

North Yorkshire Health and Wellbeing Board

Pharmaceutical Needs Assessment 2022 - 2025

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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 it 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

To develop this iteration of the PNA, an independent subject matter expert organisation was commissioned - North of England Commissioning Support (NECS) - and the process was overseen by a partnership group comprising of representatives from organisations on the Health and Wellbeing Board in addition to the Local Pharmaceutical Committee and the Local Medical 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. Views obtained during the engagement were a key part of the early work to develop this PNA. The engagement (conducted over a six-week period during February and March 2022) involved the completion of an online survey, aimed at the public/residents, pharmacies and strategic commissioning partners and health and social care service providers.

In order to inform the development of this document, a statutory consultation on the draft the PNA was undertaken from 5th July to 4th September 2022 in order to seek the views of statutory consultees, the public and other stakeholders, as to whether they agree with the contents of this PNA. Comments and feedback obtained from the consultation are reflected in this document. The PNA aligns closely with the health needs identified in the Joint Strategic Needs Assessment (JSNA) for North Yorkshire.

Population health needs

North Yorkshire has a diverse and dispersed population of an estimated 615,400 people across a geographical area of 8,654 square kilometres (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. For example, pockets of high deprivation around the coast in the east of the county and poor rates of affordable housing in the west. 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 districts within the county, particularly in its most deprived communities.

There are proposed future housing developments across North Yorkshire which will mean that these areas will need to be monitored to identify any significant increases in pharmaceutical need. District and borough plans indicate a need for more than 2,000 houses per year for the next 10 years.

Current provision and access to pharmaceutical services

In the North Yorkshire HWB area there are currently 104 dispensing contractors providing NHS pharmaceutical services made up of 92 standard contract (40 hour) pharmacies, 7 pharmacies operating under 100 hour contracts, 4 distance selling pharmacies and 1 dispensing appliance contractor. Furthermore, there are 48 dispensing doctor practices in the more rural locations within North Yorkshire provide additional access to dispensed medicines.

In general, there is a good distribution and sufficient provision of community pharmacies in or near to areas with the highest levels of deprivation and areas with a high proportion of the population aged 65 years. 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. The majority of residents can access a pharmacy within a 20-minute walking distance and there is adequate choice of pharmacy.

In terms of pharmacy opening hours, there is good provision in urban areas during week days, week day evenings and at weekends. Access to community pharmacy services is 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 from 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.

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.

The addition of the discharge medicine service and the essential services provided by community pharmacy and the advance services such as the Community Pharmacy Consultation Service, New Medicine Service and the Hypertension Case-Finding Service will further enhance the role of community pharmacy as being integral to the support of good medicine practice in the community.

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 for stop smoking, sexual health, and substance misuse.

North Yorkshire Health and Wellbeing Board also wishes to acknowledge the great contribution that community pharmacy services have made to the COVID-19 pandemic response since March 2020.

The national vision for community pharmacy is in line with the local strategy and aspirations that community pharmacy has a critical role to play in the North Yorkshire health system. It is 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. Introduction

1.1 Background

The *Health Act 2009* ⁽¹⁾ introduced a legal requirement for all Primary Care Trusts (PCTs) to publish a pharmaceutical needs assessment (PNA) by 1 February 2011. The *Health and Social Care Act 2012* ⁽²⁾ subsequently transferred the responsibility to Health and Wellbeing Boards.

Consequently, each Health and Wellbeing Board was required to produce and publish its first pharmaceutical needs assessment in April 2015 with a requirement that a revised assessment must then be published within three years, or sooner in response to significant changes to the availability of pharmaceutical services.

In May 2021, the Department of Health and Social Care (DHSC) initially determined that the requirement to publish renewed PNAs would be suspended for a year (to April 2022) in order to reduce unnecessary extra pressure on Local Authorities, Local Pharmaceutical Committees, pharmacy contractors and other stakeholders during the response to the COVID-19 pandemic. Further to this, due to ongoing pressures across all sectors in managing the pandemic response, the requirement to publish renewed PNAs was suspended further until October 2022.

Therefore, in light of the announcement and following on from the publication of the *PNA for North Yorkshire 2018* ⁽³⁾ the Health and Wellbeing Board has now produced an updated PNA for publication on 1 October 2022.

