

Cumberland
Pharmaceutical Needs Assessment
2023



Cumberland Pharmaceutical Needs Assessment 2023

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1 Executive Summary

On 1 April 2023 local government in Cumbria changed; Cumbria County Council (CCC) along with the former six lower tier local authorities ceased to exist and were replaced by two new 'unitary' councils: Cumberland Council (CC); and Westmorland and Furness Council (W&F).

The new Cumberland Council has replaced the areas of the former Allerdale Borough Council, Carlisle City Council and Copeland Borough Council. The new Westmorland and Furness Council has replaced the areas of the former Barrow Borough Council, Eden District Council and South Lakeland District.

This Pharmaceutical Needs Assessment (PNA) is published by the newly established Cumberland Health and Wellbeing Board (HWB) to fulfil the requirements of the HWB detailed in the Health and Social Care Act 2012.

The Health and Social Care Act 2012 established HWBs. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 that came into force on 1st April 2013 mean that each HWB must publish a copy of its approved PNA. Furthermore, any HWB established after 1 January 2022 must publish a PNA no later than 12 months after it is established therefore the latest regulations require a new assessment for Cumberland to be published by March 2024.

This assessment will be the basis for determining future pharmaceutical service provision and market entry to support local health need.

This document sets out the background to the development of the PNA. An overview of the regulations is provided, in addition to the range of pharmaceutical services that are currently provided or may be commissioned in the future.

The geographical area of Cumberland's HWB is based on the new local authority unitary boundary whilst recognising former district boundaries and current Integrated Care Communities (ICCs), wards and Lower Super Output Areas (LSOAs) where relevant.

A comprehensive range of sources has been used to identify the social and health profile of the HWB population and this document provides full details at district level of:

- Population demographics: age, deprivation, health needs;
- Number and location of community pharmacies and dispensing practices;
- Analysis of any gaps in necessary services;
- Analysis of any gaps in improved services or access to services; and
- Suggested new or future services.

After considering all the elements of the PNA, Cumberland HWB concludes that there is adequate provision of pharmaceutical services across Cumberland. However, it is recognised that there is a reduction in Out of Hours (OOH) provision following the closure of Lloyds pharmacy in the former Carlisle district area; and following the inception of the new national Regulations enabling 100-hour pharmacies to reduce their core hours to 72 hours resulting in reduced opening hours of three pharmacies. The HWB recognise the variability across the former district areas of pharmaceutical services that could be improved with better access conditions.

There are many rural communities within Cumberland and it is acknowledged that across Cumberland people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

In considering current and future access to community pharmacies, a balance between sustainability of the pharmaceutical services provided and value for money must be ensured.

Cumberland HWB consulted on this PNA for a period of 60 days, commencing on 1st August and closing on 30th September 2023. The PNA Steering Group considered the comments received and amendments were made accordingly.

2 Introduction

This Pharmaceutical Needs Assessment (PNA) is published by Cumberland's Health and Wellbeing Board (HWB) to fulfil the requirements of the HWB detailed in the Health and Social Care Act 2012.

The Health and Social Care Act 2012 established HWBs. The Act also transferred responsibility to develop and update PNAs from Primary Care Trusts (PCTs) to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to National Health Service England (NHSE) from 1 April 2013.

The National Health Service (NHS) Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 which were amended by the Health and Social Care Act 2012 and came into effect on 1st April 2013, can be found at:

<http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

These replace the NHS Pharmaceutical Services Regulations 2012 and the NHS Local Pharmaceutical Services Regulations 2006 as the new legislative regime which governs the arrangements for the provision of pharmaceutical services in England.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 set out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DoH) powers to make Regulations. The development of this PNA and its subsequent publication was carried out in accordance with these regulations. The last PNA for the former Cumbria HWB was published in October 2022 and although there is a requirement to publish a revised assessment every 3 years, a new PNA is required following the establishment of the newly formed Cumberland Council (CC) and Cumberland HWB. The deadline for publication of the new PNA is within 12 months of the newly formed HWB, by the end of March 2024.

3 PNA Development in Cumberland

The PNA was conducted in accordance with Part 2 (Regulation 9) of the Regulations. Due consideration was given to the following information:

- The demography of Cumberland;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services;
- Different needs of different areas in Cumberland;
- The pharmaceutical services provided in the area of any neighbouring HWB which affect the need for pharmaceutical services in Cumberland, or whether further provision of pharmaceutical services in Cumberland would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in Cumberland;
- Any other NHS services provided in or outside Cumberland (not covered above) which affect the need for pharmaceutical services in Cumberland, or whether further provision of pharmaceutical services in Cumberland would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in Cumberland;
- Likely future needs;
- Cumbria Joint Strategic Needs Assessment (JSNA).

The PNA Steering Group was responsible for overseeing the development of this PNA. The Terms of Reference and membership of this Group are included in Appendix 1.

In accordance with Regulations 5 and 6, Cumberland HWB will, as a minimum, publish a revised PNA within three years of the publication of this assessment. The HWB will publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

In accordance with Regulation 4(2) Cumberland HWB have produced a map that identifies the premises at which pharmaceutical services are provided within the area of the HWB. This map will be kept up-to-date, in so far as is practicable, without needing to republish the whole PNA document or publish a supplementary statement.

The map referred to above is available via the following webpage:

<https://www.cumbriaobservatory.org.uk/health-and-care-pharmaceutical-needs-assessment/>

4 Determination of Localities

From 1 April 2023, the current six lower tier local authority district councils and the upper tier Cumbria County Council (CCC) were replaced by two new unitary authorities. CC comprised of the area covered by Allerdale, Carlisle and Copeland districts; and Westmorland and Furness Council (W&F) comprised of the area covered by Barrow-in-Furness, Eden and South Lakeland districts.

In accordance with Regulation 4 and Schedule 1 of the 2013 regulations the PNA Steering Group considered how to assess the differing needs of the localities in the new Cumberland unitary authority area. The various options for dividing the population into distinct localities were considered based on the geographic, demographic and social characteristics of Cumberland. It was concluded that the best approach to this process was to primarily use the new local authority unitary boundary whilst recognising former district boundaries and current ICCs, wards and LSOAs where relevant. This was because:

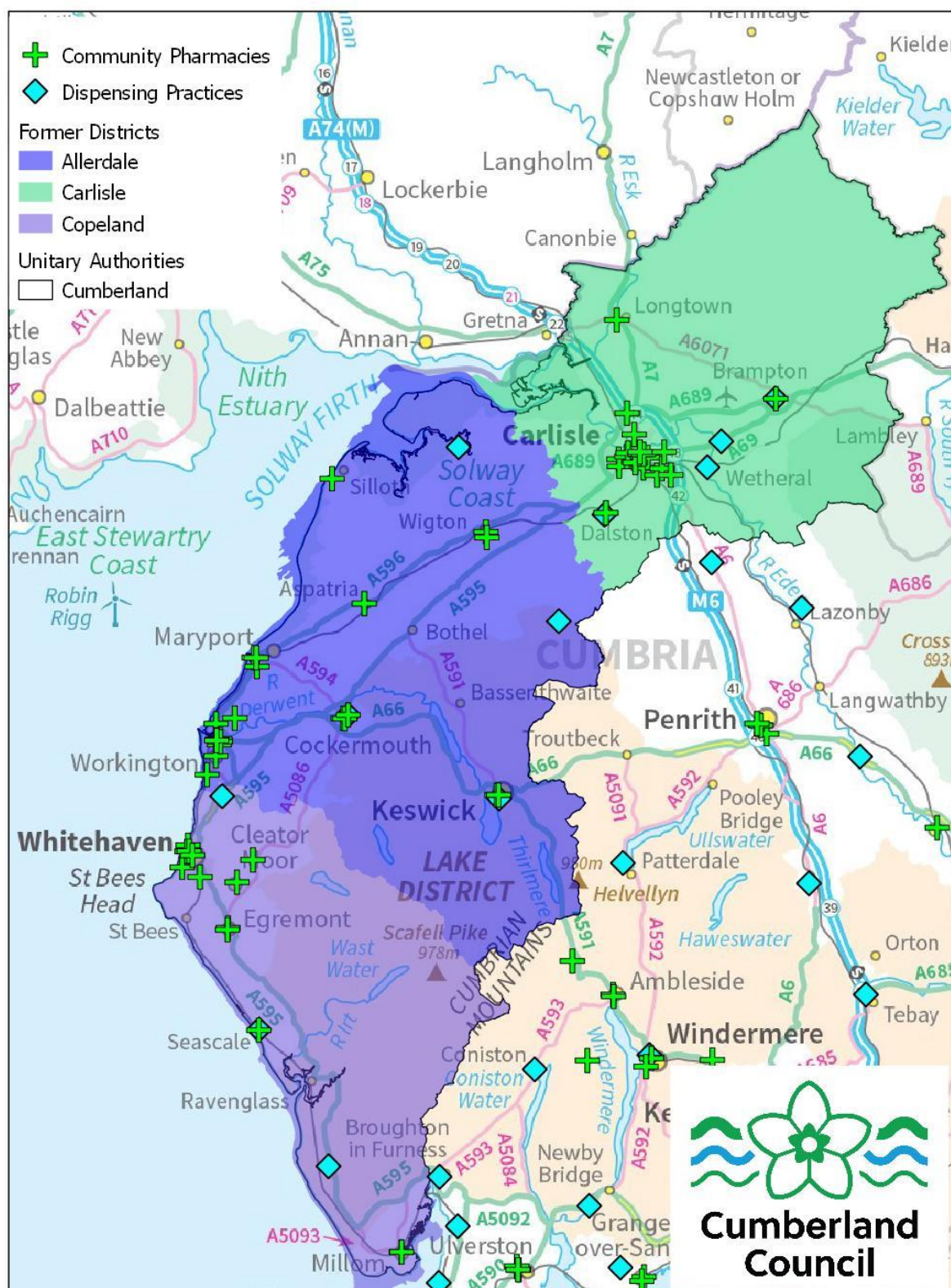
- Commissioning of future services will be undertaken on various boundaries including a Cumbria wide footprint; the new unitary boundary; and health boundaries depending on the commissioner.
- Following the recent release of 2021 Census data, a wide range of recent data would be available at ward, Lower Super Output Area (LSOA) and Output Area (OA).
- Public health and demography data would be available for the former districts in relation to a number of indicators where ward, LSOA or OA data was not available to give granularity;
- Ward, LSOA and OA data can be aggregated to ICC boundaries;
- The former district boundaries almost mirror some of the ICC boundaries.

For the purpose of this PNA, unless otherwise stated, any reference to a 'district' refers to the former lower tier local authority district, borough or city council boundaries. Former districts have been used to break down Cumberland to aid presentation and interpretation of information where relevant. However, wherever possible, analysis has not been restricted to these boundaries to ensure the needs of the population are accounted for accurately and appropriately.

Figure 1 and Figure 2 provide maps of Cumberland with the three former district boundaries and ICCs with the locations of community pharmacies and dispensing practices overlaid, while Figure 3 provides a map of Cumberland with ward boundaries.

Figure 1: Unitary and Former Districts: With Community Pharmacies and Dispensing Practices: June 2023:

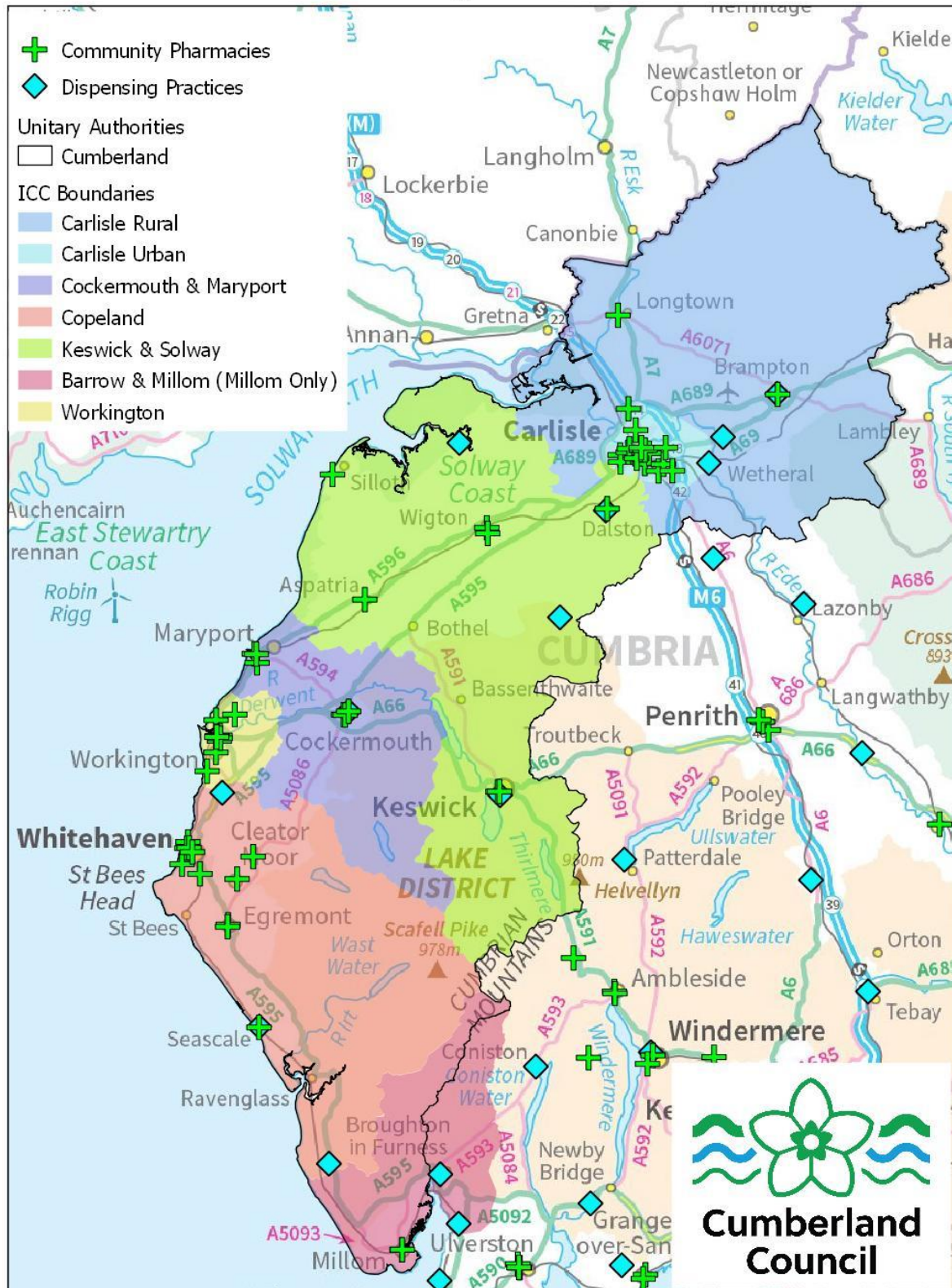
Cumberland with Former Districts



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Figure 2: Unitary and ICC Boundaries: With Community Pharmacies and Dispensing

Cumberland with Integrated Care Communities

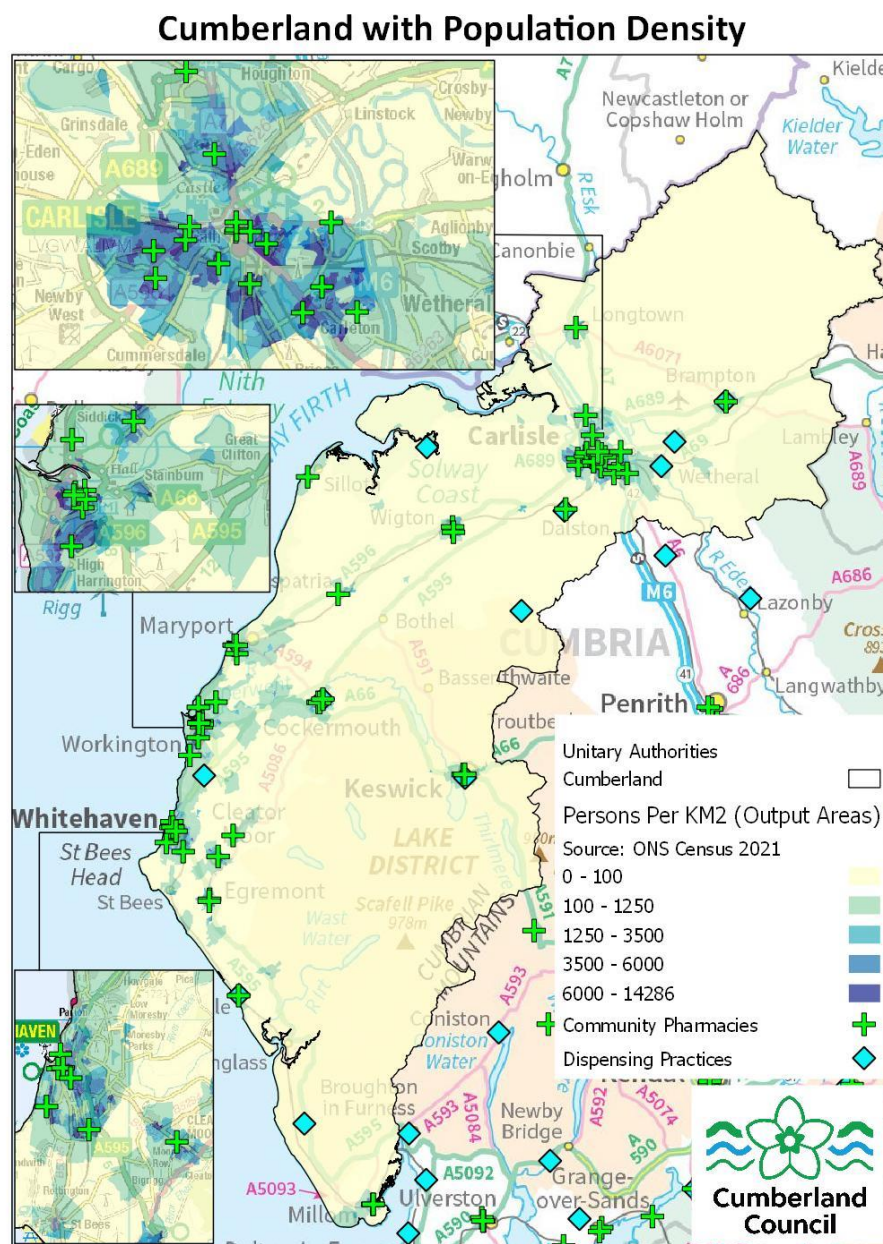


5 Cumberland Profile

5.1 Geography

Cumberland covers an area of 3,012 square km. With a resident population of 273,300 persons at Census Day 2021, the average population density of Cumberland is 91 people per square km. Cumberland is much less densely populated than the national average (England and Wales 395 people per square km). Population density varies considerably across the former districts ranging from 77 people per square km in Allerdale to 106 people per square km in Carlisle. Variation is even greater across Cumberland's wards; ranging from 13 people per square km in Bothel and Wharrels ward to 4,497 people per square km in Upperby ward.

