

Cumbria Pharmaceutical Needs Assessment 2022



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1 Executive Summary

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

The Health and Social Care Act 2012 established HWBs. The 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. The latest regulations require a revised assessment to be published by 1st October 2022.

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 the HWB area has been divided into six districts based on the district council boundaries.

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

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

After considering all the elements of the PNA, Cumbria HWB **concludes that there is adequate provision of pharmaceutical services across Cumbria** although recognises there is variability across the districts. Pharmaceutical services that could be improved with better access conditions vary in each district.

There are many rural communities within Cumbria and it is acknowledged that across Cumbria 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.

Cumbria HWB consulted on this PNA for a period of 60 days, commencing on 24th June 2022 and closing on 23rd August 2022. The PNA Steering Group considered the comments received and amendments were made accordingly.

2 Introduction

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

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

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

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

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

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 set out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DoH) powers to make Regulations. The development of this PNA and its subsequent publication was carried out in accordance with these regulations. The last PNA for Cumbria was published in March 2018 and was due for refresh by March 2021. However, in light of the COVID-19 pandemic and subsequent pressure on resources the regulations were amended to extend the deadline for publication of the PNA to 1st October 2022.

3 PNA Development in Cumbria

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

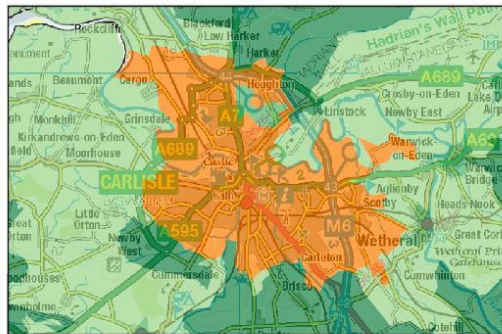
4.1 Geography

Cumbria is England's second largest county and covers an area of 6,768 square km. With an average population density of 74 people per square km, Cumbria is England's most sparsely populated county (England average 434 people per square km). 54% of Cumbria's residents live in rural areas compared to 18% across England.

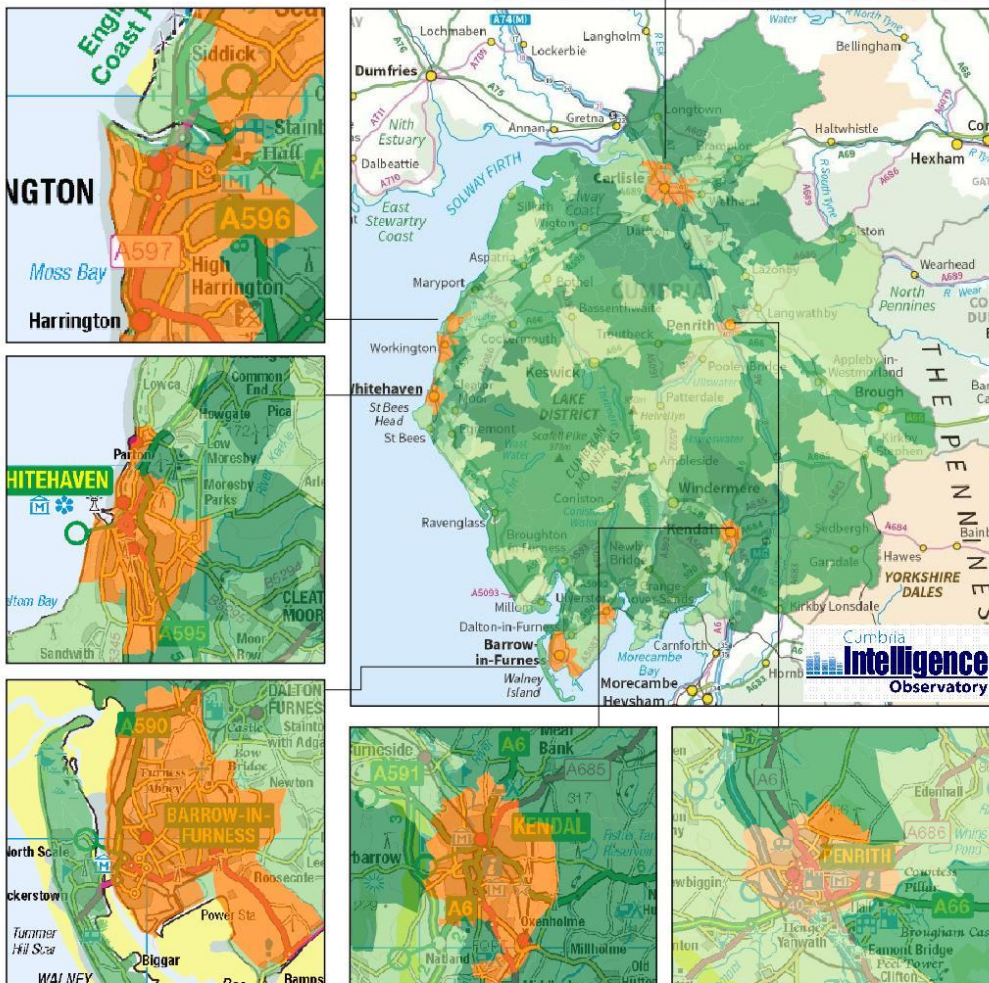
Figure 1: Cumbria: Output Areas: By Rural Urban Classification: 2011

OAs by 2011 Rural Urban Classification

- Output Areas
Rural Urban Classification
- Urban city and town
 - Urban city and town in a sparse setting
 - Rural village in a sparse setting
 - Rural village
 - Rural town and fringe in a sparse setting
 - Rural town and fringe
 - Rural hamlets and isolated dwellings in a sparse setting
 - Rural hamlets and isolated dwellings



Source: Census 2011



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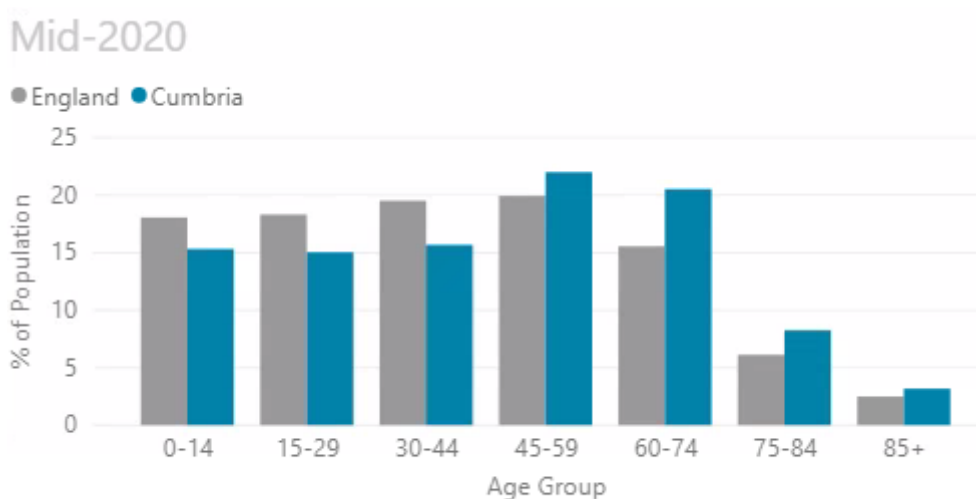
4.2 Demography

The resident population of Cumbria was estimated to be 499,800 persons at mid-2020; a decrease of 400 persons (-0.1%) since mid-2010 (England +7.4%). The demographic profile of Cumbria's districts varies considerably, this section provides an overview of county level trends, however, district level variations are covered in chapter nine of this assessment.

4.2.1.1 Age:

When compared to England, Cumbria has an older age profile with lower proportions of residents in the youngest age groups and higher proportions of residents in the oldest age groups.

Figure 2: Cumbria: % Persons by Age Group: Mid-2020:



Source: Office for National Statistics, figures rounded to the nearest 100, may not sum due to rounding.

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

- The total population may increase by 1,500 persons (+0.3 vs. England +5%);
- Numbers of 0-15 year olds may decrease by -5,300 persons (-6.5 vs. England -1.6%);
- Numbers of 16-64 year olds may decrease by 12,600 persons (-4.3% vs. England +2.7%);
- Numbers of 65+ year olds may increase by 19,500 persons (+16.2% vs. England +19.6%);
- The proportion of people aged 65+ may increase to 27.9% (England 20.7%).

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.

4.2.1.2 Ethnicity:

17,700 Cumbrian residents identified as being from an ethnic minority (including White minorities) in the 2011 Census (3.5%). Whilst this was much lower than the average for England and Wales (19.5%), it is still a factor that health and social care services need to take into account.

4.2.1.3 Migration:

The ONS estimate that between mid-2010 and mid-2020, 173,100 people moved into Cumbria from other parts of the UK and 166,900 people moved out from Cumbria to other parts of the UK (net increase of 6,200 persons). Furthermore, the ONS estimated that 14,500 people moved into Cumbria from overseas and 12,200 people moved out from Cumbria to overseas (net increase of 2,300 persons).

The 2011 Census reported that 18,700 residents in Cumbria were born outside of the UK (3.7%). Of these non-UK born residents, 1,200 were born in Ireland, 3,500 were born in EU countries that were EU member countries in March 2001, 4,600 were born in EU countries that joined the EU between April 2001 and March 2011 and 9,400 were born in countries other than those listed above.

The National Insurance Number (NINo) registrations dataset produced by the Department for Work and Pensions (DWP) shows the number of foreign nationals who have registered for a national insurance number, covering any short or long-term worker who is employed, self-employed or claiming benefits.

In Cumbria, people moving in from European Union (EU) 8 countries (Estonia; Czech Republic; Slovakia; Hungary; Latvia; Lithuania; Poland; and Slovenia) accounted for the greatest number of NINo registrations between 2011/12 and 2016/17, while people moving in from EU2 countries (Bulgaria and Romania) accounted for the greatest number of NINo registrations between 2017/18 and 2019/20. However, in 2020/21 registrations from all EU countries decreased considerably while registrations from South Asia increased to account for the greatest number of registrations in the year.

Over the last 10 years the greatest numbers of NINo registrations in Cumbria were for people originating from:

1. Romania (3,255 registrations);
2. Poland (3,075 registrations);
3. Spain (1,371 registrations);
4. Hungary (880 registrations); and
5. Bulgaria (665 registrations).

4.2.1.4 Visitors:

It is not just the usual resident population of Cumbria that impacts on both service demand and provision; but also the number of visitors and tourists to the county, as well as second home owners. An estimated 47 million visitors visit Cumbria and the Lake District per year; however, it is worth noting that some of those visitors may already be existing Cumbrian residents. Furthermore, the 2011 Census reported that there were around 21,800 people who were usually resident outside of Cumbria, with a second address in the county, be it for work, holiday or other.

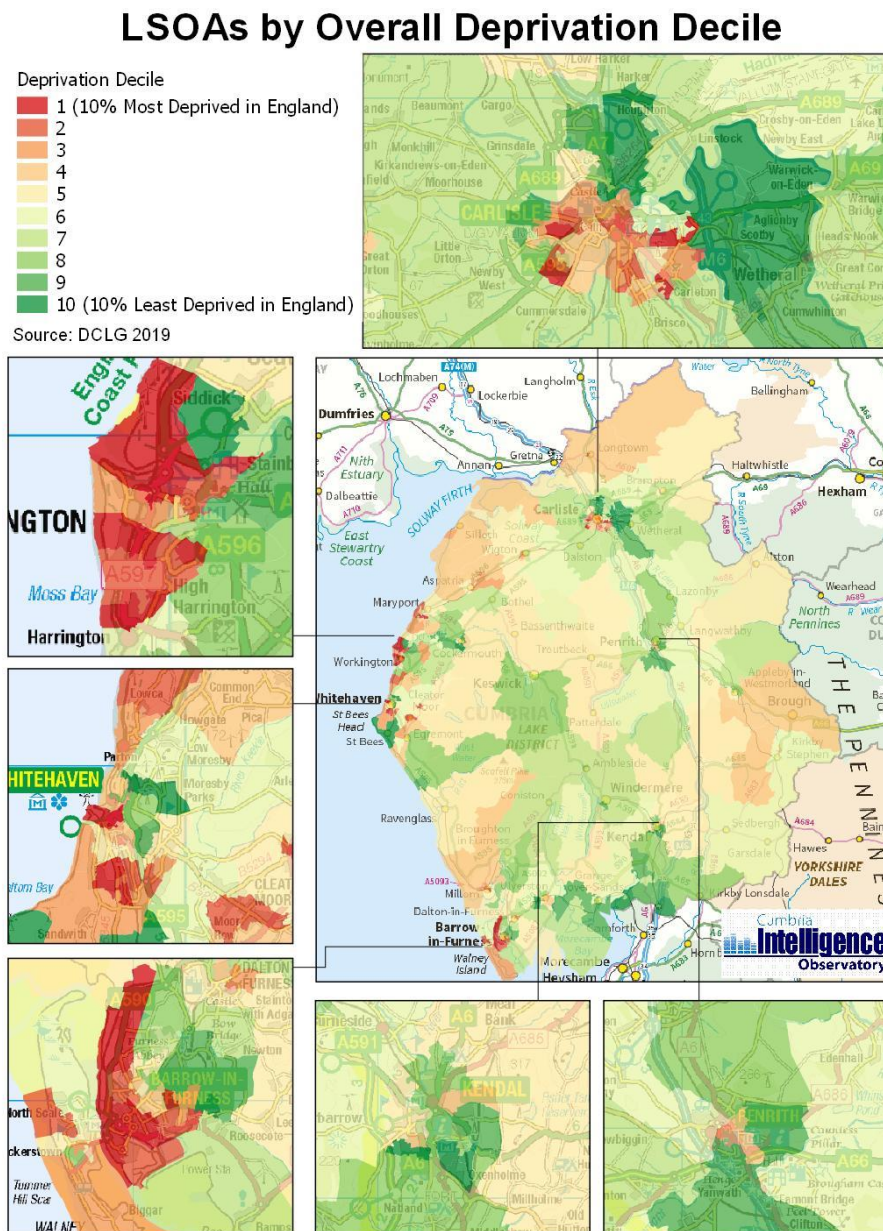
4.2.1.5 University Students:

HEIDI Plus and HESA Student data for the 2019/20 academic year suggested that while there were approximately 1,400 full time students who did not live in Cumbria but studied at the University of Cumbria in Carlisle or Ambleside (likely resident in Cumbria in term time and absent during holiday times), there were just under 6,200 full time Cumbrian Domicile students who did not study in Cumbria (likely absent in term times and returning to Cumbria in holiday times). This would suggest that overall, in Cumbria there is likely to be more service demand from students during holiday times.

4.3 Deprivation

The 2019 Indices of Deprivation (IoD) published by the Department for Communities and Local Government (DCLG) classified 26 of Cumbria's 321 Lower Super Output Areas (LSOAs) as being within the 10% most deprived of areas in England. These communities were located within the districts of Barrow-in-Furness (12 LSOAs), Allerdale (7 LSOAs), Carlisle (4 LSOAs) and Copeland (3 LSOAs). Inversely, Cumbria had 17 LSOAs that were classified as being in the 10% least deprived of LSOAs nationally; these LSOAs were located in South Lakeland (6 LSOAs), Carlisle (5 LSOAs), Allerdale (3 LSOAs), Copeland (2 LSOAs) and Barrow-in-Furness (1 LSOA). It is important to note that not all socially and economically disadvantaged people in Cumbria will be living in the most deprived areas of the county and that they may reside in more affluent areas, therefore consideration should be given to all.

Figure 3: Cumbria: LSOAs: By Overall Deprivation Decile: 2019:

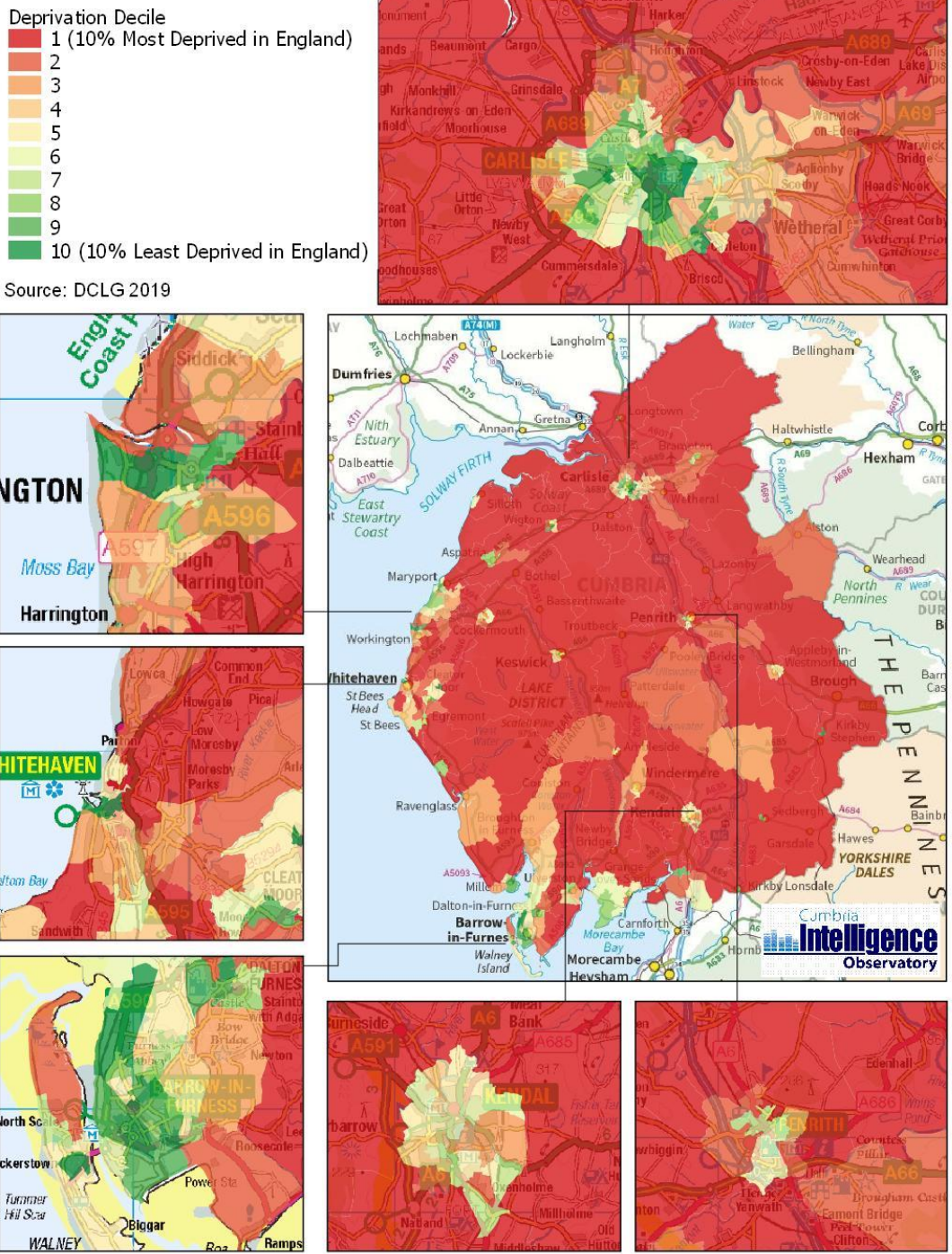


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The 2019 IoD can be broken down further into domains and sub-domains. The ‘geographical barriers to services’ sub-domain relates to the physical proximity of local services including a post office, primary school, general store/supermarket, and GP surgery. Across Cumbria 80 LSOAs rank within the 10% most deprived in England in relation to this sub-domain.

Figure 4: Cumbria: LSOAs: By Geographical Barriers to Services: 2019:

LSOAs by Geographical Barriers Decile



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4.4 Health

When considering the Office for Health Improvement and Disparities (OHID) local authority profile indicators presented in Figure 5, the health of people in Cumbria is varied compared with the England average.

Just under half (14) of the indicators are similar to the England average, these indicators are:

- Female life expectancy;
- Under 75 mortality from all causes;
- Under 18 conceptions;
- Smoking at time of delivery;
- Infant mortality;
- Obese children (at age 11);
- Attainment 8 scores;
- Employment levels;
- Admission episodes for alcohol-related conditions;
- Smoking prevalence in all adults;
- Smoking prevalence in routine and manual occupations;
- Diabetes diagnosis;
- Hip fractures in people aged 65+; and
- Excess winter deaths.

A small number (8) of the indicators are significantly better than the England average, these indicators are:

- Under 75 mortality from cancer;
- Children in low-income families;
- Physically active adults;
- Overweight adults;
- Statutory homelessness;
- Violent crime;
- New sexually transmitted infection diagnoses; and
- Incidence of TB.

Inversely, a further 8 indicators are significantly worse than the England average, these indicators are:

- Male life expectancy;
- Mortality from cardiovascular disease;
- Emergency hospital admissions for intentional self-harm;
- Suicide;
- Killed and seriously injured (KSI) road casualties;
- Admission episodes for alcohol-specific conditions in under 18s;
- Breastfeeding initiation; and
- Dementia diagnosis;

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Figure 5: Cumbria: OHID Health Profile: January 2022



Source: <https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/qid/1938132701/pat/6/par/E12000002/ati/202/are/E10000006/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

4.5 Patient Groups with Specific Needs

4.5.1.1 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 year to June 2021, 1,041 households in Cumbria were assessed as homeless (4.6 per 1,000 households) and a further 916 households were threatened with homelessness within 56 days (4 per 1,000 households). Cumbria’s rates of homeless and threatened with homelessness households are below the national average (England 6.2 and 5.3 per 1,000 households respectively). None of Cumbria’s districts have rates above the national average.

4.5.1.2 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 1,279 offenders in Cumbria managed by Cumbria & Lancashire Community Rehabilitation Company (CLCRC). District Figures were not available. 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.

4.5.1.3 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 November 2021 reported that between quarter 1 2017 and quarter 3 2021, a total of 249 refugees have been initially resettled within Cumbria, with the greatest proportion being resettled in Carlisle (93 persons).

4.5.1.4 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 ONS Annual Population Survey (APS) defines veterans as individuals aged 16+ who have served at least one day in the UK Armed Forces, including the cohort of men obliged to complete National Service (compulsory until 1960). Based on this definition, the 2017 APS (published in 2019) estimated that Cumbria is home to 24,000 veterans; this equates to 6% of the county's 16+ population, which is just above the national average of 5%.

Current estimates based on the Ministry of Defence annual Location of Armed Forces Pension and Compensation Recipients dataset reported that at March 2021 there were 3,347 veterans in Cumbria who were in receipt of one or more armed forces pension or compensation scheme, equal to a rate of 67 veterans per 10,000 population; slightly higher than the national average (UK 56 veterans per 10,000 population). Of Cumbria's districts, Carlisle had the greatest number and rate of armed forces pension and compensation veterans, while all of Cumbria's districts had higher rates of armed forces pension and compensation veterans than the UK average.

4.5.1.5 Gypsy and Irish Travellers:

At both a national and local level, when compared to all other ethnic groups, a much greater proportion of Gypsy and Irish Travellers reported that their general health was ‘bad or very bad’ within their 2011 Census questionnaire.

The 2011 Census reported that 315 Cumbrian residents (0.1%) identified their ethnic group as Gypsy or Irish Traveller; this proportion is the same as the England & Wales average. Across Cumbria's wards, Carlisle's Castle ward had the greatest numbers of residents who identified their ethnic group as Gypsy or Irish Traveller (20 persons), while Lyne ward in Carlisle had the greatest proportion of residents who identified their ethnic group as Gypsy or Irish Traveller (0.5%).

4.6 Strategic Direction

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 new Health and Care Bill in final stages of passage in 2022 is reforming the Health and Care System with the establishment of statutory ICSs.

The reforms seek to further develop the relationship between health and care services and intended to promote equal partnership between the NHS and wider partners. This will replace the current framework of Integrated Care Systems (ICSs), Clinical Commissioning Groups (CCGs) and Integrated Care Communities (ICCs).

Currently Cumbria is split between 2 ICSs and is served by 2 CCGs, each CCG has 8 ICCs, of which 12 are in Cumbria:

ICS	North East and North Cumbria							
CCGs	North Cumbria	Newcastle Gateshead	North Tyneside	Northumberland	County Durham	South Tyneside	Sunderland	Tees Valley

North Cumbria ICCs	Carlisle Health care	Workington	Brampton & Longtown	Copeland	Eden	Keswick & Solway	Maryport & Cocker mouth	Carlisle Network
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ICS	Lancashire and South Cumbria							
CCGs	Blackburn with Darwen	Blackpool	Chorley and South Ribble	East Lancashire	Fylde and Wyre	Greater Preston	Morecambe Bay	West Lancashire

Morecambe Bay ICCs	Barrow & Millom	Grange & Lakes	Kendal	Mid Furness	East	Carnforth	Bay (Morecambe)	Lancaster
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Colour denotes - working within Cumbria

The Bill introduces two-part statutory ICSs, comprised of both an: Integrated Care Board (ICB), responsible for NHS strategic planning and allocation decisions; and an Integrated Care Partnership (ICP), responsible for bringing together a wider set of partners to develop a plan to address the broader health, public health and social care needs of the local population. ICPs will also create an Integrated Care Strategy for the ICS area.

ICS activity will be based on commissioners and providers collaborating over smaller geographies within ICSs, often referred to a 'places', and through teams delivering services working together on even smaller footprints, usually referred to as 'Neighbourhoods'. Neighbourhoods are currently known locally as ICCs.

The formal creation of ICS structures is to be in place by 1 July 2022, following formal government approval.

How reform applies in Cumbria

- Cumbria continues to be a member of two: Lancashire and South Cumbria and North East and North Cumbria;
- HWBs will remain legally distinct from ICPs;
- ICP arrangements are being considered in both ICS areas.

Governance

Placed Based Governance model is expected Spring 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 is expected from 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.

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 agreed a new 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.

The General Practitioner (GP) contract for 2019–2024 also set out a plan to develop a “pharmacy connection scheme” for community pharmacy.

5 Determination of Localities

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 different localities in the area. The various options for dividing the population into distinct localities were considered based on the geographic, demographic and social characteristics of Cumbria. It was concluded that the best approach to this process was to use the local authority district boundaries whilst still recognising the other boundaries where relevant. This was because:

- The JSNA refers to local authority districts;
- Public health and demography data would be available for local authority districts;
- The six LA district boundaries almost mirror some of the ICC boundaries;
- Further data to assess need was easily available at ward and LSOA level if required;
- Commissioning of future services will be undertaken on a boundary basis depending on the commissioner.
- Local Government Reorganisation in Cumbria will be based on aggregation of districts.

As mentioned above, the six LA district boundaries closely match some ICC boundaries, however, Millom ICC falls into South Cumbria rather than North Cumbria; this assessment is based on LA districts and therefore Millom will be included in the boundary of Copeland and will form part of North Cumbria when considering district data. Throughout this document any anomalies in figures due to the difference in boundaries will be highlighted.

For the purpose of pharmaceutical needs, unless qualified as above, any reference to a 'district' will mean the local authority district, borough or city council boundaries. Districts have been used to break down Cumbria to aid presentation and interpretation of information. However, wherever possible, analysis has not been restricted to boundaries to ensure the needs of the population are accounted for accurately and appropriately.

Figure 6 provides a map of Cumbria with the six local authority boundaries, ICC boundaries; and location of community pharmacies and dispensing practices overlaid.

Figure 6: Cumbria: LA Districts and ICCs: With Community Pharmacies and Dispensing Practices: April 2022

Cumbria: Local Authority District and Integrated Care Community (ICC) Boundaries



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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; CCGs including North Cumbria CCG and Morecambe Bay CCG; and the 'PharmOutcomes' software system.

