




**Welcome  
to our Annual Event and  
Review of the Year  
2024/2025**



Angela Merrie  
Vice Chair



**Hugh McKendrick**  
**Chair, Healthwatch Northumberland**



**Questions about the 2024 AGM  
minutes**

# Our board members 2024/25



Welcome



Evan Walker



Pauline Bowers



Linda Corrie



Susan Richardson



Jess Stichbury



Angela Bell





Thank you



Kevin Higgins



Anne Armstrong



Matthew Gilbert



Dawn Porter



**healthwatch**  
Northumberland



Derry Nugent  
Project Coordinator

# Annual Report 2024–2025



**Unlocking the power  
of people-driven care**



# You said

## Patient

“Thank you also for your listening and sympathetic ear – words just can’t express the relief that comes with knowing that there are people out there willing to help and support those who are going through this rather debilitating illness, rather than having to fight it alone which I feel I have had to do over the last 5 months!”

## Commissioner

“Working with you has always been beneficial, and to take the recent work, we wouldn’t have been as aware of the issues had you not brought them to our attention first”

## Provider

“As a result of today’s session, I have contacted Tobacco Dependence service at the RVI to seek out a contact person for the Ophthalmology dept re referring smokers into our Stop Smoking services ”



# Delivered in 2024-25



- Audiology services
- Young people and mental health services
- Women's health Big Conversation
- NHS 10-Year Plan engagement
- Care home visits
- Pharmacy Needs Assessment engagement
- Adult Social Care Peoples Panel

# Delivering in 2026



- Persistent Physical Symptoms
- Respite care
- Pharmacy First
- GP digital access
- Young people and schools
- Less heard communities
- Dentistry update
- Primary care changes





**Question time**

**healthwatch**  
Northumberland



Angela Merrie  
Vice Chair

**healthwatch**  
Northumberland



Joe Morris MP  
Hexham

**healthwatch**  
Northumberland



Simon Clark  
North of Tyne  
Local Pharmaceutical Committee

# A pharmacist perspective of PHARMACY FIRST for Healthwatch Northumberland Annual Event

Simon Clarke  
North of Tyne LPC

# Timeline of Pharmacy First

- **White paper 2005 discussion around restructure of NHS.**
  - Pharmacies to become “gatekeepers to the NHS”.
- **19 years later first step in this process.**
- **Service launched 31<sup>st</sup> January 2024**
- **3000 consultation within first 3 days**
- **Over 420,000 consultations by end of April 2024**
- **July 2024 community pharmacies were delivering between 14-17 consultation per month above NHS expectations**
- **September 2024 – NHS England confirmed Hypertension and contraception services to be added**
- **December 2024 analysis of data showed 66% of consultation outcomes provided antibiotics**
  - Alleviating concerns around over prescribing of antibiotics
  - Pharmacies ensuring treating antimicrobial stewardship with ‘upmost importance’
- **First 12 months of service the NHS paid for over 3.5 million consultations at a cost of £52.5 million.**

Data taken from

- <https://www.thepharmacist.co.uk/community/pharmacy-first-a-year-of-the-service-in-england/>
- <https://www.thepda.org/wp-content/uploads/The-Pharmacy-First-Service-one-year-on.pdf>

# 7 clinical conditions

- Sinusitis (over 12yrs)
- Sore Throat (over 5yrs)
- Earache (children 1yr-17yrs)
- Infected bites (over 1 yr)
- Impetigo (over 1 yr)
- Shingles (over 18yrs)
- Urinary tract infection (women 16-64 yrs)

Most pharmacies can help you with **seven common conditions** without needing a GP appointment

**NHS**  
Providing NHS services

Speak to your pharmacist if you suspect you have:

- **Sinusitis**  
(adults and children aged 12 years and over)
- **Sore throat**  
(adults and children aged 5 years and over)
- **Earache**  
(children aged 1 year to 17 years)
- **Infected insect bite**  
(adults and children aged 1 year and over)
- **Impetigo**  
(adults and children aged 1 year and over)
- **Shingles**  
(adults aged 18 years and over)
- **Urinary tract infection**  
(women, aged 16 to 64 years)

**Visit your Pharmacy First!**

Image taken from: <https://assets.practice365.co.uk/wp-content/uploads/sites/1119/2024/02/Pharmacy-First-poster-2024-1.png>

# Pharmacy first case study

## Shingles

Engaged after young adult approached counter mentioning a rash that had appeared.