Figure 4: Cumberland: OAs: Population Density (2021 Estimates): Community Pharmacies & Dispensing Practices (June 2023):

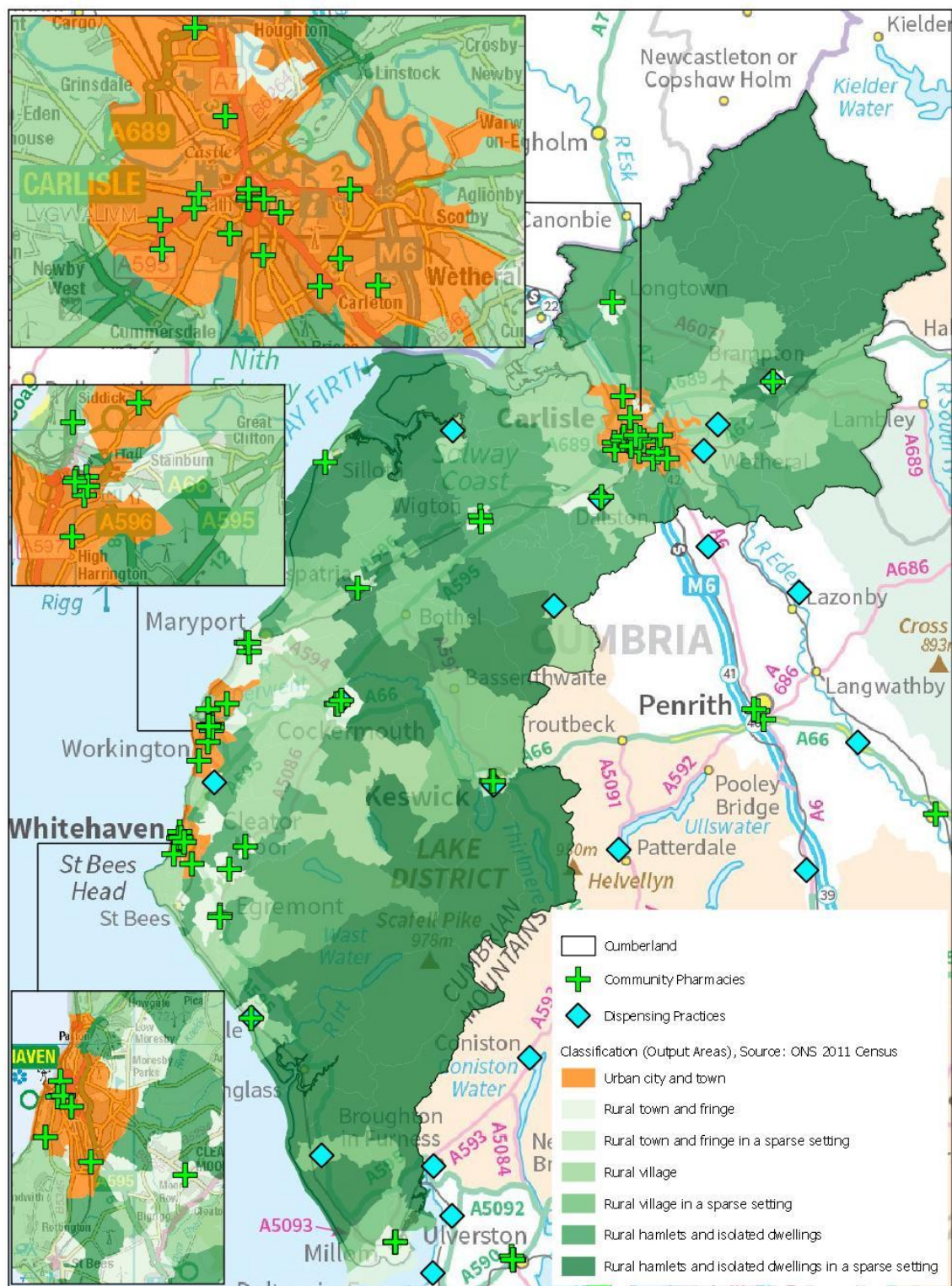


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53% of Cumberland's residents live in rural areas compared to 18% across England.

Figure 5: OAs: By Rural Urban Classification: Census 2011: Community Pharmacies & Dispensing Practices (June 2023):

Cumberland with Rural Urban Classification



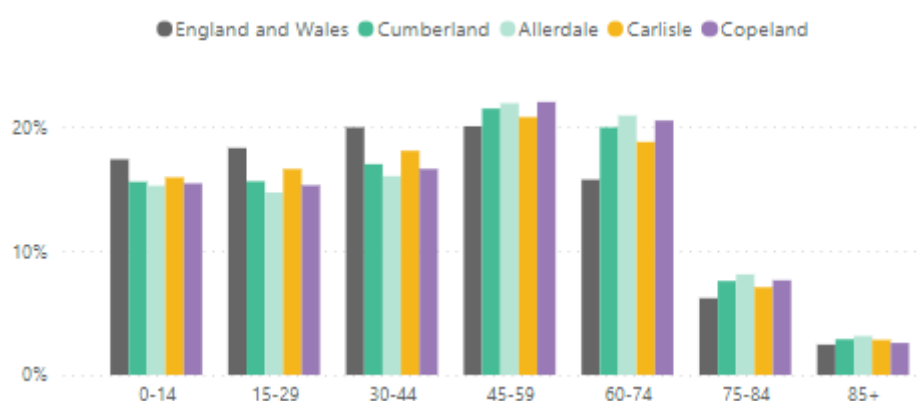
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5.2 Demography

5.2.1.1 Age

When compared to England and Wales, Cumberland has an older age profile; with a lower proportion of residents aged 0-15 years and 16-64 years, and a higher proportion of resident aged 65+. However, the age profile of Cumberland's former districts and wards varies considerably; with the proportion of residents aged 65+ ranging from 12.5% in Currock ward to 31.6% in Solway Coast ward.

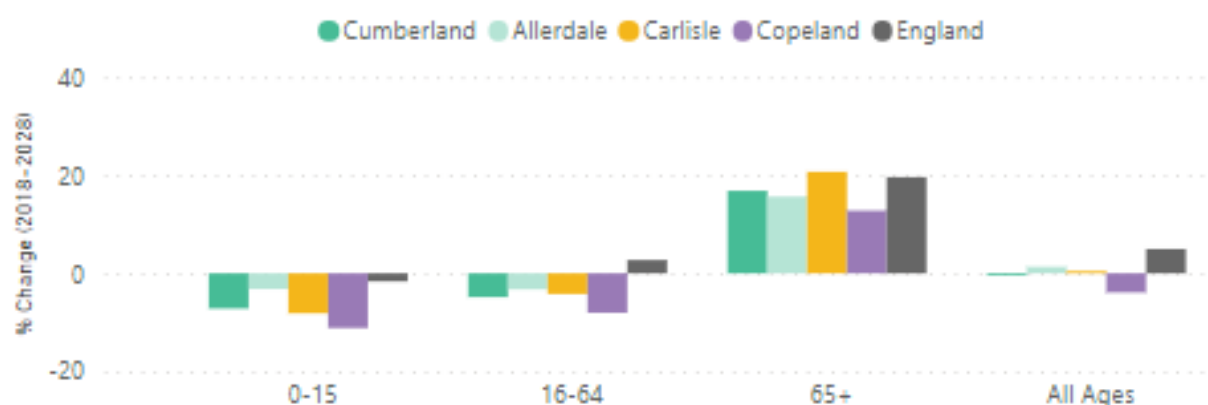
Figure 6: % Persons by Age Group: Census 2021:



The 2018-Based Subnational Population Projections (SNPPs), published by the Office for National Statistics (ONS) in 2020, project that in Cumberland by 2028:

- The total population may decrease by 900 persons (-0.3% vs. England +5%);
- Numbers of 0-15 year olds may decrease by 3,400 persons (-7.2% vs. England -1.6%);
- Numbers of 16-64 year olds may decrease by 8,000 persons (-4.8% vs. England +2.7%);
- Numbers of 65+ year olds may increase by 10,500 persons (+16.8% vs. England +19.6%);
- The proportion of people aged 65+ may increase to 26.6% (England 20.7%).

Figure 7: % Persons by Age Group: Census 2021:



An older population will create a greater demand for personal health and social care at a time when there are less people of working age to provide it.

5.2.1.2 Ethnicity

The 2021 Census reported that of Cumberland's usual residents, the greatest proportion identified their ethnic group as 'White British' (95.1%); this was much higher than the national average (74.4%). Inversely, Cumberland had a much lower proportion of residents who identified their ethnic group as an ethnic minority group (including White minorities); Cumberland 4.9% vs. England & Wales 25.6%. Of all LTLAs nationally: Allerdale and Copeland had the 1st and 2nd smallest proportions of residents who identified their ethnic group as an ethnic minority group (including White minorities). However, the proportion of residents who identified their ethnic group as an ethnic minority group (including White minorities) varied considerably across Cumberland's wards; ranging from 1.7% in Seaton ward to 17.6% in Castle ward.

5.2.1.3 Migration

The ONS estimate that between mid-2010 and mid-2020, 85,900 people moved into Cumberland from other parts of the UK and 83,300 people moved out from Cumberland to other parts of the UK (net increase of 2,600 persons). Furthermore, the ONS estimated that 6,400 people moved into Cumberland from overseas and 5,800 people moved out from Cumberland to overseas (net increase of 600 persons).

The 2021 Census reported that the greatest proportion of Cumberland's usual residents were born in the UK (95.5%). The greatest proportions of Cumberland's residents born in non UK countries were born in EU 14 countries, EU8 countries and the Middle East and Asia (all 1% each). *Note: EU14 Countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Republic of Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden. EU8 Countries: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia. EU2 Countries: Bulgaria, Romania.*

When compared the national average, Cumberland had a much lower proportion of residents born in non UK countries (Cumberland: 4.6%, England & Wales: 16.8%), with Copeland having the 3rd smallest proportion of all LTLAs nationally. However, the proportion of residents born in non UK countries varied considerably across Cumberland's wards; ranging from 1.7% in Aspatria ward to 16.1% in Castle ward.

The greatest numbers of Cumberland's usual residents born in non UK countries originated from the following individual countries:

1. Poland (2,055 persons);
2. Other EU Countries (962 persons);
3. Germany (928 persons);
4. Romania (755 persons); and
5. Ireland (568 persons).

5.2.1.4 Visitors

Parts of Cumberland are located in the Lake District National Park which have significant tourism / visitor sectors. The authority has a number of both settlement based and rural attractions that support the visitor economy. It is therefore not just the usual resident population of Cumberland that impacts on both service demand and provision; but also the number of visitors and tourists to the area, as well as second home owners.

In 2021 figures an estimated 15.9 million visitors visited Cumberland (pre-pandemic the 2019 figure was 20.7million); however, it is worth noting that some of those visitors may already be existing Cumberland residents.

Furthermore, the 2021 Census reported that in total there were 2,200 people from a different local authority using holiday homes in Cumberland. However, these figures varied considerably across the former districts; with 1,730 people from a different local authority using holiday homes in Allerdale, 140 people from a different local authority using holiday homes in Carlisle, and 505 people from a different local authority using holiday homes in Copeland. Of all LTLAs nationally, Allerdale had the 26th greatest rate of people from a different local authority using holiday homes in the area (18 per 1,000 usual residents); this compared to rates of 7.5 and 1.3 per 1,000 usual residents in Copeland and Carlisle respectively.

Finally, the 2021 Census reported that there were a total of 8,725 dwellings located in Cumberland that were used as a second address for any purpose (figures not yet available by number of persons). These second addresses were broken down by type as follows:

- Another parent or guardian's address (3,535 dwellings);
- Student's home address (1,855 dwellings);
- Other (including armed forces) (980 dwellings);
- Holiday home (920 dwellings);
- Partner's address (795 dwellings);
- Address when working away from home (625 dwellings); and
- Student's term time address (15 dwellings).

5.2.1.5 University Students

The University of Cumbria has two campuses in Carlisle and one in Workington. The 2021 Census required that students who intended to stay regularly at a term-time address should be recorded as usually resident at their term-time address, even if because of the coronavirus pandemic they did not stay there as much as planned, so long as they have the right to return on or after Census day (even if only for one night).

The 2021 Census reported that 9,000 usual residents in Cumberland reported that they were full-time students aged 16-24 years (3.3% of all usual residents); this proportion was lower than the England & Wales average (5.4%). Across Cumberland's wards, Denton Holme had the greatest number full-time students aged 16-24 years (400 persons, 6%), while Carlisle's Castle and Currock wards had the greatest proportions of full-time students aged 16-24 years (both 6.1%).

5.2.1.6 Disability

As reported in the 2021 Census, there are 52,329 residents in Cumberland who are disabled under the Equality Act (2010), accounting for 19.4%, this is above the national average for England at 16.9%. Across Cumberland, proportions of disabled residents are highest in the former district of Copeland at 20.7% while Carlisle has the lowest 18.4%. There is significant variation across ward areas with Moss Bay and Moorclose ward in Workington (Allerdale) with the highest levels at 24.8% compared to 14.6% in Dalston and Burgh ward (Carlisle).

5.2.1.7 Religion

As reported in the 2021 Census, more than half of all residents in Cumberland are Christian, accounting for 159,882 people; when compared to the national average there are more residents who are Christian at 58.5% compared to 46.3% in England. Just over a third of residents in Cumberland have no religion accounting for 34.5%, this compares to 37.4% nationally. 1,383 residents are Muslim accounting for 0.5%, this compares to 6.7% nationally.

5.2.1.8 Gender Identity

As reported in the 2021 Census, 94.9% of residents aged 16 years and over in Cumberland identify as the same gender they were registered at birth, this is slightly above the national average of 93.5%. Just 0.2% of residents have a different gender to what they registered at birth with; while there are even smaller proportions of residents who are Trans women (0.1%); Trans men (0.1%) and any other gender identities (0.1%); 4.8% of residents did not answer; all similar to the national picture.

5.2.1.9 Sexual Orientation

As reported in the 2021 Census, 91.3% of residents aged 16 years and over in Cumberland are straight or heterosexual, this is slightly above the national average of 89.4%. Just 2.4% of residents reported their sexual orientation as Lesbian, Gay, Bisexual, or Other (LGB+), just below the national average of 3.2%; while 6.3% did not answer, this compares to 7.5% nationally.

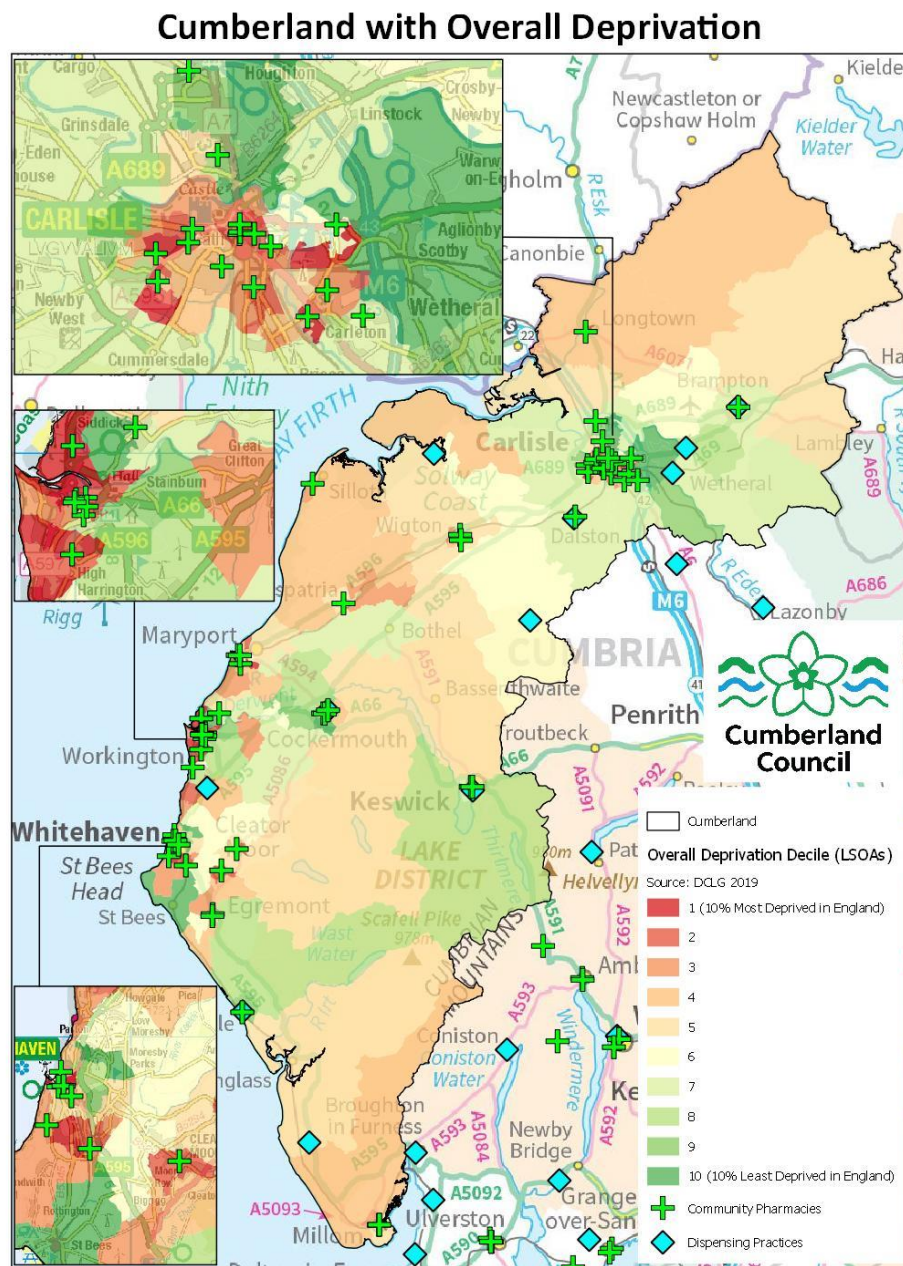
5.2.1.10 Marriage and Civil Partnership

As reported in the 2021 Census, 47.0% of residents aged 16 years and over in Cumberland are married or in a registered civil partnership, this is slightly above the national average at 44.7%. 33.7% of residents have never married and never registered a civil partnership, this is below the national average of 37.9%. 9.8% of residents have divorced or dissolved a civil partnership; 2.1% are separated, but still legally married or still legally in a civil partnership; and 7.5% are widowed or surviving civil partnership partner.