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 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 CPCF: Dispensing Medicines; Dispensing Appliances; Repeat Dispensing; Clinical Governance; Discharge Medicines Service; Public Health (Promotion of Healthy Lifestyles); Signposting; Support for Self Care; and Disposal of Unwanted Medicines. (The precise contractual requirements for providing NHS pharmaceutical services are set out in Schedules 4-6 of the Regulations).
- **Advanced Services:** There are ten Advanced Services within the NHS CPCF, these are: Appliance Use Reviews; Community Pharmacist Consultation Service; COVID-19 Lateral Flow Device Distribution Service; Flu Vaccination Service; Hepatitis C Testing Service; Hypertension Case-Finding Service; New Medicine Service; Pandemic Delivery Service; Stoma Appliance Customisation; and Stop Smoking Advanced Service. 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/> Medicines Use Review service is now decommissioned as of 31st March 2021. The Community Pharmacy Hepatitis C Antibody Testing Service was added to the CPCF in 2020, commencing on 1st September [this service, which was due to end on 31 March 2022 but is now available until 31 March 2023].

- **Locally Commissioned Services:** These can be contracted via a number of different routes and commissioned by different commissioners including LAs, CCGs 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 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~

*Services currently commissioned from community pharmacies by NHSE.

^Services currently commissioned via a framework agreement, between Cumbria County Council (CCC) and community pharmacies or sub-contracted via Humankind Charity.

~Services currently commissioned from community pharmacies by North Cumbria CCG and Morecambe Bay CCG.

6.1.1 LA Commissioned Services

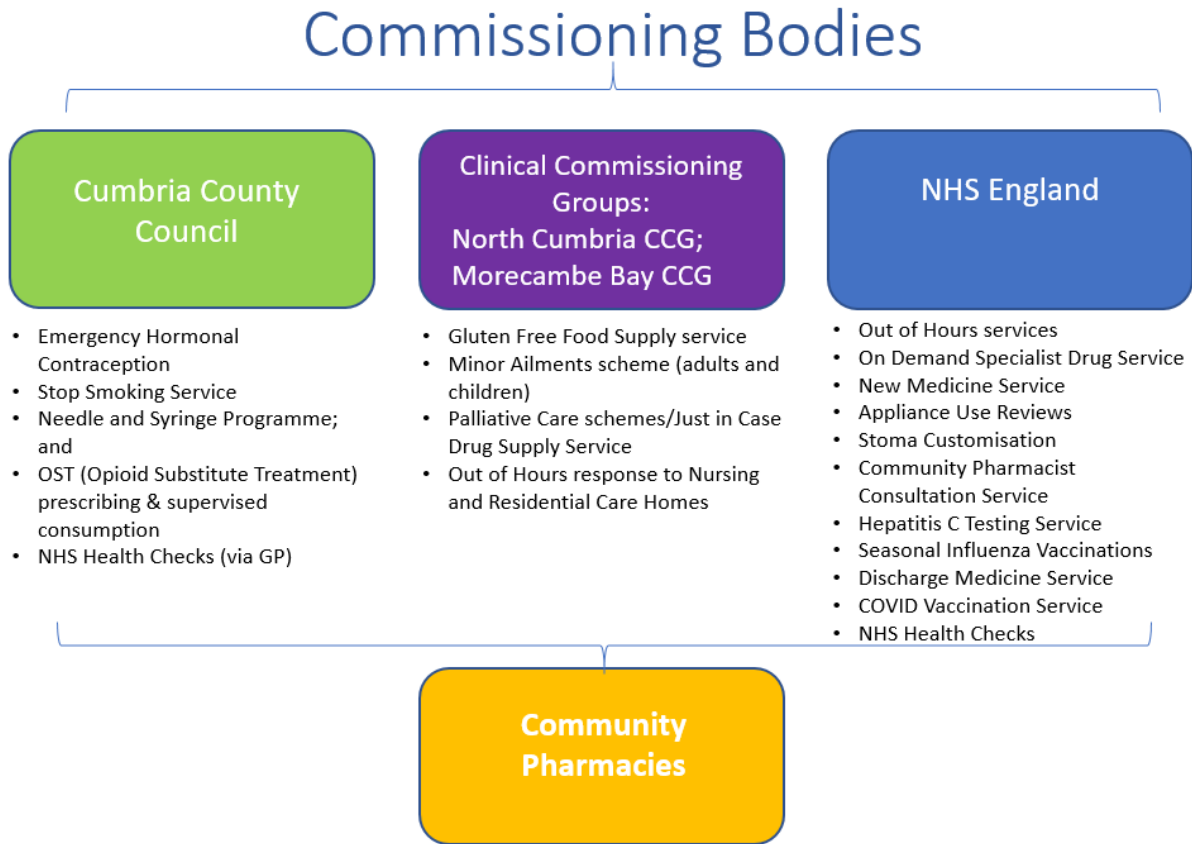
LAs have responsibility for commissioning a wide range of services provided by community pharmacies including most public health services and social care services as follows: Supervised Consumption; Needle and Syringe Programme; Emergency Hormone Control and Contraceptive services; Sexual Health Screening; Stop Smoking services; Chlamydia Testing and Treatment; Weight Management; and Alcohol Screening and Brief Interventions. NHS Health Checks were previously commissioned by the LA (as reported in the last PNA) however, from October 2021, NHSE became responsible for the roll out of this service across all pharmacies.

CCC has commissioned community pharmacies to provide the following services via a Pharmacy Public Health Framework Agreement: Emergency Hormonal Contraception; Stop Smoking Service and NHS Health Checks (now the responsibility of NHSE). 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 CCG Commissioned Services

Through community pharmacies, the services commissioned by CCGs include: Gluten Free Food Supply Service (commissioned by North Cumbria CCG only; this service is not available in South Cumbria); Minor Ailments Schemes (commissioned in North Cumbria; 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 Sustainability and Transformation Plan (STP) area); Palliative Care Schemes (in both North and South Cumbria, in South Cumbria this is known as the 'Just in Case Drug Supply Service'); and some out of hours services to nursing and residential care homes (Response to Influenza type infections in South Cumbria). CCGs have previously commissioned a Medicines Use Review service however this was decommissioned as of 31st March 2021, therefore contractors can no longer provide this service.

Figure 7: Cumbria: Community Pharmacy Commissioning by Responsible Body:



There are currently 105 community pharmacies in Cumbria, identified in Figure 6. They all provide essential services and most offer advanced services and enhanced services commissioned by CCC, CCGs (North Cumbria CCG and Morecambe Bay CCG) or NHSE. Current pharmacy service provision for each pharmacy is detailed in Appendix 2 (Community Pharmacy Services, Feb 2022). Current commissioning provision and intentions are provided in section 4.6 – Strategic Direction. In 2020/21, 80.0% of prescriptions generated in Cumbria were dispensed in community pharmacies (in any LA including Cumbria and LAs outside Cumbria).

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.

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 Hawkshead (The Pharmacy) and Grasmere (Grasmere Pharmacy). In 2020/21, 0.2% of prescriptions generated in Cumbria were dispensed in LPS pharmacies (see Table 3 in Dispensing & Prescribing section).

6.3 Dispensing Practices

While the majority of Cumbria's 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 26 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 Morecambe Bay CCG boundary). Locations are presented in Figure 6 while opening times are listed in Appendix 3 (Dispensing Practice Opening Times [Feb 2022]).

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 CCG this proportion was 17% while in Morecambe Bay CCG it was 11.8%; this compared to 5.2% nationally. Nationally, approximately 8.1% of prescription items were dispensed by GP Practices at January 2022.

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 Cumbria HWB area are as follows in North Cumbria: Portinscale; Dalston; Brampton and Keswick (Castlehead). In South Cumbria previously determined controlled localities are: Askam-in-Furness; Coniston; and Silverdale (Silverdale is in Lancashire but serves South Cumbria's CCG area).

6.5 Reserved Locations

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

The 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 2020/21, 2.2% 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 Cumbria 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 Cumbria'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 2020/21, 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 Table 3 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 Cumbria CCG
- Morecambe Bay CCG
- 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)

On 31 December 2019, the World Health Organization was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. On 9 January 2020, it was announced that a novel coronavirus had been identified in samples obtained from these cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is referred to as SARS-CoV-2, and the associated disease as 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. Since COVID-19, some community pharmacies now provide additional services including COVID-19 vaccinations and Lateral Flow Testing. For the latest information on COVID-19 please visit:

<https://www.pharmacyregulation.org/contact-us/coronavirus-latest-updates>

6.9.1 Local Vaccination Sites

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 Ambleside, Carlisle, Grasmere and Whitehaven. In addition, there are vaccination sites located in North Cumbria (Carlisle, Cockermouth, Kirkby Stephen, Penrith, Seascale, Whitehaven and Workington) and in South Cumbria (Ambleside, Barrow, Grasmere and Ingleton (North Yorkshire)). This information is correct at the time of writing this PNA (February/March 2022) but it should be noted that the situation is in a period of change and it is therefore recommended the most up-to-date information is accessed via:

North Cumbria [CCG](https://www.northcumbriaccg.nhs.uk/covidvaccine): <https://www.northcumbriaccg.nhs.uk/covidvaccine> and
Morecambe Bay [CCG](https://www.healthierlsc.co.uk/CovidVaccination/vaccination-centres): <https://www.healthierlsc.co.uk/CovidVaccination/vaccination-centres>

6.9.2 Lateral Flow Testing

As at October 2021, the community pharmacy COVID-19 Lateral Flow Device distribution service and COVID-19 medicines delivery service were commissioned from community pharmacies. Throughout the pandemic and since the introduction of Lateral Flow Testing, tests have been provided in all community pharmacies across Cumbria free of charge, however, this has been dependent on whether stocks have been available nationally. At the time of writing this PNA (February/March 2022) Lateral Flow Testing is provided in all pharmacies. However, this service will be decommissioned as of 1 April 2022 but could be provided if required in the future. The situation regarding COVID-19, and in particular testing, is in a period of change nationally, therefore provision and services continue to change. For the most up-to-date information relating to Lateral Flow Testing please visit:

<https://northcumbriaccg.nhs.uk/covidtesting> and <https://www.healthierlsc.co.uk/> .

6.10 Dispensing and Prescribing Volumes and Flows

Table 1 presents the number of items dispensed by community pharmacies in Cumbria by district for the last three financial years and the first six months of 2021/22. It is worth noting that the COVID-19 pandemic will have affected the provision of pharmaceutical services and therefore the numbers reported may not be a true reflection of usual service provision.

As presented by Table 1, in 2020/21, 9.6million items were dispensed; this was 219,640 (-2.2%) fewer items compared to 2019-20 (pre-pandemic). So far in 2021/22, the number of items dispensed is around 50% of what was dispensed in 2019/20 and 2020/21. (Please note at the time of writing the PNA, data for the full year of 2021-22 was not available, data was available for the first 6 months only).

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	1,116,662
Barrow-in-Furness	1,693,233	1,684,212	1,619,469	803,137
Carlisle	1,871,201	1,884,468	1,835,362	910,572
Copeland	1,558,252	1,583,602	1,542,298	777,484
Eden	654,805	669,760	641,939	319,688
South Lakeland	1,757,622	1,777,163	1,753,776	886,066
Cumbria*	9,753,275	9,816,347	9,596,707	4,831,163

Source: NHSE. Notes: Includes Silverdale Pharmacy in Lancashire; 2021-22 is reporting the first 6 months only (full year not available); Excludes dental prescriptions and items prescribed in hospitals.

Table 2 reports that in 2020/21, although there were national and local lockdowns due to the pandemic, the number of New Medicine Service reviews increased in Cumbria compared to 2019/20 from 7,900 to 9,300 reviews (+17.3%). Furthermore, the number of Community Pharmacist Consultation Service consultations also increased from 2,600 in 2019/20 to 5,100 in 2020/21 (+98%). Flu vaccinations also increased by 68% in 2020/21 compared to 2019/20. In 2020/21, there were 6,900 COVID-19 vaccinations provided by community pharmacies.

So far in 2021/22 (the first 6 months) 7,300 New Medicine Service reviews have been carried out, already accounting for 78% of the total number in 2020/21. Furthermore, 4,500 Community Pharmacist Consultation Service consultations have been provided, already accounting for 87% of the total number in 2020/21. Flu vaccinations are around 58% of the total in 2020/21, while 48,000 COVID-19 vaccinations have been provided in community pharmacies across Cumbria so far.

Table 2: Cumbria: Community Pharmacy Advanced Services Activity; by Financial Year.

	Number			
	2018-19	2019-20	2020-21	2021-22
No. New Medicine Service consultations	7,213	7,911	9,281	7,253
No. Community Pharmacist Consultation Service consultations	-	2,583	5,131	4,464
No. Stoma Customisation	72	56	44	22
No. Appliance Use Reviews	18	-	8	-
No. Medicine Use Review and Prescription Intervention Service	31,167	20,767	8,575	37
Seasonal Influenza Vaccination Advances Service Income	£232,298	£250,227	£421,996	£245,479
No. COVID-19 Vaccination Service	-	-	6,903	48,047

Source: NHSE. Notes: Includes Silverdale Pharmacy in Lancashire; 2021-22 is reporting the first 6 months only (full year not available); Medicine Use Review Service decommissioned as of 31st March 2021.

Table 3 presents the number of flu vaccinations given in Cumbria by district for the last three flu seasons/years and 5 months of 2021/22. [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 given across all districts. So far in 2021-22, 71,583 flu vaccinations have been given, an increase of +29.8k vaccinations (+71.4%) from the previous year. Compared to 2019/20 (pre-pandemic) numbers have increased by +45.5k (+174.8%).

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

	2018-19	2019-20	2020-21	2021-22**
Allerdale	7,298	6,978	12,047	17,182
Carlisle	4,908	5,390	8,042	14,797
Copeland	2,816	3,159	6,393	11,316
Eden	1,210	1,552	2,175	3,866
North Cumbria Total	16,232	17,079	28,657	47,161
Barrow-in-Furness	2,926	2,880	4,527	7,884
Copeland	336	329	756	1,413
Lancaster*	26	34		451
South Lakeland	4,579	5,728	7,830	14,674
South Cumbria Total*	7,867	8,971	13,113	24,422
Cumbria *	24,099	26,050	41,770	71,583

Source: Advanced Service Flu Report; NHS Business Services Authority [Not all community pharmacies provided flu vaccines]. *Includes Silverdale Pharmacy. **5 months only – Sep 21 to Jan 22.

Table 4 reports that in 2020/21, there were 6.9million items prescribed in Cumbria and then dispensed in any LA (including LAs both within and outside Cumbria). 80% of items prescribed in Cumbria were dispensed in community pharmacies while 16.0% 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; 16.8% were dispensed by Dispensing Practices; and 0.2% were dispensed by LPS.

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 0.7% of items prescribed in Cumbria are dispensed at this practice.

Table 4: Items Prescribed in Cumbria: 2020/21 [April 2021 - October 2021 (7 months) only]

	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	5,431,705	83.0%	71,649	21.4%	5,503,354	80.0%
Dispensing Appliance Contractors	-	-	111,240	33.3%	111,240	1.6%
Distance Selling Pharmacies	-	-	15,167	45.2%	151,167	2.2%
Local Pharmaceutical Services	15,445	0.2%	41	0.0%	15,486	0.2%
Dispensing Practices	1,097,991	16.8%	230	0.1%	1,098,221	16.0%
Total	6,545,141	95.1%	334,327	4.9%	6,879,468	

Source: NHSE.

Table 5 reports that 1.7% of items dispensed in Cumbria are prescribed outside of the county.

Table 5: Items Dispensed in Cumbria: 2020/21 [April 2021 - October 2021 (7 months) only]

	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	5,431,705	83.0%	109,999	98.9%	5,541,704	83.3%
Local Pharmaceutical Services	15,445	0.2%	363	0.3%	15,808	0.2%
Dispensing Practices	1,097,991	16.8%	835	0.8%	1,098,826	16.5%
Total	6,545,141	98.3%		1.7%	6,656,338	

Source: NHSE.

Table 6 reports that, 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).

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

	Dispensing Patients		Prescribing Patients		Total
	Number	%	Number	%	
Allerdale	13,286	13.2%	87,511	86.8%	100,797
Barrow-in-Furness	0	0.0%	69,081	100.0%	69,081
Carlisle	16,126	14.4%	95,506	85.6%	111,632
Copeland	7,402	10.6%	62,409	89.4%	69,811
Eden	18,939	35.2%	34,927	64.8%	53,866
South Lakeland	21,949	20.3%	86,222	79.7%	108,171
Cumbria	80,279	15.4%	440,325	84.6%	520,604

Source: NHSE. Notes: Cumbria total includes Bentham Medical Practice.

7 Partnership Involvement & Public Engagement

7.1 Steering Group

Cumbria HWB established a PNA Steering Group. A copy of the Terms of Reference and membership of the group are included in Appendix 1 (Terms of Reference).

7.2 Public Survey

An important element of any needs assessment is to capture the views of service users, to understand their perspective and to identify actions which will ensure improvement to services. As part of the development of this PNA a public survey was carried out. The consultation ran from the 14th of January 2022 to the 11th of February 2022. The survey was conducted online using CCC's dedicated website.

A total of 803 responses to the public survey were received. Analysis of survey results only summarises the responses provided by respondents regarding the services provided by their pharmacy. No attempt was made to cross reference respondent's opinions or perceptions against the actual services commissioned or available via their pharmacy.

Highlights from the online survey included:

- Respondents were from across the county. Of Cumbria's districts, Carlisle accounted for both the greatest number and rate of responses (300 responses = 276 responses per 100k population). Inversely, Barrow-in-Furness accounted for the smallest number and rate of responses (17 responses = 25 responses per 100k population).
- At ward level, Stanwix & Houghton ward accounted for by far the greatest number of responses (187 responses = 23% all responses).
- The most common pharmacy use given by respondents was 'prescription medicine' (given by 91% of respondents).
- The most common frequency of use given was 'monthly' (65% of respondents).
- The most common time to use a pharmacy was 'weekday afternoon' (65% of respondents), closely followed by 'weekday morning' (62%). [Multiple options].
- The most common type of pharmacy was 'local community/high street' (81%).
- The most common mode of transport to a pharmacy was 'car/private vehicle' (56%).
- Of the respondents who provided answers regarding travel by car/private vehicle, by far the greatest proportion (93%) reported that access was 'easy'.
- Of the respondents who provided answers regarding travel by foot, the greatest proportion (65%) reported that access was 'easy'.
- Of the respondents who provided answers regarding travel by public transport, the greatest proportion (64%) reported that access was 'difficult'.
- The most common response for why respondents use the pharmacies they choose to go to was because it was 'convenient' (57%).
- The greatest proportion of respondents (55%) reported 'yes' they had been unable to get what they needed from a pharmacy.
- Of the respondents who reported that 'yes' they had been unable to get what they need from a pharmacy, by far the greatest proportion (78%) reported that they needed 'prescribed medicine'.
- Of the respondents who reported that 'yes' they had been unable to get what they need from a pharmacy, the greatest proportion (51%) reported that they 'went to another pharmacy'.

- The greatest proportion of respondents (73%) reported 'no' they had not changed the way they visit or use a pharmacy since the COVID-19 pandemic began.
- Of the respondents who reported 'yes' they had changed the way they visit or use a pharmacy since the COVID-19 pandemic began, the greatest proportion reported they had changed to 'get delivery' of their pharmacy products (24%).
- Of the respondents who provided further comments, the greatest proportion provided comments relating to 'compliments/good customer service' (47%). While comments relating to 'prescriptions being out of stock or not ready, requiring more than one visit' accounted for the second greatest proportion of comments (24%).

7.2.1.1 Needs Identified by Members of the Public

Through this assessment of pharmacy needs there is adequate pharmacy provision across the county, however, from the Public Survey it is clear that the needs of the public are different.

As part of the Public Survey, members of the public were asked if they have ever been unable to get what they need from their pharmacy - over half of the responses across the county indicated that they had however this is more apparent in North Carlisle. When asked what was needed, the majority of responses indicated prescribed medicine.

Members of the public were also asked if there was anything else they would like to tell us about the pharmacy they use - the majority of responses provided compliments and positive feedback however many responses expressed dissatisfaction and inadequate provision or availability of prescribed medicines; as well as unsatisfactory waiting times/long queues. These concerns are reflected across the county however they are more apparent in North Carlisle.

It is important to note that there was considerable district level variation in survey responses. Full results are available in Appendix 6.1 (Public Survey).

7.3 Contractor Survey

Part of the PNA includes gathering information from those who are providing services by way of a Contractor Survey. The aim of this survey is to gather information that is not otherwise publicly available in order to gain a better understanding of what services are available.

The Contractor Survey ran from the 13th of December 2021 to the 7th of February 2022. The survey was conducted online using the PharmOutcomes dedicated website for pharmacies. There were 42 responses accounting for 40% of pharmacies across Cumbria; a district breakdown of responses is presented in Table 7 below.

Table 7: Responses to the Contractor Survey by District

	Total No. Pharmacies in District	No. Pharmacy Responses to Survey	% Responses
Allerdale	21	10	48%
Barrow-in-Furness	16	10	63%
Carlisle	21	7	33%
Copeland	14	4	29%
Eden	8	2	25%
South Lakeland	26	9	35%

Total	106	42	40%
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Source: PharmOutcomes. Notes: At the time of the Survey there were 106 pharmacies in Cumbria; since then, 1 pharmacy in South Lakeland has closed, as of 28.03.22 (see 9.6.6: South Lakeland - Necessary Services: Current Provision).

The information provided by the Contractor Survey has been included and considered in the PNA specifically when considering provision and access across the districts. Full summary available in Appendix 6.2 (Contractor Survey consultation).

8 Consultation Process

The PNA regulations requires Cumbria'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 24th June 2022 to 23rd August 2022 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 6.3.

9 Analysis of Need and Pharmaceutical Provision by District

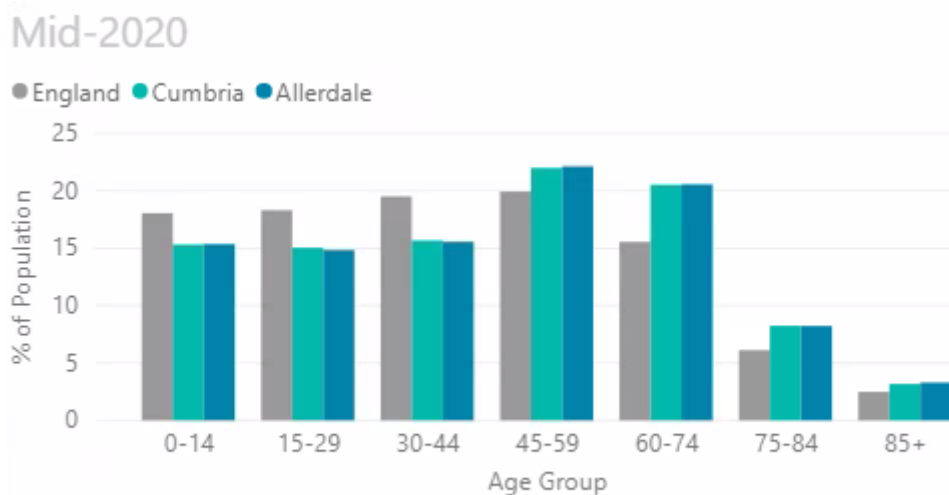
In accordance with Regulation 4 and Schedule 1 of the 2013 Regulations the information set out in the following sections are a summary only of the relevant findings of the HWB and describes how different needs have been taken into account.

9.1.2 Demography

The resident population of Allerdale was estimated to be 97,800 persons at mid-2020; an increase of 1,500 persons (+1.6%) since mid-2010 (Cumbria -0.1%, England +7.4%).

9.1.2.1 Age

Figure 9: % Persons by Age Group:



Source: Office for National Statistics, figures rounded to the nearest 100, may not sum due to rounding.

When compared to England, Allerdale has an older age profile; with lower proportions of residents in younger age groups and higher proportions of residents in older age groups. When compared to Cumbria, Allerdale's age profile is very close to the county average.

The 2018-Based SNPPs published by the ONS in 2020, project that by 2028:

- Allerdale's total population may increase by 1,300 persons (+1.3% vs. Cumbria +0.3% and England +5%).
- The number of 0-15 year olds in Allerdale may decrease by 500 persons (-3.2% vs. Cumbria -6.5 and England -1.6%).
- The number of 16-64 year olds in Allerdale may decrease by 1,900 persons (-3.3% vs. Cumbria -4.3% and England +2.7%).
- The number of residents aged 65+ in Allerdale may increase by 3,700 persons (+15.6% vs. Cumbria +16.2% and England +19.6%).
- The proportion of people aged 65+ may increase to 27.7% in Allerdale, this is similar to Cumbria (27.9%) but much higher than the national average (20.7%).

9.1.2.2 Ethnicity

2,337 residents in Allerdale identified as being from an ethnic minority (including White minorities) in their 2011 Census (2.4%); Cumbria 3.5%, England & Wales 19.5%.

9.1.2.3 Migration

The ONS estimate that between mid-2010 and mid-2020, an estimated 30,500 people moved into Allerdale from other parts of the UK and an estimated 27,400 people moved out from Allerdale to other parts of the UK (net increase of 3,100 persons). Furthermore, an estimated 1,900 people moved into Allerdale from overseas and an estimated 1,400 people moved out from Allerdale to overseas (net increase of 600 persons).

The 2011 Census reported that 2,577 residents in Allerdale were born outside of the UK (2.7%). Of these non-UK born residents, 183 were born in Ireland, 534 were born in EU countries that were EU member countries in March 2001, 527 were born in EU countries that joined the EU between April 2001 and March 2011 and 1,333 were born in countries other than those listed above.

The NINo registrations dataset shows that in Allerdale, people moving in from EU8 countries (Estonia; Czech Republic; Slovakia; Hungary; Latvia; Lithuania; Poland; and Slovenia) accounted for the greatest number of NINo registrations from 2011/12 to 2014/15 and also in 2016/17, while people moving in from EU2 countries (Bulgaria and Romania) accounted for the greatest number of NINo registrations in 2015/16 and from 2017/18 to 2019/20. However, in 2020/21 registrations from all EU countries decreased considerably. Over the last 10 years the greatest numbers of NINo registrations in Allerdale were for people originating from the countries listed in Table 8.

