



## Agenda

**Meeting:** North Yorkshire Health and Wellbeing Board

**To:** Councillors Michael Harrison (Chair), Amanda Bloor (Vice-Chair), Simon Myers, Janet Sanderson, Richard Webb, Stuart Carlton, Louise Wallace, Nic Harne, Matt Sandford, Mark Bradley, Ashley Green, Jillian Quinn, Zoe Campbell, Jonathan Coulter, Sally Tyrer and Mike Padgham.

**Date:** Friday, 19 September 2025

**Time:** 10.30 am

**Venue:** Microsoft Teams

## Business

1. Welcome by the Chair
2. Apologies for absence
3. Minutes of the meeting held on 18 July 2025 (Pages 3 - 8)
4. Declarations of interest
5. **Public questions/statements**  
Members of the public may ask questions or make statements at this meeting if they have given notice and provided the text to Democratic Services ([democraticservices.central@northyorks.gov.uk](mailto:democraticservices.central@northyorks.gov.uk)) no later than midday on Tuesday, 16 September 2025, three working days before the meeting takes place. Each speaker should limit themselves to three minutes on any item.  
  
If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chair who will instruct those taking a recording to cease whilst you speak.
6. **Pharmaceutical Needs Assessment** (Pages 9 - 178)
7. **North Yorkshire Health Collaborative** (Pages 179 - 200)
  - Joint Committee and sub-groups
  - HNY ICB update
  - WY ICB update
  - NYC update
8. **Get Britain Working Program: Economic Inactivity Trailblazer and Connect to Work** (Pages 201 - 210)
9. **Update on Bradford District and Craven Place Strategy** (Pages 211 - 258)

10. **Verbal update on the Airedale Hospital redevelopment**
11. **Work programme** (Pages 259 - 262)
12. **Any other items**  
Any other items which the Chair agrees should be considered as a matter of urgency because of special circumstances
13. **Date of next meeting**  
Wednesday, 19 November 2025 at 10:30am in person at Harrogate Civic Centre.

Members of the public are entitled to attend this meeting as observers for all those items taken in open session.

You may also be interested in [subscribing to updates](#) about this or any other North Yorkshire Council committee.

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Anyone wishing to record is asked to contact the Democratic Services Officer (details below) prior to the start of the meeting.

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Barry Khan  
Assistant Chief Executive  
(Legal and Democratic Services)

County Hall  
Northallerton

Thursday, 11 September 2025

## North Yorkshire Council

### North Yorkshire Health and Wellbeing Board

Minutes of the remote meeting held on Friday, 18 July 2025, commencing at 10.30am.

| Board Members                       | Constituent Organisation                                                                      |
|-------------------------------------|-----------------------------------------------------------------------------------------------|
| Councillor Michael Harrison (Chair) | Executive Member for Health and Adult Services, North Yorkshire Council                       |
| Councillor Janet Sanderson          | Executive Member for Children and Families, North Yorkshire Council                           |
| Richard Webb                        | Corporate Director of Health and Adult Services, North Yorkshire Council                      |
| Louise Wallace                      | Director of Public Health, North Yorkshire Council                                            |
| Nic Harne                           | Corporate Director of Community Development, North Yorkshire Council                          |
| Mark Bradley                        | Acting Place Director North Yorkshire, Humber and North Yorkshire Health and Care Partnership |
| Ashley Green                        | Chief Executive Officer, Healthwatch, North Yorkshire                                         |
| Jonathan Coulter                    | Chief Executive, Harrogate District NHS Foundation Trust                                      |
| Dr Sally Tyrer                      | Chair of the North Yorkshire Branch, YORLMC (Primary Care Representative)                     |

In attendance:

Ben Illsley, Director of Emergency Response & Training, North Yorkshire Fire & Rescue Service.  
Naomi Smith, Head of Health Improvement, North Yorkshire Council.  
Christian Brennan, Democratic Services Officer, North Yorkshire Council.

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**Copies of all documents considered are in the Minute Book**

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#### **26 Welcome by the Chair**

The Chair welcomed all attendees to the meeting.

#### **27 Apologies for absence**

Apologies for absence were received from Amanda Bloor, Zoe Campbell (substituted by Brian Crann), Stuart Carlton, Jonathan Dyson (substituted by Ben Illsley), Simon Myers, and Matt Sandford.

#### **28 Minutes of the meeting held on 16 May 2025**

## **Resolved**

- a) That the Minutes of the meeting held on 16 May 2025 are approved as a correct record.

### **29 Declarations of interest**

There were none.

### **30 Public questions/statements**

No public questions or statements were received.

### **31 North Yorkshire Joint Local Health and Wellbeing Strategy 2023-2030: Delivery Plan and Monitoring Approach**

Louise Wallace and Naomi Smith presented the report, emphasising that the North Yorkshire Joint Local Health and Wellbeing Strategy was designed to be actively overseen and reviewed by the Board.

Naomi gave a presentation outlining the Strategy's overarching ambition, its three key priorities, and the context behind its development. She provided an overview of the delivery plan, noting that an update had previously been presented to the Board in March. The plan sets out actions for the coming year and is intended to assure the Board that progress is being made. While updates will be provided throughout the process, it was acknowledged that the full impact will only become clear upon completion.

Naomi described the cyclical approach to monitoring the Strategy. Each year, the Board will be presented with the intended actions for the year ahead. A mid-year update is proposed for 19 November, followed by an annual review the following July, which will reflect on the previous year's actions and introduce the delivery plan for the upcoming year. She highlighted the Board's commitment to hosting spotlight sessions throughout the year to explore specific topics in greater depth.

Naomi clarified that the purpose of the report was to agree the monitoring approach, approve the delivery plan for the coming year, and consider the draft impact measures. Members were invited to share their thoughts on potential spotlight session topics and asked to note the report. Additionally, Members were encouraged to consider nominating Champions to focus on particular areas of the Strategy and to reflect on how the voice of lived experience could be effectively incorporated into the Board's work.

During the discussion, the following points were raised.

- A question was raised about whether the full scope of the Strategy could realistically be delivered. Naomi responded that it is for colleagues and the Board to determine priorities and what is achievable. She emphasised that regular reporting will keep the Board informed of progress, and meetings provide a forum to raise any concerns if delivery is not on track.
- It was noted that the Strategy aligns well with the NHS 10-Year Plan.
- The importance of considering rural health across all themes was highlighted. Rather than focusing on rurality in a single spotlight session, it was suggested that rural considerations should be embedded throughout the Strategy's implementation.
- Concerns were raised about oral health, particularly access to urgent dental care. It was proposed that this issue be explored further through a dedicated spotlight session.

## Resolved

- a) That the approach for monitoring and evaluating the progress of the North Yorkshire Joint Local Health and Wellbeing Strategy 2023–2030 outlined in this report is agreed, and the items are added to the Health and Wellbeing Board work programme.
- b) That the draft Strategy Delivery Plan for 2025-2026 and draft suite of impact measures are agreed (Appendix A).
- c) That suggestions for spotlight session topics are made.
- d) That the additional options outlined in section 6 are considered during the course of 2025/2026, aligned if appropriate to the forthcoming review of the Health and Wellbeing Board's role within the wider health and care landscape in North Yorkshire.

## 32 Place Updates

Mark Bradley provided an update on the Humber and North Yorkshire ICB and The NHS 10 Year Plan before Richard Webb and Nic Harne provided updates on North Yorkshire Council. Below are the points that were raised under these updates.

- The NHS Plan is built on three major shifts: from hospital to community; from analogue to digital; and from treatment to prevention. The link between national and local ambitions was emphasised. It was noted that having the right system architecture in place will be critical to achieving these goals. Comments on the negative impacts of The Plan were also raised.
- Regarding from hospital to community, one theme is neighbourhood health services and how these will integrate into the system. This approach moves beyond a traditional NHS medical model, adopting a whole-system perspective that includes local authorities, the voluntary sector, and collaboration with patients. Significant changes in NHS contracting were noted, including the development of both single and multiple neighbourhood contracts. Additionally, specific updates were shared regarding the infrastructure supporting the opening of neighbourhood health centres.
- Shifting NHS spending will be key to delivering The Plan, with a focus on reallocating resources from acute services towards community and primary care.
- Maximising the contribution of the voluntary sector and other partners in the wider system was highlighted as an important area for development.
- Digital transformation remains a critical priority. Patients must understand the systems and partners needed to continue progress towards a single patient record.
- An update was provided on the Joint Committee. The Committee has agreed the Section 75 agreement and one focus of it is community integration and neighbourhood health. The development and launch of a single Community Health Service is key, with work on the neighbourhood health model continuing over the coming months.
- NYC has had their CQC inspection and a report is expected in Autumn.
- It was noted that the Government has announced a national Neighbourhood Health Implementation Programme. The programme does not come with dedicated funding and must be resourced locally. It is competitive, with a particular focus on addressing health inequalities – efforts are being made to ensure that the bid reflects the diversity of communities across North Yorkshire. A working group has been established to act as the engine room for the Health Collaborative, tasked with developing a bid that represents the interests of local partners.
- It was reported that North Yorkshire is likely to lose funding through the new allocations. There are expected gains for North Yorkshire in terms of social care funding, but reductions in funding for children's services. Full details are not yet available and are anticipated later in the year. It was suggested that others review the funding formula and reflect on the potential impact this may have on their organisations.

- Progress is being made on the proposals for Care and Support Hubs in Harrogate and Scarborough. It is anticipated that planning applications will be submitted towards the end of the year. These hubs will provide intermediate and advanced dementia care across multiple locations, supporting the wider transformation of adult social care services in North Yorkshire.
- An update was provided on the Get Britain Working programme. The focus is on addressing health determinants and supporting individuals with long-term health conditions to return to work. While physical and mental health treatment could be an area of support, current restrictions prevent direct spending on this. Unlike the West Yorkshire model, which allows for investment in health interventions, the North Yorkshire approach centres on broader health determinant measures. This could include support for carers and veterans, as well as others. It was noted that the programme could bring an additional £4–6 million into North Yorkshire.
- An update was provided on North Yorkshire Council's Local Plan and Town Investment Plans. The Local Plan consultation has concluded and feedback is being reviewed, while Town Investment Plans are live, with work underway in around 30 settlements. Concerns were raised about ensuring health infrastructure needs are not overlooked due to outdated planning documents. North Yorkshire currently lacks a five-year housing supply, meaning speculative applications may have a stronger chance of approval, though unsustainable developments can still be refused. Health partners can support this process in two key ways: by acting as consultees to flag concerns about unsustainable proposals, and by engaging in infrastructure planning to ensure health services keep pace with housing growth. It was highlighted that Section 106 contributions are only often enough to fund half a project.

#### **Resolved**

- a) That the updates are noted.

### **33 Humber and North Yorkshire ICB Joint Capital Resource Use Plan 2025/26**

Mark Bradley introduced the report which outlined the Humber and North Yorkshire ICB Joint Capital Resource Use Plan for the upcoming year. It was briefly described how this funding would be distributed across various projects and initiatives. The ICB is legally obligated to provide a copy of the Plan to the Board.

#### **Resolved**

- a) That the NHS Joint Capital Resource Use Plan for 2025/26 is noted.

### **34 Approval of delegation of the approval of the Better Care Fund monitoring return for 2025/26 to Corporate Director for Health and Adult Services, Richard Webb**

Louise Wallace introduced the report and explained that it was seeking approval from the Board to delegate the approval of the Better Care Fund quarterly monitoring return for 2025/26 to the Corporate Director for Health and Adult Services, Richard Webb. It was reported that the quarterly monitoring return has previously come to the Board for approval but can in fact be signed off on a delegated authority basis. This will allow the utilisation of the full length of the submission timeline, which should provide more accurate forecasting.

It was suggested that the recommendation at paragraph 9.1 of the report be amended to read – a) approve the delegation of the Better Care Fund quarterly monitoring return for 2025/26 to the Corporate Director for Health and Adult Services, Richard Webb, in consultation with the relevant Place Director.

## **Resolved**

- a) That the Board approves the delegation of the Better Care Fund quarterly monitoring return for 2025/26 to the Corporate Director for Health and Adult Services, Richard Webb, in consultation with the relevant Place Director.

## **35 Work programme**

The Chair introduced this item and highlighted that Oral Health had been raised as a potential topic for a spotlight session. The Chair also highlighted that the November meeting is due to take place in person at Harrogate Civic Centre and will be used to discuss the role and purpose of the Board.

## **36 Any other items**

There were none.

## **37 Date of next meeting**

Friday, 19 September 2025 10.30am via Teams.

The meeting concluded at 11.35 am.

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## North Yorkshire Health and Wellbeing Board

19<sup>th</sup> September 2025

### Pharmaceutical Needs Assessment 2025-28

|            |                                                                                                                                                                              |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.0</b> | <b>PURPOSE OF REPORT</b>                                                                                                                                                     |
| 1.1        | To share the final North Yorkshire Pharmaceutical Needs Assessment 2025-28 with the North Yorkshire Health and Wellbeing Board, outlining the summary of findings.           |
| 1.2        | To recommend that the North Yorkshire Health and Wellbeing Board (HWB) approves the 2025-28 Pharmaceutical Needs Assessment for publication on 1 <sup>st</sup> October 2025. |

#### **2.0 BACKGROUND/SUMMARY**

- 2.1 The Pharmaceutical Needs Assessment (PNA) is a statutory duty of the Health and Wellbeing Board, with the purpose to consider current and future need for pharmaceutical services in the area, and to describe to what extent current services meet that need. A revised assessment must be published within three years, or sooner in response to significant changes to the availability of pharmaceutical services.
- 2.2 The Public Health Team oversaw the development of the PNA on behalf of the HWB. A joint multi-agency steering group was established in July 2024 in collaboration with City of York Council to share approaches and facilitate partner involvement for those organisations that cover both council areas and work across boundaries.
- 2.3 Views of the public and stakeholders were gathered in the form of a survey on pharmacy services which were key in the early work to develop the PNA – see section 4.
- 2.4 The closure of two 100-hour pharmacies, in Scarborough and Catterick Garrison respectively in 2023 are considered to create gaps in provision in both areas. A supplementary statement was issued as a result to update the 2022 PNA. These gaps in provision still persist and therefore have been considered in the 2025 PNA.
- 2.5 There are also considered to be gaps in provision of the locally commissioned Opiate Substitute Supervised Consumption Service in the Catterick Garrison, Scarborough, Tadcaster and Thirsk areas due to either absence of provision or limited capacity.
- 2.6 There have been other pharmacy closures that are not considered to have created gaps in provision. There have also been consolidations and relocation of existing pharmacy services to alternative locations within the HWB area, generally close to previous sites therefore not considered to impact on service availability.
- 2.7 Development of the PNA yielded a number of conclusions including:
  - Community pharmacy services continue to play an important role in the landscape in supporting the services provided by GP practices/dispensing practices and the PCNs.
  - Community pharmacies offer support to the wider health needs of the population by providing the essential, advanced and locally commissioned services as described in this report.

- Overall, there is good pharmaceutical provision in most of North Yorkshire from Monday to Friday. The majority of residents can access a pharmacy within a 20-minute walking distance, and there is an adequate choice.
- In urban areas, there is good provision of pharmaceutical services on Saturday mornings, Saturday afternoons and Sundays.
- There are dispensing practices in rural areas to provide pharmaceutical services Monday to Friday. Whilst evening opening during this time within the rural areas would improve access and choice, no specific need for additional pharmacies to open has been identified.
- The extended opening hours that are currently in place provide adequate access to both essential pharmaceutical services and locally commissioned services, however the HWB will continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers.
- The new housing targets for development are significantly higher than previous, meaning any proposed future housing developments should be reviewed on a regular basis to identify any significant increases in pharmaceutical need.
- There is good uptake of both advanced services and locally commissioned services in North Yorkshire, however, there could be better awareness and improved multi-agency working to significantly improve uptake of services in North Yorkshire.

- 2.8 The 2025-28 draft PNA was approved by the PNA Steering Group in June 2025, prior to going out to the ongoing statutory 60-day consultation, which concluded on 19<sup>th</sup> August 2025.
- 2.9 During the consultation period, the 2025-28 draft PNA was also taken to the Scrutiny of Health Committee on 4<sup>th</sup> July 2025 for views and comments from members.
- 2.10 Consultation responses have been considered and are included in the PNA for sign off by the Health and Wellbeing Board prior to publication on 1<sup>st</sup> October 2025.

### 3.0 PHARMACEUTICAL NEEDS ASSESSMENT 2025-28



FINAL (draft) North  
Yorkshire PNA 2025-28

#### 3.1

### 4.0 CONSULTATION UNDERTAKEN AND RESPONSES

- 4.1 The views of the public and a range of stakeholder organisations and groups were gathered in the form of a survey on pharmacy services. The engagement was conducted over a six-week period between late January 2025 and early March 2025, and involved:
- Online survey, aimed at North Yorkshire residents:
    - Paper copies of resident's survey were available at all libraries in North Yorkshire.
    - Different formats were available on request i.e., easy read and large print.
  - Email survey and/or discussion with stakeholder organisations/groups

Surveys were hosted and promoted via the NYC website, press and social media platforms, with 'Have your say' posters displayed in pharmacies, GP surgeries, libraries and leisure centres. Messaging was also shared by partner organisations.

Groups and services were also contacted directly to encourage them to engage with the survey. These included older people, carers & disability groups, commissioned services (drugs, alcohol, tobacco and mental health), dentists, GPs, pharmacies and opticians.

A total of 958 people responded to the survey; more than double the number received during the previous PNA, which saw 447 responses. Notably, a significant proportion of responses originated from the Easingwold area, which raised concerns that have been noted by the PNA Steering Group and are being monitored by the ICB and Community Pharmacy North Yorkshire (CPNY) CPNY.

Key headlines from the survey responses show that the majority of North Yorkshire residents were positive about the availability of pharmacies and services provided which suggests that overall, they were happy with the services their usual pharmacy provided. Areas for improvement were increased staffing, medication availability, and extended opening times.

There were 3 responses to the stakeholder survey. Generally, there was felt to be good access to pharmacy services for stakeholder's service users, although access issues related to rurality such as expensive or insufficient public transport was mentioned. This is exacerbated with the provision of certain services that are not routinely offered countywide or are not accepting additional service users.

- 5.2 The 2025-28 draft PNA was out to the statutory 60-day consultation between late June and late August 2025. This was hosted on the City of York Council website and promoted via press and internal comms to NYC staff. In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) all statutory stakeholders were consulted during this time, including local NHS organisations, the Local Pharmaceutical Committee and all neighbouring local authorities.

Stakeholders were asked to respond to the following specific consultation questions:

1. Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmacy provision in North Yorkshire?
2. Do you think that the draft PNA captures all of the relevant information needed to enable commissioning decisions about pharmaceutical service provision over the next 3 years?
3. Do you agree with the conclusions identified in the draft PNA?
4. Is there anything that you think is missing from the PNA that should be included or considered when reaching conclusions about services and need?
5. Pharmacies offer a range of services. How do you think these should be communicated and publicised?
6. Do you have any other comments?

There were 18 responses, 10 from members of the public and 8 from organisations. Responses were predominately not PNA issues therefore major changes to the PNA have not been required. Consultation responses have been included and responded to in the PNA.

## **6.0 ALTERNATIVE OPTIONS CONSIDERED**

- 6.1 Not applicable, publication of updated PNA is a statutory duty of the HWB.

## **7.0 IMPACT ON OTHER SERVICES/ORGANISATIONS**

- 7.1 Identified gaps in pharmaceutical provision highlighted as part of the PNA may invite and support applications from the pharmacy market that will be reviewed by the ICB.

## **8.0 FINANCIAL IMPLICATIONS**

- 8.1 The PNA has no direct implications to finances. It may invite potential pharmacy applications to address gaps in provision once published, which will then have implications to the commissioning organisation.

## **9.0 LEGAL IMPLICATIONS**

- 9.1 Publishing the PNA means the HWB meets its statutory obligations.

## **10.0 EQUALITIES IMPLICATIONS**

- 10.1 The PNA has no implications on equalities, other than to invite potential pharmacy applications to address gaps in provision once published, which may improve access to certain groups. These have been considered in the Equality Impact Assessment in Appendix 2 of the PNA.

## **11.0 CLIMATE CHANGE IMPLICATIONS**

- 11.1 The PNA has no implications on climate change, other than to invite potential pharmacy applications to address gaps in provision once published, which may improve physical access to certain groups, reducing emissions.

## **12.0 REASONS FOR RECOMMENDATIONS**

- 12.1 The PNA is recommended for approval to ensure the Health and Wellbeing Board meets its statutory obligations and gaps in pharmaceutical provision are highlighted. The PNA may then be used to support potential pharmacy applications to deliver services which are vital to supporting the health and wellbeing of residents across the county.

## **13.0 RECOMMENDATION(S)**

For the Health and Wellbeing Board to approve the Pharmaceutical Needs Assessment 2025-28 for publication on 1<sup>st</sup> October 2025.

**Louise Wallace**  
**Director of Public Health**  
**Health and Adult services**  
County Hall  
Northallerton  
19<sup>th</sup> September 2025

**Report Authors:**  
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# **North Yorkshire Health and Wellbeing Board**

## **Pharmaceutical Needs Assessment**

**2025 - 2028**

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## **Executive Summary**

The Pharmaceutical Needs Assessment (PNA) is a statutory duty of the Health and Wellbeing Board. The purpose of the PNA is to consider the current and future need for pharmaceutical services in a geographical area, and to describe to what extent current pharmaceutical services meet that need. To do this the PNA considers the demography of the area and the differing needs across localities and population groups. It also considers whether the public has sufficient choice in accessing pharmaceutical services, the effect of provision provided by neighbouring areas, the effect of other NHS services, and finally whether the provision of further pharmaceutical services would secure improvements or better access.

### **Pharmaceutical Needs Assessment process**

The Public Health team within North Yorkshire Council oversaw the development of the PNA on behalf of the North Yorkshire Health and Wellbeing Board. A joint multi-agency steering group was established comprising representation from organisations on the Health and Wellbeing Board including the Local Pharmaceutical Committee. The aim being, to identify issues that affect the commissioning of community pharmacy services and to identify priorities for the future provision of community pharmacy services. The views of the public and a range of agencies and groups were gathered in the form of a survey on pharmacy services over a six-week period during January to March 2025, and were a key part of the early work to develop this PNA. A statutory 60-day consultation on the draft PNA was undertaken between June and August 2025 to seek the views of statutory consultees, members of the public and other stakeholders, as to whether they agree with the contents and findings of the PNA. Consultation responses are reflected in this document.

### **Population health needs**

North Yorkshire is the largest non-metropolitan county in England. It has a diverse and dispersed population of an estimated 627,629 people across a geographical area of 3,341 square miles. Ninety eight percent of the county is either sparsely (13%) or super-sparsely (85%) populated with just over a third of the population living in these areas. This results in a population density of just 77 people per square kilometre, compared with

England average of 432. North Yorkshire has an ageing population and inequalities in health and social outcomes, including a clear distinction between the social and economic features of the east and the west of the county. The population of North Yorkshire aged over 65 years old is predicted to increase by 23% by 2030, against an increase predicted for England of 22%. Across a range of diseases and long-term conditions, North Yorkshire has above similar or lower levels of prevalence to the national average. However, there are variations within the localities in the county, particularly in its most deprived communities. The new, significantly increased annual housing target of more than 4,000 houses per year means that areas of development will need to be monitored to identify any significant increases in pharmaceutical need.

### **Current provision and access to pharmaceutical services**

In the North Yorkshire HWB area there are currently 140 contractors providing NHS pharmaceutical services made up of; 86 standard contract (40 hour) pharmacies, 4 pharmacies operating under 100-hour contracts, 2 distance selling pharmacies and 1 appliance contractor. Furthermore, there are 47 dispensing doctor practices in the more rural locations within North Yorkshire provide additional access to dispensed medicines. In general, there is good pharmaceutical provision and choice in most of North Yorkshire on weekdays, and the majority of residents can access a pharmacy within a 20-minute walking distance. In urban areas, there is also good provision of pharmaceutical services on Saturday mornings, Saturday afternoons, and Sundays. However, following the closure of two 100-hour pharmacies there are considered to be gaps in provision in:

- Scarborough, within a 2-mile radius of Postcode YO12 5EA, on weekday evenings between 17:00 and 21:00, Saturdays between 15:00 and 21:00 and Sundays between 10:00 and 16:00.
- Catterick Garrison, within a 2-mile radius of postcode DL9 3EN, on weekday evenings between 17:00 and 21:00, Saturdays between 15:00 and 21:00 and Sundays between 10:00 and 16:00.

Access to community pharmacy services is reduced in the rural areas, in particular the North Yorkshire Moors and the Yorkshire Dales, although there are dispensing practices in rural areas to provide pharmaceutical services Monday to Friday. Most patients who live in rural areas can access a community pharmacy within a 20-minute car drive if necessary. Whilst evening opening during this time within rural areas would improve access

and choice, no specific need for additional pharmacies to open has been identified. There is good uptake of both advanced services and locally commissioned services in North Yorkshire, however, there could be better awareness and improved multi-agency working to significantly improve uptake of services in North Yorkshire.

### **Future provision**

North Yorkshire Health and Wellbeing Board values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services, and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety. North Yorkshire Council's Public Health Team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions, such as through the locally commissioned services. It is therefore essential that community pharmacy continues to be recognised and supported to support the health needs of the population of North Yorkshire and that the people of North Yorkshire are aware of and fully utilise the services available from their community pharmacy services.

## 1.0 Introduction

### 1.1 PNA background and purpose

Since April 2013, the National Health Service Act 2006<sup>(1)</sup> has mandated that every Health and Wellbeing Board in England must publish and regularly update a statement detailing the pharmaceutical service needs of their local population. This statement is known as a Pharmaceutical Needs Assessment (PNA). A revised assessment must then be published within three years, or sooner in response to significant changes to the availability of pharmaceutical services.

The PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population. It describes:

- The health needs of the population
- Current pharmaceutical services provision and any gaps in that provision
- Potential new services to meet health needs and help achieve the objectives of the *Joint Health and Wellbeing Strategy*<sup>(2)</sup>

The PNA takes account of the *Joint Strategic Needs Assessment*<sup>(3)</sup> (JSNA) and is a strategic commissioning document which will be used primarily by NHS England in its assessment of applications to join the pharmaceutical list under the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*<sup>(4)</sup>.

The PNA will also be used to:

- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information
- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need - these services can be commissioned by Local Authorities, NHS England and Integrated Care

### Boards (ICBs)

- Support commissioning of high-quality pharmaceutical services including locally enhanced services
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the Joint Health and Wellbeing Strategy
- Facilitate opportunities for pharmacists to make a significant contribution to the health of the population of North Yorkshire

To deliver the PNA, City of York Council and North Yorkshire Council (NYC) decided to work in collaboration to share approaches and to facilitate partner involvement for those organisations that cover both council areas and work across boundaries.

## 1.2 Pharmacy market

Community pharmacies and appliance contractors are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public.

Under the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*<sup>(4)</sup>, a person – i.e., a pharmacist, a dispenser of appliances or, in some rural areas, a GP – who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on the relevant pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications to provide pharmaceutical services on a distance selling (i.e., internet or mail order only) basis.

There are five types of market entry application that can be made to be included on the NHS England Pharmaceutical List. These are:

- To meet a current need identified in the PNA
- To meet a future need identified in the PNA
- To improve current access
- To improve future access

- To fulfil an unforeseen benefit, where the applicant provides evidence of a need that was not foreseen when the PNA was published

### 1.3 Pharmacy services NHS overview

Community pharmacies in England provide a range of services including:

- Dispensing and repeat dispensing
- Support for self-care
- Signposting patients to other healthcare professionals
- Participation in set public health campaigns (to promote healthy lifestyles)
- Disposal of unwanted medicines

Many pharmacies are also commissioned to offer public health services by Local Authorities and the NHS. Additional information about pharmacy services can be found in Chapters 6 & 7.

## 2.0 Pharmaceutical Needs Assessment process

### 2.1 PNA development group

As set out within section 1 of this PNA, the legislation that describes the duties of the Health and Wellbeing Board in regard to PNAs is the *National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* <sup>(4)</sup>. As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The Public Health Team within North Yorkshire Council oversaw the development of this PNA on behalf of the North Yorkshire Health and Wellbeing Board. In the process of undertaking the PNA, a joint multi-agency steering group was established in July 2024. Full membership is set out in appendix 1.

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings
- Timeline of the PNA process
- Structure of the PNA document
- Process and questionnaires for engagement and consultation
- Appropriate governance, including declaration of interests, and reporting arrangements

The group was responsible for overseeing the completion of the PNA and ensuring it meets the minimum requirements set out in the regulations.

## 2.2 Determination of localities

The *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*<sup>(4)</sup> state that, in making its assessment of needs, the Health and Wellbeing Board should have regard to the different needs of different localities in its area.

In accordance with this, the steering group considered how to assess these different needs and concluded that as in the previous PNA the district and borough council boundaries gave sufficient detail. These are as follows:

- Craven
- Hambleton
- Harrogate
- Richmondshire
- Ryedale
- Scarborough
- Selby

The Health and Wellbeing Board is also mindful that needs can vary between the wards in each locality and at sub-ward level.

## 2.3 Current provision in North Yorkshire

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline. Initially, this was based on information provided by the Humber and North Yorkshire ICB, West Yorkshire ICB and North Yorkshire Council's Public Health Team.

## 2.4 Future provision

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9, had regard to:

- The demography of North Yorkshire
- Whether there is sufficient choice with regard to obtaining pharmaceutical services within North Yorkshire
- The different needs of the localities within North Yorkshire
- The pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Boards
- Any other NHS services provided in or outside of North Yorkshire
- Likely changes to the demography of North Yorkshire and/or the risks to the health or wellbeing of people of North Yorkshire

The *Equality Act, 2010* <sup>(5)</sup> requires that in making this assessment, the needs of different population groups have been taken into account.

This final PNA has been subject to an Equality Impact Assessment; this is included as appendix 2.

## 2.5 Stakeholder engagement

The views of the public and a range of stakeholder organisations and groups were gathered in the form of a survey on pharmacy services. Views obtained during the engagement were a key part of the early work to develop this PNA. The engagement was conducted over a six-week period between late January 2025 and early March 2025, and involved:

- Online survey, aimed at North Yorkshire residents:
  - Paper copies of resident's survey were available at all libraries in North Yorkshire
  - Different formats were available on request i.e., easy read and large print.

- Email survey and/or discussion with stakeholder organisations/groups

Surveys were promoted via the NYC website, press and social media platforms, with 'Have your say' posters displayed in pharmacies, GP surgeries, libraries and leisure centres. Messaging was also shared by partner organisations.

Groups and services were also contacted directly to encourage them to engage with the survey. These included older people, carers & disability groups, commissioned services (drugs, alcohol, tobacco and mental health), dentists, GPs, pharmacies and opticians.

These have been considered as part of this PNA. Section 8 and appendix 3 of this document provides a summary of the analysis and outcomes of the resident's survey.

## 2.6 Statutory consultation

The formal consultation on the draft PNA for North Yorkshire ran from 20th June 2025 to 19<sup>th</sup> August 2025.

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

- Local Pharmaceutical Committee (Community Pharmacy North Yorkshire LPC)
- Local Medical Committee (YORLMC)
- All persons on the pharmaceutical lists and all dispensing doctors list in North Yorkshire
- Integrated Care Boards:
  - NHS Humber and North Yorkshire ICB
  - NHS West Yorkshire ICB
  - NHS Lancashire and South Cumbria ICB

- Healthwatch
- Local Foundation Trusts:
  - Harrogate and District NHS Foundation Trust
  - York and Scarborough Teaching Hospitals NHS Foundation Trust
  - South Tees NHS Foundation Trust
  - Tees, Esk and Wear Valleys NHS Foundation Trust
- Neighbouring HWBs:
  - City of York Council
  - East Riding of Yorkshire Council
  - Doncaster Council
  - Wakefield Council
  - Leeds City Council
  - City of Bradford Metropolitan District Council
  - Lancashire County Council
  - Westmoreland and Furness Council
  - Durham County Council
  - Darlington Borough Council
  - Stockton-on-Tees Borough Council
  - Middlesbrough Council
  - Redcar and Cleveland Borough Council

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

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## 3.0 North Yorkshire's Population

### 3.1 Overview of the county

North Yorkshire is the largest non-metropolitan county in England. The county has a diverse and dispersed population of an estimated 627,629 people across a geographical area of 3,341 square miles. Around 40% of the county is covered by national parks, including most of the Yorkshire Dales in the West and the North York Moors to the East. Ninety eight percent of the county is either sparsely (13%) or super-sparsely (85%) populated with just over a third of the population living in these areas. This results in a population density of just 77 people per square kilometre, compared with England average of 432<sup>(6)</sup>.



The proportion of people who are 65 years or older within North Yorkshire ONS population estimates is 25.7% and increasing<sup>(7)</sup> North

Yorkshire has a lower proportion of young people than the national average – 24.3% under 25 compared to 29.1% nationally. The 65+ population of North Yorkshire is predicted to increase by 23% by 2030, against an increase predicted for England of 22%.

Based on data from Migration Yorkshire, as of 31st March 2025, there are 53 unaccompanied asylum seeker children in North Yorkshire. Additionally, the region supports 172 asylum seekers, which, on a per capita basis, is lower than most local authorities in the Yorkshire and Humber area. Since 2014, a total of 444 refugees have been resettled in North Yorkshire <sup>(23)</sup>.

The Scarborough locality lies along a coastline of approximately 42 miles, stretching from Staithes in the North to Speeton Cliffs in the South <sup>(8)</sup>. The coastline has many areas defined as Sites of Special Scientific Interest and Heritage Coast which underlines the unique character of the region.

However, as described in the UK's Chief Medical Officer's 2021 Annual Report on 'Health in Coastal Communities' <sup>(9)</sup>, the villages, towns and cities that make up England's coast can have some of the worst health outcomes, with low life expectancy and high rates of many major diseases. There are many reasons for poor health outcomes in coastal communities, including an in-migration of the elderly population retiring to the coast with greater health needs, increased numbers of Houses of Multiple Occupation (HMOs) which lead to concentrations of deprivation and ill health, and workforce issues such as the recruitment and retention of health and social care staff. It is recognised that North Yorkshire has many coastal communities with differing health and wellbeing challenges to their inland neighbours.

## **3.2 Locality profiles**

### **3.2.1 Craven**

The Craven locality is a largely rural locality by area, with 73% of Craven within the Yorkshire Dales National Park. Based on the 2021 census classification <sup>(24)</sup>, 15 out of 33 Lower Super Output Areas (LSOAs – areas with a population of around 1,500) are classed as urban, and so close to half of the population of Craven live in urban areas. Craven has an older population than England, with more residents aged

65+, and fewer aged under 0-15 and 16-64. The population makeup is broadly similar to North Yorkshire, but there are noticeably fewer people aged 20 - 44 in Craven. There are about 9,740 people with a limiting long-term illness. Of these people, 37% (3,600) report that their daily activities are limited a lot because of their illness. 2.8% of the population is from black, Asian and minority ethnic groups, this is consistent with 2.8% in North Yorkshire, but lower than the average of 15% for England. By 2030 it is predicted that there will be a 24% increase in the population aged 65+ and a 4% decrease in the working age group <sup>(7)</sup>.

### **3.2.2 Hambleton**

Hambleton is considered a rural area with the economy based around the market towns. The North Yorkshire Moors National Park covers the Northeastern edge of the locality.

Hambleton has an older population than England, with –a higher proportion of residents aged 65+ and fewer aged 0-15 and 16-64, and fewer aged under 45. The population make-up is similar to North Yorkshire but is slightly older than the county as a whole. The population of Hambleton is ageing and by 2030 there will be a 24% increase in the population aged 65+ and a 6% decrease in the working age group. There are about 15,700 people with a limiting long-term illness. Of these people, around 38% (5,980) report that their daily activities are limited a lot because of their illness. 1.8% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England <sup>(7)</sup>.

### **3.2.3 Harrogate**

Harrogate is considered an urban area with some more rural areas. There are good transport links and a frequent rail service between Harrogate and Knaresborough with connections to Leeds and York. Harrogate has an older population than England, with Harrogate has proportionately more children and teenagers than North Yorkshire. There are about 25,930 people with a limiting long-term illness. Of these people, 37% (9,710) report that their daily activities are limited a lot because of their illness. Approximately 4% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England. Harrogate is considered the least

deprived of the North Yorkshire localities The population is ageing and predicted that by 2030 there will be a 25% increase in the population aged 65+ and a 7% decrease in the working age group <sup>(7)</sup>.

### **3.2.4 Richmondshire**

Considered a rural locality with very low population density, considered sparsely populated. The Military presence at Catterick Garrison results in a younger age profile for the area. Regular bus services connect to Catterick Garrison and Darlington. The most rural parts of the plan area have more limited services, and frequency depends on how near they are to the main routes through the area (26). When compared with England, Richmondshire has a lower proportion aged 0-15 and more aged 65+ with demographics similar to the North Yorkshire average. The population is slightly younger than North Yorkshire, with a notable 'spike' in young males due to the military service personnel in the area. There are about 8,120 with a limiting long-term illness. Of these people, 38% (3,100) report that their daily activities are limited a lot because of their illness. Richmondshire is the most ethnically diverse locality of North Yorkshire; 4.7% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England. The population is ageing and by 2030 there will be around 3,500 additional people aged 65+ a 31% increase from 2019, but a 11% decrease in the working age population (excluding any plan for military expansion) <sup>(7)</sup>.

### **3.2.5 Ryedale**

Considered the sparsest locality of North Yorkshire, the North of the locality falls into the North York Moors National Park area. Transport links the market towns, however, the rurality of the locality makes it difficult for people to access services. Ryedale has an older population than England, with more residents between the aged 65+ , and fewer aged 15 under and 16-64.. The population make-up is broadly similar to North Yorkshire. There are about 9,600 people with a limiting long-term illness. Of these people, approximately 37% (3,590) report that their daily activities are limited a lot because of their illness. 1.7% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England. Again, the population is ageing and by 2030 there will be 3,700 additional people aged 65+, a 25% increase from 2019. The working age population is likely to remain static <sup>(7)</sup>.

### 3.2.6 Scarborough

Scarborough is a locality that covers the seaside towns of Scarborough, Whitby and Filey. Scarborough is the most deprived area of North Yorkshire. Twenty neighbourhoods in Scarborough are amongst the 20% most deprived in the country. Transport links are good. Scarborough has an older population than England, –65+, and fewer aged under 65. The population makeup is broadly similar to North Yorkshire. There are about 23,950 people with a limiting long-term illness. Of these people, 46% (6,806) report that their daily activities are limited a lot because of their illness. 2.5% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England. By 2030 it is predicted that the population aged 65+ is expected to increase by 25% <sup>(7)</sup>.

### 3.2.7 Selby

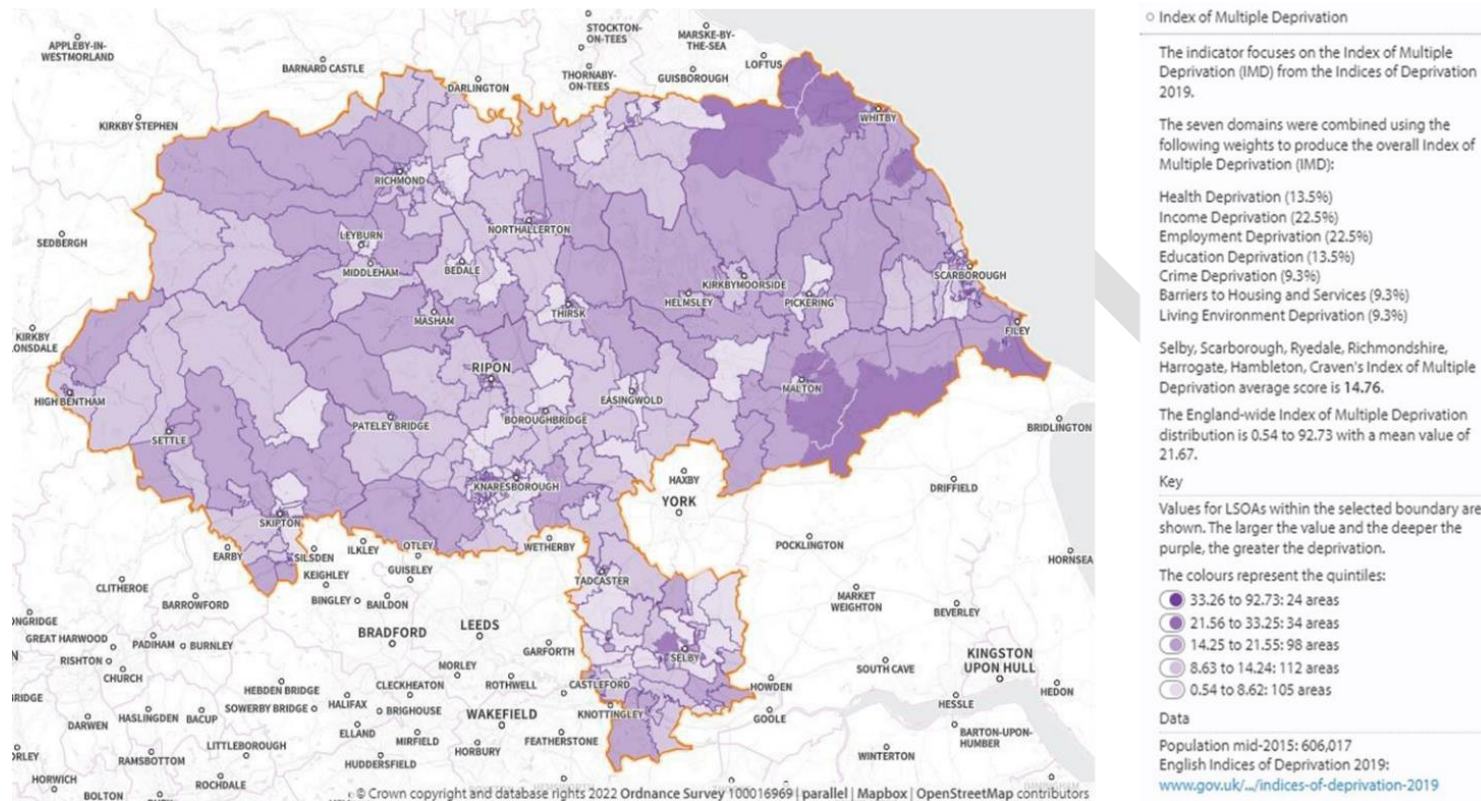
Considered mainly a rural area with three market towns, Sherburn in Elmet, Selby and Tadcaster. It has good transport rail links to London, York, Hull, Leeds, Manchester, and Doncaster. The population in Selby is generally older than England, with a higher proportion of residents aged 65+, and fewer aged under 16 and 16-64. Compared to North Yorkshire, the population of Selby has a smaller proportion aged 65+ and a higher proportion of people of working age (16-64) and children aged 0-15. There are about 14,950 people with a limiting long-term illness. Of these people, 5,750 report that their daily activities are limited a lot because of their illness. 1.8% of the population is from black, Asian and minority ethnic groups, compared with 2.8% in North Yorkshire and 15% in England <sup>(7)</sup>.

### 3.3 Index of Multiple Deprivation (IMD)

The English Index of Multiple Deprivation (IMD) is a measure of area deprivation, based on 37 indicators, across seven domains of deprivation <sup>(25)</sup>. IMD is a measure of the overall deprivation experienced by people living in a neighbourhood, although not everyone who lives in a deprived neighbourhood will be deprived themselves. The IMD 2019 measures socioeconomic disadvantage across seven domains: Income, Employment, Health, Education, Barriers to housing and services, Crime and Living environment.

The overall IMD 2019 is a weighted average of the indices for the seven domains. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas have an average population of 1500. The IMD 2019 identifies 24 Lower Super Output Areas (LSOAs) of the 373 LSOAs in North Yorkshire which are amongst the 20% most deprived in England, with a population of 36,000 people. Twenty of these LSOAs are in the Scarborough locality with a combined population of 30,000. Deprivation scores, using IMD 2019, have been estimated for general practices. They show eight practices in the former North Yorkshire CCG had populations experiencing higher levels of deprivation than England.

**Figure 1 - Index of Multiple Deprivation - LSOA North Yorkshire 2019**



### 3.4 Life expectancy

Life expectancy at birth for males in North Yorkshire in 2023 is 80.2, compared with the England average of 79.3. For females, life expectancy at birth is 83.8 compared with the England average of 83.2. For both males and females, life expectancy has been stagnant for more than a

decade. Female life expectancy in North Yorkshire is lower than it was in 2013, and male life expectancy at birth is the same as it was in 2013. There is a large amount of variation in life expectancy within the county with more affluent areas typically having higher life expectancy and those living in more deprived areas having lower life expectancy.

### **3.5 The wider determinants of health**

#### **3.5.1 Income**

Average (mean) full-time earnings for workers who are North Yorkshire residents was £648.50 per week in 2024; this is below the average for Great Britain (£831.80). Car ownership, using ONS data from 2023 shows 84% of households across North Yorkshire have access to a car or van<sup>(7)</sup>.

In North Yorkshire, around 19% of children are living in poverty, based on data from the End Child Poverty Coalition and the Centre for Research in Social Policy at Loughborough University<sup>(26)</sup>.

#### **3.5.2 Employment**

The percentage of out of work benefit claimants in North Yorkshire (aged 16 - 64) in March 2025 was 2.2%, which is lower than the regional average of 4.5% (Yorkshire and the Humber) and the England average of 4.3%.

In North Yorkshire, 4.9% of 16–17-year-olds are not in education, employment or training, (or whose status is not known) below the national rate of 5.4%.

#### **3.5.3 Education, skills, qualifications**

Low educational attainment is correlated with poorer life outcomes and poor health. In 2021 43.8% of 16 - 64-year-olds in North Yorkshire

were qualified to at least NVQ Level 4 or above. This was higher than the regional average of 38%, and similar to the Great Britain average of 43.5%.

### **3.5.4 Crime**

Crime can have a wide-ranging effect on people's health. In North Yorkshire, hospital admissions related to violent crime which includes sexual offences are higher than the national average (44.9%) in Scarborough (49.2%).

