cleveland, prescriptions for appliances are written for patients in this area and will need to be dispensed. The HWB is not aware of any complaints or circumstances in which the patients of Redcar & Cleveland have experienced difficulty in accessing pharmaceutical services to dispense prescriptions for appliances. Having regard to the above, the HWB considers

there is **no gap** in the provision of such a pharmaceutical service and does not consider that an appliance contractor is required to be located in the Redcar & Cleveland Borough Council Local Authority area to meet the pharmaceutical needs of patients.

8.1.2 Statement of Need: NHS Advanced Services

The South Tees HWB considers that current NHS Advanced Services help support people manage their health and provide **improvement or better access** towards meeting the pharmaceutical needs of the population.

Having regard to all the relevant factors (described in section 8.1), the South Tees HWB has reviewed the distribution of advanced services and concluded that, where data exists, there is currently **no gap** in provision. Some advanced services (e.g. Appliance Use Review) are more specialist and required in fewer community pharmacies based on local need.

8.1.3 Statement of Need: NHS Enhanced Services

8.1.3.1 Bank Holiday Opening Hours

The South Tees HWB considers that the commissioning of extended hours for Bank Holidays by NHSE is **necessary** to meet the pharmaceutical needs of the population. Provided that at least the current level of direction of pharmacies on these days is maintained, there is considered to be **no gap** in the current provision of this pharmaceutical service. A directed service commissioned well in advance provides the best way of ensuring that pharmaceutical services will be available at this stage.

8.1.3.2 Community Pharmacy Coronavirus Vaccination Service

This Enhanced Service is only temporarily commissioned with the purpose of widening availability of coronavirus vaccines to increase uptake. It is unclear at this stage whether this service will be extended, and what form that extension might take. Redcar & Cleveland has 8 community pharmacies delivering this service, with 3 more due to start soon.

8.2 Other NHS services taken into account

8.2.1 Other Community Pharmacy Services Currently Commissioned in Redcar & Cleveland

There are a number of other services commissioned (either directly or indirectly) by Public Health South Tees and the Tees Valley SICBL from community pharmacies that, whilst out of the scope of the PNA, make an important contribution to the meeting the population health needs of Redcar & Cleveland. The South Tees HWB has taken these services into account whilst conducting its pharmaceutical needs assessment.

8.2.2 Community Pharmacy Services Commissioned by Public Health South Tees

8.2.2.1 Supervised Self-Administration

This service is provided by 27 pharmacies as part of a wider substance misuse service delivered by the specialist provider “We Are With You”. Pharmacies offering this service are available in all 4 localities. The South Tees HWB has contract monitoring in place for this service, and no client concerns have been raised to indicate a gap in provision.

8.2.2.2 Needle Exchange

This service is provided by 9 pharmacies, again as part of a wider substance misuse service delivered by the specialist provider “We Are With You”. Pharmacies offering this service are available in 4 localities, with the greatest level of activity in Greater Eston and Redcar & Coast. The South Tees HWB has contract monitoring in place for this service, and no client concerns have been raised to indicate a gap in provision. There is provision across all 4 localities with the greatest levels of activity in Greater Eston and Redcar and Coast.

8.2.2.3 Stop Smoking (dispensing only)

22 pharmacies in Redcar & Cleveland are currently commissioned to provide stop smoking services.. Public Health South Tees should continue to evaluate the effectiveness stop smoking services (not just those in community pharmacy) through contract monitoring. There is no evidence to suggest a gap in provision.

8.2.3 Community Pharmacy Services Commissioned by Public Health South Tees (via HCRG Care Services)

Sexual health services are commissioned by Public Health South Tees and provided by HCRG Care Services. Three services are provided in community pharmacy: EHC supply (provided by 21 pharmacies), chlamydia testing (provided by 17 pharmacies) and C-Card (both provided by 14 pharmacies). Sexual health services in Redcar & Cleveland are mainly provided in hub centres (e.g. Sexual Health Teesside at Redcar & Cleveland Leisure & Community Heart) but community pharmacy plays an important role in providing additional capacity and better access. The South Tees HWB has contract monitoring in place for sexual health services, and no client concerns have been raised to indicate a gap in provision.