Table 8: Allerdale: Top 5 Countries by No. NINo Registrations: 2011/12 to 2020/21:

Rank	Country	NINo Registrations
1	Romania	426
2	Poland	270
3	Hungary	229
4	Spain	218
5	Czech Republic	106

Source: DWP

9.1.2.4 Visitors

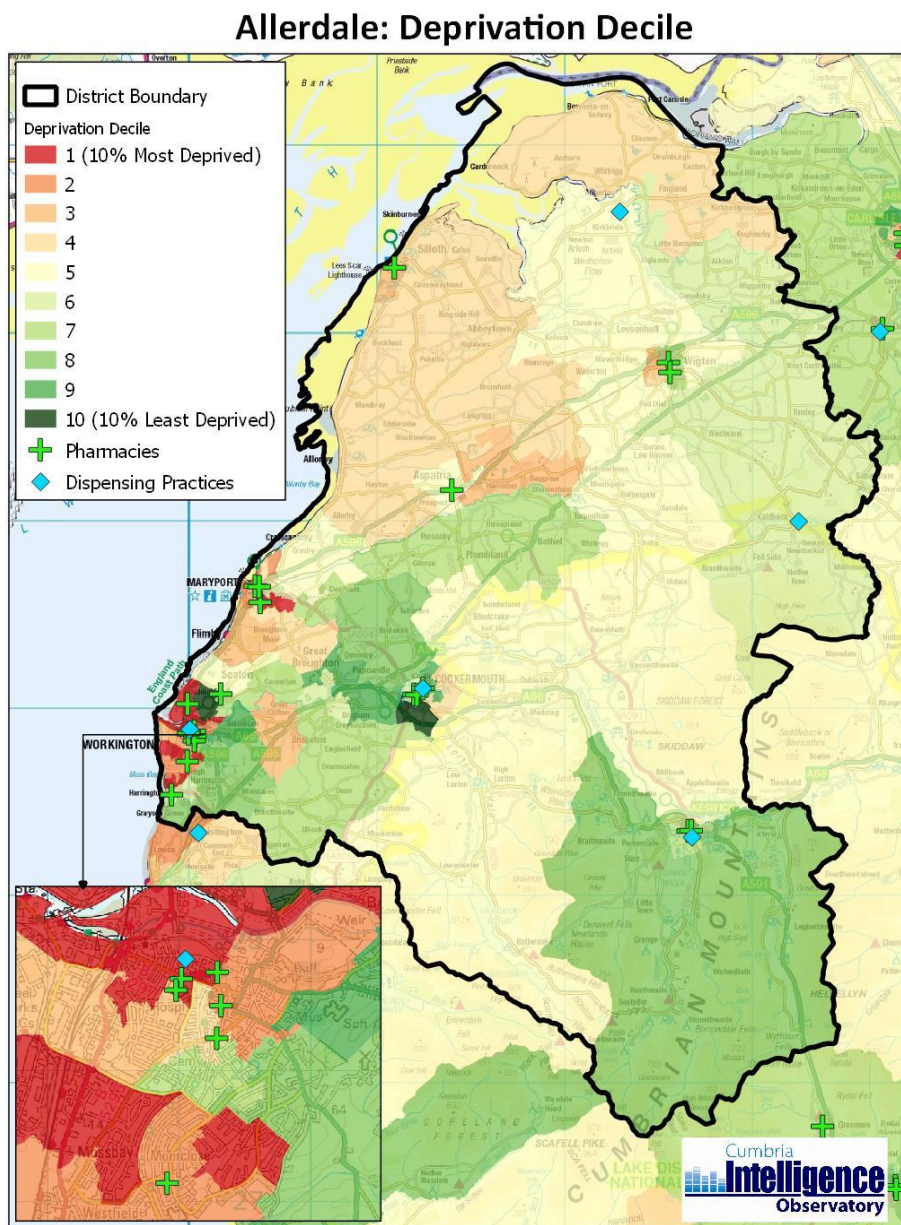
An estimated 8 million visitors visited Allerdale in 2019; however, it is worth noting that some of those visitors may already be existing district residents and figures are pre-pandemic. Furthermore, the 2011 Census reported that there were around 3,700 people who were usually resident outside of Allerdale with a second address in the district, be it for work, holiday or other. The Allerdale Borough Council Local Plan identifies the following visitor locations:

- Hadrian's Wall World Heritage Site;
- Solway Coast Area of Natural Beauty;
- Allonby;
- River Derwent;
- Maryport Harbour / Marina;
- Derwent Forest;
- Derwent Valley; and
- Cockermouth / Taste Cumbria Festival.

9.1.3 Deprivation

The 2019 IoD classified 7 LSOAs in Allerdale as falling within the 10% most deprived areas in England; these communities are located within: Moss Bay; Ewanrigg; St. Michael's; Moorclose; and Ellenborough. Inversely, Allerdale has 3 LSOAs that are classified as being in the 10% least deprived of LSOAs nationally, these LSOAs are located in Christchurch, All Saints and Seaton. Figure 10 plots each LSOA in the district shaded according to the national decile that their overall deprivation score falls in.

Figure 10: Allerdale: LSOAs: Deprivation by England Decile (DLUHC 2019): Community Pharmacies & Dispensing Practices (April 2022)



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Furthermore, 19 LSOAs across the district rank amongst the 10% most deprived in England in relation to the “geographical barriers to services’ domain (presented in Figure 4).

9.1.4 Health

9.1.4.1 District Health Summary

When considering the OHID local authority profile indicators presented in Figure 11, the health of people in Allerdale is varied compared with the England average.

Around half (17) of the indicators are similar to the England average, these indicators are:

- Female life expectancy;
- Male life expectancy;
- Under 75 mortality from all causes;
- Under 75 mortality from cancer;
- Emergency hospital admissions for intentional self-harm;
- Hip fractures in people aged 65+;
- Diabetes diagnosis;
- Dementia diagnosis;
- Admission episodes for alcohol-specific conditions in under 18s;
- Smoking prevalence in all adults;
- Overweight adults;
- Smoking at time of delivery;
- Infant mortality;
- Obese children (at age 11);
- Smoking prevalence in routine and manual occupations;
- Employment levels; and
- Excess winter deaths.

A small number (7) of the indicators are significantly better than the England average, these indicators are:

- Admission episodes for alcohol-related conditions;
- Physically active adults;
- Children in low-income families;
- Attainment 8 scores;
- Violent crime;
- New sexually transmitted infection diagnoses; and
- Incidence of TB.

Inversely, a further 5 indicators are significantly worse than the England average, these indicators are:

- Mortality from cardiovascular disease;
- Suicide;
- Killed and seriously injured (KSI) road casualties;
- Under 18 conceptions; and
- Breastfeeding initiation.

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Figure 11: Allerdale: OHID Health Profile: January 2022:



9.1.4.2 ICC Health Summary

There are three ICCs which are wholly or partly within Allerdale Borough. Cockermouth & Maryport and Workington ICCs are both 100% within Allerdale Borough. Approximately 88% of the population of Keswick & Solway ICC live within Allerdale, while the remaining 12% live within Carlisle.

Profiles have been created for ICCs based on LSOA level data using a 'best fit' methodology whereby data for each LSOA is assigned to the ICC where the greatest proportion of the LSOA's residents live. Based on this methodology, the population of Cockermouth & Maryport at mid-2020 was 31,700, Workington was 32,900, and Keswick & Solway was 37,800.

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

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

Additionally, OHID 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 three ICCs in Allerdale perform worse than the national average in relation to the following indicators:

<p>Key issues – Cockermouth & Maryport ICC</p> <ul style="list-style-type: none"> • Emergency hospital admissions for coronary heart disease (SAR) • Emergency hospital admissions for hip fracture in 65+ (SAR) • Limiting long-term illness or disability (%) • Deaths from all causes, all ages (Standardised mortality ratio (SMR)) • Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR)) • Deaths from circulatory disease, under 75 years (Standardised mortality ratio (SMR)) • Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR)) • Deaths from stroke, all ages (Standardised mortality ratio (SMR))
<p>Key issues – Keswick & Solway ICC</p> <ul style="list-style-type: none"> • Emergency hospital admissions for coronary heart disease (SAR) • Limiting long-term illness or disability (%)

Key issues – Workington ICC

- Income deprivation, English IoD, 2019 (%)
- Child Poverty, English IoD, 2019 (%)
- Older people living alone (%)
- Emergency hospital admissions for all causes (SAR)
- Emergency hospital admissions for coronary heart disease (SAR)
- Emergency hospital admissions for stroke (SAR)
- Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)
- Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)
- Emergency hospital admissions for hip fracture in 65+ (SAR)
- Incidence of colorectal cancer (SIR per 100)
- Incidence of lung cancer (SIR per 100)
- Hospital stays for self harm (SAR)
- Limiting long-term illness or disability (%)
- Deaths from all causes, all ages (Standardised mortality ratio (SMR))
- Deaths from all causes, under 75 years (Standardised mortality ratio (SMR))
- Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR))
- Deaths from circulatory disease, under 75 years (Standardised mortality ratio (SMR))
- Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR))
- Deaths from stroke, all ages (Standardised mortality ratio (SMR))
- Deaths from causes considered preventable, under 75 years, SMR (Standardised mortality ratio (SMR))

9.1.5 Strategic Direction

Allerdale is part of the North Cumbria ICP area which forms part of the North East and North Cumbria ICS, details of plans are considered in section 4.6.

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

- Healthy Weight in Children
- Healthy Weight in Adults
- Healthy Attitude to Alcohol
- Smoking
- Ageing Well
- Mental Wellbeing
- ICCs
- H&W Promotion
- Health Inequalities
- Social Isolation
- Covid Recovery

9.1.6 Necessary Services: Current Provision

There are 21 pharmacies providing pharmaceutical services to the population of Allerdale. The community pharmacies are located in Workington (9) and the towns of Aspatria (1), Cockermouth (3), Keswick (2), Maryport (3), Silloth (1) and Wigton (2). Figures 8 and 10 show the distribution of pharmacies in relation to population density and areas of deprivation in Workington and Maryport respectively.

There are 100,824 patients registered on GP Practice Registers that are located in Allerdale district; this equates to one pharmacy for every 4,801 patients (21.0 per 100,000 patient population). This rate is greater than the estimated England average of 19.0 per 100,000 population. *[Patients Registered at GP Practices, January 2022. The outbreak of COVID-19 has led to changes in the work of General Practices and subsequently the data therefore caution should be used in drawing any conclusions from these data without consideration].*

There are 5 dispensing practices in Allerdale, located in Caldbeck (Wigton), Kirkbride, Cockermouth, Keswick and Workington (see Figures 8 and 10).

Due to the provision of the 5 dispensing practices in Allerdale, consideration has been given to the dispensing provision of 26.0 per 100,000 population which includes both community pharmacies and dispensing practices in the district.

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

9.1.7 Access: Opening Hours

Access to community pharmacies across Allerdale is well provided for during the hours of 7.00am and 11.00pm Monday to Friday, until 10pm on Saturday and 10am-8pm on Sundays; see Appendix 7 (Community Pharmacy Opening Times [Jan 2022]). From Monday to Friday there are pharmacies open, at times, after 6pm in Aspatria, Cockermouth, Wigton and Workington. There is no pharmacy provision on Sundays in Aspatria, Maryport, Silloth and Wigton.

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

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

Dispensing patients have access to their dispensing practice at the times shown in Appendix 3 (Dispensing Practice Opening Times [Feb 2022]).

CHOC, located at West Cumberland Hospital in Whitehaven provides urgent medication from the Out of Hours formulary between 6.30pm and 8.00am seven days a week and 24 hour access at weekends and bank holidays. There is also a treatment centre located at Wigton Community Hospital in Wigton.

9.1.8 Access: Distance

Figure 8 presents the location of providers of dispensing services (community pharmacies and dispensing practices). Figure 8 also shows that these providers are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours. However, it was noted that some pharmacies close at 5.30pm on weekdays, half day Saturdays or 5pm and are not open on Sundays and therefore it was necessary to consider access to areas with later opening times and Sunday opening.

Table 9 presents the proportion of the district’s resident population with access to a community pharmacy or dispensing practice by travel time and by mode of transport.

Table 9: Allerdale: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Key:	Less than 90%	90-99%	100%		
Allerdale					
% of Population with Access					
Car		Walking		Public Transport	
5 mins	73%	3 mins	26%	5 mins	35%
10 mins	97%	6 mins	34%	10 mins	57%
15 mins	100%	9 mins	39%	15 mins	80%
20 mins	100%	12 mins	53%	20 mins	82%
30 mins	100%	15 mins	61%	30 mins	84%

Source: shapeatlas.net

Travel times by car were considered reasonable with all of Allerdale’s population having access to a pharmacy or dispensing practice within 30 minutes. However, travel times by public transport are longer with fewer people being able to access a pharmacy or dispensing practice within 30 minutes (84% of the population compared to 100% by car). Furthermore, 39% (approximately 38,000 residents) are outside of 15 minutes walking access to a pharmacy or dispensing practice.

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

It is worth noting that Allerdale has high levels of deprivation when considering access to services; using the ‘geographical barriers to services’ sub-domain (used as a proxy for access to some key services). Allerdale has 19 out of 60 LSOAs (32%) that rank within the 10% most deprived in England for geographical barriers to services (see Figure 4).

In the Contractor Survey, a number of pharmacies reported providing the ‘collection of prescriptions from surgeries’ service. Furthermore, a number of pharmacies reported providing delivery services, including to vulnerable patient groups and to surrounding areas. In addition to the survey, further delivery information was gathered; pharmacies providing delivery services are located in all areas including: Aspatria; Keswick; Cockermouth; Maryport; Silloth; Wigton; and Workington.

9.1.9 Necessary Services Outside the District

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

9.1.10 Necessary Services: Gaps in Provision

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

9.1.11 Other Relevant Services: Current Provision

There are Advanced Services which pharmacies can choose to provide. Achieving Healthy Living Pharmacy status is now one of the essential Quality Criteria for the new National Contractual Framework (as of 2020/21), therefore all pharmacies in Allerdale provide this. 17 (out of 21) pharmacies in Allerdale currently offer a New Medicine Service, with coverage across all areas. There are no pharmacies in Allerdale which offer Stoma Appliance Customisation or Appliance Use Reviews. All pharmacies now offer Electronic Transfer of Prescriptions. The Medicines Use Review service is now decommissioned as of 31st March 2021. Locally commissioned services available in Allerdale are presented in Table 10.

Table 10: Allerdale: Locally Commissioned Services:

Service	No. Pharmacy Providers in Allerdale	Geographic Coverage	Other Providers
Gluten Free Food Scheme	20	All towns (Aspatria, Cockermouth, Keswick, Maryport, Silloth, Wigton, Workington)	1 pharmacy currently not providing is willing to provide this.
Minor Ailment Scheme	20	All towns	1 pharmacy currently not providing is willing to provide this.
Palliative Care	5	Aspatria, Cockermouth, Keswick, Workington	
Stop Smoking Service	18	All towns	Other pharmacies currently not providing are willing to provide this.
Emergency Hormonal Contraception	21	All towns	Contraceptive services are provided at Sexual Health Clinics; Workington Community Hospital; GP Practices
Seasonal Influenza Vaccination	20	All towns	GP practices
Needle and Syringe Programme	5	Cockermouth, Maryport Wigton, Workington (Seaton)	Alternative provision in Workington.
Opioid Substitution Therapy Prescribing & Supervised Consumption	13	All towns except Keswick	

9.1.12 Pharmacy Services in Areas of Deprivation

Allerdale has 7 LSOAs with significant deprivation (most deprived 10% in England). Therefore, consideration was given to the provision of public health locally commissioned services in these communities. It was noted that although there is not a pharmacy in every area of significant deprivation, there are pharmacies within a reasonable distance, either by car or public transport. Table 11 below presents the provision of these services. For a deprivation map see Figure 10.

Table 11: Allerdale: LSOAs in 10% Most Deprived in England: With Advanced and Locally Commissioned Pharmaceutical Services:

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

*Numbers refer to the Pharmaceutical Services List available in Appendix 2 (Community Pharmacy Services [Feb 2022]).

9.1.13 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 12: Allerdale: Gaps in Pharmaceutical Service Provision

Service	Description of Gap
Palliative Care	Limited access (not available in most areas of deprivation or Maryport, Silloth and Wigton)
Needle and Syringe Programme	Not provided in Aspatria; Keswick; Silloth and some deprived areas of Workington
Opioid Substitution Therapy Prescribing and Supervised Consumption	Not available in Keswick
Appliance Use Reviews	No access
Hepatitis C Testing	Limited access (Seaton only)

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

9.1.14 Other NHS Services

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

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

9.1.15 Locally Commissioned Services

Locally commissioned services (services commissioned by the LA) include: Emergency Hormonal Contraception; Stop Smoking service; subcontracted Needle and Syringe Programme services (subcontracted via Humankind Charity); and Opioid Substitution Therapy Prescribing and Supervised Consumption services (also subcontracted via Humankind Charity). North Cumbria CCG commission: Gluten Free Food Supply service; Minor Ailments scheme; and Palliative Care schemes.

9.1.16 Future Developments

9.1.16.1 Primary Care

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

9.1.16.2 Housing

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

9.1.16.3 Employment:

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

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

9.1.16.4 Infrastructure

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

9.1.17 Conclusions and Recommendations for Allerdale

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meets the needs of the Allerdale district population for the provision of and access to pharmaceutical services.

The HWB considered the opening times and ease of access to determine that there are no gaps in pharmaceutical service provision that is needed by the Allerdale district 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 Allerdale district to determine that there are no gaps or needs in services.

Although there are no current gaps or needs in Allerdale, the HWB identified some services could have better access within Allerdale district if they were made available in more pharmacies including: Stop Smoking services; Palliative Care; access to Needle and Syringe Programmes; and Opioid Substitution Therapy Prescribing and Supervised Consumption. Hepatitis C Testing provision is very limited, however, it is recognised nationally that the need for this service is very low, furthermore, this service is due to end on 31 March 2023. 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.

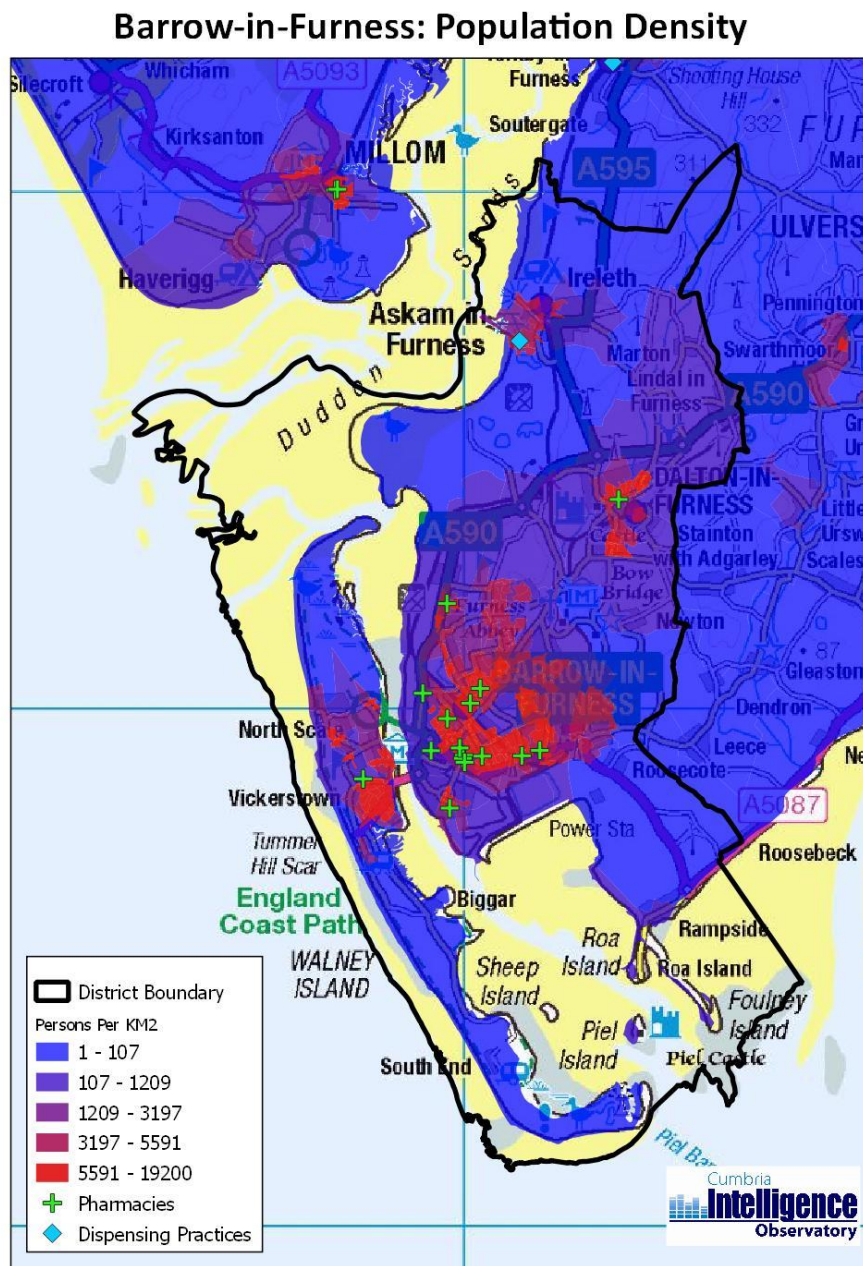
The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

9.2 Barrow-in-Furness District

9.2.1 Geography

Barrow-in-Furness district is Cumbria's smallest district, covering an area of 78 square km. With an average population density of 857 people per square km, the district is the most densely populated district in the county and much more densely populated than the national average (Cumbria 74 people per square km, England 434 people per square km). 34% of the district's residents live in rural areas, compared to 54% across Cumbria and 18% across England.

Figure 12: Barrow-in-Furness: Output Areas: Population Density (ONS Mid-2020 Estimates): With Community Pharmacies & Dispensing Practices (April 2022):



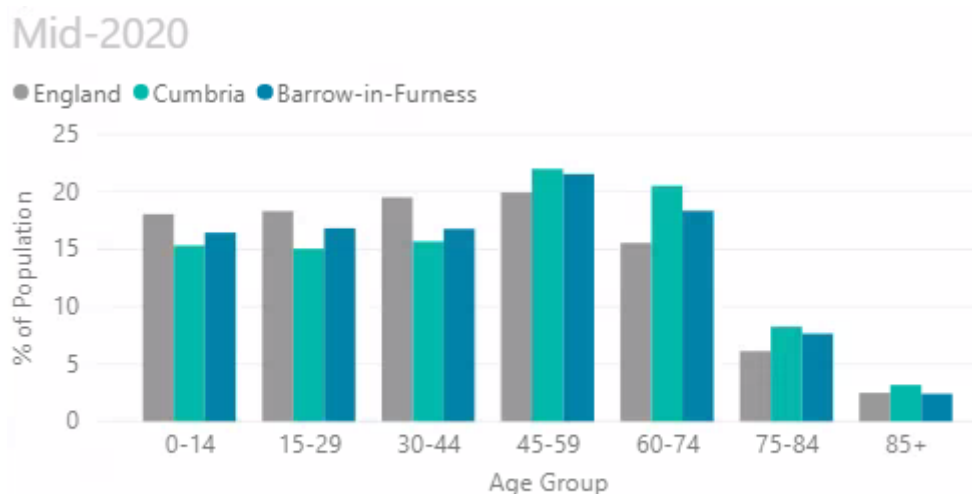
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9.2.2 Demography

The resident population of Barrow-in-Furness district was estimated to be 66,700 persons as at mid-2020. The district's population has decreased by 2,700 persons (-3.9%) since mid-2010; this is the greatest decrease across all 314 lower tier local authorities in England (Cumbria -0.1%, England +7.4%).

9.2.2.1 Age

Figure 13: % of Persons by Age Group:



Source: Office for National Statistics, figures rounded to the nearest 100, may not sum due to rounding.

When compared to England, Barrow-in-Furness has an older age profile; with lower proportions of residents in younger age groups and higher proportions of residents in older age groups. However, when compared to Cumbria, Barrow-in-Furness has slightly higher proportions of residents in younger age groups and slightly lower proportions of residents in older age groups.

The 2018-Based SNPPs published by the ONS in 2020, project that in Barrow-in-Furness by 2028:

- The total population may decrease by 2,200 persons (-3.3% vs. Cumbria +0.3%, England +5%); the 5th greatest decrease of all Lower Tier LAs (LTLAs) in England.
- The number of 0-15 year olds may decrease by 800 persons (-7% vs. Cumbria -6.5, England -1.6%).
- The number of 16-64 year olds may decrease by 2,600 persons (-6.4% vs. Cumbria -4.3%, England +2.7%); the 4th greatest proportional decrease of all LTLAs.
- The number of residents aged 65+ may increase by 1,300 persons (8.7% vs. Cumbria +16.2% vs. England +19.6%).
- The proportion of people aged 65+ may increase to 24.2%, lower than the Cumbria average (27.9%) but higher than the national average (20.7%).

9.2.2.2 Ethnicity

2,014 residents in Barrow-in-Furness identified as being from an ethnic minority (including White minorities) in their 2011 Census (2.9%); Cumbria 3.5%, England & Wales 19.5%.

9.2.2.3 Migration

The ONS estimate that between mid-2010 and mid-2020, an estimated 15,900 people moved into Barrow-in-Furness from other parts of the UK and an estimated 18,400 people moved out from Barrow-in-Furness to other parts of the UK (net decrease of 2,600 persons). However, an estimated 1,200 people moved into Barrow-in-Furness from overseas and an estimated 800 people moved out from Barrow-in-Furness to overseas (net increase of 300 persons).

The 2011 Census reported that 2,014 residents in Barrow-in-Furness were born outside of the UK (2.9%). Of these non-UK born residents, 185 were born in Ireland, 316 were born in EU countries that were EU member countries in March 2001, 313 were born in EU countries that joined the EU between April 2001 and March 2011 and 1,200 were born in countries other than those listed above.

The NINo registrations dataset shows that in Barrow-in-Furness, people moving in from EU8 countries (Estonia; Czech Republic; Slovakia; Hungary; Latvia; Lithuania; Poland; and Slovenia) accounted for the greatest number of NINo registrations in 2011/12, while people moving in from EU15 countries (Austria; Belgium; Denmark; Finland; France; Germany; Greece; Italy; Luxembourg; Netherlands; Portugal; Ireland; Spain and Sweden) accounted for the greatest number of NINo registrations in 2012/13 and 2014/15. More recently, people moving in from EU2 countries (Bulgaria and Romania) accounted for the greatest number of NINo registrations from 2015/16 to 2019/20. However, in 2020/21 registrations from all EU countries decreased as registrations from Sub-Saharan Africa increased to account for the greatest number of registrations in the year. Over the last 10 years the greatest numbers of NINo registrations in Barrow-in-Furness were for people originating from the countries listed in Table 13.

Table 13: Barrow: Top 5 Countries by No. NINo Registrations: 2011/12 to 2020/21:

Rank	Country	NINo Registrations
1	Romania	243
2	Poland	121
3	Philippines	107
4	Bulgaria	84
5	India	72

Source: DWP

9.2.2.4 Visitors

An estimated 3 million visitors visited Barrow-in-Furness in 2019; however, it is worth noting that some of those visitors may already be existing district residents and figures are pre-pandemic. Furthermore, the 2011 Census reported that there were around 1,600 people who were usually resident outside of Barrow-in-Furness with a second address in the district, be it for work, holiday or other.