The table below shows rates of some of the main crime categories and anti-social behaviour between March 2024 and February 2025. Rates in North Yorkshire are below the England and Yorkshire and The Humber rates for all crime categories. Rates of anti-social behaviour in North Yorkshire are slightly lower than the England and regional rates.

| Crime and Anti-Social Behaviour Summary    |        |      |           |      |                          |       |
|--------------------------------------------|--------|------|-----------|------|--------------------------|-------|
| Indicator                                  | NYCC   |      | England   |      | Yorkshire and The Humber |       |
|                                            | Count  | Rate | Count     | Rate | Count                    | Rate  |
| <u>Total Crime</u>                         | 29,577 | 47.4 | 5,200,169 | 91.1 | 614,202                  | 110.9 |
| <u>Anti-Social Behaviour</u>               | 7,134  | 11.4 | 814,042   | 14.3 | 71,152                   | 12.8  |
| <u>Bicycle Theft</u>                       | 190    | 0.3  | 48,579    | 0.9  | 4,633                    | 0.8   |
| <u>Burglary</u>                            | 1,148  | 4.2  | 211,260   | 9.0  | 31,201                   | 13.4  |
| <u>Criminal Damage</u>                     | 2,471  | 4.0  | 376,760   | 6.6  | 48,889                   | 8.8   |
| <u>Drug Crime</u>                          | 708    | 1.1  | 159,157   | 2.8  | 16,865                   | 3.0   |
| <u>Other Crime</u>                         | 606    | 1.0  | 112,715   | 2.0  | 18,352                   | 3.3   |
| <u>Other Theft</u>                         | 1,766  | 2.8  | 364,725   | 6.4  | 38,673                   | 7.0   |
| <u>Shoplifting</u>                         | 2,127  | 3.4  | 435,820   | 7.6  | 49,989                   | 9.0   |
| <u>Possession of Weapons</u>               | 223    | 0.4  | 47,440    | 0.8  | 5,565                    | 1.0   |
| <u>Public Order</u>                        | 1,548  | 2.5  | 363,677   | 6.4  | 51,022                   | 9.2   |
| <u>Robbery</u>                             | 90     | 0.1  | 65,676    | 1.1  | 5,893                    | 1.1   |
| <u>Theft From Person</u>                   | 62     | 0.1  | 120,926   | 2.1  | 4,364                    | 0.8   |
| <u>Vehicle Crime</u>                       | 1,048  | 1.7  | 296,166   | 5.2  | 33,150                   | 6.0   |
| <u>Violent Crime &amp; Sexual Offences</u> | 10,456 | 16.8 | 1,783,226 | 31.2 | 234,454                  | 42.3  |
| Source: Police UK                          |        |      |           |      |                          |       |

### 3.5.5 Housing and homelessness

In 2023/24, there are 2,619 households in North Yorkshire owed a duty under the Homelessness Reduction Act. This gives a rate of 9.3 per 1,000 which is lower than the England rate of 13.4. In 2022/23 there were 767 households with dependent children owed a duty under the homelessness reduction act, which gives a rate of 11.8 per 1,000, lower than the England rate of 16.1. In 2023/24 there were 219 households in temporary accommodation, a rate of 0.8 per 1,000 below the England rate of 3.8, but twice the rate of 0.4 per 1,000 in 2019/20.

### 3.5.6 Housing and development strategy

Previously, District and Borough Councils within North Yorkshire, as part of their Planning function, were required to plan for development over a 15-year period and maintain an up-to-date Housing land Supply lists. Local Plans provide the strategic framework for the number of new homes that are needed, where development will take place, and when this is likely to happen.

Following the creation of North Yorkshire Council in April 2023, the unitary authority now has the duty to prepare and adopt a local plan for the area to replace the existing local plans. At the time of writing the PNA, the new North Yorkshire Local Plan is under development, and will guide future housing development and conservation in the area until 2045. This plan covers North Yorkshire, excluding the North York Moors and Yorkshire Dales National Parks, and outlines our priorities for land use and development.

The new Local Plan will have to plan for a significantly larger amount of housing growth, when compared to existing Local Plans. The new annual housing target is 4,156 homes across North Yorkshire, significantly higher than the former combined Local Plan requirement of 2,315.

This is one of the largest increases of any local authority in England. It is too early in the Local Plan process to determine where these new homes will be located.

Housing completed over the last 5 years:

|         | Former Local Plan areas |      |        |       |         |        |       |              |
|---------|-------------------------|------|--------|-------|---------|--------|-------|--------------|
| Year    | Craven                  | Ham. | H'gate | Rich. | Ryedale | S'boro | Selby | NY           |
| 2019/20 | 284                     | 660  | 989    | 58    | 401     | 497    | 492   | <b>3,381</b> |
| 2020/21 | 166                     | 597  | 872    | 68    | 188     | 464    | 525   | <b>2,880</b> |
| 2021/22 | 265                     | 476  | 1,237  | 59    | 383     | 455    | 455   | <b>3,330</b> |
| 2022/23 | 263                     | 595  | 1,096  | 84    | 231     | 487    | 448   | <b>3,204</b> |
| 2023/24 | 340                     | 604  | 1,076  | 102   | 163     | 462    | 250   | <b>2,997</b> |

|       |       |       |       |     |       |       |       |        |
|-------|-------|-------|-------|-----|-------|-------|-------|--------|
|       |       |       |       |     |       |       |       |        |
| Total | 1,318 | 2,932 | 5,270 | 371 | 1,366 | 2,365 | 2,170 | 15,792 |
|       |       |       |       |     |       |       |       |        |

## 3.6 Health Needs

### 3.6.1 Smoking

OHID data using the Annual Population Survey 2023 indicates that the highest rates for smoking are in Ryedale, Scarborough and Hambleton. However, it should be noted that there is a high degree of uncertainty in these estimates due to survey sample sizes. The estimates (and 95% confidence interval) for Ryedale is 15.8% (25.7%), for Scarborough the estimate is 13.9% (7.1-20.7%), for Hambleton it is 12.5% (0.9-24.1%). All localities have smoking prevalence estimates that are statistically similar to England 11.6%. The adult smoking prevalence in North Yorkshire is 9.8%, statistically similar to England. The North Yorkshire smoking prevalence has decreased from 12% since 2018.

Smoking in early pregnancy rates continue to be a major concern, despite decreasing from 17.4% in 2022/23 to 15% in 2023/24, the prevalence is statistically higher than the England rate of 13.6%. In North Yorkshire, only 6% of smokers access a stop smoking service when they try to quit but when they do success is 4 times more likely <sup>(10)</sup>.

### 3.6.2 Alcohol

There were 3,780 admissions for alcohol-specific conditions in North Yorkshire in 2023/24 and the rate of admissions in the county is below the national average. The rate of admissions for alcohol-specific conditions for under 18s are similar to the national average. Admission for alcohol-related conditions narrow definition (where the primary diagnosis for admission is an alcohol-related condition) are worse than the national average in North Yorkshire for females, but better than the national average for males. Similarly, under the broad definition (where either the primary or secondary diagnosis for admission are an alcohol-related condition) the rate of admissions for males is better than the national average, but worse than the national average for females. For both the broad and narrow definitions, rates of admissions for alcohol related conditions in females have increased since 2016/17.

### 3.6.3 Substance use

Substance use refers to the harmful or hazardous use of psychoactive substances, including alcohol and drugs. Drug use includes the harmful use of illegal drugs, 'legal highs' and prescription-only medicines. Substance use impacts on crime, health and social costs. Estimates of the prevalence of opiate and crack cocaine produced in 2016 - 17 suggest that North Yorkshire has a rate of 4.29 per 1,000 population aged 15 - 64 who were recorded as opiate dependent and 3.23 of the population with a crack cocaine dependency, compared to an England rate of 8.85 per 1,000. Across the localities there is higher substance use in Scarborough and Harrogate <sup>(11)</sup>. Between 2021-23 there were estimated to be 81 deaths from drug misuse in North Yorkshire, 52 of which were males and 29 females <sup>(26)</sup>.

### 3.6.4 Obesity

Nationally, there continues to be a year on year rise in excess weight for both children and adults. In 2023/24 almost a quarter (23.9%) of children in Reception (aged four to five years) and around a third (33.1%) of children in Year 6 (aged 10 to 11 years) are overweight including obese. Over two thirds (61.5%) of adults in North Yorkshire are living with excess weight in 2023/24, below the England average of 64.5%. In North Yorkshire, there has been a substantial increase in obesity in 4–5-year-olds, from 8.1% in 2022/23 to 10.1% in 2023/24 <sup>(26)</sup>. Of children who are overweight or obese in reception, 73.8% of them remain overweight or obese by the time they reach year 6. This is better than the England average of 77.1%, but a high proportion of children remain overweight or being, showing that more support is needed to help children with excess weight in primary school.

Overweight and obesity are terms that refer to having excess body fat, with a BMI of more than 30, which is related to a wide range of diseases, most commonly: Type 2 diabetes, Hypertension (high blood pressure), Some cancers, Heart disease, Stroke and Liver disease.

NHS Digital data for 2019 - 2020 indicates that in North Yorkshire there were 60 completed hospital admissions with a primary diagnosis of obesity of those 45 were female. There were 13,030 admissions with a primary or secondary diagnosis of obesity in the region, 7,635 of these were female and 30 admissions for bariatric surgery and again the highest number, 20 of these were female <sup>(12)</sup>.

### 3.6.5. Sexually Transmitted Infections (STI)

Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of North Yorkshire in 2023 was 2,062 <sup>(26)</sup>. The rate was 331 per 100,000 residents, lower than the rate of 704 per 100,000 in England. This has increased since 2020 and 2021, years in which the rates were lower likely as a result of the pandemic. However, the rate of STI diagnoses remains lower than in 2013.

North Yorkshire is ranked 148th highest out of 149 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia among young people aged 15 to 24 years in 2020, with a rate of 247 per 100,000 residents aged 15 to 64, better than the rate of 619 per 100,000 for England <sup>(26)</sup>.

In North Yorkshire there are 57 community pharmacies signed up to deliver the targeted sexual health service. This service includes a condom distribution service, chlamydia screening and emergency hormonal contraception. The service is free for all under 24-year-olds.

### 3.6.6 Teenage pregnancy

In 2021, there were 107 under 18s conceptions in North Yorkshire and the rate per 1,000 is lower than the England average. There were 23 under 16s conceptions and the rate per 1,000 is similar to the England average. 58 (55.8%) under 18 conceptions led to an abortion similar to the England rate <sup>(26)</sup>.

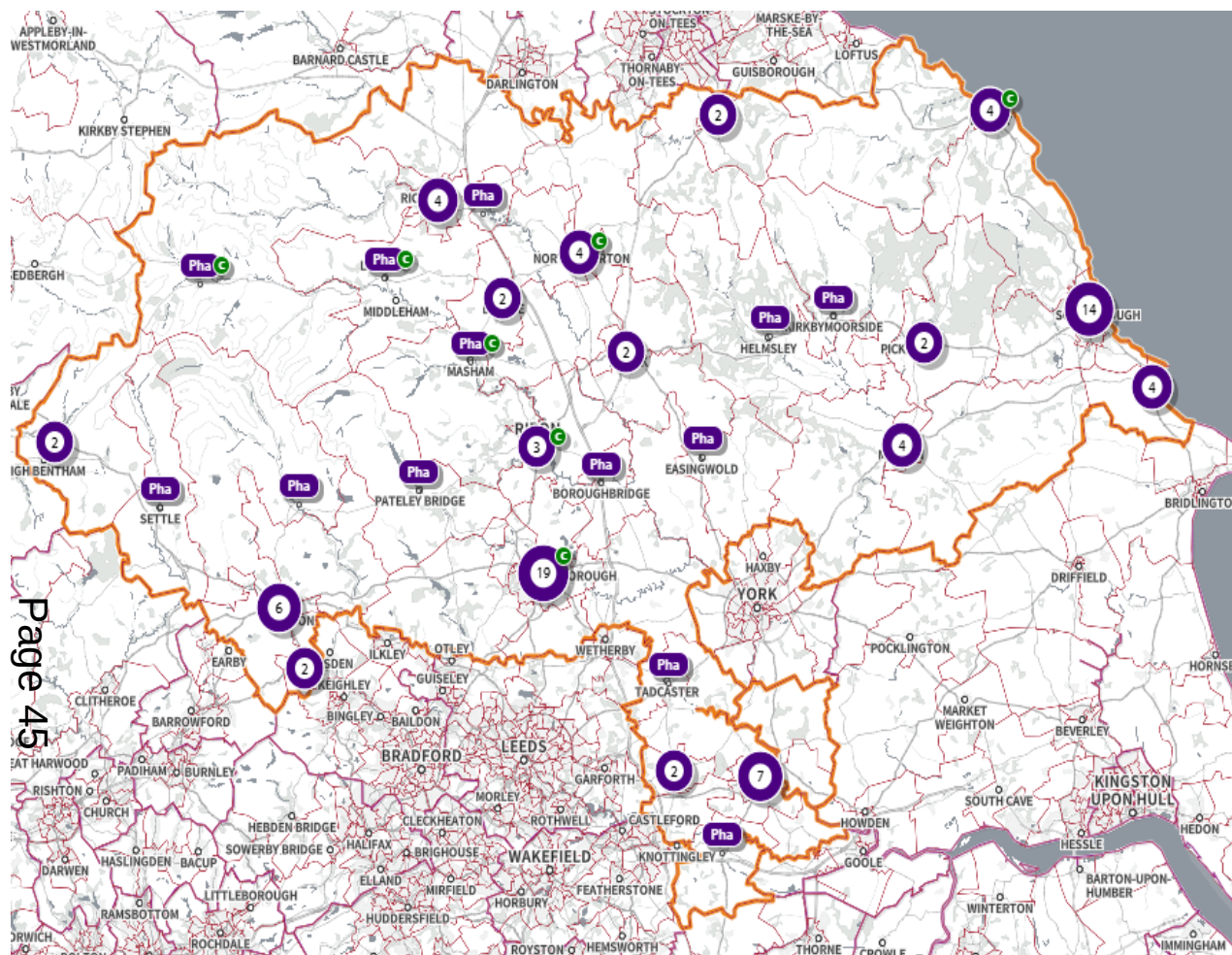


Figure 2: Pharmacies providing contraception (PhaC) service in North Yorkshire <sup>(27)</sup>

### 3.6.7 Cancers

Death rates from all cancers for all ages have decreased by 18% in North Yorkshire over the last two decades due to a combination of early

detection and improved treatment. The mortality rate in North Yorkshire has consistently been below the England average.

In general cancer outcomes are better across the county as a whole, when compared to England. However, there are some areas where outcomes have worsened, such as recent reductions in the coverage of breast cancer screening and cervical cancer screenings for 25–49-year-olds <sup>(26)</sup>.

However, it is also noted that rural cancer inequalities have been observed internationally for over 30 years and that North Yorkshire has many rural communities. Rural residents have higher cancer incidence and poorer outcomes, even after adjusting for socioeconomic status, with people in rural areas 5% less likely to survive cancer than people in urban areas <sup>(13)</sup>.

### **3.6.8 Long-term conditions**

A long-term condition (LTC) is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. Lifestyle factors play a major role in the prevention and management of LTCs and are largely modifiable. Healthier lifestyle patterns can delay the onset of chronic diseases, reduce premature deaths, and have a considerable positive impact on wellbeing and quality of life.

The 2019 GP Patient Survey (GPPS) showed 54.9% of people in North Yorkshire have a long-term physical or mental health condition, disability or illness. This is significantly higher than England (51.5%). This survey also found that the population of North Yorkshire is older than the national average with 136,363 (32%) aged 60 or over compared to the English national average of 23%. In addition, 3% of the older population are aged over 85 compared to the national average of 2.3%.

Data from 2023 show that 20.9% of people in North Yorkshire report a long-term musculoskeletal (MSK) condition, significantly higher than the England proportion of 18.4%. There is also a significantly higher proportion of people in North Yorkshire reporting two or more long-term conditions, one of which is MSK-related 14.9%, compared to the England average of 13.4% <sup>(26)</sup>.

### **3.6.9 Cardiovascular disease**

Cardiovascular disease (CVD) covers a number of different problems of the heart and circulatory system.

Cardiovascular disease is a cause of premature death and health inequalities with a mortality rate of 61.1 per 100,000 for persons aged under 75 in 2020 in North Yorkshire. In general, cardiovascular disease outcomes are similar or better than the England average. However, one area in which there has been worsening outcomes is admission episodes for alcohol-related cardiovascular disease, which have increased since 2020/21. It should also be noted, that whilst cardiovascular disease outcomes on average, are better than England, this may mask underlying inequalities. National data shows that under 75s in the most deprived 10% of the population, have more than three times higher the rate of mortality from CVD compared to the least deprived 10% of the population. Additionally, men have more than double the rate of under 75 CVD mortality when compared to women

#### **3.6.10 Diabetes**

Diabetes is a chronic and progressive disease that impacts upon almost every aspect of life. It can develop in people of all ages and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Preventing type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity, diet and physical activity.

In North Yorkshire, it is estimated that only 71% of diabetes cases are diagnosed, significantly lower than both Yorkshire and the Humber (81%) and England (78%). Selby (85%) is the only locality with a rate that is significantly higher than England. All other localities are significantly below the England rate.

#### **3.6.11 Respiratory**

Respiratory disease covers a wide variety of conditions, including common conditions such as asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and flu, and less common diseases such as interstitial lung disease and

mesothelioma <sup>(14)</sup>.

Within North Yorkshire, respiratory diseases are a contributor to premature death and health inequalities with a death rate of 23.9 per 100,000 persons aged under 75 in 2023 compared to 33.7 per 100,000 for England. The rate of premature mortality from respiratory disease considered preventable is 9.9 per 100,000 in the population aged under 75 for 2020 (2019 definition). This is lower than the England average.

### **3.6.12 Dementia**

Dementia is a group of related symptoms associated with an on-going decline of brain functioning. This may include problems with memory loss, confusion, mood changes and difficulty with day-to-day tasks.

The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of dementia.

The estimated dementia diagnosis rate (aged 65 and over) for North Yorkshire in 2024 is 58.4%, which is below the regional average (63.2%) and the national average (64.8%).

### **3.6.13 Mental health and mental wellbeing**

In recent years, there has been increasing recognition of the impact of mental illness on the population. A wide range of variable factors can affect people's mental wellbeing both positively and negatively throughout their lives. People with mental illness are more likely to experience physical illness and have a lower life expectancy than people without mental illness <sup>(15)</sup>.

It is estimated that people living with severe mental illness (SMI) may die up to 20 years earlier than the general population <sup>(16)</sup>. Of note the data for 2021 - 2023, indicates that people with an SMI under 75 are recorded as having a lower directly standardized mortality rate in North

Yorkshire (92.7 per 100,000 population) than the national rate (110.8 per 100,000).

DRAFT

## 4.0 Current Provision of Pharmaceutical Services

### 4.1 Overview

NHS England is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies, which is handled locally by North East and Yorkshire.

A table listing the current pharmacist services and key opening times is attached in appendix 4 and figure 2 shows the location of the community pharmacy provision across North Yorkshire.

In the North Yorkshire HWB area there are currently 140 contractors providing NHS pharmaceutical services made up of <sup>(18)</sup>:

- 88 standard contract (40 hour) pharmacies
- 4 - 100-hour pharmacies
- 2 distance selling pharmacies
- 1 appliance contractor
- 47 dispensing doctors' services

Based on Census 2021 data, the national average number of pharmacies is 18.3 per 100,000 population in England, not including dispensing practices; this equates to one pharmacy per 5,476 population.

With 92 community pharmacy services in the North Yorkshire HWB area and a population of 615,400 (based on Census 2021 data), the average number of community pharmacies is 14.9 per 100,000 people; this equates to one pharmacy per 6,689 population. i.e., slightly lower than the national average. However, the area has a significant number of dispensing doctors.

Information from NHS England indicates that there has been a decrease of four 40-hour pharmacies, two 100-hour pharmacies, and one distance selling pharmacy in the North Yorkshire HWB area, since the last PNA was published. Further information regarding these changes and access to pharmacy services is described in section 5.

The HWB notes an application that has been accepted by the ICB to deliver pharmaceutical services from Unit 3, Jenny Field Drive, Harrogate, HG3 2XS, due to commence by June 2026.

Note – On 1st September 2025 during the consultation period, Stokesley Pharmacy, TS9 5AA, a new distance-selling pharmacy opened. Figures in the PNA therefore do not reflect this change.

## **4.2 Standard contract (40 hours)**

Figure 2 shows the current provision of essential pharmaceutical services within the North Yorkshire Local Authority boundary.

### **4.2.1 Core hours**

Community pharmacy contractors provide Essential Services (see section 7.1 essential services) as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Most community pharmacies provide a core of 40 hours per week, although some pharmacies may be contracted to provide a 100-hour pharmacy service.

Core opening hours can only be changed by first applying to NHS England and as with all applications, these may be granted or refused.

### **4.2.2 Supplementary hours**

These are provided on a voluntary basis by the pharmacy contractor, often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be increased by giving notification to the ICB in advance of the increase, with

no notice period, however a decrease in supplementary hours requires at least 5 weeks' notice to be given to NHS England prior to implementing the change.

In the North Yorkshire HWB area, a number of community pharmacies provide extended opening with the provision of supplementary hours, including 7 that provide between 55 - 60 hours, 6 that provide services between 60 - 80 hours per week, and 2 that provide between 80 - 100 hours (detailed in section 6). Provision of supplementary hours enables patients to access pharmacies for minor ailments, palliative care medicines and services.

### **4.3 Pharmacies open 100-hours**

Previous regulation <sup>(4)</sup> provided an exemption to the control of entry system for premises which are kept open for at least 100 hours per week for the provision of pharmaceutical services. Such 100-hour pharmacies provide extended, and out-of-hours cover for pharmaceutical services across North Yorkshire. The new control of entry system came into force on 1 September 2012 whereby decisions on pharmacy contract applications became based on local PNAs. This removed the 100-hour exemption and exemptions allowing pharmacies to open automatically if they were situated in out-of-town shopping centres or one-stop primary care centres.

Information from NHS England indicates that there are currently four 100-hour pharmacies within the North Yorkshire area.

Starting from 25 May 2023, 100-hour pharmacies could apply to reduce their weekly core opening hours to a minimum of 72 hours <sup>(17)</sup>. Contractors had to consider patient needs, business requirements, and rest breaks when applying. The Integrated Care Board (ICB) could later decide that certain core opening hours were essential and might not approve further reductions. Rest breaks (up to one hour) could be included in these applications, but specific restrictions applied to their timing.

Despite the changes in core opening hours, pharmacies that were originally designated as "100-hour pharmacies" will continue to be referred to as "100-hour pharmacies" within this document. This terminology is maintained for consistency and clarity, even though these pharmacies

may now operate with reduced core opening hours of a minimum of 72 hours per week.

#### 4.4 Pharmacy Access Scheme

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. Information provided by NHS England in April 2022 identified 15 pharmacies as being eligible for the Pharmacy Access Scheme for 2022. These are:

- Day Lewis Pharmacy, 7 Market Place, Leyburn
- Barlby Central Pharmacy, The Old Post Office, York Road, Barlby
- Colburn Pharmacy, 19-20 Broadway, Colburn, Catterick Garrison
- Village Pharmacy, 33 High Street, Catterick Village
- Boots Pharmacy, Unit 4a St James Retail Park, Grimbald Crag Road, Knaresborough
- Morrisons Pharmacy, Harrogate Road, Quarry Moor, Ripon
- Pateley Bridge Pharmacy, 25 High Street, Pateley Bridge, Harrogate
- Day Lewis Pharmacy, 11 Market Place, Masham, Ripon
- Beckside Pharmacy, Maltongate, Thornton-le-dale, Pickering
- Gargrave Pharmacy, 36 High Street, Gargrave, Skipton
- Ayton Pharmacy, 35 Main Street, East Ayton, Scarborough

- Thorpe Willoughby Pharmacy, 26 Field Lane, Thorpe Willoughby, Selby
- Well Pharmacy, Stafford House, Main Street, High Bentham
- Ingleton Pharmacy, Bank View, 37 Main Street, Ingleton

#### **4.5 Dispensing appliance contractors (DAC)**

Dispensing appliance contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Dispensing appliance contractors (DAC) are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient.

#### **4.6 Distance selling pharmacies**

A distance selling pharmacy is a registered pharmacy that provides services over the internet. Distance selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations <sup>(4)</sup> do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered.

They must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced services, but when doing so must ensure that they do not provide any essential or advanced services whilst the patient is at the pharmacy premises.

A distance selling pharmacy could be based in another part of the country and supply to North Yorkshire residents therefore, it is not possible to estimate how many suppliers operate in the North Yorkshire HWB area. 2% of respondents from the residents' survey stated they normally used an online pharmacy.

#### **4.7 Dispensing doctors**

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

Based on data from the ICB there are 47 dispensing doctors in North Yorkshire (see appendix 5). Prescribing and data reports (PACT2) published by NHS Business Services Authority (NHSBSA) in February 2025 indicated dispensing by these practices accounted for 20.37% of the dispensed items in 2024 – 25. These services provide additional access to dispensing services for the population of North Yorkshire located in more rural areas.

#### **4.8 Hospital pharmacy services**

NHS hospital trusts and private hospitals do not provide services under the Community Pharmacy Contractual Framework and are therefore outside the scope of the PNA.

#### **4.9 Out of area providers of pharmaceutical services**

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the North Yorkshire HWB area that provide dispensing services to the registered population. Out of area providers may include community pharmacies that are in neighbouring HWB areas, in particular those that may be close to the boundaries. In addition, distance selling pharmacies which may be in more distant locations provide an alternative dispensing and delivery service. It is not possible to identify how many North Yorkshire residents access these services.

Figure 3 - Map of Pharmacies (Purple), Dispensing GP practices (Green), North Yorkshire. Shape Atlas

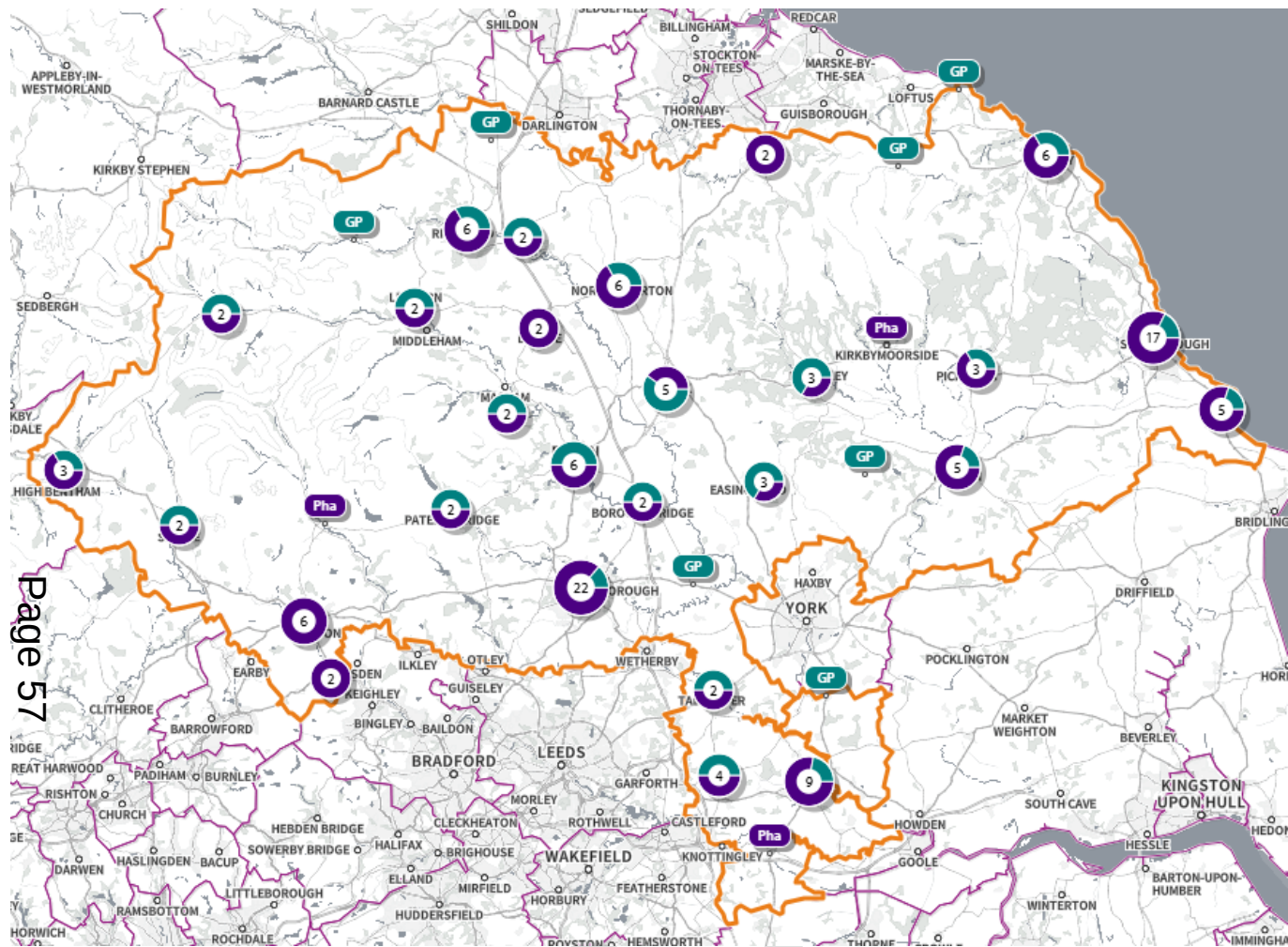
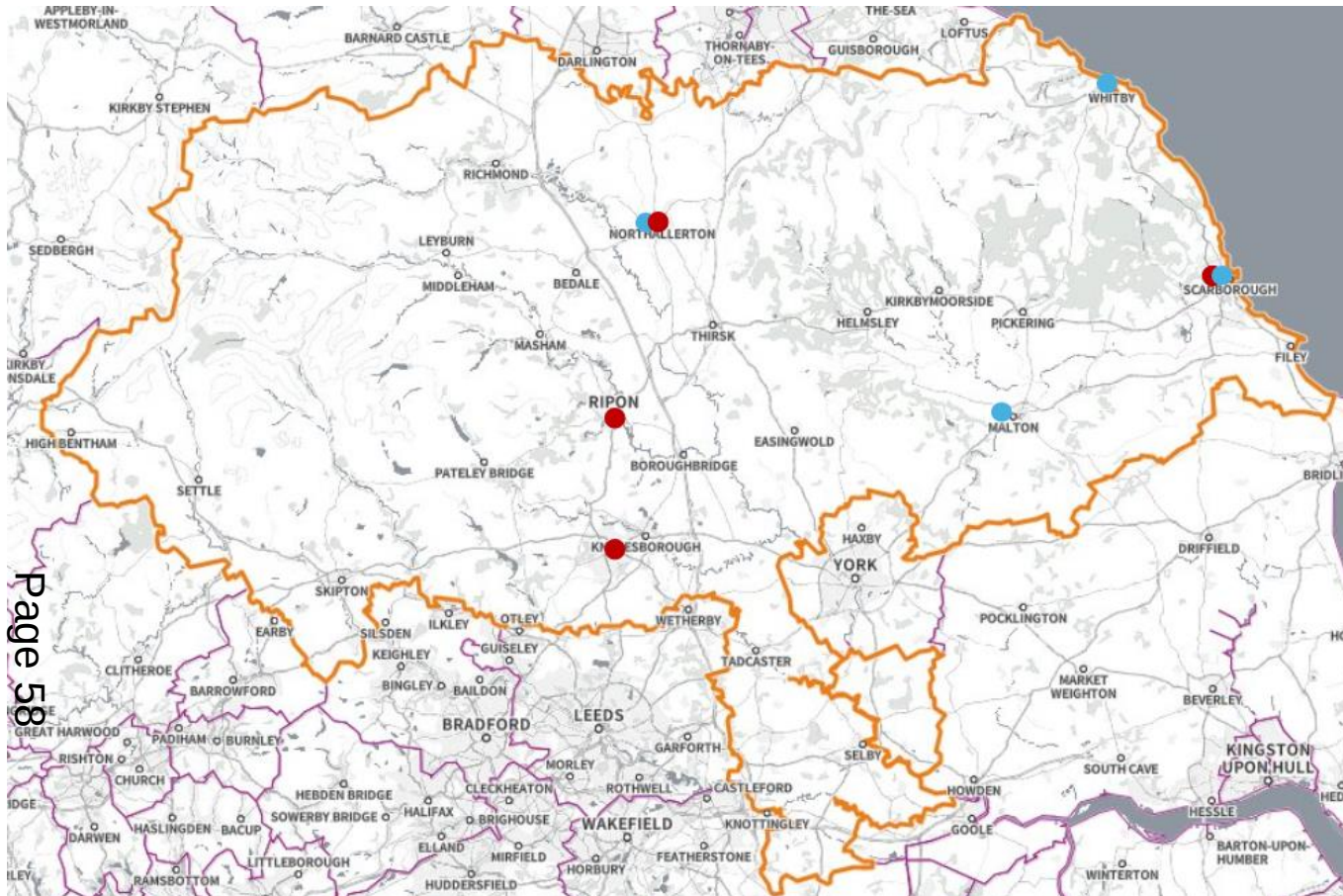


Figure 4 below shows the location of hospitals (red) and urgent treatment centres (blue) in North Yorkshire.



#### 4.10 North Yorkshire Health System

#### **4.10.1 GP surgeries (including enhanced access)**

There are 47 dispensing GP practices in North Yorkshire <sup>(18)</sup>, details of their locations can be found in appendix 5.

There are two military practices in North Yorkshire (RAF Leeming, Regional Medical Centre and Catterick Garrison Medical Centre).

Enhanced access services commissioned by NHS Humber and North Yorkshire ICB are via a variety of GP Federations and GP providers. This covers all practices to ensure all patients have access to extended access. Details of enhanced access services in North Yorkshire can be found in appendix 6.

#### **4.10.2 GP Out of Hours (OOH)**

GP OOH provision operates across North Yorkshire 365 days a year, between 18:30 and 08:00 Monday to Thursday, and 24 hours on weekends and bank holidays. Nimbuscare deliver in the Scarborough, Ryedale and Selby localities, and Harrogate District Foundation Trust deliver in the Harrogate, Hambleton and Richmondshire localities.

#### **4.10.3 Urgent Treatment Centres**

There are four urgent treatment centres in North Yorkshire, one in Scarborough, located at Scarborough Hospital co-located with the emergency department and is open 24 hours a day, 365 days a year. One urgent treatment centre is located at Malton Hospital and is open 24 hours a day for people who have a pre-booked appointment via 111. For people without a booked appointment, the service is available 9.00am to 8.00pm, 365 days a year, via 111. Friarage Hospital in Northallerton has an urgent treatment centre which is open 24 hours 7 days a week. Attendance does not require an appointment.

#### **4.10.4 Hospital services**

There are three NHS Hospital Foundation Trusts providing acute hospital care across North Yorkshire, Harrogate and District NHS Foundation Trust, which has Harrogate District Hospital, providing acute hospital care and services and Ripon Community Hospital. York and Scarborough Teaching Hospitals NHS Foundation Trusts provides acute hospital care and services across 2 hospital sites, York Hospital and Scarborough Hospital. South Tees NHS Foundation Trust provides acute hospital services at Friarage Hospital, which is a small district general hospital in Northallerton.

## 5.0 Access to Community Pharmacy services in North Yorkshire

Information from NHS England indicates that since the last PNA 2022 <sup>(19)</sup> the following significant changes to pharmacy provision in North Yorkshire include the closure of the following premises:

- FWP16 – Lloyds Pharmacy, Falsgrave Road, Scarborough, YO12 5EA
- FTP27 – Tesco Pharmacy, Gough Road, Catterick Garrison, DL9 3EN

A supplementary statement to the 2022 PNA was issued following the closure of these two pharmacies after consideration by the Health and Wellbeing Board for North Yorkshire, through the PNA Steering Group. The closure of Lloyds Pharmacy in Scarborough was considered to have created a gap in provision in the area, as a review of other pharmaceutical services showed that this was the only 100-hour pharmacy in the area. There is therefore a lack of provision within a 2-mile radius of postcode YO12 5EA on weekday evenings between 17:30 and 21:00, Saturday evenings between 17:30 and 21:00 and Sundays between 10:00 and 16:00. The nearest 100-hour pharmacies are around 40 miles away. Improvements in access would be secured with provision between these times.

The closure of Tesco Pharmacy in Catterick Garrison was considered to have created a gap in provision in the area, as a review of other pharmaceutical services showed that this was the only 100-hour pharmacy in the area. There is therefore a lack of provision within a 2-mile radius of postcode DL9 3EN on weekday evenings between 17:00 and 21:00, Saturday's between 15:00 and 21:00 and Sunday's between 10:00 and 16:00. The nearest 100-hour pharmacies are around 16 miles away. The pharmacy was also part of the palliative care access to drug scheme, which was considered to majorly impact coverage in the area for emergency palliative care stock. Improvements in access would be secured with provision between the specified times and provision of the palliative care access to drug scheme.

There have also been consolidations and relocation of existing pharmacy services to alternative locations within the HWB area, generally close to previous sites therefore not considered to impact on service availability.

## 5.1 Number, type of pharmacies and geographical distribution

The following table shows the distribution of community pharmacies across the localities within North Yorkshire.

**Table 1- Distribution of community pharmacies in North Yorkshire, by locality (locality information has been assigned using data provided by Local Authority)**

| North Yorkshire<br>Locality | 40<br>hours | 100<br>Hour | Distance<br>selling | Appliance<br>contractor | TOTAL     |
|-----------------------------|-------------|-------------|---------------------|-------------------------|-----------|
| Craven                      | 10          | 0           | 0                   | 0                       | 10        |
| Hambleton                   | 9           | 2           | 0                   | 0                       | 11        |
| Harrogate                   | 20          | 2           | 2                   | 1                       | 25        |
| Richmondshire               | 7           | 0           | 0                   | 0                       | 7         |
| Ryedale                     | 8           | 0           | 0                   | 0                       | 8         |
| Scarborough                 | 21          | 0           | 0                   | 0                       | 21        |
| Selby                       | 13          | 0           | 0                   | 0                       | 13        |
| <b>Total</b>                | <b>88</b>   | <b>4</b>    | <b>2</b>            | <b>1</b>                | <b>95</b> |

Data source: <sup>(18)</sup>

## 5.2 Access to pharmacies and dispensing premises in areas of high population density

**Table 2 - Average number of pharmacies per 100,000 population and persons per pharmacy and dispensing premises in North Yorkshire**

| North Yorkshire Locality          | No community pharmacies | Usual resident population [2021 census] | Pharmacies per 100,000 population | Persons per pharmacy | No of dispensing doctor practices | Total no of dispensing premises | Dispensing premises per 100,000 population | Persons per dispensing premises |
|-----------------------------------|-------------------------|-----------------------------------------|-----------------------------------|----------------------|-----------------------------------|---------------------------------|--------------------------------------------|---------------------------------|
| Craven                            | 10                      | 56,900                                  | 17.6                              | 5,690                | 2                                 | 12                              | 17.6                                       | 4,742                           |
| Hambleton                         | 11                      | 90,700                                  | 12.1                              | 8,245                | 8                                 | 19                              | 20.9                                       | 4,774                           |
| Harrogate                         | 22                      | 162,700                                 | 13.5                              | 7,395                | 10                                | 32                              | 19.7                                       | 5,084                           |
| Richmondshire                     | 7                       | 49,700                                  | 14.1                              | 7,100                | 7                                 | 14                              | 28.2                                       | 3,550                           |
| Ryedale                           | 8                       | 54,700                                  | 14.6                              | 6,838                | 6                                 | 14                              | 25.6                                       | 3,907                           |
| Scarborough                       | 21                      | 108,800                                 | 19.3                              | 5,181                | 8                                 | 29                              | 26.7                                       | 3,752                           |
| Selby                             | 13                      | 92,000                                  | 14.1                              | 7,077                | 6                                 | 19                              | 20.7                                       | 4,842                           |
| <b>North Yorkshire area total</b> | <b>92</b>               | <b>615,400</b>                          | <b>14.9</b>                       | <b>6,689</b>         | <b>47</b>                         | <b>139</b>                      | <b>22.6</b>                                | <b>4,427</b>                    |
| <b>ENGLAND</b>                    | <b>10,316</b>           | <b>56,489,800</b>                       | <b>18.3</b>                       | <b>5,476</b>         | <b>1,059</b>                      | <b>11,375</b>                   | <b>20.1</b>                                | <b>4,966</b>                    |

Data source: <sup>(18)</sup>

### 5.3 Access to pharmacies by opening hours

Community pharmacy contractors are required to open for a minimum of 40 core hours per week unless a reduction is agreed with NHS England. These core hours are provided as part of essential pharmacy services. There are four 100-hour pharmacies in North Yorkshire, opened under the previous exemption which enabled longer opening hours, and these pharmacies must be open for at least 72 hours per week as core hours. In North Yorkshire, 96% of pharmacies are open for more than the core contracted 40 hours.

Analysis of opening hours in appendix 4 highlights generally good accessibility during the week between 9.00am and 5.30pm. Outside of these times access is more variable, particularly in the evenings where there is a reliance on four 100-hour pharmacies across the County.

**Table 3 - Distribution of the number of hours that pharmaceutical service (excluding appliance contractor) available each week in North Yorkshire**

| North Yorkshire Community pharmacy services | 2025   |    |
|---------------------------------------------|--------|----|
| Number of hours open each week              | Number | %  |
| Exactly 40 hours                            | 4      | 4  |
| More than 40 and up to 45 hours             | 28     | 30 |
| More than 45 and up to 50 hours             | 26     | 28 |
| More than 50 and up to 55 hours             | 19     | 21 |
| More than 55 and up to 60 hours             | 7      | 8  |
| More than 60 and up to 80 hours             | 6      | 7  |
| More than 80 and less than 100 hours        | 2      | 2  |

Data source: <sup>(18)</sup>

In addition to the four 100-hour pharmacies in North Yorkshire there are eleven pharmacies that provide significantly extended supplementary hours beyond their 40 hour core contracts and provide access on both Saturdays and Sundays. Four of these pharmacies are located in supermarkets (two in Harrogate, one in Craven and one in Scarborough). The other seven pharmacies are Scarborough (two), Harrogate (two), Ryedale (one), Selby (one) and Hambleton (one).

The HWB board recognises the importance of access to pharmacies in the evenings and weekends and that, in addition to the 100-hour pharmacy provision, some pharmacies provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of North Yorkshire.

**5.4 Ease of access to pharmacies**

The following sections provide a summary of the opening hours of community pharmacies in North Yorkshire, split between weekdays and weekend provision. For the weekdays a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days.

**5.4.1 Weekday opening**

Access to community pharmacies is well provided for during the hours from 9.00am until 6.00pm on weekdays in North Yorkshire.

64 pharmacies in North Yorkshire that are not 100-hour pharmacies remain open without closing for lunch time. Most of the pharmacies that have a break in service are closed for an hour over lunchtime.

**5.4.2 Weekday mornings**

All community pharmacies in North Yorkshire are open from 9.00am on weekday mornings. The pharmacies providing earlier opening times, as seen in chart 1, are generally those providing a 100-hour service and therefore these opening hours are included in the core service.

The majority of 40-hour pharmacies are open from 9.00am in the weekday mornings.

In all localities except Richmondshire, there is at least one pharmacy open from 8.30am.

#### **5.4.3 Weekday evenings**

Most pharmacies remain open until between 5.30pm and 6.00pm after which there is a noticeable reduction in provision. There is at least one pharmacy in each locality that remains open until 6.30pm except for Selby and Richmondshire. In Craven, Hambleton, Harrogate, and Scarborough there is at least one pharmacy that is open until 8.00pm. No pharmacies in Ryedale, Selby or Richmondshire are open after 6.30 pm in the weekday evenings. Provision after 8.00pm is provided for by the four 100-hour pharmacies.

Whilst evening opening during this time within the Ryedale and Selby areas would improve access and choice, no specific need for additional pharmacies to open has been identified. Taking this into account, it is considered that the community pharmacies across North Yorkshire that open during weekday evenings alongside enhanced GP hours are accessible to people living in Ryedale, Selby and Richmondshire.

Figure 5 shows pharmacies that are open in the evenings, of note is that these are located near to Urgent Care Centres and Hospital Emergency Departments.

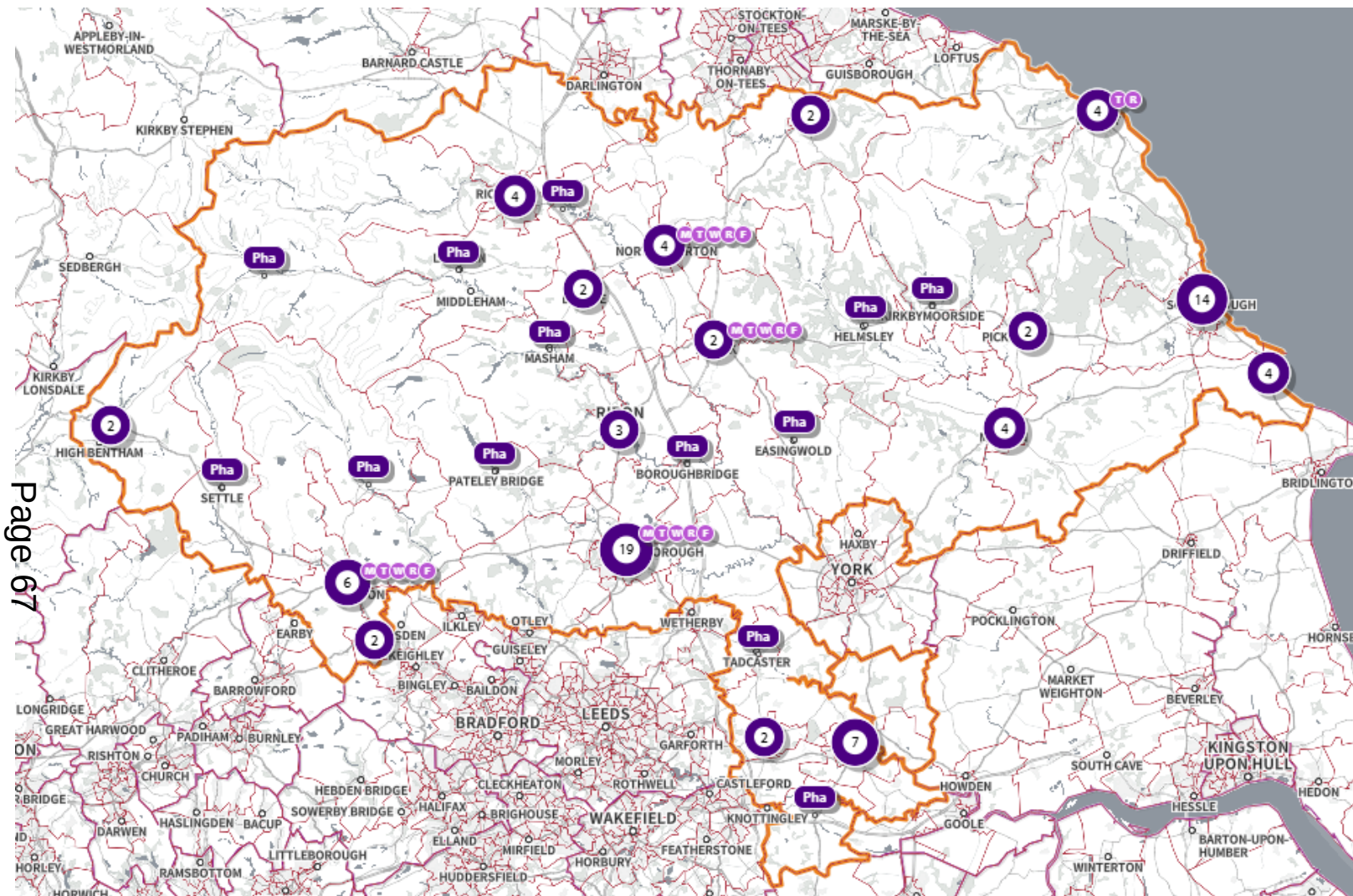


**Figure 5 - Pharmacy Provision – Weekday Evenings (M,T,W,R,F denotes Mon, Tue, Wed, Thu, Fri opening respectively) in North Yorkshire**

#### **5.4.4 Weekend opening**

None of the distance selling pharmacies open nor the dispensing appliance contractor are open on Saturdays or Sundays.

#### **5.4.5 Saturday opening**

In total, 74 pharmacies across the area are open on Saturdays. All these pharmacies open on Saturday mornings. This reduces to 39 pharmacies that remain open on Saturday afternoons until 4.00pm and after 7.00pm is almost exclusively provided by the 100-hour pharmacies. All localities have a number of pharmacies that are open during all or part of Saturdays although there is more provision in the more populated areas of North Yorkshire.

Figure 6 shows pharmacies that are open on Saturdays, of note is that these are located near to Urgent Care Centres and Hospital Emergency Departments.