8.2.4 Community Pharmacy Services Commissioned by Tees Valley SICBL

8.2.3.1 Community Pharmacy Specialist Palliative Care Medicines Stockists

This Tees Valley SICBL commissioned service, to ensure patients are able to access specialist palliative care medicines with reasonable promptness, is provided by 4 pharmacies in Redcar & Cleveland (and 17 pharmacies across the Tees Valley SICBL area). It is considered that the need for this service in Redcar & Cleveland is met by current provision, and there is no gap whilst it remains commissioned by the SICBL.

8.2.3.2 Antiviral Medication Stockists

This Tees Valley SICBL commissioned service, to ensure a small number of pharmacies maintain an emergency stock of oseltamivir for distribution in the event of a flu pandemic, is provided by 1 pharmacy in Redcar & Cleveland (and 6 pharmacies across the Tees Valley SICBL area). It is considered that the need for this service in Redcar & Cleveland is met by current provision, and there is no gap whilst it remains commissioned by the .

8.2.3.3 Local Minor Ailments 'Think Pharmacy First' Scheme

This service to facilitate equitable access to common medicines for minor ailments is provided by 32 pharmacies in Redcar & Cleveland. It is considered that the need for this service in Redcar & Cleveland is met by current provision, and there is no gap whilst it remains commissioned by the SICBL.

8.2.3.4 Maternity e-NRT Voucher Service

This service to improve access to stop smoking services in pregnancy is provided by 15 pharmacies in Redcar & Cleveland. It is considered that the need for this service in Redcar & Cleveland is met by current provision, and there is no gap whilst it remains commissioned by the SICBL.

9.0 BROADER CONSIDERATIONS FOR PUBLIC HEALTH SOUTH TEES

9.1 Public Transport

The PNA process has found variation across the local authority regarding the distance to the nearest open community pharmacy, particularly at evenings, weekends and bank holidays, particularly in more sparsely populated areas such as East Cleveland. This variation may be aggravated by reduced access to public transport at these times. The South Tees HWB recommends that Public Health South Tees continues to work with the wider council, particularly strategic planning, to ensure that access to community pharmacy and other

healthcare services continues to be taken into consideration in planning public transport. This can play an important role in reducing health inequalities.

9.2 Community pharmacies as an asset for the place-based approach

The 31 community pharmacies located in all 4 localities of Redcar & Cleveland are perhaps the most widespread, easily accessible healthcare service in the borough. They should thus be considered a vital community asset for the place-based approach to improving public health. The South Tees HWB recommends that Public Health South Tees works to build relationships with local pharmacy contractors through the LPC to galvanise the potential to improve population health. Public Health South Tees should consider the three levels of intervention (civic-level, service-level and community-level) that could facilitate the use of community pharmacy in contributing to public health. This could include augmenting existing Health Living Pharmacy services with more local initiatives. It is recommended that Public Health South Tees engages with community pharmacies to ensure they have up to date information on local public health campaigns, services (including social prescribing) and policies to better aid their role in signposting. Public Health South Tees should also be cognisant of commercial pressures on pharmacy and the potential financial implications of this engagement. When considering commissioning future local services, Public Health South Tees should exploit the information regarding willingness to provide future services contained within this PNA's pharmacy contractor questionnaires.

9.3 Community pharmacies as a strategic asset for health protection emergencies

Community pharmacy continues to demonstrate its important role health protection. The South Tees HWB recommends that Public Health South Tees views community pharmacy's role as a strategic asset in health protection emergencies. Community pharmacies' role should be considered in the emergency planning aspects of the upcoming Public Health South Tees Health Protection Programme.

9.4 Environmental Considerations

Since the last PNA was published in 2022, patients have been encouraged to return used pressurised metered dose inhalers (pMDIs) to community pharmacies for environmentally safe disposal. The South Tees HWB recommends that Public Health South Tees liaises with the wider council to increase public awareness of the safe disposal of inhalers. Community pharmacies should also be considered in decisions relating to social prescribing and promoting active travel (including considerations for those who may have reduced mobility).