1.2 Purpose of the Pharmaceutical Needs Assessment

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* ⁽⁴⁾

The PNA takes account of the *Joint Strategic Needs Assessment* ⁽⁵⁾ (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* ⁽⁶⁾.

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

Each Health and Wellbeing Board has a legal responsibility to produce a PNA. To deliver the PNA, City of York Council and North Yorkshire County Council (NYCC) 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. This has worked well in the past and both PNAs have the same lifetime expiry. As in the previous PNA, it was felt that the district and borough council boundaries gave sufficient detail as to provide population health data, along with service provision information. Recognising these different geographical boundaries led to separate reports being produced for the respective Health and Wellbeing Boards.

As in previous PNAs, any comments and challenges from the public or stakeholders on the law and regulations surrounding market entry criteria and the implementation of controlled area designation and reserved localities remain outside the scope of this report. It was also agreed that business continuity was out of scope for the PNA. This is because it is difficult to predict when and where these events may occur. For example, in some areas there might be access issues in the event of an unplanned event e.g., flooding. Organisations involved will also have business continuity plans in place.

Hospital pharmacies do not provide services under the Community Pharmacy Contractual Framework and are therefore outside the scope of this PNA.

1.3 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* ⁽⁶⁾, 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

1.4 National context

Following publication of the *NHS Five Year Forward View* ⁽⁷⁾ in 2014 which set out a clear direction for the NHS over the period to 2020 - 21 the *NHS Long-term Plan* in 2019 ⁽⁸⁾ set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead.

The *NHS Long-term Plan* ⁽⁸⁾ acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy:

- *The NHS will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.*

1.5 Pharmacy services NHS overview

There are more than 11,600 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for 85 - 95% of their total turnover.

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

Key findings of *General Pharmaceutical Services in England 2015 - 16 – 2020 - 21* ⁽⁹⁾ indicated that:

- There were 11,600 active community pharmacies and 112 active appliance contractors in England during 2020 - 21. 236 new pharmacies opened during 2020 - 21, while 451 closed. This is the lowest number of active contractors since 2015 - 16.
- 1.03 billion prescription items were dispensed by community pharmacies and appliance contractors in England in 2020 - 21. This is a 1.79% decrease from the number of items dispensed in 2019 - 20 but still a 2.35% increase in items dispensed since 2015 - 16.
- 964 million prescription items were dispensed via the Electronic Prescription Service (EPS) in 2020 - 21, 93.9% of all items dispensed in the year by community

pharmacies and appliance contractors. This is an increase of 58.6 percentage points from 2015 - 16.

- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £8.97 billion in 2020 - 21. This was an increase of 3.72% from £8.65 billion in 2019 - 20 and a six year high despite the reduction in dispensed items in 2020 - 21.
- 2.77 million seasonal influenza vaccines were administered by community pharmacies in 2020 - 21. This was a 60.9% increase from the 1.72 million vaccines administered in 2019 - 20 and a 365% increase on the 595 thousand vaccines administered in 2015 - 16.

Over 95% of community pharmacies now have a private consultation room from which they can offer advice to patients and a range of nationally commissioned services such as vaccine administrations and private, personal discussions regarding medicines. Many pharmacies are also commissioned to offer public health services by Local Authorities and the NHS.

1.6 Community Pharmacy Contractual Framework 2019 - 2024

The Department of Health and Social Care (DHSC), NHS England, and the Pharmaceutical Services Negotiating Committee (PSNC) have agreed a five year plan, the *Community Pharmacy Contractual Framework (CPCF)* ⁽¹⁰⁾ which describes a vision for how community pharmacy will support delivery of the NHS Long-term Plan.

In August 2021, the Framework described how community pharmacy services would be more integrated in the NHS, provide more clinical services, be the first port of call for healthy living support as well as minor illnesses and to support managing demand in general practice and urgent care settings.

The Pharmacy Quality Scheme (PQS) replaced the Quality Payments Scheme with the gateway and quality criteria changed on an annual basis, with some becoming CPCF Terms of Service requirements during 2020 - 21. For the 2021 - 22 scheme, there was a focus on priorities supporting recovery from COVID-19 which officially began on 1 September 2021.

