

Westmorland & Furness
Pharmaceutical Needs Assessment
2023



1	Executive Summary	3
2	Introduction	5
3	PNA Development in Westmorland & Furness	6
4	Determination of Localities	7
5	Westmorland and Furness Profile	11
5.1	Geography	11
5.2	Demography	13
5.3	Deprivation	16
5.4	Health	19
5.5	Patient Groups with Specific Needs	22
5.6	Future Developments.....	24
5.7	Strategic Direction.....	26
6	Provision of Pharmaceutical Services	29
6.1	Community Pharmacy Contractors	29
6.2	Local Pharmaceutical Services (LPS)	33
6.3	Dispensing Practices	33
6.4	Controlled Localities.....	35
6.5	Reserved Locations	35
6.6	Distance Selling Premises (Mail Order / Wholly Internet Pharmacies).....	35
6.7	Dispensing Appliance Contractors	36
6.8	Other Relevant Services	36
6.9	Coronavirus (COVID-19).....	37
6.10	Dispensing and Prescribing Volumes and Flows.....	38
7	Partnership Involvement & Public Engagement	43
7.1	Steering Group	43
7.2	Public Survey	43
7.3	Contractor Survey	43
8	Consultation Process	43
9	Analysis of Need and Pharmaceutical Provision by former District.....	43
9.1	Barrow-in-Furness area	44
9.2	Eden area	52
9.3	South Lakeland area.....	59
10	Equality Impact Assessment.....	66
11	Conclusion	66
12	Glossary of Acronyms	67

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 Westmorland and Furness 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 Health and Wellbeing Board 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 Westmorland and Furness 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 Westmorland & Furness' HWB is based on the new local authority unitary boundary whilst recognising former district boundaries and current ICCs, wards and LSOAs where relevant.

- 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, Westmorland & Furness HWB concludes that there is adequate provision of pharmaceutical services across Westmorland & Furness. However, it is recognised that there is a reduction in Out of Hours (OOH) provision following the closure of Lloyds pharmacy in the former Eden district area (centre of Penrith). Furthermore, pharmaceutical services that could be improved with better access conditions vary in each former district areas.

There are many rural communities within W&F and it is acknowledged that across W&F 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.

Westmorland & Furness 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 Westmorland and Furness 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 Westmorland & Furness Council and Westmorland & Furness 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 Westmorland & Furness

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 Westmorland & Furness;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services;
- Different needs of different areas in Westmorland & Furness;
- The pharmaceutical services provided in the area of any neighbouring HWB which affect the need for pharmaceutical services in Westmorland & Furness, or whether further provision of pharmaceutical services in Westmorland & Furness would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in Westmorland & Furness;
- Any other NHS services provided in or outside Westmorland & Furness (not covered above) which affect the need for pharmaceutical services in Westmorland & Furness, or whether further provision of pharmaceutical services in Westmorland & Furness would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in Westmorland & Furness;
- 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, Westmorland & Furness 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) Westmorland & Furness 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 were replaced by two new unitary authorities. Cumberland Council (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 Westmorland and Furness unitary authority area. The various options for dividing the population into distinct localities were considered based on the geographic, demographic and social characteristics of Westmorland and Furness. 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:

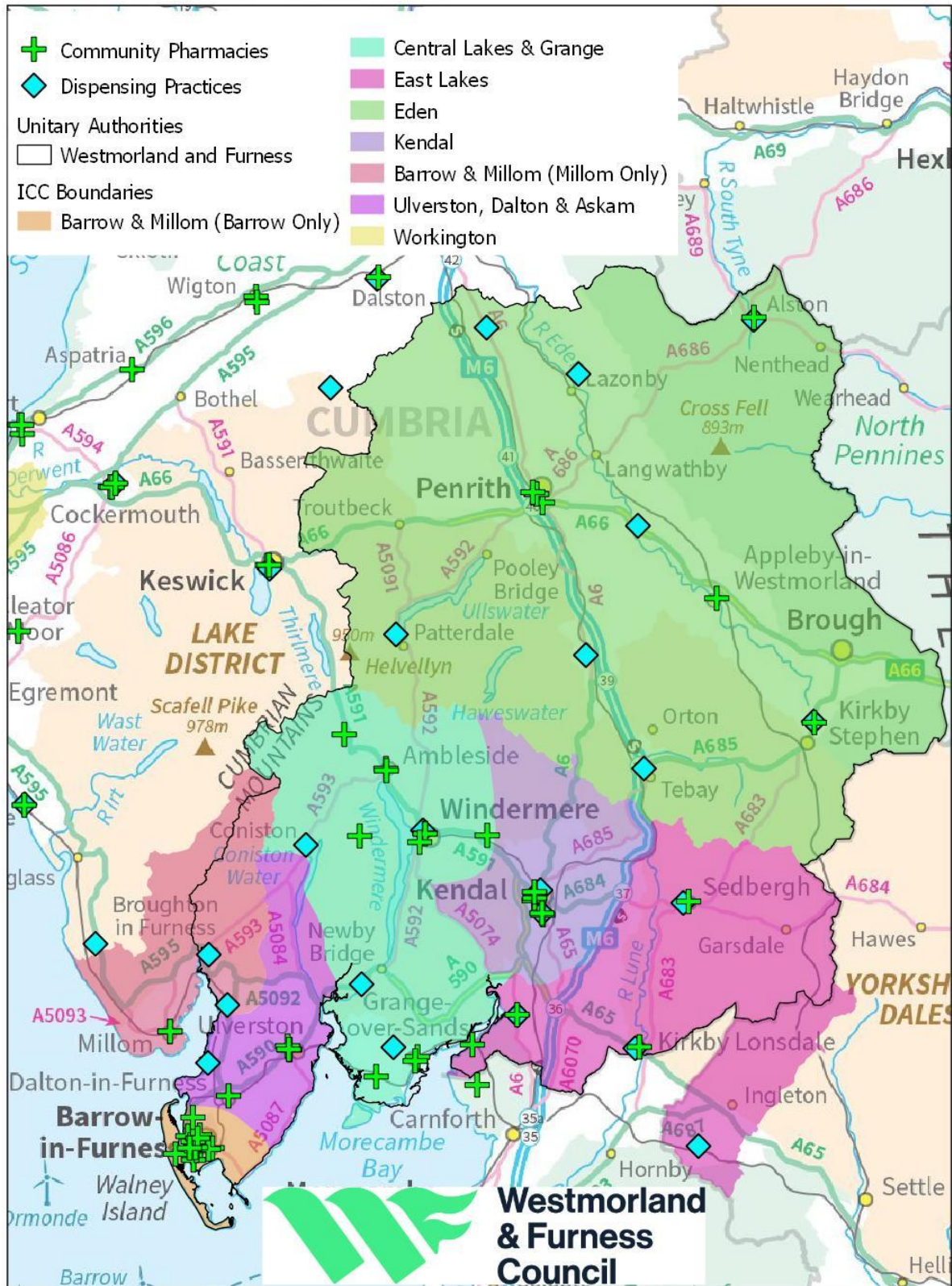
- Commissioning of future services will be undertaken on various boundaries including a Cumbria wide footprint; the new unitary boundary; and health boundaries depending on the commissioner.
- Following the recent release of 2021 Census data, a wide range of recent data would be available at ward, Lower 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 pharmaceutical needs assessment, 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 Westmorland and Furness 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 Westmorland and Furness 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 Westmorland and Furness with ward boundaries.

Figure 2: Unitary and ICC Boundaries: With Community Pharmacies and Dispensing Practices: June 2023:

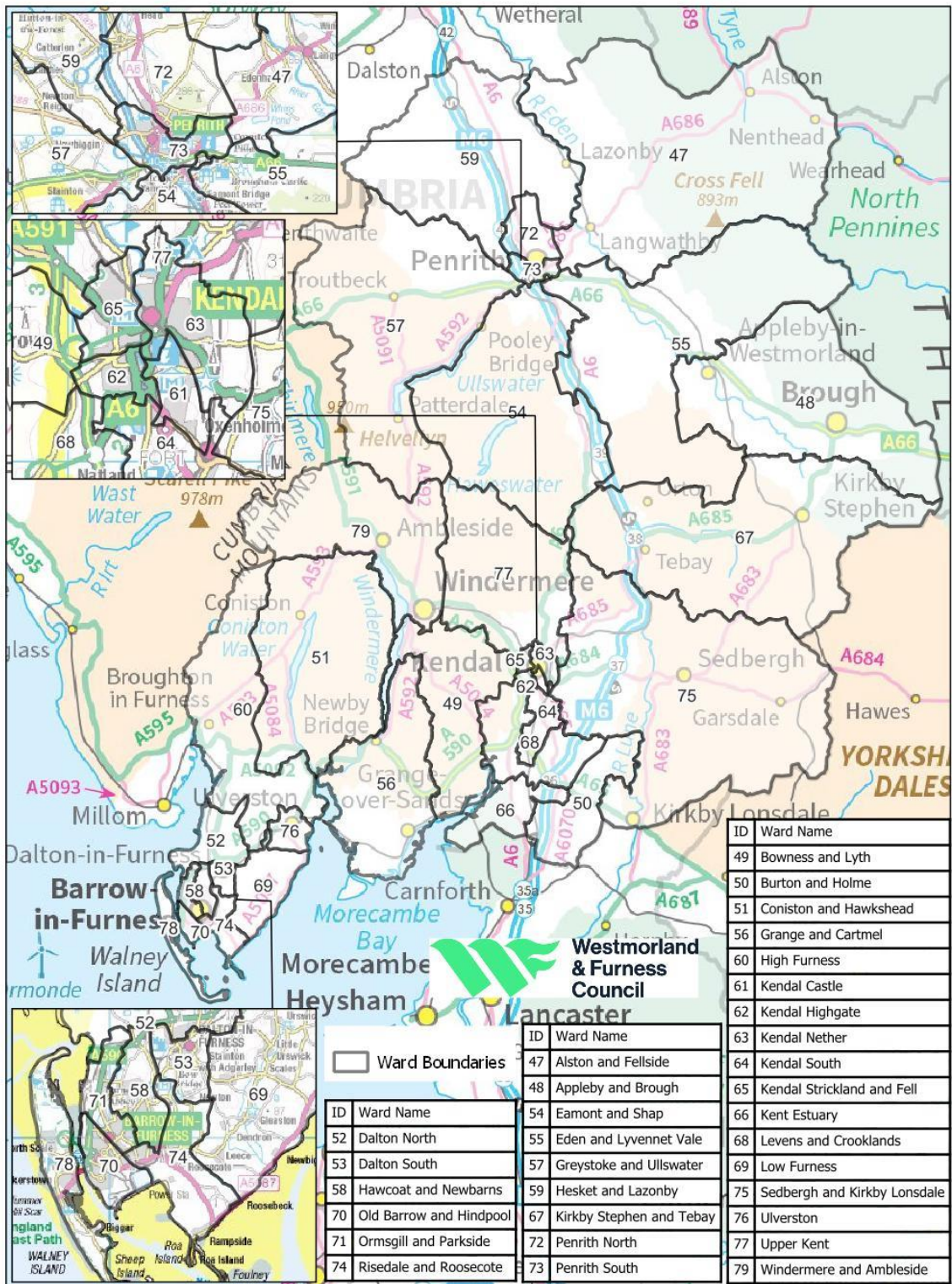
Westmorland & Furness with Integrated Care Communities (ICCs)



© Crown copyright and database rights 2023 OS 100066998. You are granted a non-exclusive, royalty free, revocable licence solely to view the Licensed Data for non-commercial purposes for the period during which Westmorland and Furness Council makes it available. You are not permitted to copy, sub-license, distribute, sell or otherwise make available the Licensed Data to third parties in any form. Third party rights to enforce the terms of this licence shall be reserved to OS.