10.0 CONCLUSIONS

The 2022-2025 Redcar & Cleveland pharmaceutical needs assessment (PNA) outlines the need for pharmaceutical services within the borough and provides the information required to inform future commissioning decisions. 31 community pharmacies and 1 distance-selling pharmacy across the borough serve the population's pharmaceutical needs. There are no dispensing doctors and no appliance contractors.

South Tees Health and Wellbeing Board concludes that:

- There is adequate provision of pharmaceutical services across Redcar & Cleveland to serve the needs of our population, with no current gaps identified.
- If current pharmacies remain open, there are no anticipated gaps in pharmaceutical services for the three year period of the 2025-2028 pharmaceutical needs assessment.
- There is a reasonable choice of both providers and services available.
- Public engagement found that the majority of the respondents (87%) rated their pharmacies good, very good or excellent.
- Most popular services was supply of appropriate medicines, flu vaccination services, think pharmacy first scheme and urgent medicines following 111/GP referral.
- The most common potential improvements were more staffing, increase opening times (evening and weekends, lunchtime and unexpected closures), improved medication availability and better waiting times
- Community pharmacies play a critical role in delivering locally commissioned services on behalf of both Public Health South Tees and NENC ICB;
- Community pharmacy is an important asset for promoting public health and health protection preparedness, which Public Health South Tees should encompass in its ongoing place-based approach;
- Public Health South Tees should work with the wider council to continue to ensure that access to community pharmacy (and other healthcare services) continues to be considered in public transport planning.


South Tees Health and Wellbeing Board wishes to finish the 2025-2028 pharmaceutical needs assessment by paying tribute to the vital role that community pharmacies in Redcar & Cleveland have played in supporting our population, particularly the most vulnerable. We recognise the crucial part our community pharmacies will continue to play.

11.0 ACKNOWLEDGEMENTS

We are very grateful to all those who contributed information to support the development of the PNA including colleagues in Public Health South Tees, Tees Valley Clinical Commissioning Group, North East Commissioning Support Unit, Healthwatch South Tees, South Tees Foundation Trust, Resources & Growth (Redcar & Cleveland Council), Tees Local Pharmaceutical Committee, local pharmacy contractors and members of the public contributing to the engagement process.

12.0 APPENDICES

12.1 Middlesbrough and Redcar & Cleveland PNA Public Questionnaire



1. Which Local Authority area do you live in?

☐ Middlesbrough ☐ Redcar & Cleveland ☐ Elsewhere

2. Please state your partial postcode (e.g. TS6):

3. Do you usually use a pharmacy in the area in which you live?

☐ Yes ☐ No

If no, please state your reason

4. Do you use the same pharmacy?

☐ Always ☐ Usually ☐ Rarely ☐ Never

5. If or when you go to a pharmacy in person, how do you usually get there?

☐ Walk
☐ Public transport (bus or train)
☐ Taxi
☐ Drive in my own car
☐ Get a lift in somebody else's car
☐ Cycle
Other (please specify)

6. How often do you use a pharmacy?

☐ More than once a week ☐ Weekly ☐ Fortnightly ☐ Monthly
☐ Quarterly (4 times per year) ☐ Less than 4 times a year

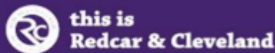

7. Thinking about the pharmacy you use most, what type is it?

☐ Local community or High Street ☐ Supermarket ☐ Online ☐ Other

8. How would you rate the pharmacy that you usually use?

☐ Excellent ☐ Very Good ☐ Good ☐ Poor ☐ Very Poor

Can you tell us why you have given this rating



9. What do you think about the opening times of pharmacy that you use? Please tick any that apply:

- ☐ Happy with the current opening times
- ☐ Not open late enough on a weekday
- ☐ Not open early enough on a weekday
- ☐ Not open, or not open long enough on a Saturday
- ☐ Not open, or not open long enough on a Sunday

Please use the box below to add additional comments or issues you may have regarding pharmacy opening times:

10. If you had a minor health problem (e.g. water infection, cough/cold, skin condition etc.) where would you go?

- ☐ Pharmacy ☐ Urgent Treatment Centre ☐ GP ☐ 111 ☐ A&E

Other (please specify)