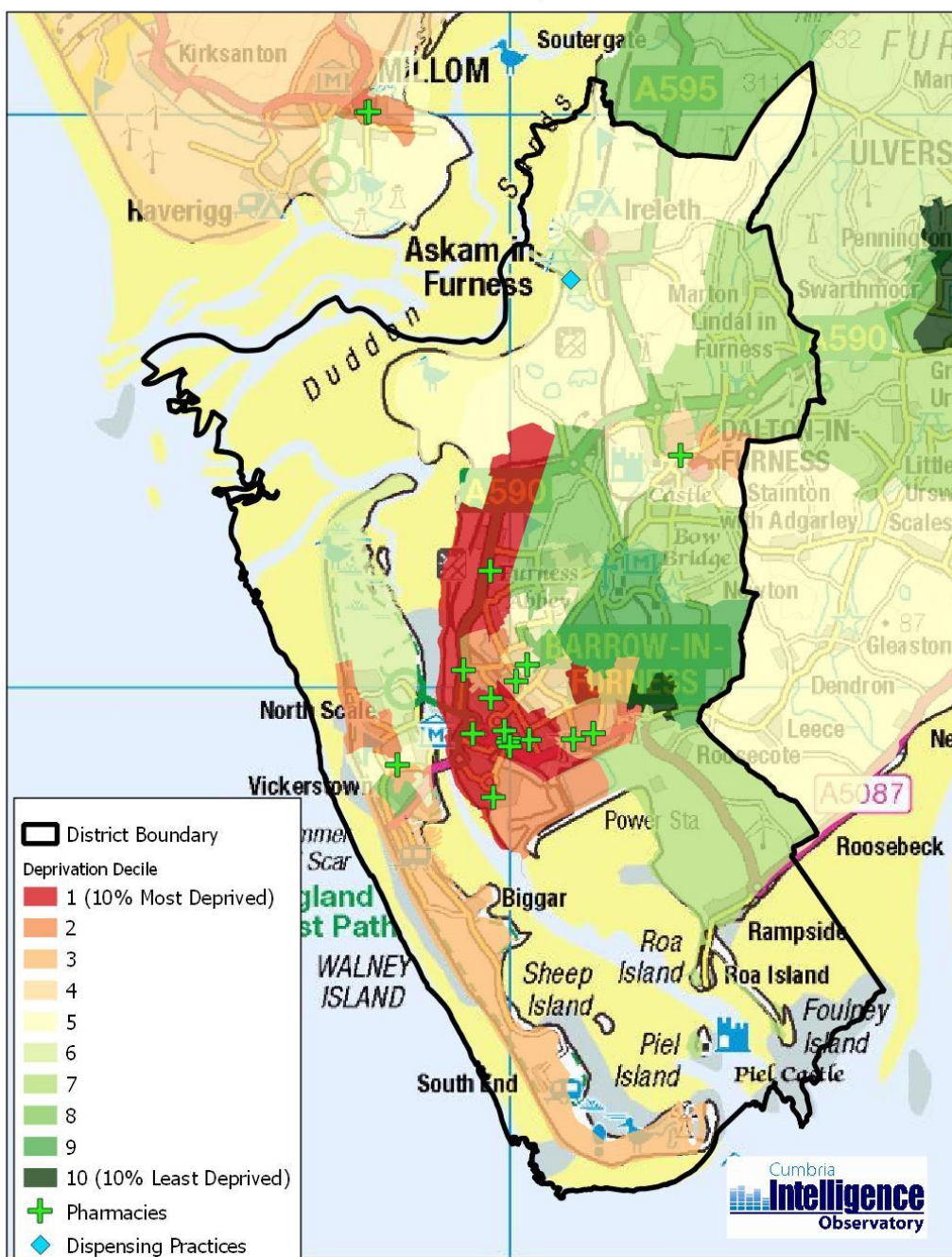
The Barrow Borough Council Local Plan identifies the following visitor locations: Dock Museum in Barrow; South Lakes Safari Zoo; Morecambe Bay Cycleway; England Coast Path; Furness Abbey; and Piel Island.

9.2.3 Deprivation

The 2019 IoD classified 12 LSOAs in Barrow-in-Furness as falling within the 10% most deprived areas in England; these LSOAs are located within: Central; Hindpool; Barrow Island; Ormsgill; Risedale; and Newbarns. Inversely, Barrow-in-Furness has one LSOA that is classified as being in the 10% least deprived of LSOAs nationally, this LSOA is located in Roosecote.

Figure 14: Barrow-in-Furness: LSOAs: Deprivation Decile (DLUHC 2019): With Community Pharmacies & Dispensing Practices (April 2022):

Barrow-in-Furness: Deprivation Decile



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9.2.4 Health

9.2.4.1 District Health Summary

When considering the OHID local authority profile indicators presented in Figure 15, the health of people in Barrow-in-Furness is similar to or worse than the England average.

Just under half (14) of the indicators are similar to the England average, these indicators are:

- Under 75 mortality from cancer;
- Killed and seriously injured (KSI) road casualties;
- Hip fractures in people aged 65+;
- Diabetes diagnosis;
- Dementia diagnosis;
- Smoking prevalence in all adults;
- Under 18 conceptions;
- Smoking at time of delivery;
- Infant mortality;
- Smoking prevalence in routine and manual occupations;
- Children in low-income families;
- Employment levels;
- Violent crime; and
- Excess winter deaths.

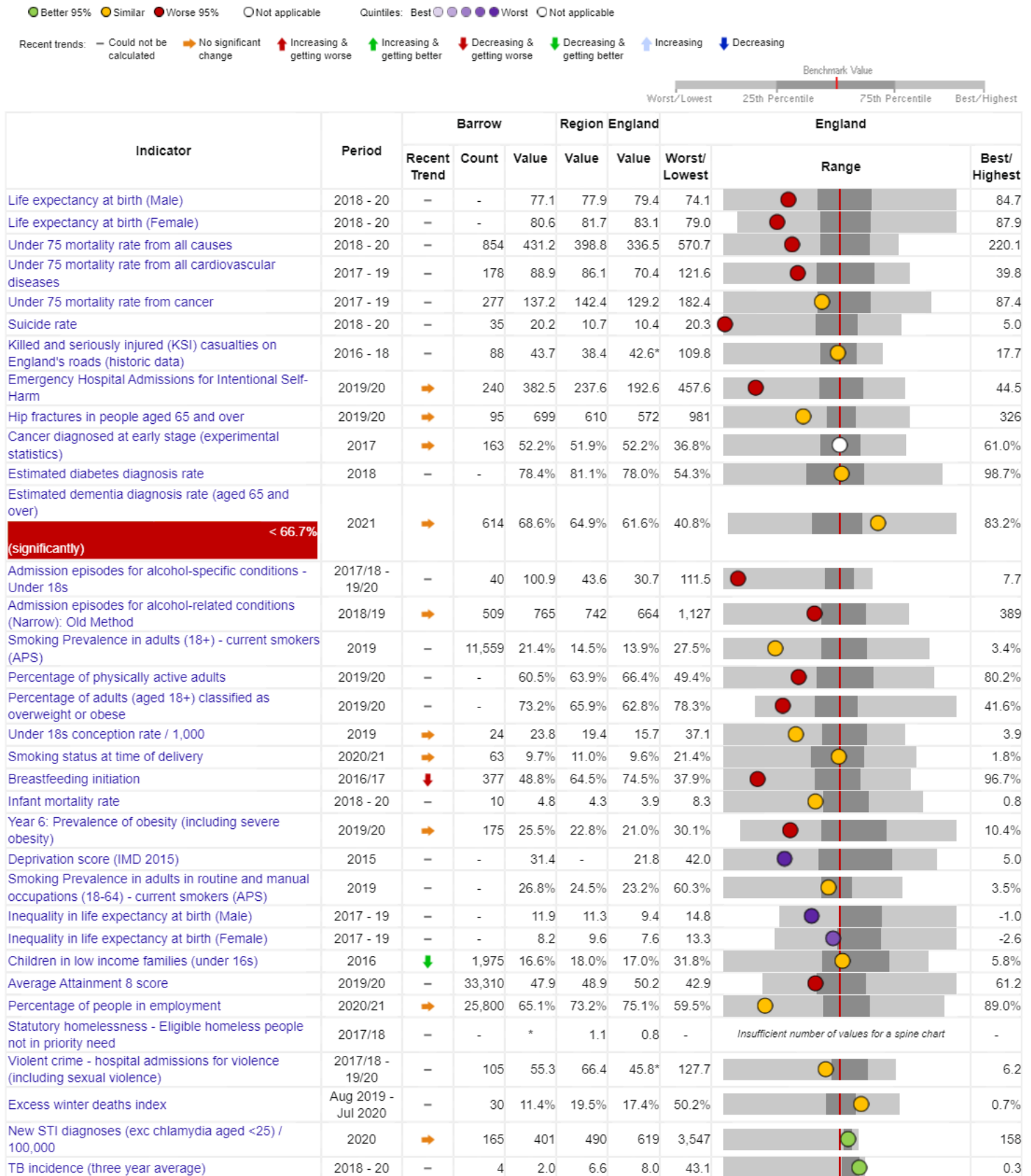
A further 13 of the indicators are significantly worse than the England average, these indicators are:

- Female life expectancy;
- Male life expectancy;
- 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;
- Admission episodes for alcohol-related conditions;
- Physically active adults;
- Overweight adults;
- Breastfeeding initiation;
- Obese children (at age 11); and
- Attainment 8 scores;

Just two indicators are significantly better than the England average, these indicators are:

- New sexually transmitted infection diagnoses; and
- Incidence of TB.

Figure 15: Barrow-in-Furness: OHID Health Profile: January 2022



9.2.4.2 ICC Health Summary

There are two ICCs which are wholly or partly within Barrow district. Approximately 99% of the population of Barrow and Millom (Barrow Only) ICC live within the Barrow-in-Furness district boundary, with the remaining 1% living within the South Lakeland boundary. Furthermore, 39% of the population of Ulverston, Dalton & Askam ICC live within the Barrow-in-Furness district boundary, with the remaining 61% living within the South Lakeland boundary.

Profiles have been created for ICCs based on LSOA level data using a 'best fit' methodology whereby data for each LSOA is assigned to the ICC where the greatest proportion of the LSOA's residents live. Based on this methodology, the population of Barrow and Millom (Barrow Only) at mid-2020 was 55,000 and Ulverston, Dalton & Askam ICC was 29,100. Profiles for each of the ICCs in Cumbria, created using the above best fit LSOA methodology, can be found via the following link:

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

Additionally, OHID 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 two ICCs in Barrow-in-Furness perform worse than the national average in relation to the following indicators:

Key issues – Barrow and Millom (Barrow Only)

- Income deprivation, English IoD, 2019 (%)
- Child Poverty, English IoD, 2019 (%)
- Older People in Deprivation, English IoD, 2019 (%)
- Older people living alone (%)
- Emergency hospital admissions for all causes (SAR)
- Emergency hospital admissions for coronary heart disease (SAR)
- Emergency hospital admissions for stroke (SAR)
- Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)
- Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)
- Emergency hospital admissions for hip fracture in 65+ (SAR)
- Hospital stays for self harm (SAR)
- Limiting long-term illness or disability (%)
- Deaths from all causes, all ages (Standardised mortality ratio (SMR))
- Deaths from all causes, under 75 years (Standardised mortality ratio (SMR))
- Deaths from all cancer, all ages (Standardised mortality ratio (SMR))
- Deaths from all cancer, under 75 years (Standardised mortality ratio (SMR))
- Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR))
- Deaths from circulatory disease, under 75 years (Standardised mortality ratio (SMR))
- Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR))
- Deaths from stroke, all ages (Standardised mortality ratio (SMR))
- Deaths from respiratory diseases, all ages (Standardised mortality ratio (SMR))
- Deaths from causes considered preventable, under 75 years, SMR (Standardised mortality ratio (SMR))

Key issues – Ulverston, Dalton & Askam ICC
<ul style="list-style-type: none"> • Emergency hospital admissions for stroke (SAR) • Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) • Hospital stays for self harm (SAR) • Limiting long-term illness or disability (%) • Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR)) • Deaths from stroke, all ages (Standardised mortality ratio (SMR))

9.2.5 Strategic Direction

Barrow-in-Furness district is part of Morecambe Bay CCG and the Lancashire and South Cumbria Health and Care Partnership area, further details of plans are provided in section 4.6.

The Barrow Health and Wellbeing forum priorities are as follows:

- Reduce harm from alcohol and drugs
- Improve mental wellbeing and reduce self-harm and suicide
- Improve educational attainment for children and young people
- Improve access to affordable nutritious food, reduced food poverty and diet related ill-health
- Increased use of our green spaces and places to exercise, play and connect
- Increase the number of adults who are physically active

9.2.6 Necessary Services: Current Provision

In Barrow-in-Furness there are 16 community pharmacies providing pharmaceutical services to the population of the district. 14 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.

There are 68,984 patients registered on GP Practice Registers that are located in Barrow-in-Furness district; this equates to one pharmacy for every 4,312 patients (23.0 per 100,000 patient population). This rate is greater than the estimated England average of 19.0 per 100,000 population. *[Patients Registered at GP Practices, January 2022. The outbreak of COVID-19 has led to changes in the work of General Practices and subsequently the data therefore caution should be used in drawing any conclusions from these data without consideration].*

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 24.6 per 100,000 population which includes both community pharmacies and dispensing practices.

Figures 12 and 14 show the distribution of pharmacies and dispensing practices in relation to population density and areas of deprivation respectively for Barrow-in-Furness.

It would appear Barrow-in-Furness district is well served, in terms of numbers, by community pharmacies and dispensing practices.

9.2.7 Access: Opening Hours

Access to community pharmacies across Barrow-in-Furness is well provided for during the hours of 8.00am and 11.00pm on Mondays, 6.30am and 11.00pm Tuesday to Friday; until 10pm on Saturdays; and 10am to 5pm on Sundays; see Appendix 7 (Community Pharmacy Opening Times [Jan 2022]). Between Monday to Friday there are pharmacies open until 6.30pm in Dalton and 6.00pm on Walney Island.

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 [Feb 2022]).

CHOC, located at Furness General Hospital in Barrow town, provides urgent medication from the Out of Hours service formulary between 8:00am and 6.30pm, 7 days per week; and 24 hour access at weekends and bank holidays.

9.2.8 Access: Distance

Figure 12 presents the location of providers of dispensing services (community pharmacies and dispensing practices). Figure 12 also shows 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 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: Barrow-in-Furness: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Key:		Less than 90%		90-99%		100%	
Barrow-in-Furness							
% of Population with Access							
Car		Walking		Public Transport			
5 mins	100%	3 mins	38%	5 mins	67%		
10 mins	100%	6 mins	54%	10 mins	84%		
15 mins	100%	9 mins	64%	15 mins	98%		
20 mins	100%	12 mins	64%	20 mins	100%		
30 mins	100%	15 mins	73%	30 mins	100%		

Source: shapeatlas.net

Distance and travel times by car were considered reasonable in Barrow-in-Furness with 100% of its population having access to a pharmacy between 5-10 minutes. Travel times by public transport are longer, however, 100% of the population have access within 30 minutes. When considering access by walking, it is worth noting that 27% (approximately 18,000 residents)

are outside of 15minute 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. In the Contractor Survey, a number of pharmacies reported providing the 'collection of prescriptions from surgeries' service. Furthermore, a number of pharmacies reported providing delivery services, including vulnerable patient groups and surrounding areas. In addition to the survey, further delivery information was gathered; pharmacies providing delivery services are located across all areas of Barrow-in-Furness including: the wards of Central, Hindpool, Ormsgill, Parkside and Risedale; Barrow Island; Dalton-in-Furness; and Walney.

9.2.9 Necessary Services Outside the District

Barrow-in-Furness district is wholly within Cumbria HWB area.

9.2.10 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.

9.2.11 Other Relevant Services: Current Provision

There are Advanced Services which pharmacies can choose to provide. Achieving Healthy Living Pharmacy status is now 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 16 pharmacies in Barrow-in-Furness currently offer a New Medicine Service. There are no pharmacies currently offering Appliance Use Reviews. There is just 1 pharmacy on Walney Island which offers Stoma Appliance Customisation. All pharmacies now offer Electronic Transfer of Prescriptions. The Medicines Use Review service is now decommissioned as of 31st March 2021. Locally Commissioned Services available in Barrow-in-Furness are presented in Table 15.

Table 15: Barrow-in-Furness: Locally Commissioned Services

Service	No. Pharmacy Providers	Geographic coverage	Other providers
Paediatrics Minor Ailment Scheme (under 18 years of age) *	15	All areas	
Palliative Care (“Just in Case” drug supply service)	2	Barrow (Hindpool)	
Stop Smoking Service	10	All areas except Walney (would be willing to provide)	Some pharmacies currently not providing would be willing to provide this.
Emergency Hormonal Contraception	14	All areas	Contraceptive services are provided at Sexual Health Clinics; and Furness General Hospital.
Seasonal Influenza Vaccination	15	All areas	GP practices
Needle and Syringe Programme	4	Barrow Island, Ormsgill, Central, Parkside	Alternative provision in central Barrow. Some pharmacies currently not providing would be willing to provide this.
Opioid Substitution Therapy Prescribing & Supervised Consumption	9	All areas	

*Service specific to South Cumbria – Morecambe Bay CCG. Gluten Free and Adult Minor Ailment Schemes are not available in South Cumbria.

9.2.12 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 16 shows provision of these services.

Cumbria Pharmaceutical Needs Assessment 2022

Table 16: 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	Hep C	EHC	Stop Smoking Service	Palliative Care	Gluten Free Food	Paediatrics Minor Ailment Scheme	Needle and Syringe Programme	OST Prescribing & supervised consumption	Influenza Vac.
E01019139 (Barrow Island)	N	Y(83)	N	Y	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y
E01019140 (Central)	N	Y (66, 70, 88, 98)	N	Y	N	N	Y	N	Y	Y	Y	N	Y	Y	Y	Y
E01019141 (Hindpool)	Y (70, 88, 98)		N	Y	N	N	Y	N	Y	Y	Y	N	Y	Y	Y	Y
E01019142 (Central)	Y (66)		N	Y	N	N	Y	N	Y	N	N	N	Y	N	Y	Y
E01019143 (Central)	Y (92)		N	Y	N	N	Y	N	Y	N	N	N	Y	N	N	Y
E01019156 (Hindpool)	Y (100)		N	Y	N	N	Y	N	N	N	N	N	Y	N	N	N
E01019157 (Hindpool)	N	Y (92)	N	Y	N	N	Y	N	Y	N	N	N	Y	N	N	Y
E01019158 (Hindpool)	Y (96)		N	Y	N	N	Y	N	Y	N	N	N	Y	N	N	Y
E01019160 (Newbarns)	N	Y (75, 95)	N	Y	N	N	Y	N	Y	Y	N	N	Y	N	Y	Y
E01019164 (Ormsgill)	Y (84)		N	Y	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y
E01019165 (Ormsgill)	N	Y (84)	N	Y	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y
E01019174 (Risedale)	N	Y (75, 95)	N	Y	N	N	Y	N	Y	Y	N	N	Y	N	Y	Y

*Numbers refer to the Pharmaceutical Services List available in the Appendix 2 (Community Pharmacy Services [Feb 2022]).

9.2.13 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 17 presents the results of the determination.

Table 17: Barrow-in-Furness: Gaps in Pharmaceutical Service Provision

Service	Description of Gap
Gluten Free Food Scheme	No access
Minor Ailment Scheme - Adults	No access
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, Hindpool, Risedale or Walney; and some areas of deprivation).
Appliance Use Reviews	No access
Hepatitis C Testing	No access
Stop Smoking	Not available in some areas of deprivation

9.2.14 Other NHS Services

University Hospitals of Morecambe Bay Trust (UHMBT) supplies pre-packed medicines to CHOC (Out of Hours service) and pharmaceutical services to discharge and out patients in addition to a stock supply system to the GP-led Step-up Step-down Unit at Furness General Hospital. If UHMBT stopped providing any or all of these services for any reason, an alternative provider would need to be commissioned.

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.

9.2.15 Locally Commissioned Services

Locally Commissioned Services (services commissioned by the LA) include: Emergency Hormonal Contraception; Stop Smoking Service; subcontracted Needle and Syringe Programme services (subcontracted via Humankind Charity); and Opioid Substitution Therapy Prescribing and Supervised Consumption services (also subcontracted via Humankind Charity). Morecambe Bay CCG commission: Minor Ailment scheme for paediatrics (under 18s) and asylum seekers; Palliative Care (known as the 'Just in Case Drug Supply Service'); and the Out of Hours Response to Influenza type infections in Nursing and Residential Homes. Gluten Free and Adult Minor Ailment schemes are not available in South Cumbria.

9.2.16 Future Developments

9.2.16.1 Primary Care

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

9.2.16.2 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 1785 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 Ireth to enable the settlements to grow sustainably and to improve choice in the Borough.
- Salthouse Mills Opportunity area for mixed use development

9.2.16.3 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.

9.2.16.4 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.

9.2.17 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 doctors in the HWB area meet the needs of the Barrow-in-Furness district population for the provision and access to pharmaceutical services.

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 district 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: access to Needle and Syringe Programmes; Stop Smoking services; and Palliative care. There is no Hepatitis C Testing provision in pharmacies, however, it is recognised nationally that the need for this service is very low, furthermore, this service is due to end on 31 March 2023. Better access to Appliance Use Review (currently no provision) and Stoma Appliance Customisation (limited provision) could be improved, however, demand and activity levels are very low reflecting the national picture.

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

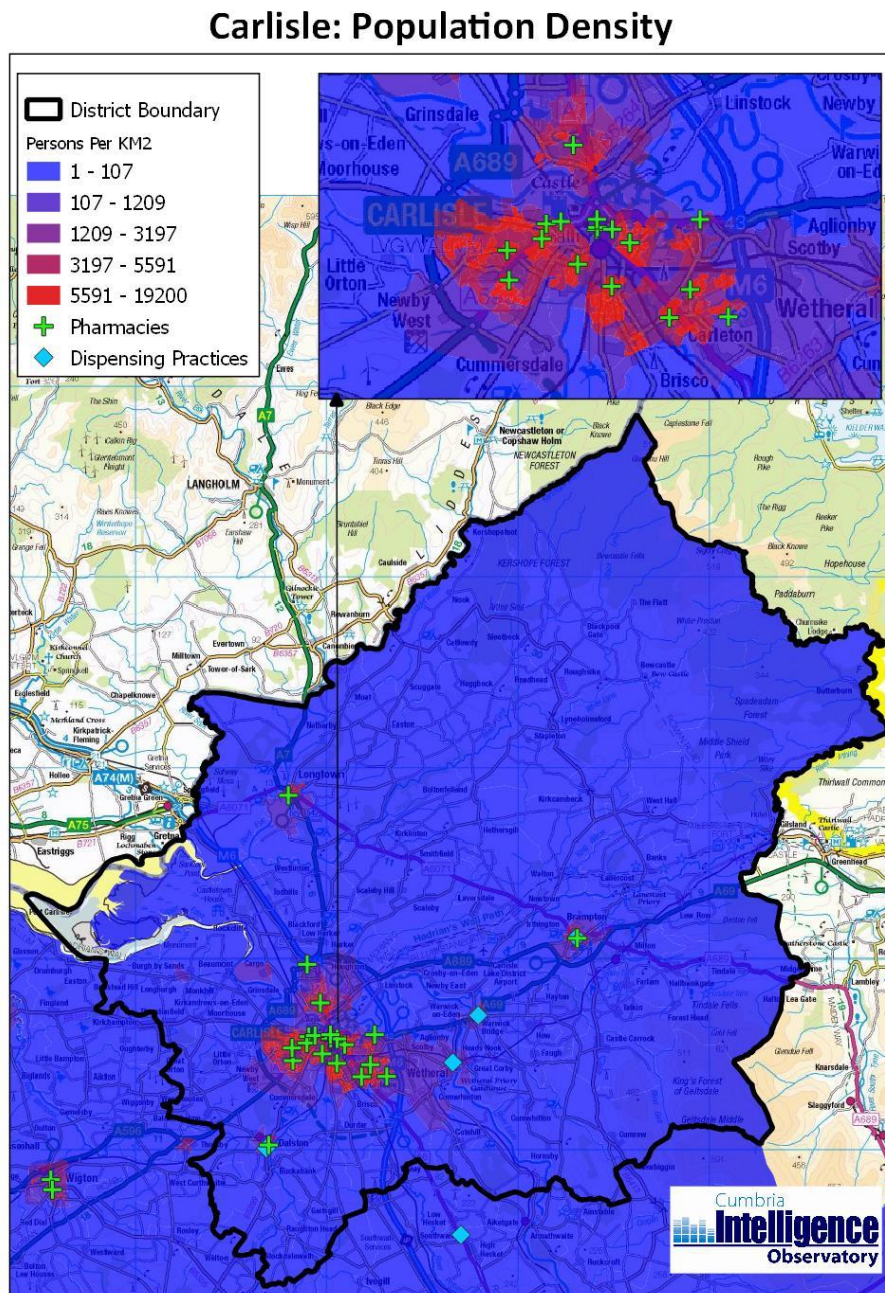
The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

9.3 Carlisle District

9.3.1 Geography

Carlisle district covers an area of 1,038 square km. With an average population density of 105 people per square km, the district is the second most densely populated district in the county, but is more sparsely populated than the national average (Cumbria 74 people per square km, England 434 people per square km). 28% of the district's residents live in rural areas, compared to 54% across Cumbria and 18% across England.

Figure 16: Carlisle: Population Density (ONS Mid-2020 Estimates): With Community Pharmacies & Dispensing Practices (April 2022):



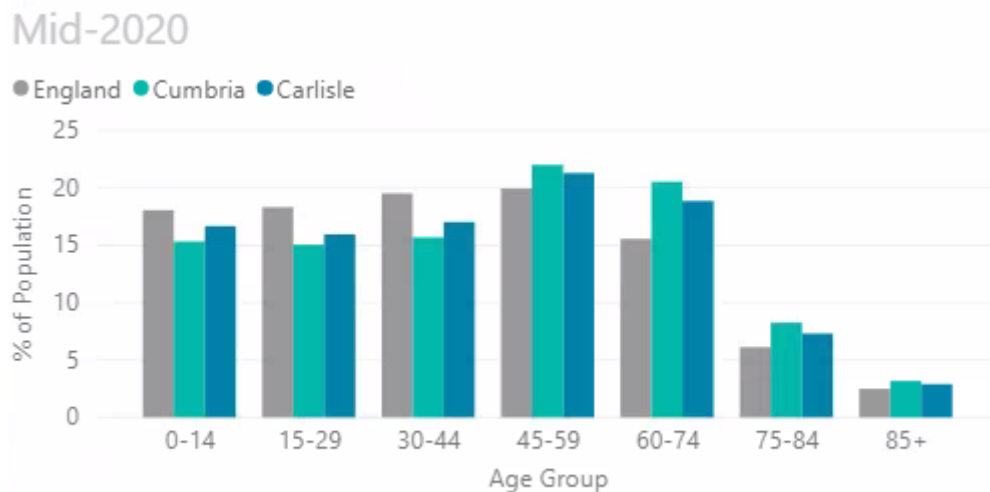
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9.3.2 Demography

The resident population of Carlisle district was estimated to be 108,500 persons as at mid-2020; an increase of 1,500 persons (+1.4%) since mid-2010 (Cumbria -0.1%, England +7.4%).

9.3.2.1 Age

Figure 17: % of Persons by Age Group:



Source: Office for National Statistics, figures rounded to the nearest 100, may not sum due to rounding.

When compared to England, Carlisle has an older age profile; with lower proportions of residents in younger age groups and higher proportions of residents in older age groups. However, when compared to Cumbria, Carlisle has slightly higher proportions of residents in younger age groups and slightly lower proportions of residents in older age groups.

The 2018-Based SNPPs, published by the ONS in 2020, project that in Carlisle by 2028:

- The total population may increase by 500 persons (+0.5% vs. Cumbria +0.3, England +5%).
- The number of 0-15 year olds may decrease by 1,600 persons (-8.1% vs. Cumbria -6.5, England -1.6%).
- The number of 16-64 year olds may decrease by 2,800 persons (-4.2% vs. Cumbria -4.3%, England +2.7%).
- The number of residents aged 65+ may increase by 4,800 persons (+20.7% vs. Cumbria +16.2%, England +19.6%).
- The proportion of people aged 65+ may increase to 25.9% (similar to 27.9% in Cumbria but much higher than the national average of 20.7%).

9.3.2.2 Ethnicity

5,335 residents in Carlisle district identified as being from an ethnic minority (including White minorities) in their 2011 Census (5%); Cumbria 3.5%, England & Wales 19.5%.

9.3.2.3 Migration

The ONS estimate that between mid-2010 and mid-2020, an estimated 37,900 people moved into Carlisle from other parts of the UK and an estimated 36,700 people moved out from Carlisle to other parts of the UK (net increase of 1,200 persons). However, an estimated 3,500 people moved into Carlisle from overseas and an estimated 3,700 people moved out from Carlisle to overseas (a net decrease of 100 persons).