Figure 3: Unitary and Wards: June 2023:

Westmorland & Furness with Ward Boundaries



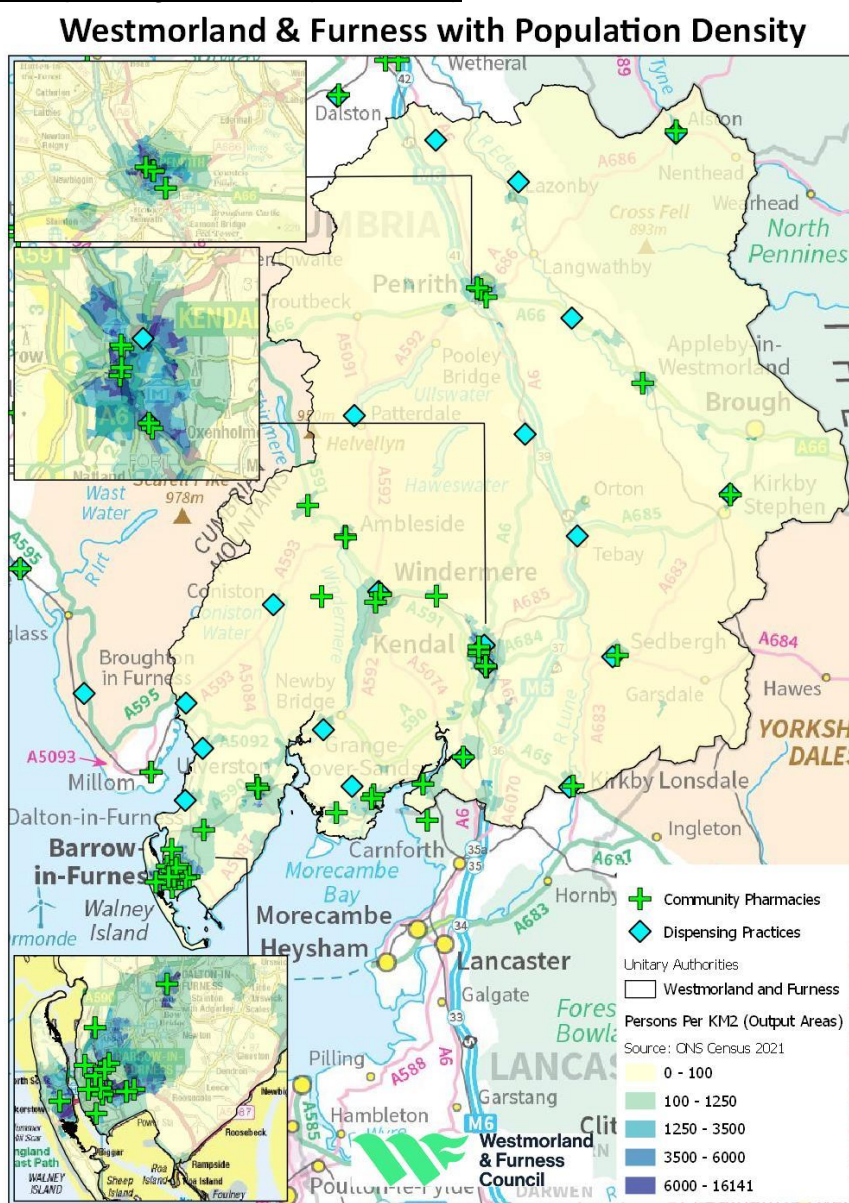
© Crown copyright and database rights 2023 OS 100066931. You are granted a non-exclusive, royalty free, revocable licence solely to view the Licensed Data for non-commercial purposes for the period during which Westmorland and Furness Council makes it available. You are not permitted to copy, sub-license, distribute, sell or otherwise make available the Licensed Data to third parties in any form. Third party rights to enforce the terms of this licence shall be reserved to OS.

5 Westmorland and Furness Profile

5.1 Geography

Westmorland and Furness covers an area of 3,760 square km. With a resident population of 226,600 persons at Census Day 2021, the average population density of Westmorland and Furness is 60 people per square km. Westmorland and Furness 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 26 people per square km in Eden to 865 people per square km in Barrow-in-Furness. Of all LTLAs nationally, Eden was the most sparsely populated LTLA. Variation is even greater across Westmorland and Furness' wards; ranging from just 14 people per square km in Greystoke and Ullswater ward to 3,616 people per square km in Kendal Highgate ward.

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

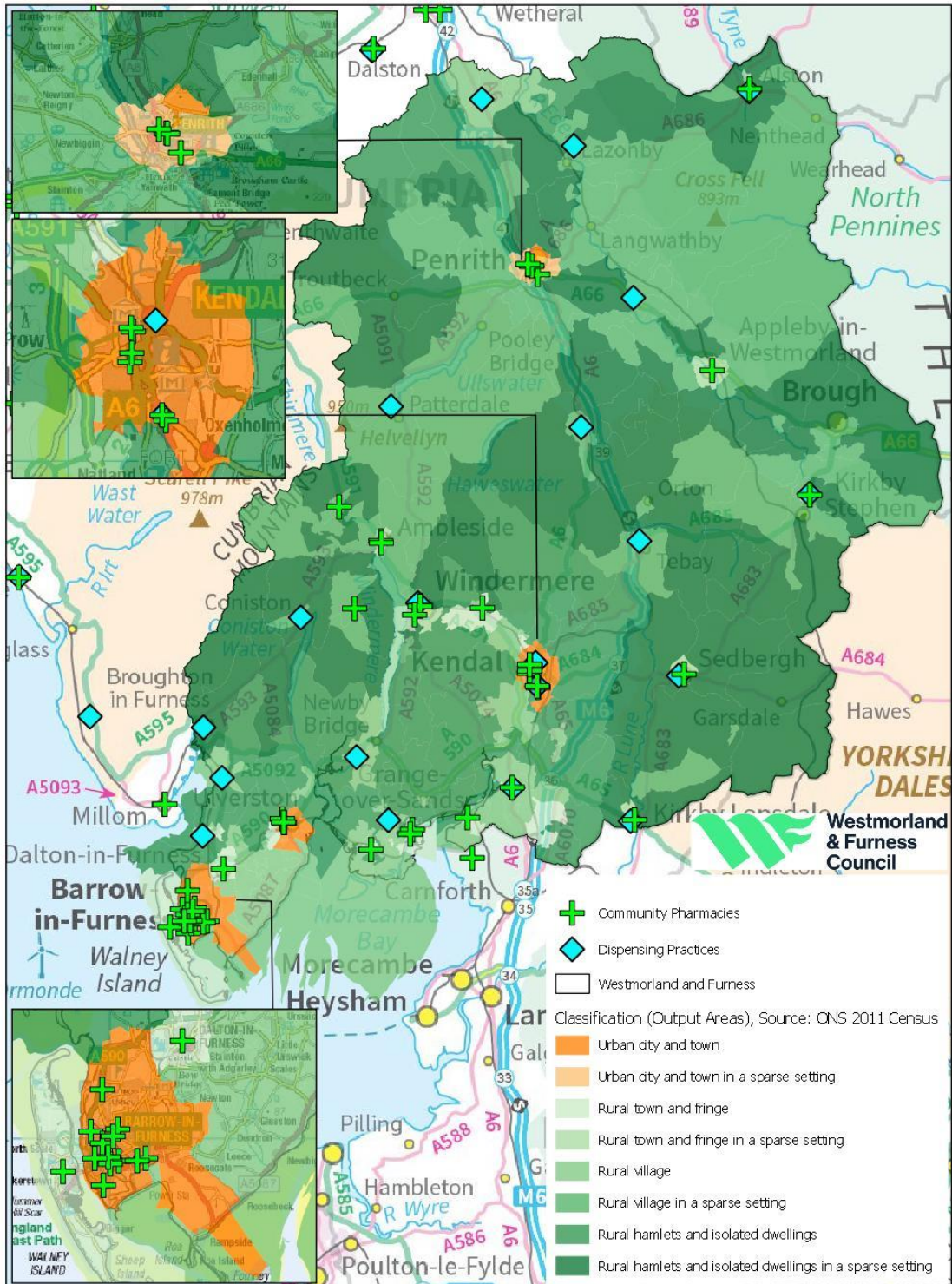


© Crown copyright and database rights 2023 OS 100066931. You are granted a non-exclusive, royalty free, revocable licence solely to view the Licensed Data for non-commercial purposes for the period during which Westmorland and Furness Council makes it available. You are not permitted to copy, sub-license, distribute, sell or otherwise make available the Licensed Data to third parties in any form. Third party rights to enforce the terms of this licence shall be reserved to OS.

55% of Westmorland and Furness'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):

Westmorland & Furness with Rural Urban Classification



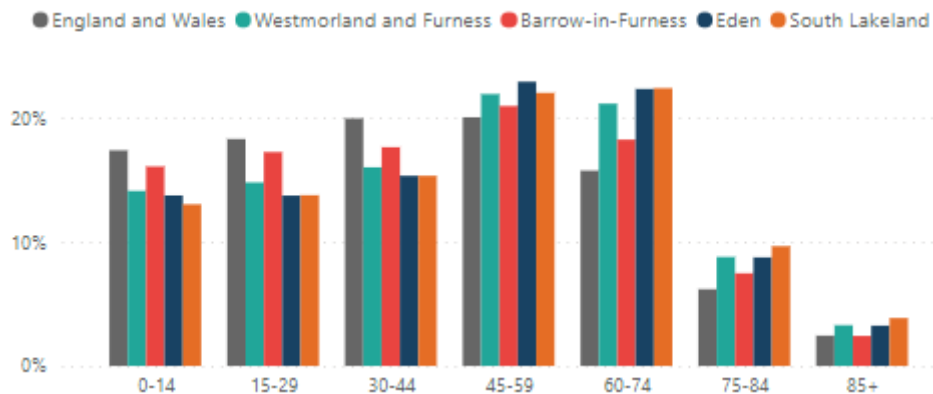
© Crown copyright and database rights 2023 OS 100066931. You are granted a non-exclusive, royalty free, revocable licence solely to view the Licensed Data for non-commercial purposes for the period during which Westmorland and Furness Council makes it available. You are not permitted to copy, sub-license, distribute, sell or otherwise make available the Licensed Data to third parties in any form. Third party rights to enforce the terms of this licence shall be reserved to OS.

5.2 Demography

5.2.1.1 Age

When compared to England and Wales, Westmorland and Furness 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 Westmorland and Furness's former districts and wards varies considerably; of all LTLAs nationally, South Lakeland had the 5th smallest proportion of 0-15 year-olds, while the proportion of residents aged 65+ ranged from 16.7% in Old Barrow and Hindpool wards to 37% in Grange and Cartmel ward.

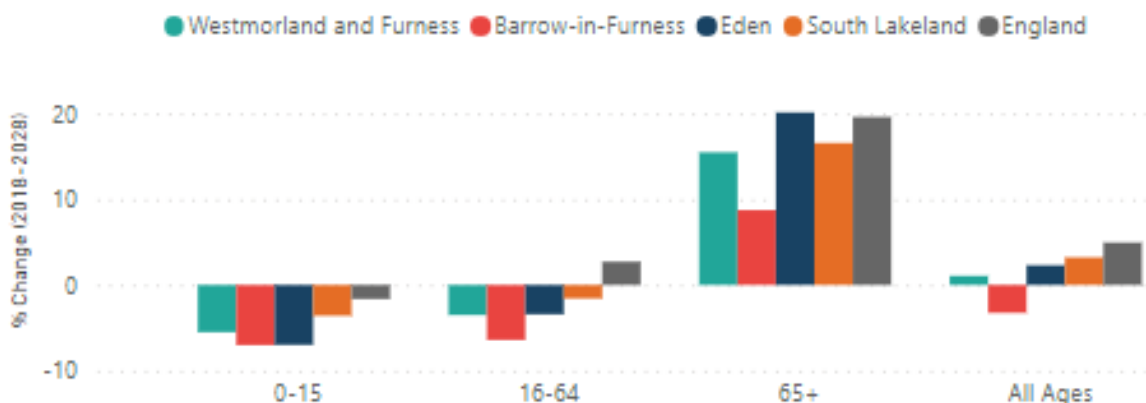
Figure 6: % Persons by Age Group: Census 2021:



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

- The total population may increase by 2,400 persons (+1.1% vs. England +5%);
- Numbers of 0-15 year olds may decrease by -1,900 persons (-5.5% vs. England -1.6%);
- Numbers of 16-64 year olds may decrease by 4,600 persons (-3.5% vs. England +2.7%);
- Numbers of 65+ year olds may increase by 9,000 persons (+15.5% vs. England +19.6%);
- The proportion of people aged 65+ may increase to 29.4% (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 Westmorland and Furness's usual residents, the greatest proportion identified their ethnic group as 'White British' (94.6%); this was much higher than the national average (74.4%). Inversely, Westmorland and Furness had a much lower proportion of residents who identified their ethnic group as an ethnic minority group (including White minorities); Westmorland and Furness 5.4% vs. England & Wales 25.6%. However, the proportion of residents who identified their ethnic group as an ethnic minority group (including White minorities) varied considerably across Westmorland and Furness's wards; ranging from 2.4% in Eden and Lyvennet Vale ward to 12.3% in Windermere and Ambleside ward.