5.3 Deprivation

The 2019 Indices of Deprivation (IoD) published by the Ministry of Housing, Communities and Local Government (MHCLG) classified 14 of Cumberland's 177 LSOAs (LSOAs) as being within the 10% most deprived of areas in England. These communities were located as follows: Allerdale (7 LSOAs), Carlisle (4 LSOAs) and Copeland (3 LSOAs). Inversely, Cumberland had 10 LSOAs that were classified as being in the 10% least deprived of LSOAs nationally; these LSOAs were located in Carlisle (5 LSOAs), Allerdale (3 LSOAs), and Copeland (2 LSOAs). It is important to note that not all socially and economically disadvantaged people will be living in the most deprived areas and that they may reside in more affluent areas, therefore consideration should be given to all.

Figure 8: LSOAs: By Overall Deprivation Decile: 2019: Community Pharmacies & Dispensing Practices (June 2023):

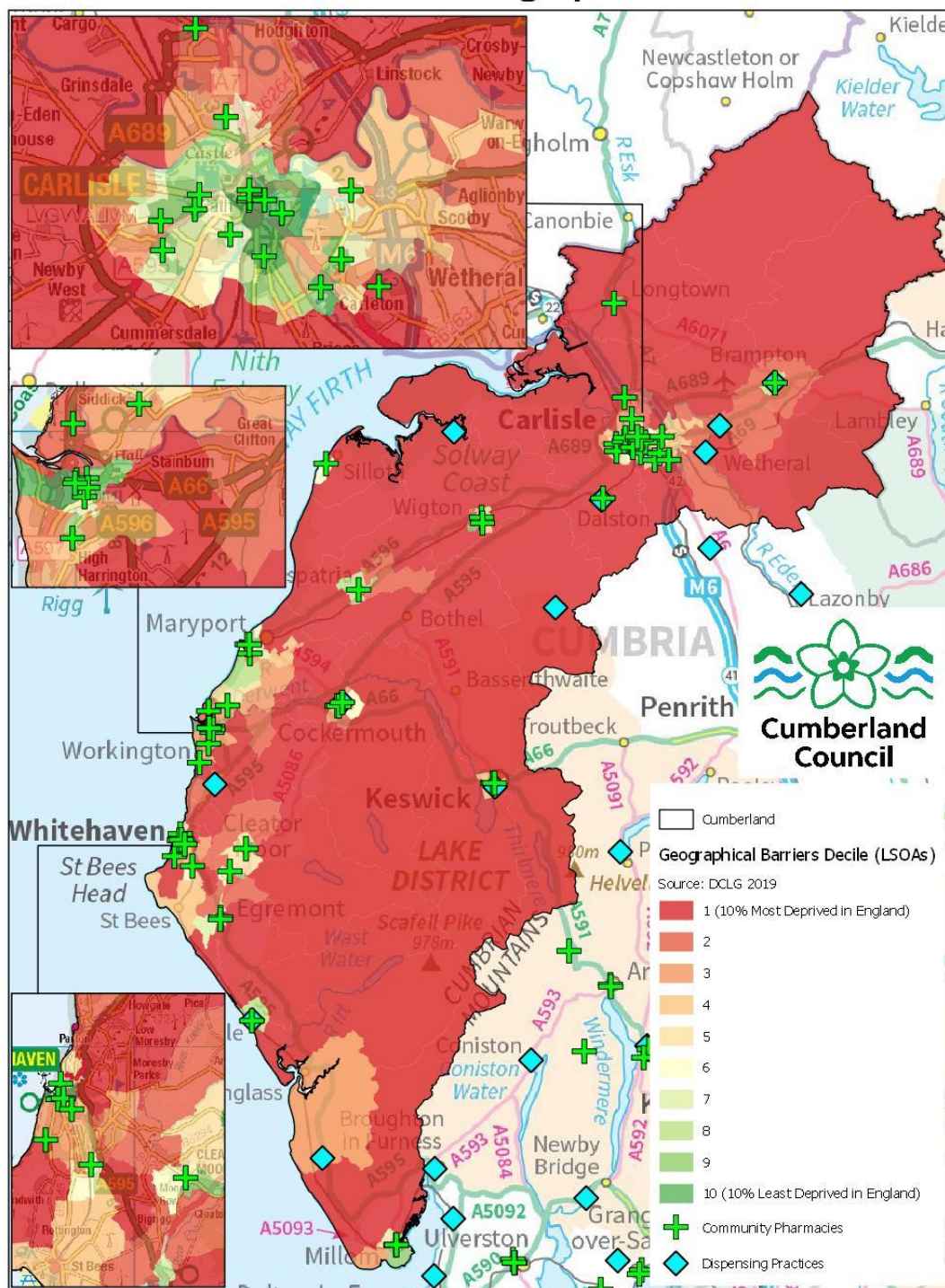


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The 2019 IoD can be broken down further into domains and sub-domains. The 'geographical barriers to services' sub-domain relates to the physical proximity of local services including a post office, primary school, general store/supermarket, and GP surgery. Across Cumberland 43 LSOAs rank within the 10% most deprived in England in relation to this sub-domain.

Figure 9: LSOAs: By Geographical Barriers to Services Decile: 2019: Community Pharmacies & Dispensing Practices (June 2023):

Cumberland with Geographical Barriers

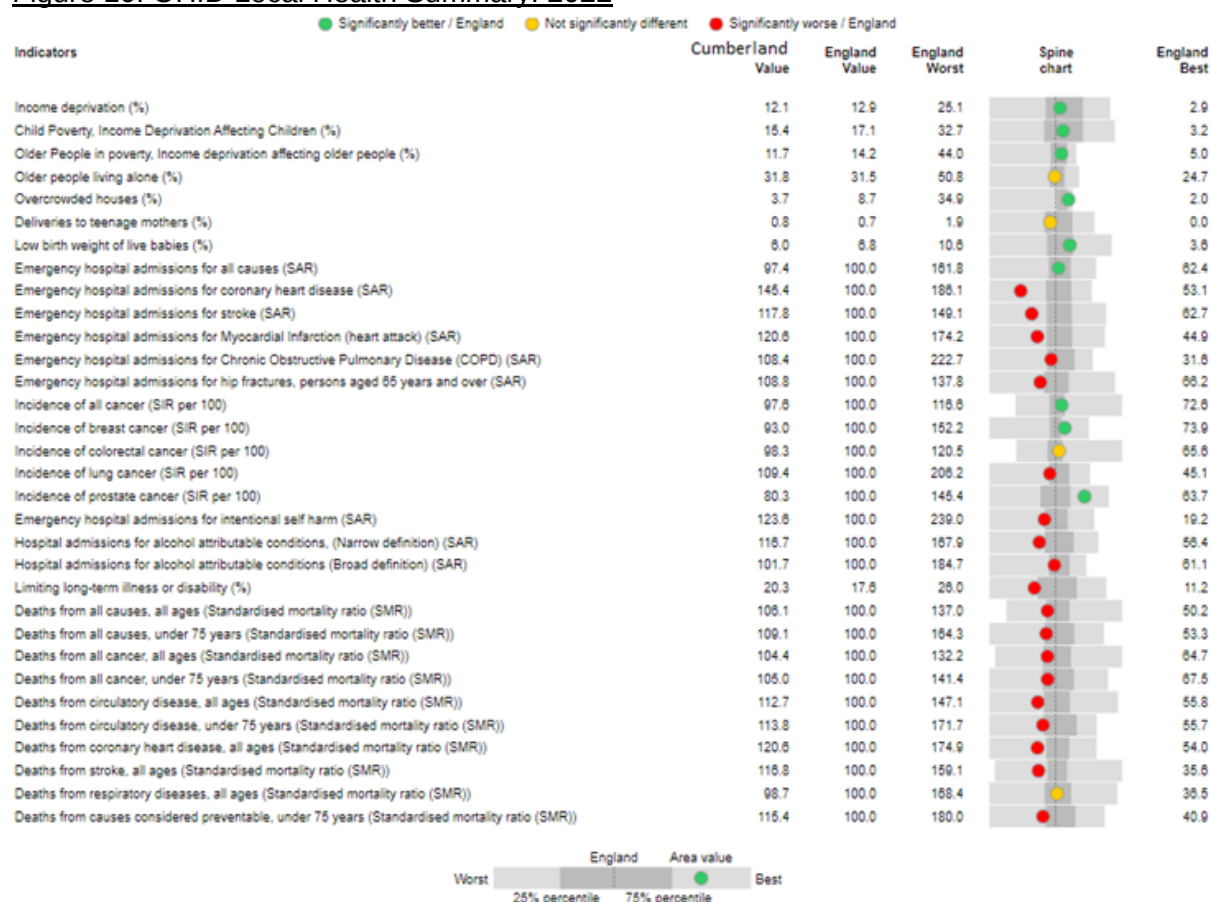


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5.4 Health

5.4.1.1 Unitary Health Summary

Figure 10: OHID Local Health Summary: 2022



When considering the Office for Health Improvement and Disparities (OHID) local authority health summary indicators, compared to the national average the health outcomes of people in Cumberland are generally worse.

Of the 32 indicators that make up the OHID local authority health summary:

- 4 (13%) are similar to the England average;
- 9 (28%) of the indicators are significantly better than the England average
- 19 (59%) of the indicators are significantly worse than the England average.

5.4.1.2 District Health Summary

OHID also provides more detailed local authority profiles for the former lower tier local authorities that merged to form the unitary authority of Cumberland. These profiles suggest that the health of people in Cumberland varies considerably at a sub unitary authority level.

Of the 37 indicators that make up the OHID local authority profiles, Allerdale and Carlisle are significantly worse than the England average in relation to 7 indicators each (both 19%), while Copeland is significantly worse than the England average in relation to 12 indicators (32%). These indicators were as follows:

OHID local authority profiles: Indicators significantly worse than the England average:	
Allerdale	• Male life expectancy (1 year range); • Suicide; • Emergency hospital admissions for intentional self-harm; • Dementia diagnosis; • Admission episodes for alcohol-specific conditions in under 18s; • Admission episodes for alcohol-related conditions; • Winter mortality index.
Carlisle	• Female life expectancy (1 year and 3 year ranges); • Male life expectancy (1 year and 3 year ranges); • Under 75 mortality from all causes; • Suicide; • Emergency hospital admissions for intentional self-harm.
Copeland	• Female life expectancy (1 year and 3 year ranges); • Male life expectancy (1 year and 3 year ranges); • Under 75 mortality from all causes; • Suicide; • Emergency hospital admissions for intentional self-harm; • Hip fractures in people aged 65 and over; • Percentage of cancers diagnosed at stages 1 and 2; • Dementia diagnosis; • Admission episodes for alcohol-related conditions; • Obese children (at age 11).
Source: https://fingertips.phe.org.uk/profile/health-profiles	

5.4.1.3 ICC Health Summary

Profiles have been created for ICCs based on ward level data using a 'best fit' methodology whereby data for each ward has been assigned to the ICC where the greatest proportion of the ward's residents live. Cumberland's wards have been 'best fit' to seven ICCs. Based on the best fit methodology, the populations of these ICCs were as follows:

- Carlisle Rural ICC (24,300 persons);
- Carlisle Urban ICC (81,000 persons);
- Cockermouth & Maryport ICC (31,000 persons);
- Copeland ICC (58,400 persons);
- Keswick & Solway ICC (37,000 persons);
- Barrow & Millom (Millom Only) ICC (10,400 persons);
- Workington ICC (32,300 persons).

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Profiles for each of the ICCs in Cumbria, created using the above best fit ward methodology, can be found via the following link:

<https://www.cumbriaobservatory.org.uk/integrated-care-community-profiles/>.

OHID also provide ward level health data via <https://www.localhealth.org.uk/>. Based on a best fit ward methodology, OHID ward level data suggests that the seven ICCs in Cumberland perform worse than the national average in relation to the following indicators:

OHID ICC profiles (best fit to wards 2021): Indicators significantly worse than the England average:	
Carlisle Rural ICC	• Emergency hospital admissions for coronary heart disease • Emergency hospital admissions for stroke • Limiting long-term illness or disability
Carlisle Urban ICC	• Income deprivation • Older people living alone • Deliveries to teenage mothers • Emergency hospital admissions for all causes • Emergency hospital admissions for coronary heart disease • Emergency hospital admissions for stroke • Emergency hospital admissions for Myocardial Infarction (heart attack) • Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) • Emergency hospital admissions for hip fractures, persons aged 65+ • Incidence of lung cancer • Emergency hospital admissions for intentional self harm • Hospital admissions for alcohol attributable conditions • Limiting long-term illness or disability • Deaths from all causes, all ages and under 75 years • Deaths from all cancer, all ages and under 75 years • Deaths from circulatory disease, all ages and under 75 years • Deaths from coronary heart disease, all ages • Deaths from stroke, all ages • Deaths from respiratory diseases, all ages • Deaths from causes considered preventable, under 75 years
Cockermouth & Maryport ICC	• Emergency hospital admissions for coronary heart disease • Emergency hospital admissions for hip fractures, persons aged 65+ • Emergency hospital admissions for intentional self harm • Limiting long-term illness or disability • Deaths from all causes, all ages • Deaths from circulatory disease, all ages and under 75 years • Deaths from coronary heart disease, all ages • Deaths from stroke, all ages

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Copeland ICC	• Emergency hospital admissions for all causes • Emergency hospital admissions for coronary heart disease • Emergency hospital admissions for stroke • Emergency hospital admissions for Myocardial Infarction (heart attack) • Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) • Emergency hospital admissions for hip fractures, persons aged 65+ • Incidence of lung cancer • Hospital admissions for alcohol attributable conditions • Limiting long-term illness or disability • Deaths from all causes, all ages and under 75 years • Deaths from all cancer, all ages and under 75 years • Deaths from circulatory disease, all ages and under 75 years • Deaths from coronary heart disease, all ages • Deaths from causes considered preventable, under 75 years
Keswick & Solway ICC	• Emergency hospital admissions for coronary heart disease • Limiting long-term illness or disability
Barrow & Millom (Millom Only ICC)	• Emergency hospital admissions for all causes • Emergency hospital admissions for coronary heart disease • Emergency hospital admissions for stroke • Emergency hospital admissions for Myocardial Infarction (heart attack) • Limiting long-term illness or disability • Deaths from all causes, all ages • Deaths from circulatory disease, all ages and under 75 years • Deaths from coronary heart disease, all ages • Deaths from stroke, all ages • Deaths from respiratory diseases, all ages • Deaths from causes considered preventable, under 75 years
Workington ICC	• Income deprivation • Child Poverty • Older people living alone • Emergency hospital admissions for all causes • Emergency hospital admissions for coronary heart disease • Emergency hospital admissions for stroke • Emergency hospital admissions for Myocardial Infarction (heart attack) • Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) • Emergency hospital admissions for hip fractures, persons aged 65+ • Incidence of colorectal cancer • Incidence of lung cancer • Emergency hospital admissions for intentional self harm • Hospital admissions for alcohol attributable conditions • Limiting long-term illness or disability • Deaths from all causes, all ages and under 75 years • Deaths from circulatory disease, all ages and under 75 years • Deaths from coronary heart disease, all ages • Deaths from stroke, all ages • Deaths from causes considered preventable, under 75 years

5.5 Patient Groups with Specific Needs

5.5.1.1 Homeless Households

2021 draft joint guidance from the National Institute for Health and Care Excellence and the Centre for Homelessness Impact stated that: “People experiencing homelessness often have complex and intersecting physical and mental health needs, drug and alcohol recovery needs, and social care needs that may be contributing factors for becoming homeless as well as consequences of homelessness. Experiences of psychological trauma, adverse childhood events, neurobehavioural differences and brain injury are also common in people experiencing homelessness. People experiencing homelessness have far worse health and social care outcomes than the general population. The average age of death for the homeless population is around 30 years lower than for the general population”.

The Ministry of Housing, Communities & Local Government (MHCLG) Homelessness returns reported that in the financial year to 2021-22, 634 households in Cumberland were assessed as homeless (5.1 per 1,000 households); below the national average (6.1 per 1,000 households). A further 586 households in Cumberland were threatened with homelessness within 56 days (4.7 per 1,000 households); this was also lower than the national average (5.6 per 1,000 households). Of Cumberland’s former districts, Allerdale had the highest rate of households assessed as homeless (6.6 per 1,000 households), while Copeland had the highest rate of households threatened with homelessness within 56 days (5.6 per 1,000 households).

5.5.1.2 Offenders

The 2016 Staying Safe chapter of Cumbria’s JSNA reported that “Offenders often experience significant health inequalities. Offending behaviour is often linked to physical and mental health and wellbeing. Mental disorder and its subsequent impact on crime is considered to be significant, with links established to persistent offending (Community-safety.info, 2015)”.

In Cumbria’s Crime and Community Safety Assessment 2020-21 it was reported that as at September 2021 there were 872 offenders in Cumberland managed by Cumbria & Lancashire Community Rehabilitation Company (CLCRC). Although the link between substance misuse and crime is complex, there is evidence to suggest that those committing criminal offences have problematic alcohol or drug misuse.

5.5.1.3 Substance Misuse

As reported in the Cumbria Drug and Alcohol JSNA, December 2022, there are an estimated 2,400 drug (opiate and crack) users in Cumbria (15 to 64 years); and an estimated 5,340 adults (18+ years) who are dependent on alcohol. As at April 2022, there were 2,525 adults in treatment for substance misuse (all drugs and alcohol users). Opiate users and alcohol dependent users make up the majority of adults in treatment. Most adults in treatment are male accounting for 69% and most are aged 40-49 years accounting for 37%. Most adults presenting to treatment are White British accounting for 97%. Those who use substances often have multiple health and wellbeing needs and will require services including drug and alcohol services and pharmaceutical provision. (Data is not yet available for the Cumberland area).

5.5.1.4 *Refugees and Asylum Seekers:*

The 2017 Refugees chapter of Cumbria's JSNA reported that Resettled refugees often have higher than average physical and / or mental health problems. In the country a refugee originates from, the healthcare may have deteriorated. Conditions in refugee camps and lack of immunisation contribute to the outbreaks of infectious diseases. Therefore, when refugees arrive their health may not be comparable to the rest of the population.

A 2014 Home Office survey, although referring to migrants rather than refugees, suggested that, even for migrants who were healthy on arrival, health may deteriorate, partly due to barriers due to language difficulties. Language difficulties, cultural differences, a lack of understanding or awareness of service options, unfamiliar systems and different previous experiences of healthcare can combine to create a barrier that has a detrimental outcome on health (PHE, 2016). Furthermore, a number of studies have also indicated that refugees experience higher rates of depression and anxiety than the national population or other migrant categories (PHE, 2016). As resettlement programmes aim to resettle refugees that are among the most vulnerable, it is possible that new arrivals may have severe mental health issues.