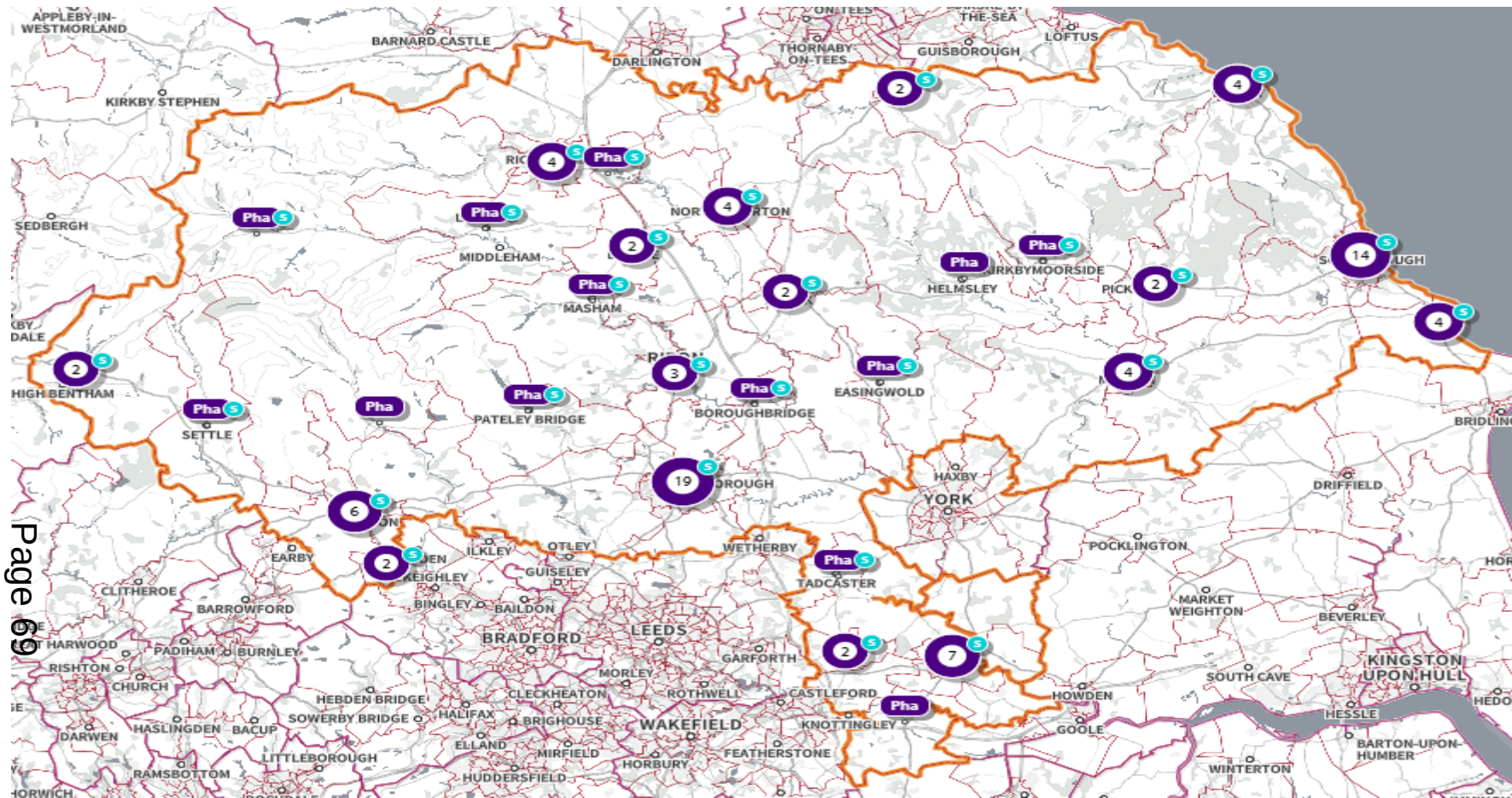


**Figure 6 - Pharmacies Opening on Saturdays (denoted with PhaS) in North Yorkshire**

#### 5.4.6 Sunday opening

In total, 18 pharmacies in North Yorkshire are open on Sundays, the majority of which are open between 10.00am and 4.00pm. There is at least one pharmacy in each locality open on Sunday.

Figure 7 shows pharmacies that are open on Sundays, of note is that these are located near to Urgent Care Centres and Hospital Emergency Departments.

Pharmacy access during the week is found to be adequate for the population of North Yorkshire for the majority of the localities. Provision is supplemented in the more rural areas with dispensing GP facilities which provide further access opportunity for the population in these areas to access medicine supplies.

Access to services in the weekday evenings and weekends is reduced but there remains provision across all localities. Access across these times is provided by the four 100-hour pharmacies (located across two of the seven localities), and also by supplementary hours provided by some pharmacies with 40-hour contracts.

When asked in the residents' survey what would make their local pharmacy excellent (multiple responses possible), 60% of the responses stated that opening times on weekends/bank holidays would do so.

Sunday access is likely to remain a challenge for North Yorkshire residents in Ryedale and the Dales in Richmondshire and Craven. However, there is a pharmacy open in each locality on a Sunday. It is worth noting that out of hours providers provide patients with their medication directly which reduces the need for more pharmacies to open on a Sunday in these areas.

The Health and Wellbeing Board recognises the importance of the 100-hour provision and of the supplementary hour provision by pharmacies within the area and the possible impact a change of these hours of delivery could have on access to pharmacy provision in North Yorkshire.

The Sunday opening hours that are currently in place provide adequate access to both essential pharmaceutical services and locally commissioned services, however the HWB will continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers

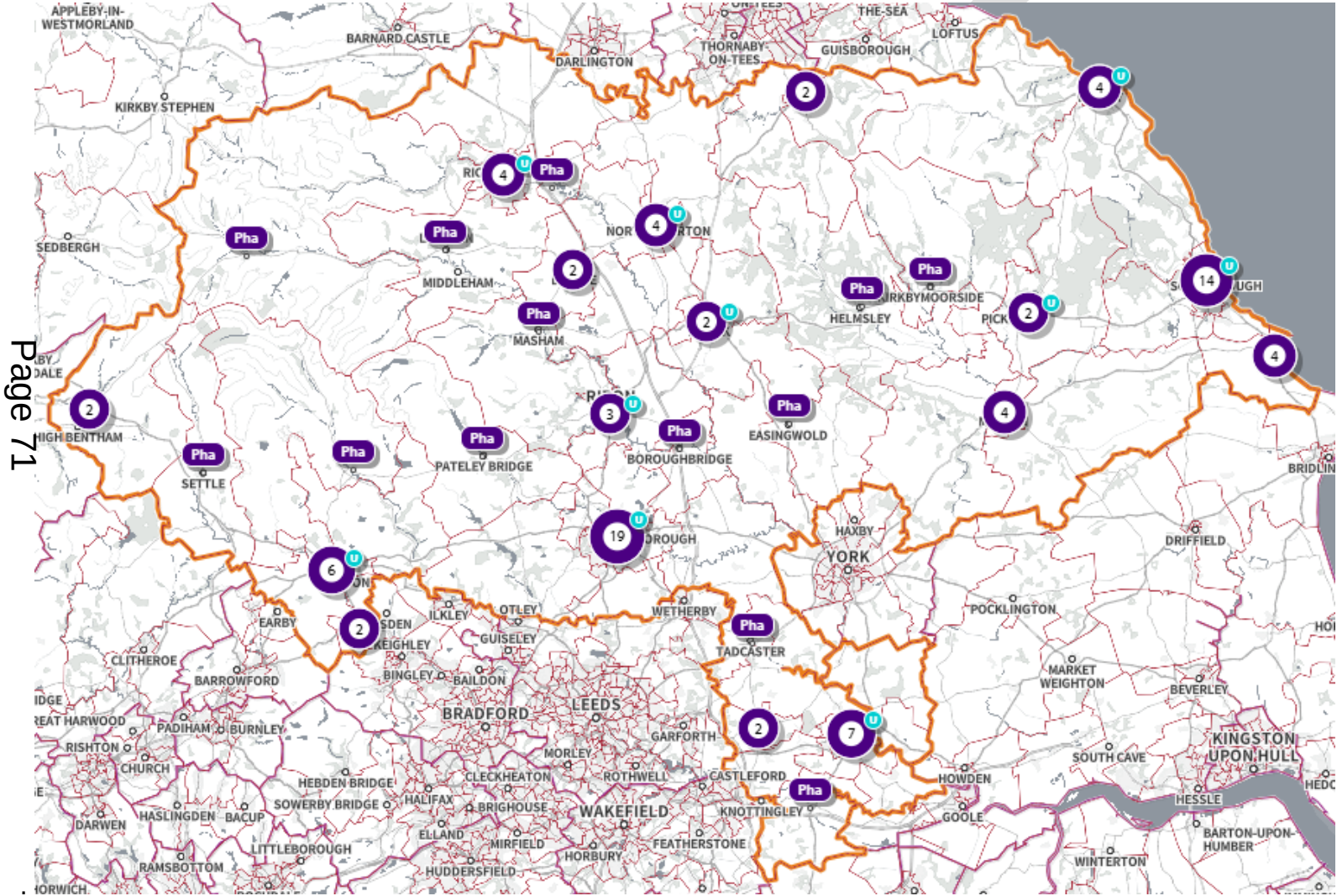


**Figure 7 - Pharmacies opening on Sundays (denoted with PhaU) in North Yorkshire**

#### 5.4.7 Opening during enhanced GP access, GP out of hours and Urgent Care Centres opening hours

Extended hours community pharmacy provision across the North Yorkshire localities are seen in table 4.

**Table 4 - Locality distribution of the community pharmacy 100 hour and supplementary hours >50 hours per week services in North Yorkshire**

| Locality      | 100-hour pharmacy | 40-hour pharmacy providing more than 10 supplementary hours (i.e., more than 50 hours in total) |
|---------------|-------------------|-------------------------------------------------------------------------------------------------|
| Craven        | 0                 | 4                                                                                               |
| Hambleton     | 2                 | 4                                                                                               |
| Harrogate     | 2                 | 5                                                                                               |
| Richmondshire | 0                 | 3                                                                                               |
| Ryedale       | 0                 | 2                                                                                               |
| Scarborough   | 0                 | 7                                                                                               |
| Selby         | 0                 | 4                                                                                               |

There is seen to be adequate provision, largely provided by the 100-hour pharmacies and those with extended opening via supplementary

hours, for accessing prescribed medicines. As mentioned previously, out of hours providers provide patients with their medication directly.

The extended opening hours that are currently in place provide adequate access to both essential pharmaceutical services and locally commissioned services, however the HWB will continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers.

#### **5.4.8 Access to pharmacies by foot and by public transport**

Around 93% of the population of North Yorkshire lives within five miles (as the crow flies) of a North Yorkshire pharmacy; with around 65% of the population living within a 20-minute walk of a North Yorkshire pharmacy (within 1 mile as the crow flies from a pharmacy). Although this suggests generally very good access to community pharmacies across the County there is a small minority of residents, who do not have access to a pharmacy within five miles of their home.

Most parts of more densely populated areas in North Yorkshire are accessible by public transport and therefore access to pharmacies by foot or by public transport is considered accessible in these areas.

Access to community pharmacy services is markedly reduced in the rural areas, in particular the North Yorkshire Moors and the Yorkshire Dales, although there is provision of dispensing doctors' services to enable access to dispensed medicines. Locally, pharmacies in the area have developed a collection and delivery service to ensure that patients, especially those who are vulnerable or elderly can access medicines. Delivery is not an element of the pharmacy contract and is not funded either by the NHS or Local Authorities.

The following maps (figures 8a, 8b) demonstrate access to community pharmacies by public transport in terms of travel time and distance travelled. The denser colour of the maps indicates the proximity of the pharmacy.

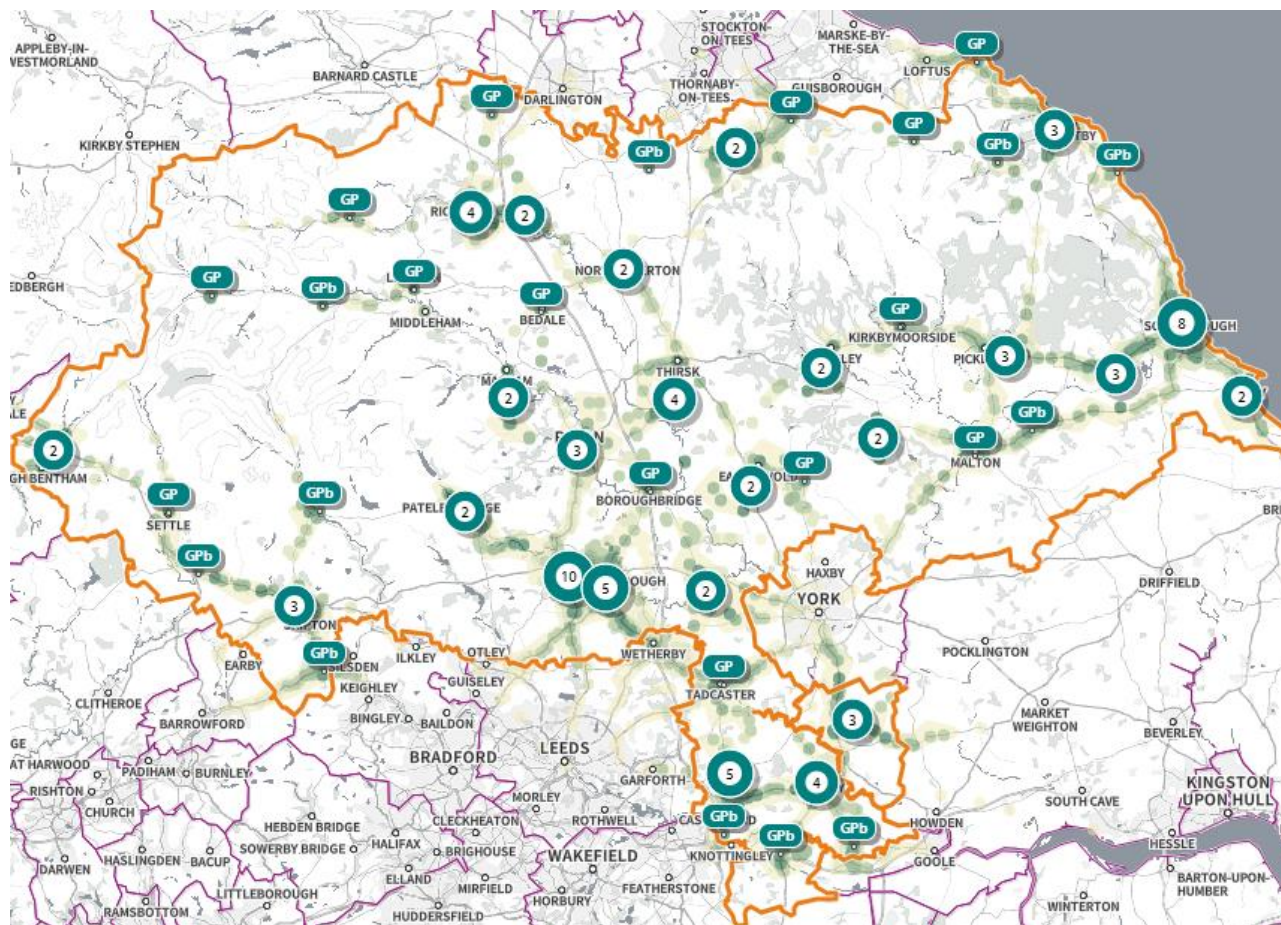
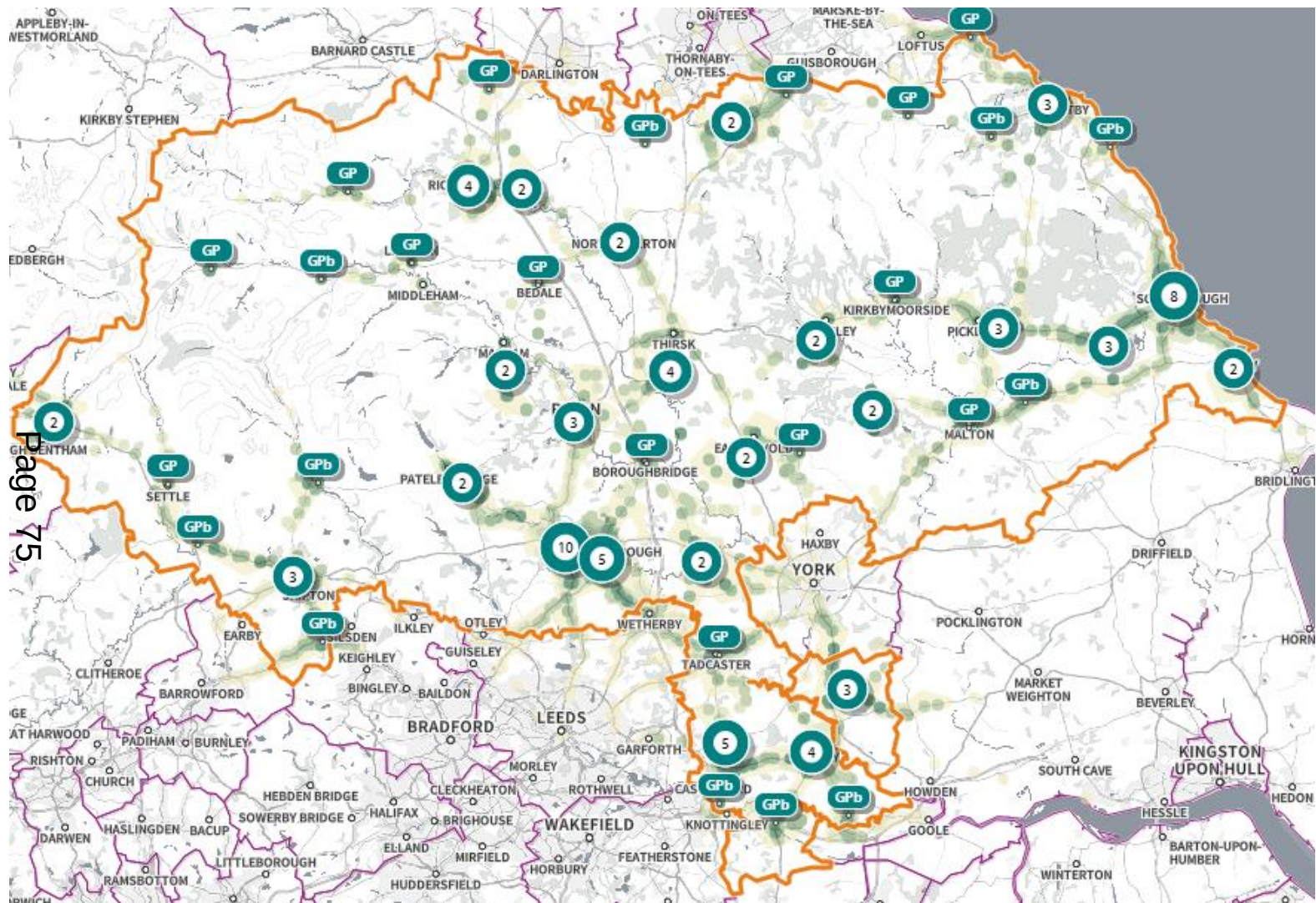


**Figure 8a – access to pharmacies using public transport in North Yorkshire**



**8b - Pharmacy distance by public transport – evening weekdays**

#### **5.4.9 Access to pharmacy services out of the North Yorkshire area**

It is important to note that pharmacy services that are out of the North Yorkshire area may provide additional alternatives for people to access medicines and advice.

In addition, people living on the edges of the North Yorkshire area are in proximity to pharmacy services in the neighbouring areas. On occasions, pharmacies in these areas may be closer for people to access than those located within the boundaries of North Yorkshire itself.

Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services.

In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

#### **5.4.10 Feedback from customers regarding access to pharmacies**

In response to the resident's survey, when asked how people usually travel to the pharmacy, the majority of people indicated that they travelled on foot (49%), closely followed by car (44%), with 1% of people having their medicines delivered by the pharmacy.

Comments from the resident's survey:

"Having local pharmacies is essential to remote communities for advice and medical needs. I would have to travel about 10 miles if my town lost ours & not everyone has personal transport or regular public transport."

"If the pharmacy on Catterick High Street is closed the nearest alternative is Boots at Catterick Garrison over 5 miles away so inaccessible and inconvenient, especially for the elderly population because there is no public transport."

## 5.5 Improving access

### 5.5.1 Collection and delivery services

Two further services which improve access to medicines are prescription collection from the GP surgery and home delivery services. Patients are often surprised to find that these are not NHS services, and therefore may incur a fee.

### 5.6 Disability access

To comply with the Equality Act 2010 <sup>(5)</sup>, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a Framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers
- Large print labels
- Reminder charts, showing which times of day medicines are to be taken

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHS England regulations and guidance <sup>(4)</sup> almost all pharmacies comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying Consultation room
- Distinct from the general public areas of the pharmacy premises
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially

When asked in the residents' survey what would make their local pharmacy excellent (multiple responses possible), 30% of the responses stated that option to have a private consultation would do so. One resident commented "I feel as though they would be more accessible if there were dedicated waiting areas in pharmacies and more than one consultation room so you can get advice in private instead of in front of everyone waiting to be served."

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### **Access to language services**

NHS England has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other settings, such as other primary care settings including pharmacies. Guidance for local commissioners of primary care services when commissioning translation or interpreting services is now available <sup>(20)</sup>. Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others.

As described in section 4.2, North Yorkshire has an ethnic diversity lower than the national average. Section 4.8 also describes the migrant health needs for those who have settled in the county. This may have implications in terms of support required for different communities to support access and understanding of their medicines.

## 6.0 North Yorkshire pharmaceutical services overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 <sup>(4)</sup> and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 <sup>(20)</sup>.

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

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

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements.

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

The North Yorkshire Health and Wellbeing Board defines pharmaceutical services in the following way:

- Necessary services: NHS essential services
- Other pharmaceutical services: NHS advanced services
- Other relevant services: locally commissioned services

### **6.1 Community Pharmacy Contractual Framework 2024/25 and 2025/26**

On 31 March 2025, The Department of Health and Social Care (DHSC), NHS England, and Community Pharmacy England (CPE) reached an agreement on funding for the Community Pharmacy Contractual Framework (CPCF) covering 2024/25 and 2025/26, alongside the ongoing delivery of Pharmacy First. The key outcomes are as follows:

#### CPCF Funding Uplift

Funding for community pharmacy sector through the CPCF will increase to:

- £2.698 billion in 2024-2025 (a 4.1% uplift)
- £3.073 billion in 2025-2026 (a 19.7% increase from 2023/24 funding and 15% from 2024-2025. This is significantly higher than the projected 5.8% NHS-wide uplift)

#### Additional Services Funding

- £215 million is secured for Pharmacy First and Primary Care Access Recovery Plan services, on top of CPCF funding
- £193 million in historic medicines margin over-delivery has been written off, easing financial pressures on the sector (pandemic period)

#### Strategic Goals

- Stabilise medicines supply, sustain core pharmacy operations, and strengthen clinical services like Pharmacy First which has already delivered over 1.9 million consultations
- Continued growth has also been seen in the Pharmacy Contraception Service with over 250,000 consultations and Hypertension Case

Finding Service with over 2.5 million consultations in 2024 alone

- Dispensing volumes are rising, with over 1.2 billion prescriptions forecast for 2025-2026

#### Future Direction

- The Government has acknowledged ongoing economic pressures as evidenced in the Frontier Economics report<sup>[1]</sup> published in March 2025.
- This agreement provides the highest NHS funding uplift to community pharmacy, reflecting a commitment to secure its long-term role
- The goal is to develop a sustainable contract model and define pharmacy's contribution to a modern, accessible NHS

Related to future direction of pharmacy services, as per the Independent Prescribing in Community Pharmacy Pathfinder Programme, from September 2026, all newly qualified pharmacists will be independent prescribers on the day of their registration.

This presents an opportunity for NHS England to commission clinical services from community pharmacies incorporating independent prescribing, as the new workforce enters the profession.

## 6.2 Essential services

The CPCF <sup>(22)</sup> states that all pharmacies, including distance selling pharmacies, are required to provide the essential services.

The essential services are:

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

### 6.3 Advanced services

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

Advanced services currently (2024) include:

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

**Table 5: Number of community pharmacies providing advanced services, in North Yorkshire**

| Pharmacy Advanced Service             | Number of North Yorkshire pharmacies providing this service |
|---------------------------------------|-------------------------------------------------------------|
| Appliance Use Review                  | 0                                                           |
| Flu Vaccination Service               | 79                                                          |
| Hypertension Case-Finding Service     | 79                                                          |
| New Medicines Service                 | 73                                                          |
| Pharmacy Contraception Service        | 78                                                          |
| Pharmacy First Service                | 79                                                          |
| Smoking Cessation Service             | 34                                                          |
| Stoma Appliance Customisation service | 0                                                           |

Data Source: ICB

### **6.3.1 Appliance Use Review (AUR)**

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'.

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

### 6.3.2 Flu Vaccination Service

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

### 6.3.3 Pharmacy Contraception Service (PCS)

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

The objectives of the service are to:

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

The service aims to provide:

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

The service involves community pharmacists providing:

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

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

Note that the service is being bundled with Pharmacy First as of 1<sup>st</sup> October 2025.

North Yorkshire Council also commissions the supply of emergency contraception and other sexual health services via community pharmacy. This is described in more detail in the local enhanced services section.

#### **9.3.4 Hypertension Case-Finding Service (HCFS)**

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

The service aims to:

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

Note that the service is being bundled with Pharmacy First as of 1<sup>st</sup> October 2025.

### **6.3.5 Pharmacy First Service**

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

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

### **6.3.6 Smoking Cessation Advanced Service**

The Smoking Cessation Advanced Service commenced in March 2022 for people referred to community pharmacies by hospital services. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required.

### **6.3.7 Stoma Appliance Customisation Service (SAC)**

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

### 6.3.8 National Enhanced Services

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHSE commissions an Enhanced service that is nationally specified. This requires NHSE to consult with Community Pharmacy England (CPE) on matters relating to the service specification and remuneration for the service.

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

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

### 6.3.9 The COVID-19 Vaccination Programme

Pharmacies have been central to the Government's COVID-19 response, and figures from NHSE, in January 2022, show just how significant a contribution they have made to the vaccination efforts. More than 22 million vaccinations were administered by community pharmacy-led COVID vaccination sites. At the time of drafting the PNA, the number of pharmacies in North Yorkshire providing this service is not known.

## 7.0 North Yorkshire Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations, but the term is often used to describe those services commissioned from pharmacies by Local Authorities and ICBs and local NHS England teams. As noted in the definition of enhanced services, they are not classified as enhanced services because they are not commissioned by NHS England.

From 1<sup>st</sup> July 2022 clinical commissioning groups were replaced by integrated care boards, with delegated responsibility for pharmaceutical services taken on from April 2023 in line NHS England expectations. This means that services formerly commissioned by clinical commissioning groups will move to integrated care boards and fall within the definition of enhanced services. In North Yorkshire, pharmacy services are currently commissioned locally by the Council's Public Health Team, NHS Humber and North Yorkshire ICB, NHS West Yorkshire ICB, NHS Lancashire and South Cumbria ICB and the local NHS England team.

NHS Humber and North Yorkshire ICB commission a Palliative Care Stock in Community Pharmacy service at selected pharmacies. Community Pharmacists (owners or managers) agree that their name is included in a list maintained by the ICB and provided to all pharmacies, GPs, nurses and palliative care providers. The pharmacists included in this scheme will be contracted to hold a minimum stock of an agreed range of palliative care medicines and is the stock available from all participating pharmacies. In addition to the basic level provision, there will be one pharmacy that will also hold the 'extended level provision' stock and this pharmacy will be identified by the ICB, and the details of this pharmacy will be communicated with all relevant parties.

21 community pharmacies are accredited to deliver the Palliative Care Stock in Community Pharmacy service.

NHS Lancashire and South Cumbria ICB commissions a Pharmacy First Minor Ailment Supply Service. A minor ailments scheme within community pharmacy improves patient accessibility to health care services and encourages the use of community pharmacies as a first point of call for a health consultation, thus reducing the demands that such patients can make on their GPs.

### **7.1 North Yorkshire Council Public Health commissioned services**

As part of its range of public health interventions North Yorkshire Council Public Health Team currently commissions services from community pharmacies. The following services were commissioned from 1<sup>st</sup> April 2025:

- Needle, Syringe and Harm Reduction Service
- Opiate Substitute Supervised Consumption Service
- Targeted Primary Care Sexual Health Service
- Nicotine Replacement Therapy Service
- NHS Health Checks

The new Health Care Services legislation gives commissioners a route to market which promotes patient choice. This ensures that any provider who has the ability to deliver the service specification can apply for the service and be successful, therefore there are community pharmacies based in neighbouring authority areas commissioned to deliver these services for North Yorkshire residents.

The number of community pharmacies commissioned to deliver the services is subject to change, as the opportunity for application will remain open throughout the duration of the contract, which extends past the period this PNA covers. The figures are correct as of June 2025.

### 7.1.1 Needle, Syringe and Harm Reduction Service

The service provided includes the distribution and collection of sterile injecting equipment, its safe disposal and the provision of a range of other harm reduction support and interventions. Pharmacy needle, syringe and harm reduction initiatives are part of the overall wider approach to prevent the spread of blood borne disease and other drug related harm, including drug related death. The service aims to discourage people from misusing drugs and enable those who wish to stop to do so; reduce the harm drug misuse causes to individuals and to communities; reduce the accessibility and availability of drugs to young people; protect communities from the health risks, and other damage associated with drug misuse, including the spread of communicable disease such as HIV, or Hepatitis and ensure that communities have access to accurate information about the risks of drug misuse; increase the safety of communities from drug related crime.

**Table 6 - Pharmacies signed up to provide Needle, Syringe and Harm Reduction Service in each North Yorkshire locality (information provided by Local Authority)**

| Locality      | Number of pharmacies signed up to provide Needle and Syringe Programme and Harm Reduction Service |
|---------------|---------------------------------------------------------------------------------------------------|
| Craven        | 2                                                                                                 |
| Hambleton     | 3                                                                                                 |
| Harrogate     | 5                                                                                                 |
| Richmondshire | 1                                                                                                 |
| Ryedale       | 3                                                                                                 |
| Scarborough   | 8                                                                                                 |
| Selby         | 3                                                                                                 |

|              |           |
|--------------|-----------|
| <b>Total</b> | <b>25</b> |
|--------------|-----------|

## 7.2 Opiate Substitute Supervised Consumption Service

This service is provided to people who are prescribed methadone or buprenorphine (Subutex® or Suboxone®) in the North Yorkshire area. The service encompasses supervised support and advice to service users in a safe environment. The aims of the service are to; ensure compliance with the service user's agreed care plan, by dispensing prescribed medication in specified instalments and ensuring each supervised dose is correctly administered; liaising with those directly involved with the service user's care; improve drug treatment delivery and retention; reduce the risk to communities through drug use.

The HWB notes the issues with access to supervised consumption of opioid substitutes due to either absence of provision or limited capacity. Of particular concern are the Catterick Garrison, Scarborough, Tadcaster and Thirsk areas, with the lack of 7-day pharmacy capacity in Scarborough highlighted as a specific concern as this is important for prison leavers accessing the service. The HWB supports efforts to improve access either through increased capacity from existing providers, and/or engagement of pharmacies who do not currently provide the service. New applicants to the pharmaceutical register in localities where gaps in necessary services have been declared are encouraged to offer supervised consumption.

**Table 7 - Pharmacies signed up to provide Supervised Consumption Service in each North Yorkshire locality (information provided by Local Authority)**

| <b>Locality</b> | <b>Number of pharmacies signed up to provide Supervised Consumption Service</b> |
|-----------------|---------------------------------------------------------------------------------|
|-----------------|---------------------------------------------------------------------------------|

|               |           |
|---------------|-----------|
| Craven        | 8         |
| Hambleton     | 10        |
| Harrogate     | 19        |
| Richmondshire | 5         |
| Ryedale       | 4         |
| Scarborough   | 20        |
| Selby         | 11        |
| Out of area   | 7         |
| <b>Total</b>  | <b>84</b> |

### 3 Targeted Primary Care Sexual Health Service

The providers opting in to deliver this service must deliver all services within the 'Sexual Health Basket.' These include:

- The provision of free emergency hormonal contraception (EHC) to service users aged 13 years to 24 years
- Provision of chlamydia screening kits to under 25-year-olds (as part of the NCSP – national chlamydia screening programme)
- Free condoms to under 25-year-olds
- Provision of sexual health information to service users

This provision aims to increase the awareness and access, especially among young people, of the availability of free EHC for 13- to 24-year-olds. The targeted work also aims to improve access to 'self-administered' Chlamydia screening kits and increase the numbers of test samples returned for analysis in addition to other service objectives.

In North Yorkshire there are 57 community pharmacies signed up to deliver the targeted sexual health service. This service includes a condom distribution service, chlamydia screening and emergency hormonal contraception. The service is free for all under 24-year-olds. For complex contraception there are onward referral pathways to the North Yorkshire Integrated Sexual Health Service or the General Practice.

Commissioning arrangements for this service will be reviewed in line with the planned integration of the Pharmacy Contraception Service into Pharmacy First in October 2025.

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**Table 8 - Pharmacies signed up to provide Targeted Primary Care Sexual Health Service in each North Yorkshire locality (information provided by Local Authority)**

| Locality  | Number of pharmacies signed up to provide Targeted Primary Care Sexual Health Service |
|-----------|---------------------------------------------------------------------------------------|
| Craven    | 3                                                                                     |
| Hambleton | 3                                                                                     |
| Harrogate | 10                                                                                    |

|               |           |
|---------------|-----------|
| Richmondshire | 3         |
| Ryedale       | 6         |
| Scarborough   | 10        |
| Selby         | 8         |
| Out of area   | 4         |
| <b>Total</b>  | <b>47</b> |

#### 7.4 Nicotine Replacement Therapy Service

The service is provided to people who are engaged with North Yorkshire's specialist smoking cessation service Living Well Smokefree, and wish to use Nicotine Replacement Therapy as an aid to quit smoking

At the time of writing the PNA, a Patient Group Directive (PGD) is in development to be delivered by community pharmacy to facilitate access to other smoking cessation medication.

***Table 9 - Pharmacies signed up to provide Smoking Cessation Service in each North Yorkshire locality (information provided by***

**Local Authority)**

| Locality      | Number of pharmacies signed up to provide Nicotine Replacement Therapy |
|---------------|------------------------------------------------------------------------|
| Craven        | 4                                                                      |
| Hambleton     | 5                                                                      |
| Harrogate     | 15                                                                     |
| Richmondshire | 5                                                                      |
| Ryedale       | 3                                                                      |
| Scarborough   | 17                                                                     |
| Selby         | 7                                                                      |
| Out of area   | 1                                                                      |
| <b>Total</b>  | <b>57</b>                                                              |

## 7.5 NHS Health Checks

The aim of the service is to identify eligible service users' risk of cardiovascular disease (CVD) and for this risk to be communicated in a way that allows the service user to understand their risk and how that risk can be managed. As well as early detection of CVD, the service provides the opportunity to help prevent future CVD in those currently not at risk, by making every contact count to encourage and motivate healthier lifestyles, providing useful accurate information and signpost/refer to relevant services.

NHS Health Check delivery in North Yorkshire prior to 1<sup>st</sup> April 2025 was completed only by general practices. The new Health Care Services

legislation gives commissioners a route to market which promotes patient choice which ensures that any provider who has the ability to deliver the service specification can apply for the service and be successful. This has therefore provided the opportunity for delivery to be completed by community pharmacies if they can work collaboratively with general practices to gain access to a list of eligible patients.

At the time of writing this PNA, 4 community pharmacies have signed up to deliver NHS Health Checks, 2 in the Harrogate locality, 1 in the Ryedale locality and 1 in the Scarborough locality.

## 7.6 Non-Commissioned Services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Local Authority Council, the ICB or NHS England. These services may not be aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for certain patient groups e.g., the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services include:

- Collection of prescriptions from GP practices
- Delivery of dispensed medicines
- Dispensing of medicines into Monitored Dosage Systems

It is worth noting that patients are often surprised to find that these are not NHS services, and therefore may incur a fee.

## 8 Engagement and Consultation

### 8.1 Stakeholder engagement

The views of the public and a range of stakeholder organisations and groups were gathered in the form of a survey on pharmacy services. Views obtained during the engagement were a key part of the early work to develop this PNA. The engagement was conducted over a six-week period between late January 2025 and early March 2025, and involved:

- Online survey, aimed at North Yorkshire residents:
  - Paper copies of resident's survey were available at all libraries in North Yorkshire
  - Different formats were available on request i.e., easy read and large print.
- Email survey and/or discussion with stakeholder organisations/groups

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Surveys were promoted via the NYC website, press and social media platforms, with 'Have your say' posters displayed in pharmacies, GP surgeries, libraries and leisure centres. Messaging was also shared by partner organisations.

Groups and services were also contacted directly to encourage them to engage with the survey. These included older people, carers & disability groups, commissioned services (drugs, alcohol, tobacco and mental health), dentists, GPs, pharmacies and opticians.

#### 8.1.1 Overview of responses to the Public/Residents Survey

A total of 958 people responded to the survey; more than double the number received during the previous PNA, which saw 447 responses. Notably, a significant proportion of responses originated from the Easingwold area, which raised concerns that have been noted by the HWB and are being monitored by the ICB and CPNY. The HWB is currently confident provision is adequate in the Easingwold area. The full results of the survey can be found in appendix 3. Key headlines from the survey responses show that the majority of North Yorkshire residents were

positive about the availability of pharmacies and services provided which suggests that overall, they were happy with the services their usual pharmacy provided. Areas for improvement were increased staffing, medication availability, and extended opening times.

- Respondents rated how well their local community pharmacy meets their needs on a scale from 1 to 5. The majority rated it highly, with 25.6% giving it a 5 (extremely well) and 23.7% rating it a 4. A quarter of respondents (25%) rated it a 3, indicating moderate satisfaction. Lower ratings were less common, with 17% giving it a 2 and 8.7% rating it a 1 (extremely poorly).
- There was a mixed perception of pharmacy availability among respondents. While 38.36% considered it good and 15.81% rated it very good, only 10.12% thought it was excellent. On the other hand, 27.40% found the availability to be poor, and 8.32% rated it very poor.
- 39% of respondents indicated that they had used their pharmacy every month, 36% of respondents indicated that they use their pharmacy a few times a month, and 13% use the pharmacy every couple of months.
- The majority of respondents indicated that they travelled on foot (49%) or by car (44%).
- 70% of respondents indicated that they used the local high street pharmacy, 4% used the pharmacy inside a supermarket, and 17% used a pharmacy inside a doctors' surgery.
- Most people reach their local pharmacy within 10 minutes (53%), while 35% take 10 to 20 minutes. Only 9% need 20 to 30 minutes, and 2% spend over 30 minutes. Additionally, 1% use the delivery service.
- Most people wait under 10 minutes to be served at their pharmacy, with 35% waiting less than 5 minutes and 37% waiting 5 to 10 minutes. About 27% of respondents experience a wait over 10 minutes.
- Most respondents have medication on a repeat prescription, with 88% indicating they do. Among them, 70% are eligible for free prescriptions, 20% use a pre-payment certificate, and 10% pay the full price. A smaller group, 11% of respondents do not have repeat prescriptions.
- Awareness of free services offered by pharmacies varies. For diet and nutrition services, 35% are very unaware, while 17% are neither aware nor unaware. Smoking cessation services have 29% somewhat aware and 19% neither aware nor unaware. Drugs and

alcohol awareness services see 24% neither aware nor unaware, and 22% somewhat aware. Sexual health services have 25% somewhat aware and 21% neither aware nor unaware. Physical activity services have 34% very unaware and 23% neither aware nor unaware.

- Respondents suggested several ways to improve pharmacy services. The most common suggestions included increased opening times (20%), more staffing (16%), and better medication availability (15%). Better waiting times (12%) and improved product availability (14%) were also mentioned. Additionally, 8% wanted better communication, and a small group (5%) felt that offering more services would be beneficial.
- When asked about the availability of pharmacies for urgent needs, such as emergency prescriptions or medical treatment, 43% of respondents confirmed that a pharmacy was available.
- When using their local community pharmacy, respondents place the highest importance on trusted advice (66% very high), good customer care/friendly staff (56% very high), and convenient opening times on evenings and weekends (49% very high). Delivery service is less important, with only 12% rating it very high. Collection service and a clean and pleasant environment are moderately important, with 45% and 35% rating them very high, respectively.

#### **8.1.2 Overview of responses to the Stakeholder Survey**

There were 3 responses to the stakeholder survey; 1 came via email, and 2 were completed via a semi-structured discussion.

Generally, there was felt to be good access to pharmacy services for stakeholder's service users. It was highlighted however that some service users do struggle to access pharmacies due to the rurality of the county, with public transport mentioned as being either lacking or too expensive. This is exacerbated with the provision of certain services that are not routinely offered countywide or are not accepting additional service users. Communication was also highlighted as being weak at times; it was felt that more locum usage has meant that relationships between pharmacists and services has been lost to the detriment of service users. Pharmacy First was highlighted as being beneficial to clients.

## 8.2 Formal consultation

In line with the regulations, North Yorkshire Health and Wellbeing Board consulted for a minimum of 60 days between June and August 2025 with the following statutory consultees about the contents of this PNA:

Stakeholders were asked to respond to the following specific consultation questions:

1. Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmacy provision in North Yorkshire?
2. Do you think that the draft PNA captures all of the relevant information needed to enable commissioning decisions about pharmaceutical service provision over the next 3 years?
3. Do you agree with the conclusions identified in the draft PNA?
4. Is there anything that you think is missing from the PNA that should be included or considered when reaching conclusions about services and need?
5. Pharmacies offer a range of services. How do you think these should be communicated and publicised?
6. Do you have any other comments?

### 8.2.1 Findings of consultation

In total 16 responses to the online consultation were received from:

- 10 individuals
- 1 GP practice
- 2 neighbouring local authorities
- 3 pharmacy contractors

***Q1. Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmaceutical provision in North Yorkshire?***

#### Consultation outcomes:

- 16 responses
  - Yes = 9 responses (56%)
  - No = 7 responses (44%)
  - Don't know = no response

- There was a concern around the lack of clarity on whether there are “no gaps”, especially regarding 100-hour pharmacy closures in Scarborough and Catterick Garrison.
- A few respondents felt the needs of specific groups, such as the elderly, vulnerable, and people with disabilities, were not adequately addressed.
- There were concerns about access to community-based pharmacies and surgeries, with calls for more chemists and better access.

#### **HWB response:**

The HWB notes the lack of clarity around gaps in provision and the necessary amendments have been made to the PNA to address this. The HWB is assured that all groups were adequately considered when writing the PNA, and members of the public did have opportunity to feedback their views and experiences of pharmacy services in North Yorkshire.

#### ***Q2. Do you think that the draft PNA captures all of the relevant information needed to enable commissioning decisions about pharmaceutical service provision over the next three years?***

##### Consultation outcomes:

- 16 responses
  - Yes = 8 responses (50%)
  - No = 7 responses (44%)
  - Don't know = 1 response (6%)
- Some respondents felt the draft is as complete as it can be for now but suggested waiting for the release of the NHS 10-year plan and changes to ICB models before making decisions.

- A few felt the value of local pharmacy services was underrepresented.
- There were repeated calls to better involve and consider the needs of people with disabilities.
- One response highlighted that recent housing developments in areas like Harrogate were not adequately considered.

#### **HWB response:**

The HWB notes the NHS 10-year plan and has included reference to this in the PNA. The HWB note that there are no proposed changes to control of entry regulations to pharmaceutical services in this plan. However, if required the PNA could be completed again within the next 3 years, or alternatively supplementary statements can be issued to update this PNA prior to October 2028. All recent housing developments have been considered in this PNA, and future developments will continue to be monitored.

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### **3. Do you agree with the conclusions identified in the draft PNA?**

#### Consultation outcomes:

- 15 responses
  - Yes = 9 responses (60%)
  - No = 5 response (33%)
  - Don't know = 1 response (7%)
- One respondent suggested that a clearer, definitive statement confirming “no gaps” would help clarify things.
- Another person felt the conclusions were accurate but may underestimate the likely increase in demand for pharmacy services over the next three years.

## HWB response:

The HWB notes the lack of clarity around gaps and has made the necessary amendments in the PNA. Future demand has been considered as part of the PNA, however due to the North Yorkshire local plan being in development with new minimum housing targets, it is unclear at this stage where new housing developments and potential higher demand for pharmaceutical services will be. This will continue to be monitored.

### ***Q4. Is there anything that you think is missing from the PNA that should be included or taken into account when reaching conclusions about services and need?***

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#### consultation outcomes:

- 16 responses
  - Yes = 9 responses (56%)
  - No = 7 responses (44%)
  - Don't know = no response
- 1 comment was received regarding the importance of local pharmacies for disabled individuals, noting difficulties accessing larger or supermarket-based chemists.
- 1 comment was received highlighting poor transport links in rural areas, particularly around Harrogate, and the lack of infrastructure to support growing populations due to new housing developments.
- 1 comment was received suggesting that the wording in the conclusion section of the PNA could be misinterpreted as an invitation to submit applications and recommended clearer phrasing.

- 1 comment was received questioning the validity of the accessibility metrics used in the PNA, such as the “20-minute walk or drive” standard, and noted the omission of Whitby’s Urgent Treatment Centre.
- 1 comment highlighted the importance of including people with disabilities in the design and delivery of pharmacy services, while another emphasised that older and disabled individuals often require more frequent access to doctors, which should be considered in service planning.
- 1 comment was received proposing that pharmacies should be made more youth friendly. Suggestions included private consultation spaces, sexual health services (e.g. Chlamydia testing, contraception, HIV testing), use of apps and digital tools, and staff training on youth health needs.
- 1 comment was received advocating for the benefits of dispensing GP practices. The respondent warned that opening new pharmacies could destabilise these services and reduce patient convenience and recommended that the PNA explicitly acknowledge the value of dispensing practices.

**HWB response:**

The HWB notes the comments relating to access for disabled individuals, transport, and youth friendliness, however these comments are outside of the scope of the PNA. The HWB notes the omission of Whitby’s Urgent Treatment Centre, and this has now been added. The HWB notes the comments relating to dispensing practices and recognises their importance in a rural county such as North Yorkshire. They are listed in appendix 5. The HWB notes the query around the accessibility metrics used in the PNA, such as the 20-minute walk or drive to a pharmacy. This has been assessed on the SHAPE Atlas tool, based on population census data and mean travel time to nearest pharmacy.

***Q5. Pharmacies offer a range of different services. How do you think these should be communicated and publicised?***

Consultation outcomes:

- 14 responses were received. Respondents recommended using a wide range of communication methods to promote pharmacy services, including social media, websites, posters, leaflets, local newspapers, and in-person displays at GP surgeries and pharmacies. Some comments stressed the importance of tailoring information to different audiences, particularly older adults and those who do not use digital platforms.

**HWB response:**

The Board welcomes the feedback from respondents regarding the promotion of pharmacy services. We acknowledge the importance of using a diverse range of communication channels to ensure information reaches all segments of the population. In response to the suggestions received, we will encourage partners to:

- Continue to utilise digital platforms such as social media, websites, and email newsletters to share updates and service information
- Enhance visibility through printed materials, including posters and leaflets in pharmacies, GP surgeries, libraries, and community centres.
- Work with local media outlets, including newspapers and radio, to reach wider audiences.
- Tailor communications to meet the needs of specific groups, particularly older adults, people with disabilities, and those who may not use digital platforms. This includes offering materials in large print, easy-read formats, and alternative languages where needed.

We will work with partners to explore opportunities to co-design communication strategies with community groups and service users to ensure messaging is accessible, inclusive, and effective.