5.2.1.3 Migration

The ONS estimate that between mid-2010 and mid-2020, 87,200 people moved into Westmorland and Furness from other parts of the UK and 83,600 people moved out from Westmorland and Furness to other parts of the UK (net increase of 3,600 persons). Furthermore, the ONS estimated that 8,000 people moved into Westmorland and Furness from overseas and 6,300 people moved out from Westmorland and Furness to overseas (net increase of 1,700 persons).

The 2021 Census reported that the greatest proportion of Westmorland and Furness's usual residents were born in the UK (94.9%). The greatest proportions of Westmorland and Furness'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, Westmorland and Furness had a much lower proportion of residents born in non UK countries (Westmorland and Furness: 5.1%, England & Wales: 16.8%). The proportion of residents born in non UK countries varied considerably across Westmorland and Furness's wards; ranging from 2.1% in Walney Island ward to 12.1% in Windermere and Ambleside ward.

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

1. Poland (1,504 persons);
2. Romania (1,130 persons);
3. Other EU Countries (997 persons);
4. Germany (691 persons); and
5. South Africa (572 persons).

5.2.1.4 Visitors

Parts of Westmorland and Furness are located in the Lake District and the Yorkshire Dales National Parks 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 Westmorland and Furness 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 21.2 million visitors visited Westmorland and Furness (pre-pandemic the 2019 figure was 27.2m); however, it is worth noting that some of those visitors may already be existing Westmorland and Furness residents.

Furthermore, the 2021 Census reported that in total there were 8,260 people from a different local authority using holiday homes in Westmorland and Furness. However, these figures varied considerably across the former districts; with 85 people from a different local authority using holiday homes in Barrow-in-Furness, 2,130 people from a different local authority using holiday homes in Eden, and 6,105 people from a different local authority using holiday homes in South Lakeland. Of all LTLAs nationally, South Lakeland and Eden had the 5th and 11th greatest rates of people from different local authorities using holiday homes in the area (58.4 and 39.0 per 1,000 usual residents respectively); this compared to a rate of 1.3 per 1,000 usual residents in Barrow-in-Furness.

Finally, the 2021 Census reported that there were a total of 10,120 dwellings located in Westmorland and Furness 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 (3,005 dwellings);
- Holiday home (2,430 dwellings);
- Student's home address (1,815 dwellings);
- Other (including armed forces) (1,115 dwellings);
- Partner's address (925 dwellings); and
- Address when working away from home (830 dwellings).

5.2.1.5 University Students

The University of Cumbria has campuses in both Ambleside and Barrow (in partnership with Furness College). 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 7,200 usual residents in Westmorland and Furness reported that they were full-time students aged 16-24 years (3.2% of all usual residents); this proportion was lower than the England & Wales average (5.4%). Across Westmorland and Furness's wards, Windermere and Ambleside had the greatest number full-time students aged 16-24 years (500 persons, 4.9%).

5.2.1.6 Disability

As reported in the 2021 Census, there are 40,746 residents in Westmorland and Furness who are disabled under the Equality Act (2010), accounting for 18.3%, this is above the national average for England at 16.9%. Across W&F, proportions of disabled residents are highest in the former district of Barrow-in-Furness at 21.2% while Eden has the lowest 16.7%. There is significant variation across ward areas with Old Barrow and Hindpool ward in Barrow with the highest levels at 27.5% compared to 13.2% in Bowness and Lyth ward (South Lakeland).

5.2.1.7 Religion

As reported in the 2021 Census, more than half of all residents in Westmorland & Furness are Christian, accounting for 125,103 people; when compared to the national average there are more residents who are Christian at 55.2% compared to 46.3% in England. Over a third of residents in W&F have no religion accounting for 37.4%, similar to the national average of 36.7%. 803 residents are Muslim accounting for 0.4%, this compares to 6.7% nationally.

5.2.1.8 Gender Identity

As reported in the 2021 Census, 94.6% of residents aged 16 years and over in Westmorland & Furness identify as the same gender they were registered at birth, this is slightly above the national average of 93.5%. Just 0.1% of residents have a different gender to what they registered at birth with; 0.1% of residents are Trans women; 0.1% are Trans men; and 0.1% are any other gender identities (0.1%); 5.1% of residents did not answer; all similar of the national picture.

5.2.1.9 Sexual Orientation

As reported in the 2021 Census, 90.9% of residents aged 16 years and over in Westmorland and Furness are straight or heterosexual, this is slightly above the national average of 89.4%. Just 2.3% of residents reported their sexual orientation as Lesbian, Gay, Bisexual, or Other (LGB+), just below the national average of 3.2%; while 6.8% did not answer, this compares to 7.5% nationally.

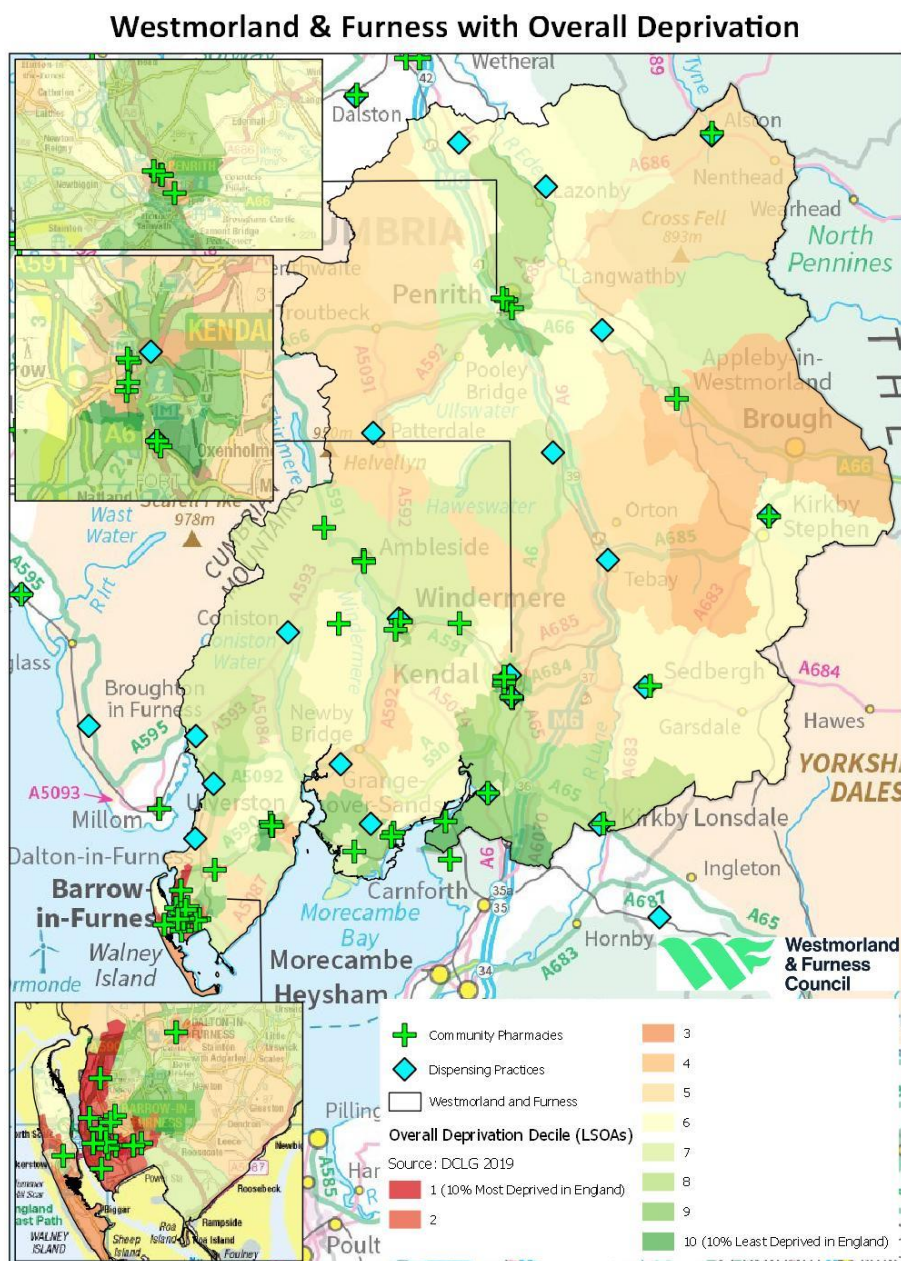
5.2.1.10 Marriage and Civil Partnerships

As reported in the 2021 Census, 49.3% of residents aged 16 years and over in Westmorland and Furness are married or in a registered civil partnership, this is above the national average at 44.7%. 31.6% of residents have never married and never registered a civil partnership, this is below the national average of 37.9%. 9.6% of residents have divorced or dissolved a civil partnership; 1.8% are separated, but still legally married or still legally in a civil partnership; and 7.7% 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 12 of Westmorland and Furness's 144 LSOAs as being within the 10% most deprived of areas in England. These communities were all located within Barrow-in-Furness. Inversely, Westmorland and Furness had 7 LSOAs that were classified as being in the 10% least deprived of LSOAs nationally; these LSOAs were located in South Lakeland (6 LSOAs) and Barrow-in-Furness (1 LSOA). 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: Westmorland and Furness: LSOAs: By Overall Deprivation Decile: 2019:
Community Pharmacies & Dispensing Practices (June 2023):