The 2011 Census reported that 5,271 residents in Carlisle district were born outside of the UK (4.9%). Of these non-UK born residents, 308 were born in Ireland, 1,063 were born in EU countries that were EU member countries in March 2001, 1,588 were born in EU countries that joined the EU between April 2001 and March 2011 and 2,312 were born in countries other than those listed above.

The NINo registrations dataset shows that in Carlisle, people moving in from EU8 countries (Estonia; Czech Republic; Slovakia; Hungary; Latvia; Lithuania; Poland; and Slovenia) accounted for the greatest number of NINo registrations from 2011/12 to 2016/17, while people moving in from EU2 countries (Bulgaria and Romania) accounted for the greatest number of NINo registrations from 2017/18 to 2019/20. However, in 2020/21 registrations from all EU countries decreased considerably as registrations from South Asia increased to account for the greatest number of registrations in the year. Over the last 10 years the greatest numbers of NINo registrations in Carlisle were for people originating from the countries listed in Table 18.

Table 18: Carlisle: Top 5 Countries by Number of NINo Registrations: 2011/12 to 2020/21:

Rank	Country	NINo Registrations
1	Poland	1,135
2	Romania	802
3	Bulgaria	278
4	Portugal	230
5	India	191

Source: DWP

9.3.2.4 Visitors

An estimated 9 million visitors visited Carlisle in 2019; however, it is worth noting that some of those visitors may already be existing district residents and figures are pre-pandemic. Furthermore, the 2011 Census reported that there were around 2,200 people who were usually resident outside of Carlisle with a second address in the district, be it for work, holiday or other.

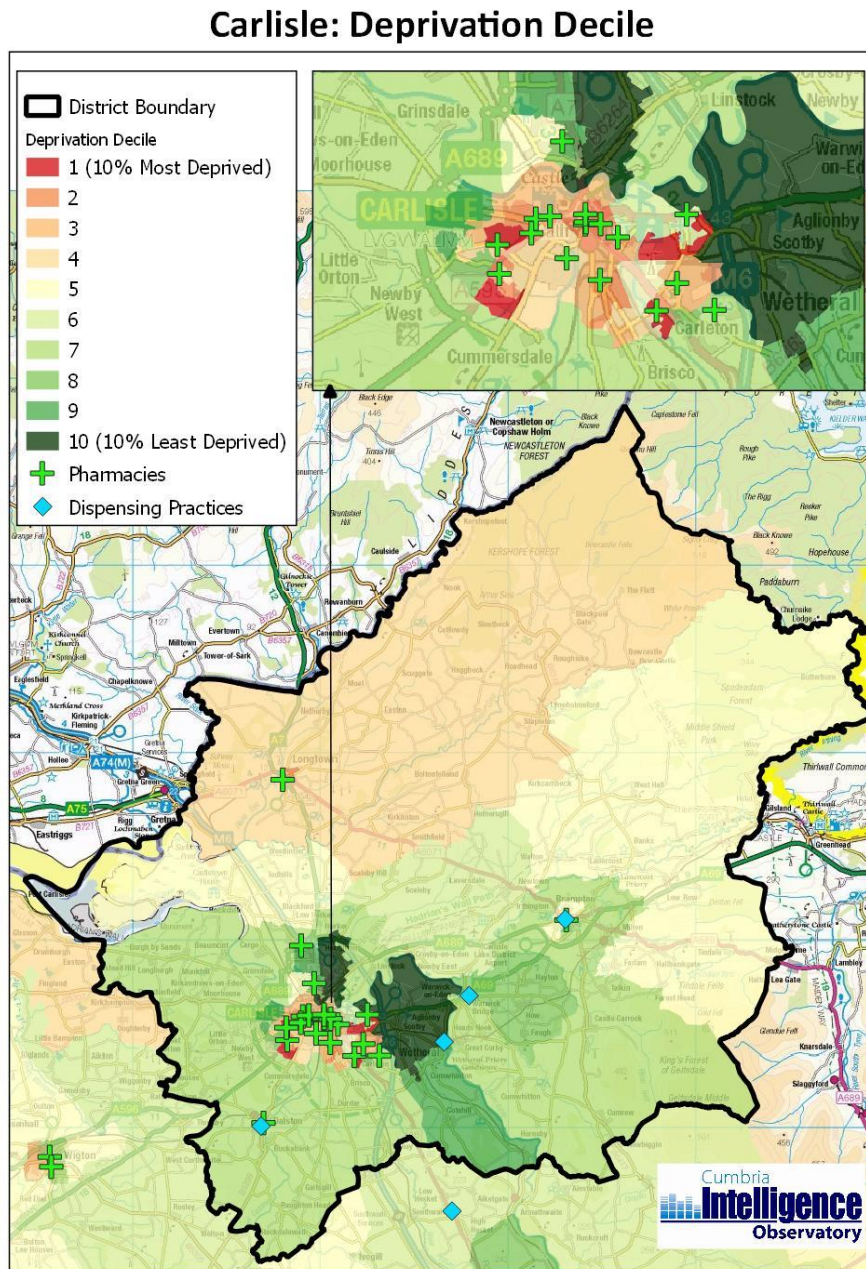
The Carlisle District Local Plan identifies the following visitor locations:

- Hadrian's Wall World Heritage Site;
- National Trail crossing the Cathedral, Tullie House museum and other tourist attractions;
- Carlisle Race Course;
- Talkin Tarn Country Park;
- Lanercost Priory;
- Carlisle Castel, The City Walls, the Courts, the Market Cross, the Old Town Hall and the Guildhall.

9.3.3 Deprivation

The 2019 IoD classified 4 LSOAs in Carlisle as falling within the 10% most deprived areas in England; these LSOAs are located within: Belle Vue; Upperby; Morton; and Botcherby. Inversely, Carlisle has 5 LSOAs that are classified as being in the 10% least deprived of LSOAs nationally, these LSOAs are located in Wetheral, Stanwix Urban and Stanwix Rural.

Figure 18: Carlisle: Deprivation: LSOAs: By Deprivation Decile (DLUHC 2019): With Community Pharmacies & Dispensing Practices (April 2022):



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Additionally, 11 LSOAs across the district rank amongst the 10% most deprived in England in relation to the 'geographical barriers to services' domain (presented in Figure 4).

9.3.4 Health

9.3.4.1 District Health Summary

When considering the OHID local authority profile indicators presented in Figure 19, the health of people in Carlisle is similar to or worse than the England average.

Just under half (15) of the indicators are similar to the England average, these indicators are:

- Suicide;
- Emergency hospital admissions for intentional self-harm;
- Diabetes diagnosis;
- Dementia diagnosis;
- Admission episodes for alcohol-specific conditions in under 18s;
- Smoking prevalence in all adults;
- Physically active adults;
- Overweight adults;
- Under 18 conceptions;
- Smoking at time of delivery;
- Infant mortality;
- Obese children (at age 11);
- Smoking prevalence in routine and manual occupations;
- Employment levels; and
- Excess winter deaths.

A further 11 indicators are significantly worse than the England average, these indicators are:

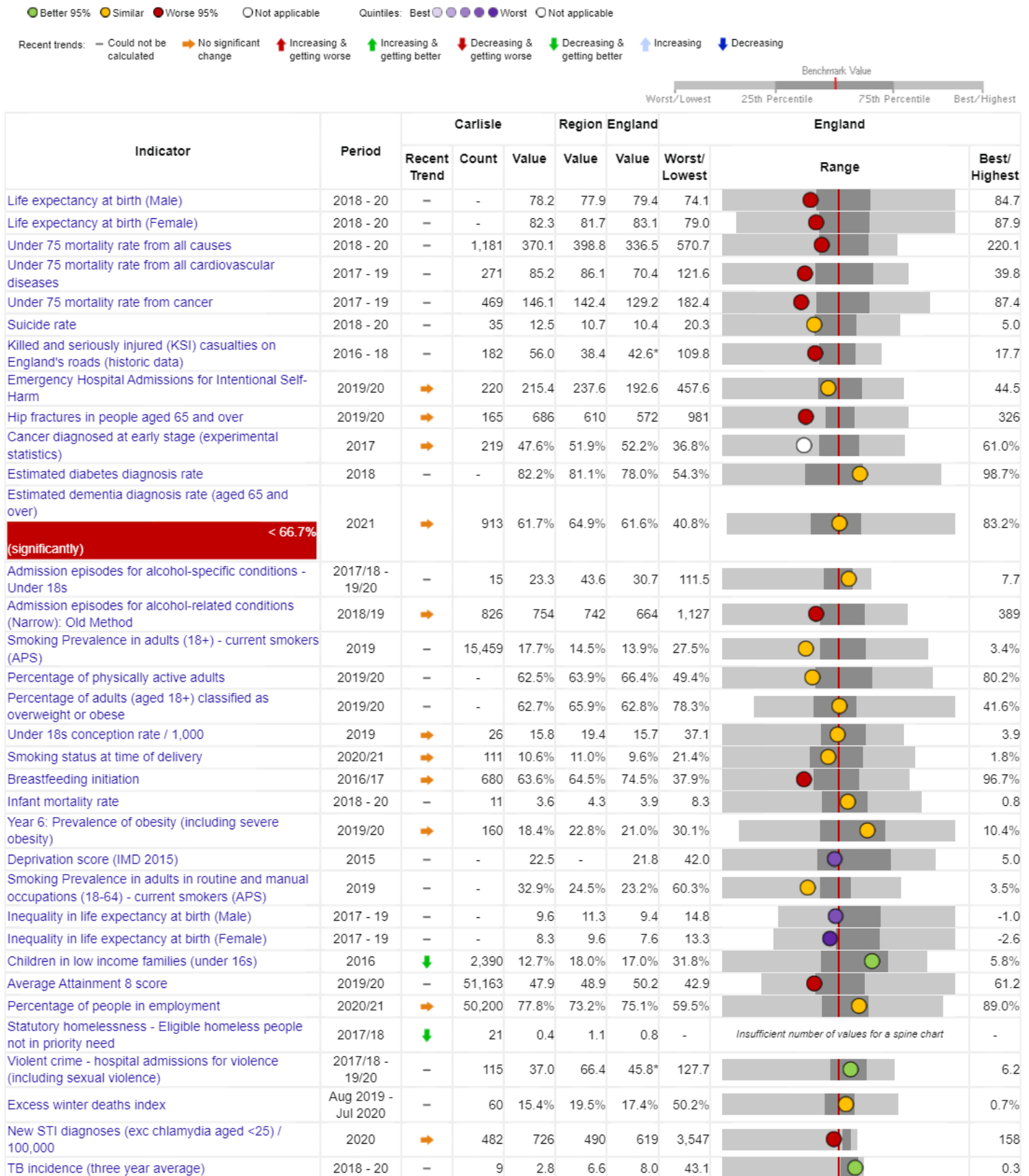
- Female life expectancy;
- Male life expectancy;
- Under 75 mortality from all causes;
- Mortality from cardiovascular disease;
- Under 75 mortality from cancer;
- Killed and seriously injured (KSI) road casualties;
- Hip fractures in people aged 65+;
- Admission episodes for alcohol-related conditions;
- Breastfeeding initiation.
- Attainment 8 scores; and
- New sexually transmitted infection diagnoses.

However, a small number (3) of the indicators are significantly better than the England average, these indicators are:

- Children in low-income families;
- Violent crime; and
- Incidence of TB.

Cumbria Pharmaceutical Needs Assessment 2022

Figure 19: Carlisle: OHID Health Profile: January 2022:



9.3.4.2 **ICC Health Summary**

There are three ICCs which are wholly or partly within Carlisle District. 100% of the populations of Carlisle Rural ICC and Carlisle Urban ICC live within Carlisle district, while approximately 12% of the population of Keswick & Solway ICC live within Carlisle, while 88% live within Allerdale.

Profiles have been created for ICCs based on LSOA level data using a ‘best fit’ methodology whereby data for each LSOA is assigned to the ICC where the greatest proportion of the LSOA’s residents live. Based on this methodology, the population of Carlisle Rural ICC at mid-2020 was 24,100, while Carlisle Urban ICC’s population was 79,900 and Keswick & Solway ICC was 37,800. Profiles for each of the ICCs in Cumbria, created using the above best fit LSOA methodology, can be found via the following link:

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

Additionally, OHID 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 three ICCs in Carlisle perform worse than the national average in relation to the following indicators:

<p>Key issues – Carlisle Rural ICC</p> <ul style="list-style-type: none"> • Emergency hospital admissions for coronary heart disease (SAR) • Limiting long-term illness or disability (%) • Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR))
<p>Key issues – Carlisle Urban ICC</p> <ul style="list-style-type: none"> • Income deprivation, English IoD, 2019 (%) • Older people living alone (%) • Emergency hospital admissions for all causes (SAR) • Emergency hospital admissions for coronary heart disease (SAR) • Emergency hospital admissions for stroke (SAR) • Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) • Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR) • Emergency hospital admissions for hip fracture in 65+ (SAR) • Incidence of lung cancer (SIR per 100) • Hospital stays for self harm (SAR) • Limiting long-term illness or disability (%) • Deaths from all causes, all ages (Standardised mortality ratio (SMR)) • Deaths from all causes, under 75 years (Standardised mortality ratio (SMR)) • Deaths from all cancer, all ages (Standardised mortality ratio (SMR)) • Deaths from all cancer, under 75 years (Standardised mortality ratio (SMR)) • Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR)) • Deaths from circulatory disease, under 75 years (Standardised mortality ratio (SMR)) • Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR)) • Deaths from stroke, all ages (Standardised mortality ratio (SMR)) • Deaths from respiratory diseases, all ages (Standardised mortality ratio (SMR)) • Deaths from causes considered preventable, under 75 years, SMR (Standardised mortality ratio (SMR))
<p>Key issues – Keswick & Solway ICC</p> <ul style="list-style-type: none"> • Emergency hospital admissions for coronary heart disease (SAR) • Limiting long-term illness or disability (%)

9.3.5 Strategic Direction

Carlisle is part of the North Cumbria ICP area which forms part of the North East and North Cumbria ICS, details of plans are considered in section 4.6.

The Carlisle district Health & Wellbeing Forum priorities are set out below; these were revised in February 2022 and are likely to be reviewed again in advance of Local Government Reform (LGR):

- Developing Our Economy and Infrastructure;
- Improving Health and Wellbeing;
- Improving outcomes for Children and Young People; and
- Developing Thriving Communities.

9.3.6 Necessary Services: Current Provision

In the Carlisle district there are 21 pharmacies providing pharmaceutical services. Pharmacies are located primarily in areas of higher population density (see Figure 16). 18 pharmacies are located within Carlisle, with 16 of these situated to the south of the river, in the more densely populated areas, and two to the north of the river, serving the urban population of Carlisle and the rural population surrounding it. Outside of the Carlisle area, there is one pharmacy situated to the south of the city in Dalston, one to the east in the rural town of Brampton and one pharmacy in the north of the district (on the Scottish border) in the rural town of Longtown.

There are 112,030 patients registered on GP Practice Registers located in the Carlisle district; this equates to one pharmacy for every 5,335 patients (19.0 per 100,000 patient population). This rate is the same as the estimated England average of 19.0 per 100,000 population. *[Patients Registered at GP Practices, January 2022. The outbreak of COVID-19 has led to changes in the work of General Practices and subsequently the data therefore caution should be used in drawing any conclusions from these data without consideration].*

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

Due to the additional provision of the dispensing practices in Carlisle, consideration has been given to the dispensing provision of 22.3 per 100,000 population which includes both community pharmacies and dispensing practices.

Figures 16 and 18 present the distribution of pharmacies and dispensing practices in relation to population density and areas of deprivation respectively in Carlisle.

It would appear Carlisle district is adequately served, in terms of numbers, by community pharmacies and dispensing practices.

9.3.7 Access: Opening Hours

Access to community pharmacies across Carlisle district is well provided for during the hours of 7:00am and 11:00pm, Monday to Friday; see Appendix 7 (Community Pharmacy Opening Times [Jan 2022]). 15 of the 21 pharmacies are open on Saturdays, and 9 of those are open until at least 5:00pm. The three supermarket pharmacies (Lloyds – Sainsbury’s, Asda and Tesco) are open the longest hours and provide services from Monday to Friday from 7am to 11pm, 8am to 8pm and 9am to 9pm. Four pharmacies are open until at least 4pm on Sundays. There is no pharmacy provision in the rural areas of Brampton, Dalston and Longtown on Sundays.

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

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

Dispensing patients have access to their dispensing practice at the times shown in Appendix 3 (Dispensing Practice Opening Times [Feb 2022]).

CHOC, located at Cumberland Infirmary in Carlisle, provides urgent medication from the Out of Hours service formulary between 6.30pm and 8.00am, 7 days per week; with 24 hour access at weekends and bank holidays.

9.3.8 Access: Distance

Figure 16 presents the location of providers of dispensing services (community pharmacies and dispensing practices). Figure 16 also shows that these providers are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours.

Table 19 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 19: Carlisle: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Key:	Less than 90%	90-99%	100%		
Carlisle					
% of Population with Access					
Car		Walking		Public Transport	
5 mins	90%	3 mins	22%	5 mins	49%
10 mins	98%	6 mins	46%	10 mins	78%
15 mins	100%	9 mins	59%	15 mins	88%
20 mins	100%	12 mins	67%	20 mins	90%
30 mins	100%	15 mins	75%	30 mins	93%
Source: shapeatlas.net					

Travel times by car were considered reasonable in Carlisle with 100% of the population having access to a pharmacy within 15 minutes. However, travel by public transport within 30 minutes is not accessible to all as approximately 7,800 (7%) of residents within the district cannot

access pharmaceutical services by public transport within 30 minutes. Furthermore, 27,000 residents (25%) are outside of 15 minutes walking access.

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

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

In the Contractor Survey, a number of pharmacies reported providing the 'collection of prescriptions from surgeries' service as well as providing delivery services, including vulnerable patient groups. In addition to the survey, further delivery information was gathered; pharmacies in all areas of the district provide delivery services including those located in central and urban Carlisle; Parklands; Longtown; Brampton and Dalston.

9.3.9 Necessary Services Outside the District

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

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

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

9.3.10 Necessary Services: Gaps in Provision

The HWB considered the opening times, reasonable accessibility and patient opinion to determine that the community pharmacies and dispensing doctors in Carlisle district meet needs of the Carlisle locality population for the provision and access to pharmaceutical services.

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

9.3.11 Other Relevant Services: Current Provision

There are advanced services which pharmacies can choose to provide. Achieving Healthy Living Pharmacy status is now one of the essential Quality Criteria for the new National Contractual Framework (as of 2020/21) therefore all pharmacies in Carlisle provide this. 19 pharmacies in Carlisle currently offer a New Medicine Service. There are 5 pharmacies which currently offer Stoma Appliance Customisation with a further pharmacy due to provide this soon. 2 pharmacies provide Appliance Use Reviews – this can be carried out by a pharmacist or specialist Stoma nurse. All pharmacies now offer Electronic Transfer of Prescriptions. The Medicines Use Review service is now decommissioned as of 31st March 2021. Locally commissioned services available in Carlisle are presented in Table 20.

Table 20: Carlisle: Locally Commissioned Services

Service	No. Pharmacy Providers	Geographic Coverage	Other Providers
Gluten Free Food Scheme	21	All areas	
Minor Ailment Scheme	21	All areas	
Palliative Care	4	Carlisle, Dalston	
Stop Smoking Service	20	All areas	1 other pharmacy currently not providing would be willing to provide this.
Emergency Hormonal Contraception	21	All areas	Contraceptive services are provided at Sexual Health Clinics; Hospital Trusts; GP Practices
Seasonal Influenza Vaccination	21	All areas	GP practices
Needle and Syringe Programme	2	Carlisle (Central and Currock)	Alternative provision in central Carlisle.
Opioid Substitution Therapy Prescribing & Supervised Consumption	11	Carlisle and Longtown (excluding rural areas Dalston and Brampton)	

9.3.12 Pharmacy Services in Areas of Deprivation

Carlisle district has 4 LSOAs with significant deprivation (most deprived 10% in England) therefore consideration was given to the provision of public health locally commissioned services in these LSOAs. It was noted that although there is not a pharmacy in every area of significant deprivation, there are pharmacies within a reasonable distance, either by car or public transport. Table 21 below presents the provision of these services.

Table 21: Carlisle: 10% most Deprived LSOAs in England: With Advanced & Locally Commissioned Pharmaceutical Services

LSOA	Pharmacy located in the LSOA *	If not, is one located nearby (less than 5 min by car)	Does a GP practice provide dispensing services to the LSOA	NMS	AUR	SAC	CPCS	Hep C	EHC	Stop Smoking Service	Palliative Care	Gluten Free Food	Minor Ailment Scheme	Needle and Syringe Programme	OST Prescribing & supervised consumption	Influenza Vac.
E01019193 (Newtown & Morton North)	Y (12)		N	Y	N	N	Y	N	Y	Y	N	Y	Y	N	N	Y
E01019197 (Botcherby & Harraby North)	N	Y (10, 21, 31, 34, 45, 51)	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E01019231 (Denton Holme & Morton South)	N	Y (6, 12, 13)	N	Y	N	N	Y	N	Y	Y	N	Y	Y	N	Y	Y
E01019245 (Harraby South & Parklands)	Y (20)		N	Y	N	N	Y	N	Y	Y	N	Y	Y	N	Y	Y

*Numbers refer to the Pharmaceutical Services List available in Appendix 2 (Community Pharmacy Services [Feb 2022]).

9.3.13 Improvement & Better Access: Gaps in Provision

To determine the gaps in provision of advanced and locally commissioned services consideration was given to the number of pharmacies providing the service, their location and the location of other providers, if appropriate. Table 22 presents the results of the determination.

Table 22: Carlisle: Gaps in Pharmaceutical Service Provision

Service	Description of Gap
Palliative Care	Limited access (not available in rural areas of Brampton or Longtown)
Needle and Syringe Programme	Limited access particularly in deprived and rural areas (Longtown, Brampton and Dalston)
Opioid Substitution Therapy Prescribing and Supervised Consumption	Limited access particularly in deprived and rural areas (Brampton and Dalston)
Appliance Use Reviews	Limited access (2 pharmacies - Longtown and Carlisle only)
Hepatitis C Testing	Limited access (4 pharmacies) just 1 in Carlisle; however, rural areas have provision including Brampton, Dalston and Longtown

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

9.3.14 Other NHS Services

North Cumbria Integrated Care NHS Foundation Trust (NCIC) supplies stock medicines to Brampton Memorial Hospital. It also provides pharmaceutical services to inpatients, patients on discharge, homecare patients and outpatients. NCIC also have a General Pharmaceutical Council (GPhC) registered pharmacy at the Carleton Clinic in Carlisle provided by Lloyds pharmacy who provide dispensed medicines to inpatients, patients attending clinics and take home medicines in addition to stock supplies to community services.

In Carlisle there is an acute hospital with a General Pharmaceutical Council (GPhC) registered pharmacy. The hospital provides A&E services at the Cumberland Infirmary (Carlisle). In 2020, due to the impact of the COVID-19 pandemic, numbers of A&E attendances reduced at the Cumberland Infirmary and across all A&E departments in Cumbria. In 2021, at the Cumberland Infirmary, they increased to similar levels pre-pandemic but were still below what they were in 2019. The highest numbers of attendances in 2021 were between the months of May-October, peaking in July. Mondays and Tuesdays show the largest number of attendances while the busiest times were during the hours of 10am-6pm, peaking at 12pm. Pharmacy services are available 7 days per week with dispensary services provided 8:30am to 6:00pm Monday-Friday; 10:00am to 4:00pm on Saturday; and 10:00am to 2:00pm on Sundays.

9.3.15 Locally Commissioned Services

Locally commissioned services (services commissioned by the LA) include: Emergency Hormonal Contraception; Stop Smoking Service; subcontracted Needle and Syringe Programme services (subcontracted via Humankind Charity); and Opioid Substitution Therapy Prescribing and Supervised Consumption services (also subcontracted via Humankind Charity). North Cumbria CCG commission: Gluten Free Food Supply service; Minor Ailments scheme; and Palliative Care schemes.

9.3.16 Future Developments

9.3.16.1 Primary care

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

9.3.16.2 Housing

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

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

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

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

9.3.16.3 Employment:

The Carlisle District Local Plan states that whilst 45ha of land is allocated for employment purposes within the plan period, there is also approximately 46ha of available land within existing and established Primary Employment Areas, with the majority of this (42 Ha) being within the City of Carlisle and (4 Ha) within rural settlements.

Development of surplus land at Ministry of Defence (MOD) Longtown, which lies within the strategic M6 Corridor and benefits from excellent road and rail connections, will be focused on commercial purposes and will be supported as a key element of the strategy to grow the economy, and to secure modal shifts in freight transport. The site's greatest assets are its ability to operate as a dry port owing to its excellent rail links, its proximity to the M6 and M74, and its potential to exploit linkages with the Port of Workington.

9.3.16.4 Infrastructure

The Carlisle District Local Plan identifies:

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

9.3.17 Conclusions and Recommendations for Carlisle

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing practices in the HWB area meet needs of the Carlisle district population for the provision and access to pharmaceutical services.

The HWB considered the opening times and ease of access to determine that there were no gaps in pharmaceutical service provision to the Carlisle district population. It is acknowledged people living in the sparsely populated rural communities have the furthest to travel to pharmaceutical services, however, travel times are considered reasonable.

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

Although there are no current gaps or needs in pharmacy provision in Carlisle, the HWB identified some services could have better access and could be improved if they were made available in more pharmacies including: access to Needle and Syringe Programmes; Opioid Substitution Therapy Prescribing and Supervised Consumption; Palliative care; Appliance Use Review however, demand and activity levels are very low reflecting the national picture; and Hepatitis C Antibody Testing service, however, it is recognised nationally that the need for this service is very low, furthermore, this service is due to end on 31 March 2023.