#### **Q6. Do you have any other comments?**

##### Consultation outcomes:

5 additional comments were received in response to this question:

- 1 comment expressed confidence in the overall quality and reliability of the draft PNA, describing it as robust.
- 1 comment expressed confidence that the range of services commissioned from pharmacies will expand in the coming years to complement general practice and acute care.
- 1 comment described poor accessibility for disabled individuals at a pharmacy in Harrogate, highlighting issues with consultation room size, lack of space for mobility aids, and inadequate automatic doors.
- 1 comment emphasised the need for patients to access their own surgery rather than being randomly allocated.
- 1 comment reiterated the importance of involving people with disabilities in pharmacy service planning.

##### **HWB response:**

The HWB notes the responses relating to disability access and surgeries, which are outside of the scope of the PNA.

##### **Other stakeholder comments received separately to the online questionnaire:**

There were 2 more responses received via email, both from statutory partners.

- 1 comment suggested a definition of necessary services.

- 1 comment suggested inclusion of a reference to the Independent Prescribing in Community Pharmacy Pathfinder Programme.

**HWB response:**

Suggested definition was discussed and adopted by the HWB, and reference to the Independent Prescribing in Community Pharmacy Pathfinder Programme has been included.

## 8.2.2 Addition to North Yorkshire PNA following consultation process

### NHS 10 Year Plan

On 3<sup>rd</sup> July 2025, the UK Government Published “Fit for the Future: 10 Year Health Plan for England”. The 10 Year Health Plan states:

*This is a Plan to create a new model of care, fit for the future. It will be central to how we deliver on our health mission. We will take the NHS’ founding principles - universal care, free at the point of delivery, based on need and funded through general taxation - and from those foundations, entirely reimagine how the NHS does care so patients have real choice and control over their health and care.*

In relation to community pharmacy, the Plan states that:

*Pharmacy will have a vital role in the Neighbourhood Health Service – bringing health to the heart of the high street. This has been the direction of reform in other countries and there is much we can learn. For example, Canada’s ‘Pharmacy Care Clinics’ provide services including support with minor ailments through to chronic disease management. As well as improving patient choice and convenience, there is now strong evidence that a bigger role for pharmacy can deliver efficiencies and support financial sustainability.*

*Over the next 5 years, we will transition community pharmacy from being focused largely on dispensing medicines to becoming integral to the Neighbourhood Health Service, offering more clinical services. As community pharmacists increasingly become able to independently prescribe, we will increase their role in the management of long-term conditions, complex medication regimes, and treatment of obesity, high blood pressure and high cholesterol. We will also give community pharmacy a bigger role in prevention by expanding their role in vaccine delivery and in screening for risk of cardiovascular disease and diabetes. Over time, community pharmacy will be securely joined up to the Single Patient Record, to help them provide a seamless service - and to give GPs sight*

*of patient management.*

*Pharmacists will play a critical role in our ambition to improve access to fast and convenient healthcare for women. We have already announced plans to make emergency hormonal contraception freely available from community pharmacists by the end of this year. From 2026, to help hit our target to eliminate cervical cancer, women and young people who missed out on the human papillomavirus (HPV) vaccination at school will be able to have the vaccine administered at their local pharmacy.*

*We now get many of life's essentials delivered straight to our home. Medicines should not be an exception. Over the first half of this Plan, we will modernise our approach to dispensing of medicines and make better use of the technology available, including dispensing robots and hub and spoke models. We will engage with the sector and the public on proposals to modernise our approach to medicine dispensing, so that it is fit for the 21st century*

The previous NHS long term plan was underpinned by the Community Pharmacy Contractual Framework (CPCF), covering the period 2019-2024. At the time of publication of the 2025-28 PNA there was no framework in place to support delivery of the new Plan. It is clear however that the role of community pharmacy within healthcare systems is evolving, and that there may be consequent changes in pharmaceutical need. These will become clearer in the future.

Health and Wellbeing boards along with relevant partners should continue ensure that community pharmacy services continue to meet the needs of their populations.

## 9 Summary of findings

Following the development of the PNA 2025-28, the conclusions and final recommendations of the North Yorkshire Health and Wellbeing Board are:

1. Community pharmacy services continue to play an important role in the landscape in supporting the services provided by GP practices/dispensing practices and the PCNs.
2. Community pharmacies offer support to the wider health needs of the population by providing the essential, advanced and locally commissioned services as described in this report.
3. Overall, there is good pharmaceutical provision in most of North Yorkshire from Monday to Friday. The majority of residents can access a pharmacy within a 20-minute walking distance, and there is an adequate choice.
4. In urban areas, there is good provision of pharmaceutical services on Saturday mornings, Saturday afternoons and Sundays.
5. Following the closures of 100-hour pharmacies in Scarborough and Catterick Garrison gaps in provision have been identified in both areas, within a 2-mile radius of Postcode YO12 5EA and within a 2-mile radius of postcode DL9 3EN, and on weekday evenings, Saturday evenings and Sundays.
6. There are also considered to be gaps in provision of the locally commissioned Opiate Substitute Supervised Consumption Service in the Catterick Garrison, Scarborough, Tadcaster and Thirsk areas due to either absence of provision or limited capacity.
7. There are dispensing practices in rural areas to provide pharmaceutical services Monday to Friday. Most of the patients who live in the rural areas can access a community pharmacy within a 20-minute car drive if necessary. Whilst evening opening during this time within the rural areas would improve access and choice, no specific need for additional pharmacies to open has been identified. Taking this into account, it is considered that the community pharmacies across North Yorkshire that open during weekday evenings supporting extended GP hours are accessible to people living in the more rural localities.
8. The current provision of 'standard' 40-hour pharmacies should be maintained.

9. The HWB recognises the importance of the 100-hour provision and of the supplementary hour provision by pharmacies within the area and the possible impact a change of these hours of delivery could have on access to pharmacy provision in North Yorkshire. The HWB will continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers.
10. The extended opening hours that are currently in place provide adequate access to both essential pharmaceutical services and locally commissioned services, however the HWB will continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers.
11. The new housing targets for development are significantly higher than previous, meaning any proposed future housing developments should be reviewed on a regular basis to identify any significant increases in pharmaceutical need. The impact of the occupants of these new developments will need to be taken into account in informing need assessments for future health facilities of North Yorkshire residents. Cumulatively, and in the case of very large developments individually, the developments may result in an increased need for community pharmacy services.
12. The area is changing rapidly and as well as consulting this PNA, the Pharmaceutical Services Regulations Committee (PSRC) at the ICB should carry out a rapid review of any area where there is an application, to ensure that the needs of this area have not changed in the lifetime of the PNA. This could include review of rural and urban classification and should be published alongside the PNA in the supplementary statements.
13. There is good uptake of both advanced services and locally commissioned services in North Yorkshire, however, there could be better awareness and improved multi-agency working to significantly improve uptake of services in North Yorkshire. The HWB could also encourage pharmacies to deliver new services in order to meet the health needs of their population.
14. The Health and Wellbeing Board should note that opening hours of pharmacies alone is not an indicator of improved pharmaceutical services. Therefore, they should avoid identifying a need for, or improvement or better access to, opening hours. If there is a gap in the provision of services of certain times this would be articulated as an improvement or better access to specified services at specified times.
15. Any application to open a new pharmacy must demonstrate that it is necessary, will provide value to the NHS and can improve on

the availability of services across the specific area to meet any identified gaps in the PNA.

16. Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.
17. The Health and Wellbeing Board has the responsibility for publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is the responsibility of the organisation managing the GMS contracts to inform the ICB when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area. It is the responsibility of the ICB to inform the HWB of any changes to pharmaceutical service provision, including dispensing services, so that a decision can be made as to whether this change will affect access. This is particularly important where pharmacies are closing or consolidating due to the impact of recent funding cuts. The HWB has a duty to respond to all notifications under Regulation 26A (consolidation of pharmacies).

## Appendix 1: Membership of the Steering Group

| Name                       | Role/Organisation                                                     |
|----------------------------|-----------------------------------------------------------------------|
| Natalie Smith (co-chair)   | Public Health, North Yorkshire Council                                |
| Jennifer Irving (co-chair) | Public Health, City of York Council                                   |
| Kurt Ramsden               | Medicines Advisor, Public Health, North Yorkshire Council             |
| Heather Baker              | Public Health, City of York Council                                   |
| Andrew Stewart             | Public Health, North Yorkshire Council                                |
| Leo Beacroft               | Public Health Senior Intelligence Specialist, North Yorkshire Council |
| Jessica Follis             | Public Health, North Yorkshire Council                                |
| Jan Dean                   | Chief Executive Officer, Community Pharmacy North Yorkshire           |
| Hayley Patterson           | Humber & North Yorkshire ICB                                          |
| Rachel Ainger              | Humber & North Yorkshire ICB                                          |
| Charlotte Liddle           | Humber & North Yorkshire ICB                                          |
| Sian Balsom                | Healthwatch, York                                                     |
| Holly Joyce                | Healthwatch, North Yorkshire                                          |
| Craig Derrick              | Healthwatch, North Yorkshire                                          |
| Christian Brennan          | Democratic Services, North Yorkshire Council                          |
| Christine Philipson        | Democratic Services, North Yorkshire Council                          |
| David Smith                | Democratic Services, North Yorkshire Council                          |

## Appendix 2: Equality Impact Assessment

### Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated October 2023)

#### *Pharmaceutical Needs Assessment (2025) surveys*

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email [communications@northyorks.gov.uk](mailto:communications@northyorks.gov.uk).

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

|                                      |                                                                                                           |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Name of Directorate and Service Area | HAS, Public Health                                                                                        |
| Lead Officer and contact details     | Andrew Stewart,<br><a href="mailto:Andrew.stewart@northyorks.gov.uk">Andrew.stewart@northyorks.gov.uk</a> |

|                                                                     |                                          |
|---------------------------------------------------------------------|------------------------------------------|
| Names and roles of other people involved in carrying out the EIA    | N/A                                      |
| How will you pay due regard? e.g. working group, individual officer | Through multi-agency PNA Steering Group. |
| When did the due regard process start?                              | January 2025                             |

**Section 1. Please describe briefly what this EIA is about.** (e.g. are you starting a new service, changing how you do something, stopping doing something?)

This EIA is about a review of pharmacy services through a Pharmaceutical Needs Assessment (PNA). The PNA is a statutory duty of the Health and Wellbeing Board. The purpose of the PNA is to consider the current and future need for pharmaceutical services in a geographical area (i.e. North Yorkshire) and to describe to what extent current pharmaceutical services meet that need. To do this it considers the demography of the area and the differing needs across localities and population groups.

The PNA is a comprehensive assessment of the current and future pharmaceutical needs

of the local population. It describes:

- The health needs of the population
- Current pharmaceutical services provision and any gaps in that provision
- Potential new services to meet health needs and help achieve the objectives of the Joint Health and Wellbeing Strategy

**Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it?** (e.g. to save money, meet increased demand, do things in a better way.)

It considers whether the public has sufficient choice in accessing pharmaceutical

services, the effect of provision provided by neighbouring areas, the effect of other NHS services, and finally whether the provision of further pharmaceutical services would secure improvements or better access.

### **Section 3. What will change? What will be different for customers and/or staff?**

The aim of the PNA is to identify issues that affect the commissioning of community pharmacy services and to identify priorities for the future provision of community pharmacy services. The PNA will also be used to:

- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information
- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need - these services can be commissioned by Local Authorities, NHS England and Integrated Care Boards (ICBs)
- Support commissioning of high-quality pharmaceutical services including advanced services
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the Joint Health and Wellbeing Strategy
- Facilitate opportunities for pharmacists to make a significant contribution to the health of the population of North Yorkshire

**Section 4. Involvement and consultation** (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

The views of the public and a range of stakeholder organisations and groups were gathered in the form of a survey on pharmacy services. Views obtained during the engagement were a key part of the early work to develop this PNA. The engagement was conducted over a six-week period between late January 2025 and early March 2025, and involved:

- Online survey, aimed at North Yorkshire residents:
  - Paper copies of resident's survey were available at all libraries in North Yorkshire
  - Different formats were available on request i.e., easy read and large print.
- Email survey and/or discussion with stakeholder organisations/groups

Surveys were promoted via the NYC website, press and social media platforms, with 'Have your say' posters displayed in pharmacies, GP surgeries, libraries and leisure centres. Messaging was also shared by partner organisations.

Groups and services were also contacted directly to encourage them to engage with the survey. These included older people, carers & disability groups, commissioned services (drugs and alcohol, tobacco and mental health), dentists, GPs, pharmacies and opticians.

Survey responses:

- Public – 958
- Stakeholder – 3

The statutory formal consultation on the draft PNA for North Yorkshire ran for 60 days from 20th June 2025 to 19<sup>th</sup> August 2025. Emails were sent to stakeholders

including local statutory partners and neighbouring local authorities, informing them of the website address which contained the draft PNA document. The consultation was promoted via a press release and internally to NYC staff, and the draft was also taken to the Scrutiny of Health Committee on 4<sup>th</sup> July for comments from members.

Consultation responses:

- Public – 10
- Stakeholder – 8

Comments and feedback obtained from the survey and consultation are reflected in the PNA document.

**Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?**

Please explain briefly why this will be the result.

Community pharmacy services are predominately commissioned by the NHS, which may see increased costs if there are successful applications to fill gaps in provision that have been identified in the PNA. There is the potential for a small increase in costs to NYC if potential new pharmacies opt to deliver the locally commissioned services as outlined in the PNA.

| Section 6. How will this proposal affect people with protected | No impact | Make things better | Make things worse | Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc. |
|----------------------------------------------------------------|-----------|--------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------|
|----------------------------------------------------------------|-----------|--------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------|

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| characteristics?              |   |  |  |                                                                                                                                                                                                                                                                                                        |
|-------------------------------|---|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age                           | X |  |  | The PNA does identify some gaps in provision of pharmaceutical services, and although the document may support applications from potential new providers, it is unclear at this stage if there will be a market response. The PNA therefore does not have a direct affect on pharmaceutical provision. |
| Disability                    | X |  |  | As above                                                                                                                                                                                                                                                                                               |
| Sex                           | X |  |  | As above                                                                                                                                                                                                                                                                                               |
| Race                          | X |  |  | As above                                                                                                                                                                                                                                                                                               |
| Gender assignment             | X |  |  | As above                                                                                                                                                                                                                                                                                               |
| Sexual orientation            | X |  |  | As above                                                                                                                                                                                                                                                                                               |
| Religion or belief            | X |  |  | As above                                                                                                                                                                                                                                                                                               |
| Pregnancy or maternity        | X |  |  | As above                                                                                                                                                                                                                                                                                               |
| Marriage or civil partnership | X |  |  | As above                                                                                                                                                                                                                                                                                               |

| <b>Section 7. How will this proposal affect people who...</b> | <b>No impact</b> | <b>Make things better</b> | <b>Make things worse</b> | <b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b> |
|---------------------------------------------------------------|------------------|---------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| ..live in a rural area?                                       | x                |                           |                          | As above                                                                                                                                     |
| ...have a low income?                                         | x                |                           |                          | As above                                                                                                                                     |
| ...are carers (unpaid family or friend)?                      | X                |                           |                          | As above                                                                                                                                     |
| ..... are from the Armed Forces Community                     | x                |                           |                          | As above                                                                                                                                     |

**Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)**

|                                                                                                                                      |     |
|--------------------------------------------------------------------------------------------------------------------------------------|-----|
| North Yorkshire wide                                                                                                                 | N/A |
| Craven                                                                                                                               | N/A |
| Hambleton                                                                                                                            | N/A |
| Harrogate                                                                                                                            | N/A |
| Richmondshire                                                                                                                        | N/A |
| Ryedale                                                                                                                              | N/A |
| Scarborough                                                                                                                          | N/A |
| Selby                                                                                                                                | N/A |
| <b>If you have ticked one or more areas, will specific town(s)/village(s) be particularly impacted? If so, please specify below.</b> |     |
| N/A                                                                                                                                  |     |

**Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

N/A

| <b>Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)</b>                                                                                                                                              |  | <b>Tick option chosen</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|
| 1. <b>No adverse impact - no major change needed to the proposal.</b> There is no potential for discrimination or adverse impact identified.                                                                                                                                                                                                                                                                                |  | <b>x</b>                  |
| 2. <b>Adverse impact - adjust the proposal</b> - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.                                                                                                                                               |  |                           |
| 3. <b>Adverse impact - continue the proposal</b> - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services) |  |                           |
| 4. <b>Actual or potential unlawful discrimination - stop and remove the proposal</b> – The EIA identifies actual or potential unlawful discrimination. It must be stopped.                                                                                                                                                                                                                                                  |  |                           |
| <b>Explanation of why option has been chosen.</b> (Include any advice given by Legal Services.)<br><br>The PNA document does identify some gaps in provision in North Yorkshire but does not have direct influence over the market. If the PNA is used to support pharmacy applications to address the gaps, the affect will be beneficial rather than adverse.                                                             |  |                           |

**Section 11. If the proposal is to be implemented how will you find out how it is really affecting people?** (How will you monitor and review the changes?)

The PNA process is revisited every 3 years, therefore in 2028 further engagement and consultation will be conducted with the public and stakeholders to review the situation.

Pharmacy changes i.e. closures, consolidations, changes to supplementary hours etc. are monitored as part of business as usual and the PNA Steering Group will consider where changes may great gaps in provision, and supplementary statements to update the PNA will be issued where necessary. Specific engagement may also be conducted as part of this process for views of local residents.

**Section 12. Action plan.** List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

| Action | Lead | By when | Progress | Monitoring arrangements |
|--------|------|---------|----------|-------------------------|
|        |      |         |          |                         |
|        |      |         |          |                         |
|        |      |         |          |                         |
|        |      |         |          |                         |

**Section 13. Summary** Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

No impacts were identified during the assessment.

#### Section 14. Sign off section

This full EIA was completed by:

**Name:** Andrew Stewart

**Job title:** Service Development Manager

**Directorate:** HAS

**Signature:** A.Stewart

**Completion date:** 04/09/2025

**Authorised by relevant Assistant Director (signature):**

**Date:**

## Appendix 3: Residents survey results

### When We Consulted

Six-week period over January and March 2025

### How We Consulted and Who Responded

Surveys were promoted via the NYC website, press and social media platforms, with 'Have your say' posters displayed in pharmacies, GP surgeries, libraries and leisure centres. Messaging was also shared by partner organisations.

Groups and services were also contacted directly to encourage them to engage with the survey. These included older people, carers & disability groups, commissioned services (drugs, alcohol, tobacco and mental health), dentists, GPs, pharmacies and opticians.

958 people provided complete survey responses. This was higher than the last PNA when 447 responses were received. Although the number of responses only represent a small percentage of the North Yorkshire population, they do provide a useful indication of how people use and their views about pharmacy services in North Yorkshire.

A large proportion (74%) of respondents to the survey were female. More than 77% of responses came from people aged 50 - 84 years who are potentially more likely to utilise pharmacy services due to long-term health conditions or to be carers and therefore well informed about pharmacy provision. People from ethnic minority backgrounds were under-represented in the survey.

## **Pharmaceutical Needs Assessment (PNA) – Resident Survey**

**Which area do you live in?**

North Yorkshire

City of York

**Please state the first four digits of your postcode, for example YO1 6.**

**How would you rate the availability of pharmacies in your area?**

Very poor

Poor

Good

Very good

Excellent

**On a scale of 1 to 5, how well does your local community pharmacy meet your needs? Please use the scale where 1=Extremely poorly to 5=Extremely well**

1

2

3

4

5

**In your opinion, what would make the service excellent? (please select all that apply)**

Good accessibility for wheelchairs and pushchairs  
Opening times during the daytime  
Opening times during the evening  
Opening times on weekends and bank holidays  
Option to have a private consultation  
To have more information about the services the pharmacy provides

**How often do you go to a pharmacy?**

Once a week or more  
A few times a month  
Once a month  
Once every few months  
Once or twice a year  
I have not visited or contacted a pharmacy in the last year

**What type of pharmacy do you normally use? (please select one of the following)**

One on a local high street  
One in a supermarket  
One in a GP Practice  
Online Pharmacy  
Hospital Pharmacy  
Home delivery service  
Other, please specify below

**How important are the following factors for you when using your local community pharmacy?**

**In a convenient location, for example, home, work, school and so on**

Very low importance

Low importance

Neutral importance

High importance

Very high importance

**Prescription collection service**

Very low  
importance

Low importance

Neutral importance

High importance

Very high importance

**Medicine delivery service**

Very low importance

Low importance

Neutral importance

High importance

Very high importance

### **Clean and pleasant environment**

Very low importance

Low importance

Neutral importance

High importance

Very high importance

### **Good customer care or friendly staff**

Very low importance

Low importance

Neutral importance

High importance

Very high importance

### **Trusted advice**

Very low importance

Low importance

Neutral importance

High importance

Very high importance

**Convenient opening times to use on an evening or weekend**

Very low importance

Low importance

Neutral importance

High importance

Very high importance

**How easy is it to access your pharmacy in the following ways?**

**Wheelchair users, pushchairs, other mobility aids**

Very difficult

Difficult

Neutral

Easy

Very easy

**People who have sight or hearing loss**

Very difficult

Difficult

Neutral

Easy

Very easy

**People who need translation services such as British Sign Language or another language**

Very difficult

Difficult

Neutral

Easy

Very easy

**People who are neurodivergent and may need additional support**

Very difficult

Difficult

Neutral

Easy

Very easy

**People who require a private consultation room**

Very difficult

Difficult

Neutral

Easy

Very easy

**How long does it take you to get to your pharmacy?**

Up to 10 minutes

10-20 minutes

20-30 minutes

Over 30 minutes

I use the pharmacy delivery service

**How do you get to your pharmacy? (please select one of the following)**

I use the bus

I use the train

I use a taxi service

I drive my own vehicle

I walk

I cycle

I have a lift in somebody else's car

I use the pharmacy delivery service

Other, please specify below

**Has a pharmacy been available to you when you have required it for more urgent reasons, such as for emergency prescriptions or help with treating a medical condition?**

Yes

No

Not applicable

If you ticked 'No', please explain why:

**How long do you usually have to wait to be served in your pharmacy?**

Under 5 minutes

5-10 minutes

Over 10 minutes

I use the pharmacy delivery service

**Do you have medication on a repeat prescription?**

Yes

No

Prefer not to say

If 'Yes', do you usually pay for your prescription?

Yes, full price

Yes, pre-payment certificate

No, I am eligible for free prescriptions

Prefer not to say

**How aware are you of the following free services offered by pharmacies?**

**Diet and nutrition**

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

### **Smoking cessation**

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

### **Drug and alcohol awareness**

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

### **Sexual health**

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

**Physical activity**

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

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**How do you think the service your pharmacy provides could be improved? (please select all that apply)**

Medication availability

Better waiting times

More staffing

Communication

Product availability

Increased opening times

Offer more patient services and support (please give examples below)

Other, please state below

**Is there anything else you would like to tell us about your experience of pharmacies in North Yorkshire?**

Please do not include any personal identifiable information about yourself or someone else in your response

**Which age category are you in?**

16-19

20-29

30-39

40-49

50-64

65-74

75-84

85 or more

Prefer not to say

**Are you...?**

Female

Male

I describe myself in another way (please tell us below if you would like to)

Prefer not to say

**What is your ethnic group? Please tick the box which best describes your ethnic origin**

White

Mixed or multiple ethnic groups

Asian

Black or African or Caribbean

Other ethnic group (please tell us if you would like to)

Prefer not to say

**Over the last 12 months, how would you say your health has been?**

Very good

Good

Fair

Bad

Very bad

**Do you consider yourself to be a disabled person or to have a long-term, limiting condition?**

Yes

No

Prefer not to say

**Do you consider yourself to be a carer? (contributing to the care needs of a relative or friend)**

Yes

No

Prefer not to say

**What is your main language?**

**What is your employment status? (please select all that apply)**

Working full-time

Working part-time

Zero-hour contract

Self-employed

Apprenticeship or training

Student

Retired

Unemployed

Full-time carer

Part-time carer

Other, please state below

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**Residents Survey Results**

| Which area do you live in? | Number of people | %       |
|----------------------------|------------------|---------|
| North Yorkshire            | 958              | 100.00% |

|                    |            |                |
|--------------------|------------|----------------|
| <b>Grand Total</b> | <b>958</b> | <b>100.00%</b> |
|--------------------|------------|----------------|

| <b>How would you rate the availability of pharmacies in your area?</b> | <b>Number of people</b> | <b>%</b>       |
|------------------------------------------------------------------------|-------------------------|----------------|
| Excellent                                                              | 96                      | 10.02%         |
| Good                                                                   | 364                     | 38.00%         |
| Very good                                                              | 150                     | 15.66%         |
| Poor                                                                   | 260                     | 27.14%         |
| Very poor                                                              | 79                      | 8.25%          |
| Blank                                                                  | 9                       | 0.94%          |
| <b>Grand Total</b>                                                     | <b>958</b>              | <b>100.00%</b> |

| <b>On a scale of 1 to 5, how well does your local community pharmacy meet your needs? Please use the scale where 1=Extremely poorly to 5=Extremely well</b> | <b>Number of people</b> | <b>%</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------|
| 1                                                                                                                                                           | 83                      | 8.66%    |
| 2                                                                                                                                                           | 161                     | 16.81%   |
| 3                                                                                                                                                           | 238                     | 24.84%   |
| 4                                                                                                                                                           | 225                     | 23.49%   |
| 5                                                                                                                                                           | 243                     | 25.37%   |
| Blank                                                                                                                                                       | 8                       | 0.84%    |

|                    |            |                |
|--------------------|------------|----------------|
| <b>Grand Total</b> | <b>958</b> | <b>100.00%</b> |
|--------------------|------------|----------------|

| <b>What would improve the pharmacy?</b>                           | <b>Number of people</b> | <b>%</b>       |
|-------------------------------------------------------------------|-------------------------|----------------|
| Opening times on weekends and bank holidays                       | 524                     | 22.73%         |
| Opening times during the evening                                  | 507                     | 22.00%         |
| To have more information about the services the pharmacy provides | 352                     | 15.27%         |
| Good accessibility for wheelchairs and pushchairs                 | 306                     | 13.28%         |
| Opening times during the daytime                                  | 268                     | 11.63%         |
| Option to have a private consultation                             | 258                     | 11.19%         |
| Blank                                                             | 90                      | 3.90%          |
| <b>Grand total</b>                                                | <b>2305*</b>            | <b>100.00%</b> |

\* please note – multiple responses were possible for this question therefore this number is greater than the number of participants in the survey (n=958)

| <b>How often do you go to a pharmacy?</b> | <b>Number of people</b> | <b>%</b> |
|-------------------------------------------|-------------------------|----------|
| Once a week or more                       | 71                      | 7.41%    |
| Few times a month                         | 316                     | 32.99%   |

|                                                                                        |                         |                |
|----------------------------------------------------------------------------------------|-------------------------|----------------|
| Once a month                                                                           | 350                     | 36.53%         |
| Once every few months                                                                  | 112                     | 11.69%         |
| Once or twice a year                                                                   | 30                      | 3.13%          |
| Haven't visited in last year                                                           | 11                      | 1.15%          |
| Blank                                                                                  | 68                      | 7.10%          |
| <b>Grand total</b>                                                                     | <b>958</b>              | <b>100.00%</b> |
| <b>What type of pharmacy do you normally use? (please select one of the following)</b> | <b>Number of people</b> | <b>%</b>       |
| High Street                                                                            | 656                     | 68.48%         |
| Supermarket                                                                            | 42                      | 4.38%          |
| GP practice                                                                            | 165                     | 17.22%         |
| Hospital                                                                               | 1                       | 0.10%          |
| Home delivery service                                                                  | 22                      | 2.30%          |
| Online                                                                                 | 18                      | 1.88%          |
| Other                                                                                  | 39                      | 4.07%          |
| Blank                                                                                  | 15                      | 1.57%          |
| <b>Grand total</b>                                                                     | <b>958</b>              | <b>100.00%</b> |

How important are the following factors for you when using your local community pharmacy?

|                    |                         |          |
|--------------------|-------------------------|----------|
| <b>Convenience</b> | <b>Number of people</b> | <b>%</b> |
|--------------------|-------------------------|----------|

|                      |            |                |
|----------------------|------------|----------------|
| Very high importance | 404        | 42.17%         |
| High importance      | 444        | 46.35%         |
| Neutral importance   | 66         | 6.89%          |
| Low importance       | 10         | 1.04%          |
| Very low importance  | 9          | 0.94%          |
| Blank                | 25         | 2.61%          |
| <b>Grand total</b>   | <b>958</b> | <b>100.00%</b> |

| <b>Delivery service</b> | <b>Number of people</b> | <b>%</b>       |
|-------------------------|-------------------------|----------------|
| Very high importance    | 106                     | 11.06%         |
| High importance         | 152                     | 15.87%         |
| Neutral importance      | 322                     | 33.61%         |
| Low importance          | 160                     | 16.70%         |
| Very low importance     | 148                     | 15.45%         |
| Blank                   | 70                      | 7.31%          |
| <b>Grand total</b>      | <b>958</b>              | <b>100.00%</b> |

| <b>Collection service</b> | <b>Number of people</b> | <b>%</b> |
|---------------------------|-------------------------|----------|
| Very high importance      | 407                     | 42.48%   |

|                     |            |                |
|---------------------|------------|----------------|
| High importance     | 294        | 30.69%         |
| Neutral importance  | 139        | 14.51%         |
| Low importance      | 31         | 3.24%          |
| Very low importance | 42         | 4.38%          |
| Blank               | 45         | 4.70%          |
| <b>Grand total</b>  | <b>958</b> | <b>100.00%</b> |

| <b>Good customer care/friendly staff</b> | <b>Number of people</b> | <b>%</b>       |
|------------------------------------------|-------------------------|----------------|
| Very high importance                     | 521                     | 54.38%         |
| High importance                          | 369                     | 38.52%         |
| Neutral importance                       | 38                      | 3.97%          |
| Low importance                           | 4                       | 0.42%          |
| Very low importance                      | 4                       | 0.42%          |
| Blank                                    | 22                      | 2.30%          |
| <b>Grand total</b>                       | <b>958</b>              | <b>100.00%</b> |

| <b>Convenient opening times on evening/weekend</b> | <b>Number of people</b> | <b>%</b> |
|----------------------------------------------------|-------------------------|----------|
|----------------------------------------------------|-------------------------|----------|

|                      |            |                |
|----------------------|------------|----------------|
| Very high importance | 450        | 46.97%         |
| High importance      | 338        | 35.28%         |
| Neutral importance   | 120        | 12.53%         |
| Low importance       | 10         | 1.04%          |
| Very low importance  | 7          | 0.73%          |
| Blank                | 33         | 3.44%          |
| <b>Grand total</b>   | <b>958</b> | <b>100.00%</b> |

| <b>Clean and pleasant environment</b> | <b>Number of people</b> | <b>%</b>       |
|---------------------------------------|-------------------------|----------------|
| Very high importance                  | 324                     | 33.82%         |
| High importance                       | 419                     | 43.74%         |
| Neutral importance                    | 150                     | 15.66%         |
| Low importance                        | 17                      | 1.77%          |
| Very low importance                   | 5                       | 0.52%          |
| Blank                                 | 43                      | 4.49%          |
| <b>Grand total</b>                    | <b>958</b>              | <b>100.00%</b> |

| <b>Trusted advice</b> | <b>Number of people</b> | <b>%</b> |
|-----------------------|-------------------------|----------|
| Very high importance  | 607                     | 63.36%   |
| High importance       | 258                     | 26.93%   |

|                     |            |                |
|---------------------|------------|----------------|
| Neutral importance  | 40         | 4.18%          |
| Low importance      | 4          | 0.42%          |
| Very low importance | 8          | 0.84%          |
| Blank               | 41         | 4.28%          |
| <b>Grand total</b>  | <b>958</b> | <b>100.00%</b> |

How easy is it to access your pharmacy in the following ways?

| Wheelchair users, pushchairs, other mobility aids | Number of people | %              |
|---------------------------------------------------|------------------|----------------|
| Neutral                                           | 270              | 28.18%         |
| Easy                                              | 212              | 22.13%         |
| Difficult                                         | 186              | 19.42%         |
| Very difficult                                    | 142              | 14.82%         |
| Very easy                                         | 94               | 9.81%          |
| Blank                                             | 54               | 5.64%          |
| <b>Grand total</b>                                | <b>958</b>       | <b>100.00%</b> |

| People who have sight or hearing loss | Number of people | % |
|---------------------------------------|------------------|---|
|---------------------------------------|------------------|---|

|                    |            |                |
|--------------------|------------|----------------|
| Neutral            | 441        | 46.03%         |
| Easy               | 164        | 17.12%         |
| Difficult          | 158        | 16.49%         |
| Very difficult     | 55         | 5.74%          |
| Very easy          | 46         | 4.80%          |
| Blank              | 94         | 9.81%          |
| <b>Grand total</b> | <b>958</b> | <b>100.00%</b> |

| <b>People who are neurodivergent and may need additional support</b> | <b>Number of people</b> | <b>%</b>       |
|----------------------------------------------------------------------|-------------------------|----------------|
| Neutral                                                              | 563                     | 58.77%         |
| Easy                                                                 | 90                      | 9.39%          |
| Difficult                                                            | 142                     | 14.82%         |
| Very difficult                                                       | 43                      | 4.49%          |
| Very easy                                                            | 16                      | 1.67%          |
| Blank                                                                | 104                     | 10.86%         |
| <b>Grand total</b>                                                   | <b>958</b>              | <b>100.00%</b> |

| <b>People who need translation services such as British Sign Language or another language</b> | <b>Number of people</b> | <b>%</b> |
|-----------------------------------------------------------------------------------------------|-------------------------|----------|
| Neutral                                                                                       | 607                     | 63.36%   |

|                    |            |                |
|--------------------|------------|----------------|
| Easy               | 40         | 4.18%          |
| Difficult          | 130        | 13.57%         |
| Very difficult     | 64         | 6.68%          |
| Very easy          | 10         | 1.04%          |
| Blank              | 107        | 11.17%         |
| <b>Grand total</b> | <b>958</b> | <b>100.00%</b> |

| <b>People who require a private consultation room</b> | <b>Number of people</b> | <b>%</b>       |
|-------------------------------------------------------|-------------------------|----------------|
| Neutral                                               | 284                     | 29.65%         |
| Easy                                                  | 293                     | 30.58%         |
| Difficult                                             | 122                     | 12.73%         |
| Very difficult                                        | 48                      | 5.01%          |
| Very easy                                             | 142                     | 14.82%         |
| Blank                                                 | 69                      | 7.20%          |
| <b>Grand total</b>                                    | <b>958</b>              | <b>100.00%</b> |

| <b>How long does it take you to get to your pharmacy?</b> | <b>Number of people</b> | <b>%</b> |
|-----------------------------------------------------------|-------------------------|----------|
| Up to 10 minutes                                          | 503                     | 52.51%   |

|                                   |            |                |
|-----------------------------------|------------|----------------|
| 10 to 20 minutes                  | 332        | 34.66%         |
| 20 to 30 minutes                  | 88         | 9.19%          |
| Over 30 minutes                   | 15         | 1.57%          |
| Use the pharmacy delivery service | 10         | 1.04%          |
| blank                             | 10         | 1.04%          |
| <b>Grand total</b>                | <b>958</b> | <b>100.00%</b> |

| How do you get to your pharmacy?<br>(please select one of the following) | Number of<br>people | %      |
|--------------------------------------------------------------------------|---------------------|--------|
| Walk                                                                     | 465                 | 48.54% |
| Cycle                                                                    | 9                   | 0.94%  |
| Drive own vehicle                                                        | 417                 | 43.53% |
| Bus                                                                      | 11                  | 1.15%  |

|                                   |            |                |
|-----------------------------------|------------|----------------|
| Other                             | 16         | 1.67%          |
| Taxi                              | 3          | 0.31%          |
| Get a lift from someone else      | 21         | 2.19%          |
| Train                             | 0          | 0.00%          |
| Use the pharmacy delivery service | 14         | 1.46%          |
| Blank                             | 2          | 0.21%          |
| <b>Grand total</b>                | <b>958</b> | <b>100.00%</b> |

| Has a pharmacy been available to you when you have required it for more urgent reasons, such as for emergency prescriptions or help with treating a medical condition? | Number of people | %              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|
| Yes                                                                                                                                                                    | 403              | 42.07%         |
| No                                                                                                                                                                     | 232              | 24.22%         |
| N/A                                                                                                                                                                    | 310              | 32.36%         |
| Blank                                                                                                                                                                  | 13               | 1.36%          |
| <b>Grand total</b>                                                                                                                                                     | <b>958</b>       | <b>100.00%</b> |

| How long do you usually have to wait to be served in your pharmacy? | Number of people | %      |
|---------------------------------------------------------------------|------------------|--------|
| Under 5 minutes                                                     | 336              | 35.07% |

|                                   |            |                |
|-----------------------------------|------------|----------------|
| 5 to 10 minutes                   | 347        | 36.22%         |
| Over 10 minutes                   | 253        | 26.41%         |
| Use the pharmacy delivery service | 14         | 1.46%          |
| Blank                             | 8          | 0.84%          |
| <b>Grand total</b>                | <b>958</b> | <b>100.00%</b> |

| Do you have medication on a repeat prescription? | Number of people | %              |
|--------------------------------------------------|------------------|----------------|
| No                                               | 101              | 10.54%         |
| Yes                                              | 817              | 85.28%         |
| Prefer not to say                                | 13               | 1.36%          |
| Blank                                            | 27               | 2.82%          |
| <b>Grand total</b>                               | <b>958</b>       | <b>100.00%</b> |

**If 'Yes', do you usually pay for your prescription?**

521 (63.77%) said they were eligible for free prescriptions

76 (9.30%) said they paid full price

151 (18.48%) said they had a pre-payment certificate

69 (8.45%) left this question blank

**How aware are you of the following free services offered by pharmacies?**

| Diet and nutrition | Number of | % |
|--------------------|-----------|---|
|--------------------|-----------|---|

|                    | people     |                |
|--------------------|------------|----------------|
| Neither            | 159        | 16.60%         |
| Somewhat aware     | 181        | 18.89%         |
| Somewhat unaware   | 194        | 20.25%         |
| Very aware         | 75         | 7.83%          |
| Very unaware       | 331        | 34.55%         |
| Blank              | 18         | 1.88%          |
| <b>Grand total</b> | <b>958</b> | <b>100.00%</b> |

| <b>Drugs and alcohol awareness</b> | Number of people | %              |
|------------------------------------|------------------|----------------|
| Neither                            | 226              | 23.59%         |
| Somewhat aware                     | 206              | 21.50%         |
| Somewhat unaware                   | 172              | 17.95%         |
| Very aware                         | 86               | 8.98%          |
| Very unaware                       | 249              | 25.99%         |
| Blank                              | 19               | 1.98%          |
| <b>Grand total</b>                 | <b>958</b>       | <b>100.00%</b> |

| <b>Physical activity</b> | Number of people | %      |
|--------------------------|------------------|--------|
| Neither                  | 213              | 22.23% |

|                    |            |                |
|--------------------|------------|----------------|
| Somewhat aware     | 143        | 14.93%         |
| Somewhat unaware   | 210        | 21.92%         |
| Very aware         | 56         | 5.85%          |
| Very unaware       | 319        | 33.30%         |
| Blank              | 17         | 1.77%          |
| <b>Grand total</b> | <b>958</b> | <b>100.00%</b> |

| <b>Smoking cessation</b> | <b>Number of people</b> | <b>%</b>       |
|--------------------------|-------------------------|----------------|
| Neither                  | 178                     | 18.58%         |
| Somewhat aware           | 271                     | 28.29%         |
| Somewhat unaware         | 137                     | 14.30%         |
| Very aware               | 155                     | 16.18%         |
| Very unaware             | 188                     | 19.62%         |
| Blank                    | 29                      | 3.03%          |
| <b>Grand total</b>       | <b>958</b>              | <b>100.00%</b> |

| <b>Sexual health</b> | <b>Number of people</b> | <b>%</b> |
|----------------------|-------------------------|----------|
| Neither              | 200                     | 20.88%   |
| Somewhat aware       | 236                     | 24.63%   |

|                                                                                                              |                         |                |
|--------------------------------------------------------------------------------------------------------------|-------------------------|----------------|
| Somewhat unaware                                                                                             | 182                     | 19.00%         |
| Very aware                                                                                                   | 89                      | 9.29%          |
| Very unaware                                                                                                 | 233                     | 24.32%         |
| Blank                                                                                                        | 18                      | 1.88%          |
| <b>Grand total</b>                                                                                           | <b>958</b>              | <b>100.00%</b> |
| <b>How do you think the service your pharmacy provides could be improved? (please select all that apply)</b> | <b>Number of people</b> | <b>%</b>       |
| Better waiting times                                                                                         | 302                     | 12.22%         |
| Communication                                                                                                | 201                     | 8.13%          |
| Increased opening times                                                                                      | 486                     | 19.67%         |
| Medication availability                                                                                      | 360                     | 14.57%         |
| More staffing                                                                                                | 402                     | 16.27%         |
| Offer more services                                                                                          | 112                     | 4.53%          |
| Product availability                                                                                         | 341                     | 13.80%         |
| Other                                                                                                        | 172                     | 6.96%          |
| Blank                                                                                                        | 95                      | 3.84%          |
| <b>Grand total</b>                                                                                           | <b>2471*</b>            | <b>100.00%</b> |

\* please note – multiple responses possible therefore this number is greater than the number of participants in the survey (n=958)

Other suggestions include:

Calls for increased government funding, larger and more modern

pharmacy premises, better disabled access, and more pharmacies in underserved or growing areas. Others highlighted the need for home delivery services, private consultation spaces, better staff training, and improved support for people with special needs.

| What age category are you? | Number of people | %              |
|----------------------------|------------------|----------------|
| 20 to 29                   | 14               | 1.46%          |
| 30 to 39                   | 61               | 6.37%          |
| 40 to 49                   | 101              | 10.54%         |
| 50 to 64                   | 369              | 38.52%         |
| 65 to 74                   | 242              | 25.26%         |
| 75 to 84                   | 122              | 12.73%         |
| 85 or more                 | 20               | 2.09%          |
| Prefer not to say          | 18               | 1.88%          |
| Blank                      | 11               | 1.15%          |
| <b>Grand total</b>         | <b>958</b>       | <b>101.16%</b> |

| Are you...? | Number of people | %      |
|-------------|------------------|--------|
| Female      | 691              | 72.13% |
| Male        | 229              | 23.90% |

|                    |            |                |
|--------------------|------------|----------------|
| Prefer not to say  | 15         | 1.57%          |
| Other              | 3          | 0.31%          |
| Blank              | 20         | 2.09%          |
| <b>Grand total</b> | <b>958</b> | <b>100.00%</b> |

| <b>What is your ethnic group?</b> | <b>Number of people</b> | <b>%</b>       |
|-----------------------------------|-------------------------|----------------|
| White                             | 883                     | 92.17%         |
| Prefer not to say                 | 42                      | 4.38%          |
| Other                             | 3                       | 0.31%          |
| Asian                             | 3                       | 0.31%          |
| Black or African or Caribbean     | 1                       | 0.10%          |
| Mixed or multiple ethnic groups   | 5                       | 0.52%          |
| Blank                             | 21                      | 2.19%          |
| <b>Grand total</b>                | <b>958</b>              | <b>100.00%</b> |

| <b>Over the last 12 months, how would you say your health has been?</b> | <b>Number of people</b> | <b>%</b> |
|-------------------------------------------------------------------------|-------------------------|----------|
| Very good                                                               | 116                     | 12.11%   |
| Good                                                                    | 399                     | 41.65%   |
| Fair                                                                    | 318                     | 33.19%   |
| Bad                                                                     | 96                      | 10.02%   |
| Very bad                                                                | 18                      | 1.88%    |

|                    |            |                |
|--------------------|------------|----------------|
| Blank              | 11         | 1.15%          |
| <b>Grand total</b> | <b>958</b> | <b>100.00%</b> |

| <b>Do you consider yourself to be a disabled person or to have a long-term, limiting condition?</b> | <b>Number of people</b> | <b>%</b>       |
|-----------------------------------------------------------------------------------------------------|-------------------------|----------------|
| No                                                                                                  | 645                     | 67.33%         |
| Yes                                                                                                 | 269                     | 28.08%         |
| Prefer not to say                                                                                   | 31                      | 3.24%          |
| Blank                                                                                               | 13                      | 1.36%          |
| <b>Grand total</b>                                                                                  | <b>958</b>              | <b>100.00%</b> |

| <b>Do you consider yourself to be a carer?</b> | <b>Number of people</b> | <b>%</b>       |
|------------------------------------------------|-------------------------|----------------|
| No                                             | 739                     | 77.14%         |
| Yes                                            | 191                     | 19.94%         |
| Prefer not to say                              | 17                      | 1.77%          |
| Blank                                          | 11                      | 1.15%          |
| <b>Grand total</b>                             | <b>958</b>              | <b>100.00%</b> |

| What is your main language? | Number of people | %              |
|-----------------------------|------------------|----------------|
| English                     | 916              | 95.62%         |
| Latvian                     | 1                | 0.10%          |
| Romanian                    | 1                | 0.10%          |
| Scots                       | 1                | 0.10%          |
| Polish                      | 1                | 0.10%          |
| Blank                       | 38               | 3.97%          |
| <b>Grand total</b>          | <b>958</b>       | <b>100.00%</b> |

| What is your employment status?<br>(Please select all that apply) | Number of people | %      |
|-------------------------------------------------------------------|------------------|--------|
| Full time carer                                                   | 21               | 2.10%  |
| Other                                                             | 28               | 2.80%  |
| Part time carer                                                   | 14               | 1.40%  |
| Retired                                                           | 429              | 42.86% |
| Apprenticeship or training                                        | 0                | 0.00%  |
| Self-employed                                                     | 48               | 4.80%  |
| Student                                                           | 5                | 0.50%  |
| Unemployed                                                        | 17               | 1.70%  |
| Working full time                                                 | 260              | 25.97% |
| Working part time                                                 | 155              | 15.48% |
| Zero hour contract                                                | 5                | 0.50%  |

|                    |              |                |
|--------------------|--------------|----------------|
| Blank              | 19           | 1.90%          |
| <b>Grand total</b> | <b>1001*</b> | <b>100.00%</b> |

\* please note – multiple responses possible therefore this number is greater than the number of participants in the survey (n=958)

### Is there anything else you would like to tell us about your experience of pharmacies in North Yorkshire?

*“The Pharmacy First service is fab and has made it easier to get care for my toddler around my working pattern, and saved several GP appointments.”*

*“Chairs for the long wait would be a good idea. More counter staff to triage whether someone is collecting a prescription or bringing one in or wants to purchase something or ask advice. At mine you are all in this great long queue with one assistant. Better communication and customer service training.”*

*“Our local pharmacy is very good and the staff are really helpful but it is only open during the day Monday to Friday.”*

*“There is a lack of pharmacies. Helmsley needs one to service the surrounding area and the town itself.”*

*“I very rarely use my local pharmacy because I work 12 hr shifts Monday to Friday... Later opening hours and hours open on a weekend would make a massive difference for me.”*

*“Independent pharmacies go above and beyond for patients unlike the corporate chains.”*

*"Lack of immediate information on medication availability. ie being told at 3.00pm on a Saturday that medication is unavailable 4 days after prescription was delivered to Pharmacy and then having to make phone calls and travel 10 miles to obtain medication immediately"*

*"My local pharmacy is brilliant... I don't have to wait long, and nothing is too much trouble."*

*"The pharmacy in Easingwold is not fit for purpose. Waiting time for even common drugs on prescription is outlandish."*

*"There is a distinct lack of privacy in our village pharmacy... Sometimes more discretion would be nice."*