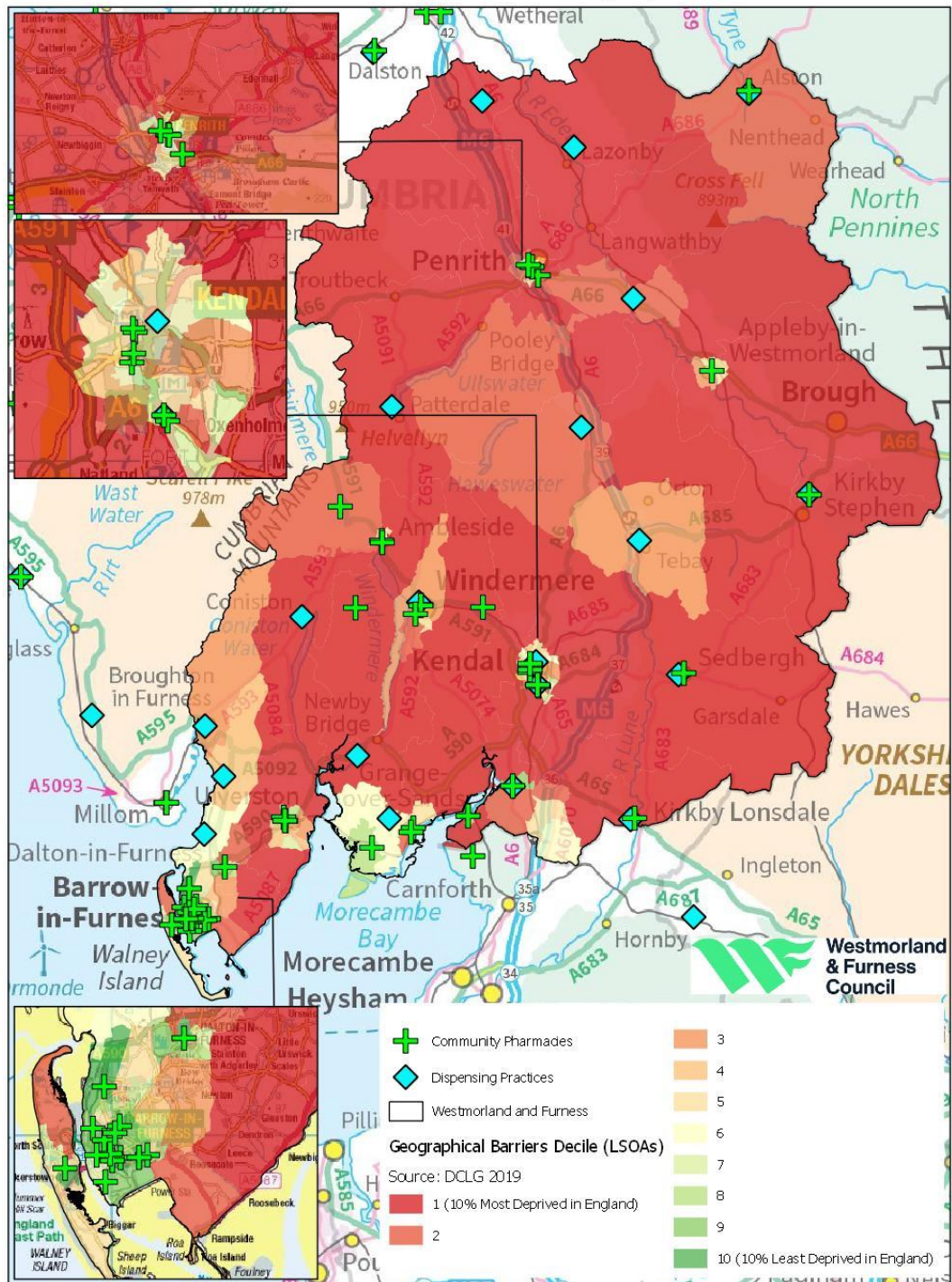


© Crown copyright and database rights 2023 OS 100066931. You are granted a non-exclusive, royalty free, revocable licence solely to view the Licensed Data for non-commercial purposes for the period during which Westmorland and Furness Council makes it available. You are not permitted to copy, sub-license, distribute, sell or otherwise make available the Licensed Data to third parties in any form. Third party rights to enforce the terms of this licence shall be reserved to OS.

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 Westmorland and Furness 37 LSOAs rank within the 10% most deprived in England in relation to this sub-domain.

Figure 9: Westmorland and Furness: LSOAs: By Geographical Barriers to Services: 2019:

Westmorland & Furness with Geographical Barriers

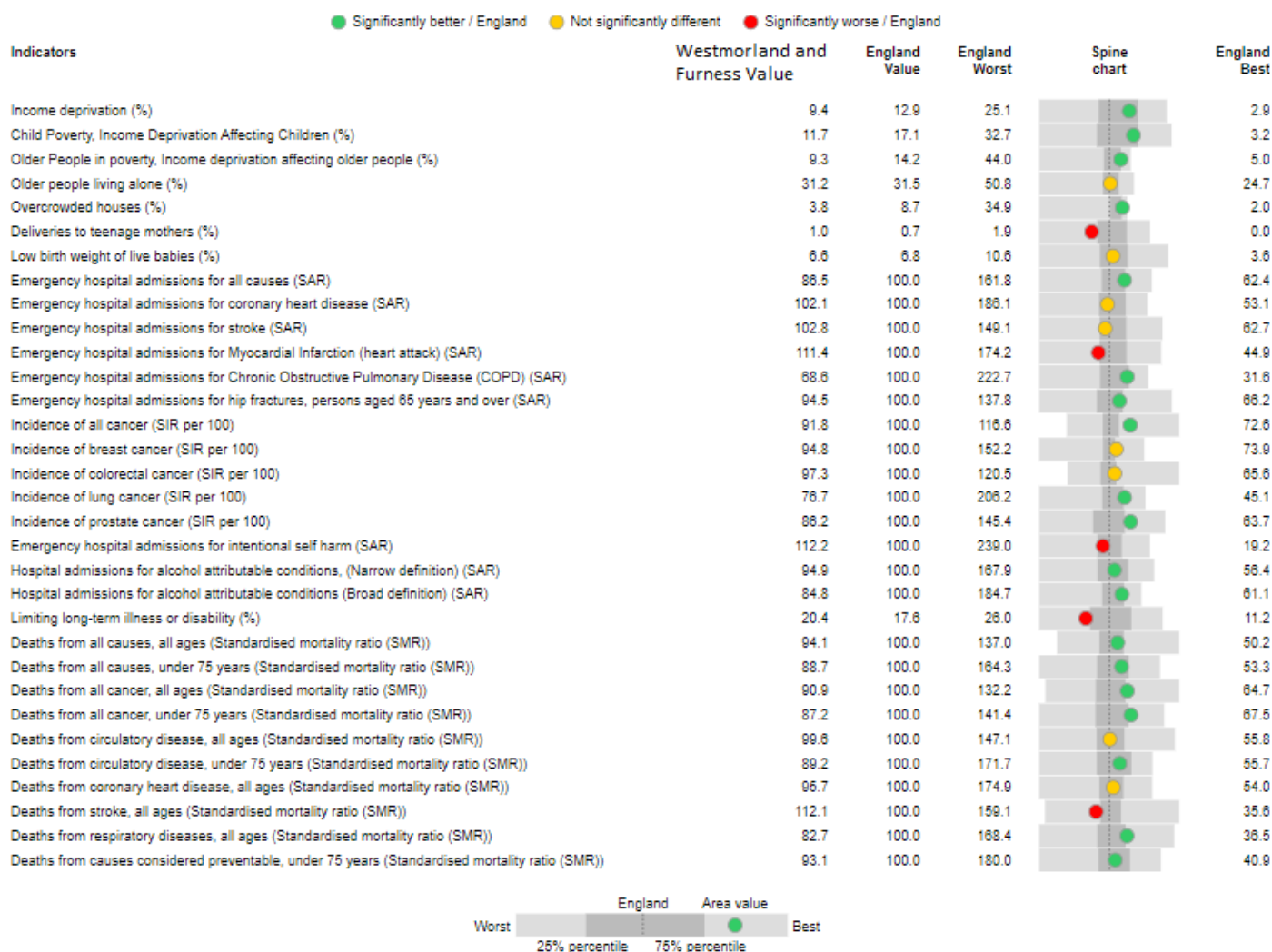


© Crown copyright and database rights 2023 OS 100066931. You are granted a non-exclusive, royalty free, revocable licence solely to view the Licensed Data for non-commercial purposes for the period during which Westmorland and Furness Council makes it available. You are not permitted to copy, sub-license, distribute, sell or otherwise make available the Licensed Data to third parties in any form. Third party rights to enforce the terms of this licence shall be reserved to OS.

5.4 Health

5.4.1.1 Unitary Health Summary

Figure 10: OHID Local Health Summary: 2022



© Local Health - Office for Health Improvement and Disparities 2022

When considering the Office for Health Improvement and Disparities (OHID) local authority health summary indicators presented in Figure 6, the health of people in Westmorland and Furness is better than the England average.

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

- 8 (25%) are similar to the England average;
- 19 (60%) of the indicators are significantly better than the England average
- 15% (5) indicators are significantly worse than the England average,

The five indicators that were significantly worse than the England average were:

- Deliveries to teenage mothers (%);
- Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR);
- Emergency hospital admissions for intentional self harm (SAR)
- Limiting long-term illness or disability (%);
- Deaths from stroke, all ages (Standardised mortality ratio (SMR)).

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 Westmorland and Furness. These profiles suggest that the health of people in Westmorland and Furness varies considerably at a sub unitary authority level.

Of the 36 indicators that make up the OHID local authority profiles, Barrow-in-Furness is significantly worse than the England average in relation to 11 indicators (34%) while Eden and South Lakeland are significantly worse than the England average in relation to just 2 indicators each (both 6%). These indicators were as follows:

OHID local authority profiles: Indicators significantly worse than the England average:	
Barrow-in-Furness	<ul style="list-style-type: none"> • Female life expectancy (1 year and 3 year ranges); • Male life expectancy (1 year and 3 year ranges); • Under 75 mortality from all causes; • Mortality from cardiovascular disease; • Suicide; • Emergency hospital admissions for intentional self-harm; • Admission episodes for alcohol-specific conditions in under 18s; • Physically active adults; and • Obese children (at age 11).
Eden	<ul style="list-style-type: none"> • Diabetes diagnosis; and • Dementia diagnosis
South Lakeland	<ul style="list-style-type: none"> • Diabetes diagnosis; and • Homelessness: households owed a duty under the Homelessness Reduction Act
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. There Westmorland and Furness’s wards have been ‘best fit’ to six ICCs. Based on the best fit methodology, the populations of these ICCs were as follows:

- Barrow and Millom (Barrow Only) ICC: 56,300 persons;
- Central Lakes & Grange ICC: 28,000 persons;
- East Lakes ICC: 18,000 persons;
- Eden ICC: 54,700 persons;
- Kendal ICC: 37,800 persons;
- Ulverston, Dalton & Askam ICC: 29,800 persons.

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 six ICCs in Westmorland and Furness 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:	
Barrow and Millom (Barrow Only) ICC	<ul style="list-style-type: none"> • Income deprivation • Child Poverty • Older People in Poverty • 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 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 • 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
Central Lakes & Grange ICC	<ul style="list-style-type: none"> • Limiting long-term illness or disability
East Lakes ICC	<ul style="list-style-type: none"> • Limiting long-term illness or disability
Eden ICC	<ul style="list-style-type: none"> • Limiting long-term illness or disability
Kendal ICC	<ul style="list-style-type: none"> • Emergency hospital admissions for Myocardial Infarction (heart attack) • Deaths from stroke, all ages
Ulverston, Dalton & Askam ICC	<ul style="list-style-type: none"> • Emergency hospital admissions for coronary heart disease • Emergency hospital admissions for stroke • Emergency hospital admissions for Myocardial Infarction (heart attack) • Emergency hospital admissions for intentional self harm • Limiting long-term illness or disability • Deaths from all causes, all ages • Deaths from stroke, all ages

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, 421 households in Westmorland and Furness were assessed as homeless (4 per 1,000 households); below the national average (6.1 per 1,000 households). A further 683 households in Westmorland and Furness were threatened with homelessness within 56 days (6.5 per 1,000 households); this was above the national average (5.6 per 1,000 households). Of Westmorland and Furness’s former districts, South Lakeland had the highest rate of households threatened with homelessness within 56 days (9 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 407 offenders in Westmorland and Furness 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 Westmorland and Furness 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 76 refugees have been initially resettled within Westmorland and Furness; this equates to a rate of 3.4 refugees per 10,000 population which is higher than the national average (England and Wales 1.8 per 10,000). Of Westmorland and Furness's former districts, Eden had the highest rate of refugees during this time (25 persons = 4.6 per 10,000 population), while South Lakeland had the greatest number (35 persons = 3.4 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 Westmorland and Furness there were 8,944 residents aged 16+ who had previously served in the UK armed forces (4.7% of the population aged 16+); this was slightly higher than the national average (3.8%). Of Westmorland and Furness's wards, Grange and Cartmel ward had both the greatest number and proportion of residents who had served in the UK armed forces (507 persons = 5.4%).

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".

104 Westmorland and Furness residents identified in the 2021 Census that their ethnic group as Gypsy or Irish Traveller (0.05%); this proportion was lower than the England & Wales average (0.1%). Across Westmorland and Furness's wards, Penrith North ward had both the greatest number and proportion of residents who identified their ethnic group as Gypsy or Irish Traveller (19 persons, 0.3%).