Home Office Resettlement by Local Authority (LA) data published in February 2023 reported that between 2018 and 2022, a total of 129 refugees have been initially resettled within Cumberland; this equates to a rate of 4.7 refugees per 10,000 population which is higher than the national average (England and Wales 1.8 per 10,000). Of Cumberland 's former districts, Carlisle had the highest number and rate of refugees during this time (74 persons = 6.7 per 10,000 population).

5.5.1.5 *Military Veterans*

The 2014 Veterans' Transition Review reported that the overwhelming majority of those leaving the Armed Forces are fit and healthy and remain so, going on to lead productive lives and not experiencing any disadvantage in accessing healthcare. However, the report identified the following concerns:

- Mobility, independent living and social isolation issues in veterans over 65 years old;
- Musculoskeletal disorders and hearing loss in small numbers of "post 9/11" veterans;
- Alcohol misuse and associated mental health problems, predominantly in younger male veterans – notably from lower ranks or those who left the Service early.

The 2021 Census reported that in In Cumberland there were 11,931 residents aged 16+ who had previously served in the UK armed forces (5.2% of the population aged 16+); this was slightly higher than the national average (3.8%). Of Cumberland's wards, Gosforth (Copeland) ward had the greatest proportion of residents who had served in the UK armed forces (6.8%).

5.5.1.6 *Gypsy and Irish Travellers*

The 2021 Census reported that the ethnic group reporting the poorest health, the highest proportion of disabled people and the highest rates of people providing unpaid care were people who identified as "White: Gypsy or Irish Traveller". 264 Cumberland residents identified their ethnic group as Gypsy or Irish Traveller (0.1%) in the 2021 Census; this proportion was the same as the England & Wales average. Across Cumberland's wards, Houghton and

Irthington ward had both the greatest number and proportion of residents who identified their ethnic group as Gypsy or Irish Traveller (28 persons, 0.5%).

5.6 Future Developments

5.6.1.1 Primary Care

Any future developments with greater access times to primary care will need to consider pharmaceutical service availability during the access times.

5.6.1.2 Housing

The Allerdale Borough Council Local Plan covers the plan period of 2011-2029. This plan states that provision will be made for the delivery of at least 5,471 net additional dwellings over the plan period. The annual average net additional dwelling requirements is 304 dwellings per annum. The focus for major new development in Allerdale is the principal centre of Workington (including Harrington, Seaton, Siddick and Stainburn) at 35%, followed by 39% in Key Service Centres (Maryport, Cockermouth, Wigton, Silloth and Aspatria), 20% focused on the Local Service Centres and the remaining 6% focussed on Limited Growth Villages and Infill / Rounding Off Villages.

The Carlisle District Local Plan covers the plan period of 2015-2030. This plan states that Land has been identified to accommodate 9,606 net new homes between 2013 and 2030 including a minimum annualised average of:

- 478 net new homes between 2013 and 2020; and
- 626 net new homes between 2020 and 2030 (adjusted to have regard to delivery in the 2013-2020 period).

This stepped approach reflects that job-growth is generally expected to be stronger post 2020 (and hence a greater increase in population would be required from this point). Approximately 70% of this growth will be focussed on the urban area of Carlisle, with approximately 30% in the rural districts including Brampton and Longtown. The focus for development will be within the urban area of Carlisle and locations which can maximise the benefits of Carlisle's accessible position in relation to the M6 Corridor. The Carlisle District Local Plan identifies the following key growth locations:

- Carlisle South / Carlisle Garden Village has been identified as a broad location to accommodate additional housing growth (10,000 new homes). To support the housing development there will be a requirement for primary and secondary schools, employment and retail sites, community facilities, open space, green and other infrastructure including highways and transport. The development of a St Cuthbert's Garden Village Development Plan Document (DPD) is now underway and is expected to be submitted for examination in March 2023.
- Carlisle City Centre and Caldew Riverside will be the principal focus for comparison retail within the district, in addition to leisure, office and other main town centre uses creating a mix of uses including city centre living.

The emerging Copeland Local Plan covers the plan period of 2021 to 2038. This plan states that a minimum of 2,520 net additional dwellings (an average of 140 dwellings per annum) are to be provided between 2021 and 2038. When combined with future windfall development, previous completions and extant permissions, the plan will provide a minimum of 3,600 dwellings (an average of 200 dwellings per annum) over the Plan period.

The majority of housing needed to meet the baseline requirement is directed to the four towns of Whitehaven, Cleator Moor, Egremont and Millom (70% combined), with the additional 30% divided between Local Service Centres, Sustainable Rural Villages and Other Rural Villages. The additional growth is divided in the same way. The following strategic regeneration sites have been identified across the Borough in the emerging Copeland Local Plan that will help transform the areas they are located in and help boost the supply of housing in the Borough. Masterplans will be required for each of the sites.

- Former Marchon Site, Whitehaven;
- Harras Moor, Whitehaven;
- South Mirehouse well-being Village, Whitehaven;
- Moor Farm, Millom; and
- Land at Edgehill Park, Whitehaven.

5.6.1.3 *Employment:*

The Allerdale Borough Council Local Plan states that in Allerdale there is a projected need for 60 ha of land between 2011-2030. Given the importance and concentration of land at Lillyhall and several other large sites located across Workington, and to respond to future requirements and meet the needs of the whole Plan Area, the Plan will use the evidence as a base and allocate at least 54ha of land for the plan period. The Allerdale Borough Council Local Plan identifies the following key growth locations:

- Energy Coast Innovation Zone, including Lillyhall, the Port of Workington and promoting the growth of the energy sector, research and development clusters, education and skills, and the development of high quality, large format industrial and commercial uses.
- Encouraging growth of job opportunities at Derwent Howe employment site.
- Energy Coast Campus.

The Carlisle District Local Plan states that whilst 45ha of land is allocated for employment purposes within the plan period, there is also approximately 46ha of available land within existing and established Primary Employment Areas, with the majority of this (42 Ha) being within the City of Carlisle and (4 Ha) within rural settlements. Development of surplus land at Ministry of Defence (MOD) Longtown, which lies within the strategic M6 Corridor and benefits from excellent road and rail connections, will be focused on commercial purposes and will be supported as a key element of the strategy to grow the economy, and to secure modal shifts in freight transport. The site's greatest assets are its ability to operate as a dry port owing to its excellent rail links, its proximity to the M6 and M74, and its potential to exploit linkages with the Port of Workington.

This stage of the emerging Copeland Local Plan production outlines a requirement to deliver the Figure of +43.59ha of employment land. Employment land need will be further reflected upon and reviewed as more evidence becomes available in the 2021 studies. The following is a list of key employment ambitions in Copeland.

- The development of Westlakes Science Park, Whitehaven as strategic hub for science and engineering expertise and research and development industries.
- The creation of an Enterprise Campus and Innovation Hub.
- The development of the North Shore Innovation Zone in Whitehaven.
- The development of a Clean Energy Park.

- The development of a new strategic employment site on the Eastern Fringes of Whitehaven.

5.6.1.4 Infrastructure

The Allerdale Borough Council Local Plan seeks to support improvements to the West Cumbrian Coastal Railway, connecting to the West Coast Main Line at Carlisle, and encourage greater movement of freight via railway. The plan also seeks to encourage expansion of the Port of Workington through road and rail access enhancements.

The Carlisle District Local Plan identifies:

- Carlisle Railway Station redevelopment funded through the £20m Borderlands Inclusive Growth Deal. Northern Gateway – partial pedestrianisation off Court Square; Station Building and Interior- enhancements to the platforms from the north and the undercroft; Southern Gateway – a new southern entrance and car parking facility; and Enabling Streets and Junctions – junction improvements to improve access to the station.
- The West Coast Main Line provides a north/south high-speed rail link serving the City providing access to Birmingham and London and Glasgow and Edinburgh, as well as links via Northern Rail to Manchester Airport and Manchester to Glasgow and Edinburgh. There are rail links to Newcastle and the Cumbrian Coast providing access to Barrow and Lancaster. The historic Carlisle/Settle line, which is important for tourists, commuters and freight, links Carlisle to Leeds.
- Lines of disused railways with the potential for future use as green corridors for walking and cycling, or to facilitate the reinstatement of public transport services including the Carlisle - Longtown - Borders railway.

The emerging Copeland Local Plan identifies:

- Improvements to the rail line and local stations: A major £100m+ project to improve capacity along the Cumbrian Coast Rail Line is currently being developed, which would increase accessibility and support sustainable travel and tourism in the Borough.
- Improved Connectivity between Whitehaven Station and the Town Centre: Currently Whitehaven Station and the town centre are poorly connected with access between the two via a busy main road and with limited wayfinding.

5.7 Strategic Direction

5.7.1.1 Health and Care Reforms

The NHS Long-Term Plan launched in January 2019 with the ambition to move to a new service model for the NHS sets out five practical changes that need to be achieved over the five-year period 2019 to 2024:

1. Boosting “out of hospital care” to dissolve the historic divide between primary and community health services
2. Redesign and reduce pressure on emergency hospital services
3. Deliver more personalised care when it is needed to enable people to get more control over their own health
4. Digitally enable primary and outpatient care to go mainstream across the NHS
5. Local NHS organisations to focus on population health and local partnerships with local authority funded services and through new Integrated Care Systems (ICSs) everywhere.

The Health and Care Act 2022 (received Royal Assent in April 2022) introduced a new legislative framework to facilitate better collaboration within the NHS and between NHS, local government and other health and care partners. The Act has reformed the health and care system with the establishment of statutory Integrated Care Systems (ICSs).

5.7.1.2 Integrated Care Systems

Integrated Care Systems are partnerships that bring together providers and commissioners of health and care services to plan services to meet the needs of the local population promoting equal partnership between the NHS and wider partners across a geographical area often referred to as 'place.' Through teams they deliver services working together on even smaller footprints, usually referred to as 'neighbourhoods'; neighbourhoods are currently known locally as Integrated Care Communities (ICCs).

ICSs are made up of an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB). ICBs will manage commissioning and NHS services and will be accountable to NHS England; ICPs will be made up of a range of health and care partners aimed at addressing health, public health and social care needs; ICPs are also responsible for producing an Integrated Care Strategy for their ICS area.

As from 1 July 2022, the county of Cumbria is split between two ICSs and is served by two ICBs (replacing Clinical Commissioning Groups):

- North Cumbria ICB (replacing North Cumbria Clinical Commissioning Group); and
- Lancashire & South Cumbria ICB (replacing Morecambe Bay Clinical Commissioning Group).

As well as strategic functions, ICBs work at 'place' and with local HWBs (HWBs). Place-based teams will lead the design and delivery of integrated services across their localities and neighbourhoods. ICBs work alongside Primary Care Networks (PCNs) and ICCs. ICCs are based on clusters of GP Practices and are teams of health and care services; PCNs are part of ICCs and are made up of groups of local GP practices, social care teams and other community-based care providers, bringing together community, mental health, social care, pharmacy, hospital, third sector and voluntary services in their local areas. PCNs build on existing primary care services and help GP Practices to support their patients with some shared backroom services to work more efficiently.

In North Cumbria ICB there are 8 ICCs; in Lancashire and South Cumbria ICB there are 9 ICCs 5 of which are in South Cumbria.

North East and North Cumbria Integrated Care Partnership						
NHS North East and North Cumbria ICB						
Place based partnerships						
North Cumbria	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne
North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland	

North Cumbria ICCs & Primary Care Networks

Cumberland Pharmaceutical Needs Assessment 2023

Carlisle Healthcare	Carlisle Network	Carlisle Rural (Brampton & Longtown),	Copeland	Eden	Keswick & Solway	Maryport & Cockermouth	Workington
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Lancashire and South Cumbria Integrated Care Partnership			
NHS Lancashire and South Cumbria ICB			
Place-based Partnerships			
Blackburn with Darwen	Blackpool	Lancashire	South Cumbria

Lancashire and South Cumbria ICCs								
Barrow	Millom	Mid-Furness	Grange & Lakes	Kendal	East	Carnforth	Bay	Lancaster

Colour denotes working within South Cumbria

Barrow & Millom merged

5.7.1.3 Governance

Placed Based Governance models are being developed in 2023.

Shared care records are expected for all citizens by 2024 that provide a single, functional health and care record.

A new policy framework for the Better Care Fund has been published in 2023 with detail of how the programme will support the new approach to integration at place level.

The ICS will support joint health and care workforce planning at place level.

5.7.1.4 Pharmacy Direction

The Pharmacy Integration Fund (PhIF) was established in 2016 to accelerate the integration of:

- Pharmacy professionals across health and care systems to deliver medicines optimisation for patients as part of an integrated system;
- Clinical pharmacy services into primary care networks building on the NHS Five Year Forward View and NHS Long Term Plan

The NHS Long Term Plan is now the driver for determining the priorities for the Pharmacy Integration Programme.

The Department of Health and Social Care (DHSC), NHSE, NHS Improvement (NHSI), and the Pharmaceutical Services Negotiating Committee (PSNC) have an agreed Community Pharmacy Contractual Framework (CPCF). The CPCF agreement for 2019 – 2024 sets out the ambition for developing new clinical services for community pharmacy as part of the five-year commitment. The pharmacy integration programme will pilot and evaluate these services with the intention of incorporating them into the national framework depending on pilot evaluations.

In August 2021, DHSC, NHSE and NHSI and the PSNC reached an agreement for Year 3 of the CPCF which commits to the vision in the 5-year deal for pharmacy to be more integrated

in the NHS, provide more clinical services, be the first port of call for healthy living support as well as minor illnesses and to support managing demand in general practice and urgent care settings. In September 2022, DHSC, NHSE and the PSNC agreed a package for the remaining years of the 5 year deal. This 2-year agreement continues to support measured and incremental expansion in clinical service provision from community pharmacies.

The General Practitioner (GP) contract for 2019–2024 (through the Community Pharmacy Contractual Framework) also set out a plan to develop the role of community pharmacy including through “pharmacy connection schemes”.

The new 2022 Pharmacy Access Scheme (PhAS) came into effect from 1 January 2022. The revised scheme is part of the Community Pharmacy Contractual Framework 5 year deal. The aim of the scheme is to ensure a baseline level of patient access to NHS community pharmaceutical services in England is protected.

6 Provision of Pharmaceutical Services

When carrying out this assessment of need for pharmaceutical services, the provision of all pharmaceutical services commissioned by NHSE has been considered together with any health services provided by community pharmacies through other commissioning routes such as the LA.

The current provision of pharmaceutical services was informed by information held by NHSE; ICB including North East and North Cumbria ICB; and Lancashire and South Cumbria ICB; W&F/CC; and Community Pharmacy Cumbria.

6.1 Community Pharmacy Contractors

For community pharmacy contractors on the local NHSE pharmaceutical list, it has been considered that the term 'pharmaceutical services' includes all essential services, all advanced services, national enhanced services, and those services currently commissioned locally. These have been used in this document to assess the adequacy of provision of pharmaceutical services.

The above service categories are described in more detail below:

- **Essential Services:** Services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service as the dispensing of medicines, promotion of healthy lifestyles and support for self-care. The following services are offered as part of the NHS Community Pharmacy Contractual Framework (CPCF): Discharge Medicines Service; Dispensing Appliances; Dispensing Medicines; Disposal of Unwanted Medicines; Healthy Living Pharmacies; Public Health (Promotion of Healthy Lifestyles); Repeat Dispensing and eRD; Signposting; and Support for Self Care. The precise contractual requirements for providing NHS pharmaceutical services are set out in Schedules 4-6 of the Regulations.
- **Advanced Services:** There are eight Advanced Services within the NHS CPCF, these are: Appliance Use Reviews; Community Pharmacist Consultation Service (CPCS); Flu Vaccination Service; Hypertension Case-Finding service (NHS Blood Pressure Check service); New Medicine Service (NMS); Pharmacy Contraception Service; Smoking Cessation Service (SCS); and Stoma Appliance Customisation (SAC). From Spring 2023, the national Contraception Service (Tier 1 – Ongoing supply of oral contraception) became available. Community Pharmacies can choose to provide these services as long as they meet the requirements set out in the Secretary of State Directions <http://psnc.org.uk/contract-it/pharmacy-regulation/>. The Hepatitis C Testing Service was decommissioned from 1st April 2023. The COVID-19 Lateral Flow Device Distribution Service was decommissioned on 31st March 2022; the Pandemic Delivery Service finished on 5th March 2022 and the whole service was decommissioned on 31st March 2022. CPCS - from May 2023, authorised 999 services or providers of urgent and emergency care can also make referrals to community pharmacies.

- **National 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 NES. From autumn 2022, this included the COVID-19 Vaccination Service. A NES allows the agreement of standard conditions nationally, while allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.
- **Locally Commissioned Services:** These can be contracted via a number of different routes and commissioned by different commissioners including LAs, ICBs and local NHSE teams. Those services commissioned by NHSE may also be known as “enhanced services”. Examples of locally commissioned services include:
 - Anticoagulant Monitoring Service
 - Care Homes Service
 - Chlamydia Testing
 - Disease Specific Medicines Management Service
 - Home Delivery Service
 - Language Access Service
 - Medication Review Service
 - Medicines Assessment and Compliance Support Service
 - Prescriber Support Service
 - Schools Service
 - Screening Services
 - Supplementary Prescribing Service
 - NHS Health checks*
 - Out of Hours (OOH) Services*
 - On Demand Availability of Specialist Drug Service*
 - Seasonal Influenza Vaccination*
 - Emergency Hormonal Contraception^
 - Stop Smoking Service^
 - Needle and Syringe Programme^
 - Opioid Substitute Treatment Prescribing & Supervised Consumption^
 - Gluten Free Food Supply Service~
 - Minor Ailments Scheme~
 - Palliative Care~
 - Urinary Tract Infection scheme~

*Services currently commissioned from community pharmacies by NHSE.

^Services currently commissioned via a framework agreement, between W&F/CC (previously CCC) and community pharmacies or sub-contracted via Humankind Charity. Services currently commissioned from community pharmacies by North East and North Cumbria ICB and Lancashire and South Cumbria ICB.

6.1.1 LA Commissioned Services

LAs have responsibility for commissioning a wide range of services provided by community pharmacies including most public health services and social care services as follows: Supervised Consumption; Needle and Syringe Programme; Emergency Hormone Control and Contraceptive services; Sexual Health Screening; Stop Smoking services; Chlamydia Testing and Treatment; Weight Management; and Alcohol Screening and Brief Interventions; and flu vaccinations for local authority staff (vaccinations for the wider population are commissioned by NHS England).

CC and W&F (previously CCC) has commissioned community pharmacies to provide the following services via a Pharmacy Public Health Framework Agreement: Emergency Hormonal Contraception; and the Stop Smoking Service. The Council have also commissioned Humankind Charity to provide the Cumbria Addictions Service that includes a requirement to provide Needle and Syringe Programme Services and Opioid Substitution Therapy Prescribing and Supervised Consumption Services. Humankind Charity have subcontracted community pharmacies to provide these services.