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

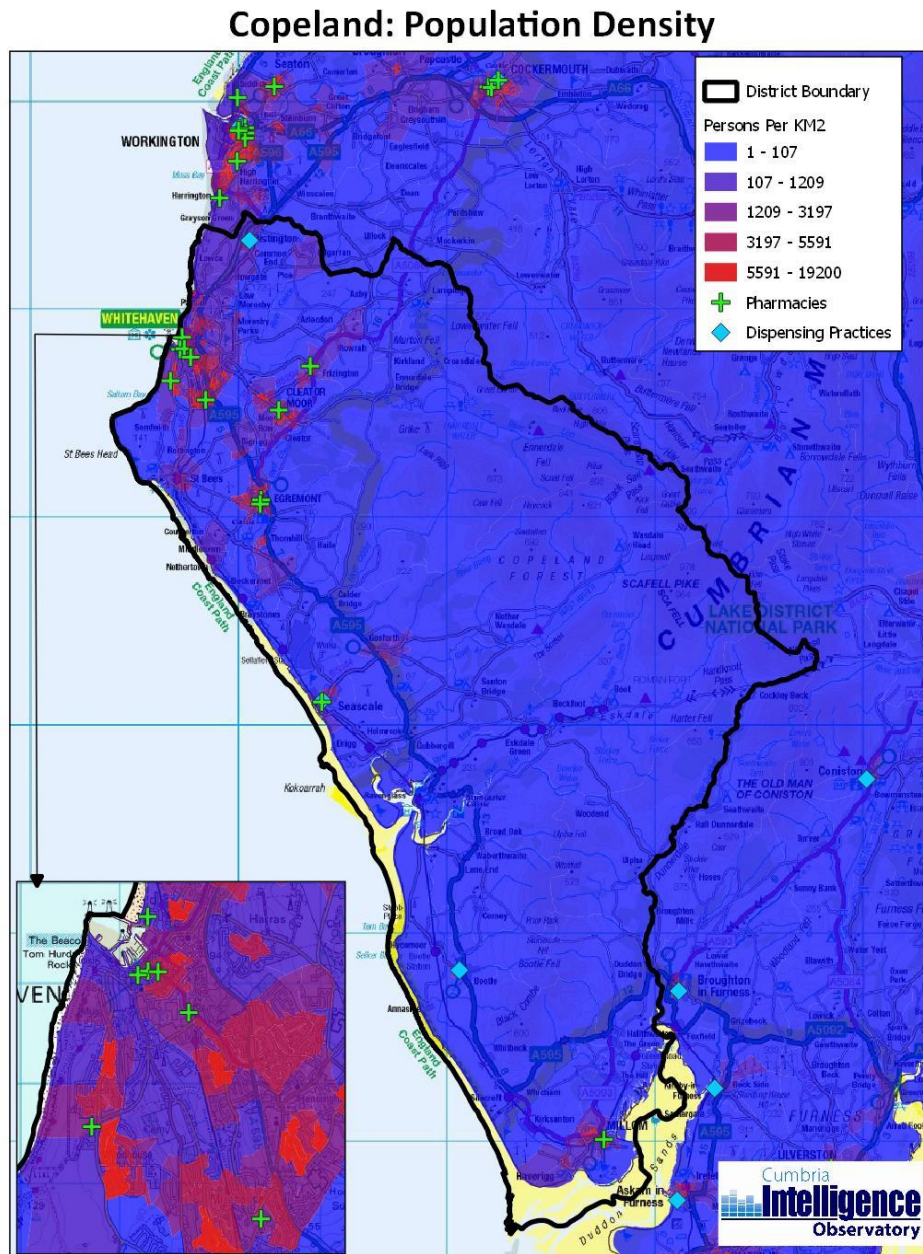
Responses to the Public Survey indicated a need in the provision and availability of prescribed medication and improvements to waiting times; these needs are more apparent in North Carlisle (for further details see Appendix 6.1 – Public Survey).

9.4 Copeland District

9.4.1 Geography

Copeland is Cumbria's second smallest district, covering an area of 732 square km. With an average population density of 93 people per square km, the district is slightly more densely populated than the county average, but much more sparsely populated than the national average (Cumbria 74 people per square km, England 434 people per square km). 64% of the district's residents live in rural areas, compared to 54% across Cumbria and 18% across England.

Figure 20: Copeland: Population Density (ONS Mid-2020 Estimates): Community Pharmacies & Dispensing Practices (April 2022):



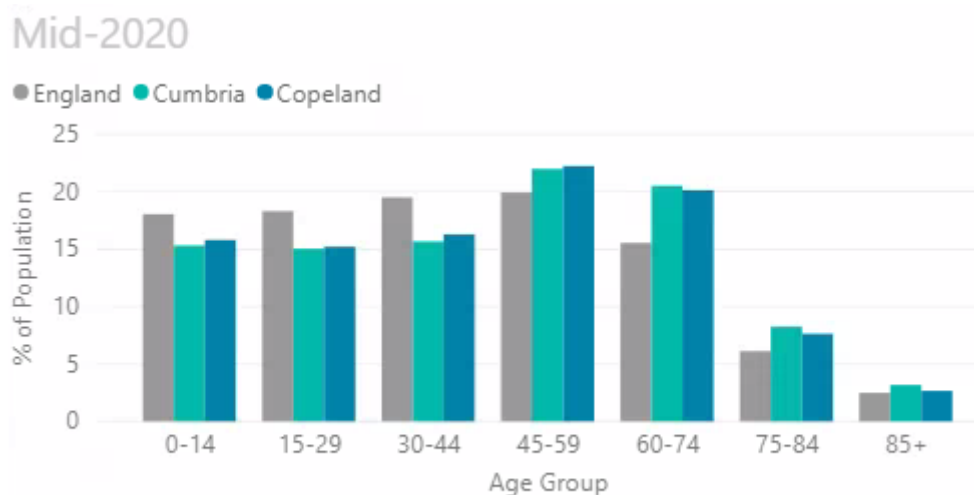
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9.4.2 Demography

The resident population of Copeland was estimated to be 68,000 persons as at mid-2020; a decrease of 2,600 persons (-3.7%) since mid-2010; the 2nd greatest decrease of all 314 LTLAs in England (Cumbria -0.1%, England +7.4%).

9.4.2.1 Age

Figure 21: % of Persons by Age Group:



Source: Office for National Statistics, figures rounded to the nearest 100, may not sum due to rounding.

When compared to England, Copeland has an older age profile; with lower proportions of residents in younger age groups and higher proportions of residents in older age groups. However, when compared to Cumbria, Copeland has slightly higher proportions of residents in younger age groups and slightly lower proportions of residents in older age groups.

The 2018-Based SNPPs, published by the ONS in 2020, project that in Copeland by 2028:

- The total population may decrease by 2,700 persons (-3.9% vs. Cumbria +0.3, England +5%), the 2nd greatest decreases of all LTLAs in England.
- The number of 0-15 year olds may decrease by 1,300 persons (-11.2% vs. Cumbria -6.5, England -1.6%), the 7th greatest proportional decrease of all LTLAs.
- The number of 16-64 year olds may decrease by 3,300 persons (-8% vs. Cumbria -4.3%, England +2.7%). The 2nd greatest proportional decrease of all LTLAs.
- The number of residents aged 65+ may increase by 2,000 persons (+12.8% vs. Cumbria +16.2%, England +19.6%).
- The proportion of people aged 65+ may increase to 26.2% (similar to 27.9% in Cumbria but much higher than the national average of 20.7%).

9.4.2.2 Ethnicity

1,924 residents in Copeland identified as being from an ethnic minority (including White minorities) in their 2011 Census (2.7%); Cumbria 3.5%, England & Wales 19.5%.

9.4.2.3 Migration

The ONS estimate that between mid-2010 and mid-2020, an estimated 17,500 people moved into Copeland from other parts of the UK and an estimated 19,200 people moved out from Copeland to other parts of the UK (net decrease of 1,800 persons). However, an estimated 1,000 people moved into Copeland from overseas and an estimated 800 people moved out from Copeland to overseas (net increase of 200 persons).

The 2011 Census reported that 2,026 residents in Copeland were born outside of the UK (2.9%). Of these non-UK born residents, 152 were born in Ireland, 390 were born in EU countries that were EU member countries in March 2001, 283 were born in EU countries that joined the EU between April 2001 and March 2011 and 1,201 were born countries other than those listed above.

The NINo registrations dataset shows that in Copeland, people moving in from EU15 countries (Austria; Belgium; Denmark; Finland; France; Germany; Greece; Italy; Luxembourg; Netherlands; Portugal; Ireland; Spain and Sweden) accounted for the greatest number of NINo registrations from 2011/12 to 2012/13, while people moving in from EU8 countries (Estonia; Czech Republic; Slovakia; Hungary; Latvia; Lithuania; Poland; and Slovenia) accounted for the greatest number of NINo registrations in 2013/14 and 2016/17. Furthermore, people moving in from EU2 countries (Bulgaria and Romania) accounted for the greatest number of NINo registrations from 2014/15 to 2015/16 and from 2017/18 to 2018/19. Finally, in 2019/20 and 2020/21, people moving in from South Asia have accounted for the greatest number of NINo registrations. Additionally, in 2020/21 registrations from all EU countries decreased considerably. Over the last 10 years the greatest numbers of NINo registrations in Copeland were for people originating from the countries listed in Table 23.

Table 23: Copeland: Top 5 Countries by Number of NINo Registrations: 2011/12 to 2020/21:

Rank	Country	NINo Registrations
1	Romania	80
2	Poland	47
3	India	46
4	Bulgaria	45
5	Nigeria	45

Source: DWP

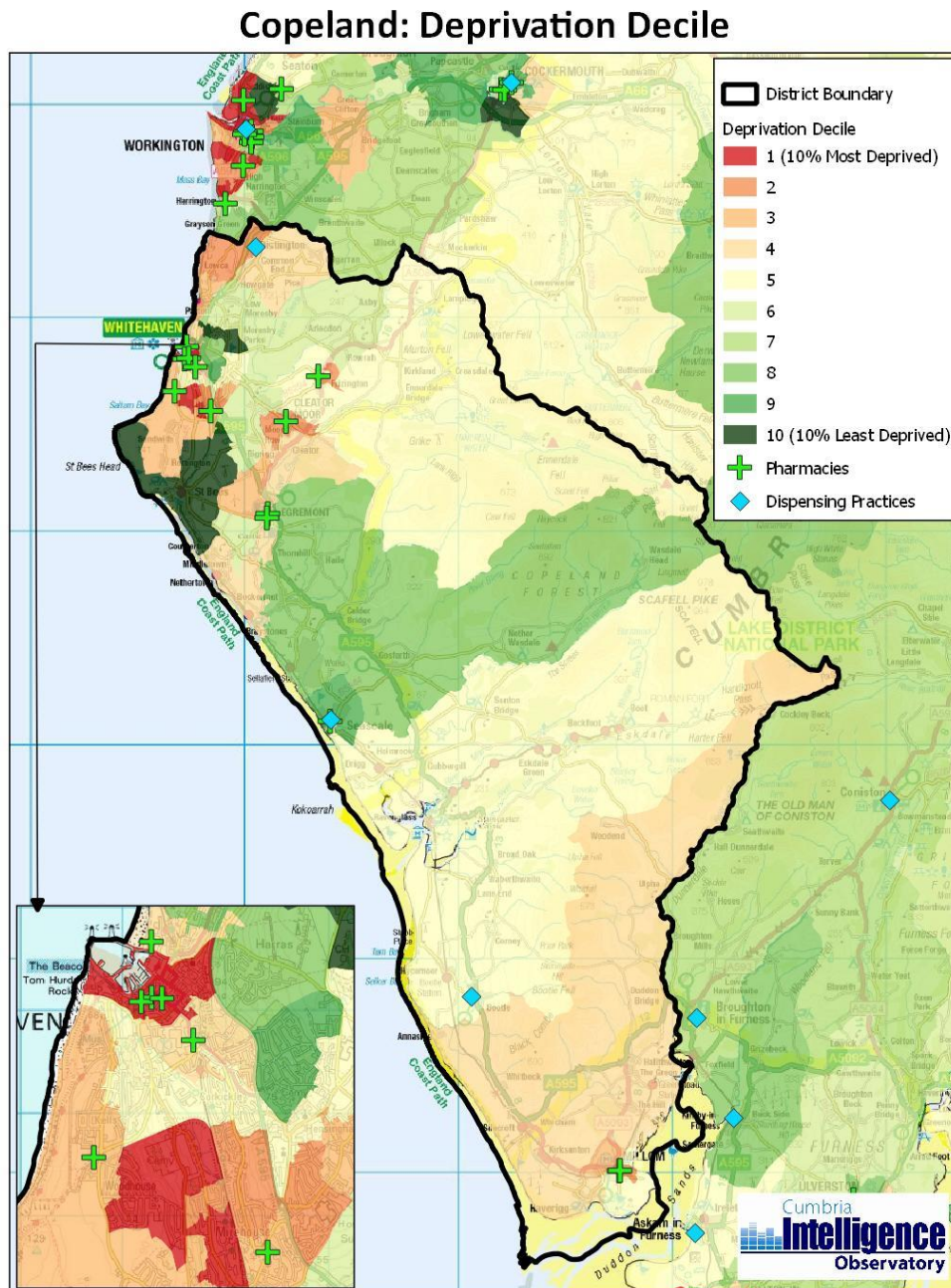
9.4.2.4 Visitors

An estimated 3.7 million visitors visited Copeland in 2019; however, it is worth noting that some of those visitors may already be existing district residents and figures are pre-pandemic. Furthermore, the 2011 Census reported that there were around 2,300 people who were usually resident outside of Copeland with a second address in the district, be it for work, holiday or other.

9.4.3 Deprivation

The 2019 IoD classified three LSOAs in Copeland as falling within the 10% most deprived areas in England; these communities are located within: Sandwith; Harbour; and Mirehouse. Inversely, Copeland has two LSOAs that are classified as being in the 10% least deprived of LSOAs nationally, these LSOAs are located in St. Bees and Bransty.

Figure 22: Copeland: LSOAs: By Deprivation Decile (DLUHC 2019): With Community Pharmacies & Dispensing Practices (April 2022)



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Furthermore, 13 LSOAs rank amongst the 10% most deprived in England in relation to the 'geographical barriers to services' domain (presented in Figure 4).

9.4.4 Health

9.4.4.1 District Health Summary

When considering the OHID local authority profile indicators presented in Figure 23, the health of people in Copeland is similar to or worse than the England average.

Just over a third (13) of the indicators are similar to the England average, these indicators are:

- Under 75 mortality from cancer;
- Hip fractures in people aged 65+;
- Smoking prevalence in all adults;
- Physically active adults;
- Overweight adults;
- Under 18 conceptions;
- Smoking at time of delivery;
- Infant mortality;
- Obese children (at age 11);
- Smoking prevalence in routine and manual occupations;
- Attainment 8 scores;
- Employment levels; and
- Excess winter deaths.

A further 11 indicators are significantly worse than the England average, these indicators are:

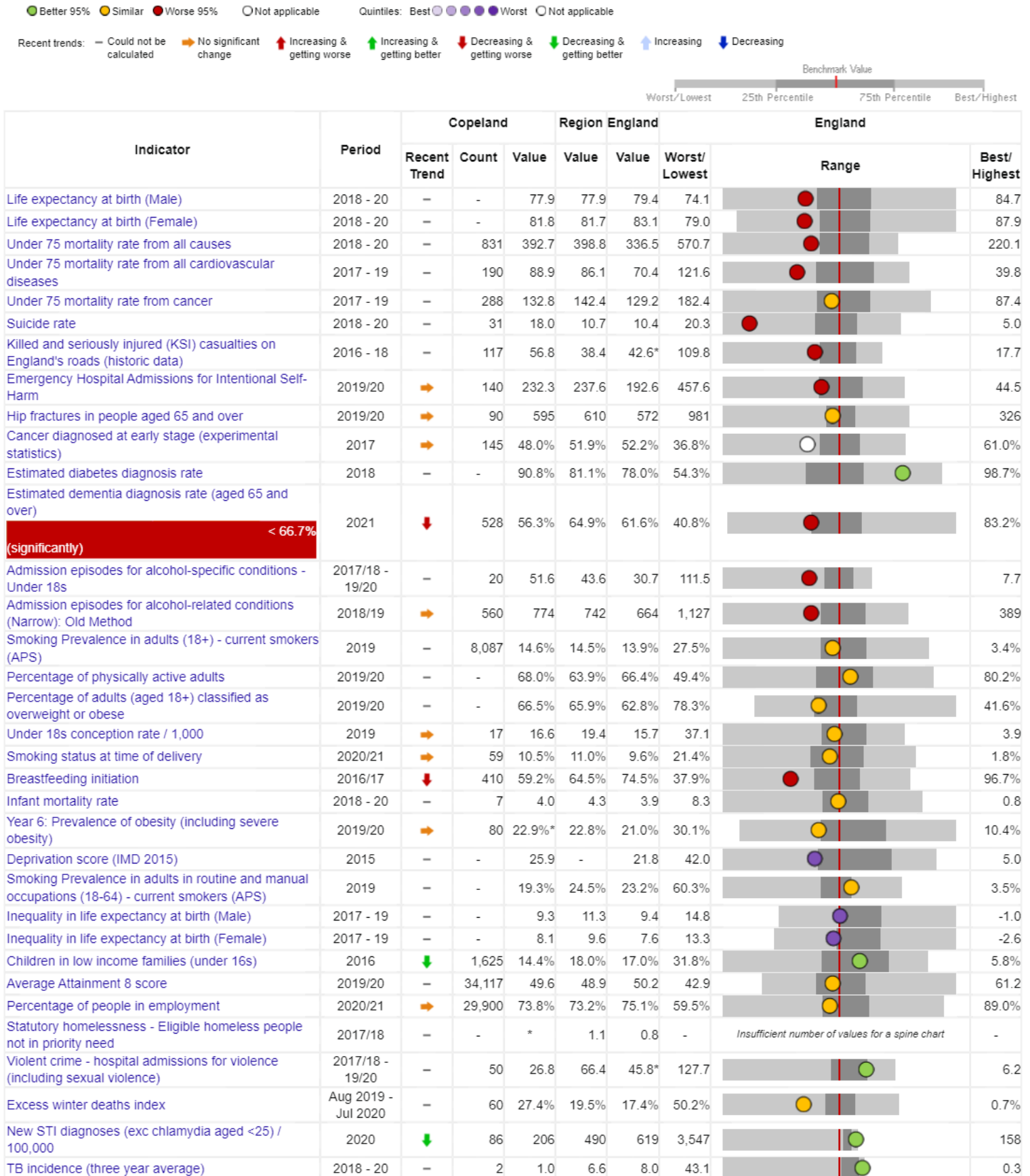
- Female life expectancy;
- Male life expectancy;
- Under 75 mortality from all causes;
- Mortality from cardiovascular disease;
- Suicide;
- Killed and seriously injured (KSI) road casualties;
- Emergency hospital admissions for intentional self-harm;
- Dementia diagnosis;
- Admission episodes for alcohol-specific conditions in under 18s;
- Admission episodes for alcohol-related conditions; and
- Breastfeeding initiation;

However, a small number (5) of the indicators are significantly better than the England average, these indicators are:

- Diabetes diagnosis;
- Children in low-income families;
- Violent crime;
- New sexually transmitted infection diagnoses; and
- Incidence of TB.

Cumbria Pharmaceutical Needs Assessment 2022

Figure 23: Copeland: OHID Health Profile (January 2022)



9.4.4.2 ICC Health Summary

There are two ICCs which are wholly or partly within Copeland District. 100% of the population of Copeland ICC live within Copeland district, while approximately 80% of the population of Barrow and Millom (Millom Only) ICC live within Copeland, with the remaining 20% living within South Lakeland.

Profiles have been created for ICCs based on LSOA level data using a ‘best fit’ methodology whereby data for each LSOA is assigned to the ICC where the greatest proportion of the LSOA’s residents live. Based on this methodology, the population of Copeland ICC at mid-2020 was 59,600, while Barrow and Millom (Millom Only) ICC’s population was 10,700. Profiles for each of the ICCs in Cumbria, created using the above best fit LSOA methodology, can be found via the following link:

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

Additionally, OHID 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 two ICCs in Copeland perform worse than the national average in relation to the following indicators:

<p>Key issues – Copeland ICC</p> <ul style="list-style-type: none"> • Emergency hospital admissions for all causes (SAR) • Emergency hospital admissions for coronary heart disease (SAR) • Emergency hospital admissions for stroke (SAR) • Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) • Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR) • Incidence of colorectal cancer (SIR per 100) • Incidence of lung cancer (SIR per 100) • Hospital stays for self harm (SAR) • Limiting long-term illness or disability (%) • Deaths from all causes, all ages (Standardised mortality ratio (SMR)) • Deaths from all causes, under 75 years (Standardised mortality ratio (SMR)) • Deaths from all cancer, all ages (Standardised mortality ratio (SMR)) • Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR)) • Deaths from circulatory disease, under 75 years (Standardised mortality ratio (SMR)) • Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR)) • Deaths from causes considered preventable, under 75 years, SMR (Standardised mortality ratio (SMR))
<p>Key issues – Barrow and Millom (Millom Only) ICC</p> <ul style="list-style-type: none"> • Emergency hospital admissions for all causes (SAR) • Emergency hospital admissions for coronary heart disease (SAR) • Emergency hospital admissions for stroke (SAR) • Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) • Hospital stays for self harm (SAR) • Limiting long-term illness or disability (%) • Deaths from all causes, all ages (Standardised mortality ratio (SMR)) • Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR)) • Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR))

9.4.5 Strategic Direction

Copeland district is part of the North Cumbria ICP area which forms part of the North East and North Cumbria ICS, however, the Millom area is part of Morecambe Bay CCG and Lancashire and South Cumbria Health and Care Partnership (further details of plans are provided in section 4.6).

The Copeland Health and Wellbeing Forum priorities are set out below; these were revised in January 2021 and are likely to be reviewed again in light of system priorities and in advance of Local Government Review:

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

9.4.6 Necessary Services: Current Provision

There are 14 pharmacies providing pharmaceutical services to the population of Copeland Borough. These community pharmacies are located in Whitehaven (6) and the towns of Cleator Moor, Egremont (2), Frizington, Millom (2), Mirehouse and Seascale. Figure 20 presents the distribution of pharmacies and dispensing practices in relation to population density across Copeland.

There are 70,082 patients registered on GP Practice Registers located in the Copeland district; this equates to one pharmacy for every 5,006 patients (20.0 per 100,000 patient population). This rate is similar to the estimated England average of 19.0 per 100,000 population. *[Patients Registered at GP Practices, January 2022. The outbreak of COVID-19 has led to changes in the work of General Practices and subsequently the data therefore caution should be used in drawing any conclusions from these data without consideration].*

There are three dispensing practices in Copeland, these are in Distington, Seascale (with a branch surgery at Bootle) and Whitehaven. As listed previously, there is also community pharmacy provision in Seascale and Whitehaven. Due to the additional provision of these dispensing practices in Copeland, consideration has been given to the dispensing provision of 24.3 per 100,000 population which includes both community pharmacies and dispensing practices.

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

9.4.7 Access: Opening Hours

Access to community pharmacies across Copeland is well provided for between the hours of 9:00am and 6:30pm Monday to Friday and 9:00am to 1pm on Saturday; see Appendix 7 (Community Pharmacy Opening Times [Jan 2022]). There is no community pharmacy provision after lunchtime on Saturdays and none on Sundays in the areas of Cleator Moor, Egremont, Frizington, Mirehouse and Seascale. However, Whitehaven has provision until 11:00pm Monday to Friday as well as Saturday until 9:00pm and Sunday opening from 10:00am to 8:00pm. From Monday to Friday there are pharmacies open, at times, after 6pm in Cleator Moor, Egremont and Millom. Residents in Seascale would have the furthest to travel for provision on Sundays (in excess of 30 minutes).

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 [Feb 2022]).

CHOC, located at West Cumberland Hospital in Whitehaven, provides urgent medication from the Out of Hours formulary between 6.30pm and 8.00am seven days a week and 24 hour access at weekends and bank holidays.

9.4.8 Access: Distance

Figure 20 presents the location of providers of dispensing services (community pharmacies and dispensing practices). Figure 20 also shows that these providers are located in areas of significant population density and as such provide reasonable access to most of the population during their opening hours. Table 24 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 24: Copeland: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Key:	Less than 90%	90-99%	100%	
Copeland				
% of Population with Access				
	Car	Walking	Public Transport	
5 mins	81%	3 mins	19%	
10 mins	100%	6 mins	27%	
15 mins	100%	9 mins	40%	
20 mins	100%	12 mins	46%	
30 mins	100%	15 mins	54%	
			5 mins	34%
			10 mins	48%
			15 mins	75%
			20 mins	81%
			30 mins	85%

Source: shapeatlas.net

Travel times by were considered broadly reasonable in Copeland with 100% of the population having access to a pharmacy or dispensing practice within 10 minutes by car. However, public transport travel times are longer with 15% of residents (10,211 people) not able to access

services by public transport within 30 minutes. It is worth noting that around half (46%) of people living in the district do not have access to services by walking within 15 minutes.

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

It was necessary to consider access to areas from Copeland with later opening times and Sunday opening; see Appendix 7 (Community Pharmacy Opening Times [Jan 2022]). It was noted some pharmacies close at 5:30pm weekdays (located in Frizington and Mirehouse), half day Saturday or 5pm and are not open Sunday (all areas outside of Whitehaven). There is also no provision in the populated areas of St Bees and Gosforth. It was noted that there are no community pharmacies open on Sundays for the residents of Millom and Seascale. Some travel times in Copeland are the longest in the county.

In the Contractor Survey, some pharmacies reported providing the 'collection of prescriptions from surgeries' service; furthermore, a number of pharmacies reported providing delivery services. In addition to the survey, further delivery information was gathered confirming that delivery services are available from pharmacies located in Egremont; Frizington, Kells; Millom; Whitehaven South and Whitehaven Central. There are currently no delivery services in Cleator Moor and Seascale.

9.4.9 Necessary Services Outside the District

Copeland Locality is wholly within Cumbria H&WB area.

9.4.10 Haverigg Prison

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

The immediate pharmaceutical needs of the prison population are served through contractual arrangement with a community pharmacy company; currently provided by Rowlands Pharmacy at Millom. Pharmacy provision including enhanced services is equivalent to primary care in the community, drug and alcohol services and primary and secondary mental health.

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

9.4.11 Necessary Services: Gaps in Provision

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

9.4.12 Other Relevant Services: Current Provision

There are advanced services which pharmacies can choose to provide. Achieving Healthy Living Pharmacy status is now one of the essential Quality Criteria for the new National

Contractual Framework (as of 2020/21) therefore all pharmacies in Copeland provide this. All 14 pharmacies in Copeland currently offer a New Medicine Service. Only one pharmacy in the district offers Stoma Appliance Customisation; no pharmacies provide Appliance Use Reviews. All pharmacies now offer Electronic Transfer of Prescriptions. Medicines Use Review service is now decommissioned as of 31st March 2021. Locally commissioned services available in Copeland are presented in Table 25.

Table 25: Copeland: Locally Commissioned Services:

Service	No. Pharmacy Providers	Geographic Coverage	Other Providers
Gluten Free Food Scheme	12	All areas excluding Millom (Cleator Moor, Egremont, Frizington, Mirehouse, Seascale, Whitehaven)	
Minor Ailment Scheme	12	All areas (excluding Millom)	
Paediatrics Minor Ailment Scheme [under 18 years of age] *	2	Millom	
Palliative Care	3	Millom and central Whitehaven	
Just in Case Drug Supply Service*	1	Millom	
Stop Smoking Service	12	All areas	
Emergency Hormonal Contraception	13	All areas	Contraceptive services are provided at Whitehaven Sexual Health Clinic; GP Practices
Seasonal Influenza Vaccination	14	All areas	GP practices
Needle and Syringe Programme	7	All areas	Alternative provision in Whitehaven.
Opioid Substitution Therapy prescribing & supervised consumption	12	All areas	

*Service specific to South Cumbria – Morecambe Bay CCG

9.4.13 Pharmacy Services in Areas of Deprivation

Copeland district has 3 LSOAs with significant deprivation (most deprived 10% in England) therefore consideration was given to the provision of public health locally commissioned services in these communities. It was noted that although there is not a pharmacy in every area of significant deprivation, there are pharmacies within a reasonable distance, either by car or public transport. Table 26 below presents the provision of these services.

Table 26: Copeland: 10% Most Deprived LSOAs in England: With Advanced & Locally Commissioned Pharmaceutical Services

LSOA	Pharmacy located in the LSOA *	If not, is one located nearby (less than 5 min by car)	Does a GP practice provide dispensing services to the LSOA	NMS	AUR	SAC	CPCS	Hep C	EHC	Stop Smoking Service	Palliative Care	Gluten Free Food	Minor Ailment Scheme	Needle and Syringe Programme	OST Prescribing & supervised consumption	Influenza Vac.
E01019280 (Whitehaven Central)	Y (28, 59, 60)		N	Y	N	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y
E01019295 (Whitehaven South)	N	Y (56, 58)	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
E01019301 (Whitehaven South)	N	Y (56, 58)	N	Y	N	N	Y	N	Y	Y	N	Y	Y	Y	Y	Y

*Numbers refer to the Pharmaceutical Services List available in Appendix 2 (Community Pharmacy Services [Feb 2022]).