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 Barrow Borough Council Local Plan covers the plan period of 2016-2031. This plan states that the number of homes planned over plan period is a minimum of at least 1,785 net additional dwellings over the plan period (119 per annum). The majority of development is directed to Barrow and Dalton as the main areas of employment and services are located here. Residential cordons have restricted growth in outlying villages and settlements and development in the open countryside has been severely limited, the exception being that associated with the needs of the rural economy. The Barrow Borough Council Local Plan Local Plan identifies the following key growth locations: Barrow, as the main urban settlement will retain the largest proportion of growth for sustainability reasons; Development will also be diverted to Dalton and Askam and Ireleth to enable the settlements to grow sustainably and to improve choice in the Borough; and Salthouse Mills Opportunity area for mixed use development.

The Eden Local Plan covers the plan period of 2014-2032. It was adopted on 11 October 2018. This plan states that provision will be made for the delivery of at least 4,356 net additional dwellings over the plan period. The annual average net additional dwelling requirements is 242 dwellings per annum. In line with the locational strategy, the focus for major new development in Eden is the principal centre of Penrith with 50% of the distribution of new housing being focused; followed by the market towns of Alston (3%), Appleby (9%) and Kirby Stephen (7%). Within the rural areas, there are 13 key hubs, where the focus of development is to sustain local services appropriate to the scale of the village and its hinterland which account for 20% within the remaining 11% directed to other villages and hamlets. The key growth locations for housing are in Penrith, benefitting from excellent transport links via the M6 motorway and A66. Land is allocated for a minimum of 2,178 additional new homes in locations at Carleton to the east, and Salkeld Road, White Ox Farm and Raiselands to the north. Additional land has been identified as potential locations for future growth and may be released if land supply comes forward below expectations.

The South Lakeland District Council (SLDC) Local Plan covers a period of 2003-2025. SLDC has commenced a Local Plan review (proposed end date 2040) to prepare a consolidated scheme (but which will exclude Part 4 Arnsdale and Silverdale AONB which was adopted in 2019). Consultation on the Issues and Options commenced in July 2021. The current Local Plan requires delivery of 8,800 dwellings to be built between 2003 and 2025 which equates to 400 dwellings per year with the following key growth locations:

- Market towns (Principal Service Centres) of Kendal (and larger surrounding settlements);
- Ulverston and Furness area;
- Key and local service centres including Milnthorpe, Kirkby Lonsdale and on the Cartmel Peninsula focussing on Grange-over-Sands – Kents Bank – Allithwaite and Flookbrough.

5.6.1.3 *Employment:*

The Barrow Borough Council Local Plan states that the number of employment sites and ha over plan period is 10 sites comprising 41ha of employment land. The Barrow Borough Council Local Plan identifies the following key growth locations:

- The Port of Barrow - The Port of Barrow is well placed to assist with the proposed significant future growth in renewable and low carbon energy technologies in West Cumbria.
- Waterfront Business Park - 12 hectares of Waterfront Business Park is owned by CCC and seeks to build on BAE's investment to create jobs in advanced manufacturing and to support the supply chain for Furness and national companies.

The Eden Local Plan states that to meet the employment land needs of the district up to 2032 provision is made for 27.3ha of land for employment development (B1, B2 and B8 uses). In Penrith, an additional 11.91 hectares of employment land is allocated as an extension to Gilwilly Business Park and a further 3.29 hectares at Skirsgill. A longer-term strategic growth opportunity is identified at Newton Rigg College.

The current SLDC Local Plan requires delivery of a total of 60ha employment land during the plan period with key growth locations for employment being Ulverston and Kendal – with a greater proportion directed to Kendal. The strategy seeks to ensure that effective use is made of the limited amount of commercial / industrial land and buildings in Milnthorpe and Kirkby Lonsdale and aims to promote opportunities for new space targeted at start-up and growing businesses. It also seeks to support the vitality and viability of Milnthorpe and Kirkby Lonsdale by promoting sites in the centre for development.

5.6.1.4 *Infrastructure*

The Barrow Borough Council Local Plan identifies:

- Rail connections to the West Coast Mainline and beyond are important for economic growth in the Borough. Significant investment is planned for the Barrow area over the Local Plan period, and good connectivity to the West Coast mainline, including Manchester and its airport, is important to maximise investment potential.
- The Furness economy depends on longer distance connections to West Cumbria, and the rest of the UK by road and railway.
- The Cumbrian Coast Line provides for commuters to Sellafield and Carlisle plus a range of travel needs of both local people and tourists. The line receives little investment and currently has a sparse service, and this could impact upon economic growth in Furness and West Cumbria.

The Eden Local Plan identifies:

- The West Coast Main Line provides a north/south high speed rail link serving Penrith 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.
- The Settle-Carlisle Line provides a vital service for communities along its route. It carries a large number of visitors to the area it serves, and longer-distance travellers (e.g., West Yorkshire to Scotland). It is also an important freight corridor, carrying heavy freight trains from Scotland to the south as well as having a growing level of originating traffic along the line (Kirkby Thore, Ribbleshead).

The SLDC Local Plan identifies South Lakeland benefits from three major rail corridors:

- The West Coast Main Line with station at Oxenholme.
- Furness Line connecting from the West Coast Main Line at Carnforth through Arnside, the Cartmel Peninsula and Ulverston to Barrow and the Cumbria Coast Line.
- The Lakes Line running from Oxenholme through Kendal and terminating at Windermere, and which acts as the only railway service link into the National Park (refer also to Lake District National Park).

The current and emerging Local Plans seek to distribute future housing and employment development to optimise the benefits of railway accessibility.

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

ICSs 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 Health and Wellbeing Boards (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 Integrated Care Communities (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 Integrated Care Board						
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 Integrated Care Communities & Primary Care Networks							
Carlisle Healthcare	Carlisle Network	Carlisle Rural (Brampton & Longtown),	Copeland	Eden	Keswick & Solway	Maryport & Cockermouth	Workington

Lancashire and South Cumbria Integrated Care Partnership			
NHS Lancashire and South Cumbria Integrated Care Board			
Place-based Partnerships			
Blackburn with Darwen	Blackpool	Lancashire	South Cumbria

Lancashire and South Cumbria Integrated Care Communities								
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; Integrated Care Boards (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 Cumbria County Council) 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 Cumbria County Council) 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 the 'End of Life' emergency medicines); and stock holding of oral antiviral medicines for flu outbreaks in care homes.

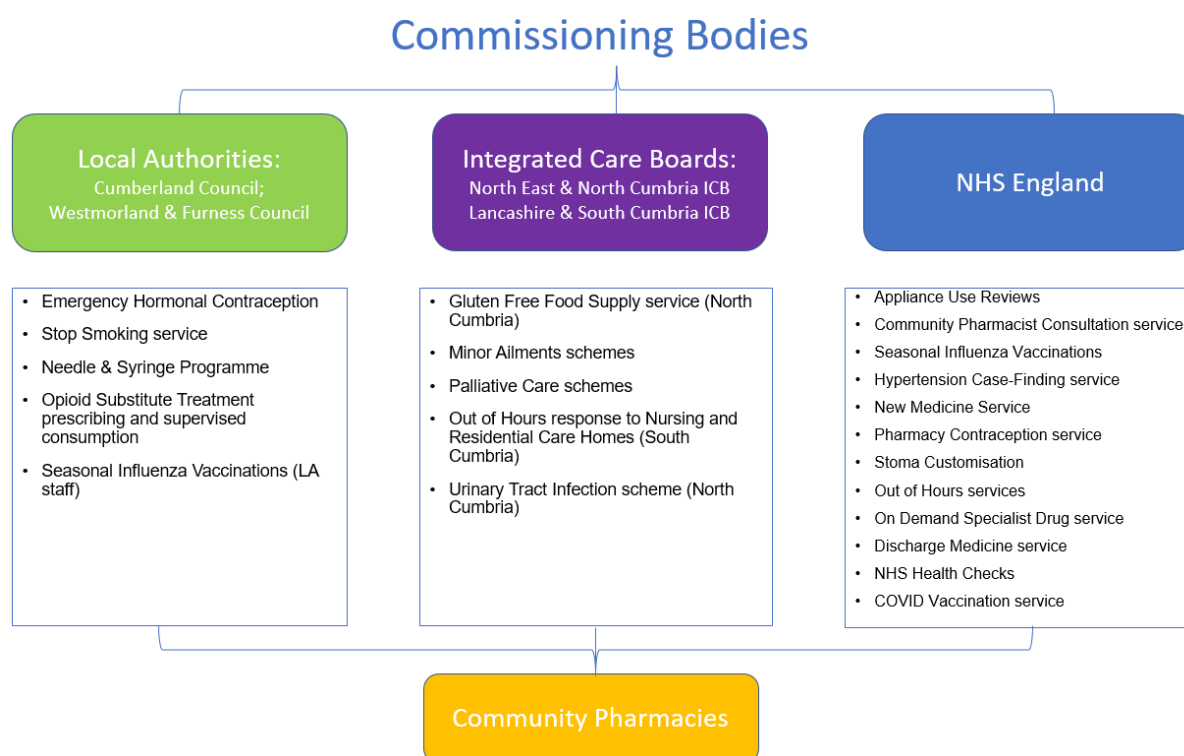
North East and North Cumbria ICB:

- 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 (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 47 community pharmacies in W&F (identified in Figure 4). 7 pharmacies in the HWB area are served by the North East and North Cumbria Integrated Care Board (NENC ICB) located in the former district area of Eden. All 47 pharmacies provide essential services and most offer advanced services and enhanced services commissioned by CC and Westmorland & Furness Council, Integrated Care Boards (North East & North Cumbria ICB; and Lancashire and South Cumbria ICB) or NHSE. 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 Integrated Care Board (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.

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

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.

There are no reserved locations in the W&F HWB area. 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.

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 W&F HWB area or the Cumberland 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 W&F's or Cumberland'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 4 million items were dispensed in pharmacies across Westmorland & Furness, an increase of +12.6 thousand (+0.3%) 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.

W&F: Table 2.1 reports that in 2021/22, the number of New Medicine Service consultations increased significantly (more than doubled) in W&F compared to the previous year from 4,683 in 2020/21 to 10,489; 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 1,953 in 2020/21 to 3,209 in 2021/22. Flu vaccinations increased by 72% in 2021/22 compared to the previous year. In 2021/22, there were 28,812 COVID-19 vaccinations provided by community pharmacies, a significant increase from 1,725 in the previous year.

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: **W&F**: Community Pharmacy Advanced Services Activity; by Financial Year.

	Number			
	2018-19	2019-20	2020-21	2021-22
New Medicine Service consultations [NMS]	2,915	3,866	4,683	10,489
Appliance Use Reviews [AUR]	0	0	0	0
Stoma Customisation [STOMA]	43	31	24	18
Community Pharmacist Consultation Service consultations [CPCS]	0	1,027	1,953	3,209
Hepatitis C Antibody Testing Service	0	0	0	0
Seasonal Influenza Vaccination Advances Service income	£85,926	£97,869	£146,602	£253,553
Discharge Medicine Service income	0	0	£18,800	£769
Medicine Use Review and Prescription Intervention Service [MUR]	15,440	10,735	4,320	0
COVID-19 Vaccination Service	0	0	1,725	28,812

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 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. 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.

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.

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 district of Barrow-in-Furness).

In W&F, there were 231,118 registered patients; of those, 40,888 were registered as dispensing patients, accounting for 17.7%, this compares to 13.0% in Cumberland.

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. 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/W&F'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 6.2.

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 Barrow-in-Furness area

9.1.1 Strategic Direction

The former Barrow-in-Furness district forms part of the Lancashire and South Cumbria Integrated Care Board (formally Morecambe Bay Clinical Commissioning Group) and the Lancashire and South Cumbria Integrated Care System area; further details of plans are provided in section 4.6.

Following local government reorganisation, Health and Wellbeing Partnerships are currently being developed in the Furness locality (as at June 2023). Currently, the overarching strategic aims are improving overall health and wellbeing, poverty, and deprivation; these will be developed when the partnerships are in place.