By 2023 - 24, as outlined in the CPCF, the NHS and PSNC's vision that community pharmacies in England will:

- Be the preferred NHS location for treating minor health conditions
- Take pressure off urgent care, out of hours services and GPs, reducing waiting times and offering convenient care for patients, closer to their homes
- Become healthy living centres, helping local people and communities to stay healthy, identifying those at risk of disease and reducing health inequalities
- Provide diagnostic testing on-site related to minor illness
- Support key NHS targets such as tackling antimicrobial resistance; and
- Continue to ensure patients can safely and conveniently access the medicines they need as well as doing more to improve patient and medicines safety

1.7 Pharmacy Integration Fund

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

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

The Community Pharmacy Contractual Framework (CPCF) agreement for 2019 - 24 sets out the ambition for developing new clinical services for community pharmacy as part of the five year commitment. The pharmacy integration programme will pilot and evaluate these services with the intention of incorporating them into the national Framework depending on pilot evaluations.

1.8 Point of Care Testing

As part of the Community Pharmacy Contractual Framework agreement of 2019, NHS England committed to explore point of care testing (POCT) by community pharmacists to help in the drive to conserve the use of antibiotics. The impact of the COVID-19 pandemic and emergence of new POCT technologies that are more robust and less prone to error have now broadened the scope for the deployment of POCT in community pharmacies. This can help to improve the quality and efficiency of the delivery of diagnostic services closer to home and support the recovery of primary care. This drive also reflects the NHS Long-term Plan focus on prevention of ill-health, making the best use of the clinical skills of pharmacists and providing more clinical services in convenient and accessible locations in the community.

Examples of NHS commissioned POCT services that can now be delivered in community pharmacies are:

- Non-invasive blood pressure monitoring as part of the Hypertension Case-Finding and blood pressure checks
- Urinalysis for possible urinary tract infections
- Chlamydia screening for the under 25s
- Carbon monoxide monitoring as part of smoking cessation services
- COVID-19 rapid antigen testing
- Blood glucose measurements as part of diabetes prevention services
- Oxygen saturation using oximeters to assess people presenting with breathing difficulties
- Peak flow measurements for patients with asthma

1.9 Working across North Yorkshire

Across the North Yorkshire area are seven district/borough councils, with responsibility for a range of functions, including housing, planning, and licensing. In April 2023 the current county, district and borough councils will be replaced by a new single council for North

Yorkshire with City of York Council remaining as it is.

The NHS across England is changing with the creation of 42 Integrated Care Systems (ICS) designed to support better co-ordination of health and care services and improve overall health and outcomes and reduce inequalities. Since 2018, they have been deepening the relationship in many areas between the NHS, local councils, and other important strategic partners such as the voluntary, community and social enterprise sector.

From 1st July 2022 statutory committees brought together the NHS and Local Authorities as partners to focus more widely on health, public health and social care. They now hold responsibility for developing an integrated care strategy to set out how the wider health and wellbeing needs of the local population will be met. From this point Clinical Commissioning Groups (CCGs) ceased to exist and Integrated Care Boards (ICBs) were established as statutory NHS organisations.

The ICBs will take over the responsibilities formerly held by the CCGs within the region as well as some of NHS England's commissioning functions which includes dental, community pharmacy and optometry services and will be accountable for NHS spend and performance within the system. ICBs will be required to develop plans, working with NHS England regional commissioning teams to take on effective delegated commissioning functions from 2023 - 24. Other functions of the ICB include promoting integration of health and care services, improving people's health and wellbeing and reducing health inequalities.

1.10 North Yorkshire HWB strategic objectives

The North Yorkshire Health and Wellbeing Board is a formal committee of North Yorkshire County Council with representation from elected member of district councils; chief officers from both county and districts; local commissioners from health, public health and social care; and representation from Healthwatch and the voluntary sector.

It strengthens the democratic legitimacy of our health and wellbeing commissioning decisions and provides a platform for challenge, discussion and the involvement of local people, young and old, through our wide North Yorkshire health and wellbeing network and so over time it will make the health and wellbeing of our community everybody's business. It has a strong role in driving a genuinely collaborative approach to commissioning across health and social care.