11. Have you ever needed something from a pharmacy, but it was closed at the time?

- ☐ Yes ☐ No ☐ Don't know

12. What did you need?

- ☐ Prescribed medicines ☐ Emergency supply of medicines ☐ Over the counter medicines
- ☐ Medicine or healthcare advice

Other (please specify)

13. What did you do when you realised it was closed?

- ☐ Waited until pharmacy was open ☐ Went to another pharmacy ☐ Went to walk-in clinic
- ☐ Went to hospital ☐ Rang emergency services/111 and was referred to a pharmacy

Other (please specify)

14. Does the pharmacy you usually use have a separate consultation room where you able to have a confidential conversation if needed?

- ☐ Yes ☐ No ☐ Don't know

15. This table shows some NHS services pharmacies may already offer. Please tick which services you use/or may use in the future: Please tick any that apply:

- ☐ Supply of appropriate medicines (including antibiotics) for 7 common conditions including ear infection, sore throat and urinary tract infections (Pharmacy First Scheme)
- ☐ Flu Vaccination Service
- ☐ Advice on new medicines on prescription
- ☐ Stop Smoking Services
- ☐ Emergency Hormonal contraception ('morning after pill') and condom supply
- ☐ Regular oral contraception supply
- ☐ Covid Vaccination Service
- ☐ Sexually Transmitted Infection Screening
- ☐ Hypertension (High Blood Pressure) diagnosis
- ☐ Supply of lateral flow (Covid) test kits to vulnerable groups
- ☐ Return of used needles in exchange for clean needles
- ☐ Urgent medicines provided following NHS 111 referral
- ☐ Advice from pharmacist following NHS 111 or GP referral
- ☐ Supervised consumption of safe substitutes for street drugs
- ☐ Think Pharmacy First Minor Ailments Scheme (including supply of medicines for such conditions as allergies, colds and flu, earache, and head lice)

16. How do you think the service your pharmacy provides, could be improved? Please tick any that apply:

- ☐ Medication Availability
- ☐ More Staffing
- ☐ Better waiting times
- ☐ Communication
- ☐ Product Availability
- ☐ Increase opening times
- ☐ NHS paid for delivery service

Offer more patient services and support (please give examples)

17. Are there any other comments you would like to make?

You **do NOT need** to answer the next questions, but it would be very helpful if you could tell us a bit about yourself, so that we can see how different groups of people experience pharmacy services differently:

18. Please tell us which age group you belong to:

- ☐ 16-24 ☐ 24-34 ☐ 35-44 ☐ 45-54 ☐ 55-59 ☐ 60-64 ☐ 65-74 ☐ 75+
☐ Prefer not to say

19. Are you male or female?

- ☐ Male ☐ Female ☐ Prefer not to say

20. Is the gender you identify with the same as your sex registered at birth?

- ☐ Yes ☐ No ☐ Prefer not to say

21. Do you consider yourself to have a disability?

- ☐ Yes ☐ No ☐ Prefer not to say

22. If yes, please tick any impairment listed which affects you, as you may experience more than one. If none of the categories apply, please mark 'other'

- ☐ Physical Impairment
☐ Mental Health Problem
☐ Long-standing illness
☐ Sensory Impairment
☐ Learning Disability/Difficulty

Other (please specify)

23. How would you describe your ethnic origin?

White

- ☐ British ☐ Irish ☐ Gypsy or Irish ☐ Roma

Any other White background (please specify)

Asian or British Asian

- ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese

Any other Asian background (please specify)

Mixed or Multiple Ethnic Groups

- ☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian

Any other Mixed background (please specify)

Black, Black British, Caribbean or African

☐ Caribbean ☐ African

Any other Black background (please specify)

Other Ethnic Group

☐ Arab

Any other background (please specify)

☐ Prefer not to say

24. What is your religion or belief?

☐ Christian ☐ Muslim ☐ Sikh ☐ Hindu ☐ Buddhist ☐ Jewish ☐ No religion

☐ Prefer not to say

Any other religion

25. What is your sexual orientation/sexuality? (Please tick one box only)

☐ Heterosexual or Straight ☐ Gay/Lesbian ☐ Bisexual ☐ Prefer not to say

Any other (please specify)

Many thanks for your time in completing this questionnaire.