9.1.2 Necessary Services: Current Provision

There are 15 community pharmacies providing pharmaceutical services to the population of the former Barrow-in-Furness area; all pharmacies are served by the LSC ICB. 13 of the pharmacies are located within Barrow-in-Furness town area thereby offering significant patient choice. There is one pharmacy in Dalton-in-Furness and one on Walney Island. Since the 2022 PNA, 1 pharmacy in central Barrow (Cohen's Chemist, Dalton Road) has closed however this has not left a gap in service provision.

There are 68,759 patients registered at GP Practices located in the former Barrow-in-Furness district area; this equates to one pharmacy for every 4,584 patients (22 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 is one dispensing practice in Askam-in-Furness. Due to the additional provision of this dispensing practice, consideration has been given to the dispensing provision of 23 per 100,000 population which includes both community pharmacies and dispensing practices.

Figures 4 & 5 show the distribution of pharmacies and dispensing practices in relation to population density and areas of deprivation respectively for Barrow-in-Furness.

9.1.3 Access: Opening Hours

Access to community pharmacies across the former Barrow-in-Furness area is well provided for during the hours of 8.00am and 10.30pm on Mondays, 6.30am and 10.30pm Tuesday to Friday; 6.30am until 10pm on Saturdays; and 10am to 5pm on Sundays; see Appendix 7 (Community Pharmacy Opening Times, July 2023). Between Monday to Friday there are pharmacies open until 5.00pm in Dalton and 6.00pm on Walney Island. There is no provision on Sundays in Dalton or Walney Island however services can be accessed in central Barrow. 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. One 100-hour pharmacy in Barrow (Asda) has reduced their hours resulting in a reduction in OOH between 7am-8am and 10.30pm-11pm on Mondays; a reduction between 10.30pm to 11pm Tuesday to Friday; and between 10pm to 11pm on Saturdays.

It is recognised that these opening hours rely extensively on the two 100hr pharmacies located in supermarkets (Asda and Tesco). 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 in Dalton from 8.00am to 6.00pm Monday to Friday; see Appendix 3 (Dispensing Practice Opening Times, June 2023).

CHOC, located at Furness General Hospital in Barrow town, provides cover when GP practices are closed, urgent medication from the OOH service formulary between 8:00am and 6.30pm, 7 days per week; and 24-hour access at weekends and bank holidays.

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 there is limited access to community pharmacy services on Sundays (3 pharmacies).

Table 7 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 7: Barrow-in-Furness: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Barrow-in-Furness					
% of Population with Access:					
Key:	Less than 90%		90-99%		100%
Car		Walking		Public Transport	
5 mins	100.0%	3 mins	37.7%	5 mins	58.0%
10 mins	100.0%	6 mins	53.8%	10 mins	90.7%
15 mins	100.0%	9 mins	64.2%	15 mins	100.0%
20 mins	100.0%	12 mins	64.2%	20 mins	100.0%
30 mins	100.0%	15 mins	73.2%	30 mins	100.0%

Source: shapeatlas.net

Distance and travel times by car were considered reasonable in Barrow-in-Furness with 100% of the population having access to a pharmacy within 5 minutes. However, the 2021 Census reported that 27% of households in Barrow-in-Furness had no access to cars or vans (England and Wales 23%) and travel times by public transport are longer, nevertheless, 100% of the population have access within 15 minutes. When considering access by walking, it is worth noting that 26.8% (approximately 17,900 residents) are outside of 15 minutes walking access. Travel time maps are available in Appendix 8 (Travel Time Maps). There are not any areas within the map not considered within this assessment.

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 across all areas of Barrow-in-Furness including: the wards of Old Barrow and Hindpool; Ormsgill and Parkside; Risedale and Roosecote; Dalton South; and Walney Island.

9.1.5 Necessary Services Outside the former District

The former Barrow-in-Furness district is wholly within the Westmorland and Furness HWB area.

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 in relation to the economic viability of providing services.

There is no Minor Ailment scheme for adults in South Cumbria, the scheme is available for paediatrics (under 18s) only and asylum seekers. There is also no Gluten Free service in South Cumbria.

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 new National Contractual Framework (as of 2020/21) therefore all pharmacies in Barrow-in-Furness provide this. All 15 pharmacies in Barrow-in-Furness currently offer a New Medicine Service; and the Community Pharmacist Consultation Service. 14 pharmacies provide the Hypertension Case-Finding service (NHS Blood Pressure Check service) with coverage across all areas. There are no pharmacies currently offering Appliance Use Reviews or Stoma Appliance Customisation. The Hepatitis C Testing Service was decommissioned from 1st April 2023. Locally Commissioned Services available in Barrow-in-Furness are presented in Table 8.

Table 8: Barrow-in-Furness: Locally Commissioned Services

Service	No. Pharmacy Providers	Geographic coverage	Other providers
Paediatrics Minor Ailment Scheme (under 18 years of age) *	14	All areas	
Palliative Care (End of Life emergency medicines)	2	Barrow (Hindpool) only	
Stop Smoking Service	13	All areas	
Emergency Hormonal Contraception	13	All areas	Contraceptive services are provided at Sexual Health Clinics; and Furness General Hospital.
Seasonal Influenza Vaccination	13	All areas	GP practices
Needle and Syringe Programme	3	Barrow Island, Ormsgill and Parkside	Alternative provision at Needle Exchange Hub in central Barrow.
Opioid Substitution Therapy Prescribing & Supervised Consumption	9	All areas	

**Service specific to South Cumbria – Lancashire & South Cumbria ICB. [Gluten Free and Adult Minor Ailment Schemes are not available in South Cumbria].*

9.1.8 Pharmacy Services in Areas of Deprivation

Barrow-in-Furness has 12 LSOAs with significant deprivation (most deprived 10% in England). Consideration was given to the provision of public health locally commissioned services in these LSOAs. It was noted that while 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 shows provision of these services.

Table 9: Barrow-in-Furness: LSOAs: 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	Paediatrics Minor Ailment Scheme	NSP	OST	Influenza Vac.	Hyper tension
E01019139 (Old Barrow and Hindpool)	N	Y (83)	N	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y
E01019140 (Risedale & Roosecote)	N	Y (66, 70,98)	N	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y
E01019141 (Old Barrow and Hindpool)	Y (70, 98)		N	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y
E01019142 (Old Barrow and Hindpool)	Y (66)		N	Y	N	N	Y	Y	N	N	Y	N	Y	Y	Y
E01019143 (Old Barrow and Hindpool)	Y (92)		N	Y	N	N	Y	Y	Y	N	Y	N	N	Y	Y
E01019156 (Old Barrow and Hindpool)	Y (100)		N	Y	N	N	Y	N	Y	N	N	N	N	N	Y
E01019157 (Old Barrow and Hindpool)	N	Y (92)	N	Y	N	N	Y	Y	Y	N	Y	N	N	Y	Y
E01019158 (Old Barrow and Hindpool)	Y (96)		N	Y	N	N	Y	Y	N	N	Y	N	N	Y	Y
E01019160 (Hawcoat and Newbarns)	N	Y (75, 95)	N	Y	N	N	Y	Y	Y	N	Y	N	Y	Y	Y
E01019164 (Ormsgill and Parkside)	Y (84)		N	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y

E01019165 (Ormsgill and Parkside)	N	Y (84)	N	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y
E01019174 (Risedale & Roosecote)	N	Y (75, 95)	N	Y	N	N	Y	Y	Y	N	Y	N	Y	Y	Y

*Numbers refer to the Pharmaceutical Services List available in the 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 presents the results of the determination.

Table 10: Barrow-in-Furness: Gaps in Pharmaceutical Service Provision

Service	Description of Gap
Gluten Free Food Scheme	No access (North Cumbria only)
Minor Ailment Scheme - Adults	No access (North Cumbria only)
Urinary Tract Infection scheme	No access (North Cumbria only)
Palliative Care	Limited access (2 pharmacies only in Barrow (Hindpool); Not in Dalton or Walney)
Needle and Syringe Programme	Limited access (not provided in Dalton, Walney; central Barrow including areas of deprivation).
Appliance Use Reviews	No access
Stoma Appliance Customisation	No access
Stop Smoking	Not available in all pharmacies and some areas of deprivation

9.1.10 Other NHS 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 Barrow-in-Furness there is an acute hospital with an A&E department provided by UHMBT at Furness General Hospital. This provider also provides an emergency department at Lancaster Infirmary. In 2020, due to the impact of the COVID-19 pandemic, numbers of A&E attendances reduced at Furness General and across all A&E departments in Cumbria. In 2021, at Furness General, they increased 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 July. Mondays and Tuesdays show the largest number of attendances while the busiest times were during the hours of 10am-6pm, peaking between 11am-1pm. During peak times pharmacy services are available although there is less coverage 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). Lancashire and South Cumbria ICB commission: Minor Ailment scheme for paediatrics (under 18s) and asylum seekers; Palliative Care schemes (End of Life emergency medicines); and stock holding of oral antiviral medicines for flu outbreaks in care homes. Gluten Free services; Adult Minor Ailment schemes; and Urinary Tract Infection schemes are not available in South Cumbria (these are commissioned in North Cumbria only).

9.1.12 Conclusions and Recommendations for Barrow-in-Furness District

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 Barrow-in-Furness population for the provision and access to pharmaceutical services. However, it is acknowledged 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. One 100-hour pharmacy in Barrow (Asda) has reduced their hours resulting in a reduction in OOH provision between 7am-8am and 10.30pm-11pm on Mondays; between 10.30pm to 11pm Tuesday to Friday; and between 10pm to 11pm 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 Barrow-in-Furness 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 Barrow-in-Furness to determine that there are no gaps or needs in services.

Although there are no current gaps or needs in pharmacy provision in Barrow-in-Furness, the HWB identified some services could have better access if they were made available in more pharmacies including: 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. There could be better access to Needle and Syringe services (no provision in Dalton (however demand/need is likely low in that area); Walney and central Barrow including some deprived areas, however, it is acknowledged that there is alternative provision at a Needle Exchange Hub in central Barrow. There could be better access to palliative care as access is limited to 2 pharmacies only in Barrow (Hindpool); palliative care is not available in Dalton or Walney. Although Stop Smoking services are available in all areas of Barrow they are not available in all pharmacies including areas of deprivation.

There is no Minor Ailment scheme for adults in South Cumbria, the scheme is available for paediatrics (under 18s) only and asylum seekers; this aligns with the need, demand and service usage in the ICB area. There is also no Gluten Free service; and no Urinary Tract Infection scheme in South Cumbria; however, this aligns with the rest of the ICB area.

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

9.2 Eden area

9.2.1 Strategic Direction

The former Eden district forms part of the North East and North Cumbria Integrated Care Board (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 Eden Health & Wellbeing Forum includes the following priorities; however, these will be reviewed in light of local government review and new partnerships developing:

Tackling inequalities

- Health Equity Commission
- Build health into economic development and regeneration
- Develop anti-poverty work
- Support individuals whose welfare has been put at risk through the various stages of COVID-19
- Young people and employment
- Affordable Warmth
- Rural transport
- Digital connectivity

Mental and social wellbeing recovery

- Building resources for mental health
- Building community support networks
- Improve mental health following the pressures of COVID-19
- Loneliness and social isolation
- Falls prevention
- Link with Arts and Culture

Healthy Weight

- Embed the good behaviours around exercise, engagement and environment.
- Social prescribing
- Weight management
- Building a healthy food system
- Promoting physical activity
- Targeting pre-diabetic population

Local Health Resources

- Estates
- GP recruitment

9.2.2 Necessary Services: Current Provision

There are currently 7 pharmacies providing pharmaceutical services to the population of the former Eden area; all 7 pharmacies are served by the NENC ICB. These community pharmacies are located in Penrith (4) and the towns of Alston (1), Appleby (1); and Kirkby Stephen (1). Since the 2022 PNA, 1 pharmacy in central Penrith (Lloyds Pharmacy, Sainsbury's, 1 Common Gardens Square, Penrith) has closed, as of 13 June 2023. This followed national closures across the whole of England not just Westmorland & Furness.