The board is where leaders work in partnership to develop robust joint health and wellbeing strategies. These in turn set the North Yorkshire framework for commissioning of health care, social care and public health. The Health and Wellbeing Board produces a *Joint Strategic Needs Assessment (JSNA)* ⁽⁵⁾ which sets out to improve the public's health and reduce inequalities across the whole County. The content of the JSNA is arranged into 5 themes:

- | | |
|----------------|--------------------------------|
| Theme 1 | People |
| Theme 2 | Vulnerable groups |
| Theme 3 | Wider determinants |
| Theme 4 | Behaviour and lifestyle |
| Theme 5 | Illness and death |

PNA's form an integral part of the JSNA, which informs the *Joint Health and Wellbeing Strategy* ⁽⁴⁾. *The Strategy* ⁽⁴⁾ provides a high-level Framework for improving health and wellbeing in North Yorkshire. It is based upon five themes and is used to inform commissioning across the health and care system. These themes will sometimes overlap and will be relevant to all age groups:

- Theme 1 Connected communities**
- Theme 2 Start well**
- Theme 3 Live well**
- Theme 4 Age well**
- Theme 5 Dying well**

Throughout the PNA, examples whereby community pharmacy may offer support the achievement of the key themes will be identified.

2. The North Yorkshire Health System

2.1 GP surgeries (including extended access)

There are 48 dispensing GP practices in North Yorkshire ⁽¹¹⁾, details of their locations can be found in appendix 1.

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

Extended access services commissioned by the former North Yorkshire CCG (now part of 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 services were initially commissioned by the legacy CCGs in North Yorkshire, so all are working to different contracts and specifications however they are all in line with the 10 national care requirements of extended access. The providers for the extended access services are as below (information provided by GP Practice Managers):

Heartbeat Alliance CIC run a Better Access service over two hubs in Hambleton, Richmondshire and a remote service in Scarborough. Patients can make appointments via their own GP. The hours of the hub clinics are:

- Mayford House Surgery, Hambleton which offers appointments on Tuesday and Thursday evenings 6.30pm – 8.00pm, and Saturday and Sunday mornings 8.30am – 12.00pm.
- Harewood Medical Practice, Richmondshire which offers appointments on Monday to Thursday evenings 6.30pm – 8.00pm, and both Saturday and Sunday mornings 8.30am - 12.30pm.

Yorkshire Health Network provides the extended access service for Harrogate and Rural District as follows. This service is provided from 4.00pm – 8.00pm Monday - Friday, and 8.30am - 1.00pm on Saturday, Sunday and Bank Holidays. These appointments are available over three main hubs which are:

- Mowbray Square Medical Centre which offers appointments Monday - Friday until 8.00pm and 8.30am - 12.30pm Saturday and Sunday.
- Beech House Surgery which offers appointments Monday 6.30pm - 7.15pm, Thursday 7.00am - 8.00am and the first Saturday morning of each month.
- Ripon Hospital which offers appointments Monday - Friday until 8.00pm and 8.30am - 12.30pm Saturday.

Practices in the **Vale of York** offer varying extended access services as follows:

- Escrick Surgery which offers appointments Tuesday and Wednesday morning from 7.00am – 8.00am for pre-booked routine appointments only.
- Posterngate Surgery which offers appointments Monday and Thursday evening until 8.00pm with a GP and a practice nurse each offering appointments.
- Beech Tree Surgery which offers appointments 6.30pm - 7.30pm each Monday and

7.00am – 8.00am each Tuesday.

- Scott Road Medical Centre which offers appointments Monday morning 7.00am – 8.00am (GP telephone appointments only), Tuesday evening 6.30pm – 8.00pm (nurse appointments & GP appointments following telephone triage), Friday morning 7.00am – 8.00am (GP telephone appointments only), Monthly Saturday surgery 8.30am - 1.30pm (nurse appointments & GP appointments following telephone triage).
- Sherburn Group Practice which offers pre-booked appointments one late evening surgery each week on Thursdays and every Saturday morning (last appointment is 7.20pm on a Thursday).
- Tadcaster Medical Centre which offers Saturday morning pre-booked routine telephone and face to face appointments with a GP and nurse from 8.30am – 12.00pm.
- Helmsley Medical Centre which offers appointments up to 8.00pm Monday - Friday, and Saturday and Sunday from 10.00am – 12.00pm.