12.2 Redcar & Cleveland Pharmacy Addresses

Code	Trading Name	Full Address
FKF10	Well (Brotton)	5 High Street, Brotton, Saltburn-By-The-Sea, TS12 2SP
FT351	Harrops Chemists	1 Zetland Road, Loftus, Saltburn-By-The-Sea, TS13 4PP
FV590	Allied Pharmacy Loftus	26 High Street, Loftus, Saltburn-By-The-Sea, TS13 4HA
FVC25	Skelton Pharmacy	83 High Street, Skelton, Cleveland. TS12 2DY
FVC05	Kingston Pharmacy	Hillside Medical Centre, Windermere Drive, Skelton, TS12 2TG
FWD16	Lingdale Pharmacy	29 High Street, Lingdale, Saltburn-by-the-Sea, TS12 3DZ
FKG04	Guisborough Pharmacy	Rectory Lane Health Centre, Guisborough, Cleveland TS14 7DJ
FHW64	Well (Guisborough)	16 Westgate, Guisborough, Cleveland, TS14 6BA
FQ625	Boots (Guisborough)	18 Westgate, Guisborough, Cleveland, TS14 6BA
FL867	Asda Pharmacy	2 North Street, South Bank, Middlesbrough, TS6 6AB
FXP92	Tesco Stores (Eston)	Trunk Road, Eston, Middlesbrough, TS6 9QH
FFF50	Boots UK Limited	Cleveland Retail Park, Skippers Lane, Middlesbrough, TS6 6UX
FDT00	Pharmacy Express	21 High Street, Normanby, Middlesbrough, TS6 0NH
FTM00	Well (Eston)	Unit 1B, 135/145 High Street, Eston, Middlesbrough, TS6 9JD
FWW78	Boots (Nunthorpe)	93 Guisborough Road, Nunthorpe, Middlesbrough, TS7 0JS,
FY321	Grangetown Pharmacy	53 Birchington Avenue, Grangetown, Middlesbrough, TS6 7HX,
FE615	Coatham Pharmacy	Unit 7,Tyne Court,Skippers Lane Industrial Estate, Skippers Lane, Middlesbrough TS6 6DT
FRQ74	Trunk Road Pharmacy	South Grange Medical Centre, Trunk Road, Eston, Middlesbrough, TS6 9QH
FTP86	South Bank Pharmacy	1 South Terrace, Normanby Road, South Bank, Middlesbrough, TS6 6HW,
FKC49	Whale Hill Pharmacy	256 Birchington Avenue, Whalehill, Eston, Middlesbrough, TS6 8BL
FRQ88	Clevecham	Redcar Primary Care Hospital, West Dyke Road, Redcar, Cleveland, TS10 4NW,

FC857	Tesco Stores	West Dyke Road, Redcar, TS10 2AA
FFH44	Boots (Redcar)	33-35 High Street, Redcar, Cleveland, TS10 3BZ,
FHL45	Boots (Saltburn)	9-11 Station Street, Saltburn by the Sea, TS12 1AE,
FDY75	Coopers Chemist (Marske)	112 High Street, Marske-By-The-Sea, Redcar, TS11 7BA,
FX275	Cooper Chemist (Redcar)	Medical Centre, Coatham Road, Redcar, TS10 1SR
FXL00	Dormastown Pharmacy	31-35 Ennis Square, Redcar, Dormantown, Cleveland, TS10 5JZ,
FL706	Jhoots Pharmacy	1 Embleton Court, Redcar, Cleveland, TS10 2RF
FVM18	Park Avenue Pharmacy	10 Park Avenue, Redcar, Cleveland, TS10 3JZ,
FQE19	W W Scott	Unit 3 Roseberry Shop Ctr, Lakes Estate, Redcar, Cleveland, TS10 4NY
FAT38	New Marske Pharmacy	1 Beacon Drive, New Marske, Redcar, TS11 8ES
FMF83	Saltburn Pharmacy	Ground Floor, 6 Station Street, Saltburn-By-The-Sea, Cleveland, TS12 1AE