There are 54,671 patients registered at GP Practices located in the former Eden district area; this equates to 1 pharmacy for every 7,810 patients (13 per 100,000 patient population). This

rate is the lowest in the county and below 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 8 dispensing practices (including branch surgeries) in Eden. These are located in rural areas of Alston (1), Glenridding (1), Kirkby Stephen (1), Kirkoswald (1), Low Hesketh (1), Shap (1), Temple Sowerby (1); and Tebay (1). Since the 2022 PNA, 1 dispensing practice at Brough has closed, however, this was a branch site; the main site at Kirkby Stephen and other branch site at Tebay remain open.

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

It would appear that based on patient numbers and numbers of community pharmacies, the district does not have adequate provision. However, Eden has the highest number of dispensing practices in Westmorland & Furness and these are relied upon to provide a significant proportion of the provision of dispensing services, especially in rural areas. Therefore, numbers of community pharmacies were considered in conjunction with numbers of dispensing practices which equates to provision of 27 per 100,000 patient population which appears to be adequate.

9.2.3 Access: Opening Hours

Access to community pharmacies across the former Eden area is well provided for during the hours of 9:00am and 5:30pm Monday to Friday; see Appendix 7 (Community Pharmacy Opening Times, July 2023). All pharmacies except for one (Well Pharmacy, Penrith) are open on Saturdays until at least midday. There is community pharmacy provision in Penrith until 8pm Monday to Friday (previously 11pm); until 7pm (previously 10pm) on Saturdays; and 10am to 4pm on Sundays.

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

The recent closure (at 13 June 2023) of Lloyds Pharmacy, Sainsbury's, in central Penrith (Penrith South ward) has resulted in a reduction in overall pharmacy provision but in particular OOH provision. There is no longer provision between the hours of 7am-830am and 8pm-11pm Monday to Friday; 7am-830am and from 7pm-11pm on Saturdays. However, provision remains available from an alternative pharmacy (located in Morrisons) between 10am-4pm on Sundays. Users of the former pharmacy can access services in Penrith town centre and on the outskirts of the centre for some OOH provision although it is recognised that the alternative pharmacies are not open as early or late.

Between Monday and Friday, there is pharmacy provision until 5.30pm in Alston and Kirkby Stephen; and 6.30pm in Appleby (however, they are closed for 1 hour during lunchtime). There is no pharmacy provision in the towns of Alston; Appleby; and Kirkby Stephen on Sundays.

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, Carlisle, 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. There is also a treatment centre located at Penrith & Eden Community Hospital, Penrith. Furthermore, CHOC provides additional services to Alston Medical Practice and Glenridding Health Centre.

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 shows that these providers are located in areas of significant population density (i.e. Penrith) and also rural areas 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: Eden: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Eden					
% of Population with Access:					
Key:	Less than 90%	90-99%	100%		
Car		Walking		Public Transport	
5 mins	62.1%	3 mins	16.7%	5 mins	28.9%
10 mins	97.5%	6 mins	23.0%	10 mins	51.0%
15 mins	100.0%	9 mins	37.1%	15 mins	59.3%
20 mins	100.0%	12 mins	42.2%	20 mins	61.6%
30 mins	100.0%	15 mins	47.3%	30 mins	69.7%

Source: shapeatlas.net

Travel times are considered broadly reasonable for the rural district and communities, with all residents in Eden being able to access pharmacy services by car within 15 minutes. However, the 2021 Census reported that 12% of households in Eden had no access to cars or vans (England and Wales 23%) and access by public transport is longer with 30.3% of people living in Eden not able to access pharmacy services by public transport within 30 minutes. Furthermore, over half (52.7%) 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 noted that some pharmacies close at 5:30pm 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.

It is worth noting that Eden district has high levels of deprivation when considering access to key services; using the 'geographical barriers to services' sub-domain (used as a proxy for access to some key services) Eden has 19 out of 36 (53%) LSOAs that rank within the 10% most deprived in England. (See Figure 9).

Some pharmacies provide the 'collection of prescriptions from surgeries' and delivery services, including vulnerable patient groups. Delivery services are available from pharmacies located in Appleby and Penrith however provision is limited. There is no delivery service in the Alston area however there is a volunteer scheme in the area to assist vulnerable people with a range of services and provisions. There is no delivery service in Kirkby Stephen however the Upper Eden Medical Practice serving patients in the areas of Kirkby Stephen, Brough and Tebay provide delivery services.

9.2.5 Necessary Services Outside the District

Eden district shares borders to the northeast with Northumberland, to the east with Durham and to the southeast with North Yorkshire. The physical barrier of the North Pennines means that few people live near these borders, with the exception of the residents of Alston and its surrounding area.

Historically very few patients that are resident in Eden district are registered with GPs outside the H&WB area. It is not possible to determine the number of items dispensed for those registered outside of Eden; however, dispensing flow data from 2020/21 indicates numbers of items prescribed in Cumbria but dispensed in the vicinity of Eden district border (County Durham and North Yorkshire) do not appear to significantly contribute to the services for Cumbria residents. It is worth noting that a number of items prescribed in Cumbria were dispensed in Northumberland which may include some residents in Eden.

9.2.6 Necessary Services: Gaps in Provision

The HWB considered the opening times and accessibility to determine that the community pharmacies and dispensing doctors in the former Eden district meet the needs of the Eden 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 Penrith has reduced pharmaceutical provision and opening hours, in particular OOH 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 to these rural areas.

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 Eden area provide this. All 7 pharmacies currently offer the New Medicine Service and the Community Pharmacist Consultation Service. 4 pharmacies provide the Hypertension Case-Finding service (NHS Blood Pressure Check service) excluding Alston and Appleby. 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 Eden are presented in Table 12.

Table 12: Eden: Locally Commissioned Services:

Service	No. Pharmacy Providers	Geographic Coverage	Other Providers
Gluten Free Food Scheme	7	All areas (Alston, Appleby, Kirkby Stephen, Penrith)	
Minor Ailment Scheme (Think Pharmacy First)	7	All areas	
Palliative Care	4	Alston, Appleby, Penrith (excluding Kirkby Stephen)	
Stop Smoking Service	7	All areas	
Emergency Hormonal Contraception	7	All areas	Some GP Practices
Seasonal Influenza Vaccination	7	All areas	GP practices
Needle and syringe Programme	1	Penrith South only	
Opioid Substitution Therapy prescribing & supervised consumption	4	Alston, Appleby, Penrith (excluding Kirkby Stephen)	
Urinary Tract Infection scheme	5	All areas	

9.2.8 Pharmacy Services in Areas of Deprivation

In Eden there are no LSOAs which rank in the 10% most deprived in England therefore no further analysis in relation to deprivation has been conducted within this assessment for Eden. However, the district has high levels of deprivation when considering access to key services; using the 'geographical barriers to services' sub-domain (used as a proxy for access to some key services) Eden has 19 out of 36 (53%) LSOAs that rank within the 10% most deprived in England (see Figure 9).

9.2.9 Improvements & 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 13 presents the results of the determination.

Table 13: Eden: Gaps in Pharmaceutical Service Provision:

Service	Description of Gap
Palliative Care	Limited access and no access in Kirkby Stephen.
Needle and Syringe Programme	Limited access (1 pharmacy only - Penrith South; no access in Kirkby Stephen)
Opioid Substitution Therapy Prescribing and Supervised Consumption	No access in Kirkby Stephen
Appliance Use Reviews	No access
Stoma Appliance Customisation	No access

There is no pharmacy provision in the towns of Alston; Appleby; and Kirkby Stephen on Sundays.

The recent closure (13 June 2023) of Lloyds pharmacy, Sainsbury's, in central Penrith 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 pre packed and stock medicines to Penrith hospital. NCIC also provides pharmaceutical services to discharge patients, outpatients and to 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 Eden there is not an acute hospital providing A&E, the closest is in Carlisle at the Cumberland Infirmary. In 2020, due to the impact of the COVID-19 pandemic, numbers of A&E attendances at the Cumberland Infirmary reduced 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. There is a General Pharmaceutical Council (GPhC) registered pharmacy on the Cumberland Infirmary site providing dispensary services 8:30am to 6:00pm Monday-Friday; 10:00am to 4:00pm on Saturdays; 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 Eden district

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 Eden district population for the provision and access to pharmaceutical services. However, it is recognised that there could be better access of OOH provision since the recent closure (13 June 2023) of Lloyds Pharmacy, Sainsbury's, in central Penrith (Penrith South ward). As a result of the closure there is no longer OOH provision between the hours of 7am-830am and 8pm-11pm Monday to Friday; and between 7am-830am and 7pm-11pm on Saturdays; however, provision remains available from an alternative pharmacy (located in Morrisons supermarket) between 10am-4pm on Sundays).

Although this is a reduction to provision, users of the former pharmacy can access services in Penrith town centre and for some OOH provision on the outskirts of the centre, however, it is recognised that the alternative pharmacies are not open as early or late. 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 the Eden area to determine that there are no gaps in services.

The HWB identified some services could have better access within the Eden area if they were made available in more pharmacies including: Palliative care (this is not available in Kirkby Stephen); Needle and Syringe Programmes – there is very limited access (1 pharmacy only in Penrith South; and no access in Kirkby Stephen). The closure of Lloyds pharmacy in Penrith also means less provision of OST Supervised administration resulting in services 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. There could also be better access to Appliance Use Review and Stoma Appliance Customisation could be improved as there is currently 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.

It is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

9.3 South Lakeland area

9.3.1 Strategic Direction

The former South Lakeland district forms part of the Lancashire and South Cumbria Integrated Care Board (formally Morecambe Bay Clinical Commissioning Group) and the Lancashire and South Cumbria Integrated Care System area; further details of plans are provided in section 4.6.

The South Lakeland Health and Wellbeing Forum priorities set out below were agreed in March 2022; these will be revised with input from new members following Local Government Reorganisation in April 2023 and in the light of developing local partnership arrangements:

- Promoting education, skills and lifelong learning.
- Building stronger communities to include addressing social inclusion.
- Ensuring local households have access to sufficient and healthy food.
- Support activity attendant to planet issues.

9.3.2 Necessary Services: Current Provision

There are 25 pharmacies providing pharmaceutical services to the population of the former South Lakeland district area; all pharmacies are served by the LSC ICB. This includes the pharmacy provision of Silverdale Pharmacy (located in North Lancashire, this pharmacy serves the patients of the Silverdale branch of Arnside Surgery in South Lakeland).

Pharmacies are located primarily in areas of higher population density (see Figures 4&5). There is more than one pharmacy in the market towns of Ambleside (2); Kendal (6); Ulverston (3); and Windermere (3) thereby offering more patient choice. The pharmacies also provide services to an estimated 19 million tourists who visit the area every year (please note this is a pre-pandemic estimation and some of those visitors may be existing district residents).

There are 109,385 patients registered at GP Practices located in the former South Lakeland district area; this equates to 1 pharmacy for every 4,375 patients (23 per 100,000 patient population); this includes the pharmacy provision of Silverdale Pharmacy in Lancaster. This rate is the highest in the county and is above 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 12 dispensing practices (including Bentham Medical Practice located in Craven) providing dispensing services to patients in South Lakeland. The dispensaries are generally located in rural areas although some are located in market towns where there is also community pharmacy provision: Cartmel (1); Coniston (1); Broughton-in-Furness (1); Kendal (2); Kirkby-in-Furness (1); Kirkby Lonsdale (1); Milnthorpe (1); Sedbergh (1); Ulverston (1); and Windermere (1) (see Figures 4&5).

Due to the additional provision of the dispensing practices in South Lakeland, consideration has been given to the dispensing provision of 33 per 100,000 population which includes both community pharmacies and dispensing practices.

Lancashire and South Cumbria ICB (South Cumbria) includes two LPS located in Grasmere (Grasmere Pharmacy) and Hawkshead (The Pharmacy). There is one 100-hour pharmacy in Kendal (Well Pharmacy – Helme Chase Surgery). In addition, there is a 40-hour pharmacy at Silverdale which is located in the North Lancashire LA area, on the border between Lancashire and Cumbria. This pharmacy is included in this assessment as it serves the patients of the Silverdale branch of Arnside surgery in South Lakeland.