In **Ryedale** Sherburn and Rillington Practice is working alongside other GP practices to provide services 7 days per week:

- Sherburn and Rillington Practice offers appointments on Thursday up to 8.00pm, selected Sunday mornings from 8.00am - 10.30am.
- Derwent Practice offers appointments on Monday, Wednesday and Friday up to 8.00pm, Saturday mornings from 8.00am - 10.30am, selected Sunday mornings from 8.00am - 10.30am.
- Ampleforth & Hovingham Surgery offers appointments on Tuesday up to 8.00pm, selected Sunday mornings from 8.00am - 10.30am.

Wharfedale, Airedale and Craven Alliance (WACA) by Modality Partnership provides extended access across Craven which is available weekdays 6.30pm – 8.00pm, and weekends 8.30am - 11.30am. This is provided via hubs which are:

- Farfield Group Practice offering Monday and Wednesday evening appointments between 6.30pm – 8.00pm, and a weekend extended access hub.
- Silsden Medical Practice offers appointments on Friday evening up to 8.00pm, and weekends from 9.00am – 11.00am.
- Fisher Medical Centre provides appointments on Tuesday and Thursday evening from 6.30pm – 8.00pm and provides weekend appointments.

Extended access provision across **Morecambe Bay** is available at:

- Bentham Medical Practice (Ingleton Surgery) offers appointments between 7.00am – 8.00am every fortnight on Thursday morning.
- Bentham Medical Practice offers appointments on Wednesday evening until 8.30pm.
- Extended access is provided on Saturday from 9.00am – 12.30pm with Bentham Medical Practice, Sedbergh Medical Centre; The Lunesdale Surgery (rota basis).

Across the **Whitby** area extended access is provided by:

- Whitby Group Practice offers pre-booked appointments on Thursday 6.30pm – 8.00pm

- Sleights Surgery offers pre-booked appointments on Saturday morning 8.30am – 12.00pm.
- Staithes Surgery offers pre-booked appointments with a practice nurse and health care assistant on a Tuesday morning from 7.30am and provides telephone consultations with a GP on either a Monday or Tuesday evening between 6.30pm – 7.00pm. Patients who are registered at this practice can pre-book an appointment to see a GP or nurse on a Saturday morning between 8.30am - 12.00pm.

There is also a weekly rotating rota for Filey and Scarborough Healthier Communities' Network:

- Hackness Road Surgery
- The Filey Surgery
- Scarborough Medical Group
- Hunmanby Surgery

Scarborough Core Network have pre-booked appointments available:

- Central Healthcare
- Eastfield Medical Centre
- Brook Square Surgery
- Castle Health Centre