6.1.2 ICB Commissioned Services

Through community pharmacies, the services commissioned by ICBs include: Gluten Free Food Supply Service (commissioned by North East and North Cumbria ICB only, this service is not available in South Cumbria); Urinary Tract Infection scheme (commissioned by North East and North Cumbria ICB only this service is not commissioned in South Cumbria); Minor Ailments Schemes (commissioned in North Cumbria and named 'Think Pharmacy First'; in South Cumbria this service is available for Paediatrics only (under 18s) with some pharmacies providing services to asylum seekers, this aligns with the need and the rest of the Integrated Care System area; Palliative Care Schemes (in both North and South Cumbria, in South Cumbria this is known as 'End of Life' emergency medicines); and stock holding of oral antiviral medicines for flu outbreaks in care homes.in South Cumbria).

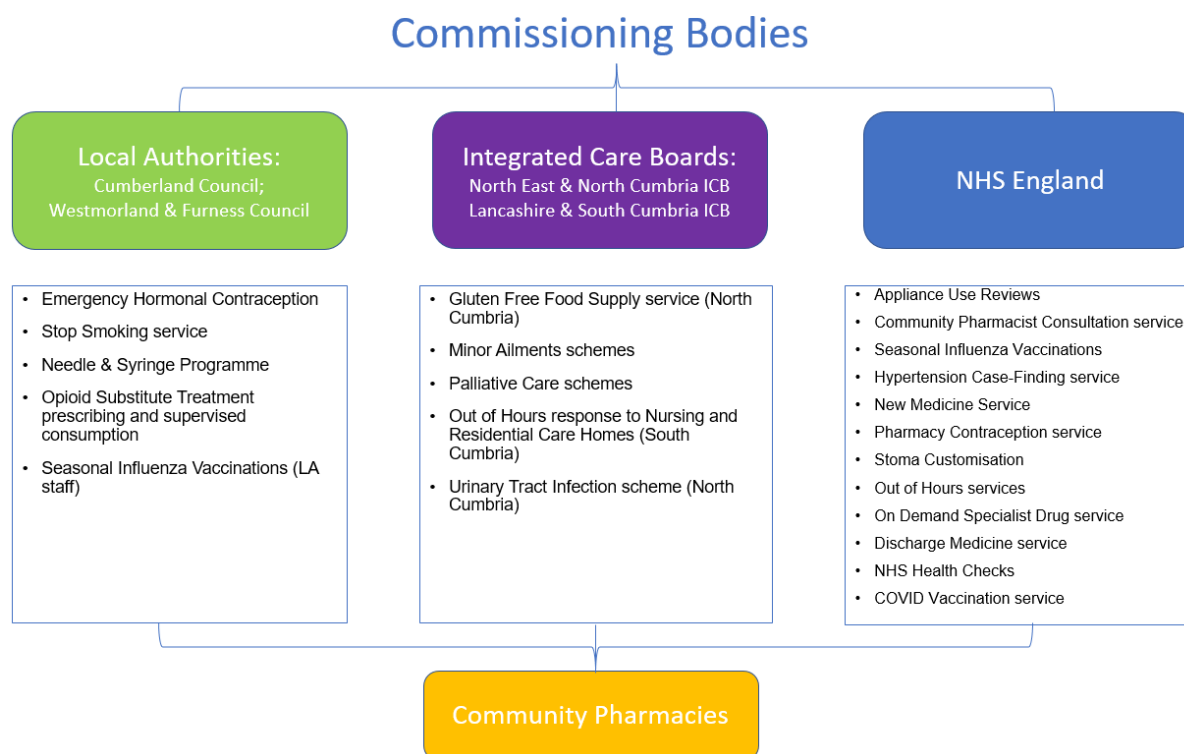
North East and North Cumbria ICB:

- Gluten Free Food Supply service
- Minor Ailments scheme (called 'Think Pharmacy First')
- Palliative Care scheme
- Urinary Tract Infection scheme (females aged 16 years and over but under 65 years)

Lancashire and South Cumbria ICB:

- Minor Ailments scheme (for Paediatrics only (under 18s) with some pharmacies providing services to asylum seekers, this aligns with the need and the rest of the Integrated Care System area)
- Palliative Care scheme (known as 'End of Life' emergency medicines)
- OOH services to nursing and residential care homes (stock holding of oral antiviral medicines for flu outbreaks).

Figure 11: Community Pharmacy Commissioning by Responsible Body:



There are currently 55 community pharmacies in Cumberland (identified in Figure 4); 53 pharmacies in the HWB area of Cumberland are served by the North East and North Cumbria (NENC) ICB 3 of which are 100-hour pharmacies, while 2 are served by the Lancashire and South Cumbria (LSC) ICB. They all provide essential services and most offer advanced services and enhanced services commissioned by CC and Westmorland & Furness Council, ICBs (NENC ICB; and LSC ICB) or NHS England. Current pharmacy service provision for each pharmacy is detailed in Appendix 2 (Community Pharmacy Services, June 2023). Current commissioning provision and intentions are provided in section 4.6 – Strategic Direction. In 2021/22, 80.0% of prescriptions generated in Cumbria were dispensed in community pharmacies (in any LA including Cumbria and LAs outside Cumbria); data for the new unitary authorities is not yet available.

Consideration has also been given in this assessment to pharmaceutical services provided by community pharmacy contractors in neighbouring HWB areas, which provide essential services to Cumbria's population including Silverdale pharmacy in Silverdale (Carnforth). The locations of these pharmacies are provided in Appendix 8 (Travel Time Maps).

Services currently commissioned by local authority were also considered if they were considered to impact on pharmaceutical services currently or in the future.

In May 2023, regulatory changes were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (2023) in response to increased temporary closures (temporary suspensions in the provision of pharmaceutical services) and related pressures. These changes include allowing 100-hour pharmacies to reduce their weekly hours to no less than 72 hours, subject to various requirements; requirements for business

continuity plans for dealing with temporary closures; and provision for local hours plans to be agreed by the local ICB (ICB).

Following these regulatory changes, OOH provision will and has inevitably changed as pharmacies amend their hours due to many issues and challenges currently facing pharmacies.

Three pharmacies in the Cumberland HWB area (North Cumbria) in Cockermouth, Workington and Whitehaven have reduced their hours (further details are provided in this PNA and in Appendix 7 - Community Pharmacy Opening Times, July 2023).

6.2 Local Pharmaceutical Services (LPS)

Most pharmacies provide services under a contractual framework, however, an LPS contract allows NHSE and NHSI to commission tailored services in order to meet local needs; they provide flexibility and a wider (or narrower) range of services, including services which are not traditionally associated with pharmacies. The contractor must include an element of dispensing. There are two LPS contractors in Cumbria located in the W&F HWB area: Hawkshead (The Pharmacy) and Grasmere (Grasmere Pharmacy). In 2021/22, 0.3% of prescriptions generated in Cumbria were dispensed in LPS pharmacies (data is not yet available for the new unitary authorities). (See Tables 4&5 in Dispensing & Prescribing section).

6.3 Dispensing Practices

While the majority of Cumbria's/Cumberland's/Westmorland & Furness' population have their prescriptions dispensed by a pharmacy some have them dispensed by their GP practice. The patient requirements for dispensing GP practices are: they must live in a controlled locality; they must live more than 1.6km from a pharmacy; the practice must have approval for the premises; and the practice must have consent for the area the patient lives in. NHSE commission GP dispensing practices.

In accordance with Regulation 3(2), only the provision of those services set out in their pharmaceutical services terms of service (set out in the Schedules to the 2013 Regulations) is included within the definition of pharmaceutical services (dispensing of drugs and appliances).

There are 25 dispensing GP practices in Cumbria (including Bentham Practice which is located outside of the county boundary in North Yorkshire but is included in South Cumbria as part of Lancashire and South Cumbria ICB boundary). Locations are presented in Figure 6 while opening times are listed in Appendix 3 (Dispensing Practice Opening Times, June 2023). In addition to the 25 main dispensing sites, some GP practices provide collections at a further 7 locations bringing the total to 32 sites.

In Cumberland, there are 8 dispensing GP practices, with an additional 3 collection sites. In W&F, there are 17 dispensing practices (including Bentham Practice) with an additional 4 collections sites.

Consideration has been given to services provided by dispensing practices in neighbouring HWB areas who provide services to the Cumbria based population, including the dispensing

GP at Bentham Medical Practice. As at January 2022, 15.4% of patients in Cumbria were registered as dispensing patients (including Bentham Medical Practice). In North Cumbria ICB area this proportion was 17% while in South Cumbria ICB area it was 11.8%. In Cumberland, 13.0% of patients are registered as dispensing patients; in Westmorland & Furness, 17.7% of patients are registered as dispensing patients (this compared to 5.2% nationally). In Cumbria, 16.7% of prescriptions generated within Cumbria are dispensed in GP Practices in Cumbria (this compares to around 8.1% nationally).

6.4 Controlled Localities

A controlled locality is an area which NHSE/NHSI has determined to be 'rural in character' considering factors such as population density, facilities, employment, community size, distance to other areas and access to public transport. The overall objective of defining rural areas as controlled localities is to help ensure patients in rural areas have access to pharmaceutical services which are no less adequate than would be the case in a non-controlled locality.

Where NHSE/NHSI has determined that an area is controlled (rural in character), provided certain conditions are met, doctors as well as pharmacies can dispense medicines for patients. However, GPs may only dispense NHS prescriptions for their own patients who live in a controlled locality and outside a 1.6 km (1 mile) radius from a pharmacy.

Previously determined controlled localities in the Cumberland HWB area are in North Cumbria: Portinscale; Dalston; Brampton and Keswick (Castlehead). In the W&F HWB area the previously determined controlled localities are in South Cumbria: Askam-in-Furness; Coniston; and Silverdale (Silverdale is in Lancashire but serves some of South Cumbria's population area).

6.5 Reserved Locations

A reserved location is an area within a controlled locality where the total patient population within 1.6km (1 mile) of the proposed premises or location of a new pharmacy is less than 2,750 people at the time the application is received.

Cumberland's HWB area currently has one designated reserved location in Dalston (Carlisle). Reserved location status will continue to be considered and determined by NHSE, as required by the Pharmaceutical Regulations, in response to applications for new pharmacies in controlled localities. There are no reserved locations in the W&F HWB area.

6.6 Distance Selling Premises (Mail Order / Wholly Internet Pharmacies)

Distance selling premises are pharmacies that do not provide face-to-face essential services. Prescriptions are received by the electronic prescription service or by post, items are dispensed and are then delivered to the patient. The HWB has also considered and assessed pharmaceutical services provided to its population by distance selling premises that are not on its pharmaceutical list. In 2021/22, 2.3% of prescriptions generated in Cumbria were dispensed by distance selling premises (outside of Cumbria); this is considered minimal and therefore has no significant impact on the provision of pharmaceutical services across Cumbria. There is not currently any distance selling pharmacy based within Cumberland HWB area or W&F HWB area.

6.7 Dispensing Appliance Contractors

Dispensing appliance contractors cannot dispense drugs or medicines; they are not required to have a pharmacist; they do not have a regulatory body; and they do not have to be registered with the General Pharmaceutical Council. Dispensing appliance contractors usually operate remotely and most specialise in supplying stoma appliances. Community pharmacies which dispense appliances can also choose to provide appliance use reviews and stoma customisation services as advanced services. There are no dispensing appliance contractors currently included on Cumberland's or W&F's pharmaceutical list.

The HWB has considered and assessed the provision of pharmaceutical services to its population by dispensing appliance contractors that are not on its own pharmaceutical list. In 2021/22, just 1.6% of the total prescription volume (all prescriptions generated in Cumbria) was dispensed by dispensing appliance contractors not on Cumbria's own pharmaceutical list (see Tables 4&5 in Dispensing & Prescribing section).

6.8 Other Relevant Services

The HWB has identified and considered pharmaceutical services provided by other providers including:

- NHS Hospital Trusts
- Foundation Trusts
- North East and North Cumbria ICB
- Lancashire and South Cumbria ICB
- Private Providers
- Cumbria Health on Call (CHOC)

A summary of the services identified and considered can be found in Appendix 4 (Other Relevant Services).

6.9 Coronavirus (COVID-19)

In response to the pandemic, from March 2020 onwards, the way in which pharmacies and other health and care providers provided services changed significantly as well as the way in which members of the public accessed services. In response to COVID-19 and the subsequent national vaccination programme, some community pharmacies now provide vaccinations to the public, patients and health and care workers, alongside vaccination centres, hospitals and Primary Care Networks (PCNs). The community pharmacies providing COVID-19 vaccinations are located in: North Cumbria - Carlisle, Workington, Whitehaven, Seascale and Seaton. In addition, there are vaccination sites located in Carlisle, Cockermouth, Kirkby Stephen, Longtown and Penrith. South Cumbria - Ambleside, Barrow, Grasmere, Kendal; and Ingleton (North Yorkshire). There is no COVID-19 vaccination service from community pharmacies between 1st July to September.

The COVID-19 Lateral Flow Device Distribution service was decommissioned on 31st March 2022; the Pandemic Delivery service finished on 5th March 2022 and the whole service was decommissioned on 31st March 2022.

This information is correct at the time of writing this PNA (June 2023) but it should be noted that the situation may change and it is therefore recommended the most up-to-date information is accessed via:

[North East and North Cumbria Integrated Care Board: COVID-19 vaccine information](#)
[Lancashire and South Cumbria Integrated Care Board: COVID-19 vaccination programme](#)

6.10 Dispensing and Prescribing Volumes and Flows

Table 1 presents the number of items dispensed by community pharmacies in Cumbria by the former districts and Unitary authorities for the last four financial years. It is worth noting that the COVID-19 pandemic will have affected the provision of pharmaceutical services therefore numbers reported may not be a true reflection of usual service provision between 2019-20 to 2020-21.

As presented in Table 1, in 2021/22, around 5.6 million items were dispensed in pharmacies across Cumberland, an increase of around +80.6 thousand (+1.4%) compared to the previous year.

Table 1: Cumbria: Number of Items Dispensed by Community Pharmacies: By Financial Year:

	Number of items dispensed			
	2018-19	2019-20	2020-21	2021-22
Allerdale	2,180,496	2,183,244	2,170,005	2,218,092
Carlisle	1,871,201	1,884,468	1,835,362	1,845,633
Copeland	1,558,252	1,583,602	1,542,298	1,564,597
Cumberland	5,609,949	5,651,314	5,547,665	5,628,322
Barrow-in-Furness	1,693,233	1,684,212	1,619,469	1,615,418
Eden	654,805	669,760	641,939	636,896
South Lakeland	1,757,622	1,777,163	1,753,776	1,775,498
Westmorland & Furness	4,105,660	4,131,135	4,015,184	4,027,812
Cumbria*	9,753,275	9,816,347	9,596,707	9,691,209

Source: NHSE. * Includes Silverdale Pharmacy in Lancashire; NB: Excludes dental prescriptions and items prescribed in hospitals.

CUMBRIA: Table 2.0 reports that in 2021/22, the number of New Medicine Service consultations increased significantly (more than doubled) in Cumbria compared to the previous year from 9,281 in 2020/21 to 21,834; it is worth noting that services would have been affected by the pandemic in previous years. Furthermore, the number of Community Pharmacist Consultation Service consultations also increased from 5,131 in 2020/21 to 8,414 in 2021/22. Flu vaccinations also increased by 61% in 2021/22 compared to the previous year. In 2021/22, there were 131,387 COVID-19 vaccinations provided by community pharmacies, a significant increase from 6,903 in the previous year.

CUMBERLAND: Table 2.1 reports that in 2021/22, the number of New Medicine Service consultations increased significantly (more than doubled) in Cumberland compared to the previous year from 4,598 in 2020/21 to 11,345; it is worth noting that services would have been affected by the pandemic in previous years. Furthermore, the number of Community Pharmacist Consultation Service consultations also increased from 3,178 in 2020/21 to 5,205 in 2021/22. Flu vaccinations increased by 55% in 2021/22 compared to the previous year. In 2021/22, there were 102,575 COVID-19 vaccinations provided by community pharmacies, a significant increase from 5,178 in the previous year.

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Table 2.0: **Cumbria:** Community Pharmacy Advanced Services Activity; by Financial Year.

	Number			
	2018-19	2019-20	2020-21	2021-22
New Medicine Service consultations [NMS]	7,210	7,910	9,281	21,834
Appliance Use Reviews [AUR]	18	2	8	0
Stoma Customisation [STOMA]	72	56	44	39
Community Pharmacist Consultation Service consultations [CPCS]	0	2,580	5,131	8,414
Hepatitis C Antibody Testing Service	0	0	0	0
Seasonal Influenza Vaccination Advances Service income	£232,051	£249,901	£421,995	£682,317
Discharge Medicine Service income	0	0	£40,835	£7,030
Medicine Use Review and Prescription Intervention Service [MUR]	31,134	20,728	8,476	37
COVID-19 Vaccination Service	0	0	6,903	131,387

Source: NHSE. [Notes: Medicine Use Review Service decommissioned as of 31st March 2021. The Hepatitis C Testing Service was decommissioned from 1st April 2023].

Table 2.1: **Cumberland:** Community Pharmacy Advanced Services Activity; by Financial Year.

	Number			
	2018-19	2019-20	2020-21	2021-22
New Medicine Service consultations [NMS]	4,295	4,044	4,598	11,345
Appliance Use Reviews [AUR]	18	2	8	0
Stoma Customisation [STOMA]	29	25	20	21
Community Pharmacist Consultation Service consultations [CPCS]	0	1,553	3,178	5205
Hepatitis C Antibody Testing Service	0	0	0	0
Seasonal Influenza Vaccination Advances Service income	£146,124	£152,032	£275,393	£428,763
Discharge Medicine Service income	0	0	£22,035	£6,261
Medicine Use Review and Prescription Intervention Service [MUR]	15,694	9,993	4,156	37
COVID-19 Vaccination Service	0	0	5,178	102,575

Source: NHSE. [Notes: Medicine Use Review Service decommissioned as of 31st March 2021. The Hepatitis C Testing Service was decommissioned from 1st April 2023].

Table 3 presents the number of flu vaccinations administered by community pharmacies across Cumbria, the former districts, the unitary authorities and health areas for the last five flu seasons [note - flu season runs from September to March]. The data is sourced from the Advanced Service Flu Report which contains details relating to vaccines administered by pharmacy contractors who signed up to provide the National Influenza Adult Vaccination Service.