9.4.14 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 27 presents the results of the determination.

Table 27: Copeland: Gaps in Pharmaceutical Service Provision:

Service	Description of Gap
Palliative Care	Limited access (Whitehaven Central and Millom only)
Appliance Use Reviews	No access
Hepatitis C Testing	Limited access (Whitehaven South and Kells only)

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

9.4.15 Other NHS Services

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

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

9.4.16 Locally Commissioned Services

Locally commissioned services (services commissioned by the LA) include: Emergency Hormonal Contraception; Stop Smoking Service; subcontracted Needle and Syringe Programme services (subcontracted via Humankind Charity); and Opioid Substitution Therapy Prescribing and Supervised Consumption services (also subcontracted via Humankind Charity). North Cumbria CCG commission: Gluten Free Food Supply service; Minor Ailments scheme; and Palliative Care schemes. Morecambe Bay CCG commission services for the Millom area within Copeland including: Minor Ailment scheme for paediatrics (under 18s) and asylum seekers; Palliative Care schemes; (Just in Case Drug Supply Service); and Out of Hours Response to Influenza type infections in Nursing and Residential Homes.

9.4.17 Future Developments

9.4.17.1 Primary Care

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

9.4.17.2 Housing

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

The majority of housing needed to meet the baseline requirement is directed to the four towns of Whitehaven, Cleator Moor, Egremont and Millom (70% combined), with the additional 30% divided between Local Service Centres, Sustainable Rural Villages and Other Rural Villages. The additional growth is divided in the same way.

The following strategic regeneration sites have been identified across the Borough in the emerging Copeland Local Plan that will help transform the areas they are located in and help boost the supply of housing in the Borough. Masterplans will be required for each of the sites.

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

9.4.17.3 Employment:

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

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

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

9.4.17.4 Infrastructure

The emerging Copeland Local Plan identifies:

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

9.4.18 Conclusions and Recommendations for Copeland District

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meet needs of the Copeland district population for the provision and access to pharmaceutical services.

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

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

Although there are no current gaps or needs in pharmacy provision in Copeland, the HWB identified some services could have better access and could be improved if they were made available in more pharmacies including: Stop Smoking services (although they are available in all areas they are not available in all pharmacies); Palliative Care; Appliance Use Review - currently no provision, however, demand and activity levels are very low reflecting the national picture; and Hepatitis C Antibody Testing service, however, it is recognised nationally that the need for this service is very low, furthermore, this service is due to end on 31 March 2023.

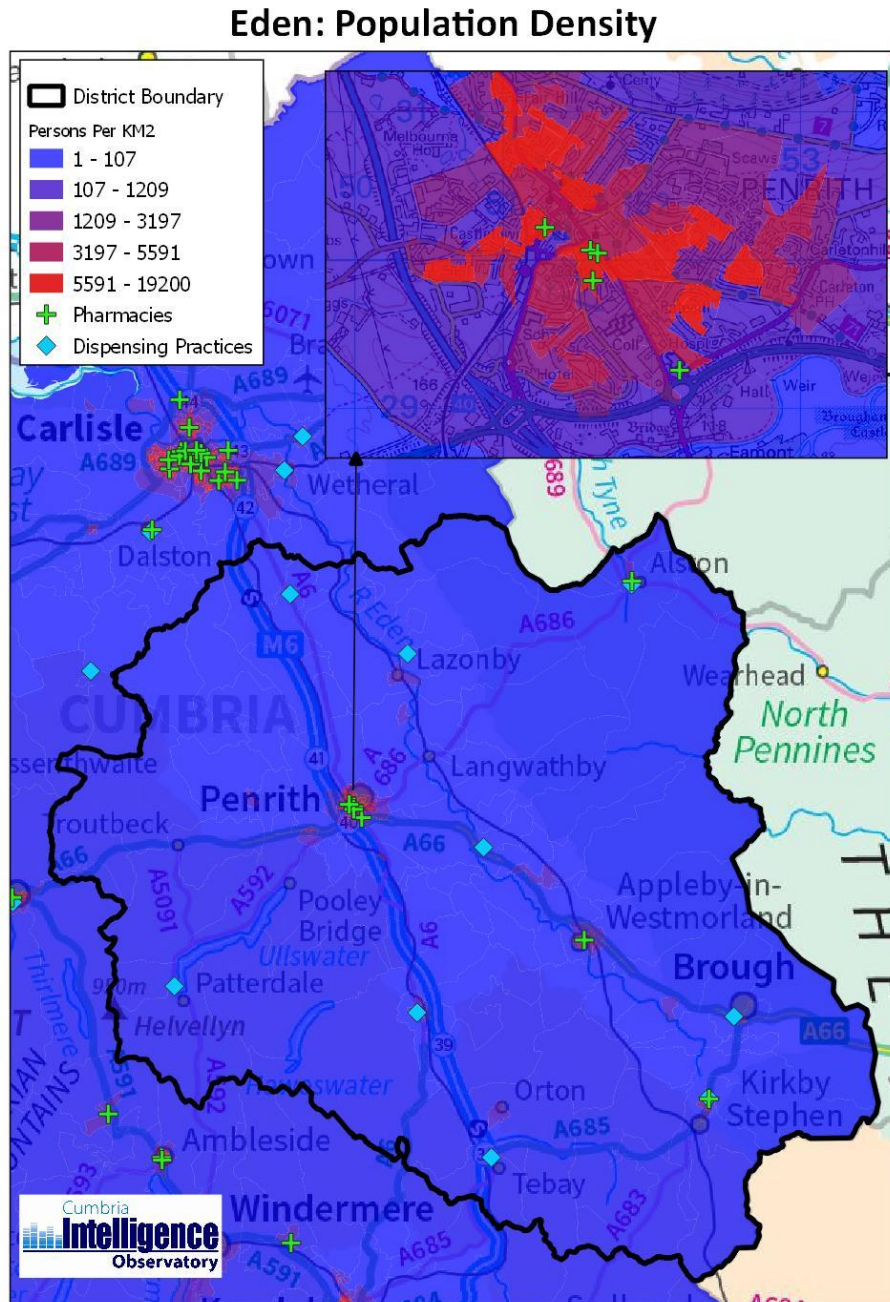
The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

9.5 Eden District

9.5.1 Geography

Eden is Cumbria's largest District, covering an area of 2,142 square km. With an average population density of just 25 people per square km, the district is the most sparsely populated local authority district in England (Cumbria average 74 people per square km; England average 434 people per square km). 70% of the District's residents live in rural areas, compared to 54% across Cumbria and 18% across England.

Figure 24: Eden: Population Density (ONS Mid-2020 Estimates): Community Pharmacies & Dispensing Practices (April 2022):



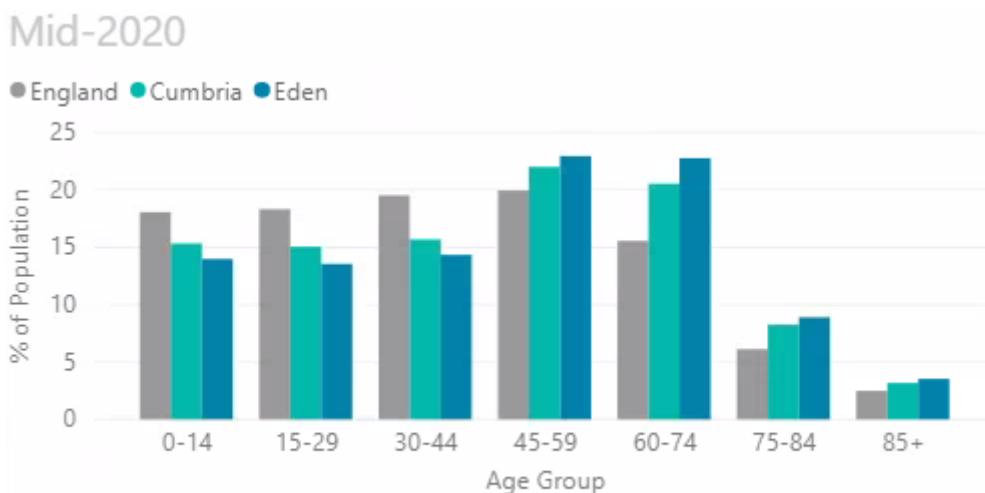
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9.5.2 Demography

The resident population of Eden District was estimated to be 53,800 persons at mid-2020; an increase of 1,100 persons (+2%) since mid-2010 (Cumbria -0.1%, England +7.4%).

9.5.2.1 Age

Figure 25: % of Persons by Age Group:



Source: Office for National Statistics, figures rounded to the nearest 100, may not sum due to rounding.

When compared to England, Eden has an older age profile; with lower proportions of residents in younger age groups and higher proportions of residents in older age groups. Eden’s age profile is also older than the county average. Of the 314 LTLAs in England, Eden has the 6th lowest proportions of 0-15 year olds.

The 2018-Based SNPPs, published by the ONS in 2020, project that by in Eden 2028:

- The total population may increase by 1,200 persons (+2.3% vs. Cumbria +0.3, England +5%).
- The number of 0-15 year olds may decrease by 600 persons (-7% vs. Cumbria -6.5, England -1.6%).
- The number of 16-64 year olds may decrease by 1,100 persons (-3.4% vs. Cumbria -4.3%, England +2.7%).
- The number of residents aged 65+ may increase by 2,800 persons (+20.1% vs. Cumbria +16.2%, England +19.6%).
- The proportion of people aged 65+ may increase to 31.2% (higher than the 27.9% Cumbria average and much higher than the national average of 20.7%).

9.5.2.2 Ethnicity

1,555 residents in Eden identified as being from an ethnic minority (including White minorities) in their 2011 Census (3%); Cumbria 3.5%, England & Wales 19.5%.

9.5.2.3 Migration

The ONS estimate that between mid-2010 and mid-2020, an estimated 23,100 people moved into Eden from other parts of the UK and an estimated 21,000 people moved out from Eden to other parts of the UK (a net increase of 2,000 persons). Furthermore, an estimated 1,700 people moved into Eden from overseas and an estimated 1,500 people moved out from Eden to overseas (net increase of 200 persons).

The 2011 Census reported that 1,797 residents in Eden were born outside of the UK (3.4%). Of these non-UK born residents, 99 were born in Ireland, 303 were born in EU countries that

were EU member countries in March 2001, 543 were born in EU countries that joined the EU between April 2001 and March 2011 and 852 were born countries other than those listed above.

The NINo registrations dataset shows that in Eden, people moving in from EU8 countries (Estonia; Czech Republic; Slovakia; Hungary; Latvia; Lithuania; Poland; and Slovenia) accounted for the greatest number of NINo registrations from 2011/12 to 2013/14, while people moving in from EU2 countries (Bulgaria and Romania) accounted for the greatest number of NINo registrations from 2014/15 to 2019/20. In 2020/21 registrations from all EU countries decreased substantially so that people moving in from Sub-Saharan Africa accounted for the greatest number of NINo registrations in the year. Over the last 10 years the greatest numbers of NINo registrations in Eden were for people originating from the countries listed in Table 28.

Table 28: Eden: Top 5 Countries by Number of NINo Registrations: 2011/12 to 2020/21:

Rank	Country	NINo Registrations
1	Romania	771
2	Poland	416
3	Spain	160
4	Hungary	75
5	Bulgaria	69

Source: DWP

9.5.2.4 Visitors

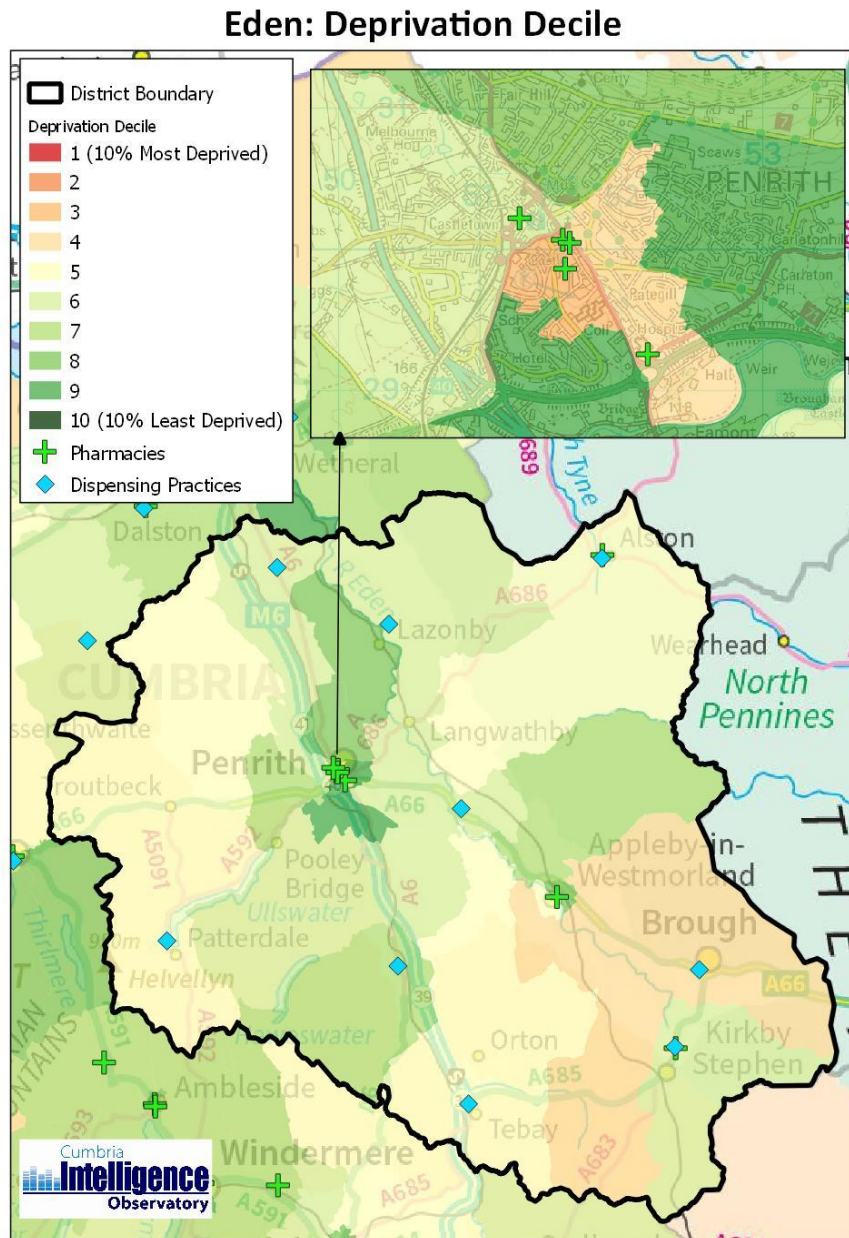
An estimated 5.1 million visitors visited Eden in 2019; however, it is worth noting that some of those visitors may already be existing district residents and figures are pre-pandemic. Furthermore, the 2011 Census reported that there were around 3,500 people who were usually resident outside of Eden with a second address in the district, be it for work, holiday or other.

The Eden Local Plan states that Eden sits on the fringes of the Lake District and Yorkshire Dales National Parks. This makes Eden a popular tourist destination and currently accommodates major tourist facilities such as Centre Parcs and Rheged. The area offers a wealth of opportunities for tourists based on both the natural and built environment and is crucial to the economic development of the district and job security of its residents and small scale tourism development form the mainstay of the tourist industry.

9.5.3 Deprivation

The 2019 IoD classified no LSOAs in Eden as falling within the 10% most overall deprived areas in England. However, one LSOA in Eden falls within the 30% most deprived of areas nationally; this community is located within Penrith South. Inversely, Eden has four LSOAs that are classified as being in the 20% least deprived of LSOAs nationally, these LSOAs are located in Penrith South, Penrith East, Penrith Carleton and Eamont.

Figure 26: Eden: LSOAs: By Deprivation Decile (DLUHC 2019): With Community Pharmacies & Dispensing Practices (April 2022)



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There are 19 [LSOAs](#) in the district which rank amongst the 10% most deprived in England in relation to the 'geographical barriers to services' domain (presented in Figure 4).

9.5.4 Health

9.5.4.1 District Health Summary

When considering the OHID local authority profile indicators presented in Figure 27, the health of people in Eden is better than or similar to the England average.

14 of the indicators are significantly better than the England average, these indicators are:

- Female life expectancy;
- Male life expectancy;
- Under 75 mortality from all causes;
- Under 75 mortality from cancer;
- Emergency hospital admissions for intentional self-harm;
- Admission episodes for alcohol-related conditions;
- Smoking prevalence in all adults;
- Physically active adults;
- Breastfeeding initiation;
- Children in low-income families;
- Employment levels;
- Violent crime;
- New sexually transmitted infection diagnoses; and
- Incidence of TB.

A further 11 the indicators are similar to the England average, these indicators are:

- Mortality from cardiovascular disease;
- Suicide;
- Hip fractures in people aged 65+;
- Admission episodes for alcohol-specific conditions in under 18s;
- Overweight adults;
- Under 18 conceptions;
- Smoking at time of delivery;
- Infant mortality;
- Obese children (at age 11);
- Attainment 8 scores; and
- Excess winter deaths.

However, a very small number of indicators (3) are significantly worse than the England average, these indicators are:

- Killed and seriously injured (KSI) road casualties;
- Diabetes diagnosis; and
- Dementia diagnosis.

Figure 27: Eden: OHID Health Profile (January 2022)



9.5.4.2 ICC Health Summary

The boundary of Eden district and Eden ICC are coterminous, therefore any analysis which applies to the district also applies to the ICC

Profiles have been created for ICCs based on LSOA level data using a 'best fit' methodology whereby data for each LSOA is assigned to the ICC where the greatest proportion of the LSOA's residents live. Based on this methodology, the population of Eden ICC at mid-2020 was 53,800 (as per the mid-2020 population of Eden district). Profiles for each of the ICCs in Cumbria, created using the above best fit LSOA methodology, can be found via the following link:

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

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

Key issues – Eden ICC

- | |
|--|
| <ul style="list-style-type: none">• Low birth weight of live babies (%)• Limiting long-term illness or disability (%) |
|--|

9.5.5 Strategic Direction

Eden is part of the North Cumbria ICP area which forms part of the North East and North Cumbria ICS, details of plans are provided in section 4.6.

The Eden Health & Wellbeing Forum includes the following priorities:

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

9.5.6 Necessary Services: Current Provision

There are currently 8 pharmacies providing pharmaceutical services to the population of Eden. These community pharmacies are located in Penrith (5) and the towns of Alston, Appleby and Kirkby Stephen.

There are 54,161 patients registered on GP Practice Registers located in the Eden district; this equates to one pharmacy for every 6,770 patients (15.0 per 100,000 patient population). This rate is the lowest in the county and below the estimated England average of 19.0 per 100,000 population. *[Patients Registered at GP Practices, January 2022. The outbreak of COVID-19 has led to changes in the work of General Practices and subsequently the data therefore caution should be used in drawing any conclusions from these data without consideration].*

There are 9 dispensing practices (including branch surgeries) in Eden (an increase from 7 in the previous PNA). These are located in rural areas of Alston, Brough, Glenridding, Kirkby Stephen, Kirkoswald, Low Hesket, Shap, Temple Sowerby and Tebay.

Figures 24 and 26 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 across the county 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 31.4 per 100,000 patient population which appears to be adequate.

9.5.7 Access: Opening Hours

Access to community pharmacies across Eden is well provided for during the hours of 9:00am and 5:30pm Monday to Friday; see Appendix 7 (Community Pharmacy Opening Times [Jan 2022]). All pharmacies except for one (Well Pharmacy, Penrith) are open on Saturdays until at least midday. Pharmacy provision in Penrith has community pharmacy provision until 11pm Monday to Friday and until 10pm on Saturday and 10am until 4pm on Sundays. Also, between Monday and Friday, there is pharmacy provision until 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.

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 [Feb 2022]).

CHOC, located at Cumberland Infirmary, Carlisle, provides urgent medication from the Out of Hours 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.

9.5.8 Access: Distance

Figure 24 presents the location of providers of dispensing services (community pharmacies and dispensing practices). Figure 24 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 29 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.

Figure 29: Eden: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Key:	Less than 90%	90-99%	100%		
Eden					
% of Population with Access					
Car		Walking		Public Transport	
5 mins	66%	3 mins	17%	5 mins	27%
10 mins	98%	6 mins	23%	10 mins	46%
15 mins	98%	9 mins	40%	15 mins	53%
20 mins	100%	12 mins	42%	20 mins	56%
30 mins	100%	15 mins	47%	30 mins	65%

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 20 minutes. However, access by public transport is longer with 35% of people living in Eden not able to access pharmacy services by public transport within 30 minutes. Furthermore, over half (53%) 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 4).

In the Contractor Survey, some pharmacies reported providing the ‘collection of prescriptions from surgeries’ and delivery services, including to vulnerable patient groups. In addition to the survey, further delivery information was gathered concluding that delivery services are available from pharmacies located in Appleby and Penrith town 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.

9.5.9 Necessary Services Outside the District

Eden district shares borders to the north east with Northumberland, to the east with Durham and to the south east 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.

9.5.10 Necessary Services: Gaps in Provision

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

9.5.11 Other Relevant Services: Current Provision

There are advanced services which pharmacies can choose to provide. Achieving Healthy Living Pharmacy status is now one of the essential Quality Criteria for the new National Contractual Framework (as of 2020/21) therefore all pharmacies in Eden provide this. 7 pharmacies in Eden currently offer a New Medicine Service. There are no pharmacies in Eden which offer Stoma Appliance Customisation or Appliance Use Reviews. All pharmacies now offer Electronic Transfer of Prescriptions. Medicines Use Review service is now decommissioned as of 31st March 2021. Locally Commissioned Services available in Eden are presented in Table 30.

Table 30: Eden: Locally Commissioned Services:

Service	No. Pharmacy Providers	Geographic Coverage	Other Providers
Gluten Free Food Scheme	8	All areas (Alston, Appleby, Kirkby Stephen, Penrith)	
Minor Ailment Scheme	8	All areas	
Palliative Care	4	Alston, Appleby, Penrith (excluding Kirkby Stephen)	
Stop Smoking Service	8	All areas	
Emergency Hormonal Contraception	8	All areas	Some GP Practices
Seasonal Influenza Vaccination	8	All areas	GP practices
Needle and syringe Programme	1	Penrith South	Alternative provision in Penrith.
Opioid Substitution Therapy prescribing & supervised consumption	5	Penrith; excluding Kirkby Stephen	

9.5.12 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 4).

9.5.13 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 31 presents the results of the determination.

Table 31: Eden: Gaps in Pharmaceutical Service Provision:

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

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

9.5.14 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.

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.

9.5.15 Locally Commissioned Services

Locally commissioned services (services commissioned by the LA) include: Emergency Hormonal Contraception; Stop Smoking Service; subcontracted Needle and Syringe Programme services (subcontracted via Humankind Charity); and Opioid Substitution Therapy Prescribing and Supervised Consumption services (also subcontracted via Humankind Charity). North Cumbria CCG commission: Gluten Free Food Supply service; Minor Ailments scheme; and Palliative Care schemes.

9.5.16 Future Developments

9.5.16.1 Primary Care

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

9.5.16.2 Housing

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.

9.5.16.3 Employment:

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.

9.5.16.4 Infrastructure

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).

9.5.17 Conclusions and Recommendations for Eden district

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meet needs of the Eden district population for the provision and access to pharmaceutical services.

The HWB considered the opening times and ease of access to determine that there no gaps in pharmaceutical service provision that is needed by the Eden district 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 Eden district to determine that there are no gaps or needs in services.

Although there are no current gaps or needs, the HWB identified some services could have better access within Eden district if they were made available in more pharmacies including: Palliative Care; Needle and Syringe Programmes; Opioid Substitution Therapy Prescribing and Supervised Consumption; and Hepatitis C Testing, however, it is recognised nationally that the need for this service is very low, furthermore, this service is due to end on 31 March 2023. 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.

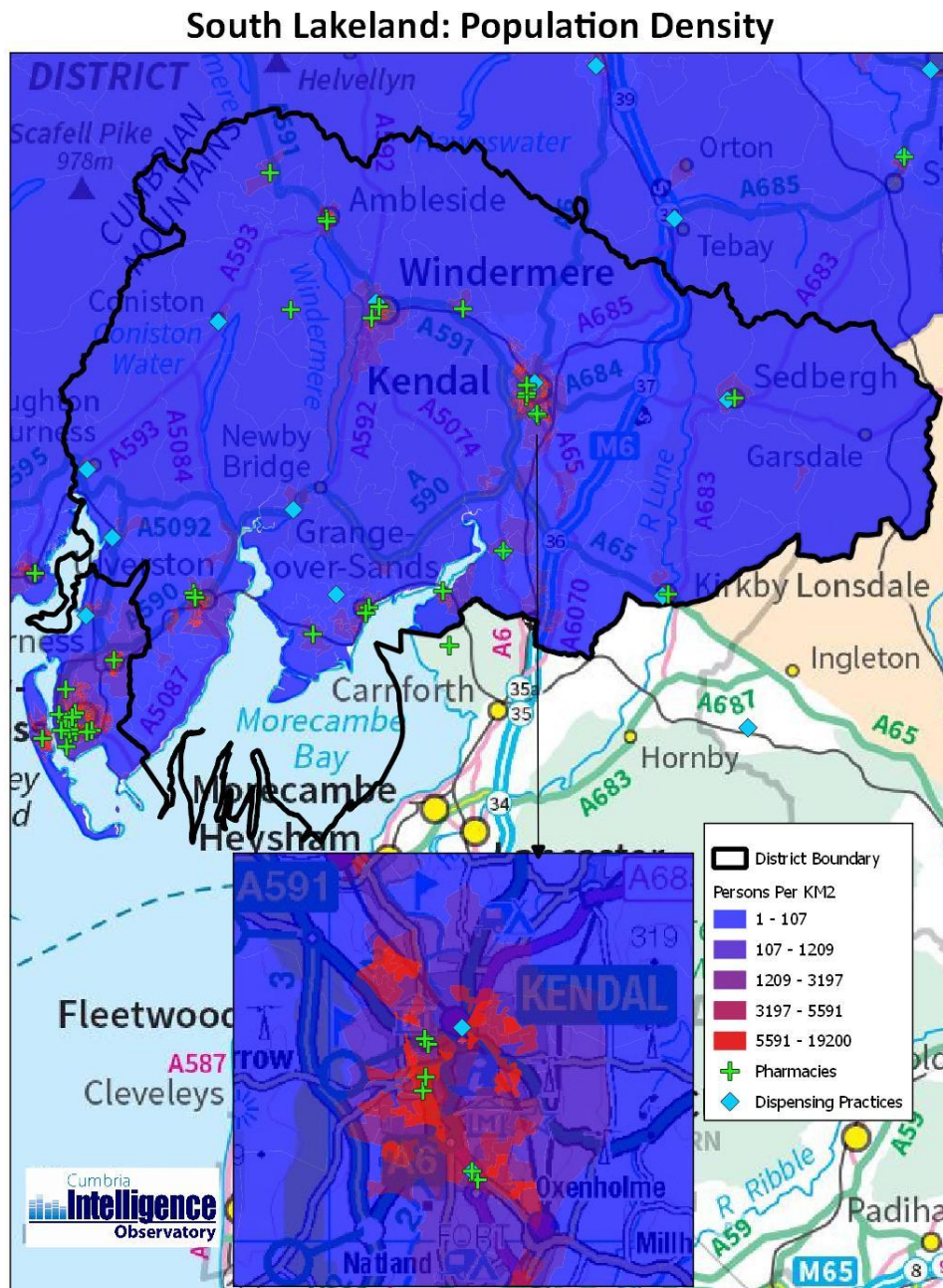
The provision of extended hours of primary care may increase the need for later opening times where pharmaceutical services are provided.