*"Things are slowly improving with use of the internet. Though not for many elderly people. Arranging for delivery could be improved as to finding availability of delivery services, some of which are expensive, and many cannot afford them. Pharmacies seem to be widespread out in many areas making collection difficult."*

*"I have only experienced very good swift efficient service with the staff being very very pleasant!"*

# Appendix 4: Pharmacy addresses and opening times

Information from ICB May 2025:

| Contract type    |
|------------------|
| Standard 40      |
| hours            |
| DAC              |
| 100 hours        |
| Distance selling |

| Locality          | Contractor Name                   | "Contr<br>act"<br>type | Pharmacy<br>Trading Name            | Address 1                              | Address<br>2     | Town                  | Postco<br>de | Opening<br>Monday           | Opening<br>Tuesday          | Opening<br>Wednesday        | Opening<br>Thursday         | Opening Friday              | Opening<br>Saturday         | Opening<br>Sunday   |
|-------------------|-----------------------------------|------------------------|-------------------------------------|----------------------------------------|------------------|-----------------------|--------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------|
| Richmond<br>shire | Boots UK Ltd                      | Stand<br>ard           | Boots<br>Pharmacy                   | Unit 4,<br>Princes Gate                |                  | Catterick<br>Garrison | DL9<br>3BA   | 09:00-13:00;<br>13:30-17:00 | 09:00-13:00;<br>13:30-17:00 | 09:00-13:00;<br>13:30-17:00 | 09:00-13:00;<br>13:30-17:00 | 09:00-13:00;<br>13:30-17:00 | 09:00-14:00;<br>15:00-18:00 | 10:30-<br>16:30     |
| Ryedale           | SNJ Health Ltd                    | Stand<br>ard           | Jhoots<br>Pharmacy                  | 31-33<br>Wheelgate                     |                  | Malton                | YO17<br>7HT  | 09:00-12:30;<br>13:30-17:30 | 09:00-12:30;<br>13:30-17:30 | 09:00-12:30;<br>13:30-17:30 | 09:00-12:30;<br>13:30-17:30 | 09:00-12:30;<br>13:30-17:30 | 09:00-12:30;<br>13:30-16:00 |                     |
| Hambleto<br>n     | Bestway National Chemists<br>Ltd  | Stand<br>ard           | Well Pharmacy                       | Boroughbridg<br>e Road                 |                  | Northallerton         | DL7<br>8BN   | 08:45-18:30                 | 08:45-18:30                 | 08:45-18:30                 | 08:45-18:30                 | 08:45-18:30                 | 09:00-12:30                 |                     |
| Hambleto<br>n     | Day Lewis Plc                     | Stand<br>ard           | Day Lewis<br>Pharmacy               | Malpas Road                            |                  | Northallerton         | DL7<br>8FW   | 08:30-13:00;<br>13:30-17:30 | 08:30-13:00;<br>13:30-17:30 | 08:30-13:00;<br>13:30-17:30 | 08:30-13:00;<br>13:30-17:30 | 08:30-13:00;<br>13:30-17:30 | 09:00-14:00                 |                     |
| Scarboro<br>ugh   | Boots UK Ltd                      | Stand<br>ard           | Boots<br>Pharmacy                   | 24A<br>Bridlington<br>Street           |                  | Hunmanby              | YO14<br>0JR  | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-17:00                 |                     |
| Harrogate         | LP Twenty One Limited             | Stand<br>ard           | KINGS ROAD -<br>PHARMACY+H<br>EALTH | 154-156<br>KINGS ROAD                  |                  | HARROGATE             | HG1<br>5HY   | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-13:00                 |                     |
| Richmond<br>shire | Day Lewis Plc                     | Stand<br>ard           | Day Lewis<br>Pharmacy               | 7 Market<br>Place                      |                  | Leyburn               | DL8<br>5BG   | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:00                 | Additional<br>Hours |
| Scarboro<br>ugh   | Filey Medical Services Ltd        | Stand<br>ard           | Filey Bay<br>Pharmacy               | 15 Sunrise<br>Drive                    |                  | Filey                 | YO14<br>9GE  | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 |                             |                     |
| Hambleto<br>n     | Coopers Chemist Gt Ayton<br>Ltd   | Stand<br>ard           | Coopers<br>Chemist Gt<br>Ayton Ltd  | 131 High<br>Street                     |                  | Great Ayton           | TS9<br>6BW   | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-14:00                 |                     |
| Scarboro<br>ugh   | JG Squire Ltd                     | Stand<br>ard           | JG Squire Ltd                       | 54 Falsgrave<br>Road                   |                  | Scarborough           | YO12<br>5AX  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:00                 |                     |
| Scarboro<br>ugh   | Scarborough Healthcare<br>Limited | Stand<br>ard           | Aberdeen Walk<br>Pharmacy           | 10-12<br>Aberdeen<br>Walk              |                  | Scarborough           | YO11<br>1XP  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 |                     |
| Harrogate         | Gorgemead Ltd                     | Stand<br>ard           | COHENS<br>CHEMIST                   | MOWBRAY<br>SQUARE<br>MEDICAL<br>CENTRE | MYRTLE<br>SQUARE | HARROGATE             | HG1<br>5AR   | 8:00-18:00                  | 8:00-18:00                  | 8:00-18:00                  | 8:00-18:00                  | 8:00-18:00                  |                             |                     |
| Ryedale           | The Pharmacy Group                | Stand<br>ard           | Malton - The                        | 24 Market                              |                  | Malton                | YO17         | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-16:00                 |                     |

|               |                                |          |                           |                         |                    |                             |          |                             |                             |                             |                             |                             |                             |             |
|---------------|--------------------------------|----------|---------------------------|-------------------------|--------------------|-----------------------------|----------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------|
|               | Corporation Ltd                | rd       | Pharmacist                | Place                   |                    |                             | 7LX      |                             |                             |                             |                             |                             |                             |             |
| Harrogate     | Bestway National Chemists Ltd  | Standard | Well PHARMACY             | 111 COLD BATH ROAD      |                    | HARROGATE                   | HG2 ONU  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-13:00                 |             |
| Harrogate     | PR Naylor Chemist Ltd          | Standard | PR NAYLOR CHEMIST Ltd     | 40-42 MARKET PLACE      |                    | KNARESBOROUGH               | HG5 8AG  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 |                             |             |
| Hambleton     | Boots UK Ltd                   | Standard | Boots Pharmacy            | 203-204 High Street     |                    | Northallerton               | DL7 8LW  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 10:30-16:00 |
| Scarborough   | Boots UK Ltd                   | Standard | Boots Pharmacy            | 2 Murray Street         |                    | Filey                       | YO14 9DG | 09:00-12:30;<br>13:00-17:30 | 09:00-12:30;<br>13:00-17:30 | 09:00-12:30;<br>13:00-17:30 | 09:00-12:30;<br>13:00-17:30 | 09:00-12:30;<br>13:00-17:30 | 09:00-12:30;<br>13:00-17:30 |             |
| Harrogate     | ASDA Stores Ltd                | Standard | Asda Pharmacy             | BOWER ROAD              |                    | HARROGATE                   | HG1 5DE  | 09:00-20:00                 | 09:00-20:00                 | 09:00-20:00                 | 09:00-20:00                 | 09:00-20:00                 | 09:00-20:00                 | 10:00-16:00 |
| Scarborough   | WM Morrisons Supermarkets Ltd  | Standard | Morrisons Pharmacy        | Dunslow Road            | Crossgates         | Scarborough                 | YO11 3YN | 08:30-19:00                 | 08:30-19:00                 | 08:30-19:00                 | 08:30-19:00                 | 08:30-19:00                 | 08:30-17:00                 | 10:00-16:00 |
| Harrogate     | Superdrug Stores PLC           | Standard | SUPERDRUG PHARMACY        | UNIT 1 NIDDERDALE HOUSE | 4-6 CAMBRIDGE ROAD | HARROGATE                   | HG1 1NS  | 08:30-17:30                 | 08:30-17:30                 | 08:30-17:30                 | 08:30-17:30                 | 08:30-17:30                 | 09:00-17:30                 |             |
| Harrogate     | Boots UK Ltd                   | Standard | YOUR LOCAL BOOTS PHARMACY | 22-28 MARKET PLACE      |                    | KNARESBOROUGH               | HG5 8AG  | 09:00-13:00;<br>13:30-17:00 | 09:00-13:00;<br>13:30-17:00 | 09:00-13:00;<br>13:30-17:00 | 09:00-13:00;<br>13:30-17:00 | 09:00-13:00;<br>13:30-17:00 | 09:00-13:00;<br>13:30-16:00 |             |
| Harrogate     | Boots UK Ltd                   | Standard | YOUR LOCAL BOOTS PHARMACY | 27 MARKET PLACE WEST    |                    | RIPON                       | HG4 1BN  | 09:00-12:00;<br>12:30-17:00 | 09:00-12:00;<br>12:30-17:00 | 09:00-12:00;<br>12:30-17:00 | 09:00-12:00;<br>12:30-17:00 | 09:00-12:00;<br>12:30-17:00 | 09:00-17:00                 |             |
| Richmondshire | Boots UK Ltd                   | Standard | Boots Pharmacy            | 15-16 Market Place      |                    | Richmond                    | DL10 4PX | 09:00-12:00;<br>12:30-17:30 | 09:00-12:00;<br>12:30-17:30 | 09:00-12:00;<br>12:30-17:30 | 09:00-12:00;<br>12:30-17:30 | 09:00-12:00;<br>12:30-17:30 | 09:00-12:00;<br>12:30-17:30 |             |
| Harrogate     | Harrogate Healthcare LLP       | Standard | KINGS ROAD PHARMACY       | 28-30 KINGS ROAD        |                    | HARROGATE                   | HG1 5JP  | 08:00-18:30                 | 08:00-18:30                 | 08:00-18:30                 | 08:00-18:30                 | 08:00-18:30                 | 08:00-12:00                 |             |
| Harrogate     | FITTLEWORTH MEDICAL LTD        | DAC      | N/A                       | 5-7 Cheltenham Mount    |                    | HARROGATE                   | HG1 1DW  | 09:00-15:00                 | 09:00-15:00                 | 09:00-15:00                 | 09:00-15:00                 | 09:00-15:00                 |                             |             |
| Scarborough   | Scarborough Healthcare Limited | Standard | Newby Pharmacy            | 448 Scalby Road         |                    | Scarborough                 | YO12 6EE | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:45                 | 09:00-12:30                 |             |
| Scarborough   | Boots UK Ltd                   | Standard | Boots Pharmacy            | 32-34 Murray Street     |                    | Filey                       | YO14 9DG | 09:00-12:00;<br>13:00-17:30 | 09:00-12:00;<br>13:00-17:30 | 09:00-12:00;<br>13:00-17:30 | 09:00-12:00;<br>13:00-17:30 | 09:00-12:00;<br>13:00-17:30 | 09:00-12:00;<br>13:00-17:30 |             |
| Scarborough   | Boots UK Ltd                   | Standard | Boots Pharmacy            | 100-101 Westborough     |                    | Scarborough                 | YO11 1LN | 08:30-17:30                 | 08:30-17:30                 | 08:30-17:30                 | 08:30-17:30                 | 08:30-17:30                 | 09:00-17:00                 | 10:00-16:00 |
| Harrogate     | Yorcare Ltd                    | Standard | BOROUGHBRIDGE PHARMACY    | 26 HIGH STREET          |                    | Boroughbridge               | YO51 9AW | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-13:00                 |             |
| Richmondshire | AVN Medical Ltd                | Standard | Colburn Pharmacy          | 19-20 The Broadway      |                    | Colburn, Catterick Garrison | DL9 4RF  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-13:00                 |             |
| Scarborough   | Gorgemead Ltd                  | Standard | Cohens Chemist            | 1a Belgrave Crescent    |                    | Scarborough                 | YO11 1UB | 08:30-18:00                 | 08:30-18:00                 | 08:30-18:00                 | 08:30-18:00                 | 08:30-18:00                 | 09:00-13:00                 |             |

|               |                                |          |                                      |                              |                    |                   |          |                             |                             |                             |                             |                             |                             |             |
|---------------|--------------------------------|----------|--------------------------------------|------------------------------|--------------------|-------------------|----------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------|
| Scarborough   | Ayton Limited                  | Standard | Aston Pharmacy                       | 35 Main Street               | East Ayton         | Scarborough       | YO13 9HL | 09:00-13:00;<br>13:30-17:30 | 09:00-13:00;<br>13:30-17:30 | 09:00-13:00;<br>13:30-17:30 | 09:00-13:00;<br>13:30-17:30 | 09:00-13:00;<br>13:30-17:30 |                             |             |
| Ryedale       | Derwent Pharmacy Ltd           | Standard | Derwent Pharmacy Ltd                 | Norton Road                  | Norton             | Malton            | YO17 9RD | 08:30-13:00;<br>14:15-17:30 | 08:30-13:00;<br>14:15-17:30 | 08:30-13:00;<br>14:15-17:30 | 08:30-13:00;<br>14:15-17:30 | 08:30-13:00;<br>14:15-17:30 | 08:30-13:00                 |             |
| Harrogate     | Gorgemead Ltd                  | Standard | COHENS CHEMIST                       | 52-54 KING EDWARDS DRIVE     |                    | HARROGATE         | HG1 4HL  | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 |                             |             |
| Scarborough   | Oasis Pharmaceuticals Ltd      | Standard | Barrowcliff Pharmacy                 | 24 Wreyfield Drive           | Newby              | Scarborough       | YO12 6NN | 09:00-17:45                 | 09:00-17:45                 | 09:00-17:45                 | 09:00-17:45                 | 09:00-17:45                 | 09:00-13:00                 |             |
| Scarborough   | Aston Chemists Ltd             | Standard | Astons Pharmacy                      | 13 Ramshill Road             |                    | Scarborough       | YO11 2LN | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 |                             |             |
| Scarborough   | Aston Chemists Ltd             | Standard | Aston Chemists Ltd                   | 13-15 Gladstone Road         |                    | Scarborough       | YO12 7BQ | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:30-12:30                 |             |
| Richmondshire | AVN Medical Ltd                | Standard | t/a The Village Pharmacy             | 33 High Street               |                    | Catterick Village | DL10 7LL | 09:00-18:00                 | 09:00-17:30                 | 09:00-18:00                 | 09:00-17:30                 | 09:00-18:00                 | 09:00-13:00                 |             |
| Hambleton     | Tesco Stores Ltd               | 100 hour | Tesco Pharmacy                       | Station Road                 |                    | Thirsk            | YO7 1PZ  | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 10:00-16:00 |
| Harrogate     | Boots UK Ltd                   | 100 hour | YOUR LOCAL BOOTS PHARMACY            | UNIT 4A ST JAMES RETAIL PARK | GRIMBALD CRAG ROAD | KNARESBOROUGH     | HG5 8PZ  | 08:30-21:00                 | 08:30-21:00                 | 08:30-21:00                 | 08:30-21:00                 | 08:30-21:00                 | 09:00-21:00                 | 10:00-16:00 |
| Scarborough   | Day Lewis Plc                  | Standard | Day Lewis Pharmacy                   | 4 The Parade                 | White Point Road   | Whitby            | YO21 3JP | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-13:00                 |             |
| Harrogate     | WM Morrisons Supermarkets Ltd  | Standard | Morrisons Pharmacy                   | Harrogate Road               | Quarry Moor        | Ripon             | HG4 2SB  | 09:00-19:00                 | 09:00-19:00                 | 09:00-19:00                 | 09:00-19:00                 | 09:00-19:00                 | 09:00-18:00                 | 10:00-16:00 |
| Harrogate     | LP SD Twenty One Limited       | Standard | KNARESBOROUGH ROAD - PHARMACY+HEALTH | 123 KNARESBOROUGH ROAD       |                    | HARROGATE         | HG2 7LY  | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 |                             |             |
| Hambleton     | Boots UK Ltd                   | Standard | Boots Pharmacy                       | 28 Market Place              |                    | Thirsk            | YO7 1LB  | 08:30-17:30                 | 08:30-17:30                 | 08:30-17:30                 | 08:30-17:30                 | 08:30-17:30                 | 09:30-17:30                 |             |
| Ryedale       | Medicines Extra Healthcare Ltd | Standard | Beecham Pharmacy                     | 33-35 Commercial Street      | Norton             | Malton            | YO17 9HX | 09:00-13:00;<br>14:15-17:30 | 09:00-13:00;<br>14:15-17:30 | 09:00-13:00;<br>14:15-17:30 | 09:00-13:00;<br>14:15-17:30 | 09:00-13:00;<br>14:15-17:30 | 09:00-13:00;<br>14:15-17:30 |             |
| Harrogate     | Bestway National Chemists Ltd  | 100 hour | WELL PHARMACY                        | KINGSWOOD MEDICAL CENTRE     | 14 WETHE RBY ROAD  | HARROGATE         | HG2 7SA  | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 09:30-18:00 |
| Harrogate     | Pateley Bridge Healthcare Ltd  | Standard | PATELEY BRIDGE PHARMACY              | 25 HIGH STREET               |                    | PATELEY BRIDGE    | HG3 5AL  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:00                 |             |
| Richmondshire | Day Lewis Plc                  | Standard | Day Lewis Pharmacy                   | 5-6 Trinity Church Square    |                    | Richmond          | DL10 4HY | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-13:00                 |             |

|               |                                |                  |                                       |                                            |                  |               |          |                             |                             |                             |                             |                             |                             |             |
|---------------|--------------------------------|------------------|---------------------------------------|--------------------------------------------|------------------|---------------|----------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------|
| Harrogate     | Day Lewis PLC                  | Standard         | Day Lewis Pharmacy                    | 11 MARKET PLACE                            | MASHAM           | RIPON         | HG4 4DZ  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-13:00                 | 09:00-17:30                 | 09:00-13:00                 |             |
| Scarborough   | Boots UK Ltd                   | Standard         | Boots Pharmacy                        | 64-66 Baxtergate                           |                  | Whitby        | YO21 1BL | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 11:00-15:00 |
| Hambleton     | Bestway National Chemists Ltd  | Standard         | Bestway Pharmacy - Mills Pharmacy     | Glebe House                                | 19 Firby Road    | Bedale        | DL8 2AT  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-13:00                 |             |
| Harrogate     | Harrogate Pharmacy Ltd         | Distance Selling | Harrogate Pharmacy                    | 50 - 52 Station Parade                     |                  | HARROGATE     | HG1 1QH  | 09:00-17:00                 | 09:00-17:00                 | 09:00-17:00                 | 09:00-17:00                 | 09:00-17:00                 |                             |             |
| Scarborough   | Scarborough Healthcare Limited | Standard         | Eastfield Pharmacy                    | 7 High Street                              | Eastfield        | Scarborough   | YO11 3LL | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00                 |             |
| Harrogate     | Boots UK Ltd                   | Standard         | YOUR LOCAL BOOTS PHARMACY             | 26-28 CAMBRIDGE STREET                     |                  | HARROGATE     | HG1 1RX  | 08:30-18:00                 | 08:30-18:00                 | 08:30-18:00                 | 08:30-18:00                 | 08:30-18:00                 | 09:00-18:00                 | 10:30-16:00 |
| Scarborough   | Oasis Pharmaceuticals Ltd      | Standard         | Northstead Pharmacy                   | 1 Northleas Shops                          | Northleas Avenue | Scarborough   | YO12 6JG | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-13:00                 |             |
| Richmondshire | J & E Hogg Ltd                 | Standard         | J & E Hogg Ltd/Central Dales Pharmacy | Market Place                               |                  | Hawes         | DL8 3QX  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 |             |
| Scarborough   | Sharief Healthcare 2 Limited   | Standard         | Allied Pharmacy Whitby                | Rievaulx Road                              |                  | Whitby        | YO21 1SD | 08:30-18:00                 | 08:30-20:00                 | 08:30-18:00                 | 08:30-20:00                 | 08:30-18:00                 |                             | 10:00-16:00 |
| Harrogate     | Day Lewis PLC                  | Standard         | Day Lewis Pharmacy                    | 24 Market Place West                       |                  | Ripon         | HG4 1BN  | 08:30-13:00;<br>14:00-17:30 | 08:30-13:00;<br>14:00-17:30 | 08:30-13:00;<br>14:00-17:30 | 08:30-13:00;<br>14:00-17:30 | 08:30-13:00;<br>14:00-17:30 | 09:00-13:00                 |             |
| Harrogate     | Ascent Healthcare Ltd          | Standard         | CHAIN LANE PHARMACY                   | 2 CHAIN LANE                               |                  | KNARESBOROUGH | HG5 0DH  | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-13:00                 |             |
| Harrogate     | LP SD Twenty One Limited       | Standard         | KNARESBOROUGH - PHARMACY+HEALTH       | 34 HIGH STREET                             |                  | KNARESBOROUGH | HG5 0EQ  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 |             |
| Harrogate     | Day Lewis PLC                  | Standard         | Day Lewis Pharmacy                    | 85 LEEDS ROAD                              |                  | HARROGATE     | HG2 8BE  | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 |                             |             |
| Hambleton     | Boots UK Ltd                   | Standard         | Boots Pharmacy                        | 10 High Street                             | Stokesley        | Middlesbrough | TS9 5DQ  | 09:00-13:00;<br>14:00-18:00 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-13:00;<br>14:00-17:00 |             |
| Scarborough   | Day Lewis Plc                  | Standard         | Day Lewis Pharmacy                    | 9 Mount Farm Close                         |                  | Whitby        | YO22 4HJ | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-12:00                 |             |
| Harrogate     | Homecare Pharmacy Services Ltd | Distance Selling | HEMOCARE PHARMACY SERVICES Ltd        | UNIT E & STORAGE, KNARESBOROUGH TECHNOLOGY | MANSE LANE       | KNARESBOROUGH | HG5 8LF  | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 |                             |             |
| Scarborough   | Missionstart Ltd               | Standard         | SCARBOROUGH -                         | 8 North Marine Road                        |                  | Scarborough   | YO12 7PD | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 |                             |             |

|           |                                |          |                                |                          |                   |                   |          |                             |                             |                             |                             |                             |                             |             |
|-----------|--------------------------------|----------|--------------------------------|--------------------------|-------------------|-------------------|----------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------|
|           |                                |          | PHARMACY+HEALTH                |                          |                   |                   |          |                             |                             |                             |                             |                             |                             |             |
| Hambleton | Tesco Stores Ltd               | 100 hour | Tesco Pharmacy                 | East Road                |                   | Northallerton     | DL6 1NP  | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 09:00-21:00                 | 10:00-16:00 |
| Hambleton | L Rowland & Co (Retail) Ltd    | Standard | Rowlands Pharmacy              | 31 North End             | Market Place      | Bedale            | DL8 1AF  | 09:00-13:00;<br>13:20-17:30 | 09:00-13:00;<br>13:20-17:30 | 09:00-13:00;<br>13:20-17:30 | 09:00-13:00;<br>13:20-17:30 | 09:00-13:00;<br>13:20-17:30 | 09:00-12:00                 |             |
| Selby     | Toshel Ltd                     | Standard | t/a Thorpe Willoughby Pharmacy | Post Office, 31 Fox Lane | Thorpe Willoughby | Selby             | YO8 9NA  | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-13:00                 |             |
| Selby     | EA Pharma3 Ltd                 | Standard | Swan Pharmacy                  | 66 Doncaster Road        |                   | Selby             | YO8 9AJ  | 09:00-12:00;<br>13:00-18:00 | 09:00-12:00;<br>13:00-18:00 | 09:00-12:00;<br>13:00-18:00 | 09:00-12:00;<br>13:00-18:00 | 09:00-12:00;<br>13:00-18:00 |                             |             |
| Selby     | Toshel Ltd                     | Standard | t/a Barlby Pharmacy            | The Old Post Office      | York Road, Barlby | Selby             | YO8 5JH  | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-13:00                 |             |
| Selby     | EA Pharma4 Ltd                 | Standard | Arc Pharmacy                   | Portholme Road           |                   | Selby             | YO8 4QH  | 9:00-18:00                  | 9:00-18:00                  | 9:00-18:00                  | 9:00-18:00                  | 9:00-18:00                  |                             |             |
| Selby     | Boots UK Ltd                   | Standard | Boots Pharmacy                 | 10 Market Place          |                   | Selby             | YO8 4PB  | 9:00-17:30                  | 9:00-17:30                  | 9:00-17:30                  | 9:00-17:30                  | 9:00-17:30                  | 9:00-17:30                  |             |
| Selby     | EA Pharma Ltd                  | Standard | EA Pharma Ltd/Stone Pharmacy   | 23a Gowthorpe            |                   | Selby             | YO8 4HE  | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-15:00                 | 09:00-15:00 |
| Selby     | Howarth Trading Ltd            | Standard | Scott Road Pharmacy            | Scott Road               |                   | Selby             | YO8 4BL  | 08:30-18:00                 | 08:30-18:00                 | 08:30-18:00                 | 08:30-18:00                 | 08:30-18:00                 |                             |             |
| Selby     | Boots UK Ltd                   | Standard | Boots Pharmacy                 | 18 Finkle Hill           |                   | Sherburn in Elmet | LS25 6EA | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-17:00                 |             |
| Selby     | South Milford Associates       | Standard | Milford Pharmacy               | 14 High Street           | South Milford     | Leeds             | LS25 5AA | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 |                             |             |
| Selby     | Yorcare Ltd                    | Standard | TADCASTER PHARMACY             | 7-9 High Street          |                   | Tadcaster         | LS24 9AP | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-12:30                 |             |
| Craven    | Shifa Pharmacy Ltd             | Standard | Ingleton Pharmacy              | Bank View                | 37 Main Street    | Ingleton          | LA6 3EH  | 09:00-12:30;<br>13:30-18:00 | 09:00-12:30;<br>13:30-18:00 | 09:00-12:30;<br>13:30-18:00 | 09:00-12:30                 | 09:00-12:30;<br>13:30-18:00 | 09:00-12:30;<br>13:30-17:30 |             |
| Craven    | Bestway National Chemists Ltd  | Standard | Well Pharmacy                  | Stafford House           | Main Street       | High Bentham      | LA2 7HL  | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-13:00                 |             |
| Craven    | LP SD TWO LTD                  | Standard | SKIPTON PHARMACY               | 93 CAROLINE SQUARE       |                   | SKIPTON           | BD23 1DA | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-15:30                 |             |
| Craven    | Boots UK Ltd                   | Standard | Boots Pharmacy                 | 54-56 HIGH STREET        |                   | Skipton           | BD23 1JP | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 10:00-17:30                 | 10:30-16:30 |
| Craven    | Boots UK Ltd                   | Standard | Boots Pharmacy                 | 36 MARKET PLACE          | SKIPTON           | SETTLE            | BD24 9ED | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-16:30                 |             |
| Craven    | Tesco Stores Ltd               | Standard | Tesco In-store Pharmacy        | CRAVEN STREET            |                   | SKIPTON           | BD23 2AG | 08:00-20:00                 | 08:00-20:00                 | 08:00-20:00                 | 08:00-20:00                 | 08:00-20:00                 | 08:00-20:00                 | 10:00-16:00 |
| Craven    | PATELEY BRIDGE HEALTH CARE LTD | Standard | Grassington Pharmacy           | 9 STATION ROAD           |                   | GRASSINGTON       | BD23 5LS | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 | 09:00-13:00;<br>14:00-18:00 |                             |             |
| Craven    | OLAKANMI LTD                   | Standard | Pool Pharmacy                  | 36                       |                   | SKIPTON           | BD23     | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-12:00                 |             |

|           |                           |              |                                    |                               |                                            |                  |             |                             |                             |                             |                             |                             |                             |                 |
|-----------|---------------------------|--------------|------------------------------------|-------------------------------|--------------------------------------------|------------------|-------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------|
|           |                           | rd           |                                    | NEWMARKE<br>T STREET          |                                            |                  | 2JB         |                             |                             |                             |                             |                             |                             |                 |
| Craven    | NAYLORS LTD               | Stand<br>ard | Gargrave<br>Pharmacy               | 36 HIGH<br>STREET             | GARGR<br>AVE                               | SKIPTON          | BD23<br>3RB | 09:00-13:00;<br>14:00-17:30 | 09:00-13:00;<br>14:00-17:30 | 09:00-13:00;<br>14:00-17:30 | 09:00-13:00;<br>14:00-17:30 | 09:00-13:00;<br>14:00-17:30 | 09:00-12:30                 |                 |
| Craven    | JONATHAN ANDREW<br>TAYLOR | Stand<br>ard | Carleton-in-<br>Craven<br>Pharmacy | OLD<br>COBBLERS<br>COTTAGE    | WEST<br>ROAD,<br>CARLET<br>ON IN<br>CRAVEN | SKIPTON          | BD23<br>3DT | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-12:30                 |                 |
| Craven    | Gorgemead Ltd             | Stand<br>ard | COHENS<br>CHEMIST                  | The Health<br>Centre          | Holme<br>Lane                              | Crosshills       | BD20<br>7LG | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-13:00                 |                 |
| Craven    | R Z M Chemists Ltd        | Stand<br>ard | Sutton In<br>Craven<br>Pharmacy    | 47 Main<br>Street             |                                            | Sutton-in-Craven | BD20<br>7HX | 09:00-18:30                 | 09:00-18:30                 | 09:00-18:30                 | 09:00-18:30                 | 09:00-18:30                 | 09:00-12:30                 |                 |
| Ryedale   | Towler's Chemist Ltd      | Stand<br>ard | Rory & Jo<br>Towler                | 10 Market<br>Place            |                                            | Kirkbymoorside   | YO62<br>6DB | 09:00-18:00                 | 09:00-18:00                 | 09:00-18:00                 | 09:00-12:30                 | 09:00-18:00                 | 09:00-17:00                 |                 |
| Ryedale   | Pharmily Health Plus Ltd. | Stand<br>ard | Beckside<br>Pharmacy               | Maltongate                    | Thornton<br>Le Dale                        | Pickering        | YO18<br>7RJ | 09:00-18:00                 | 09:00-17:00                 | 09:00-17:00                 | 09:00-17:00                 | 09:00-17:00                 |                             |                 |
| Ryedale   | Yorcare Ltd               | Stand<br>ard | Pickering<br>Pharmacy              | 22 Market<br>Place            |                                            | Pickering        | YO18<br>7AE | 08:30-18:30                 | 08:30-18:30                 | 08:30-18:30                 | 08:30-18:30                 | 08:30-18:30                 | 09:00-17:00                 | 11:00-<br>12:00 |
| Ryedale   | Ryechem Ltd               | Stand<br>ard | t/a Helmsley<br>Pharmacy           | Helmsley<br>medical<br>Centre | Carlton<br>Road                            | Helmsley         | YO62<br>5HD | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 | 09:00-17:30                 |                             |                 |
| Hambleton | Boots UK Ltd              | Stand<br>ard | Boots<br>Pharmacy                  | Market Place                  |                                            | Easingwold       | YO61<br>3AD | 09:00-13:00;<br>13:30-18:00 | 09:00-13:00;<br>13:30-18:00 | 09:00-13:00;<br>13:30-18:00 | 09:00-13:00;<br>13:30-18:00 | 09:00-13:00;<br>13:30-18:00 | 09:00-13:00;<br>13:30-17:00 |                 |
| Selby     | St Helens Pharmacy Ltd    | Stand<br>ard | Eggborough<br>Pharmacy             | 87 Selby<br>Road              | Eggboro<br>ugh                             | Knottingley      | DN14<br>0LJ | 09:00-12:30;<br>13:00-17:30 | 09:00-12:30;<br>13:00-17:30 | 09:00-12:30;<br>13:00-17:30 | 09:00-12:30;<br>13:00-17:30 | 09:00-12:30;<br>13:00-17:30 |                             |                 |

## Appendix 5: Dispensing GP practices and addresses

| Practice Name                            | Address                                                                             | PCN                                   |
|------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|
| Ampleforth and<br>Hovingham<br>Surgeries | Beck Lane, Ampleforth, YO62 4EF                                                     | North Riding Healthy<br>Community PCN |
| Ayton and Snainton<br>Medical Practice   | West Ayton Surgery, 53 Pickering Road, West Ayton,<br>YO13 9JF                      | North Riding Healthy<br>Community PCN |
| Beech House Surgery                      | 1 Ash Tree Road, Knaresborough, HG5 0UB                                             | Knaresborough and Rural               |
| Beech Tree Surgery                       | Dr P J McGrann & Partners, Beech Tree Surgery,<br>68 Doncaster Road, Selby, YO8 9AJ | Selby Town PCN                        |
| Central Dales Practice                   | Central Dales Practice, The Health Centre, Hawes, DL8<br>3QR                        | Richmondshire PCN                     |
| Church Avenue Medical Group              | The Surgery, 54 Church Avenue, Harrogate, HG1 4HG                                   | Heart of Harrogate PCN                |
| Church Lane Surgery                      | Church Lane, Boroughbridge, YO51 9BD                                                | Knaresborough and Rural               |
| Derwent Practice                         | Norton Road, Norton, YO17 9RF                                                       | North Riding Healthy<br>Community PCN |
| Doctors Lane Surgery                     | Doctors Lane, Aldbrough St. John, Richmond, DL11 7TH                                | Richmondshire PCN                     |
| The Holroyd Surgery                      | Kirkby Malzeard, Ripon, HG4 3SE                                                     | Ripon and Masham                      |
| Staithes Surgery                         | Seaton Crescent, Staithes, Saltburn, TS13 5AY                                       | Whitby Coast & Moors PCN              |
| Park Street Surgery                      | 7/8 Park Street, Ripon, HG4 2AX                                                     | Ripon and Masham                      |

|                             |                                                                         |                                    |
|-----------------------------|-------------------------------------------------------------------------|------------------------------------|
| Tollerton Surgery           | 10 Pond View, York, YO61 1AG                                            | South Hambleton and<br>Ryedale PCN |
| Helmsley Surgery            | Carlton Road, Helmsley, YO62 5HD                                        | South Hambleton and<br>Ryedale PCN |
| Escrick Surgery             | Escrick, York, YO19 6LE                                                 | Selby Town PCN                     |
| Esk Valley Medical Practice | Briar Hill, Danby, Whitby, YO21 2PA                                     | Whitby Coast & Moors PCN           |
| Filey Surgery               | Station Avenue, Filey, YO14 9AE                                         | Filey and Scarborough PCN          |
| The Friary Surgery          | Queens Road, Richmond, DL10 4UJ                                         | Richmondshire PCN                  |
| Hackness Road Surgery       | 19 Hackness Road, Newby, Scarborough, YO12 5SD                          | Filey and Scarborough PCN          |
| Lambert Medical Centre      | 2 Chapel Street, Thirsk, YO7 1LU                                        | Hambleton South PCN                |
| The Leeds Road Practice     | 49/51 Leeds Road, Harrogate, HG2 8AY                                    | Heart of Harrogate PCN             |
| Leyburn Medical Practice    | Brentwood, Leyburn, DL8 5EP                                             | Richmondshire PCN                  |
| Mayford House Surgery       | Dr Enevoldson & Partners, Boroughbridge Road,<br>Northallerton, DL7 8AW | Hambleton North PCN                |
| Millfield Surgery           | Millfield Surgery, Millfield Lane, York, YO61 3JR                       | South Hambleton and<br>Ryedale PCN |
| Mowbray House Surgery       | Dr Edon & Partners, Malpas Road, Northallerton, DL7<br>8FW              | Hambleton North PCN                |
| Nidderdale Group Practice   | Feastfield Medical Centre, King Street, Pateley Bridge,<br>HG3 5AT      | Knaresborough and Rural            |
| North House Surgery         | North House, North Street, Ripon, HG4 1HL                               | Ripon and Masham                   |
| Pickering Medical Practice  | Southgate, Pickering, YO18 8BL                                          | South Hambleton and<br>Ryedale PCN |

|                                        |                                                                                        |                                    |
|----------------------------------------|----------------------------------------------------------------------------------------|------------------------------------|
| Posterngate Surgery                    | Posterngate Surgery, Portholme Road, Selby, YO8 4QH                                    | Selby Town PCN                     |
| Quakers Lane Surgery                   | Quaker Lane, Richmond, DL10 4BB                                                        | Richmondshire PCN                  |
| Reeth Medical Centre                   | Dr Brookes, Reeth Surgery, Reeth, Richmond, DL11 6SU                                   | Ceased Participation               |
| Ripon Spa Surgery                      | The Surgery, Park Street, Ripon, HG4 2BE                                               | Ripon and Masham                   |
| Scarborough Medical Group              | 43a Scalby Road, Scarborough, YO12 6UB                                                 | Filey and Scarborough PCN          |
| Sherburn and Rillington Practice       | Dr D R Carrie and Partners, Sherburn Surgery, 50 St Hilda's Street, Sherburn, YO17 8PH | North Riding Healthy Community PCN |
| Sherburn Group Practice                | The Medical Centre, Beech Grove, Sherburn-In-Elmet, LS25 6ED                           | Tadcaster & Selby Rural Area PCN   |
| Sleights and Sandsend Medical Practice | Iburndale Lane, Sleights, YO22 5DP                                                     | Whitby Coast & Moors PCN           |
| South Milford Surgery                  | Dr Janik & Partners, The Surgery, High Street, Leeds, LS25 5AA                         | Tadcaster & Selby Rural Area PCN   |
| Springbank Surgery                     | Dr Tait & Partners, Springbank Surgery, York Road, Green Hammerton, YO26 8BN           | Knaresborough and Rural            |
| Stillington Surgery                    | Stillington, The Surgery, Back Lane, York, YO61 1LL                                    | South Hambleton and Ryedale PCN    |
| Tadcaster Medical Centre               | Tadcaster Medical Centre, Crab Garth, Tadcaster, LS24 8HD                              | Tadcaster & Selby Rural Area PCN   |
| Terrington Surgery                     | Terrington, York, YO60 6PS                                                             | South Hambleton and Ryedale PCN    |

## Appendix 6: Enhanced Access Services in North Yorkshire

Enhanced access services commissioned by NHS Humber and North Yorkshire ICB are via a variety of GP Federations and GP providers. This covers all practices to ensure all patients have access to extended access. The providers for the extended access services are as below (information provided by the ICB):

### Heartbeat Alliance CIC run a [Better Access service](#):

- Great Ayton Surgery (Great Ayton) – Monday 18.30-20.00. Plus, first Saturday of every month 09.00-12.00
- Mowbray House Surgery (Northallerton) – Tuesday 18.30-20.00
- The Friarage (Northallerton) – Monday 18.30-20.00. Wednesday – Friday 18.30-20.00. Saturday 09.00-17.00. Sunday 09.00-13.00
- Glebe House Surgery (Bedale) – Tuesday 18.30-20.00
- The Doctors Surgery (Thirsk) – Wednesday 18.30-20.00. Plus, one Saturday per month 09.00-13.00
- Doctors Lane Surgery (Aldborough St John) – Monday 18.30-20.00
- Quakers Lane Surgery (Richmond) – Tuesday 18.30-20.00
- Harewood Medical Practice (Catterick Garrison) – Wednesday & Thursday 18.30-20.00. Saturday 09.00-17.00. Sunday 09.00-13.00
- Central Dales Practice (Aysgarth) – Friday 18.30-20.00. Plus, first Saturday of every month 09.00-17.00

### Yorkshire Health Network deliver [Enhanced Access](#) out of their hubs:

- Harrogate – Priority House, 5 Grove Park Court, Harrogate, HG1 4DP. Monday – Friday 18.30-20.00. Saturday 08.30-17.00.
- Ripon – Leon Smallwood Unit, Ripon Hospital, Firby Lane, HG4 2PR. Wednesday and Friday 18.30-20.00. Saturday 08.30-17.00.
- Knaresborough no change (full address is Beech House Surgery, 1 Ash Tree Road, HG5 0UB). Saturday 08.30-17.00.

### Ryedale

- Ampleforth & Hovingham Surgeries – Tuesday 18.30-20.00. Selected Saturdays 10.00-17.00. [Appointments - Ampleforth & Hovingham Surgeries](#)
- Derwent Practice – Monday, Wednesday and Friday 18.30-20.00. Saturday on an alternative week basis (09.00am - 17.00pm or 09.00am - 12 noon) [Opening times - Derwent Practice](#)
- Ayton & Snainton Surgeries – Tuesday 18.30-20.00. [Appointments - Ayton & Snainton Medical Practice](#)
- Sherburn & Rillington Surgeries – Thursday 18.30-20.00. [Appointments - Sherburn & Rillington Practice](#)

## Whitby

Delivered by Nimbuscare Ltd at Whitby Hospital – Tuesday, Wednesday, and Thursday 18:00 – 20:00. Saturdays 09:00 – 17:00

## Vale of York

- Sherburn Group Practice – Tuesday & Thursday 18:30 – 20:00. Saturday 09:00 – 10:30
- Tadcaster Medical Centre – Saturday 08:30 – 12:30
- South Milford Surgery – Monday, Wednesday, Friday 18:30 – 20:00. Saturday 09:45 – 12:30
- Beech Tree Surgery – Monday 07:00-08:00 & 18:30-20:00, Tuesday 07:00-08:00 & 18:30-19:30, Wednesday 18:30-20:00, Thursday 18:30-19:30, Friday 07:00-08:00 & 18:30-19:30
- Posterngate Surgery – Tuesday & Thursday 18:30-20:00
- Scott Road Medical Centre – Tuesday 18:30-20:00
- Escrick Surgery – Tuesday, Wednesday & Thursday 07:30-08:00

## Appendix 7 - Abbreviations used

|          |                                              |
|----------|----------------------------------------------|
| A&E      | Accident and Emergency                       |
| ABPM     | Ambulatory blood pressure monitoring         |
| APS      | Annual Population Survey                     |
| AUR      | Appliance Use Review                         |
| CCA      | Company Chemists' Association                |
| CCG      | Clinical Commissioning Group                 |
| COPD     | Chronic obstructive pulmonary disease        |
| COVID-19 | Coronavirus-19                               |
| CoY      | City of York                                 |
| CPCF     | NHS Community Pharmacy Contractual Framework |
| CPCS     | Community Pharmacy Consultation Service      |
| CSU      | Commissioning Support Unit                   |
| CVD      | Cardiovascular disease                       |
| DAC      | Dispensing appliance contractors             |
| DDA      | Dispensing Doctors' Association              |
| DES      | Directed Enhanced Services                   |
| DHSC     | Department of Health and Social Care         |
| EHC      | Emergency Hormonal Contraception             |
| ePACT2   | Prescribing data                             |
| EPS      | Electronic Prescription Service              |

|          |                                    |
|----------|------------------------------------|
| GP       | General Practitioner               |
| GPPS     | GP Patient Survey                  |
| Hep C    | Hepatitis C                        |
| HCP      | Health and Care Partnership        |
| HIV      | Human Immunodeficiency Virus       |
| HLP      | Healthy Living Pharmacy            |
| HSE      | Health Survey for England          |
| HWB      | Health and Wellbeing Board         |
| ICB      | Integrated Care Board              |
| ICS      | Integrated Care System             |
| IHS      | Integrated Household Survey        |
| IMD 2019 | Index of Multiple Deprivation 2019 |
| JSNA     | Joint Strategic Needs Assessment   |
| LFD      | Lateral Flow Device                |
| LPC      | Local Pharmaceutical Committee     |
| LPS      | Local Pharmaceutical Service       |
| LSOA     | Lower Super Output Area            |
| LTC      | Long-term condition                |

|      |                            |
|------|----------------------------|
| MDS  | Monitored Dose Systems     |
| MECC | Making Every Contact Count |
| MoD  | Ministry of Defence        |

|        |                                               |
|--------|-----------------------------------------------|
| MUR    | Medicines Use Review                          |
| NECS   | North of England Commissioning Support        |
| NES    | National Enhanced Services                    |
| NHS    | National Health Service                       |
| NHSBSA | NHS Business Services Authority               |
| NHSE   | NHS England                                   |
| NMS    | New Medicine Service                          |
| NRT    | Nicotine Replacement Therapy                  |
| NUMSAS | NHS Urgent Medicine Supply                    |
| NYCC   | North Yorkshire County Council                |
| ONS    | Office for National Statistics                |
| OOH    | Out of Hours                                  |
| PCN    | Primary Care Network                          |
| PCT    | Primary Care Trust                            |
| PGD    | Patient Group Direction                       |
| PhAS   | Pharmacy Access Scheme                        |
| PHiF   | Pharmacy Integration Fund                     |
| PNA    | Pharmaceutical Needs Assessment               |
| POCT   | Point of care testing                         |
| PQS    | Pharmacy Quality Scheme                       |
| PSNC   | Pharmaceutical Services Negotiating Committee |
| PSRC   | Pharmaceutical Services Regulations Committee |

|       |                                                                                                                                                |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------|
| PWIDs | People who inject drugs                                                                                                                        |
| QOF   | Quality and Outcomes Framework                                                                                                                 |
| RAF   | Reasonable adjustment flag                                                                                                                     |
| SAC   | Stoma Appliance Customisation Service                                                                                                          |
| SCR   | Summary Care Record                                                                                                                            |
| SHAPE | Department of Health and Social Care Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation application |
| SME   | Small and medium enterprises                                                                                                                   |
| UTC   | Urgent Treatment Centre                                                                                                                        |
| UTI   | Urinary tract infection                                                                                                                        |
| WACA  | Wharfedale, Airedale and Craven Alliance                                                                                                       |
| YDUC  | Yorkshire Doctors Urgent Care                                                                                                                  |

## Appendix 8 - References and Data Sources

1. National Health Service Act 2006: <https://www.legislation.gov.uk/ukpga/2006/41/contents>
2. Joint Local Health and Wellbeing Strategy 2023–2030: <https://www.northyorks.gov.uk>
3. North Yorkshire Joint Strategic Needs Assessment 2025: <https://www.datanorthyorkshire.org/JSNA/JSNA>
4. NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: <https://www.legislation.gov.uk/uksi/2013/349/contents>
5. Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/contents>
6. Director of Public Health Annual Report 2023–2024: <https://www.northyorks.gov.uk>
7. Office for National Statistics (ONS) 2023: <https://www.ons.gov.uk>
8. Scarborough Borough Council Environmental Sustainability Strategy and Policy: [Environment and Sustainability key thematic policy](#)
9. Chief Medical Officer's Annual Report 2021: Health in Coastal Communities: <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities>
10. North Yorkshire Tobacco Needs Assessment 2016: [Tobacco Needs Assessment](#)
11. Substance Misuse Prevalence Estimates: Opiate and Crack Cocaine Use: <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates>
12. Health and Wellbeing Board North Yorkshire (2016–2026): Tackling Overweight and Obesity: <https://hub.datanorthyorkshire.org/dataset/2cb529f6-4715-4c2d-9364-a770deb03472/resource/1455c478-5c6c-4cd4-9282-8d8680aae96a/download/hwhl.full.report.pdf>
13. Carriere et al. (2018): Rural Dwellers and Cancer Survival – Meta-analysis: <https://pubmed.ncbi.nlm.nih.gov/30193178/>
14. Respiratory Disease: Applying All Our Health: <https://www.gov.uk/government/publications/respiratory-disease-applying-all-our-health>
15. Mental Health Taskforce (2016): Five Year Forward View for Mental Health: <https://www.england.nhs.uk/publication/the-five-year-forward-view-for-mental-health/>
16. Chang et al. (2011): Life Expectancy and Serious Mental Illness: <https://pubmed.ncbi.nlm.nih.gov/21987430/>
17. Community Pharmacy England: New PLPS Regulations and 100-Hour Pharmacies Update: <https://cpe.org.uk/our-news/new-plps->

[regulations-tomorrow-and-an-update-for-100-hour-pharmacies/](#)

18. Commissioned Community Pharmacy Services for North Yorkshire (April 2025). Information provided by ICB.
19. Pharmaceutical Needs Assessment (PNA) for North Yorkshire 2022: [Pharmaceutical needs assessment | North Yorkshire Partnerships](#)
20. NHS England (2018): Guidance for Commissioners – Interpreting and Translation Services in Primary Care:  
<https://www.england.nhs.uk/publication/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care/>
21. Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013:  
<https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>
22. Department of Health and Social Care. Community Pharmacy Contractual Framework (CPCF) 2019–2024. Available at:  
<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>
23. Migration Yorkshire. Migration Statistics. Available at: <https://www.migrationyorkshire.org.uk/statistics>
24. Office for National Statistics. Rural Urban Census 2021 Classification. Available at:  
<https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications/2021ruralurbanclassification>
25. Ministry of Housing, Communities & Local Government. English Indices of Deprivation 2019. Available at:  
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
26. End Child Poverty Coalition. Child Poverty Statistics and Resources. Available at: <https://endchildpoverty.org.uk/child-poverty/>
27. Department of Health and Social Care. Fingertips Public Health Data Tool. Available at: <https://fingertips.phe.org.uk/>
28. NHS England. Shape Atlas Tool. Available at: <https://shapeatlas.net/>
29. North Yorkshire Council. Draft Housing Strategy 2024–2029 – Appendix A. [Document: Draft Housing Strategy 2024–29.pdf](#)

# ***North Yorkshire Health Collaborative Overview and progress update***

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North Yorkshire Health and Wellbeing Board, 19<sup>th</sup> September 2025

Richard Webb, Corporate Director: Health and Adult Services (North Yorkshire Council)

Lisa Pope, Deputy Place Director, North Yorkshire Place (Humber & North Yorkshire Health & Care Partnership)

Matt Sandford, Director of Partnership and Place (Bradford District and Craven ICB)

*Further information can be found in our [report to North Yorkshire Council Executive, 17<sup>th</sup> June 2025](#)*

**Aim:** Meeting population health and care needs by:

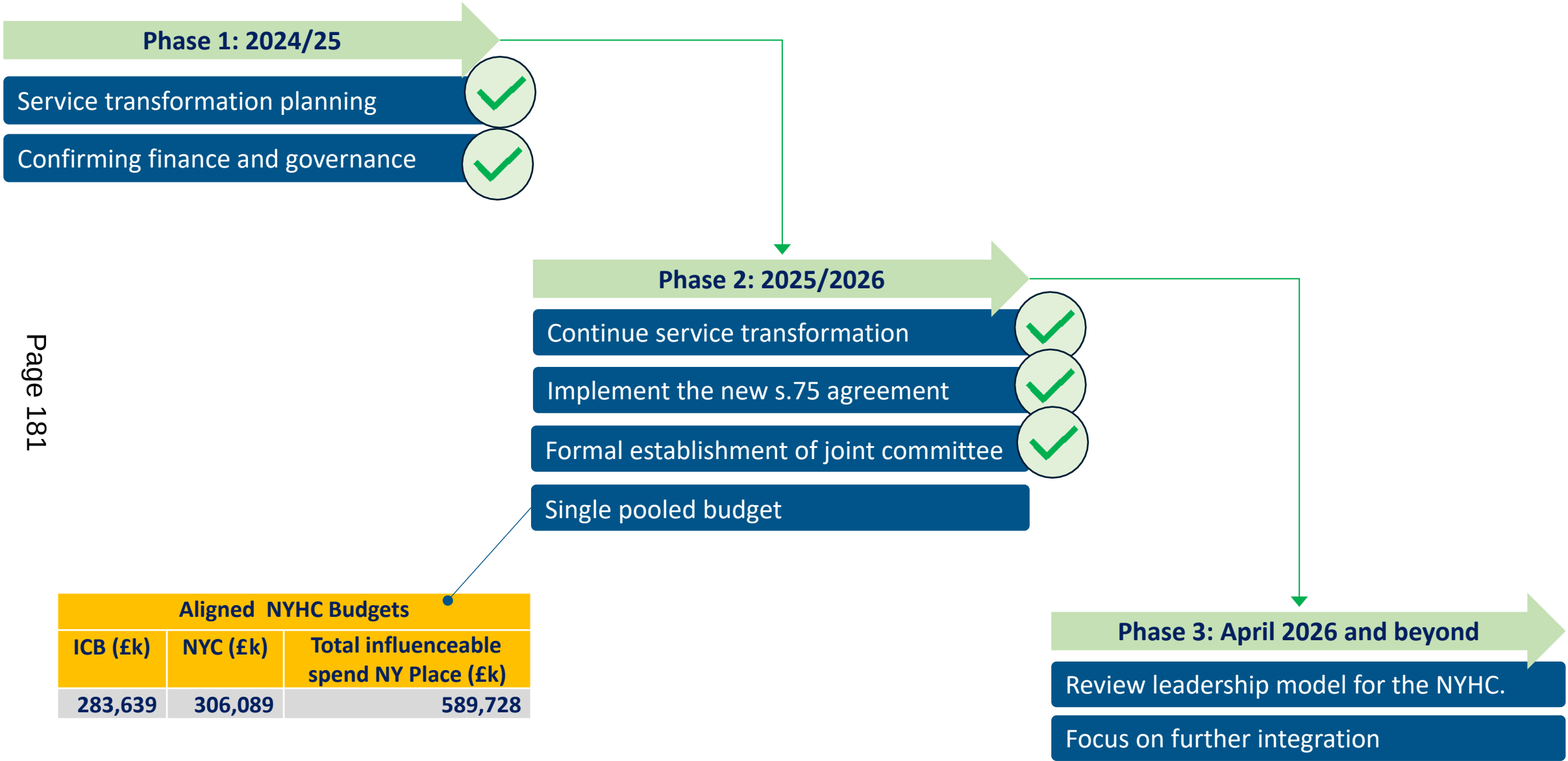
- Committing to locality-based integration and neighbourhood health
- Implementing the core offers in a way that is most responsive to local need
- Maximising the impact of shared resources and assets
- Reducing duplication of effort / resources

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## **Component Parts:**

- The Joint Committee enables shared governance of meeting health and care needs locally
- Section 75 agreements provide the legal mechanism to pool funding - if required – but enables a move from partnership engagement to a framework for joint planning, joint financial stewardship and joint accountability.