It is worth noting that since 2019/20 (pre COVID-19 pandemic) there has been a significant increase in the number of flu vaccinations across all areas. In 2022-23, 69,571 flu vaccinations have been administered in Cumbria; although numbers have decreased from the previous year, compared to 2019/20 (pre-pandemic) numbers have increased by +43.5k. In the CC

area in 2022-23, 44,473 flu vaccinations have been administered, similar to the previous year however compared to 2019/20 (pre-pandemic) numbers have increased by +28.6k. In the W&F council area in 2022-23, 25,098 flu vaccinations have been administered, similar to the previous year however compared to 2019/20 (pre-pandemic) numbers have increased by +14.9k.

Table 3: Flu Vaccine Data - Number of flu vaccinations administered by area; by flu season/year.

	2018-19	2019-20	2020-21	2021-22	2022-23
Allerdale	7,298	6,978	12,047	17,208	19339
Carlisle	4,908	5,390	8,042	14,803	12236
Copeland	2,816	3,159	6,393	11,322	11690
Eden	1,210	1,552	2,175	3,869	4175
North Cumbria	16,232	17,079	28,657	47,202	47,440
Barrow-in-Furness	2,926	2,880	4,527	7,894	6853
Copeland	336	329	756	1,421	1208
South Lakeland	4,579	5,728	7,830	14,710	14070
South Cumbria	7,841	8,937	13,113	24,025	22,131
Cumbria	24,073	26,016	41,770	71,227	69,571
Cumberland	15,358	15,856	27,238	44,754	44,473
Westmorland & Furness	8,715	10,160	14,532	26,473	25,098

Source: Advanced Service Flu Report; NHS Business Services Authority *[Not all community pharmacies provided flu vaccines]*.

Table 4 reports that between the period 1st April 2021 to 1st April 2022, there were 12.9million items prescribed in Cumbria and then dispensed in any LA (including LAs both within and outside Cumbria). 79.9% of items prescribed in Cumbria were dispensed in community pharmacies while 15.9% were dispensed by Dispensing GP Practices. 95.1% of prescriptions prescribed in Cumbria were dispensed in Cumbria. Of those prescribed and dispensed within Cumbria: 83.0% were dispensed in community pharmacies; 16.7% were dispensed by Dispensing Practices; and 0.4% were dispensed by LPS. [Note: data is not available at former district level or new unitary authority level).

Silverdale pharmacy in Carnforth, Lancashire provides essential services to Cumbria's population; around 5% of items dispensed at Silverdale Pharmacy were prescribed in Cumbria. Furthermore, Bentham Medical Practice, a dispensing practice located in Craven, North Yorkshire is included in this assessment as it also serves some of Cumbria's population. Around 0.4% of items prescribed in Cumbria are dispensed at this practice.

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Table 4: Prescriptions generated in Cumbria from 2021-04-01 to 2022-04-01 (13 months)

	Prescribed in Cumbria:					
	Dispensed Within Cumbria		Dispensed by LA Outside of Cumbria		Total	
	No. Items Dispensed	% Items Dispensed	No. Items Dispensed	% Items Dispensed	No. Items Dispensed	% Items Dispensed
Community Pharmacies	10,151,677	83.0%	133,387	21.1%	10,285,064	79.9%
Dispensing Appliance Contractors	-	-	207,215	32.7%	207,215	1.6%
Distance Selling Pharmacies	-	-	292,008	46.1%	292,008	2.3%
Local Pharmaceutical Services	42,934	0.4%	55	0.0%	42,989	0.3%
Dispensing Practices	2,041,070	16.7%	471	0.1%	2,041,541	15.9%
Total	12,235,681	95.1%	633,136	4.9%	12,868,817	

Source: NHSE. [Excludes dental prescriptions and items prescribed in hospitals].

Table 5 reports that 1.5% of items dispensed in Cumbria are prescribed outside of the county.

Table 5: Items Dispensed in Cumbria from 2021-04-01 to 2022-04-01 (13 months)

	Dispensed in Cumbria					
	Prescribed in Cumbria		Prescribed Outside of Cumbria		Total	
	No. Items Dispensed	% Items Dispensed	No. Items Dispensed	% Items Dispensed	No. Items Dispensed	% Items Dispensed
Community Pharmacies	10,151,677	83.0%	180,845	99.1%	10,332,522	83.3%
Local Pharmaceutical Services	42,934	0.4%	576	0.3%	43,510	0.2%
Dispensing Practices	2,041,070	16.7%	1,043	0.6%	2,042,113	16.5%
Total	12,235,681	98.5%	182,464	1.5%	12,418,145	

Source: NHSE. [Excludes dental prescriptions and items prescribed in hospitals].

Table 6 reports (as at January 2022), there were 520,604 patients registered in GP Practices in Cumbria (including patients at Bentham Medical Practice). of those, 80,280 patients were registered as dispensing patients, accounting for 15.4%. (Please note there are no dispensing practices in the former district of Barrow-in-Furness).

In Cumberland, there were 282,240 registered patients; of those, 36,814 were registered as dispensing patients, accounting for 13.0%, this compares to 17.7% in W&F.

Table 6: Dispensing and Prescribing GP Practice Patients by area; January 2022

	Dispensing Patients		Prescribing Patients		Total
	Number	%	Number	%	
Allerdale	13,286	13.2%	87,511	86.8%	100,797
Carlisle	16,126	14.4%	95,506	85.6%	111,632
Copeland	7,402	12.0%	54,332	88.0%	61,734
Eden	18,939	35.2%	34,927	64.8%	53,866
North Cumbria	55,753	17.0%	272,276	83.0%	328,029
Barrow-in-Furness	0	0.0%	69,081	100.0%	69,081
Copeland	0	0.0%	8,077	100.0%	8,077
South Lakeland	21,949	20.3%	86,222	79.7%	108,171
South Cumbria	21,949	11.8%	163,380	88.2%	185,329
Cumbria*	80,279	15.4%	440,325	84.6%	520,604
Cumberland	36,814	13.0%	245,426	87.0%	282,240
Westmorland & Furness	40,888	17.7%	190,230	82.3%	231,118

Source: NHSE. [*Cumbria total includes Bentham Medical Practice].

7 Partnership Involvement & Public Engagement

7.1 Steering Group

A PNA Steering Group exists between Wesmorland & Furness HWB and Cumberland HWB which was established in 2022 as part of the 2022 PNA update. A copy of the Terms of Reference and membership of the group are included in Appendix 1 (Terms of Reference).

7.2 Public Survey

A public survey has not been carried out as part of this PNA process. Regulations do not require public engagement, furthermore, a public survey was carried out in 2022. Responses to the Public Survey in 2022 indicated concerns with the level of service provided by pharmacies and in particular a need in the provision and availability of prescribed medication and improvements needed to waiting times; these needs were more apparent in North Carlisle. Further details and findings from the survey can be found in the [2022 PNA](#).

7.3 Contractor Survey

A contractor survey has not been carried out as part of this PNA process. Regulations do not require contractor engagement, furthermore, a contractor survey was carried out in 2022. Findings from the survey can be found in the [2022 PNA](#).

8 Consultation Process

The PNA regulations requires Cumberland's HWB to consult a specific group of organisations on a draft PNA at least once during the process of drafting the document, for a minimum period of 60 days. In accordance with Regulation 2013 349, Part 2, Regulation 8 a draft version of the PNA was shared with the organisations specified (listed in Appendix 5). The consultation period was from 1st August to 30th September 2023 meeting the requirement for a minimum 60-day consultation period.

The consultation responses have been shared with the PNA Steering Group and the HWB, with amendments made accordingly. A record of the responses and actions are documented and are available in Appendix 6.1.

9 Analysis of Need and Pharmaceutical Provision by former District

In accordance with Regulation 4 and Schedule 1 of the 2013 Regulations the information set out in the following sections are a summary only of the relevant findings of the HWB and describes how different needs have been taken into account.

9.1 Allerdale area

9.1.1 Strategic Direction

The former Allerdale district forms part of the North East and North Cumbria ICB (formally North Cumbria Clinical Commissioning Group) and the North East and North Cumbria Integrated Care System area; further details of plans are provided in section 4.6.

The former Allerdale Health & Wellbeing Forum has the following priorities:

- Healthy Weight in Children
- Healthy Weight in Adults
- Healthy Attitude to Alcohol
- Smoking
- Ageing Well
- Mental Wellbeing
- ICCs
- H&W Promotion
- Health Inequalities
- Social Isolation
- Access to affordable nutritious food, food poverty and diet related ill-health

9.1.2 Necessary Services: Current Provision

There are 21 pharmacies providing pharmaceutical services to the population of the former Allerdale area. The community pharmacies are located in the towns of Aspatria (1), Cockermouth (3), Keswick (2), Maryport (3), Silloth (1) and Wigton (2) and Workington (9). Figures 4 and 5 show the distribution of pharmacies in relation to population density and areas of deprivation in Workington and Maryport respectively.

There are 100,893 patients registered at GP Practices located in the former Allerdale district; this equates to one pharmacy for every 4,804 patients (21.0 per 100,000 patient population). This rate is greater than the estimated England average of 17.0 per 100,000 population. *[Patients Registered at GP Practices, April 2023]*. Please note that this is for information only and should not be used as an indicator for determining the need for pharmacy provision.

There are 4 dispensing practices in Allerdale, located in Caldbeck (Wigton), Kirkbride, Cockermouth, and Keswick (there is no longer a dispensing practice in Workington) (see Figures 4 and 5).

Due to the provision of the 4 dispensing practices in Allerdale, consideration has been given to the dispensing provision of 25.0 per 100,000 population which includes both community pharmacies and dispensing practices in the former district area.

It would appear that the population of Allerdale is well served, in terms of numbers, by community pharmacies and dispensing practices.

9.1.3 Access: Opening Hours

Access to community pharmacies across the former Allerdale area is well provided for during the hours of 9.00am and 9.00pm Monday to Friday, until 9pm on Saturday and 11am-5pm on Sundays; see Appendix 7 (Community Pharmacy Opening Times, July 2023). From Monday to Friday there are pharmacies open, at times, after 6pm in Aspatria, Cockermouth, Wigton and Workington. There is no pharmacy provision on Sundays in Aspatria, Maryport, Silloth and Wigton. Since the inception of the new Regulations on 25 May 2023 enabling 100-hour pharmacies to reduce their core hours to 72 hours there has been a reduction in OOH provision. The 100-hour pharmacy in Workington has reduced its hours between 7am-9am and 9pm-11pm Monday to Friday; and from 9am to 12pm and 10pm to 9pm on Saturdays. The 100-hour pharmacy in Cockermouth has reduced its hours between 7am-8.30am and 9pm-11pm Monday to Friday; and between 7am-9am and 9pm-10pm on Saturdays.

It is recognised that these opening hours rely to a large extent on pharmacies in Workington and Cockermouth. The HWB considers that these pharmacies are meeting the needs of patients by extending access to pharmaceutical services when other pharmacies are closed.

NHSE ensures that pharmaceutical service provision is available in all areas on Public and Bank Holidays when community pharmacies are not open; this is supported through voluntary opening or via Direction through NHSE as the Commissioner.

Dispensing patients have access to their dispensing practice at the times shown in Appendix 3 (Dispensing Practice Opening Times, June 2023).

CHOC, located at West Cumberland Hospital in Whitehaven provides cover when GP practices are closed; they provide urgent medication from the OOH service formulary between 6.30pm and 8.00am seven days a week and 24 hour access at weekends and bank holidays. There is also a treatment centre located at Wigton Community Hospital in Wigton.

9.1.4 Access: Distance

Figures 4 & 5 present the location of providers of dispensing services (community pharmacies and dispensing practices). Figures 4 & 5 also show that these providers are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours. However, it was noted that some pharmacies close at 5.30pm on weekdays, half day Saturdays or 5pm and are not open on Sundays and therefore it was necessary to consider access to areas with later opening times and Sunday opening.

Table 7 presents the proportion of the district's resident population with access to a community pharmacy or dispensing practice by travel time and by mode of transport.

Table 7: Allerdale: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Allerdale					
% of Population with Access:					
Key:	Less than 90%	90-99%	100%		
Car		Walking		Public Transport	
5 mins	75.2%	3 mins	27.0%	5 mins	46.7%
10 mins	96.6%	6 mins	33.8%	10 mins	68.2%
15 mins	100.0%	9 mins	41.0%	15 mins	81.8%
20 mins	100.0%	12 mins	54.4%	20 mins	83.4%
30 mins	100.0%	15 mins	62.7%	30 mins	85.1%
Source: shapeatlas.net					

Travel times by car were considered reasonable with all Allerdale's population having access to a pharmacy or dispensing practice within 15 minutes. However, the 2021 Census reported that 19% of households in Allerdale had no access to cars or vans (England and Wales 23%) and travel times by public transport are longer with fewer people being able to access a pharmacy or dispensing practice within 30 minutes (85.1% of the population compared to 100% by car). Furthermore, 37.3% (approximately 36,500 residents) are outside of 15 minutes walking access to a pharmacy or dispensing practice.

Travel time maps are available in Appendix 8 (Travel Time Maps). There are not any areas within the maps not considered within this assessment. It was acknowledged that people living in the sparsely populated rural communities (e.g. Buttermere, Loweswater) have the furthest to travel to access all services including pharmaceutical services, however, all are within 30 minutes by car.

It is worth noting that Allerdale has high levels of deprivation when considering access to services; using the 'geographical barriers to services' sub-domain (used as a proxy for access to some key services). Allerdale has 19 out of 60 LSOAs (32%) that rank within the 10% most deprived in England for geographical barriers to services (see Figure 9).

A number of pharmacies provide the 'collection of prescriptions from surgeries' service. And delivery services including vulnerable patient groups and surrounding areas. Pharmacies providing delivery services are located in all areas including: Aspatria; Keswick; Cockermouth; Maryport; Silloth; Wigton; and Workington.

9.1.5 Necessary Services Outside the former District

The former Allerdale district has no borders outside the Cumberland HWB area. Residents may access services from the pharmacies and dispensing doctors in neighbouring authorities.

9.1.6 Necessary Services: Gaps in Provision

It is acknowledged that people who live in rural and sparsely populated areas often have greater distances to travel to access services, however consideration must be taken of the economic viability of providing services. No gaps were identified in the provision of necessary services.

9.1.7 Other Relevant Services: Current Provision

There are Advanced Services which pharmacies can choose to provide. Achieving Healthy Living Pharmacy status is one of the essential Quality Criteria for the National Contractual Framework (as of 2020/21), therefore all pharmacies in the Allerdale area provide this. All 21 pharmacies currently offer the New Medicine Service; and the Community Pharmacist Consultation Service. 16 pharmacies provide the Hypertension Case-Finding service (NHS Blood Pressure Check service) covering all towns except Aspatria. There are no pharmacies which offer Stoma Appliance Customisation or Appliance Use Reviews. The Hepatitis C Testing Service was decommissioned from 1st April 2023. Locally commissioned services available in the former Allerdale district are presented in Table 8.

Table 8: Allerdale: Locally Commissioned Services:

Service	No. Pharmacy Providers in Allerdale	Geographic Coverage	Other Providers
Gluten Free Food Scheme	20	All towns (Aspatria, Cockermouth, Keswick, Maryport, Silloth, Wigton, Workington)	
Minor Ailment Scheme ("Think Pharmacy First")	20	All towns	
Palliative Care	5	Aspatria, Cockermouth, Keswick, Workington	
Stop Smoking Service	18	All towns	.
Emergency Hormonal Contraception	21	All towns	Contraceptive services are provided at Sexual Health Clinics; Workington Community Hospital; GP Practices
Seasonal Influenza Vaccination	19	All towns	GP practices
Needle and Syringe Programme	5	Cockermouth, Maryport Wigton, Workington (Seaton)	Alternative provision at Needle Exchange Hub in Workington.
Opioid Substitution Therapy Prescribing & Supervised Consumption	13	All towns except Keswick	
Urinary Tract Infection scheme	20	All towns	

9.1.8 Pharmacy Services in Areas of Deprivation

Allerdale has 7 LSOAs with significant deprivation (most deprived 10% in England). Therefore, consideration was given to the provision of public health locally commissioned services in these communities. It was noted that although there is not a pharmacy in every area of significant deprivation, there are pharmacies within a reasonable distance, either by car or public transport. Table 9 below presents the provision of these services. For a deprivation map see Figure 8.

Table 9: Allerdale: LSOAs in 10% Most Deprived in England: With Advanced and Locally Commissioned Pharmaceutical Services:

LSOA	Pharmacy located in the LSOA *	If not, is one located nearby (less than 5 min by car)	Does a GP practice provide dispensing services to the LSOA	NMS	AUR	SAC	CPCS	EHC	Stop Smoking Service	Palliative Care	Gluten Free Food	Minor Ailment Scheme	NSP	OST	Influenza Vac.	UTI scheme	Hyper tension
E01019095 (Maryport North)	N	Y (1, 2, 40)	N	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
E01019097 (Maryport South)	N	Y (1, 2, 40)	N	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
E01019110 (Moss Bay & Moorclose)	N	Y (48)	N	Y	N	N	Y	Y	N	N	Y	Y	N	Y	Y	Y	Y
E01019112 (Harrington & Salterbeck)	N	Y (35, 48)	N	Y	N	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y
E01019113 (Moss Bay & Moorclose)	N	Y (48)	N	Y	N	N	Y	Y	N	N	Y	Y	N	Y	Y	Y	Y
E01019121 (St. Michael's)	Y (29, 43, 55)		N	Y	N	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y
E01019122 (Seaton)	Y (5)		N	Y	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y

*Numbers refer to the Pharmaceutical Services List available in Appendix 2 (Community Pharmacy Services, June 2023).

9.1.9 Improvements and Better Access: Gaps in Provision

To determine the gaps in provision of advanced and locally commissioned services consideration was given to the number of pharmacies providing the service, their location and the location of other providers, if appropriate.

Table 10: Allerdale: Gaps in Pharmaceutical Service Provision

Service	Description of Gap
Palliative Care	Limited access (not available in most areas of deprivation or Maryport, Silloth and Wigton)
Needle and Syringe Programme	Not provided in Aspatria; Keswick; Silloth and central Workington.
Opioid Substitution Therapy Prescribing and Supervised Consumption	Not available in Keswick
Appliance Use Reviews	No access
Stoma Appliance Customisation	No access

In the towns of Aspatria, Maryport, Silloth and Wigton and there is no pharmacy provision on Sundays (Sunday pharmacy provision available in Cockermouth, Workington and Carlisle (approximately 15-30 minute drive).

9.1.10 Other NHS Services

North Cumbria Integrated Care NHS Foundation Trust provides an inpatient and outpatient pharmacy dispensing service from West Cumberland Hospital in Whitehaven. The hospital pharmacy also supplies medicines to some community clinics. Pharmacy provision is also available at Workington Community Hospital.

Dalston Pharmacy provide prepacked medicines to CHOC. Driver and Reception team leaders carry out stock check, stock rotation and order to agreed stock level, following additional training. Driver team leaders check and stock drug boxes for cars; Red 10, 11, 12 and 14 and request stock weekly from Dalston pharmacy.