Mother and son approached pharmacy stating they had an unusual rash.



Both mother and son left within antibiotics within 10 minutes of entering the pharmacy.

Mother who was also eligible was screened for blood pressure.



Mother was in during consultation and investigation found that both mother and son had typical shingles infection.

Painful rash on one side of body.



**TESCO**

# Hypertension Case study

## Severe cardiac complication

Routine prescription collection, patient was eligible for service.

43yr old no history of blood pressure



BP was 218/138mmHg required immediate medical intervention.

Transferred to hospital via ambulance

Returned next day diagnosed with severe cardiac complication.

Thanked colleague for saving his life.



Once engaged stated he was having mental health crisis (psychotic breakdown).

History of severe mental health dealing with bereavement, was having housing concerns and issues with police.

Had headache, tightness in chest, severe anxiety and blotchy rash on face.



**TESCO**

# Positives around Pharmacy First

Passionate about service delivery – bright future

Delivers patient centre care direct to public

Saves patient and GP time

Development of service once established within community

Enhances role of community pharmacists

Larger role to play for pharmacist prescriber and pharmacy technicians.

Change in model needed to protect pharmacies within the community.



# Development needs around Pharmacy First

Wider public campaign around service and increased public awareness like NHS Scotland

Increase of clinical conditions and nomenclature of service

Respiratory, cellulitis, GI complications and dermatology through training and upskilling

Still need to meet true needs of White Paper in 2005 around making pharmacies the 'gate keepers' to the NHS

Greater referrals from GPs (fewer than 5% of total number of Pharmacy First consultation with England)

Northeast and Cumbria number of GP referrals that led to consultations 300.9 per 100,000 patients



Data taken from:  
<https://pharmaceutical-journal.com/article/news/nhs-data-show-significant-variation-in-gp-referrals-to-pharmacy-first-across-england>



Thank you.

# Comfort break

We'll take a quick break and see you in a few minutes



**healthwatch**  
Northumberland



Debbie Allman  
Team Manager  
Direct Payments Team (Adult  
Social Care)

Shirley Proctor  
Care Academy Manager



Northumberland  
County Council

# Direct Payments

Debbie Allman Direct Payment Team Manager  
Shirley Proctor Care Academy Manager

[www.northumberland.gov.uk](http://www.northumberland.gov.uk)

# What is a Direct Payment?

- A cash payment made by Northumberland County Council to individuals in lieu of their health and/or social care needs.
- The Government's preferred mechanism for personalised care and support (Care Act 2014)
- A mandatory duty on all Local Authorities to discuss with service users since 2003 for Social Care and 2014 for Health.

# In simple terms

- At the very heart of today's conversation lies a powerful, person-centred idea: **Direct Payments**.
- Direct Payments aren't just about funding. They completely change how we think about care. It's not something done *to you* –The power shifts from the system to the person.
- It's about **choice, control, and freedom** empowering people to decide not only what support they need, but who they want at their side to deliver it.
- Direct Payments aren't just innovation in action; they're a revolution in person centred care

# How direct payments were born – John Evans Fight for Freedom

- “In the late 1970s, John Evans was told the only option for him was to live in a care home.
- He said **no**.
- John Evans refused to accept a system that decided where he lived, who supported him, and how he lived.
- He believed care should mean freedom, dignity, and choice – not dependency.
- His vision: **“The person, not the system, should be in control.”**



# Benefits to recipient of DP

- Greater control, consistency and flexibility
- Tailored support, timings and activities
- Promotes independence and choice
- Ability to choose care providers or personal assistants

# What are Personal Assistants?

## Personal Assistants (PAs)

- support people at home, with tasks such as cooking, shopping, personal care
- Support in the community, social activities.
- Roles vary depending on individual needs
- May involve companionship, helping with appointments, or enabling participation in community life.
  
- No formal qualifications are necessary to become a PA; on-the-job training is offered, and PAs are employed directly by the individual or their family, rather than the council or an agency.
  
- Job opportunities available across Northumberland

# Care Academy and Workforce

The Northumberland Care Academy will support the recruitment, retention, training, and development of the local care workforce

- Recruitment
- Retention
- Quality Training
- External Workforce
- Personal Assistants

Contact: [careacademy@northumberland.gov.uk](mailto:careacademy@northumberland.gov.uk)



# Find out more!



**Direct Payments  
information**



**Taking Control  
with a Direct  
Payment**



**How to use a  
Direct Payment**

**One Call: 01670 536 400**

**Or email the team: [directpayments@northumberland.gov.uk](mailto:directpayments@northumberland.gov.uk)**

I am looking for a..