# Original High Level Timeline



- Within the legal document, the formal parties of the S.75 are HNY ICB and NYC – The **‘Partners’**
- Formal Joint Committee is convened for decision-making by **‘Partners’**
- Other Joint Committee members from across the system are identified as **‘Attendee Organisations’** within the s.75
- In this agreement, there are no pooled budgets (at this stage) and no decision-making powers delegated.
- But a **key role of the NYHC Joint Committee is to make recommendations for decisions** by Partner organisations within their **normal scheme of delegation**.
- **All members** can contribute to the forming of recommendations through discussion in the meetings.

## HNY ICB S.75 Voting Members ('Partners')

- Place Director
- Place Finance Director
- Deputy Place Director

## Non-Voting Members ('Attendee Organisations')

- Chief Executive Harrogate and District NHSFT
- Chief Executive Humber NHSFT
- Chief Executive Tees, Esk and Wear Valleys NHSFT
- Chief Executive University Hospitals Tees
- Chief Executive York and Scarborough NHSFT
- Representatives Bradford and Craven Health and Care Partnership (representing West Yorkshire ICB, Airedale NHSFT and Bradford and District Care Trust NHSFT)
- Primary Care
- LCP Representation
- Community First Yorkshire
- Chief Executive Independent Care Group

## NYC S.75 Voting Members ('Partners')

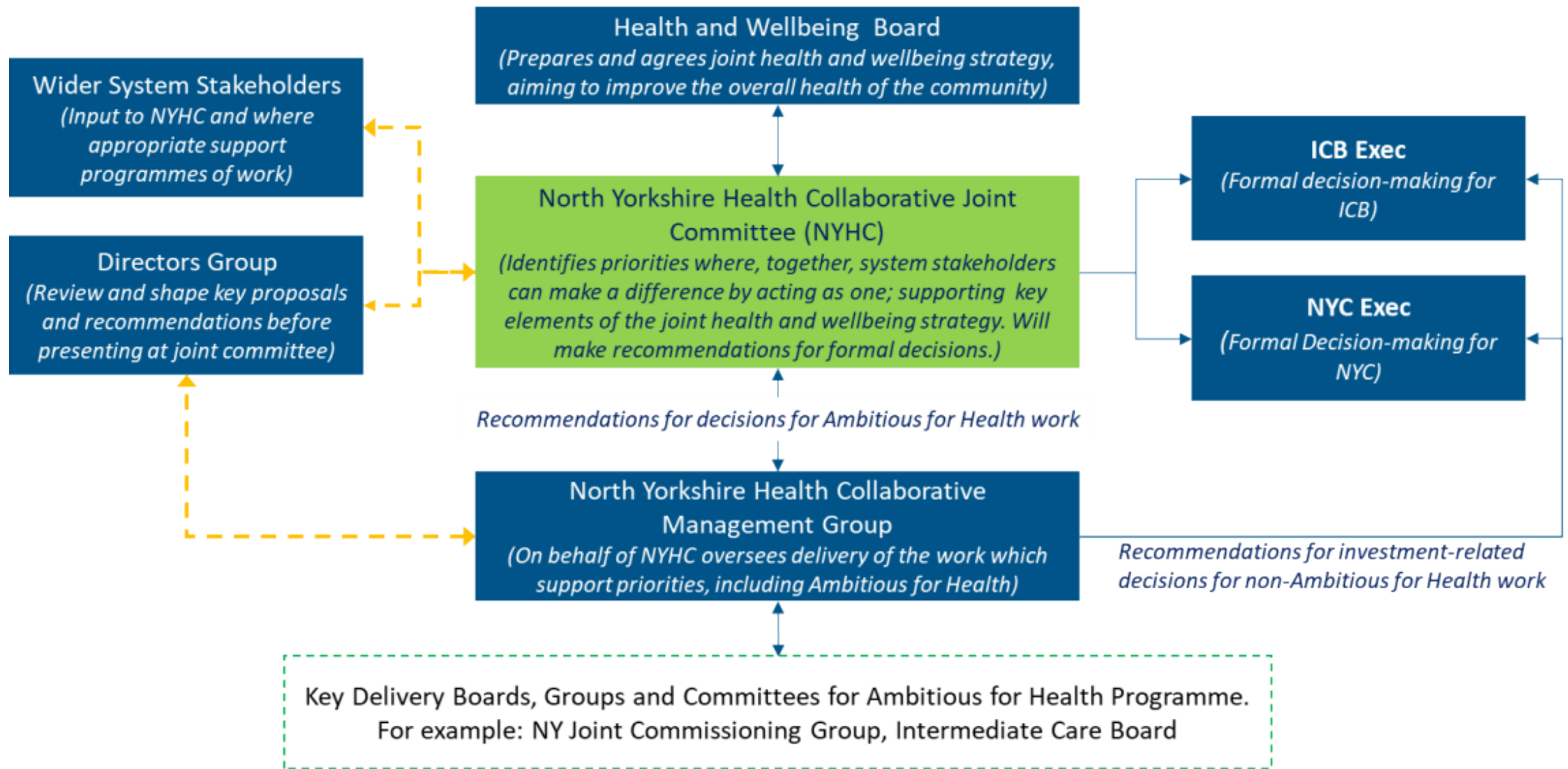
- Chief Executive
- Corporate Director Health and Adult Services (Statutory Director of Adult Social Services)
- Director of Public Health

## In attendance

- Senior managers and leaders from across the system, determined by content of agendas.
- May include representation from Lancashire and South Cumbria ICB

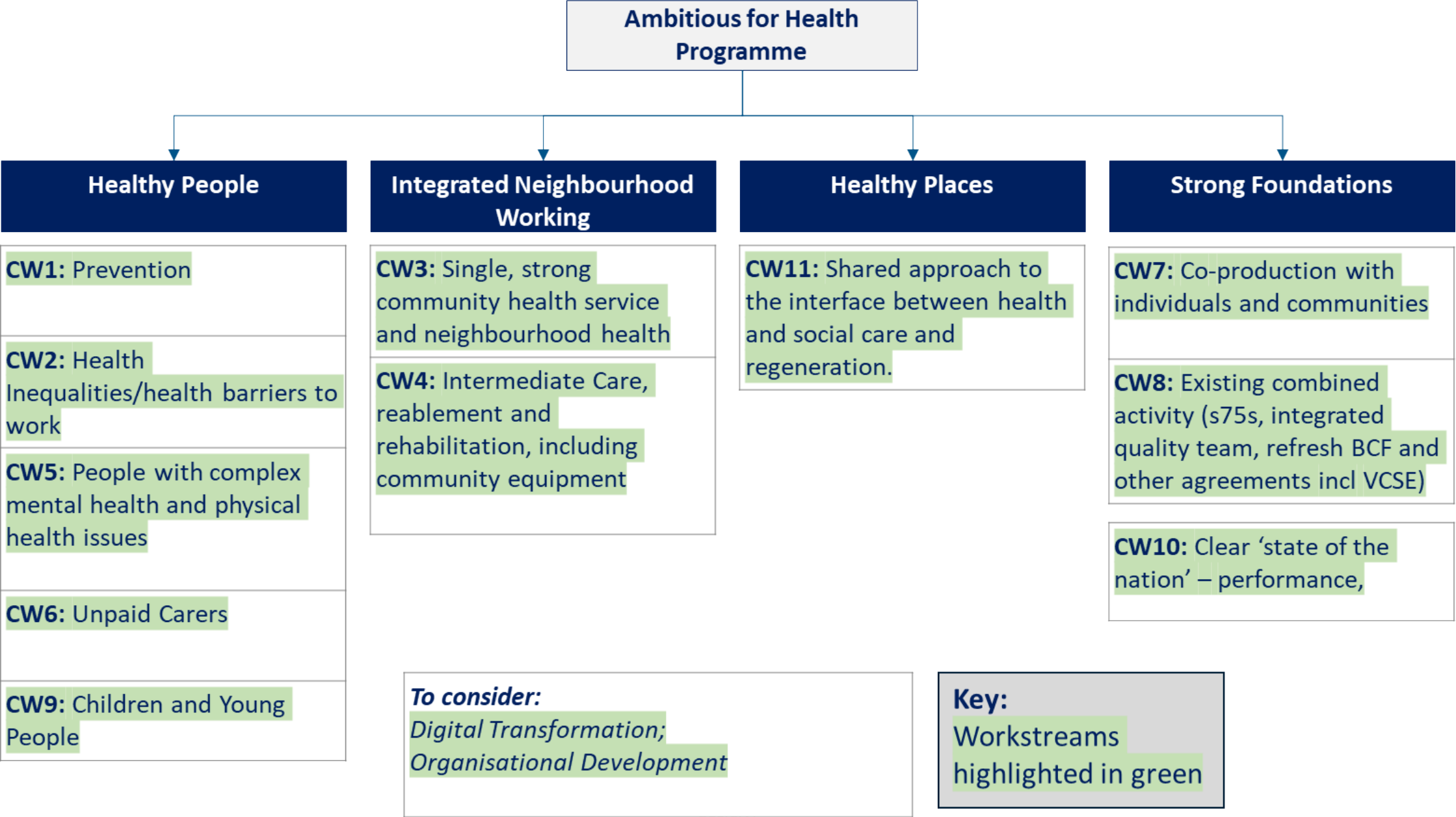
# Overall Governance Structure

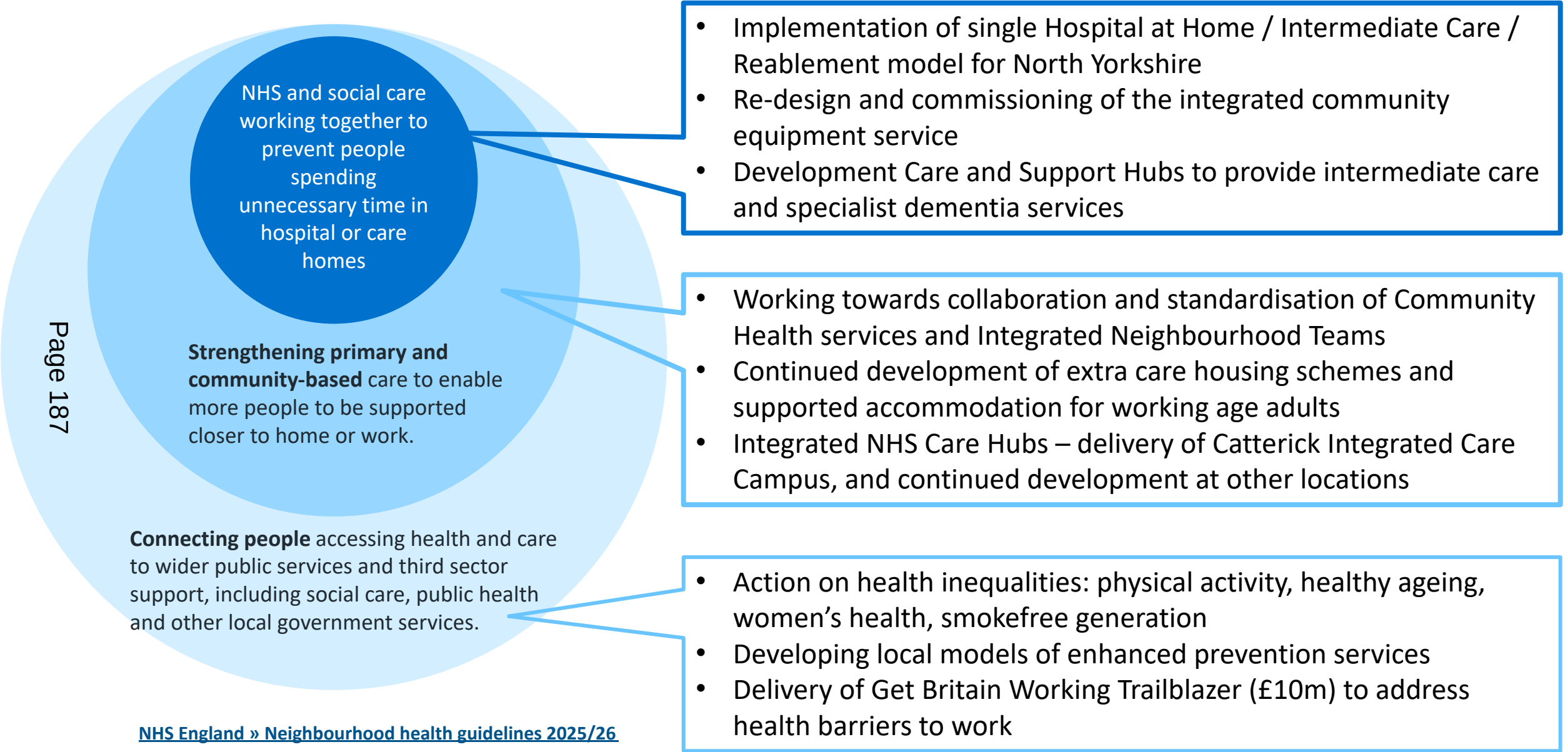
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# Aligned budgets (estimates)

|    | Service / budget / funding                                             | ICB Budget Related to NYHC (£k) | NYC Budget Related to NYHC (£k) | Total influenceable spend NY Place (£k) |
|----|------------------------------------------------------------------------|---------------------------------|---------------------------------|-----------------------------------------|
| 1  | NHS Community Contracts                                                | 51,289                          |                                 | 51,289                                  |
| 2  | Non NHS Community Health Services                                      | 10,055                          |                                 | 10,055                                  |
| 3  | Community equipment and Wheelchairs                                    | 1,237                           | 1,871                           | 3,108                                   |
| 4  | Ageing Well                                                            | 2,364                           |                                 | 2,364                                   |
| 5  | Virtual Wards                                                          | 2,329                           |                                 | 2,329                                   |
| 6  | Demand and Capacity fund                                               | 7,576                           |                                 | 7,576                                   |
| 7  | Prevention funding                                                     |                                 |                                 | 0                                       |
| 8  | Health Inequalities                                                    | 548                             |                                 | 548                                     |
| 9  | Continuing Healthcare and Adult Social Care placements                 | 90,408                          |                                 | 90,408                                  |
| 10 | S117 aftercare                                                         | 16,353                          |                                 | 16,353                                  |
| 11 | Transforming Care Programme                                            | 10,282                          |                                 | 10,282                                  |
| 12 | Primary Care excluding Prescribing                                     | 1,391                           |                                 | 1,391                                   |
| 13 | Local Enhanced Services - Long-acting reversible contraception (LARC). | 70                              |                                 | 70                                      |
| 14 | Local Enhanced Services - Homeless (Scarborough)                       | 173                             |                                 | 173                                     |
| 15 | Local Enhanced Services - ICB                                          | 3,605                           |                                 | 3,605                                   |
| 16 | ASC Services                                                           |                                 | 267,607                         | 267,607                                 |
| 17 | ASC Mental Health                                                      |                                 | 9,522                           | 9,522                                   |
| 18 | Mental Health                                                          | 84,558                          |                                 | 84,558                                  |
| 19 | LDA SDF - The Provision of a NY Transforming Care Programme Team       | 120                             |                                 | 120                                     |
| 20 | MH SDF Community Mental Health Transformation Programme                | 713                             |                                 | 713                                     |
| 21 | Healthy Child Service (0-19)                                           |                                 | 8,243                           | 8,243                                   |
| 22 | Sexual Health Service                                                  |                                 | 4,221                           | 4,221                                   |
| 23 | Integrated Quality Team                                                |                                 | 1,206                           | 1,206                                   |
| 24 | Public Health Grant                                                    |                                 | 13,419                          | 13,419                                  |
| 25 | Acute (Community-based)                                                | 56                              |                                 | 56                                      |
| 26 | Other (premises)                                                       | 512                             |                                 | 512                                     |
|    | <b>Non BCF Place Proposed S75 Aligned Budgets</b>                      | <b>283,639</b>                  | <b>306,089</b>                  | <b>589,728</b>                          |





# National Neighbourhood Health Implementation Programme (NNHIP)

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- National programme gathering learning **from Places**.
- No national funding to be made available.
- First phase to begin in September.
- Successful bids will be provided with a national coach to support Place Coach, and will be expected to provide regular progress reports.
- 3 bids covering North Yorkshire:
  - Bradford and Craven – accepted to join programme first waive
  - Morecombe Bay (covering Bentham and Ingleton) – accepted to join programme first waive
  - Bid covering the rest of North Yorkshire aligned to HNY ICB footprint was not accepted for waive 1 however the NHS, Council, VCSE and other partners will still take forward the main proposals contained within that bid.

# Highlights from BdC's NNHIP application

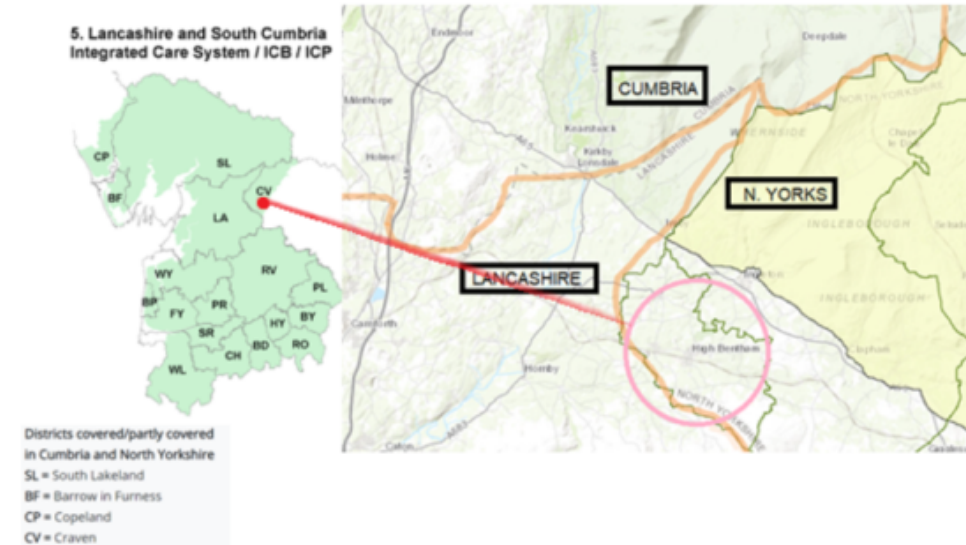
- The demographics, and health and care needs, of our local population aligns with the stated aims of the NNHIP
- We have a local delivery mechanism – with refreshed the BdC Health and Care Partnership governance, in line with formation of our provider collaborative, and with a new 'Integrated Neighbourhood Health and Care' Delivery Group.
- Data sharing agreements are in place with all our GP practices
- Population segmentation and PHM approaches are in place, including Section 251
- Considerable weight of evidence of tackling health inequalities through practical population health and integrated care projects Reducing Inequalities Alliance and Reducing Inequalities in Communities – independently evaluated by Bradford University.
- Good learning from neighbourhood MDT models for adults with complex needs – e.g. Proactive Care Team, operating across many areas of district, with expansion plans underway.
- Regular sharing of good practice for neighbourhood health already in place through our local Innovation Hub
- Digital Care Hub at Airedale – local example of 'analogue to digital' that's well established and nationally recognised
- Sign-up from all place CEOs and PCN CDs.
- Joined-up approach with North Yorks colleagues during development of our respective applications.

# Neighbourhood Health Implementation Programme

## (1) Scope

- Several submissions from Lancashire and South Cumbria ICB footprint
- Submission from **Morecambe Bay footprint** includes the area around Bentham / Ingleton in the North Yorkshire Council footprint.
- Non-alignment of ICB / council boundaries means that the Morecambe Bay submission includes signatories from **five councils** (three unitary, one upper tier, and one district).

There are **nine neighbourhoods** with **Primary Care Networks (PCNs)** and **Integrated Care Communities (ICCs)** within Morecambe Bay.



- Further development of neighbourhood health in Morecambe Bay will support delivery of the ICB's vision to have **a high quality, community-centred health and care system**, focused on keeping people well and delivering care in the home and community.
- A key shift in the future operating model for the ICB is towards **strategic commissioning on population footprints** (one of which is Morecambe Bay) based on health needs of defined populations, supporting a shift towards neighbourhood care models that are centred around prevention, earlier intervention and more integrated care.

# Neighbourhood Health Implementation Programme

## (2) Delivery



Lancashire and  
South Cumbria  
Integrated Care Board

Participation in the NHIP is intended to support delivery of:

- **Accelerated spread of existing models**, furthering integration between health and care to support continuity of care for residents with multiple / complex needs, for example:
  - Refreshing our ICC operating model and standardising desired outcomes. This will build on the current risk stratification / cohort-specific work of our PCNs and ICCs to provide proactive preventative intervention and care coordination to residents living with, or at risk of developing, long-term conditions.
  - Further enhancing our partnership working with the VCFSE as a core partner in social prescribing, inclusion health and outreach to underserved populations
  - Translating our Morecambe Bay Respiratory Network model into other long-term pathways / cohorts
  - Translating our Integrated Wellness Service (focused on frail elderly, high intensity hospital admissions in Furness) into another geographic footprint, tailored to the needs of the identified cohort
- **Improved utilisation of digital solutions** to enhance continuity of care through visibility of care planning, support people to retain their independence at home and explore shared decision-making across professions / organisations.
- **Further development of neighbourhood health centres**, with learning from initially selected sites applied to the wider footprint and/or outreach models explored (e.g. to Bentham/Ingleton/Carnforth).

# Neighbourhood Health Implementation Programme

## (3) Learning and development



Lancashire and  
South Cumbria  
Integrated Care Board

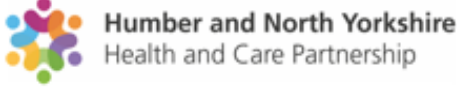
Participation in the NHIP is intended to enable our team in Morecambe Bay, and the wider ICB, to obtain a greater understanding of opportunities, risks, benefits and needs associated with:

- **Commissioning in a population footprint**, transitioning to ICB-delegated budgets to place / neighbourhoods and aligned / pooled budgets across organisations and sectors
- **Financial models to support / incentivise / right-size the 'left shift' of funding** to population health, prevention and pathway-based community care
- **Integrated workforce planning / rotations** across health and care to address recruitment challenges and provide richer career opportunities
- **Developing local governance models** to support multi-provider planning and delivery of neighbourhood health
- **Future options around the form of neighbourhood/multi-neighbourhood providers**

## PRINCIPLES GUIDING OUR APPROACH

1. We work at scale across the whole of North Yorkshire, and through the four Local Care Partnerships when targeting work at specific neighbourhoods and priority groups.
2. We work together under the auspices of the Ambitious for Health, and with executive support from the North Yorkshire Care Collaborative.
3. We build on existing good practice and momentum.
4. We recognise the equilibrium of our system and seek to support sustainability for all partners.
5. We focus on how we work together, not on testing new structural, contracting models, or models of general practice.
6. We triangulate data, insight and experience from a wide range of partners when identifying focus areas.

# Summary of impacts within NY submission



| Areas of impact                                     | PCN/Neighbourhood |                       |           |                                    |       |
|-----------------------------------------------------|-------------------|-----------------------|-----------|------------------------------------|-------|
|                                                     | Scarborough       | Esk Valley/<br>Whitby | Harrogate | Rich'shire<br>(incl.<br>Catterick) | Selby |
| ▪ Frailty / long term conditions                    | ✓                 | ✓                     | ✓         | ✓                                  | ✓     |
| ▪ Care market / home care development               |                   | ✓                     | ✓         |                                    |       |
| ▪ Equity                                            |                   | ✓                     |           | ✓                                  | ✓     |
| ▪ Hidden inequalities                               | ✓                 | ✓                     | ✓         | ✓                                  | ✓     |
| ▪ Hospital and care home admission avoidance        | ✓                 |                       | ✓         |                                    |       |
| ▪ Military and veterans                             |                   |                       |           | ✓                                  |       |
| ▪ People with multiple disadvantages                | ✓                 |                       | ✓         |                                    |       |
| ▪ Integrated care centres and care and support hubs | ✓                 |                       | ✓         | ✓                                  |       |
| ▪ Prevention                                        |                   | ✓                     |           |                                    | ✓     |
| ▪ Remote rural communities                          |                   | ✓                     |           | ✓                                  |       |

| Item                                            | Comments                                                                                                                                                                                                                                                                   |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ■ Population Health Intelligence and Management | The ICB’s PHM tool integrates data from primary, secondary, and wider care sectors. In North Yorkshire, this is supported by a 12-month training programme.                                                                                                                |
| ■ Integrated Quality Team                       | A "flying squad" of practitioners and managers who work collaboratively to turn around struggling care providers and help people stay in their usual residence.                                                                                                            |
| ■ VCSE Community Anchor Organisations (CAOs)    | Commissioned across North Yorkshire, deeply embedded in communities acting as key connectors between residents, local groups, and statutory services. CAOs are central to neighbourhood health teams.                                                                      |
| ■ Prevention Plus model                         | A partnership between local people, the VCSE, council and NHS, focusing on older people, carers, and those living with frailty. Practitioners will be embedded in community venues such as village halls.                                                                  |
| ■ Care and Support Hubs                         | Based in care settings, these act as neighbourhood health centres for people with complex dementia and physical health needs, offering an alternative to hospital care.                                                                                                    |
| ■ Community Pop Up Health Hubs                  | Accessible and informal drop-in sessions across key local community locations (Libraries, Community Religious Groups, Family Groups). Achievements to date include identification of potential undiagnosed hypertension, with hundreds of blood pressure checks completed. |
| ■ Health on the High Street                     | Healthy places initiatives, including exploring the potential for shared use of estates.                                                                                                                                                                                   |
| ■ Weight management                             | Working with pharmacy teams to developing neighbourhood approaches to, bringing together prevention and long-term conditions management, using resources from health and social care, education and other sectors.                                                         |

# Scarborough and Whitby neighbourhoods

| Item                                                                                                                        | Comments                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><b>Partnership between SPARKs (a CIC) and Filey/Scarborough PCNs</b></li> </ul>      | Focused on working-age adults from Core20 areas with long-term physical and mental health conditions, many economically inactive. Helps build confidence, wellbeing, and progression toward employment or education. Outcomes include volunteering, employment uptake, and improved mental health. |
| <ul style="list-style-type: none"> <li><b>Multiple Disadvantages Offer</b></li> </ul>                                       | Implemented in Scarborough to support street-based residents with long term mental health, housing and substance use issues and now being rolled out across the county.                                                                                                                            |
| <div>Page 106</div> <ul style="list-style-type: none"> <li><b>Homecare Alliance</b></li> </ul>                              | Developing the care market through an alliance/co-production approach to home care provision.                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li><b>Pomoc Community Scarborough and Ryedale</b></li> </ul>                            | Project to support vaccine uptake in marginalised communities have been undertaken in coastal areas, promoting preventative health management in long term conditions                                                                                                                              |
| <ul style="list-style-type: none"> <li><b>National New Ways of Working in Primary Care Programme</b></li> </ul>             | North Yorkshire Place has two PCNs (out of 22 nationally) running pilots as part of the National New Ways of Working in Primary Care Programme – one in Whitby Coast & Moors – East Coast and Rural LCP                                                                                            |
| <ul style="list-style-type: none"> <li><b>SeeCHANGE Scarborough</b></li> </ul>                                              | Innovative cross sector partnership, funded by National Lottery Community Fund to help realise a healthier Scarborough, by reducing inequalities within the Town.                                                                                                                                  |
| <ul style="list-style-type: none"> <li><b>Scarborough Coastal Health and Care Research Collaborative (SHARC)</b></li> </ul> | Developed from the Scarborough Multiple Long Term Conditions Research Hub. SHARC is part of academic research led by Universities of York and Birmingham looking at innovative models of urgent and emergency care in 'unavoidably remote' areas.                                                  |

| Item                                                                     | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Page 197</div> <div>■ Catterick Integrated Care Centre (CICC)</div> | <p>Catterick Integrated Care Centre (CICC) is a pioneering, fully integrated £110m healthcare facility co-developed by the NHS and MOD. It brings together primary care, community services, mental health, diagnostics, dentistry, VCSE and social care under one roof, serving military and civilian populations.</p> <p>The CICC addresses population growth, MOD rebasing, and regional health inequalities and is the first of its kind nationally.</p> <p>Pharmacy will be promoted as a first port of call and for minor illness, support for the management of long-term conditions and health promotion including vaccination.</p> <p>Our leadership and learning from the CICC programme have been instrumental in putting North Yorkshire at the forefront of designing and implementing integrated neighbourhood models. This includes service transformation and integration starting from population needs, organisational development, community engagement, infrastructure design and bringing services closer to the community.</p> |

| Item                             | Comments                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ■ Addressing health inequalities | Harrogate (Harrogate & Rural District LCP): Focused on reducing health inequalities among disadvantaged groups in otherwise affluent areas, through a joined-up, cross-sector partnership approach across the local care partnership. Good cross sector engagement in recent workshop through LCP support which has identified some new ideas. |
| ■ Multiple Disadvantages Offer   | Multi-agency integrated working to address multiple disadvantage (substance use, mental health, contact with the criminal justice system, transient housing/homelessness) in Scarborough and Harrogate.                                                                                                                                        |
| ■ Year of Care                   | Develop opportunities to understand and codify different approaches to financial flows (e.g. Year of Care) to support neighbourhoods and the ‘left shift’. As part of the NNHIP bid we have indicated we would want to contribute to the national thinking on this.                                                                            |

| Item                                                                                                              | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Page 199</div> <div>▪ <b>Bringing Brazil to Selby - Community Health and Wellbeing Workers (CHWWs)</b></div> | <p>The Community Health and Wellbeing Workers (CHWWs) model, inspired by Brazil's Family Health Strategy, involves locally recruited and trained workers. The team serve small, defined geographies, through assertive outreach, building trust and connecting residents to health and care services.</p> <p>A data-led segmentation analysis help identify families in Core20 areas. CHWWs are embedded in Primary care teams and the community sector, to proactively assist in providing health and wellbeing services to those communities. They also offer a way of providing continuity in Primary Care as the eyes and ears of the GP in the community.</p> <p>The CHWW role helps with managing long-term conditions, reducing hospital admissions, and improving health outcomes through community engagement and support. So far, 155 households are receiving regular visits, and from April–June this year, 355 interactions took place with a community health worker.</p> |
| ▪ <b>National New Ways of Working in Primary Care Programme</b>                                                   | <p>North Yorkshire Place has two PCNs (out of 22 nationally) running pilots as part of the National New Ways of Working in Primary Care Programme – one in South Hambleton &amp; Ryedale (SHAR) – Vale and Selby LCP</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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# **Get Britain Working - North Yorkshire Programme**

**September  
2025**

# Purpose of the Programme

## GBW Government Initiative Overview

### Purpose:

**Drive reforms to employment support by integrating skills and health** to help more people enter and progress in work.

### Key Focus Areas

- People excluded from the labour market, especially those with **health issues**
- **Young people** at risk of becoming NEET (Not in Education, Employment or Training)
- Individuals in **insecure, poor quality, low-paying work**
- **Women carers** facing challenges in staying and progressing in work
- Employers struggling to fill vacancies due to **labour and skills shortages**
- **Disparities** in labour market outcomes across places and groups

# Connect to Work overview

- Connect to Work is a complementary programme with the Trailblazer programme
- £3,175,800.00 funding to North Yorkshire and York from DWP to YNYCA to support the Government's Connect to Work Scheme
- Programme will run from November 2025 to November 2030
- The grant funding will allow the existing Supported Employment team (at peak of delivery) treble in size to meet the number of starts required
- Programme lead by Kate Allanson and Charlotte Rudd

# Connect to Work Programme

## Purpose of the programme:

- To develop services and improve outcomes related to economically inactivity
- Aimed at helping people with disabilities, health conditions, and people facing the most complex barriers to employment, find and sustain work
- Delivered through grants to local authorities
- Two strands IPS (Individual placement and support and Supported Employment Quality Framework (SEQF))
- IPS more focussed solely on Mental Health
- North Yorkshire Council's Supported Employment team proposal to deliver the SEQF element across COY York LA and North Yorkshire Council LA
- SEQF supports different demographic who require more intensive support; e.g. people with learning disabilities, autism and generally cohorts of people with complex support needs
- IPS element out to procurement imminently by YNYCA

# Trailblazer Overview

- £10m funding to North Yorkshire and York, from DWP to the Mayor
- Consortia approaches in the County and City: Councils, NHS, VCSE, Business, MCA
- Angela Crossland as overall lead for the programme
- Total of £4,171,404 to NYC-led projects
- Funding until 31st March 2026
- Year 2 high level delivery plan submission by end September 2025

# Purpose of the Trailblazer Programme

## North Yorkshire Programme Priorities

- **Engaging and Supporting Inactive People**  
Understand reasons for economic inactivity and develop tailored service solutions
- **Good Work**  
Support employers to identify and address barriers to employment and retention
- **Joining Up Systems and Services**  
Create conditions for innovative service design and future approaches

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## Delivery Principles

- Build on **existing projects**
- Mobilise **quick routes to market**
- Develop **pilot and test activities** to inform future service development

# Trailblazer projects

The programme consists of 17 individual projects that fit within the overall priorities as follows:

## Engaging and Supporting Individuals

|                                                       |                                                                                                                                                                                                    |                              |          |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|
| Supported Pathways                                    | Supporting inactive people to volunteer through personalised action plans, training opportunities, 1:1 support                                                                                     | Hambleton CA                 | £100k    |
| Overcoming Challenges to Youth Participation 14-25yrs | Work in schools and with parents and carers of 14-16yr olds at risk of long-term NEET and an enhanced employability support programme for 16-25yrs with EHCP and additional employability barriers | NYC Adult Learning           | £321,750 |
| Youth Mentoring                                       | School mentor support for Yr 10 pupils in YNY. Up to 60 pupils at risk of long term NEET                                                                                                           | NY Youth                     | £100k    |
| Inspiring Potential in 50+                            | Maintaining or returning 50+ in employment. Mentor support                                                                                                                                         | NYC Adult Learning           | £259,500 |
| Carers Programme                                      | Job match, training, backfill and support to stay in or return to work and advice to employers/businesses                                                                                          | Carers Plus Dementia Forward | £112,500 |
| Veterans                                              | Improve employment pathways and support for veterans                                                                                                                                               | NY Sport                     | £75k     |
| MSK Hubs                                              | Lifestyle interventions through Active North Yorkshire to reduce health condition barriers to work and reduce sickness absence rates                                                               | Active NY                    | £167,592 |
| Community Grants                                      | Small grants scheme to VCSE up to £25k per project to target priority groups/economically inactive. Pilot projects                                                                                 | Better Connect               | £550k    |

# Trailblazer projects

The programme consists of 17 individual projects that fit within the overall priorities as follows:

## Good Work

|                                         |                                                                                                                                                                |                          |          |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|
| Workplace health checks                 | Employer engagement in developing workplace health and providing NHS health checks                                                                             | NYC Public Health        | £112,500 |
| Active Well-Being Workforce Development | build workforce capacity to engage inactive people with health conditions                                                                                      | NY Sport                 | £72k     |
| Employer engagement (levels 1-3)        | Wraparound education, grant fund and conference model to engage and develop businesses                                                                         | NYC Economic Development | £89,300  |
| Employer Support                        | Target 6 businesses with specific employment challenges and support with OH and specialist HR support to improve inclusive recruitment and retention practices | NYC Economic Development | £60,700  |
| Wage Subsidy Scheme                     | Wage subsidy programme to support 3mths, 16hrs pw FTC placements with businesses                                                                               | NYC Human Resources      | £1M      |

# Trailblazer projects

The programme consists of 17 individual projects that fit within the overall priorities as follows:

## Joining Up Services and Support

|                                             |                                                                                                                                                                           |                                       |          |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------|
| Place Based Engagement                      | Public campaigns to understand 'good work' focused on specific demographics (high inactivity areas, 50-64yrs and veterans) and campaigns in schools                       | NYC Adult Learning                    | £339,686 |
| Place Based Navigators                      | Network coordinators in health, business and VCSE organisations developing communities of practice and training in Local Area community hubs                              | NYC Adult Learning                    | £591,842 |
| Health Data Analysis                        | Joint NYC, CYC and ICB resource commissioned by YNYCA to develop a data intelligence approach to identifying target populations for support with health and employability | NYC Strategy & Performance<br>HNY ICB | £36,979  |
| Behavioural Insights into Economic Activity | Behavioural Science resource commissioned by YNYCA to survey and gather research from early retirees (50-64) in rural areas                                               | NYC Public Health                     | £21,616  |

Funding also includes 4% management and administration fees (£160k)



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## North Yorkshire Council

### North Yorkshire Health and Wellbeing Board

19 September 2026

#### **‘Our Plans for Health, Care, and Wellbeing in Bradford District and Craven’**

#### **Report of the Bradford District and Craven Health and Care Partnership**

### **1.0 PURPOSE OF THE REPORT**

1.1 To share the recently approved strategy for health care and wellbeing that was commissioned by Bradford District and Craven’s Health and Care Partnership Board.

### **2.0 BACKGROUND**

2.1 Acting to reduce health inequalities and improve the health, care, and wellbeing of our population is at the heart of everything we do. This plan is set out in support of our Health and Care Partnership vision, where we Act as One to keep people Happy, Healthy, at Home.

This plan acts as a guide for how we use our partnership resource to improve population health. It considers the future state of our population and the response needed by our Health and Care Partnership in our role to:

- Improve health outcomes for all people using information, data, and insight;
- Tackle inequalities in experience, outcomes, and access;
- Help support broader social and economic development; and
- Enhance productivity and value for money.

It recognises that without change, services will be unable to meet the future health needs of the District’s population and it sets out future projected needs of the District.

Our plan is informed by our work with local people as partners. We have made, and continue to make, significant efforts to reach seldom heard and underserved people and communities, working with trusted partners to achieve this. Our active citizens are shaping the future of health and care in Bradford District and Craven. We are connecting through community insight and continuing to take an asset-based approach in our neighbourhoods and localities.

Our plan is shaped by the opportunities made available to us through new capital investment, the establishment of provider partnerships, and by our shared

understanding of our population. We know where we can work together to tackle inequalities, develop neighbourhood health and care, and thereby improve health now and for generations to come, by using the data and insight we have available to us, to better understand our communities and better allocate resources.

The underlying reason for this plan is the health and wellbeing of our population. While we have a relatively young population, when we look forward to 2040 our population demographic changes significantly. Our use of predictive modelling to foresee the future has shown us why we need to transform how we work, where we work, and the simple changes that can make a difference to people's access, experience, and outcomes of care. Without change, the health of our population will continue to deteriorate and our services will be unable to meet the rising and changing needs of local people. Prevention – primary, secondary, and tertiary – needs to become life-long, whole system, and at the heart of all that we do.

As partners, we take on the responsibility for the wellbeing of our population. We have a culture of collaboration that is a powerful enabler of change. We are guided by the principle of subsidiarity, with decisions taken as close to local communities as possible, and at a larger scale where there are demonstrable benefits or where co-ordination adds value. This requires us all to be leading and directing our organisations to facilitate the ambitions and duties of our Health and Care Partnership.

This plan helps us answer questions and take decisions as a Partnership.

### **3.0 RECOMENDATIONS**

3.1 The North Yorkshire Health and Wellbeing Board is asked to receive and note the documents 'Our plans for health, care, and wellbeing in Bradford District and Craven' and the accompanying personas that were developed through our engagement and involvement programme.

### **APPENDICES**

Appendix A: Our plans for health, care, and wellbeing in Bradford District and Craven

Appendix B: Our personas

# Our population health personas

To bridge insight and action, we have developed a set of population personas – illustrative portraits based on population health segmentation and informed by conversations during our Listen in programme.

Each persona reflects real people in our communities – such as adults with learning disabilities, children with complex needs, or healthy working-age adults – and is rooted in real experiences and conversations but anonymised to reflect a wider group.

These personas help us connect strategic decisions to people's lived realities. We will use them to shape the action plan for delivery, challenging services, organisations, and teams to plan from the perspective of those we serve. We will stress-test decisions by asking, for example, how will this make things better for Ruby? or how will Junaid access this service?

These personas bring data to life and will shape how we tailor plans based on where different population segments live, how their needs are changing, and how they use services.



# Farida

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## Profile

**Age:** 74  
**Occupation:** retired, used to work in textiles  
**Housing:** lives with extended family  
**Income:** state pension and family-support  
**Area:** Keighley

## Population health group

### Palliative care (group 1)

*People living with serious illness that cannot be cured, who need support to manage symptoms and plan with their family and carers for the end of life.*

## Needs

Farida has advanced pancreatic cancer. She speaks limited English and is not aware of the full extent of her condition.

Her care is coordinated through her adult children, who prefer not to tell her that she is dying.

Farida's children sometimes have different views on her care.

Although she occasionally receives GP home visits or phone consultations, these are inconsistent - so the family often resort to taking her to A&E when concerns arise.

## Group size and projected change

In 2025, this is 1.3% of Bradford District and Craven (BDC) population or around 4,800 people. This group is projected to increase in size by 44% by the year 2040. The GP-registered palliative care population is highest in Keighley and Craven localities.

## Insights

*"I'm just tired lately – I think I need more rest. I leave things to my sons – they talk to the doctors."*

Strong cultural values around family protection and avoiding distress. Faith plays an important role.

*"Telling mum about her condition would take her spirit away."*

Farida rarely leaves the house now. She spends time in prayer, watches Urdu-language TV, and enjoys visits from her grandchildren.

## Typical health and care usage

People in this group use health and care services more than the general population. They are admitted to hospital at a rate 8 times higher than the general population and 22 times higher for emergency bed use.