In Allerdale the closest Accident and Emergency (A&E) departments are in Carlisle (Cumberland Infirmary) and Whitehaven (West Cumberland Hospital). In 2020, due to the impact of the COVID-19 pandemic, numbers of A&E attendances at West Cumberland Hospital reduced and across all A&E departments in Cumbria. In 2021, at West Cumberland Hospital, A&E attendances increased to similar levels pre-pandemic but were still below what they were in 2019. The highest numbers of attendances in 2021 were between the months of May-September, peaking in September. Mondays and Tuesdays show the largest number of attendances while the busiest times were during the hours of 10am-6pm, peaking at 1pm. Pharmacy services to wards are provided Monday to Saturday within a 24-hour on call service for emergencies outside of normal working hours and on Sundays.

9.1.11 Locally Commissioned Services

Locally commissioned services (services commissioned by the LA) include: Emergency Hormonal Contraception; Stop Smoking service; flu vaccinations (for local authority staff); subcontracted Needle and Syringe Programme services and Opioid Substitution Therapy Prescribing and Supervised Consumption services (subcontracted via Humankind Charity). North East and North Cumbria ICB commission: Gluten Free Food Supply service; Minor Ailments scheme ('Think Pharmacy First'); Palliative Care schemes; and a Urinary Tract Infection scheme.

9.1.12 Conclusions and Recommendations for Allerdale

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing GP Practices in the HWB area meet the needs of the former Allerdale district population for the provision of and access to pharmaceutical services. However, it is recognised that since the inception of the new Regulations on 25 May 2023 enabling 100-hour pharmacies to reduce their core hours to 72 hours, there has been a reduction in OOH provision. The 100-hour pharmacy in Workington has reduced its hours resulting in a reduction in OOH provision between 7am-9am and 9pm-11pm Monday to Friday; and between 9am to 12pm and 10pm to 9pm on Saturdays. The 100-hour pharmacy in Cockermouth has reduced its hours resulting in a reduction in OOH provision between 7am-8.30am and 9pm-11pm Monday to Friday; and 7am-9am and 9pm-10pm on Saturdays.

The HWB considered the opening times and ease of access to determine that there are no gaps in pharmaceutical service provision that is needed by the Allerdale population. However, it is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

The HWB considered the relevant services provided within the former Allerdale area to determine that there are no gaps or needs in services.

Although there are no current gaps or needs in the Allerdale area, the HWB identified some services could have better access if they were made available in more pharmacies including: Stop Smoking services; Palliative Care where there is limited access (not available in most areas of deprivation including Maryport, Silloth and Wigton). Needle and Syringe services as these are not provided in Aspatria; Keswick; Silloth and central Workington, however, there is alternative provision at a Needle Exchange Hub in central Workington. Providers of drug and alcohol services have reported that although there have been some improvements in provision there is ongoing limited capacity for supervised opiate substitute prescribing in Workington town centre. There is provision outside of the centre (Seaton) however this is not always accessible and requires additional travel time and therefore often impacting on service users ability to remain in treatment. Furthermore, there could be better access to Opioid Substitution Therapy Prescribing and Supervised Consumption services as these are not available in Keswick.

There could be better access to Appliance Use Review and Stoma Appliance Customisation services as there is currently no provision in any community pharmacy in the area, however, demand and activity levels are very low reflecting the national picture.

The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

9.2 Carlisle area

9.2.1 Strategic Direction

The former Carlisle district forms part of the North East and North Cumbria ICB (formally North Cumbria Clinical Commissioning Group) and the North East and North Cumbria Integrated Care System area; further details of plans are provided in section 4.6.

Following the pandemic, and in line with public health priorities, the former Carlisle Health & Wellbeing Forum priorities are set out below:

- Partnership and collaboration;
- Health inequalities;
- Mental and social wellbeing recovery; and
- Healthy weight.

9.2.2 Necessary Services: Current Provision

There are 20 pharmacies in the former Carlisle district area providing pharmaceutical services. Pharmacies are located primarily in areas of higher population density (see Figure 4 & 5). 17 pharmacies are located within Carlisle, with 15 of these situated to the south of the river, in the more densely populated areas, and two to the north of the river, serving the urban population of Carlisle and the rural population surrounding it. Outside of the Carlisle area, there is 1 pharmacy situated to the south of the city in Dalston; 1 to the east in the rural town of Brampton; and 1 pharmacy in the north of the district (on the Scottish border) in the rural town of Longtown. Since the 2022 PNA, one pharmacy in central Carlisle (Lloyds Pharmacy, Sainsburys, Church Street, Carlisle) has closed, as of 13 June 2023. This followed national closures across the whole of England not just Cumberland.

There are 114,024 patients registered at GP Practices located in the former Carlisle district area; this equates to one pharmacy for every 5,701 patients (18.0 per 100,000 patient population). This rate is the same as the estimated England average of 17 per 100,000 population. [*Patients Registered at GP Practices, April 2023*]. Please note that this is for information only and should not be used as an indicator for determining the need for pharmacy provision.

There are 4 dispensing practices in the former Carlisle district including two main sites in Brampton and Dalston. There are also branch dispensaries from the Brampton Medical Practice in the villages of Corby Hill and Wetheral, serving the rural population.

Due to the additional provision of the dispensing practices in Carlisle, consideration has been given to the dispensing provision of 21 per 100,000 population which includes both community pharmacies and dispensing practices.

Figures 4 & 5 present the distribution of pharmacies and dispensing practices in relation to population density and areas of deprivation respectively in Carlisle.

9.2.3 Access: Opening Hours

Access to community pharmacies across the former Carlisle district is well provided for during the hours of 9:00am and 9:00pm, Monday to Friday; see Appendix 7 (Community Pharmacy Opening Times, July 2023). 14 of the 20 pharmacies are open on Saturdays, and 8 of those are open until at least 5:00pm. The two supermarket pharmacies (Asda and Tesco) are open the longest hours and provide services from Monday to Friday from 9am to 9pm, and 8am to 8pm. Three pharmacies are open until at least 4pm on Sundays (including Asda and Tesco). There is no pharmacy provision in the rural areas of Brampton, Dalston and Longtown on Sundays.

The HWB considers that these pharmacies are meeting the needs of patients when other pharmacies are closed however access could be improved by extending opening hours.

The recent closure (as of 13 June 2023) of Lloyds Pharmacy in Sainsbury's in central Carlisle (Castle ward) has meant a reduction in overall pharmacy provision but in particular OOH provision. There is no longer provision between the hours of 7am-830am and 6pm-11pm Monday to Friday; between 7am-830am and 6pm-11pm on Saturdays; and between 10am-10.30am on Sundays. Users of the former pharmacy can access services in the city centre and can access some OOH provision on the outskirts of Carlisle at Asda (Dalston and Burgh ward) or Tesco (Botcherby ward) although it is recognised that neither pharmacies are open as early or late (9am to 9pm or 8am to 8pm Monday to Friday; 830am to 9pm or 8am to 8pm on Saturdays).

NHSE ensures that pharmaceutical service provision is available in all areas on Public and Bank Holidays when community pharmacies are not open; this is supported through voluntary opening or via Direction through NHSE as the Commissioner.

Dispensing patients have access to their dispensing practice at the times shown in Appendix 3 (Dispensing Practice Opening Times, June 2023).

CHOC, located at Cumberland Infirmary in Carlisle, provides cover when GP practices are closed, urgent medication from the OOH service formulary between 6.30pm and 8.00am, 7 days per week; with 24 hour access at weekends and bank holidays.

9.2.4 Access: Distance

Figures 4 & 5 present the location of providers of dispensing services (community pharmacies and dispensing practices). Figures 4 & 5 also show that these providers are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours.

Table 11 presents the proportion of the district's resident population with access to a pharmacy or dispensing practice by travel time and by mode of transport.

Table 11: Carlisle: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Carlisle					
% of Population with Access:					
Key:	Less than 90%	90-99%	100%		
Car		Walking		Public Transport	
5 mins	90.0%	3 mins	20.9%	5 mins	45.8%
10 mins	98.0%	6 mins	48.0%	10 mins	74.9%
15 mins	100.0%	9 mins	60.6%	15 mins	88.5%
20 mins	100.0%	12 mins	69.9%	20 mins	90.2%
30 mins	100.0%	15 mins	75.1%	30 mins	92.8%
Source: shapeatlas.net					

Travel times by car were considered reasonable in Carlisle with 100% of the population having access to a pharmacy within 15 minutes. However, the 2021 Census reported that 22% of households in Carlisle had no access to cars or vans (England and Wales 23%) and travel by public transport within 30 minutes is not accessible to all as approximately 7,800 (7.2%) of residents within the district cannot access pharmaceutical services by public transport within 30 minutes. Furthermore, 27,000 residents (24.9%) are outside of 15 minutes walking access.

It was acknowledged that the people living in the most rural and sparsely populated wards of Longtown & the Border, Brampton & Fellside, and Dalston & Burgh have the greatest distances to travel to access all services locally including pharmaceutical services. Travel time maps are available in Appendix 8 (Travel Time Maps). There are not any areas within the map not considered within this assessment.

It was noted that some pharmacies close at 5:30pm weekdays, half day Saturdays or pm and are not open on Sundays (outside of the city), therefore it was necessary to consider access to areas with later opening times and Sunday opening.

A number of pharmacies provide the 'collection of prescriptions from surgeries' service as well as providing delivery services, including vulnerable patient groups. Pharmacies across all areas of Carlisle provide delivery services including those located in central and urban Carlisle; Harraby (Parklands); Longtown; Brampton and Dalston.

9.2.5 Necessary Services Outside the District

Although exact numbers could not be obtained for this assessment it is known historically that some residents living in North Cumbria are registered with GP practice outside the county. Patients have historically been registered with: Newcastleton Medical Practice in the Scottish Borders; practices in Canonbie and Gretna in Dumfries and Galloway, Scotland; and Haltwhistle in Northumberland HWB area.

Both Newcastleton and Canonbie are dispensing practices which provide essential pharmaceutical services to patients who reside in Cumbria but whom are registered with them. Prescriptions can be collected during surgery times. The Canonbie practice sends prescription forms to the pharmacy in Longtown to be dispensed for those patients who live in the Longtown area but cannot attend the surgery to collect their prescription.

In Gretna there is a community pharmacy (Well Pharmacy) in the town which can provide pharmaceutical services for patients.

9.2.6 Necessary Services: Gaps in Provision

The HWB considered the current opening times and reasonable accessibility to determine that the community pharmacies and dispensing doctors in the former Carlisle district currently meet the needs of the Carlisle locality population for the provision and access to pharmaceutical services. However, it is recognised that the recent closure (13 June 2023) of Lloyds Pharmacy, Sainsbury's, in central Carlisle has reduced pharmaceutical provision and opening hours, in particular OOH provision.

If additional pharmacies were to close in future in the Carlisle area there may be gaps in pharmaceutical provision. The HWB will monitor this in future.

It is acknowledged that people who live in rural and sparsely populated areas often have greater distances to travel in order to access services however, most are within reasonable travel times, furthermore, consideration must be taken of the economic viability of providing services.

9.2.7 Other Relevant Services: Current Provision

There are advanced services which pharmacies can choose to provide. Achieving Healthy Living Pharmacy status is one of the essential Quality Criteria for the new National Contractual Framework (as of 2020/21) therefore all pharmacies in the Carlisle area provide this. All 20 pharmacies across Carlisle currently offer a New Medicine Service; and 19 provide the Community Pharmacist Consultation Service. 12 pharmacies provide the Hypertension Case-Finding service (NHS Blood Pressure Check service) excluding Dalston and Longtown.

There are just 2 pharmacies which currently offer Stoma Appliance Customisation and Appliance Use Reviews (located in Dalston and central Carlisle), this can be carried out by a pharmacist or specialist Stoma nurse. The Hepatitis C Testing Service was decommissioned from 1st April 2023. Locally commissioned services available in Carlisle are presented in Table 12.

Table 12: Carlisle: Locally Commissioned Services

Service	No. Pharmacy Providers	Geographic Coverage	Other Providers
Gluten Free Food Scheme	20	All areas	
Minor Ailment Scheme (Think Pharmacy First)	20	All areas	
Palliative Care	5	Carlisle (central and outskirts) and Dalston	
Stop Smoking Service	20	All areas	
Emergency Hormonal Contraception	20	All areas	Contraceptive services are provided at Sexual Health Clinics; Hospital Trusts; GP Practices
Seasonal Influenza Vaccination	20	All areas	GP practices
Needle and Syringe Programme	2	Carlisle (Currock only)	Alternative provision at Needle Exchange Hub in central Carlisle.
Opioid Substitution Therapy Prescribing & Supervised Consumption	11	Carlisle and Longtown (excluding rural areas Dalston and Brampton)	
Urinary Tract Infection scheme	11	All areas excluding Longtown	

9.2.8 Pharmacy Services in Areas of Deprivation

Carlisle district has 4 LSOAs with significant deprivation (most deprived 10% in England) therefore consideration was given to the provision of public health locally commissioned services in these LSOAs. It was noted that although there is not a pharmacy in every area of significant deprivation, there are pharmacies within a reasonable distance, either by car or public transport. Table 13 below presents the provision of these services.

Table 13: Carlisle: 10% most Deprived LSOAs in England: With Advanced & Locally Commissioned Pharmaceutical Services

LSOA	Pharmacy located in the LSOA *	If not, is one located nearby (less than 5 min by car)	Does a GP practice provide dispensing services to the LSOA	NMS	AUR	SAC	CPCS	EHC	Stop Smoking Service	Palliative Care	Gluten Free Food	Minor Ailment Scheme	NST	OST	Influenza Vac.	UTI scheme	Hyper tension
E01019193 (Belle Vue)	Y (12)		N	Y	N	N	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y
E01019197 (Botcherby)	N	Y (10, 21, 31, 34, 45, 51)	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E01019231 (Morton)	N	Y (6, 12, 13)	N	Y	N	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y
E01019245 (Harraby South)	Y (20)		N	Y	N	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N

*Numbers refer to the Pharmaceutical Services List available in Appendix 2 (Community Pharmacy Services, June 2023).

9.2.9 Improvement & Better Access: Gaps in Provision

To determine the gaps in provision of advanced and locally commissioned services consideration was given to the number of pharmacies providing the service, their location and the location of other providers, if appropriate. Table 14 presents the results of the determination.

Table 14: Carlisle: Gaps in Pharmaceutical Service Provision

Service	Description of Gap
Palliative Care	Limited access (5 pharmacies) not available in rural areas of Brampton or Longtown
Needle and Syringe Programme	Limited access particularly in central Carlisle, deprived areas and rural areas (Longtown, Brampton and Dalston)
Opioid Substitution Therapy Prescribing and Supervised Consumption	Limited access particularly in deprived and rural areas (Brampton and Dalston)
Appliance Use Reviews	Limited access (2 pharmacies only - Dalston and Carlisle)
Stoma Appliance Customisation	Limited access (2 pharmacies only - Dalston and Carlisle)
Urinary Tract Infection scheme	Not available in Longtown

There is no pharmacy provision in Brampton, Dalston or Longtown on Sundays. Furthermore, there is no provision in these rural areas after 6.00pm Monday to Friday.

The recent closure (13 June 2023) of Lloyds pharmacy, Sainsbury's, in Carlisle has resulted in less provision of OST Supervised administration (as well as other commissioned services) however, numbers of interactions with this patient group were low.

9.2.10 Other NHS Services

North Cumbria Integrated Care NHS Foundation Trust (NCIC) supplies stock medicines to Brampton Memorial Hospital. It also provides pharmaceutical services to inpatients, patients on discharge, homecare patients and outpatients.

Cumberland, Northumberland, Tyne & Wear NHS Foundation Trust (CNTW) have their own registered pharmacy at the Carleton Clinic in Carlisle providing dispensed medicines to inpatients, patients attending clinics and take home medicines in addition to stock supplies to community services.

Dalston Pharmacy provide prepacked medicines to CHOC. Driver and Reception team leaders carry out stock check, stock rotation and order to agreed stock level, following additional training. Driver team leaders check and stock drug boxes for cars; Red 10, 11, 12 and 14 and request stock weekly from Dalston pharmacy.

In Carlisle there is an acute hospital with a General Pharmaceutical Council (GPhC) registered pharmacy. The hospital provides A&E services at the Cumberland Infirmary (Carlisle). In 2020, due to the impact of the COVID-19 pandemic, numbers of A&E attendances reduced at the Cumberland Infirmary and across all A&E departments in Cumbria. In 2021, at the

Cumberland Infirmary, they increased to similar levels pre-pandemic but were still below what they were in 2019. The highest numbers of attendances in 2021 were between the months of May-October, peaking in July. Mondays and Tuesdays show the largest number of attendances while the busiest times were during the hours of 10am-6pm, peaking at 12pm. Pharmacy services are available 7 days per week with dispensary services provided 8:30am to 6:00pm Monday-Friday; 10:00am to 4:00pm on Saturday; and 10:00am to 2:00pm on Sundays.

9.2.11 Locally Commissioned Services

Locally commissioned services (services commissioned by the LA) include: Emergency Hormonal Contraception; Stop Smoking service; flu vaccinations (for local authority staff); subcontracted Needle and Syringe Programme services and Opioid Substitution Therapy Prescribing and Supervised Consumption services (subcontracted via Humankind Charity). North East and North Cumbria ICB commission: Gluten Free Food Supply service; Minor Ailments scheme ('Think Pharmacy First'); Palliative Care schemes; and a Urinary Tract Infection scheme.

9.2.12 Conclusions and Recommendations for Carlisle

The HWB considered the opening times and access to determine that the community pharmacies and dispensing GP practices in the HWB area meet the needs of the former Carlisle district population for the provision and access to pharmaceutical services. However, it is recognised that there could be better access to OOH provision following the recent closure (13 June 2023) of Lloyds Pharmacy, Sainsbury's, in central Carlisle (Castle ward); as a result of the closure there is no longer provision between the hours of 7am-830am and 6pm-11pm Monday to Friday; between 7am-830am and 6pm-11pm on Saturdays; and between 10am-10.30am on Sundays. Users of the former pharmacy can access services in the city centre and for some OOH provision on the outskirts of Carlisle at Asda (Dalston and Burgh ward) or Tesco (Botcherby ward) although it is recognised that neither pharmacies are open as early or late (9am to 9pm or 8am to 8pm Monday to Friday; 830am to 9pm or 8am to 8pm on Saturdays). The HWB considers that these pharmacies are meeting the needs of patients when other pharmacies are closed however access could be improved by extending opening hours, this would provide better access.

The HWB considered the relevant services provided within Carlisle district to determine that there are no gaps or needs in services.