# Personal Assistant



**Created by Disability North**

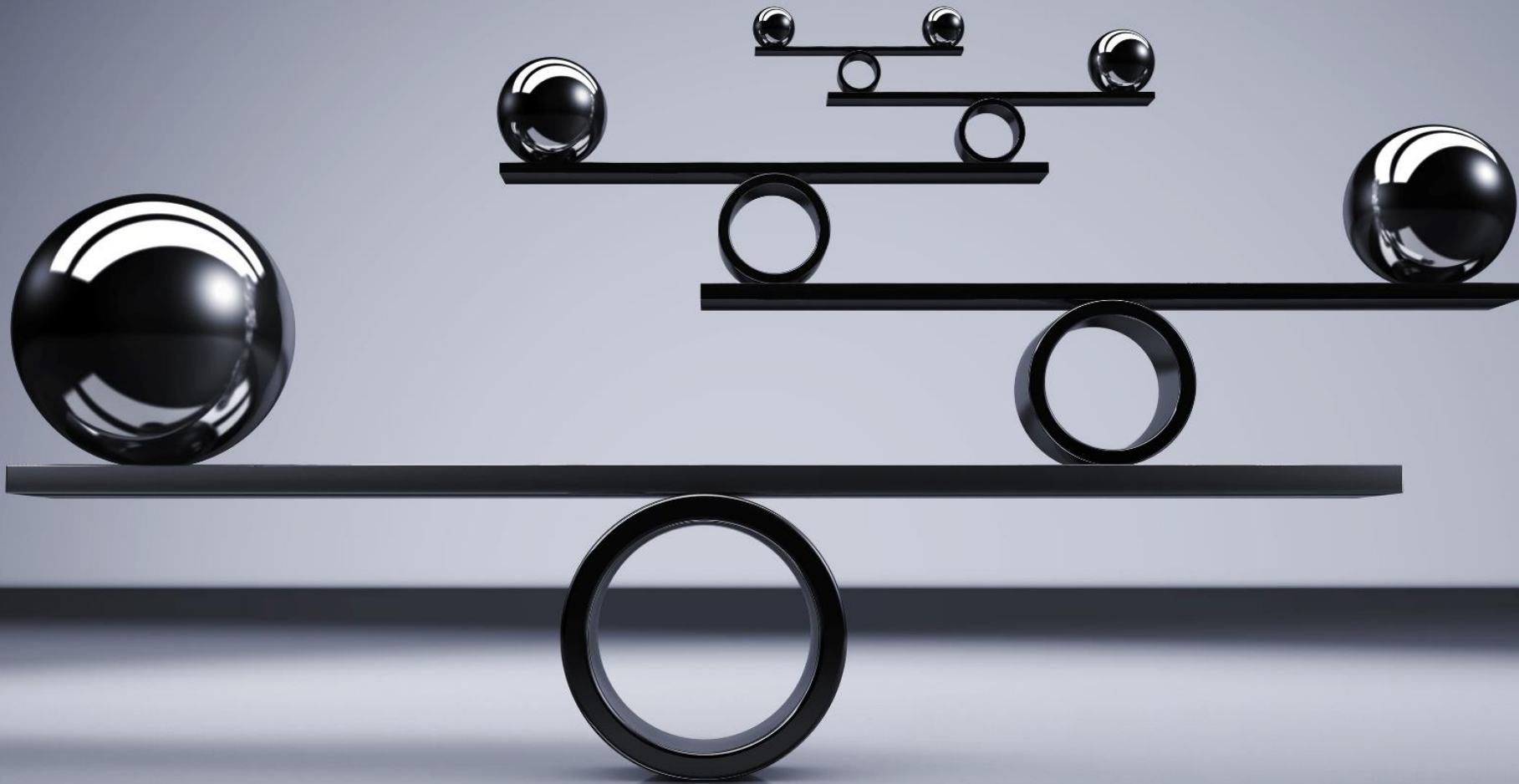


**Question time**

**healthwatch**  
Northumberland



Angela Merrie  
Vice Chair



...until 2026