**What will it take to turn our strategy into real change for people like Farida?**

Liv

Page 215



## Profile

**Age:** 15  
**Occupation:** at school  
**Housing:** lives with single mum and younger sibling in rented 3-bed terraced house  
**Income:** household income is below national average  
**Area:** Skipton

## Population health group

### Children with complex needs (group 5)

*Under 18 year olds with a learning or physical disability, serious mental illness, or two or more long-term conditions; or those with developmental delay, a genetic condition, weakened immune system, or who regularly need hospital or community care.*

## Needs

Waiting for autism assessment (referred last year).  
Attended A&E twice in last 6 months due to self-harm.  
Poor sleep patterns and disordered eating. Reluctant to engage with wellbeing support via school.

## Group size and projected change

In 2025, this is 3.8% of BDC population or around 25,300 people. By 2040 the population of children will fall locally, so if we manage to prevent children developing complex needs this number will fall also. There are higher proportions of children and young people diagnosed with complex conditions in Bradford East, Bradford South and Bradford West.

## Insights

*“People think when you ask for something and you are waiting that the issue just stops, but you are living it all the time and having to deal with so much through really difficult times”*

Liv identifies as nonbinary and has found a supportive online community. They spend time on social media platforms, mostly TikTok and Instagram.

They had a close bond with her mum but relationships are under strain. Liv has a limited social network locally.

School attendance is impacted by anxiety, they are no longer on track to achieve target GCSE grades.

## Typical health and care usage

People in this group use health and care services more than the general population. They have twice the rate of secondary care use, three times the rate of emergency admissions and account for seven times the maternity bed days as the general population.

**What will it take to turn our strategy into real change for people like Liv?**

# Junaid

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## Profile

**Age:** 7  
**Occupation:** at school  
**Housing:** lives with parents, two older siblings and grandparents in detached property owned by family  
**Income:** household income above national average  
**Area:** Heaton

## Population health group

### Children with complex needs (group 5)

*Under 18 year olds with a learning or physical disability, serious mental illness, or two or more long-term conditions; or those with developmental delay, a genetic condition, weakened immune system, or who regularly need hospital or community care.*

## Needs

Junaid has complex medical needs including epilepsy, and a diagnosis of autism.

He is under the care of paediatricians, receives speech and language therapy, and has an EHCP.

## Group size and projected change

In 2025, this is 3.8% of BDC population or around 25,300 people.

By 2040 the population of children will fall locally, so if we manage to prevent children developing complex needs this number will fall also.

There are higher proportions of children and young people diagnosed with complex conditions in Bradford East, Bradford South and Bradford West.

## Insights

*“... the double-edged challenges of barriers to access services as well as stigma within the community about a child being ‘different’. Trying to socialise his needs and getting the acceptance from the family has been difficult...”*

Junaid has a large extended family who offer advise/opinions on how Junaid should be cared for.

Junaid’s communication difficulties lead him to become frustrated and angry.

Seizures leave him exhausted and confused. His behaviour at school and at home is difficult to manage.

## Typical health and care usage

People in this group use health and care services more than the general population. They have twice the rate of secondary care use, three times the rate of emergency admissions and account for seven times the maternity bed days as the general population.

**What will it take to turn our strategy into real change for children like Junaid and his family?**

# John

Page 217



## Profile

**Age:** 46  
**Occupation:** unemployed  
**Housing:** has a bedsit in a large, supported accommodation facility  
**Income:** receives benefits  
**Area:** Keighley

## Population health group

### Learning disability (group 2)

*Adults with brain, learning, or developmental conditions that affect how they learn and understand information*

## Needs

John has a learning disability. He receives support from adult social care and has lived in a residential facility since his mother died several years ago.

John has Type 2 diabetes. He attends a leg ulcer clinic each week for treatment and wound dressings. His mobility is limited, he uses a stick and can't walk for more than a few minutes.

John often gets anxious about his health, he sometimes calls NHS111 but prefers to make an appointment with his GP to discuss his problems.

## Group size and projected change

In 2025, this is 0.6% of BDC population or around 3,700 people.

This group is projected to stay at a similar size between now and the year 2040

There are higher proportions of people with identified learning disabilities in Bradford and Keighley localities.

## Insights

*"... coming to the clinic is one of very few interactions that he has. He can't get out and about easily ... used to love going on trips to the seaside and countryside ... He has a friend who lives a few miles away, but he doesn't see him very often."*

John does not have a computer, but he does have a smart phone and can get online.

He doesn't attend any activities in his supported living as most other residents are elderly, so he has very little social contact.

## Typical health and care usage

This group are admitted to hospital for mental health treatment at a rate 6 times higher than the general population. They also account for a high proportion of prescriptions locally.

**What will it take to turn our strategy into real change for people like John?**

# Ajit

Page 218



## Profile

**Age:** 34

**Occupation:** graphic designer

**Housing:** lives with his wife and two children in a mortgaged home

**Income:** £38,000

**Area:** Shipley

## Population health group

### Physical disability (group 3)

*Adults with physical disabilities (present from birth, developed over time, or acquired later) identified through evaluation and assessment.*

## Needs

Ajit uses a wheelchair since a serious accident five years ago. Apart from his limited mobility, Ajit is generally in good health.

## Group size and projected change

In 2025, this is 1.1% of BDC population or around 7,400 people.

This group as a whole is projected to increase by 7% in size by the year 2040

There are higher proportions of patients identified with physical disabilities in Bradford South and Keighley

## Insights

*"I just do it online, ordering my repeat medication through the app is easy for me. I use smart devices around the house, I'd be lost without my phone."*

Ajit uses social media and is involved in several online disability groups. He is highly confident with technology and uses several apps and devices to support his health.

Ajit does not drive; he has a free bus pass.

## Typical health and care usage

This group are more likely to use primary and secondary services than the general population. They are admitted for mental health conditions at a rate 8 times higher than the general population.

**What will it take to turn our strategy into real change for people like Ajit?**

# Ruby

Page 219



## Profile

**Age:** 78  
**Occupation:** retired  
**Housing:** lives with partner in her own home  
**Income:** both have good pensions  
**Area:** Saltaire

## Population health group

### Frailty and dementia (group 4)

*Progressive and irreversible decline in cognitive function (includes types of Dementia), Parkinson's disease and a high frailty score*

## Needs

Ruby has been recently diagnosed with vascular dementia. She also has hypertension and arthritis. Ruby's memory and mood are very variable. She is increasingly anxious about leaving home or being alone.

## Group size and projected change

In 2025, this is 2.6% of BDC population or around 16,900 people.

This group as a whole is projected to increase by 36% in size by the year 2040

There are higher proportions of patients identified with frailty and dementia in Bradford South, Shipley and Craven localities

## Insights

*"It is really tough. Bit by bit, Ruby is losing the ability to do things and her behaviour is sometimes difficult. Being gay and caring for someone with dementia, is doubly isolating."*

Ruby is cared for by her partner Jacquie, as a lesbian couple they worry about how their relationship will be perceived.

The couple have no children or close family, but have a strong social network and they are part of a local dementia support group.

## Typical health and care usage

This group uses most types of health and care services more than the general population.

People over 65 years with dementia and frailty account for nine times as many emergency bed days and ambulance transportations as the general population

**What will it take to turn our strategy into real change for people like Ruby and Jacquie?**

# Ray

Page 220



## Profile

**Age:** 53  
**Occupation:** unemployed  
**Housing:** housing association rental  
**Income:** Universal Credit  
**Area:** Settle

## Population health group

### Serious mental illness (group 6)

*Adults with diagnosis of a serious mental illness such as psychosis, schizophrenia, or bipolar disorder (including those prescribed lithium).*

## Needs

Ray has a history of substance misuse, alongside lifelong mental health issues. He takes antidepressant and antipsychotic medications.

Ray was sectioned last year and spent several months treated as an inpatient.

Ray receives support from the drug and alcohol team and community mental health, but sometimes fails to attend appointments as he needs to catch two buses and often oversleeps.

## Group size and projected change

In 2025, this is 0.7% of BDC population or around 4,400 people.

This group is projected to increase by 7% in size by the year 2040

There are similar proportions of people with diagnosed serious mental illness (SMI) across all localities

## Insights

*“The only way to get clean is to change your life, but you need help and the tools to do that.”*

He would like quick access to someone to talk to in crisis and feels that would stop incidents like the one when he was sectioned.

The mental health team suggested he went to the wellbeing hub; he has become a volunteer and works on a community allotment which he finds helpful as it gives him a routine and sense of purpose.

## Typical health and care usage

This group accounts for half of all mental health admissions to hospital.

**What will it take to turn our strategy into real change for people like Ray?**

# Laila

Page 221

## Profile

**Age:** 29  
**Occupation:** nurse  
**Housing:** rented house  
**Income:** £35,000  
**Area:** Ravenscliffe

## Population health group

### Long term conditions (group 7a)

*Adults aged 18-64 with long term physical and mental health conditions (the most common being asthma and respiratory diseases, diabetes, cardiovascular and heart diseases, cancer, chronic kidney disease, anxiety or depression and types of chronic pain)*

## Needs

Laila has sickle cell anaemia; this is managed with regular transfusions and medications.

Linked to this, Laila suffers extremely painful periods which affect her ability to work. She also has depression.

## Group size and projected change

In 2025, this is 26.9% of BDC population or around 177,600 people.

This group is projected to increase by 6% in size by the year 2040

There are roughly the same proportion of adults diagnosed with long term conditions across all localities.

## Insights

*“I get really frustrated trying to contact my GP, even the online form is only available 9-5 and if I’m on shift that’s just impossible.”*

*“I am meant to be strong, I feel ashamed to use mental health services I refer patients to.”*

Laila has a large family living nearby who she is close to, however she doesn’t feel able to talk about her mental wellbeing or health concerns due to stigma.

Laila has needed several episodes of sick leave from work and is concerned about sustaining her career.

## Typical health and care usage

This group accounts for higher than average healthcare use.

**What will it take to turn our strategy into real change for people like Laila?**

# Antony

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## Profile

|                    |                        |
|--------------------|------------------------|
| <b>Age:</b>        | 88                     |
| <b>Occupation:</b> | retired professional   |
| <b>Housing:</b>    | assisted living        |
| <b>Income:</b>     | money is not a problem |
| <b>Area:</b>       | Ilkley                 |

## Population health group

### Long term condition (group 7b)

*Adults aged 18-64 with long term physical and mental health conditions (the most common being asthma and respiratory diseases, diabetes, cardiovascular and heart diseases, cancer, chronic kidney disease, anxiety or depression and types of chronic pain)*

## Needs

Antony has type 2 diabetes and is hard of hearing.

## Group size and projected change

In 2025, this is 9.5% of BDC population or around 63,000 people.

This group as a whole is projected to increase by 26% in size by the year 2040

Craven has a higher proportion of older people with long term conditions (due to an older population than Bradford and Keighley)

## Insights

*“I’m just old, that’s all that’s wrong with me!”*

Antony is widowed and his closest family live in Birmingham. He is part of a book club and the local model railway club.

Antony has a free bus pass but rarely travels. He enjoys short walks on the moors and tries to stay active.

He does not own a computer or smartphone.

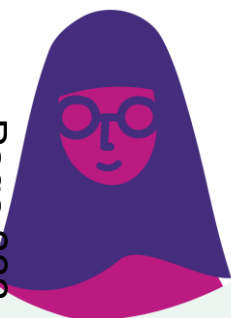
## Typical health and care usage

This group has a rate of elective admissions and bed days usage three time the general population

**What will it take to turn our strategy into real change for people like Antony?**

# Elena

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## Profile

**Age:** 10  
**Occupation:** at school  
**Housing:** temporary accommodation with parents and younger sibling  
**Income:** NRPF – section 95 home office support  
**Area:** Great Horton

## Population health group

### Healthy child (group 8a)

*Under 18 year olds who don't fit into any other group – people in this population group may have undiagnosed illnesses or health needs.*

## Needs

Elena's family haven't been in the UK very long and the health system here is different from what they are used to.

Elena's parents have poor mental health due to trauma in their home country.

## Group size and projected change

In 2025, this is 19% of BDC population or around 125,500 people.

By 2040 the total population of children is expected to fall by 16% and we aim to keep all our children healthy

## Insights

“...there are some uncertainties about what our NHS offer compared to their home healthcare systems... but grateful for support and free healthcare”

“school is a really key relationship for asylum seeking families”

Elena rarely goes online as the family often run out of data for their smartphone.

Elena likes school and mixes with children from lots of different backgrounds.

Elena's English is improving, her parents don't speak much English so she often helps her parents understand things.

## Typical health and care usage

This group uses health and care services less than the general population

**What will it take to turn our strategy into real change for families like Elena's?**

# Sadia

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## Profile

**Age:** 37  
**Occupation:** part-time support worker  
**Housing:** lives with husband and 9-year-old son in mortgaged home  
**Income:** household income £36k  
**Area:** West Bowling

## Population health group

### Healthy adult (group 8b)

*People who don't fit into any other group – people in this population group may have undiagnosed illnesses or health needs.*

## Needs

Sadia is in good health.  
She helps care for her elderly grandmother who lives nearby with her parents, and takes family members to hospital appointments etc.  
Sadia uses GP online services to book appointments and manage prescriptions for her family.

## Group size and projected change

In 2025, this is 29.4% of BDC population or around 193,700 people.  
This group as a whole is projected to increase in size by 5% by the year 2040.

## Insights

“Online appointment systems and sending photographs for certain symptoms is hard for our family members so I help them do this.”  
“I have to be strong for the family and everyone around me, but it's sometimes tough in terms of my own wellbeing.”

Confident accessing online services, Sadia frequently uses social media and is part of several WhatsApp community groups.

Sadia is active in her local community, for example helping out at her son's school.

## Typical health and care usage

This group uses health and care services less than the general population.

**What will it take to turn our strategy into real change for people like Sadia?**

# Our plans for health, care, and wellbeing in Bradford District and Craven

September 2025



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## Foreword by our Chair

Bradford District and Craven is full of potential. At the same time, official statistics show that two out of every three residents live in areas that are among the most deprived in the country. Too many people face unfair barriers to good health: poverty, poor housing, low income, and limited access to services or opportunities. People in our most disadvantaged communities live shorter lives and spend more of their later years living with poor health.

Our shared ambition is to change this. We want to increase the number of people in Bradford District and Craven who can live long, healthy lives. We've seen how real progress happens when individuals, communities, and partners from every sector come together with a shared purpose. Improving health and wellbeing is not simply a job for the NHS, it takes individuals, families, communities, and partners from every sector - public, independent, and voluntary - working together.

There are many examples across our place where this is already happening. We have developed creative ways of supporting people with long-term conditions to live as healthily as possible. We have worked alongside communities to develop local solutions that improve people's life chances. We have designed services that prevent ill-health and support early intervention. Integrated teams are helping people avoid unnecessary hospital stays and recover well at home. And we are using technology to offer more care in people's homes and communities.

We have also learned that our health and care system can create wider value, sometimes called social value. The decisions we make can improve wellbeing, create good jobs, support local businesses, strengthen communities, and protect the environment. We know what works. The challenge now is to apply that learning in a more joined-up and systematic way so it can have even greater impact.

This strategy has been developed from that learning. It sets out a new way of working. We will build on the good work already happening and reshape services to meet people's needs more fairly. The next phase is about action. Through a series of design and delivery groups, our partners, communities, and workforce will help shape clear, measurable plans that focus on what matters most.

We know that pressures on local budgets and services will remain intense. Difficult decisions are inevitable. That is why we will apply the principle of proportionate universalism. This means supporting everyone, while focusing the greatest effort where the need is greatest.

By working together with local people, we can make lasting change.

### Elaine Appelbee

**Chair, Bradford District and Craven  
Health and Care Partnership**



## Introduction

Acting to reduce health inequalities and improve the health, care, and wellbeing of our population is at the heart of everything we do. This plan is set out in support of our Health and Care Partnership vision, where we **Act as One** to keep people **Happy, Healthy, at Home**.

Our plan is informed by our work with **local people** as partners. We have made, and continue to make, significant efforts to reach seldom heard and underserved people and communities, working with trusted partners to achieve this. Our **active citizens** are shaping the future of health and care in Bradford District and Craven. We are connecting through community insight and continuing to take an asset-based approach in our neighbourhoods and localities.

Our plan is shaped by the **opportunities** made available to us through new capital investment, the establishment of provider partnerships, and by our shared understanding of our population. We know where we can work together to tackle inequalities, develop neighbourhood health and care, and thereby improve health now and for generations to come, by using the data and insight we have available to us, to better understand our communities and better allocate resources.

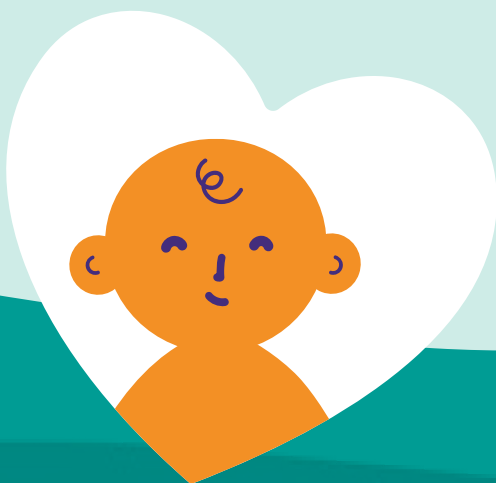
The underlying reason for this plan is the health and wellbeing of our population. While we have a relatively young population, when we look forward to **2040** our population demographic changes significantly. Our use of predictive modelling to **foresee the future** has shown us why we need to transform how we work, where we work, and the simple changes that can make a difference to people's access, experience, and outcomes of care. Without change, the health of our population will continue to deteriorate and our services will be unable to meet the rising and changing needs of local people. **Prevention** – primary, secondary, and tertiary – needs to become life-long, whole system, and at the heart of all that we do.

As partners, we take on the responsibility for the wellbeing of our population. We have a culture of collaboration that is a powerful enabler of change. We are guided by the principle of **subsidiarity**, with decisions taken as close to local communities as possible, and at a larger scale where there are demonstrable benefits or where co-ordination adds value. This requires us all to be leading and directing our organisations to facilitate the ambitions and duties of our Health and Care Partnership.

This plan helps us answer questions and take decisions as a Partnership.

We are not what we do now. Not the past, not tradition.

**We are what we do next.**



# Our Shared Purpose

## Our strategic intent

Everyone deserves to expect a long, fulfilling, and healthy life. The health issues facing our population are not caused by any single issue, but a complex mix of environmental, economic, and social factors. We know that up to 80% of individual health outcomes stem from the non-medical drivers of health, many of which are influenced by where we live. Inequity in healthy life expectancy is also partly about how we currently organise our health services, not only social determinants. This connection between the factors that affect everyone's lives is why we have set out our plans for the health, care, and wellbeing in Bradford District and Craven in line with the council plans of Bradford and North Yorkshire.

Whilst we have made good progress in aspects of our Partnership Strategy, there are still many instances where our population experience fragmented and reactive care. We expect our communities to fit their lives around the way we have organised health and care services, rather than the other way round.

**Our plan** is to create a health and care system across Bradford District and Craven that is increasingly **neighbourhood-focussed**, integrating services to enable people to lead healthier, more independent lives. We will make improvements across the breadth of factors that matter to local people, taking a **whole population** health, care, and wellbeing approach.

As a Health and Care Partnership we work through a distributive leadership model, taking place-based decisions together, taking responsibility for outcomes together, and taking accountability for the health of our population together.

The financial climate within which the partnership operates, and the need to 'live within our means' has created a challenging environment for major service transformation to happen. We know that we will not achieve the aims of this plan without a more fundamental shift in ensuring our resources are community focused. This, in turn, requires us to work differently.

By accelerating workforce transformation, we are increasing our ability to support people to recover from illness or manage multi-morbidity in their own home. A move to more personalised care.

How we organise health services is in our gift. To achieve this, we need to invest in the services and teams that operate in the community, and we need to ensure that there is more consistency (or parity) in access, experience, and outcomes of care for our population. We will plan for change based on predictive modelling to foresee future demand.

Prevention, improving health, and tackling health inequalities guides everything we do.

## Our challenge

We cannot meet all the healthcare needs of our population if we continue to do what we do now. As we take decisions about the future we will be open and transparent about why.

**People's needs are changing.** People are living longer but not in better health. By 2040, there will be a 27% increase in people over the age of 65 and a 38% increase in people living with a long term, life-limiting condition. The major conditions that are collectively the greatest contributors to ill-health and early death are cardio-metabolic disease, MSK (musculoskeletal) disease, cancer, mental health disorders, and dementia. These conditions are not inevitable; they are driven by modifiable risk factors (such as smoking, obesity, physical activity) and living conditions (such as poverty, housing, employment, and the environment).

### **We are not delivering 'best value' healthcare.**

One in six hospital admissions are driven by conditions that could have been avoided through timely and coordinated community-based care. One in five primary care encounters are considered non-medical and are driven by social issues like loneliness, housing concerns, debt, or relationship problems. The segment of our population with the most complex needs accounts for two-thirds of non-elective activity. We must use our resources in a way that maximises value, away from reactive care.

## The Government has set out '3 Big Shifts' to meet this challenge

- **Analogue to digital:** embracing advances in data and digitally-enabled care to target our resources more effectively, identify patient risk, streamline and simplify communication, and empower citizens.
- **Hospital to community:** keeping people well and independent at home by wrapping the right support around them to avoid escalation of risk, using the full range of assets that exist in communities.
- **Treatment to prevention:** addressing the biological, psychological, and social drivers of ill-health and inequalities, to mitigate risk by intervening earlier and tackling the wider determinants of health.

## Optimising our system architecture for delivery of the '3 Big Shifts'

We must build capability and clear delivery structures to enact our plans for integrated neighbourhood care, integrated specialist care, and our integrated approach to population health management.

This plan sets out the **foundations** for our new 'system architecture'. Our system architecture defines how our local system is structured, behaves, and how our component parts interact. It guides our physical and mental models during the design, development, and implementation of our plan. It is our **roadmap** to build a sustainable health and care system.



## Our population data and future state

Our plans are guided by data and intelligence, analysis, and insight to develop a deep understanding of our local population, their needs, and how these are likely to change over time. Bradford District and Craven Health and Care Partnership serves a GP-registered population of around **670,000 people**, with a mixed urban and rural, and ethnically diverse population. Overall, Bradford District has a relatively young population (compared to the UK). More than a third of our population live in poverty (mainly in wards around central Bradford and Keighley), whereas Craven has an older and further ageing population.

Office for National Statistics population projections predicts by 2040: a reduction of 16% in 0-19 year olds; 6% growth in the working age adult population (20-64 years of age); and a 27% increase in those aged 65plus, of which there will be a 53% increase in those aged 85 years and above (a high healthcare use cohort). When applied to our current population profile, the largest population changes will be seen in Shipley (5.1%), Keighley 5.8%), and Craven 7.6%).

## Our population profile

Most of our population are either classified as being healthy (51%) or with long term conditions (LTCs) (38%). Of the remaining 11%, children with complex conditions (4%), and frailty and dementia (3.5%) are the largest groups.

It is inevitable that many people will develop long term conditions, and some will have multiple conditions. We need to support a trend towards a **healthier population** by:

- slowing the rate of transition of people from healthy to long-term conditions (via primary prevention);
- slowing the rate of transition of people with long-term conditions to more complex conditions (via secondary prevention and joined-up care); and
- by improving integrated pathways to better manage the health of people with complex conditions and multi-morbidity.

The **key differences** in the population health profile between **our six localities** are:

- Shipley and Craven have the lowest proportion of healthy population and highest proportion with long term conditions (likely caused by higher life expectancy and more people living with illness into older age);
- The palliative care population is highest in Keighley and Craven, and frailty/dementia highest in Craven (although Bradford South has a high proportion of frailty/dementia in the under 65 years population); and
- Children with complex conditions make up a higher proportion of the population in Bradford East, South, and West.

**If our current trends continue**, the number of healthy people is predicted to fall by 2.2% by 2040, with those with long term conditions predicted to rise by 9%. Of concern is the large, predicted increase in those requiring palliative care support and treatment (increasing by 38%), and people with frailty and dementia (increasing by 29.4%).



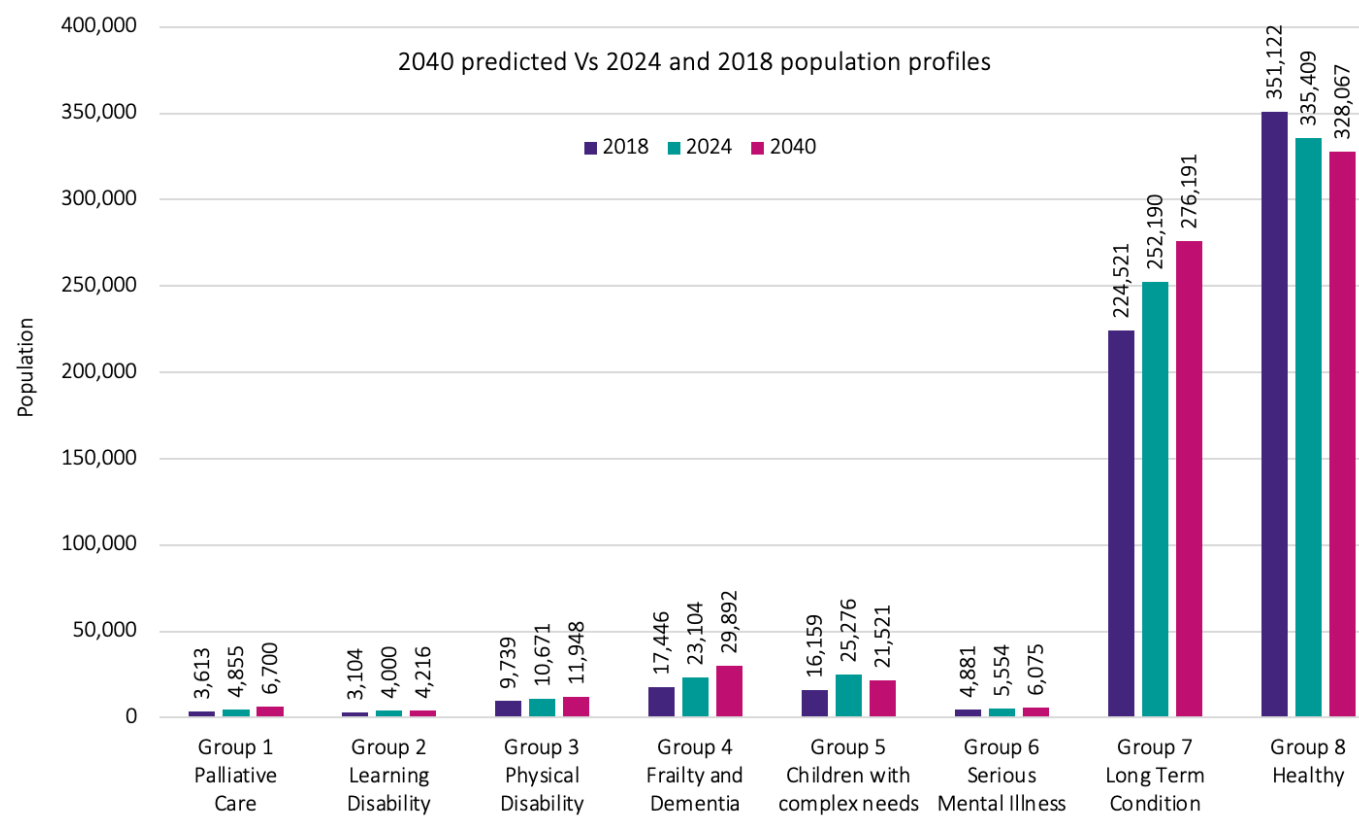


Figure 1: Predicted population profile for Bradford District and Craven 2018, 2024 and 2040

The 'healthy' population make up one third of Emergency Department (ED) visits and 20% of emergency admissions, although some of these people will have undiagnosed illness and not yet be on disease registers. Certain groups account for a much higher proportion of healthcare use, and should be priorities for coordinated care, including:

- People above 65 years with **serious mental illness** (approximately 900 patients), who have emergency admissions three times the average and six times the average bed days;
- **Children with complex conditions** (25,300), who have double the average secondary care use and three times more emergency admissions;
- **Frailty and dementia** patients above 65 years, who account for nine times the average emergency bed days;
- **Palliative care** patients account for ten times the average level of elective care, eight times the emergency admissions, and 22 times emergency bed days than the average; and
- **People with learning disabilities** (4,000 patients) have twice the average levels of ED attendees, and six times the mental health admissions and service bed days.

In deprived parts of our district, 5-10% of primary care lists are accountable for up to 40% of appointments, with a higher proportion of attendance for or caused by non-medical reasons. These reactive patterns leave less capacity for proactive and preventive work.

## Key health conditions

The key conditions that **cause ill health** across the life course in our district are for:

- **Children and young people under 20 years:** maternal/neonatal disorders, mental health disorders, and non-communicable causes (e.g. asthma, dermatitis);
- **Adults 20-40 years:** mental health and substance use disorders; increasing musculoskeletal (MSK) conditions with age;
- **Adults 40-70 years:** mental health disorders, MSK, diabetes, kidney conditions; increasing cardiovascular disease (CVD) and respiratory illness with age; and
- **Adults over 70 years:** cancer and CVD; with increasing neurological, sensory conditions, and unintentional injuries with age.

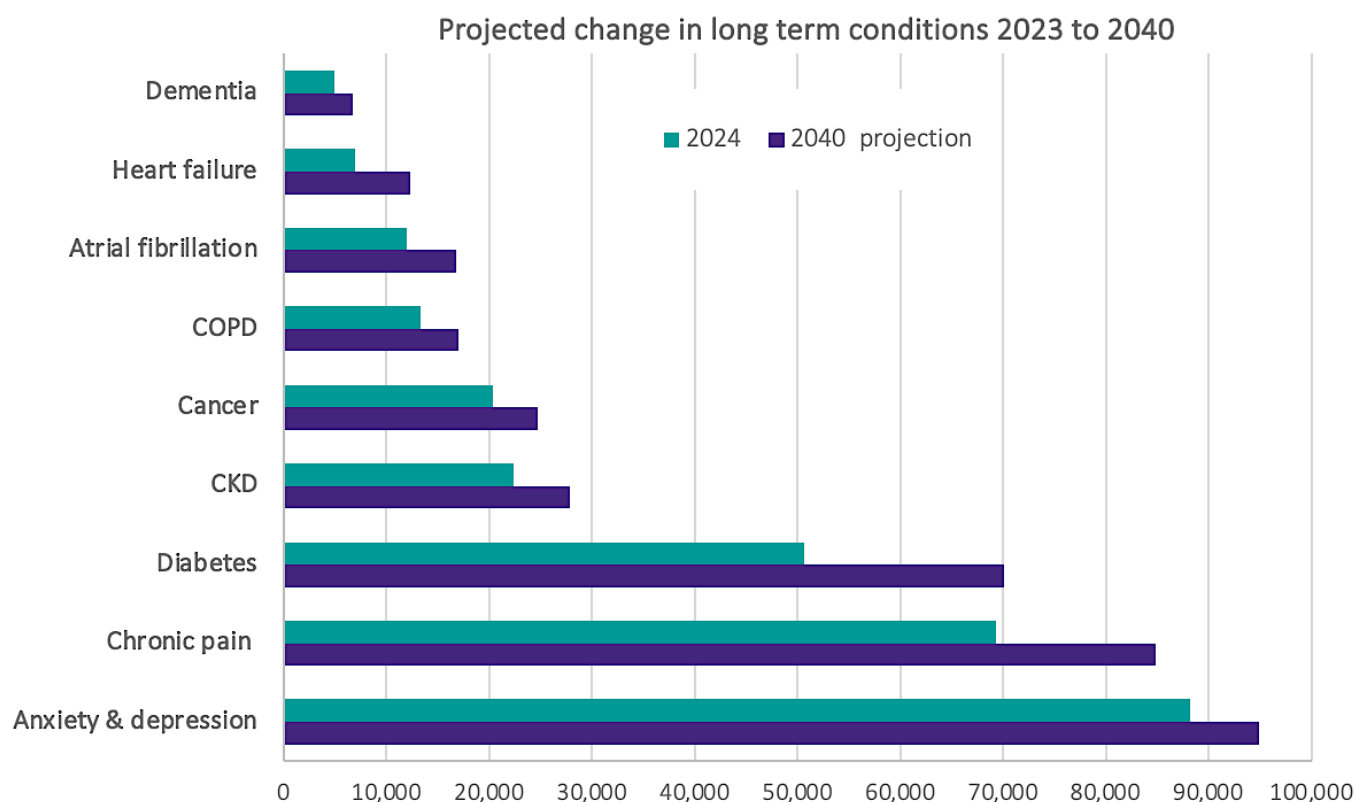


Figure 2: Projected change in long-term conditions 2023 to 2040

An ageing population and projected higher prevalence of some long-term conditions will lead to a sharp increase in demand for healthcare if we do not adopt more radical prevention strategies. From national research, the largest estimated increases in patients by 2040 are for diabetes (49% increase), chronic pain (32%), and heart failure (92%); conditions that tend to be managed in primary care settings.

## Multi-morbidity

In the UK, hospital admission costs are four times higher for someone with four LTCs compared to no LTCs. A high proportion of people with **chronic conditions** (e.g. cancer, CVD, respiratory disease, and mental health disorders) also have a recorded musculoskeletal condition (affecting muscles, bones, joints, nerves, and causing pain). The other area of high multi-morbidity is between recorded depression in people who have other long-term conditions. Development work on **multi-morbidity pathways** incorporating pain and mental health treatments is essential.

## Our health inequalities

**Life expectancy** is the average number of years a person is expected to live. Life expectancy varies by 8 years for women and 10 years for men across wards in Bradford District and Craven.

**Healthy life expectancy** is the average number of years a person is expected to live in good health. Women living in parts of central Bradford can expect 49 years of healthy life expectancy compared to 72 years in Wharfedale, a 23-year difference. For men, healthy life expectancy varies from 51 to 71 years, a 20-year gap.

**Deaths** from circulatory diseases (heart diseases, stroke, and diabetes) and cancer contribute at least half of the life expectancy gap for people in our district. Over the last 3 years the death rate due to preventable cardiovascular disease has risen.



Across our 13 Community Partnership areas there is **significant variation** in lifestyle, access to healthcare, and long-term conditions including:

- **Lifestyle factors** – smoking varies between 8% and 24% by Community Partnership (overall value 18%);
- **Preventive interventions** – flu vaccinations vary between 22% and 72% (overall value 42%);
- **Healthcare access** – pregnant women's access to maternity care by 10 weeks varies between 35% and 78% (overall 51%); and
- **Long term conditions** – Chronic Obstructive Pulmonary Disease (COPD) prevalence varies between 1.4% and 3.5% (overall 2.3%).

**Preventable mortality**, that is preventable from public health interventions, is significantly higher than the England average in 17 of 30 council wards in Bradford District.



## Lifestyle and prevention

In our district:

- Approximately 30% of the reasons for ill health are due to our **lifestyles** including smoking (14% locally), gambling, our diet and exercise, alcohol intake, substance use, and sexual activity;
- Whilst **smoking** rates have fallen over the last decade, two thirds of adults are overweight/obese with **obesity** rates above the national average for our children, a key area for prevention activity;
- Cancer, cardiovascular disease, stroke, and diabetes often share **common risk factors**, including obesity, smoking, high blood pressure, and unhealthy dietary choices; and
- Dementia and serious mental illness have common risk factors, including social isolation and limited early access to **mental health** care.

The following graphic demonstrates that in Bradford District many lifestyle factors for children, young people, and working age adults are worse than the England average.

It demonstrates **opportunities** to work on **preventive health** to improve health outcomes across the life course.



Figure 3: Life Course Statistics in Bradford District 2024 (not available for Craven district)

**1. Prioritise and embed prevention into communities and care pathways.** The development and progression of illness can be avoided or delayed through effective prevention. Maximise the uptake of existing prevention offers, and target those who would benefit most, to improve outcomes and manage future health and care demand.

**2. Design pathways with a greater consideration of health literacy.** Increase health literacy by tailoring language and messaging to overcome cultural barriers and stigma; and customise communications to specific population groups.

**3. Shift pathways into communities.** Deliver more interventions in community settings to improve access. Work with partners such as VCSE organisations to help understand community readiness for interventions and tailor health models accordingly.

**4. Improve our invites and appointment processes.** Develop a combination of approaches to improve uptake of services. Recognise that some groups require reasonable adjustments to attend appointments, and develop digital solutions, avoiding a digital by default approach.

**5. Target specific groups and reduce variation.** Tackle unwarranted variation in care access and delivery, from screening to treatment, particularly in inclusion health groups and those with protected characteristics.

**6. Develop holistic and integrated care approaches to multi-morbidity.** Coordinated care approaches are needed for people with complex long-term conditions and multi-morbidity. Generalist pathways and approaches, with support for single specialty care, using multidisciplinary teams where possible should be used for these cohorts to avoid fragmented care and to integrate mental and physical care needs.

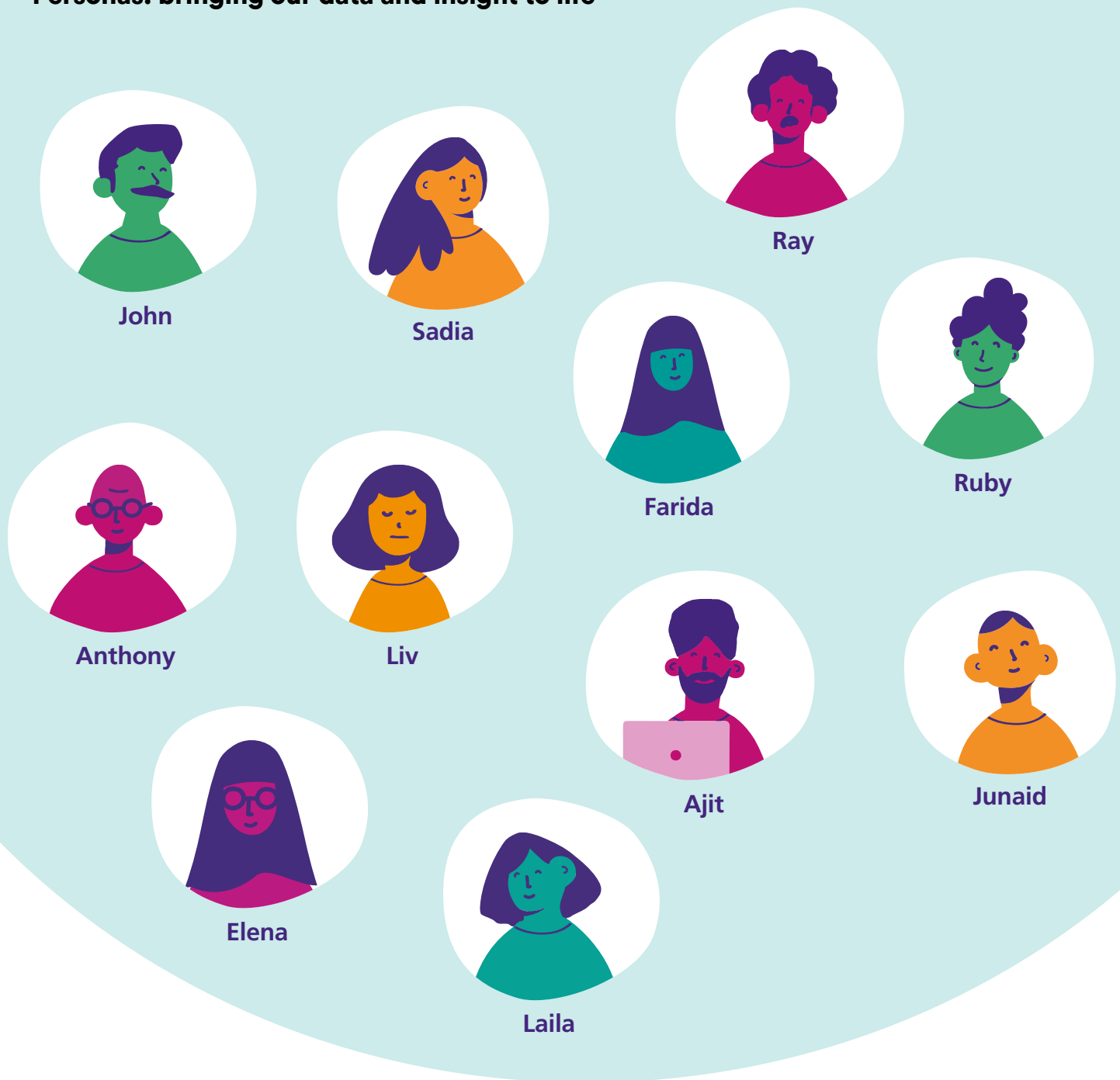
**7. Support self-management.** Increasing the availability of, and access to, support tools will help people to be more actively involved in their care plans and to be more confident in managing symptoms and exacerbations. This includes the use of digital technologies where appropriate. Offers may need to be tailored to meet the needs of individuals, with a range of access options available.

**8. Take a population health management approach.** Use a data driven approach to identify the patients, communities, and conditions that account for the greatest numbers of unplanned and avoidable healthcare use, where greatest health gains can be made.

**9. Target inequalities.** Focus work on health and healthcare inequalities as a 'must do' from a social perspective, a statutory responsibility, and to achieve financial stability and sustainability of our healthcare system.



## Personas: bringing our data and insight to life



To bridge insight and action, we have developed a set of population personas – illustrative portraits based on population health segmentation and informed by conversations during our Listen in programme. Each persona reflects real people in our communities – such as adults with learning disabilities, children with complex needs, or healthy working-age adults – and is rooted in real experiences and conversations but anonymised to reflect a wider group.

These personas help us connect strategic decisions to people's lived realities. We will use them to shape the action plan for delivery, challenging services, organisations, and teams to plan from the perspective of those we serve. We will stress-test decisions by asking, for example, *how will this make things better for Ruby?* *how will Junaaid access this service?*

These personas bring data to life and will shape how we tailor plans based on where different population segments live, how their needs are changing, and how they use services.

## Our citizen activation, insight, and involvement

As a partnership, we recognise the key role our communities play in meeting our ambitions. Through our strategy we have committed to 'inverting the power to act'. This means devolving and **sharing decision-making with our communities** and supporting active citizenship. Active citizens don't sit around waiting for change to happen – they drive change themselves. They are inspired, motivated, and empowered to make a difference, because change can happen through us, not just to us. Our plans mean working with people as partners, shifting the relationship from passive recipient to active shaper of services.

This chapter draws on the most recent insights gathered through our participatory approaches: our deliberative events and the ongoing 'Listen in' programme.

### Understanding what matters to our communities

Through the Listen in programme, we have gone out into communities without an agenda, open to hearing whatever people wanted to share about their lives, experiences, and priorities. Our efforts and resources have been focused on reaching underserved people and working with trusted community partners to achieve **meaningful engagement**.

Alongside this, we have run deliberative events: three large-scale sessions with members of the public and the health and care workforce, and six local events supported by VCSE partners in each locality - convening people, communities, and partners to challenge, critique, and inform our decision-making.

Together, these involvement activities have built a deep and dynamic understanding of our local population needs and wants. **This evidence has directly shaped and informed our strategy.**

## What have we heard

### Shift from hospital to community



- People are **supportive** of care closer to communities. There was concern about community services completely replacing hospital-based care. People noted issues around timely access to appointments at their GP practice, suggesting that any shift to community should include suitable healthcare staff moving to community services.
- People value the support they receive from VCSE organisations, noting the trust they place in **culturally appropriate** services tailored to meet their specific needs.
- There would need to be assurances that a shift to community-based care is **equitable** to avoid any form of 'postcode lottery' or creating any further inequalities.
- People cited the **variation** they see among services, for example the offer available from pharmacies can vary.
- As well as looking at fixed community assets and buildings, people suggested the use of **targeted** mobile and home clinics. This would help overcome the challenges people regularly feedback on travel and transport issues affecting their ability to access services.

### Shift from analogue to digital



- People could see the benefits of shifting to digital to support the health and care system. However, there was issues identified such as an age divide as to who are more likely to adopt digital services and wider **digital literacy/digital inclusion** issues.
- Throughout our work with communities, we have consistently heard how people can feel lost in a complex system. The move to digital was viewed by some as offering an opportunity for people to take **greater control** of their health and understand the services they are in contact with as well as see their **care journey**.
- People felt that if all services adopted the **same approach** and technology, it would make it easier for services to communicate with each other.



- For those who access other services digitally, there was a strong view that health and care providers could offer more efficient services through **virtual appointments**.
- People want support when using a new digital service, so they can fully understand how they can use the technology to **take control** of their health.

### Shift from sickness to prevention



- People understood the benefit of early intervention and **prevention**, although they would not want to see a 'trade off' that sees a reduction in funding to support prevention.
- There was a strong view that more support was needed to help people to manage their **mental health**, avoiding the need to access services where this was preventable and helping people overcome issues such as loneliness and isolation.
- People wanted more being done to address **wider issues** (determinants) that can lead to poor health such as poor housing conditions, lack of employment opportunities, and education.
- There are **mixed views** on different preventive actions people can take with some receiving more support, such as screening programmes, and others having mixed or negative views especially when considering vaccinations.
- More focus should be given to **educating people** about the key actions they can take to stay well. This includes work with schools as well as through other community and VCSE organisations.

Our sessions involved our wider workforce. More specifically we have heard from colleagues working in the VCSE sector that they need stability through longer-term funding agreements to ensure they can provide community-level support.

### From insight to action: enabling the shifts

We heard clear messages that to achieve change we must address key enablers:

- **Workforce capacity and retention** – better working conditions and career pathways are needed.
- **Smarter digital systems** – patient records must be shared effectively to prevent delays, duplication, and frustration.
- **Better hospital-to-community links** – smoother discharge planning and faster follow-up care to prevent patients feeling abandoned.
- **Stronger VCSE partnerships** – VCSE organisations are trusted but have highlighted that they need stable funding to deliver health support.
- **Clearer access routes** – people need to know where to go for care, including social prescribing and preventative services.
- **Affordable and accessible transport** – travel costs and poor public transport stop people from accessing healthcare, especially in rural areas.
- **Support for unpaid carers** – practical and emotional support for those looking after family members at home.



## Citizen activation

Our work with local communities shows broad support for people to take more active roles in shaping and improving their own health, care, and wellbeing outcomes – to achieve this, we must address persistent challenges:

- Overcoming mistrust – some communities mistrust large organisations. Trusted local groups and leaders can help bridge this gap.
- Health and digital literacy – people want help understanding health and digital tools to participate fully. A structured programme could support this.
- Culturally appropriate support – services must reflect people's identities, languages, and needs.
- Clear articulation of trade-offs – people want honesty about the changes ahead and involvement in tough decisions.
- For our strategy to deliver lasting change, we must move from passive engagement to true activation. This means going beyond consultation, enabling people to be part of decisions and supporting them to lead change in their communities.

Through our approach to citizen activation, we want to create the conditions for people to feel more connected, more confident, and more in control of their health and wellbeing. This means shifting power - enabling communities to shape services, take action locally, and influence how resources are used. We're already seeing this in practice, from participatory budgeting initiatives to community-led delivery models.

Over time, this will help build pride in place, stronger intergenerational links, and a sense of shared responsibility for what matters most. With one of the youngest populations in the UK, we're also looking ahead - working with schools, programmes like Child Friendly Bradford, and cross-sector partners to equip young people with the tools and confidence to shape their own futures.

By combining local insight, data-driven planning, and people-powered change, we aim to build a healthier, fairer future.



### Our integrated neighbourhood health and care support

#### Our model

Our neighbourhood health and care model envisions **healthy communities** equipped with essential infrastructure that reflects local people's needs and makes use of local assets. This is underpinned by social prescribing, universal support, and avenues for citizen engagement, rights, and advocacy.

We know from national and international evidence that around 10% to 20% of people's overall health outcomes are attributed to health care services, whereas the majority are due to wider determinants such as socioeconomic conditions, education, housing and the environment.