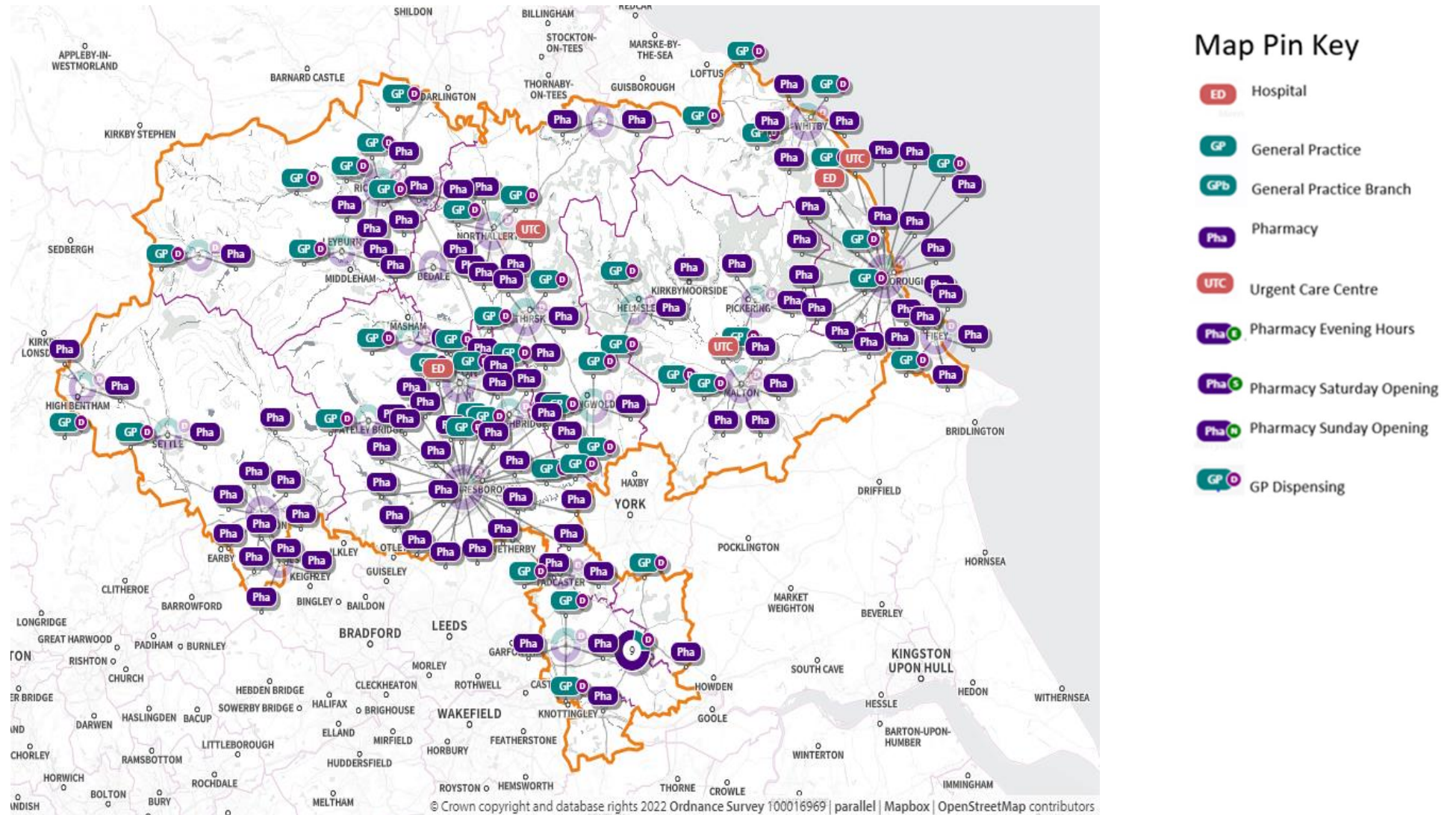
Currently extended access services are provided in two ways through PCNs under the Network Contract DES delivered mostly by member practices, and through ICB commissioned extended access services locally, across 7 days a week. The Network Contract Directed Enhanced Service (DES) states that from 1st April 2022 to 30 September 2022 a PCN must provide extended hours access which equates to a minimum of 30 minutes per 1,000 registered patients per week.

From 1st October 2022, PCNs will be required to provide enhanced access between the hours of 6.30pm and 8.00pm Mondays to Fridays and between 9.00am and 5.00pm on Saturdays in accordance with this Network Contract DES Specification and Enhanced Access Plan. Under the requirements, networks will have to provide 60 minutes' worth of appointments per 1,000 population within the network, delivered within the hours stipulated.

PCNs will need to utilise population health management and capacity/demand tools as well as looking at local data together with seeking the views of patients as they develop their service. In developing the service offer, PCNs need to agree with the commissioner what service mix would best meet the needs of their patient population, and they should be able to show how recent patient engagement has informed their proposals. These changes may have some future requirements on pharmacies and commissioners will need to consider the availability of pharmaceutical services to support enhanced access.

Both GP practices that responded to the survey felt the current local extended GP services opening hours matched the rota times/extended opening hours of local pharmacies which indicates that the current pharmacy hours provision is adequate.

Figure 1 - Map of Pharmacies, Dispensing GP practices, Urgent Treatment Centres and Hospitals in North Yorkshire



2.2 GP enhanced services

NHS England or ICBs may commission “enhanced services” from GP practices. These are primary medical services (other than essential services, additional services or out of hours services) that go beyond what is required through the GP core contract. These have previously been referred to as Directed Enhanced Services (DES) or National Enhanced Services (NES). Enhanced services that are currently available with national specifications produced by NHS England are as set out in Table 1. This includes highlighting the possible contribution that community pharmacies can make now or in the future.