Lancashire and South Cumbria ICB also includes Bentham Medical Practice, a dispensing practice located in Craven, North Yorkshire. Bentham Medical Practice is referred to in this assessment to provide an understanding of the services available.

9.3.3 Access: Opening Hours

Access to community pharmacies across South Lakeland is well provided for during the hours of 9:00am and 5:00-6:00pm, Monday to Saturday; see Appendix 7 (Community Pharmacy Opening Times, July 2023).

Kendal has community pharmacy provision from 8:00am to 9:00pm, Monday to Friday; until 9:00pm on Saturday; and until 6.00pm on Sunday. Ambleside has provision from 9:00am to 17:30pm Monday to Friday; 09:00am to 18:00pm on Saturdays; and 1030am to 430pm on Sundays. Windermere has provision from 9:00am to 18:00pm Monday to Friday; 09:00am to 5:00pm on Saturdays; but no provision on Sundays. Ulverston has provision from 8:45am to 18:30pm Monday to Friday; 09:00am to 5:30pm on Saturdays; but no provision on Sundays. 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 Kendal has reduced their hours resulting in a reduction in OOH provision between 7am-8am and 9pm-11pm on Monday to Friday; and between 9pm to 11pm on Saturdays.

Community pharmacy provision on Sundays is available in Kendal and Ambleside only; there is no pharmacy provision on Sundays in: Arnside; Flookburgh; Grange; Grasmere; Hawkshead; Kirkby Lonsdale; Milnthorpe; Sedbergh; Silverdale; Staveley; Ulverston; and Windermere.

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 Westmorland General Hospital in Kendal, 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. Furthermore, CHOC provides additional services to Windermere and Bowness Medical Practice.

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 greater population density and also rural areas where there are dispensing practices and as such provide reasonable access to most of the population during their opening hours.

Table 14 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 14: South Lakeland: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

South Lakeland					
% of Population with Access:					
Key:	Less than 90%		90-99%		100%
Car		Walking		Public Transport	
5 mins	83.7%	3 mins	28.7%	5 mins	42.7%
10 mins	100.0%	6 mins	34.1%	10 mins	66.3%
15 mins	100.0%	9 mins	49.2%	15 mins	82.6%
20 mins	100.0%	12 mins	54.2%	20 mins	84.6%
30 mins	100.0%	15 mins	57.8%	30 mins	89.0%

Source: shapeatlas.net

Distance and travel times were considered broadly reasonable for a rural community with all residents in South Lakeland being able to access pharmacy services by car within 10 minutes. However, the 2021 Census reported that 14% of households in South Lakeland had no access to cars or vans (England and Wales 23%) and travel by public transport can take longer in some areas with 11% of people living in the district not able to access services within 30 minutes. It is also worth noting that 42.2% of residents (44,300 people) do not have access to services by walking within 15 minutes.

Travel time maps are available in Appendix 8 (Travel Time Maps). All areas within the map have been considered within this assessment.

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.

It is also worth noting, that there are 18 LSOAs in the district which rank in the 10% most deprived in England in relation to the ‘geographical barriers to services’ domain (used as a proxy for access to some key services); this equates to almost one third of residents living in South Lakeland (presented in Figure 9).

A number of pharmacies reported providing the ‘collection of prescriptions from surgeries’ service and delivery services, including vulnerable patient groups and to selected areas within a 5-10mile radius or to the local area. Pharmacies providing delivery services are located in

Arnside; Ambleside; Flookburgh; Grange; Grasmere; Hawkshead; Kirkby Lonsdale; Kendal; Milnthorpe; Sedbergh; Staveley; Ulverston; and Windermere.

9.3.5 Necessary Services Outside the former District

The community pharmacy and dispensing practice in Bentham (North Yorkshire) provides pharmaceutical services to residents in South Cumbria (Lancashire and South Cumbria ICB). In addition to this, Silverdale Pharmacy (North Lancaster) serves the patients of the Silverdale branch of Arnside Surgery in South Lakeland. A notable number of prescriptions prescribed in Cumbria have been collected by residents from community pharmacies in Carnforth and Silverdale in Lancaster. Furthermore, a number of prescriptions are collected from community pharmacies and dispensing practices in Ingleton and Bentham in North Yorkshire.

Although exact numbers could not be obtained for this assessment it is known historically that some residents living in South Cumbria are registered with a GP practice outside the county. Historically patients utilising GP services outside the HWB area have predominantly been registered with practices in Hawes and Carnforth.

9.3.6 Necessary Services: Gaps in Provision

Having considered the opening times and accessibility the HWB determine that the community pharmacies and dispensing GP Practices in South Lakeland district meet needs of the South Lakeland locality population for the provision and access to pharmaceutical services.

It was acknowledged that people who live in rural and sparsely populated areas often have greater distances to travel to access services and consideration must be taken for economic viability of providing services.

There is no Minor Ailment scheme for adults in South Cumbria, the scheme is available for paediatrics (under 18s) only and asylum seekers. There is also no Gluten Free service; and no Urinary Tract Infection scheme in South Cumbria.

9.3.7 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 South Lakeland area provide this. All 24 pharmacies in South Lakeland currently offer a New Medicine Service (Silverdale Pharmacy in North Lancaster does not); and the Community Pharmacist Consultation Service (including Silverdale Pharmacy). 23 pharmacies provide the Hypertension Case-Finding service (NHS Blood Pressure Check service) including Silverdale Pharmacy excluding Arnside. 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 South Lakeland are presented in Table 15.

Table 15: South Lakeland: Locally Commissioned Services:

Service	No. Pharmacy Providers	Geographic Coverage	Other Providers
Paediatrics Minor Ailment Scheme [under 18 years of age] *	25	All areas (including Silverdale)	
Palliative Care [End of Life emergency medicines]	7	Ambleside, Grange, Hawkshead, Kendal, Ulverston, Windermere	
Stop Smoking Service	23	All areas (including Silverdale)	
Emergency Hormonal Contraception	24	All areas (excluding Silverdale Pharmacy)	Contraceptive services are provided at Sexual Health Clinics in Kendal; GP Practices
Seasonal Influenza Vaccination	24	All areas	GP practices
Needle and syringe Programme	4	Kendal, Ulverston and Windermere only	Alternative provision at Needle Exchange Hub in Kendal.
Opioid Substitution Therapy prescribing & supervised consumption	9	Ambleside, Grange, Kendal South and Ulverston only.	(Excluding Flookburgh, Staveley, Milnthorpe, Hawkshead, Arnside, Grasmere, Sedbergh, Kirkby Lonsdale, Windermere and Silverdale)
Opioid Substitution Therapy prescribing & supervised consumption	9	Ambleside, Grange, Kendal South and Ulverston only.	(Excluding Flookburgh, Staveley, Milnthorpe, Hawkshead, Arnside, Grasmere, Sedbergh, Kirkby Lonsdale, Windermere and Silverdale)

*Service specific to Lancashire & South Cumbria Integrated Care Board. [Gluten Free and Adult Minor Ailment Schemes are not available in South Cumbria].

9.3.8 Pharmacy Services in Areas of Deprivation

In the South Lakeland district there are no LSOAs which rank in the 10% most deprived in England therefore no further analysis in relation to deprivation has been conducted within this assessment for South Lakeland. However, the district 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) South Lakeland has 18 out of 59 (31%) LSOAs that rank within the 10% most deprived in England (see Figure 9).

9.3.9 Improvements & 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 these services, their location and the location of other providers, if appropriate. Table 16 presents the results of the determination.

Table 16: Gaps in pharmaceutical service provision in South Lakeland

Service	Description of Gap
Gluten Free Food Scheme	No access (North Cumbria only)
Minor Ailment Scheme - Adults	No access (North Cumbria only)
Urinary Tract Infection scheme	No access (North Cumbria only)
Palliative Care	Limited access particularly in rural areas (not available in Arnside, Grasmere, Flookburgh, Kirkby Lonsdale, Milnthorpe, Sedbergh, Staveley)
Needle and Syringe Programme	Limited access particularly in rural areas
Opioid Substitution Therapy Prescribing and Supervised Consumption	Limited access particularly in rural areas
Appliance Use Reviews	No access
Stoma Appliance Customisation	No access

Community pharmacy provision on Sundays is available in Kendal and Ambleside only; there is no pharmacy provision on Sundays in: Arnside; Flookburgh; Grange; Grasmere; Hawkshead; Kirkby Lonsdale; Milnthorpe; Sedbergh; Silverdale; Staveley; Ulverston; and Windermere.

9.3.10 Other NHS 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 South Lakeland there is not an A&E service within the district. However, the A&E service in the south of the county is provided by UMBT at Furness General Hospital, Barrow-in-Furness. This provider also provides an emergency department at Lancaster infirmary. In 2020, due to the impact of the COVID-19 pandemic, numbers of A&E attendances reduced at Furness General and across all A&E departments in Cumbria. In 2021, at Furness General, they increased 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 July. Mondays and Tuesdays show the largest number of attendances while the busiest times were during the hours of 10am-6pm, peaking between 11am-1pm. During peak times pharmacy services are available although there is less coverage on Sundays.

9.3.11 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). Lancashire and South Cumbria ICB commission: Minor Ailment scheme for paediatrics (under 18s) and asylum seekers; Palliative Care schemes; and stock holding of oral antiviral medicines for flu outbreaks in care homes. Gluten Free services; Adult Minor Ailment schemes; and Urinary Tract Infection schemes are not available in South Cumbria (these are commissioned in North Cumbria only).

9.3.12 Conclusions and Recommendations for South Lakeland

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 needs of the former South Lakeland district population for the provision and access to pharmaceutical services. 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 Kendal have reduced their hours resulting in a reduction in OOH between 7am-8am and 9pm-11pm on Monday to Friday; and between 9pm to 11pm 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 South Lakeland district population. However, it is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services.

The HWB identified some services could have better access if they were made available in more pharmacies including: Palliative Care (there is a lack of provision in some rural areas); access to Needle and Syringe Programmes; and Opioid Substitution Therapy Prescribing and Supervised Consumption – there is a lack of provision particularly in rural areas however demand and needs may be low in those areas. 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.

There is no Minor Ailment scheme for adults in South Cumbria, the scheme is available for paediatrics (under 18s) only and asylum seekers; this aligns with the need, demand and service usage in the ICB area. There is also no Gluten Free service; and no Urinary Tract Infection scheme in South Cumbria; however, this aligns with the rest of the ICB area.

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 Westmorland & Furness 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 Eden district area (centre of Penrith); 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 reductions in some OOH provision in Barrow and Kendal.

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 Health and Wellbeing Board do not believe any additional provision is required to secure improvements or better access.

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

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.

12 Glossary of Acronyms

Community Pharmacy Contractual Framework (CPCF)	28
Cumberland Council (CC)	7
Cumbria County Council (CCC)	30
Cumbria Health on Call (CHOC)	36
Department of Health (DoH).....	5
Department of Health and Social Care (DHSC).....	28
General Practitioner (GP).....	28
Health and Wellbeing Board (HWB)	3, 5
Integrated Care Systems (ICs)	26
Joint Strategic Needs Assessment (JSNA)	6
Local Pharmaceutical Services (LPS) ..	33, 60
Lower Super Output Area (LSOA).....	7
National Health Service (NHS).....	5
National Health Service England (NHSE)	5
NHS Improvement (NHSI).....	28
Office for Health Improvement and Disparities (OHID)	19
Out of Hours (OOH)	30
Output Area (OA)	7
Pharmaceutical Needs Assessment (PNA)	3, 5
Pharmaceutical Services Negotiating Committee (PSNC).....	28
Pharmacy Access Scheme (PhAS)	28
Pharmacy Integration Fund (PhIF)	28
Primary Care Networks (PCNs)	37
Primary Care Trusts (PCTs).....	5
Public Health England (PHE)	19
Sustainability and Transformation Plan (STP).....	31
Westmorland and Furness Council (W&F)	7