Our approach to integrated neighbourhood health and care support in Bradford District and Craven recognises the need to meet people's health and care needs holistically, where our neighbourhood health and care services effectively knit together both clinical diagnosis and treatment for identified health conditions alongside wider care and wellbeing support, such as helping people experiencing social isolation or requiring employment support and debt advice.

Our model is aimed at improving timely access to general practice, improving continuity of care for those with long-term conditions, reducing levels of emergency care and hospital admissions, preventing avoidable long-term admissions to care homes, and that this is connected together alongside wider wellbeing support services. This encompasses all types of care that happens within our communities, whether for relatively straightforward and short-term episodic needs, continuity of care for those with more complex and on-going support needs, and community-based crisis response services for those with urgent needs.

Across each layer, a multidisciplinary team (MDT) approach ensures **'warm handovers'** where, if we identify that a person would benefit from what one team does not provide but that you know others do, we make the referral rather than simply signpost.

Our Partnership values people's **mental health** equally to physical health. We know there needs to be better connections between physical and mental health services. Our plans must improve the experience of people who require help with mental ill health. We will tackle mental health issues with the same energy and priority as we tackle physical illness, with funding, commissioning, and training on a par with physical health services.

While there will be times when people need elective and emergency mental health care, sometimes with an admission to a hospital setting, we support most people at home. Our neighbourhood health and care offer will strengthen the help given to people to get advice and support, to **recover and live well**, with services available when people are in crisis.

Our integrated neighbourhood teams are not a single team rather a **'team of teams'**, reflecting that our patient cohorts and geographies vary. Our ambition is to ensure universal coverage of multi-agency team-based models within our local communities, where the membership and focus of those teams is **designed with and by the staff** working in those communities. What works best within the inner city and within the more rural areas to the north of the district will, naturally, vary.



The primary goal of our model is to offer comprehensive, **person-centred care** in the community, ensuring that people receive timely, effective treatment closer to home. Our model will focus on preventive care, chronic disease management, mental health support, and early intervention to reduce the risk of people's conditions deteriorating or exacerbating need for hospital admissions. Importantly, it will focus on what is important to the people we support, working with them to **personalise** their care.

For certain aspects of treatment, care, and support within neighbourhoods, these will remain most effectively led and provided by individual organisations (for example for a straightforward consultation for a medical need within general practice). For those who require more wrap-around continuity of care for multiple needs, an essential part of our approach brings together health and care staff from a diversity of backgrounds who can contribute together to help support the **whole needs** of individuals and families.

There is potential for a much greater shift of selected **secondary care** services into community-based settings. We will look to significantly increase the level of services such as rehabilitation, diagnostics, and urgent care through community hubs; helping people recover at home or in familiar environments. These will be delivered in **collaboration** with **primary care and community teams**, and through changing the current model for outpatient services. We will be offering more specialist clinics in the community, with expansion and greater adoption of remote consultations, monitoring, telehealth, and telecare solutions.

## Our strong foundations

We need to strike the right balance between **enabling local design** and development of integrated care, ensuring all parts of our system are working broadly together towards the same goals, so that no communities are at risk of being left behind.

We have many good foundations to build upon. We have several multidisciplinary hubs and wellbeing hubs offering comprehensive services that provide a space where general practice teams and community healthcare staff come together, working in shared spaces, providing **holistic care** that addresses the physical and mental needs of patients.

We will continue to transform our **intermediate care** offer aimed at supporting people to get home from hospital in a timely manner or for people to stay at home and avoid going into hospital. Wherever possible, people will be supported to return to their home for assessment to avoid the over prescription of care, and the harm that can be done by increasing dependency on care.

To shift more care from hospital settings to the community we need more initiatives involving community stakeholders to promote better health through social and cultural activities, addressing **social determinants** of health.

Our **voluntary community and social enterprise sector** organisations play an important role in supporting people with wider wellbeing needs. Our partners provide creative therapies, health and wellbeing coaching, alternative crisis services, housing support and debt advice, and transport, linking people to a diversity of local wellbeing services and providing peer support networks. We have well-established models that are valued by local people.

## What are the key ingredients and what needs to happen?

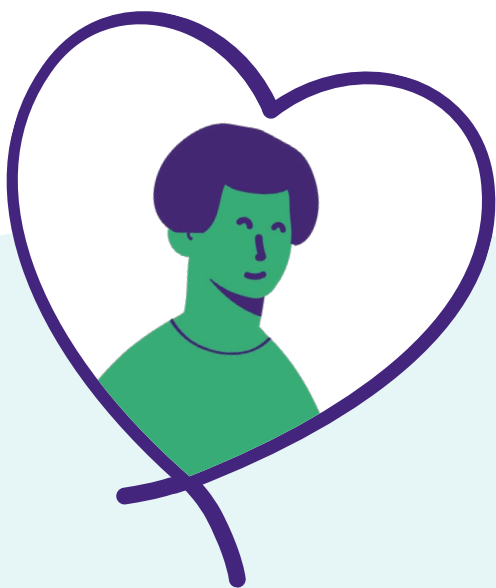
At the centre of this is building a 'One Team' approach within neighbourhoods around:

- **A focus on people and outcomes first**, then prevention of ill health, then high quality services, supporting people to adopt healthier lifestyle behaviours to improve their wellbeing and live well for longer.
- **Ease of access** to neighbourhood health and care services where every contact counts, there is no 'wrong front door', people have a range of access options and trust where to go, there is a physical and digital single point of access.
- Care models, pathways and interventions that are informed by a **comprehensive understanding of population health data and need**, that supports optimal targeting of health and care resources, and in a format digestible and actionable for staff working in neighbourhoods. Population health management needs to become the norm.
- **Digital interoperability** for staff from different organisations working together in neighbourhoods to enable better joint-working and seamless flow of information; plus, improved **digital skills** for staff to use data, IT, and wider digital technologies.

- **Self-care Apps** (plus better and more widespread utilisation of the NHS App) that supports individuals and staff with navigating where to go for (how to access readily) the most appropriate support, and to encourage improved self-management, whilst addressing digital exclusion and not exacerbating inequalities.
- **For our workforce** – investment and training for staff working in neighbourhoods. This will be multi-skilled, where staff train together to help further foster working relationships, plus an emphasis on developing coaching skills to support individuals to self-care. Our future estates and infrastructure developments will consider opportunities for greater co-location.
- **Proportionate Universalism** – with greater intensity and scale for those facing the greatest need and poorer health outcomes, aiming to address health inequalities, in district wide programmes but also on a hyperlocal level.
- Building **wider partnerships** beyond the core health and care sector, for example with businesses and schools, that help build approaches to address the wider determinants of health.

## Our initial focus

1. Ensuring there is a **shared system approach** and priority for integrated neighbourhood health across the Partnership, working to a shared vision and goals
2. Defining and agreeing the enabling **financial framework** for integrated neighbourhood health that incentivises improvement in health outcomes, proactive care, integration by providers, and where 'returns on investment' from keeping people well at home and in the community flow back to those providers. We will explore ways of moving towards 'one pot' of funding for integrated care.
3. Identifying and agreeing the **set of deliverables**, and what is required to enable the success, for integrated neighbourhood health and care, building on those that are already mandated. Developing our approach to **outcomes based accountability**, thinking and taking action to improve health.
4. Developing and implementing the **workforce transformation** approaches needed to both build sufficient staffing capacity and capability within neighbourhoods, and a 'one team' culture that fosters collaborative behaviours by staff from different employers.



## Supported by 'Health on the High Street'

The principles underpinning health on the high street offer us the opportunity to redesign our services with our communities. We have a **generational opportunity** not only to rethink what NHS services could more effectively be delivered on the high street, but to sustainably embed them at the heart of a diverse new community offer. With relatively simple changes, our town centres can become a real driver for **social change** based around wellbeing.

Working with industries and ventures that exist, by bringing access to a range of health and wellbeing activities into the heart of our town centres, we will improve access to health and bring socio-economic benefits through increased activity on our high streets.



Figure 4: Health on the high street



## Our acute services of the future

In 2025 we can look back with pride on the last 5 years of transformational service delivery across our partnership. We have designed new pathways, developed new services, secured additional funding, shifted resource into our communities and opened a new diagnostic centre. Our **Act as One ethos** has established a firm footing for the next stage of our collaboration journey. Everyone involved in the design and delivery of care has a role to play.

Our systems of care need to be designed with pathways that indicate clearly why and when a person needs to attend for a face to face encounter. We will minimise the **burden of treatment** for patients and carers where there are costs in terms of time and inconvenience. Our patients often have multiple appointments for tests that could be delivered at one appointment with little bit of thought, difficult journeys to reach distant clinics at inconvenient times, and a lack of consideration for the lives people lead outside of our care.

There are severe problems facing hospitals in the immediate term: financial deficits in trusts, a reliance on locum working, outdated equipment, and a growing maintenance backlog, to name a few. But underlying these problems is a profound set of **structural questions** as to how a hospital operates and whether this is the right model. We need a new approach that moves away from the supply driven model, organised around what clinicians do, towards a patient-centred approach organised around what patients need.

### Hospitals within a system reorientated towards prevention and early intervention

The scale of patient access in a hospital is of a different quantum to the rest of the healthcare system. They are deliberately configured to maximise treatment volume in one location. The benefit of the hospital is the range and depth of **specialisms** it offers in one place. This includes both clinical expertise and equipment, enabling the most severe clinical needs to be treated.

The final **unique contribution** of the hospital is the speed at which it is designed to respond to urgent clinical needs. Unlike other parts of the health system, which operate around routine and pre-

scheduled appointments often during the working week, hospitals are explicitly designed to respond to urgent care, constantly re-prioritising patients based on the severity of clinical need. Hospitals are open 24 hours a day, 365 days a year and are constantly staffed at a level that enables them to respond adequately to every type of unscheduled medical emergency.

The core logic of hospitals is that they provide a range of services that draw on economies of scale, providing different forms of care to high volumes of patients using the same underlying infrastructure base. But socio-economic inequalities in access are evident in our system. The effect on a patient's health of waiting for treatment is not the same across different groups.

Our hospitals need to work closely with primary and community care to reduce demand at the 'front door' of the hospital, and with social and community care to prevent delays to discharge at the 'back door' of the hospital. Realising the **integration ambition** at both a systemic level and at an operational level has proven difficult. This undermines the overall effectiveness of specialist care in our hospitals.

### What will the hospital of the future look like? How will it operate?

Our hospitals of the future will be... More digital. More innovative. More efficient. More accessible. More integrated. More sustainable. More personalised.

Our future will be... **hospitals without walls.**

This shift will augment physical and virtual care in a meaningful and integrated way that delivers a better patient experience and better clinical outcomes. It will also impact the health workforce and reshape what, how, and where work is performed and by whom.

While the future still calls for brick-and-mortar hospitals, all but the **highest acuity and specialist care** and procedures will shift away from this setting and be delivered in the community; whether it is stepped-up/down clinics, retail locations, schools or community facilities, workplaces, or, most often, a patient's home. This move will be enabled through interoperable/joined-up data, digital technologies, remote patient monitoring, value-based payment systems, and by the expectations of our patients and citizens.

## Care delivery transformation

People want more **convenient** health care; often delivered to them at home, in local pharmacies, in shopping centres, or at their workplace or school.

Modern hospitals and health systems are turning to cloud computing, artificial intelligence, 5/6G wireless technologies, and **interoperable** data and analytics to address current challenges and build '**digitally powered**' care delivery models.

As we move to **personalised** care and care without walls, our hospital and community providers, and the wider health and care system, will position **virtual** health care as integral to delivery. We need a model that increases access and convenience while reducing the total cost of care.

Digitally powered care will require our health system to embed virtual health within the fabric of our delivery model. Solving for this will require thinking about **virtual care** and the hospital of the future as an essential part of the core business, alongside inpatient care, and not merely a discretionary add-on. This transformation will ensure that the care delivered outside of the hospital is just as safe and reliable, if not more so, than that delivered in person. We need to catch up.

## Acute collaboration

There is an assumption that acute collaboration is about doing things differently in a hospital setting, but this is not our intent. There are several areas our teams can work across our hospital trusts in shared teams or more formalised pathways, but it is much more than this. Our neighbourhood health model will bring care closer to our communities and our examples of Rethinking Pain, community mental health transformation, health hubs in schools, and our proactive care team demonstrate the strength and outcomes that can be gained by our clinical and non-clinical services **combining their expertise** to deliver services in alternative venues to health sites.

The West Yorkshire Association of Acute Trust (WYAAT) service review is enabling provider trusts to focus on several areas, in particular what can be done once either as a **geographical partnership** or as part of a networked model.

Through doing this collaboratively across several trusts, there is the potential to do some rapid mobilisation, learn and adapt, and maximise the potential of our fragile and limited services across our West Yorkshire footprint.

## Secondary care as a service, not a building

The increasing sophistication of technology is normalising virtual care, and the potential for these to reduce costs while improving care is significant. A **reimagined model** of secondary care involves three core pillars of service delivery: in the hospital, in the community, and in the home.

**Rethinking** the division of care in a hospital raises questions about economies of scale, as well as logistical concerns about services, facilities, and rotas. This will include how the workforce would need to adapt, the configuration of services, and scale.

As we shift to a more patient-centric model we will reconfigure our 'offer' to include:

- highly accessible **primary care** based in convenient locations delivering care for low acuity patients, and same-day access urgent care;
- **enhanced primary care** focused on patient segments and the chronically ill, in a model tailored to our underlying population and cultural norms. Patients receive 'whole person' care;
- **systemised surgery** models – high efficiency ambulatory surgery focusing on a limited set of interventions. Personalised convenient care pre, during, and post surgery; and
- **specialist-led** integrated, multidisciplinary teams that wrap around the sickest patients across all care settings providing coordinated, comprehensive, highly personalised care.

Our revised model is an opportunity to markedly improve quality, access, and efficiency.

**Our guiding principle:** what happens in a hospital is that which can only happen in a hospital.

We know there are some **important questions** to consider, including how we go about addressing the following:

### 1. Our core focus

- Self-assess what should be done in the community to ensure a hospital is for specialised care and emergency care only, with urgent care moved to the community;
- Use this to inform the opportunity for a reconfigured hot/cold site model of care; and
- Transform urgent care, therefore, to be more planned and defined, with better use of appointments for scans, tests etc. that would otherwise be done in a hospital building.

### 2. Our geographical partnerships

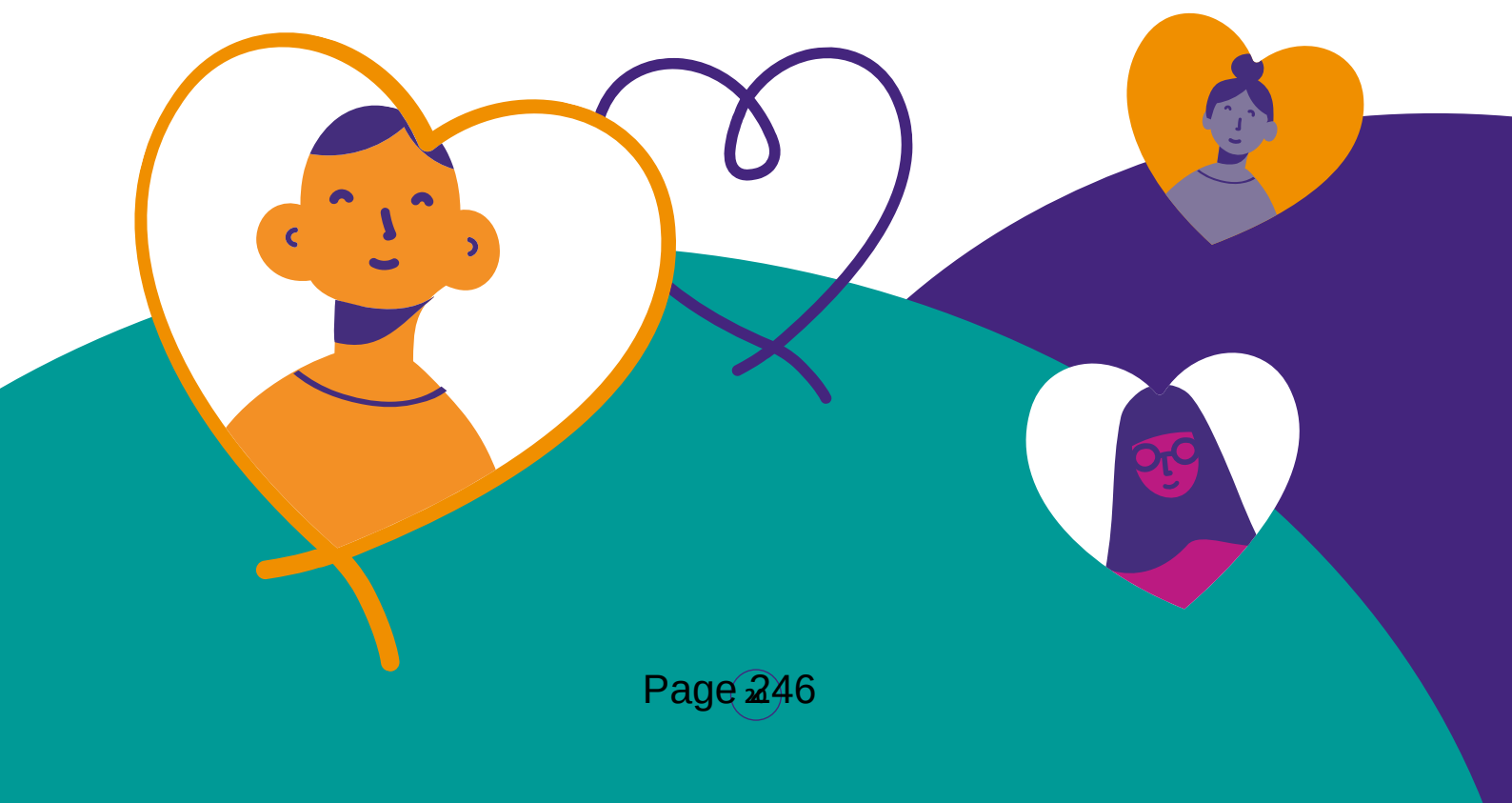
- Learning from our work on stroke and the Community Diagnostic Centre, bring staff together sharing expertise and building resilience in clinical and professional teams;
- Partner with specialist GP services in joint clinics/ MDT approach to skill share – starting with ENT, gynaecology, cardiology, and ophthalmology; and
- Repatriate specialised care to maximise our local potential for example primary percutaneous coronary intervention.

### 3. Our shared workforce

- Outline our intent towards creating centres of excellence to attract new entrants to the workforce, e.g. joint appointments across areas of high specialism;
- Establish partnering opportunities with the independent sector to maximise estate, capacity, and skills; and
- Use our clinical expertise across Place to provide new service offers, for example neuro-rehabilitation for brain injury to repatriate our out of area patients.

### 4. Our emerging model

- Moving from single conditions to multi-morbidity clinics, with increasing patient self-management of their chronic condition;
- Expanding virtual appointments in our community hubs – using these trusted venues to enable people to 'Attend Anywhere' so they do not have to travel; and
- Supporting our workforce to work efficiently in a digitally-powered way, addressing capacity and demand challenges, removing duplication and waste, and creating time for care.



### Our financial plans

#### Value and values

'Population healthcare' focuses primarily on segments of the whole population defined by a common need, which may be a symptom such as breathlessness, a condition such as arthritis, or a common characteristic such as frailty in old age, and does not involve institutions, specialities, or technologies. As a Partnership, we accept the social and moral need to reduce health inequalities. Population healthcare is the approach needed to allow a proper debate on **allocative value**, aligning funding and resources strategically with long-term population health outcomes, with value-based approaches to prioritisation.

To optimise allocative value, our budgets need to be expressed not in terms of institutions, such as hospitals or community services, but as they relate to **segments of the population**. Once it has been decided how much to allocate to each **programme budget**, it is necessary to ask how resources should be allocated within each budget. Shifting to a programme budgeting approach that reflects the population segmentation we have set out. Then allowing us to move resources and finances to reflect our **population health goals**.

#### There is no simple formula to resolve the dilemma in the allocation of finite resources

There is no ideal way to allocate resources. Every solution creates problems and tension between those who see themselves as losers and those who are seen as winners. We agree that the allocation of resources should reflect variations in need. We must ask ourselves:

- Has the money been allocated to different patient groups in a way that is equitable and that will optimise value for the whole population?
- Are the resources that have been allocated being used on the right interventions?
- Are all of the right patients, and only the right patients, being offered the high-value interventions?
- Are we sure that every individual patient is getting the right intervention in a way that is right for them?



## Closing the Gap

'Closing the Gap' is our collaborative programme in response to the extreme financial challenges we face. The goal of Closing the Gap remains the same – to deliver a balanced net system financial position.

Our Partnership must go **further and faster** to 'close the gap'. This will mean an increasing focus on large scale transformation, decommissioning of services that do not have the desired impact at the right scale; removing duplication and waste; shifting of services from expensive to less expensive settings; ensuring services are delivered in the right place by the best provider, and consolidating services that can be done once rather than several times. Undoubtedly the new hospital programme in Airedale will give us an opportunity to do this sooner rather than later.

The aims of 'Closing the Gap' are underpinned by the following

- Ensure that our decision-making is led by data and insight;
- Meet core health and care standards including critical safety standards;
- Where possible take preventive approaches to healthcare; and
- Mitigate the impact of health and wider social inequalities.

These aims provide a sound base for our medium-term financial strategy, and we will continue to work with these underlying principles.

There are 'red lines', such as patient safety, but we know that slowing or pausing some of our work may slow our ability to reduce inequalities. By using Quality and Equality Impact Assessments (QEIA), we look to **mitigate risks** – assessing each proposal through the lens of equity and justice. We are approaching this as a whole Health and Care Partnership because no one part of our Partnership can address this alone. We will hold ourselves and each other to account. It is essential that we use our collective resource effectively, ensure efficiency, and build on value.

Collectively we will need to make some difficult decisions, to focus on what is best for our system and not our own organisations. We will need to be brave by committing to the design of a health system for the future.

Each health organisation has already developed a list of **difficult decisions** which we need to work through and implement to make savings. As we work through these, we will need to make bigger decisions for the medium term and commit to the implementation of those changes. There is a pressing need to focus more broadly on **value not simply cost**.

Our significant, finite, funding will need to move with the redesign of our services, and we will need to test that every pound is providing **value**. Our financial strategy might change people's experience or access to services. Proportionate universalism is an approach to reducing health inequalities that recognises everyone should **have access to support and services** but that support should be **tailored and scaled** according to the level of need.

Our current financial planning has further highlighted the significant deficit gap that the health system has. At the time of writing there are no plans on how the system will get back to breakeven and sustain that. A **more radical approach** is required.

Fundamentally, a shift of resources is needed to support the medium-term strategy as hospitals become smaller and more specialist, and out of hospital care needs to expand and work efficiently to keep patients away from the hospital setting.



We will hold ourselves accountable as a Partnership for **financial stewardship**, using the tools and resources at our disposal to improve equity and reduce inequalities, aligning our funding and resources strategically with our aspirations for the long-term health outcomes of our population.

**Our plans** include:

**1. Agreeing timescales for the difficult decisions we need to make.** Acting through a robust programme and project structure, enact strategic commissioning and ensure we deliver those difficult decisions and the new services that follow to obtain better care. This will mean releasing the funding from a hospital-focused contract to a community-focused contract and delivering savings to close the deficit gap.

**2. Collaboration between different partners.** If one partner can deliver a service better, at scale, in a more cost-effective way, then we must move to that new model.

**3. Choosing the best value option for any change** to services even if it means a loss of income to any service provider.

**4. Using growth funding differently year on year in the medium term.** Reducing growth into the hospital sector by an agreed percentage to invest in care in the community setting. Integrated neighbourhoods, community services, and primary care will need to demonstrate that they are performing well, keeping patients out of hospital, and saving money in the acute sector to enable this shift.

**5. Establishing a community investment standard** so that growth funding in future financial plans can be diverted into integrated neighbourhood health and care.

**6. Being open and transparent** across all health and care partners on the current cost of services so that savings can be realised on a true 'cost out' basis and not on the basis of historic contract value. We may need a set timeline to remove stranded costs, but this will be agreed up front.

**7. There should be no exclusions.** No area is off limits other than statutory requirements and those aspects critical to safety.



## Our workforce plans

People's experience of health, care, and wellbeing services are shaped by the interactions they have with our workforce. Ensuring that we have the right number of individuals with the right skills and behaviours, working in the right roles, is central to the delivery of our plans for health, care, and wellbeing. This will require us to **attract, retain, support, and develop** our workforce to meet changing patient and service user need.

There are currently over **40,000 people** working in health and care services across Bradford District and Craven, making us the largest employing sector in the area. Across our place, we employ over 4,000 nurses and midwives, nearly 2,000 doctors and dentists, over 10,000 people providing direct social care, and over 12,000 people working across our VCSE sector.

Over recent years, the number of people employed within our health and care organisations has grown significantly, with our workforce growing by around 22% since 2018. Despite the growth we have seen across the workforce, we know that in many areas our services remain under significant pressure.

We also know that **our workforce is aging**, with 28% of Practice Nurses, 17% of GPs, and 24% of social care staff approaching retirement age. To continue to provide high quality care we will therefore need to recruit, retain and, most importantly, transform our workforce in line with evolving models of care.

Providing health and care services in an environment of workforce shortages, high demand, and high workload is hugely challenging and we know that turnover is currently elevated across the sector. Our employing organisations must therefore **prioritise employee wellbeing** and a healthy work and life balance. This will mean continuing to support our people in working flexibly and creating compassionate, inclusive workplaces across all our employers.

As the biggest employer within the district, we can support both health and economic and social development through the provision of high-quality employment. To do this, we must work closely with our educational institutions, local authorities, and communities more broadly to create clear **pathways to employment** for people living within our place, ensuring that as a sector we are seen to be an employer of choice.

From an employment perspective, associate and support roles as well as an increased use of apprenticeships can help in creating more **entry level opportunities** with clearly defined pathways for progression within our organisations. To support this, we must work with colleagues in education to build a **pipeline of people** equipped to work in the health and care sector, including through the growth of T-levels (a two year qualification for 16-19 year olds designed in collaboration with employers).

Meeting the needs of our **diverse** population means we must continuously improve access, experience, and outcomes. To do this we must ensure our **workforce is representative** of the people we serve. We will actively seek out candidates with a range of life experiences, including focusing on hiring more people with disabilities or long-term health conditions, neurodiversity, and those from different ethnic backgrounds. At the same time, we must make sure that all employees who have protected characteristics receive the support they need.

This strategic plan has shown that health and care services will need to change to meet the growing and evolving needs of patients, service users, and our population, with significant increases in the number of people with multiple long-term conditions. This will require our people to **work differently**, both in terms of the kind of roles they hold and the skills they require. To provide high-quality person-centred integrated care, we will need to work seamlessly across organisational, sectoral, and professional boundaries.

As more services are provided in community settings, a shift in workforce will be required to match. Our staff will increasingly be working in multidisciplinary, integrated neighbourhood teams which **span organisational and sectoral boundaries**. Whilst the last few years have seen a period of significant workforce growth, the vast majority of this has been focussed on the acute sector, which has grown almost twice as quickly as community and primary care.

This process has already started as demonstrated by the increasing number of **new roles** created across our services. The use of these roles to develop multidisciplinary team roles has been prevalent in primary care, with 467 individuals employed under the Additional Roles Reimbursement Scheme (ARRS). These roles will play a key part in the continued move towards integrated community care.

**Upskilling** our workforce to both drive and adapt to these changes in service provision will be vital to meeting the needs of our population and will require us to work closely with our partners, particularly in the education sector.

As we will see in the digital chapter, digital and technology will play a vital role in how health and care are provided. Therefore, enhancing the skills of our workforce, creating an environment where people are equipped and able to **utilise technology**, with the skills and capacity to respond to changing needs and priorities will be essential.

Meeting the changing need of patients will also require our workforce to demonstrate a range of **new skills**, with professionals increasingly needing to work across systems to care for patients with a range of complex health and care needs. Understanding these needs will require us to develop our population health capacity to ensure that our services continue to **match the changing population**.



## Our digital plans

### The local context

In 2025, our care delivery matures to a **neighbourhood centric** model where we need to ensure health and care organisations are able to access systems, services, and data seamlessly, from any location.

Our local programme will focus on enabling neighbourhoods to **flourish**. We will do this by fostering a collaborative and, innovative digital culture, delivering improved connectivity and interoperable systems, enabling a Data Driven Intelligent System, ensuring our Digital Infrastructure is **modern, resilient and sustainable**, and providing access to approved tools that empower organisations and communities.

### The national drivers

NHS England's national planning guidance for 2025/26 sets out a series of digital principles, requirements, and ambitions. These are key enablers to transform services, cut waiting times, and improve care for patients across England.

In response to the national direction of travel, West Yorkshire ICB has set out a clear vision and ambition for digital and data to underpin, enable, and transform health care delivery for the local population, across the five places it serves.

By the Autumn 2025, a new ICB Digital, Data, and Technology (DDaT) strategy will be published. This is aligned to a revised vision that supports and enables a reduction in health inequalities, proactive and preventative care, seamless access to care, personalised services, and digital inclusion.

During the early stages of development of the DDaT strategy seven key 'pillars' have been identified. They focus on:

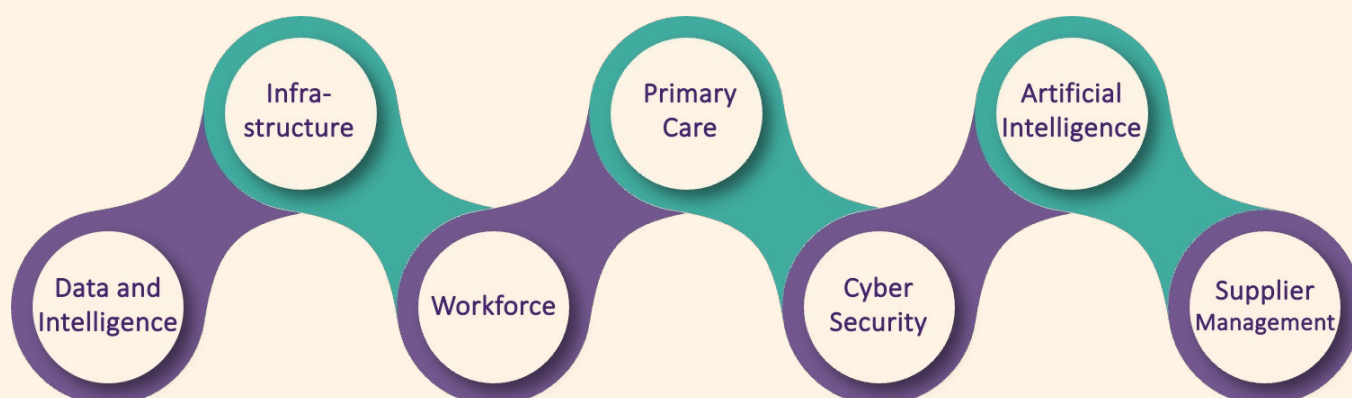


Figure 5: DDaT strategy seven key pillars

## Our digital strategic principles

**1. Shared care record:** maintaining and enabling the secure and seamless flow of information between our organisations to support care delivery and transformation, exploiting new opportunities and tools as they emerge.

**2. Infrastructure and interoperability:** continuing to introduce and optimise digital healthcare solutions in an integrated, consistent manner, including getting the most out of the tools we already have.

**3. Workforce:** creating an environment where our workforce is equipped and able to use technology, responding to changing needs and priorities, developing, motivating, and retaining our staff.

**4. Innovation:** making the most of our resources and maximising our investments, aligned with our sustainability priorities through innovation and improvement.

**5. Opportunities presented by new and emerging digital solutions:** especially in the areas of Artificial Intelligence (AI), Rapid Process Automation (RPA) and Predictive Data Analytics (PDA) are exciting opportunities. Expanding and accelerating the adoption of new solutions to increase the efficiency and accuracy of time-consuming administrative tasks, continuing to explore ways of gaining workflow efficiencies. We will shift to predictive analytics, enhancing diagnostics and harnessing artificial intelligence to analyse our data, for personalised care.

**6. Digital empowerment:** when patients have near real-time access to their own health information, they are more empowered to take care of themselves and be more engaged in self-care decisions. Personal technology also provides a closer patient-clinician relationship by allowing easily shared data to help with prevention and broader health decisions.

**7. Digital inclusion:** digital poverty and access are recognised as a significant challenge and barrier to accessing services. We will tailor our approach towards neighbourhoods to increase the use of digital interactions, including but not limited to use of the NHS App.

**8. Clinical safety and cyber security:** Ensuring systems are clinically safe both in their design and deployment is vital in the delivery of digitally enabled care. We will appropriately apply Clinical Safety standards and methods for all relevant systems and assist all our providers to engage and adopt these standards consistently. Cyber Security remains at the heart of our design, delivery and maintenance of all technologies and systems.

**9. Data driven care across our place:** proactively impacting care delivery using data driven intelligence and analytics. Using data to support decision making, service design, and research to improve the health of our population, with the adoption of the Federated Data Platform and the Making Data Count Methodology.

## Our infrastructure plans

At the heart of the desired future state is a strong primary and community neighbourhood model of care, that is fully aligned with our acute and mental health hospitals clinical services strategy.

This model of 'home first, strengths based, and digitally enabled' will determine what should be our community offer with our partners and will shape our community and primary care estate. It is key to supporting the shift of services out of the hospital setting and into the community, promoting self-care, and keeping people out of hospital for as long as possible.

Effective utilisation of all our infrastructure is also an important driver for our estates strategy to match our integrated neighbourhood team aspirations. This includes all local assets across Health, Bradford and North Yorkshire Councils, VCSE, and the private sector, building in flexibility to change as services develop with new ways of working and the digital future.

### Current position

Our current health estate has been categorised as either 'Core, Flex, or Tail' to inform our strategy for the retention, development, and use of our estate infrastructure. We will work with our system partners to ensure that we take a collective view of our estates infrastructure and look to re-purpose existing estate to support community-based service delivery, provide facilities to support digital service access, and promote integrated team working across health and care.

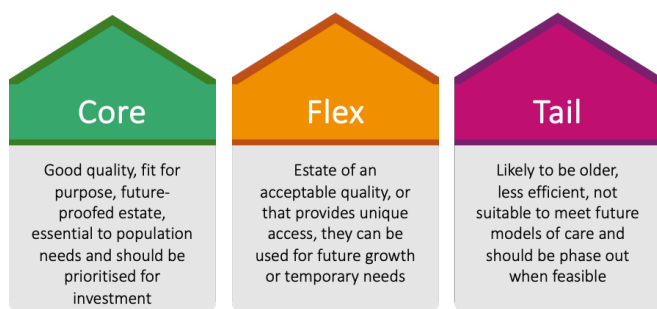


Figure 6: Categorisation of healthcare facilities

This categorisation of our estate reflects a combination of condition and functional suitability. Investment in some 'Flex' estate may result in re-categorisation as 'Core' where this aligns with strategic clinical and estate plans.

Estate categorised as 'Tail' reflects our priorities for estate that needs to be replaced when alternative estate becomes available and includes **Airedale General Hospital** (RAAC site due to be replaced under the New Hospitals Programme), **Lynfield Mount Hospital** (capital secured for partial replacement), and a small number of community health centres that continue to be used beyond their expected useful life.

The relatively high proportion of estate at **Bradford Teaching Hospitals** categorised as 'Flex' includes the parts of the Bradford Royal Infirmary and St Luke's hospital sites that are beyond their intended design life and continue in use, but which can only be modified with a very significant level of investment.

**Primary Care** 'Core' estate includes the seven LIFT (Local Improvement Finance Trust) sites, from which a range of primary and community services are provided, that have no backlog maintenance liabilities.

### Key challenges

The key estate challenges in our Health and Care Partnership include:

- **Aged estate**, a significant proportion of our estate is operating beyond its expected useful life with our hospital estate (acute and mental health) carrying very high levels of backlog maintenance (£740m), of which £618m relates to critical infrastructure risk.
- **Adequacy of estate and workforce** to meet population growth (particularly demographic growth and the impact of additional housing) and the shift of more services into the community.
- **Availability of capital**, both NHS and private capital (the return on investment too low to attract investors, or results in schemes that are unaffordable).



- **Securing core primary and community LIFT estate** (seven sites in the Bradford District) where Lease Plus Agreements (LPA) on LIFT buildings expire starting in 2031. These buildings are modern, purpose-built healthcare facilities with no backlog maintenance that can be used flexibly with the potential for future expansion.
- **Current economic climate** with continuing cost inflation and high interest rates resulting in high capital development costs. Combined with the financial position of local Health and Care partners, this makes it even more challenging to address our infrastructure issues.
- **No common platform for space sharing**, which means that we are not able to make best use of the space that we have.

## Where do we want to be?

We want to provide high quality, fit for purpose infrastructure to enable us to deliver care, safely, collaboratively and in an innovative way.

To do this we will:

- Target our infrastructure resources to address the highest need and contribute to reducing health inequalities for our population.
- Ensure our strategic infrastructure planning reflects changing delivery models and aligns with future clinical service strategies to support effective service delivery for our population.
- Put in place a digitally enabled infrastructure that supports the analogue to digital shift and interoperability across health and care.
- Adopt more flexible use of buildings and other infrastructure assets available to us to support integrated working across all Public Sector Partners, the VCSE, and the private sector.
- Ensure our strategic infrastructure planning supports our strategy to attract and retain our local workforce through the provision of appropriate training facilities.
- Proactively maintain our assets, including rationalisation and backlog maintenance reduction.
- Develop our infrastructure in a sustainable way and delivering our Net Zero Carbon targets.

## How will we get there?

We will make optimum use of our existing 'Core' and 'Flex' estate across health and care, re-purposing our estate where possible before adding more capacity, and in particular:

1. **Manage** the demand for space within the acute hospital setting through the shift of services into the community and driving benefits from acute hospitals collaboration. This will include taking the opportunity to use community base sites differently, for example extending our use of space in shopping centres, or VCSE sites to provide easier access to local services;
2. **Retain** non-RAAC estate on the Airedale Hospital site for continued clinical use in line with the Place health, care, and wellbeing plan;
3. **Retain** LIFT sites beyond the end of the initial concession period as key 'Core' community sites to support the development of community hubs; and
4. **Provide** additional primary care and community services capacity where required to respond to the impact of significant housing developments and replacement of estate, which is no longer fit for purpose.



## Conclusion

### Keeping our focus

At the heart of our plan is a recognition that, over the last decade, **health inequalities** have been driving a shift to reactive hospital based care and away from community based care. We need to **re-balance** this by recognising that health inequalities exist in all our communities and require community-led solutions.

As partners we need to fully embrace **prevention** as a way of both improving the health of local people but crucially reducing demand on much needed planned and emergency care. We know we can do this by improving access to **resources** for preventative health.

Different community approaches to reducing health inequalities are required in localities depending on the local age structure, the main types of illness, social deprivation, the ethnic diversity, and local community assets. This will influence how local communities will access preventive services and support to achieve **optimal care**.

While we must plan on the basis that our population structure is getting older, ill health and disability in older age is not inevitable. Support for **healthy ageing** and dementia friendly communities; lifelong exercise to support independence into older age; and early access to screening programmes to stop or delay onset of disease will all support a more sustainable community health model. The greatest opportunities to influence health and wellbeing lie with the health choices of our children and young people.

In 2022, we set out our Health and Care Partnership **commitments** for our population, our place, and our partnership. As set out in our Plan on a Page below, we remain committed to our shared purpose of:

- Choosing equity as our way to reduce inequality;
- Positioning our collective resources wisely to focus on those with the greatest need;
- Inverting the power to act, for people to become active and engaged partners;
- Empowering our workforce to lead on behalf of the partnership, and
- As a Partnership, tackling the issues no one part of our Partnership can address alone, through public stewardship.

Our plans now will guide how we use our resources to maximise improved health and access to high quality care. Our focus is shifting from institutions to **population outcomes**, and we are targeting health inequalities by improving equity of access, experience, and outcomes.

**We are what we do next.**



### our Vision

By meeting people where they are, working with them to access the tools and opportunities to enable them to live longer in good health...

**we Act as One to keep people Happy, Healthy at Home**

### our Added Value



#### Our Population

Our priorities supporting a better experience of health and care for local people



#### Our Shared Purpose

All working to the same goal, for our population to have more chances to lead healthier lives



#### Our Partnership

Greater value through the best use of our collective resources, minimising duplication and waste

### our Purpose

#### Narrowing the Gap

Positioning our collective resources to focus on the greatest need to improve health and wellbeing



#### Our Workforce

Empowered to lead on behalf of the Partnership and the people we serve



#### Equity and Justice

Choosing equity as our way to reduce inequality because more equal societies benefit everyone

#### Inverting the Power to Act

Sharing responsibility and power, for people to become active and engaged partners

#### Our Partnership Plan

Tackling the issues no one part of our Partnership can address alone, through public stewardship

### our Commitments

We will all:

- **Prioritise as One** those who have the worst outcomes for health and wellbeing
- **Understand as One** what matters to local people
- **Work as One** with people in our system and our community to achieve what matters
- **Integrate as One** to better enable people to achieve what matters to them

We will all:

- **Commit as One** to our role in making our district a great place to live, work and thrive
- **Plan as One**, taking actions now that create a legacy for future generations
- **Focus as One** on preventing the causes of ill health
- **Measure as One** our impact on health and wellbeing through one data

We will all:

- **Lead as One** in partnership with our population, in their communities
- **Share as One** the power and responsibility to make the best use of our collective assets
- **Grow as One** to strengthen our relationships, trust and our ambition; improving together
- **Deliver as One** through our shared, skilled and trusted workforce

our Population

our Place

our Partnership



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### WORK PROGRAMME

**NOTE: Items subject to change. All meetings to be held remotely via Microsoft Teams, unless stated otherwise**

**WEDNESDAY, 19 NOVEMBER 2025**

**IN-PERSON MEETING – Harrogate Civic Centre**

**REPORT DEADLINE – Monday, 11 November 2025**

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| ITEM                                                                                                                                                                                                              | LEAD                                                                                                                                                                                                                                                                                 | COMMENTS             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Joint Health and Wellbeing Strategy mid-year report                                                                                                                                                               | Naomi Smith, Head of Health Improvement, NYC                                                                                                                                                                                                                                         | To be noted.         |
| Director of Public Health Annual Report                                                                                                                                                                           | Louise Wallace, Director of Public Health, NYC.                                                                                                                                                                                                                                      | To be noted.         |
| Safeguarding Board for Children annual report                                                                                                                                                                     | Heather Pearson, North Yorkshire Safeguarding Child Partnership Executive Chair.                                                                                                                                                                                                     | To be noted.         |
| Adults Safeguarding Board annual report                                                                                                                                                                           | Adrian Green, Ind Chair Safeguarding Adults Board.                                                                                                                                                                                                                                   | To be noted.         |
| North Yorkshire Health Collaborative <ul style="list-style-type: none"> <li>Update from recent meetings</li> <li>Humber and North Yorkshire, West Yorkshire and North Yorkshire Council Place Updates.</li> </ul> | Richard Webb, Corporate Director of Health and Adult Services, NYC; Louise Wallace, Director of Public Health, NYC; Mark Bradley, Acting North Yorkshire Place Director – Humber & North Yorkshire Health & Care Partnership; and Matt Sandford, Director of Partnership and Place – | Updates to be noted. |

|                                                    |                                                           |  |
|----------------------------------------------------|-----------------------------------------------------------|--|
|                                                    | Bradford District and Craven Health and Care Partnership. |  |
| Workshop – Role of the Health and Wellbeing Board. | TBC.                                                      |  |

**WEDNESDAY, 14 January 2026**

REPORT DEADLINE – Tuesday, 6 January 2026

| ITEM                                                                                                                                                                                                                    | LEAD                                                                                                                                                                                                                                                                                                                                           | COMMENTS             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| North Yorkshire Health Collaborative <ul style="list-style-type: none"> <li>• Update from recent meetings a</li> <li>• Humber and North Yorkshire, West Yorkshire and North Yorkshire Council Place Updates.</li> </ul> | Richard Webb, Corporate Director of Health and Adult Services, NYC; Louise Wallace, Director of Public Health, NYC; Mark Bradley, Acting North Yorkshire Place Director – Humber & North Yorkshire Health & Care Partnership; and Matt Sandford, Director of Partnership and Place – Bradford District and Craven Health and Care Partnership. | Updates to be noted. |
| <b>PROVISIONAL</b> Spotlight Session on Oral Health                                                                                                                                                                     | TBC                                                                                                                                                                                                                                                                                                                                            | N/A                  |

**FRIDAY, 20 March 2026**

REPORT DEADLINE – Thursday, 12 March 2026

| ITEM                                                                                                                   | LEAD                                                                                            | COMMENTS             |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------|
| North Yorkshire Health Collaborative <ul style="list-style-type: none"> <li>• Update from recent meetings a</li> </ul> | Richard Webb, Corporate Director of Health and Adult Services, NYC; Louise Wallace, Director of | Updates to be noted. |

|                                                                                                                                         |                                                                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>Humber and North Yorkshire, West Yorkshire and North Yorkshire Council Place Updates.</li> </ul> | Public Health, NYC; Mark Bradley, Acting North Yorkshire Place Director – Humber & North Yorkshire Health & Care Partnership; and Matt Sandford, Director of Partnership and Place – Bradford District and Craven Health and Care Partnership. |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

## REGULAR REPORTS

- Health Protection Assurance Group Annual Report – May.
- Joint Health and Wellbeing Strategy annual report – July.
- Adults Safeguarding Board annual report – November.
- Safeguarding Board for Children annual report – November.
- Director of Public Health Annual Report – November.
- Joint Health and Wellbeing Strategy mid-year report – November.

## OTHER ITEMS

- NHS Operating Framework and Local Government Financial Settlement – update
- Regeneration
- Local Plan Update

## POTENTIAL WORKSHOPS / SPOTLIGHT SESSIONS

- Joint Local Health and Wellbeing Strategy Spotlight Sessions
  - Oral Health
  - Bradford and Craven Strategy (incl. Airedale Hospital update)
  - Ambitious for Health
  - Rural
  - Coastal
  - Inclusion Health
  - Prevention
  - Working with the VCSE to support health and wellbeing outcomes
  - Research / HDRC
  - Good work and health agenda, role of anchor organisations (not CAO) e.g. NHS, LA as big employers
  - Neighbourhood health/community health services

- Health of the Nation
- Health and Inequalities

## **REQUIREMENTS OF THE HEALTH AND WELLBEING BOARD**

- To endorse the JSNA (including the Pharmaceutical Needs Assessment) and to undertake an annual review.
- To endorse the JHWS and undertake an annual review.
- To endorse the Integrated Better Care Fund submission annually.
- To receive annual reports through arrangements agreed by the UK Health Security Agency/Office for Health Improvement and Disparities and the Director of Public Health on health protection arrangements, including the local agreement of health protection priorities.
- To receive such other reports as are necessary for the reporting of serious incidents or areas of concern with a view to ensuring acute and longer term health protection responses and strategies delivered by the Office for Health Improvement and Disparities/the UK Health Security Agency are delivered to properly meet the health needs of the local population.
- To report annually to NHS England, as part of their annual assessment of the Integrated Care Systems, as to how the ICSs have helped to deliver the JHWS.
- To receive the Annual Report of the Director of Public Health and to consider its recommendations in reviewing the priorities for improving population health and reducing health inequalities
- To comment on the draft Five Year Forward Plan produced by each ICB in North Yorkshire.
- To liaise with key statutory and non-statutory national and local organisations which have a remit to improve health and wellbeing in North Yorkshire. These will include the Integrated Care Systems; North Yorkshire Safeguarding Adults Board and North Yorkshire Safeguarding Children's Partnership.