Table 1 - Possible community pharmacy role in relation to GP enhanced services

Service	Description
Health checks for people with a learning disability	<p>Allows GP practices to offer a medical to patients aged 14 years and over with a learning disability and produce a health action plan.</p> <p>Community pharmacies could potentially help to deliver elements of individual patients’ health action plans by supporting behaviour change, providing advice and support about prescribed medications, supporting the management of long-term conditions, help with self-care and signposting to other services.</p>
Targeted immunisation programmes	<p>Allows GP practices to provide the following targeted immunisation programmes:</p> <ul style="list-style-type: none">• childhood ‘flu (2 and 3 year olds)• meningitis ACWY (18 year olds and University Freshers)• meningitis B (infants)• pertussis (pregnant women)• shingles (catch up)• seasonal ‘flu and pneumococcal (adults aged 65 and over and clinical at risk groups) <p>Community pharmacies already make a significant contribution to improving access to seasonal ‘flu vaccine for adults aged 65 and over, adults in clinical at risk groups, adult carers and adult household contacts of people with a compromised immune system. For other immunisation programmes, community pharmacies may support uptake by promoting the benefits of immunisation and providing accurate information and advice.</p>

2.3 Primary Care Networks

Primary Care Networks (PCNs) are geographically based teams, led by GP practices in

the PCN area, delivering services to their registered population of between 30,000 and 50,000 patients. PCNs have a Clinical Director providing strategic leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system.

Every practice (except for Reeth Medical Centre) is a member of a PCN.

PCNs are expected to deliver the following NHS England specifications:

- Extended Hours Access
- Structured Medication Reviews and Optimisation
- Enhanced Health in Care Homes
- Anticipatory Care
- Personalised Care
- Supporting Early Cancer Diagnosis
- CVD Prevention and Diagnosis
- Tackling Neighbourhood Inequalities

2.4 GP Out of Hours (OOH)

Yorkshire Doctors Urgent Care (YDUC) provide services across North Yorkshire, based in Scarborough & Ryedale and The Vale of York. The GP OOH service in The Vale of York operates 365 days a year, Monday - Friday 6.30pm - 8.00am & Saturday/Sundays & Bank Holidays 08.00am - 00.00am. The service is provided from GP OOH urgent care centres. Home visits are also provided where appropriate. It is worth noting that out of hours providers provide patients with their medication directly which reduces the need for pharmacies to open.

2.5 Urgent Treatment Centres

There are three 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. In addition, Friarage Hospital in Northallerton has an urgent treatment centre which is open 24 hours 7 days a week. Attendance does not require an appointment.

Feedback from the residents' survey indicated that 50% of respondents (223/447) stated they would use a pharmacy for a minor health problem before going to A&E, 47% (210/447) said they would go their GP, and 2% (10/447) said they would use a walk-in centre before going to A&E.

2.6 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.

3. Pharmaceutical Needs Assessment process

3.1 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* ⁽⁶⁾ (as amended). 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 County 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 December 2021. Full membership is set out in appendix 2.

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings
- Content of a PNA questionnaire to pharmacists in North Yorkshire
- 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.

3.2 Determination of localities

The *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾ 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.

3.3 Assessing health needs

The *Local Government and the Public Involvement in Health Act 2007* ⁽¹²⁾ created the duty to undertake JSNAs. From April 2008, this duty was carried out by with Local Authorities and PCTs. The *Health and Social Care Act 2012* ⁽²⁾ transferred this duty, with effect from April 2013 to Local Authorities and CCGs (subsequently replaced by ICBs) to be exercised by Health and Wellbeing Boards.

This PNA is directly aligned to the North Yorkshire JSNA ⁽⁵⁾.

3.4 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 NHS England Sub Regions, North Yorkshire CCG, Vale of York CCG, Bradford and Craven CCG, Morecambe Bay CCG and North Yorkshire County Council's Public Health Team.

3.5 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 (1) and (2), 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* ⁽¹³⁾ 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 5.

3.6 Stakeholder engagement

The views of the public and a range of agencies 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 (conducted over a six-week period during February and March 2022) involved the completion of an online survey, aimed at the following key groups:

- Public/residents
- Pharmacies
- Strategic commissioning partners & health and social care service providers

Surveys were promoted via the NYCC website, press, social media platforms, radio, with 'have your say' posters displayed in pharmacies, GP surgeries, community centres and libraries.