9.6 South Lakeland District

9.6.1 Geography

South Lakeland is Cumbria's second largest district, covering an area of 1,535 square km. With an average population density of 68 people per square km, the district is the 7th most sparsely populated local authority district in England (Cumbria average 74 people per square km, England average 434 people per square km). 60% of the district's residents live in rural areas, compared to 54% across Cumbria and 18% across England.

Figure 28: South Lakeland: Population Density (ONS Mid-2020 Estimates): Community Pharmacies & Dispensing Practices (April 2022):



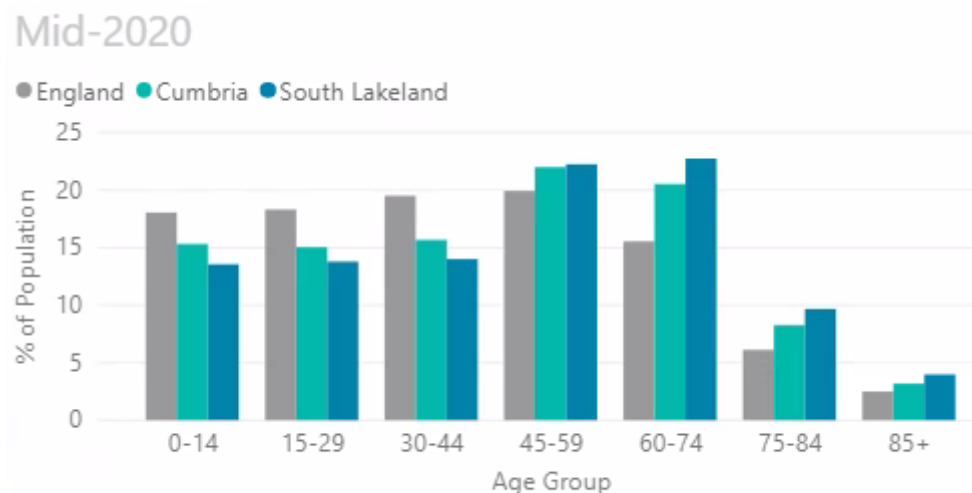
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9.6.2 Demography

The resident population of South Lakeland was estimated to be 104,900 persons at mid-2020; an increase of 800 persons (+0.7%) since mid-2010 (Cumbria -0.1%, England +7.4%).

9.6.2.1 Age

Figure 29: % of Persons by Age Group:



Source: Office for National Statistics, figures rounded to the nearest 100, may not sum due to rounding.

When compared to England, South Lakeland has an older age profile; with significantly lower proportions of residents in younger age groups and higher proportions of residents in older age groups – particularly in the 60-74 age group. South Lakeland’s age profile is also older than the county average, to a much greater extent than the other districts in Cumbria. Of the 314 LTLAs in England, South Lakeland has the 3rd lowest proportion of 0-15 year olds and the 10th largest proportion of residents aged 65+.

The 2018-Based SNPPs, published by the ONS in 2020, project that in South Lakeland by 2028:

- The total population may increase by 3,400 persons (+3.2% vs. Cumbria +0.3, England +5%).
- The number of 0-15 year olds may decrease by 600 persons (-3.6% vs. Cumbria -6.5, England -1.6%).
- The number of 16-64 year olds may decrease by 900 persons (-1.6% vs. Cumbria -4.3%, England +2.7%).
- The number of residents aged 65+ may increase by 4,900 persons (+16.6% vs. Cumbria +16.2%, England +19.6%).
- The proportion of people aged 65+ may increase to 31.7% (higher than the 27.9% Cumbria average and much higher than the national average of 20.7%), the 17th greatest proportion of all LTLAs in England.

9.6.2.2 Ethnicity

4,569 residents in South Lakeland identified as being from an ethnic minority (including White minorities) in their 2011 Census (4.4%); Cumbria 3.5%, England & Wales 19.5%.

9.6.2.3 Migration

The ONS estimate that between mid-2010 and mid-2020, an estimated 48,200 people moved into South Lakeland from other parts of the UK and an estimated 44,100 people moved out from South Lakeland to other parts of the UK (net increase of 4,200 persons). Furthermore, an estimated 5,200 people moved into South Lakeland from overseas and an estimated 4,100 people moved out from South Lakeland to overseas (net increase of 1,100 persons).

The 2011 Census reported that 5,009 residents in South Lakeland were born outside of the UK (4.8%). Of these non-UK born residents, 280 were born in Ireland, 898 were born in EU countries that were EU member countries in March 2001, 1,303 were born in EU countries that joined the EU between April 2001 and March 2011 and 2,528 were born countries other than those listed above.

The NINo registrations dataset shows that in South Lakeland, people moving in from EU8 countries (Estonia; Czech Republic; Slovakia; Hungary; Latvia; Lithuania; Poland; and Slovenia) accounted for the greatest number of NINo registrations from 2011/12 to 2016/17, while people moving in from EU15 countries (Austria; Belgium; Denmark; Finland; France; Germany; Greece; Italy; Luxembourg; Netherlands; Portugal; Ireland; Spain and Sweden) accounted for the greatest number of NINo registrations from 2017/18 to 2020/21. However, in 2020/21 registrations from all EU countries decreased substantially from previous years. Over the last 10 years the greatest numbers of NINo registrations in South Lakeland were for people originating from the countries listed in Table 32.

Table 32: South Lakeland: Top 5 Countries by Number of NINo Registrations: 2011/12 to 2020/21:

Rank	Country	NINo Registrations
1	Poland	1,098
2	Romania	936
3	Spain	867
4	Hungary	498
5	Czech Republic	297

Source: DWP

9.6.2.4 Visitors

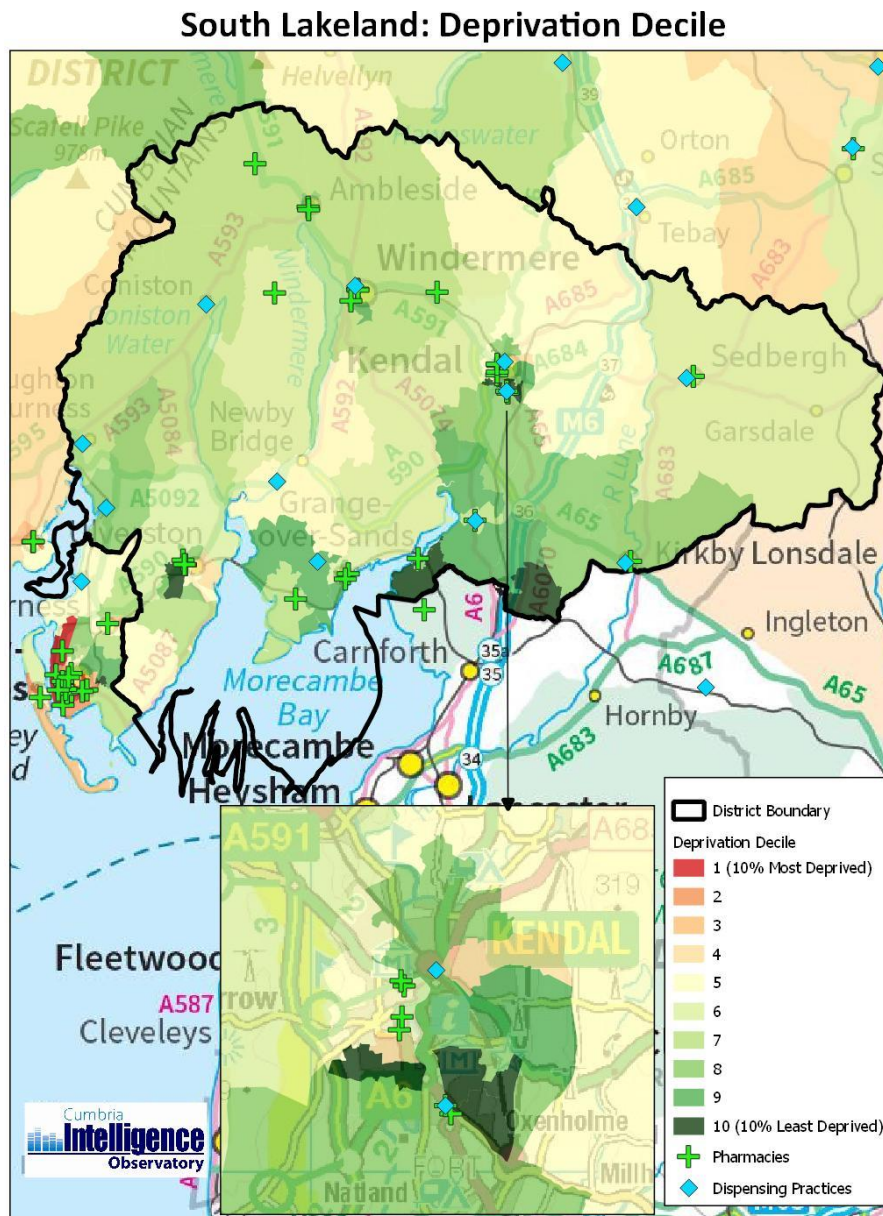
Parts of South Lakeland are located in the Lake District and the Yorkshire Dales National Park which have significant tourism / visitor sectors. The tourism / visitor sector is a major component of the economy of the South Lakeland. South Lakes (and particularly Kendal) functions as a gateway to Lake District National Park as well as having both town / settlement based and rural attractions that support the visitor economy. An estimated 19 million visitors visited South Lakeland in 2019; however, it is worth noting that some of those visitors may already be existing district residents and figures are pre-pandemic.

Furthermore, the 2011 Census reported that there were around 8,600 people who were usually resident outside of South Lakeland with a second address in the district, be it for work, holiday or other.

9.6.3 Deprivation

The 2019 IoD classified no LSOAs in South Lakeland as falling within the 10% most overall deprived areas in England. However, three LSOAs in South Lakeland fall within the 40% most deprived of areas nationally; these communities are located within Kendal Kirkland, Ulverston East, and Kendal Far Cross. Inversely, South Lakeland has six LSOAs that are classified as being in the 10% least deprived of LSOAs nationally, these LSOAs are located in Ulverston West, Kendal Heron Hill, Burton & Holme, Arnside & Beetham, Kendal Parks and Kendal Glebelands.

Figure 30: South Lakeland LSOAs: By Deprivation Decile (DLUHC 2019): With Community Pharmacies & Dispensing Practices (April 2022)



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Furthermore, 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 (presented in Figure 4).

9.6.4 Health

9.6.4.1 District Health Summary

When considering the OHID local authority profile indicators presented in Figure 31, the health of people in South Lakeland is better than or similar to the England average.

15 of the indicators are significantly better than the England average, these indicators are:

- Female life expectancy;
- Male life expectancy;
- Under 75 mortality from all causes;
- Under 75 mortality from cardiovascular disease;
- Under 75 mortality from cancer;
- Emergency hospital admissions for intentional self-harm;
- Admission episodes for alcohol-related conditions;
- Physically active adults;
- Overweight adults;
- Obese children (at age 11);
- Children in low-income families;
- Attainment 8 scores;
- Violent crime;
- New sexually transmitted infection diagnoses; and
- Incidence of TB.

A further 11 the indicators are similar to the England average, these indicators are:

- Suicide;
- Hip fractures in people aged 65+;
- Dementia diagnosis;
- Smoking prevalence in all adults;
- Under 18 conceptions;
- Smoking at time of delivery;
- Breastfeeding initiation;
- Infant mortality;
- Smoking prevalence in routine and manual occupations;
- Employment levels; and
- Excess winter deaths.

However, a very small number of indicators (3) are significantly worse than the England average, these indicators are:

- Killed and seriously injured (KSI) road casualties;
- Diabetes diagnosis; and
- Admission episodes for alcohol-specific conditions in under 18s.

Cumbria Pharmaceutical Needs Assessment 2022

Figure 31: South Lakeland: OHID Health Profile (January 2022)



9.6.4.2 ICC Health Summary

There are 6 ICCs which are wholly or partly within South Lakeland District.

- 100% of the populations of Central Lakes & Grange ICC and Kendal ICC live within South Lakeland;
- 70% of the population of East Lakes ICC live within South Lakeland while 30% live within Craven district in North Yorkshire (outside of Cumbria's county boundary);
- 61% of the population of Ulverston, Dalton & Askam ICC live within South Lakeland, with the remaining 39% living within Barrow-in-Furness;
- 20% of the population of Barrow and Millom (Millom Only) ICC live within South Lakeland while 80% live within Copeland; and
- Just 1% of the population of Barrow and Millom (Barrow Only) ICC live within South Lakeland while 99% live within Barrow-in-Furness.

Profiles have been created for ICCs based on LSOA level data using a 'best fit' methodology whereby data for each LSOA is assigned to the ICC where the greatest proportion of the LSOA's residents live. Based on this methodology, the mid-2020 populations of the above ICCs were as follows:

- Central Lakes & Grange ICC 29,700 persons;
- Kendal ICC 37,900 persons;
- East Lakes ICC 17,700 persons (this Figure refers only to those living within South Lakeland due to ICC profiles not being available for LSOAs outside of Cumbria's boundary);
- Ulverston, Dalton & Askam ICC 29,100 persons;
- Barrow and Millom (Millom Only) ICC 10,700 persons; and
- Barrow and Millom (Barrow Only) ICC 55,000 persons.

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

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

Additionally, OHID 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 South Lakeland perform worse than the national average in relation to the following indicators:

Key issues – Central Lakes & Grange ICC
<ul style="list-style-type: none"> • Limiting long-term illness or disability (%)
Key issues – Kendal ICC
<ul style="list-style-type: none"> • Low birth weight of live babies (%) • Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) • Deaths from stroke, all ages (Standardised mortality ratio (SMR))
Key issues – East Lakes ICC (based only on profiles of wards within the South Lakeland district boundary)
<ul style="list-style-type: none"> • Limiting long-term illness or disability (%)
Key issues – Ulverston, Dalton & Askam ICC
<ul style="list-style-type: none"> • Emergency hospital admissions for stroke (SAR) • Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) • Hospital stays for self harm (SAR) • Limiting long-term illness or disability (%) • Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR)) • Deaths from stroke, all ages (Standardised mortality ratio (SMR))
Key issues – Barrow and Millom (Millom Only) ICC
<ul style="list-style-type: none"> • Emergency hospital admissions for all causes (SAR) • Emergency hospital admissions for coronary heart disease (SAR) • Emergency hospital admissions for stroke (SAR) • Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) • Hospital stays for self harm (SAR) • Limiting long-term illness or disability (%) • Deaths from all causes, all ages (Standardised mortality ratio (SMR)) • Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR)) • Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR))
Key issues – Barrow and Millom (Barrow Only) ICC
<ul style="list-style-type: none"> • Income deprivation, English IoD, 2019 (%) • Child Poverty, English IoD, 2019 (%) • Older People in Deprivation, English IoD, 2019 (%) • Older people living alone (%) • Emergency hospital admissions for all causes (SAR) • Emergency hospital admissions for coronary heart disease (SAR) • Emergency hospital admissions for stroke (SAR) • Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) • Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR) • Emergency hospital admissions for hip fracture in 65+ (SAR) • Hospital stays for self harm (SAR) • Limiting long-term illness or disability (%) • Deaths from all causes, all ages (Standardised mortality ratio (SMR)) • Deaths from all causes, under 75 years (Standardised mortality ratio (SMR)) • Deaths from all cancer, all ages (Standardised mortality ratio (SMR)) • Deaths from all cancer, under 75 years (Standardised mortality ratio (SMR)) • Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR)) • Deaths from circulatory disease, under 75 years (Standardised mortality ratio (SMR)) • Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR)) • Deaths from stroke, all ages (Standardised mortality ratio (SMR)) • Deaths from respiratory diseases, all ages (Standardised mortality ratio (SMR)) • Deaths from causes considered preventable, under 75 years, SMR

9.6.5 Strategic Direction

South Lakeland district is part of Morecambe Bay CCG and the Lancashire and South Cumbria Health and Care Partnership (Integrated Care System) area; further details of plans are provided in section 4.6.

The South Lakeland Health and Wellbeing Forum priorities are set out below; these are due to be revised in 2022 and may be reviewed again in advance of Local Government Reorganisation:

For Young People, Children and Young Families

- 1st Priority: Diet, exercise and weight management
- 2nd Priority: Educational attainment
- 3rd Priority: Emotional and mental health

For those in Midlife

- 1st priority: job security and prospects
- 2nd priority: activity and physical health
- 3rd priority: housing

For Older People

- 1st priority: loneliness
- 2nd priority: maintaining independence
- 3rd priority: access

9.6.6 Necessary Services: Current Provision

In South Lakeland there are 25 pharmacies providing pharmaceutical services to the population of the district. 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 Figure 28). There is more than one pharmacy in the market towns of Ambleside (2); Kendal (7); Ulverston (2); 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).

At January 2022 an application for the consolidation of two pharmacies in Kendal has been agreed. The premises to close is Superdrug Stores Plc. in the Westmorland Shopping Centre which will continue trading as: JAS Pharma Ltd T/A Gillingate Pharmacy at the Captain French Surgery, Gillingate, Kendal. As of 28th March 2022, this consolidation took place and Superdrug Stores Plc. closed. Although Gillingate Pharmacy is not open on Saturday's there is alternative provision in Kendal town centre and therefore no gap in provision.

There are 108,549 patients registered on GP Practice Registers located in the South Lakeland district; this equates to one pharmacy for every 4,342 patients (23.0 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 19.0 per 100,000 population. *[Patients Registered at GP Practices, January 2022. The outbreak of COVID-19 has led to changes in the work of General Practices and subsequently the data therefore caution should be used in drawing any conclusions from these data without consideration].*

There are 12 dispensing practices providing dispensing services in South Lakeland. The dispensaries are generally located in rural areas although some are located in the market towns where there is also community pharmacy provision (see Figure 28).

Due to the additional provision of the dispensing practices in South Lakeland, consideration has been given to the dispensing provision of 34.1 per 100,000 population which includes both community pharmacies and dispensing practices.

Morecambe Bay CCG (South Lakeland) 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.

Morecambe Bay CCG also includes Bentham Medical Practice, a dispensing practice located in North Yorkshire. Bentham Medical Practice is referred to in this assessment to provide an understanding of the services available.

9.6.7 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 [Jan 2022]).

Kendal has community pharmacy provision from 7:00am to 11:00pm, Monday to Friday; until 9:00pm on Saturday; and until 6:00pm on Sunday. Ambleside has provision from 9:00am to 18:30pm Monday to Friday; 09:00am to 5:30pm on Saturdays; but no provision on Sundays. Windermere has provision from 9:00am to 18:00pm Monday to Friday; 09:00am to 5:30pm 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.

Community pharmacy provision on Sundays is available in Kendal only; there is no pharmacy provision on Sundays in: Ambleside; Arnside; Flookburgh; Grange; Grasmere; Hawkshead; Milnthorpe; Kirkby Lonsdale; 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 [Feb 2022]).

CHOC, located at Westmorland General Hospital in Kendal, provides urgent medication from the Out of Hours formulary between 6.30pm and 8.00am seven days a week and 24 hour access at weekends and bank holidays.

9.6.8 Access: Distance

Figure 28 presents the location of providers of dispensing services (community pharmacies and dispensing practices). Figure 28 also shows 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 33 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 33: South Lakeland: % Population with Access to Community Pharmacies & Dispensing Practices: By Travel Time & Mode of Transport:

Key:	Less than 90%	90-99%	100%		
South Lakeland					
% of Population with Access					
Car		Walking		Public Transport	
5 mins	85%	3 mins	28%	5 mins	36%
10 mins	100%	6 mins	32%	10 mins	54%
15 mins	100%	9 mins	45%	15 mins	76%
20 mins	100%	12 mins	52%	20 mins	83%
30 mins	100%	15 mins	57%	30 mins	90%
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, travel by public transport can take longer in some areas with 10% of people living in the district not able to access services within 30 minutes. It is also worth noting that 43% of residents (45,200 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 4).

In the Contractor Survey, a number of pharmacies reported providing the 'collection of prescriptions from surgeries' service. Furthermore, a number of pharmacies reported providing delivery services, including vulnerable patient groups and to selected areas within a 5-10mile radius or to the local area. In addition to the survey, further delivery information was gathered concluding pharmacies providing delivery services are located in Arnside; Ambleside; Flookburgh; Grange; Grasmere; Hawkshead; Kirkby Lonsdale; Kendal; Milnthorpe; Sedbergh; Staveley; Ulverston; and Windermere.

9.6.9 Necessary Services Outside the District

The community pharmacy and dispensing practice in Bentham (North Yorkshire) provides pharmaceutical services to residents in South Cumbria (Morecambe Bay CCG). 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 H&WB area have predominantly been registered with practices in Hawes and Carnforth.

9.6.10 Necessary Services: Gaps in Provision

Having considered the opening times and accessibility the HWB determine that the community pharmacies and dispensing doctors 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 in South Cumbria.

9.6.11 Other Relevant Services: Current Provision

There are advanced services which pharmacies can choose to provide. Achieving Healthy Living Pharmacy status is now one of the essential Quality Criteria for the new National Contractual Framework (as of 2020/21) therefore all pharmacies in South Lakeland provide this. 25 pharmacies in South Lakeland currently offer a New Medicine Service (Silverdale Pharmacy in North Lancaster does not). 3 pharmacies provide Stoma Appliance Customisation. 2 pharmacies provide Appliance Use Reviews in Kirkby Lonsdale and Kendal South. Appliance Use Review can be carried out by a pharmacist or specialist Stoma nurse. All pharmacies now offer Electronic Transfer of Prescriptions. Medicines Use Review service is now decommissioned as of 31st March 2021. Locally commissioned services available in South Lakeland are presented in Table 34.

Table 34: 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	
Palliative Care [“Just in Case” drug supply service]	6	Ambleside, Grange, Hawkshead, Kendal South and Windermere	
Stop Smoking Service	24	All areas excluding Kirkby Lonsdale	
Emergency Hormonal Contraception	24	All areas (except Silverdale Pharmacy)	Contraceptive services are provided at Sexual Health Clinics in Kendal; GP Practices
Seasonal Influenza Vaccination	25	All areas	GP practices
Needle and syringe Programme	3	Windermere and Kendal Town only	Alternative provision in Kendal.
Opioid Substitution Therapy prescribing & supervised consumption	8	Ambleside, Grange, Kendal Town, Kendal South and Ulverston only.	(Excluding Flookburgh, Staveley, Milnthorpe, Hawkshead, Arnside, Grasmere, Sedbergh, Kirkby Lonsdale and Windermere)

*Service specific to South Cumbria – Morecambe Bay CCG. Gluten Free and Adult Minor Ailment Schemes are not available in South Cumbria.

9.6.12 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 4).

9.6.13 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 35 presents the results of the determination.

Table 35: Gaps in pharmaceutical service provision in South Lakeland

Service	Description of Gap
Gluten Free Food Scheme	No access
Minor Ailment Scheme - Adults	No access
Palliative Care	Limited access particularly in rural areas (not available in Arnside, Flookburgh, Kirkby Lonsdale, Milnthorpe, Sedbergh, Staveley and Ulverston)
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	Limited access (2 pharmacies only, Kirkby Lonsdale, Kendal South)
Hepatitis C Testing	No access (Flookburgh plan to provide this provision soon)

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

9.6.14 Other NHS Services

University Hospitals of Morecambe Bay NHS Trust (UHMBT) supplies prepacked medicines to CHOC and pharmaceutical services to discharge and out patients in addition to a stock supply system to the GP-led Step Up Step Down Unit at Westmorland General Hospital. If UHMBT stopped providing any of all of these services for any reason and alternative provider would need to be found.

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.

9.6.15 Locally Commissioned Services

Locally commissioned services (services commissioned by the LA) include: Emergency Hormonal Contraception; Stop Smoking service; subcontracted Needle and Syringe Programme services (subcontracted via Humankind Charity); and Opioid Substitution Therapy Prescribing and Supervised Consumption services (also subcontracted via Humankind Charity). Morecambe Bay CCG commission: Minor Ailment scheme for paediatrics (under 18s) and asylum seekers; Palliative Care (known as the 'Just in Case Drug Supply service'); and the Out of Hours Response to Influenza type infections in Nursing and Residential Homes. Gluten Free and Adult Minor Ailment schemes are not available in South Cumbria.

9.6.16 Future Developments

9.6.16.1 Primary Care

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

9.6.16.2 Housing

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.

9.6.16.3 Employment:

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.

9.6.16.4 Infrastructure

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.

9.6.17 Conclusions and Recommendations for South Lakeland

The HWB considered the opening times and ease of access to determine that the community pharmacies and dispensing doctors in the HWB area meet needs of the South Lakeland district population for the provision and access to pharmaceutical services.

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 considered the relevant services provided within South Lakeland to determine that there are no gaps or needs in services.

Although there are no current gaps or needs in pharmacy provision in South Lakeland, the HWB identified some services could have better access if they were made available in more pharmacies including: Palliative Care; access to Needle and Syringe Programmes; Opioid Substitution Therapy Prescribing and Supervised Consumption; and Hepatitis C Testing, however, it is recognised nationally that the need for this service is very low, furthermore, this service is due to end on 31 March 2023. Although both Appliance Use Review and Stoma Appliance Customisation services are available these are limited therefore access could also be improved if made available in more pharmacies, however, demand and activity levels are very low reflecting the national picture.

There is no Minor Ailment scheme for adults in South Cumbria, however, the scheme is available for paediatrics (under 18s) only and asylum seekers; this aligns with the need, demand and service usage in the STP area. There is no Gluten Free service in South Cumbria; this aligns with the rest of the STP 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; 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 by the HWB, no gaps in services have been identified. However, each district has services that could be improved with better access if they were made available in more pharmacies; these services vary in each district and are highlighted within each district summary.

Responses to the Public Survey indicated a need in the provision and availability of prescribed medication and improvements to waiting times across the county however these needs appear to be more apparent in North Carlisle.

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

12 Glossary of Acronyms

Accident and Emergency (A&E)	52	Lower Super Output Areas (LSOAs)	11
Annual Population Survey (APS)	17	Lower Tier LAs (LTLAs)	56
Clinical Commissioning Groups (CCGs)	18	Ministry of Housing, Communities & Local Government (MHCLG)	16
Community Pharmacy Contractual Framework (CPCF)	19	National Health Service (NHS).....	5
Cumbria County Council (CCC)	24	National Health Service England (NHSE)	5
Cumbria Health on Call (CHOC)	29	National Insurance Number (NINo)	9
Department for Communities and Local Government (DCLG)	11	NHS Improvement (NHSI).....	19
Department of Health (DoH).....	5	Office for Health Improvement and Disparities (OHID)	13
Department of Health and Social Care (DHSC).....	19	Office for National Statistics (ONS)	8
European Union (EU).....	9	Pharmaceutical Needs Assessment (PNA)	4, 5
General Practitioner (GP).....	20	Pharmaceutical Services Negotiating Committee (PSNC).....	19
Health and Wellbeing Board (HWB)	4, 5	Pharmacy Integration Fund (PhIF)	19
Indices of Deprivation (IoD).....	11	Primary Care Networks (PCNs)	30
Integrated Care board (ICB).....	19	Primary Care Trusts (PCTs).....	5
Integrated Care Communities (ICCs)	18	Public Health England (PHE)	13
Integrated Care Partnership (ICP).....	19	Subnational Population Projections (SNPPs)	8
Integrated Care Systems (ICSs)	18, 19	Sustainability and Transformation Plan (STP).....	25
Joint Strategic Needs Assessment (JSNA)	6		
Local Authority (LA)	17		
Local Pharmaceutical Services (LPS) ..	27, 125		