The HWB identified some services could have better access and could be improved if they were made available in more pharmacies including: Palliative care (this is not available in some rural areas); Needle and Syringe Programmes; and Opioid Substitution Therapy Prescribing and Supervised Consumption. Providers of drug and alcohol services have reported that there is ongoing limited capacity for supervised opiate substitute prescribing in Carlisle city centre. There is provision outside of the centre however this is not always accessible and requires additional travel time and therefore often impacting on a service users ability to remain in treatment. The closure of Lloyds pharmacy in Carlisle also means less provision of OST Supervised administration resulting in service users being moved to alternative pharmacies where there are some capacity issues due to additional demand; however, numbers of interactions with this patient group were low.

The HWB also identified improvements and better access could be made to Appliance Use Review; and Stoma Appliance Customisation, however, demand and activity levels are very low reflecting the national picture.

The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

It is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services, however, travel times are considered reasonable.

A public survey has not been carried out as part of this 2023 PNA, however, a public survey was carried out in 2022. Responses to the 2022 survey indicated concerns with the level of service provided by pharmacies and in particular a need in the provision and availability of prescribed medication and improvements needed to waiting times; these needs were more apparent in North Carlisle.

9.3 Copeland area

9.3.1 Strategic Direction

The former Copeland district forms part of the North East and North Cumbria ICB (formally North Cumbria Clinical Commissioning Group) and the North East and North Cumbria Integrated Care System area; however, the Millom area is part of Lancashire and South Cumbria ICB and system. Further details of plans are provided in section 4.6.

Following local government reorganisation, the Copeland Health and Wellbeing Forum no longer exists however the former area's health and wellbeing priorities remain as set out below:

- Mental Health;
- Physical Health;
- Healthy Weight;
- Health Inequalities; and
- Social Prescribing.

9.3.2 Necessary Services: Current Provision

There are 14 pharmacies providing pharmaceutical services to the population of the former Copeland Borough. 12 pharmacies in the area are served by the NENC ICB; while 2 are served by the LSC ICB (Millom). These community pharmacies are located in Whitehaven (6) and the towns of Cleator Moor (1), Egremont (2), Frizington (1), Millom (2), Mirehouse (1); and Seascale (1). Figures 4 & 5 presents the distribution of pharmacies and dispensing practices in relation to population density across Copeland.

There are 70,504 patients registered at GP Practices located in the former Copeland district area; this equates to 1 pharmacy for every 5,036 patients (20.0 per 100,000 patient population). This rate is similar to the estimated England average of 17 per 100,000 population. [*Patients Registered at GP Practices, April 2023*]. Please note that this is for information only and should not be used as an indicator for determining the need for pharmacy provision.

There are 3 dispensing practices in Copeland, these are located in Distington, Seascale and Bootle (Millom). As listed previously, there is also community pharmacy provision in Seascale and Whitehaven. Due to the additional provision of these dispensing practices in Copeland, consideration has been given to the dispensing provision of 24 per 100,000 population which includes both community pharmacies and dispensing practices.

It would appear that, in terms of numbers, the population has adequate provision of community pharmacies and dispensing practices. There are two higher populated areas without provision (St. Bees and Gosforth). However, these are within driving distance of Whitehaven, Egremont and Seascale respectively.

9.3.3 Access: Opening Hours

Access to community pharmacies across the former Copeland area is well provided for between the hours of 9:00am and 6:30pm Monday to Friday and 9:00am to 1pm on Saturday; see Appendix 7 (Community Pharmacy Opening Times, July 2023). There is no community pharmacy provision after lunchtime on Saturdays and none on Sundays in the areas of Cleator Moor, Egremont, Frizington, Mirehouse and Seascale. However, Whitehaven has provision until 9:00pm Monday to Friday as well as Saturday until 9:00pm and Sunday opening from 12:00pm to 8:00pm. From Monday to Friday there are pharmacies open, at times, after 6pm in Cleator Moor, Egremont and Millom. Residents in Seascale would have the furthest to travel for provision on Saturday afternoons and Sundays (in excess of 30 minutes). Since the inception of the new Regulations on 25 May 2023 enabling 100-hour pharmacies to reduce their core hours to 72 hours there has been a reduction in OOH provision. The 100-hour pharmacy in Whitehaven has reduced its hours resulting in a reduction in OOH provision between 7am-9am and 9pm-11pm Monday to Friday; between 9am to 12pm and 10pm to 9pm on Saturdays.

The HWB considers that these pharmacies are meeting the needs of patients by providing access to pharmaceutical services when other pharmacies are closed.

NHSE ensures that pharmaceutical service provision is available in all areas on Public and Bank Holidays when community pharmacies are not open; this is supported through voluntary opening or via Direction through NHSE as the Commissioner.

Dispensing patients have access to their dispensing practice at the times shown in Appendix 3 (Dispensing Practice Opening Times, June 2023).

CHOC, located at West Cumberland Hospital in Whitehaven, provides cover when GP practices are closed, urgent medication from the OOH formulary between 6.30pm and 8.00am seven days a week and 24-hour access at weekends and bank holidays. As of 15 May 2023, CHOC also provide services for the population of Millom at Waterloo House Surgery.

9.3.4 Access: Distance

Figures 4 & 5 present the location of providers of dispensing services (community pharmacies and dispensing practices). Figures 4 & 5 also show that these providers are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours. Table 15 presents the proportion of the district's resident population with access to a pharmacy or dispensing practice by travel time and by mode of transport.

Table 15: Copeland: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Copeland					
% of Population with Access:					
Key:	Less than 90%		90-99%		100%
Car		Walking		Public Transport	
5 mins	81.0%	3 mins	21.2%	5 mins	29.9%
10 mins	100.0%	6 mins	27.3%	10 mins	52.1%
15 mins	100.0%	9 mins	42.0%	15 mins	82.1%
20 mins	100.0%	12 mins	45.7%	20 mins	86.4%
30 mins	100.0%	15 mins	56.1%	30 mins	86.4%
Source: shapeatlas.net					

Travel times by were considered broadly reasonable in Copeland with 100% of the population having access to a pharmacy or dispensing practice within 10 minutes by car. However, the 2021 Census reported that 21% of households in Copeland had no access to cars or vans (England and Wales 23%) and public transport travel times are longer with 13.6% of residents (9,200 people) not able to access services by public transport within 30 minutes. It is also worth noting that 43.9% of people living in the district do not have access to services by walking within 15 minutes.

Travel time maps are available in Appendix 8 (Travel Time Maps). There are not any areas within the map not considered within this assessment.

It was necessary to consider access to areas from Copeland with later opening times and Sunday opening; see Appendix 7 (Community Pharmacy Opening Times, July 2023). It was noted some pharmacies close at 5:30pm weekdays (located in Frizington and Mirehouse), half day Saturday or 5pm and are not open Sunday (all areas outside of Whitehaven). There is also no provision in the populated areas of St Bees and Gosforth. It was noted that there are no community pharmacies open on Sundays for the residents of Millom and Seascale. Some travel times in Copeland are the longest in the county.

Some pharmacies provide the 'collection of prescriptions from surgeries' service and delivery services. Pharmacies providing delivery services are located in Egremont; Frizington, Kells; Millom; and Whitehaven. There are currently no delivery services in Cleator Moor and Seascale.

9.3.5 Necessary Services Outside the former District

Copeland locality is wholly within the Cumberland HWB area.

9.3.6 Haverigg Prison

HMP Haverigg is a category D open prison with a capacity of 488 adult male prisoners serving short, medium and long term sentences. It is located in Haverigg near Millom. As in the general population, the average age of prisoners is increasing and consequently their health needs reflect this aging population. The Healthcare team in partnership provide primary care, pharmacy services; and Mental Health and Drug and Alcohol services.

The immediate pharmaceutical needs of the prison population are served through contractual arrangement with a community pharmacy company; currently provided by Rowlands

Pharmacy at Millom. Pharmacy provision including enhanced services is equivalent to primary care in the community, drug and alcohol services and primary and secondary mental health.

Spectrum Community Health CIC and HumanKind in partnership provide drug and alcohol support to prisoners including the prescribing of substitutes.

9.3.7 Necessary Services: Gaps in Provision

It is acknowledged that people who live in rural and sparsely populated areas often have greater distances to travel in order to access services. However, consideration must be taken of the economic viability of providing services. There are no community pharmacy services on Saturday afternoons and none on Sundays for residents in the areas of Cleator Moor, Egremont, Frizington, Mirehouse and Seascale. Furthermore, there is no pharmacy provision on Sundays in Millom.

9.3.8 Other Relevant Services: Current Provision

There are advanced services which pharmacies can choose to provide. Achieving Healthy Living Pharmacy status is one of the essential Quality Criteria for the new National Contractual Framework (as of 2020/21) therefore all pharmacies in the Copeland area provide this.

All 14 pharmacies currently offer the New Medicine Service and the Community Pharmacist Consultation Service. 9 pharmacies provide the Hypertension Case-Finding service (NHS Blood Pressure Check service) excluding Frizington. There are no pharmacies in the area providing Stoma Appliance Customisation or Appliance Use Reviews. The Hepatitis C Testing Service was decommissioned from 1st April 2023. Locally commissioned services available in Copeland are presented in Table 16.

Table 16: Copeland: Locally Commissioned Services:

Service	No. Pharmacy Providers	Geographic Coverage	Other Providers
Gluten Free Food Scheme *	12	All areas excluding Millom	
Minor Ailment Scheme (Think Pharmacy First) *	12	All areas excluding Millom	
Paediatrics Minor Ailment Scheme [under 18 years of age] **	2	Millom	
Palliative Care	2	Whitehaven (Kells and Sandwith)	
'End of Life' emergency medicines**	2	Millom	
Stop Smoking Service	14	All areas	
Emergency Hormonal Contraception	13	All areas	Contraceptive services are provided at Whitehaven Sexual Health Clinic; GP Practices

Seasonal Influenza Vaccination	14	All areas	GP practices
Needle and Syringe Programme	7	All areas	Alternative provision at Needle Exchange Hub in central Whitehaven.
Opioid Substitution Therapy prescribing & supervised consumption	12	All areas	
Urinary Tract Infection scheme	10	All areas excluding Millom	
Urinary Tract Infection scheme	10	All areas excluding Millom	

*Service specific to North East & North Cumbria ICB (does not include Millom). **Service specific to Lancashire & South Cumbria ICB (Millom only)

9.3.9 Pharmacy Services in Areas of Deprivation

Copeland district has 3 LSOAs with significant deprivation (most deprived 10% in England) therefore consideration was given to the provision of public health locally commissioned services in these communities. It was noted that although there is not a pharmacy in every area of significant deprivation, there are pharmacies within a reasonable distance, either by car or public transport. Table 17 below presents the provision of these services.

Table 17: Copeland: 10% Most Deprived LSOAs in England: With Advanced & Locally Commissioned Pharmaceutical Services

LSOA	Pharmacy located in the LSOA *	If not, is one located nearby (less than 5 min by car)	Does a GP practice provide dispensing services to the LSOA	NMS	AUR	SAC	CPCS	EHC	Stop Smoking Service	Palliative Care	Gluten Free Food	Minor Ailment Scheme	NSP	OST	Influenza Vac.	UTI scheme	Hyper tension
E01019280 (Kells and Sandwith)	Y (28, 59, 60)		N	Y	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
E01019295 (Egremont North and St Bees)	N	Y (56, 58)	N	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
E01019301 (Kells and Sandwith)	N	Y (56, 58)	N	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y

*Numbers refer to the Pharmaceutical Services List available in Appendix 2 (Community Pharmacy Services, June 2023).

9.3.10 Improvements and Better Access: Gaps in Provision

To determine the gaps in provision of advanced and locally commissioned services consideration was given to the number of pharmacies providing the service, their location and the location of other providers, if appropriate. Table 18 presents the results of the determination.

Table 18: Copeland: Gaps in Pharmaceutical Service Provision:

Service	Description of Gap
Palliative Care	Limited access (central Whitehaven and Millom only)
Appliance Use Reviews	No access
Stoma Appliance Customisation	No access

There are no community pharmacy services on Saturday afternoons and none on Sundays for residents in the areas of Cleator Moor, Egremont, Frizington, Millom, Mirehouse and Seascale. Travel times in some of the areas are significantly longer than other parts of the district and county.

9.3.11 Other NHS Services

North Cumbria Integrated Care NHS Foundation Trust provides an inpatient and outpatient pharmacy dispensing service from West Cumberland Hospital in Whitehaven. The hospital pharmacy also supplies medicines to some community clinics.

Dalston Pharmacy provide prepacked medicines to CHOC. Driver and Reception team leaders carry out stock check, stock rotation and order to agreed stock level, following additional training. Driver team leaders check and stock drug boxes for cars; Red 10, 11, 12 and 14 and request stock weekly from Dalston pharmacy.

In Copeland there is an acute hospital with a General Pharmaceutical Council (GPhC) registered pharmacy. The hospital provides A&E at West Cumberland Hospital (Whitehaven). In 2020, due to the impact of the COVID-19 pandemic, numbers of A&E attendances reduced at West Cumberland Hospital and across all A&E departments in Cumbria. In 2021, at West Cumberland Hospital, they increased to similar levels pre-pandemic but were still below what they were in 2019. The highest numbers of attendances in 2021 were between the months of May-September, peaking in September. Mondays and Tuesdays show the largest number of attendances while the busiest times were during the hours of 10am-6pm, peaking at 1pm. The Registered pharmacy is open from Monday to Friday 8:30am to 4:30pm. Pharmacy services to wards are provided Monday to Saturday within a 24-hour on call service for emergencies outside of normal working hours and on Sundays.

9.3.12 Locally Commissioned Services

Locally commissioned services (services commissioned by the LA) include: Emergency Hormonal Contraception; Stop Smoking service; flu vaccinations (for local authority staff); subcontracted Needle and Syringe Programme services and Opioid Substitution Therapy Prescribing and Supervised Consumption services (subcontracted via Humankind Charity). North East and North Cumbria ICB commission: Gluten Free Food Supply service; Minor Ailments scheme ('Think Pharmacy First'); Palliative Care schemes; and a Urinary Tract

Infection scheme. Lancashire and South Cumbria ICB commission services for the Millom area within Copeland including: Minor Ailment scheme for paediatrics (under 18s) and asylum seekers; Palliative Care schemes (End of Life emergency medicines); and and stock holding of oral antiviral medicines for flu outbreaks in care homes.

9.3.13 Conclusions and Recommendations for Copeland District

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meet the needs of the former Copeland district population for the provision and access to pharmaceutical services. However, it is recognised that since the inception of the new Regulations on 25 May 2023 enabling 100-hour pharmacies to reduce their core hours to 72 hours there has been a reduction in OOH provision. The 100-hour pharmacy in Whitehaven has reduced its hours resulting in a reduction in OOH provision between 7am-9am and 9pm-11pm Monday to Friday; and between 9am to 12pm and 10pm to 9pm on Saturdays. The 100-hour pharmacy in Cockermouth has reduced its hours resulting in a reduction in OOH provision between 7am-8.30am and 9pm-11pm Monday to Friday; and 7am-9am and 9pm-10pm on Saturdays.

The HWB considered the opening times and ease of access to determine that there are no gaps in pharmaceutical service provision that is needed by the former Copeland district population. However, it is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services especially Millom.

The HWB considered the relevant services provided within the Copeland area to determine that there are no gaps or needs in services.

Although there are no current gaps or needs in pharmacy provision in Copeland, the HWB identified some services could have better access and could be improved if they were made available in more pharmacies including: Palliative Care (currently provision is available in central Whitehaven and Millom only); Appliance Use Review (no provision); and Stoma Appliance Customisation (no provision) however, demand and activity levels are very low reflecting the national picture.

The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

10 Equality Impact Assessment

The assessment has identified adequate provision and throughout the assessment the following groups/issues have been considered: rurality; age; ethnicity; migration; visitors; university students; disability; religion; gender identity; sexual orientation; marriage and civil partnership; substance misuse; deprived households; homeless households; offenders; refugees and asylum seekers; military veterans; Gypsy and Irish Travellers; and the Prison population. The assessment has raised needs within the assessment for these groups where relevant.

11 Conclusion

The overall provision of pharmaceutical services is considered adequate in Cumberland by the HWB, no gaps in services have been identified. However, it is recognised that there is a

reduction in overall pharmaceutical provision and in particular OOH provision following the closure of Lloyds pharmacy in the former Carlisle district area; and following the inception of the new national Regulations enabling 100-hour pharmacies to reduce their core hours to 72 hours which has resulted in further reductions in some OOH provision. If additional pharmacies were to close in future in the Carlisle area there may be gaps in pharmaceutical provision. The HWB will monitor this in future.

The HWB acknowledge that each former district area has services that could be improved with better access if they were made available in existing pharmacies; these services vary in each former district and are highlighted within each district summary. However, the HWB do not believe any additional pharmacies are required to secure improvements or better access.

There are many rural communities within Cumberland and it is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

A public survey has not been carried out as part of this 2023 PNA, however, a public survey was carried out in 2022. Responses to the 2022 survey indicated concerns with the level of service provided by pharmacies and in particular a need in the provision and availability of prescribed medication and improvements needed to waiting times; these needs were more apparent in North Carlisle.

The HWB will continue to monitor the increasing demands on pharmaceutical services in the future including housing developments and potential pharmacy closures.

Community pharmacies provide a valuable service for the local population and in particular vulnerable people. The PNA provides useful context to help ensure pharmaceutical services remain accessible and available and are designed in future to help improve the quality of life for the local population including those most vulnerable.

Glossary of Acronyms

Accident and Emergency (A&E)	53	National Health Service (NHS)	5
Community Pharmacy Contractual Framework (CPCF)	30	National Health Service England (NHSE)	5
Cumberland Council (CC)	5	NHS Improvement (NHSI)	30
Cumbria County Council (CCC)	7	Out of Hours (OOH)	33, 36
Cumbria Health on Call (CHOC)	39	Output Area (OA)	7
Department of Health (DoH)	5	Pharmaceutical Needs Assessment (PNA)	5
Department of Health and Social Care (DHSC)	30	Pharmaceutical Services Negotiating Committee (PSNC)	30
General Practitioner (GP)	31	Pharmacy Access Scheme (PhAS)	31
Health and Wellbeing Board (HWB)	5	Pharmacy Integration Fund (PhIF)	30
Integrated Care Board (ICB)	29	Primary Care Networks (PCNs)	40
Integrated Care Communities (ICCs)	29	Primary Care Trusts (PCTs)	5
Integrated Care Systems (ICSs)	28	Sustainability and Transformation Plan (STP)	34
Joint Strategic Needs Assessment (JSNA)	6	Westmorland and Furness Council (W&F)	7
Local Pharmaceutical Services (LPS) ...	36		
Lower Super Output Area (LSOA)	7		