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

These have been considered as part of this PNA. Section 10 and appendix 3 of this document provides a summary of the analysis and outcomes of the residents survey.

3.7 Statutory consultation

The formal consultation on the draft PNA for North Yorkshire ran from 5th July 2002 to 4th September, in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012 which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In 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 Lakes 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
- NHS England (NHSE)
- 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
- Cumbria County 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.

3.8 Recommendations from the previous PNA 2018 - 2021

Following development of the PNA 2018 - 2021, North Yorkshire Health and Wellbeing Board made the following statements and recommendations:

- *"In the **Craven** district there is adequate service provision during Monday to Saturday. Based on the information available there appears to be a gap in parts of Craven on Sundays. However, the population density in these areas is below 150 per square mile.*
- *In the **Hambleton** district, there is adequate service provision during Monday to Sunday.*
- *In the **Harrogate** district, there is adequate service provision during Monday to Sunday.*
- *In the **Richmondshire** district, there is adequate service provision during Monday to Saturday. Based on the information available there appears to be a gap in parts of Richmondshire on Sundays. However, the population density in these areas is below 150 per square mile.*
- *In the **Ryedale** district, there is adequate service provision during Monday to Sunday.*
- *In the **Scarborough** district there is adequate service provision Monday to Saturday. Based on the information available there appears to be a gap in parts of Scarborough on Sundays. However the population density in these areas is below 150 per square mile.*
- *In the **Selby** district there is adequate service provision during Monday to Sunday.*

In summary, there are no gaps in the provision of necessary services in North Yorkshire. However, there are a number of developments that are expected to take place over the next three years that may impact on the need for and access to pharmacy services. This includes GP extended access, housing developments, online pharmacies and changes to the way in which pharmacies are funded. It is not possible to assess the impact of this at

this time, however, it should remain under review as part of the ongoing PNA process.

Any pharmacy changes or closures that have a significant impact on access may be subject to a supplementary statement being issued by the Health and Wellbeing Board if this occurs before the next PNA is prepared."

4. North Yorkshire's Population

4.1 Overview of the county

North Yorkshire is the largest non-metropolitan county and lieutenancy area in England. The county has a diverse and dispersed population of an estimated 615,400 people across a geographical area of 8,654 square kilometres (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 ⁽¹⁴⁾. This results in a population density of just 77 people per square kilometre, compared with England average of 432.

The county has a varied and vibrant local economy, the lifeblood of which is defined by over 32,000 small and medium enterprises (SME) which form 99% of all businesses. A high proportion are linked to the tourist and visitor economy and strong North Yorkshire brand ⁽¹⁴⁾. In 2016, there were 3.8 million visits to the Yorkshire Dales National Park including 0.48 million who stayed at least one night. The parks service estimates that this contributed £252 million to the economy and provided 3,583 full-time equivalent jobs. The wider Yorkshire Dales area received 9.7 million visitors who contributed £644 million to the economy ⁽¹⁵⁾. The visiting population can create an increase in minor illness attendances at emergency departments and urgent care centres. Pharmacies can alleviate the additional pressures which would otherwise fall to out of hours GP services or to the emergency care services in the hospital.

In large areas of North Yorkshire, agriculture is the primary source of employment; some 85% of the county is considered to be "rural or super sparse". Other sectors in 2019 included some manufacturing, the provision of accommodation and meals (primarily for tourists) which accounted for 19 per cent of all jobs and food manufacturing which employed 11 per cent of workers; a few people are involved in forestry and fishing in 2019. One report in late 2020 stated that "North Yorkshire has a relatively healthy and diverse economy which largely mirrors the national picture in terms of productivity and jobs" ⁽¹⁵⁾.

Catterick Garrison is a major garrison and military town 3 miles (5 km) south of Richmond and is the UK's biggest army base. It is expected to expand from 6,000 service personnel to around 9,500 by 2031, and dependants will increase in line with the rise of service personnel numbers from 2,600 to around 3,800. The army is working closely with the Local Authorities to ensure that local service provision, including schools, leisure and medical facilities, meet the demand of both existing and new residents ⁽¹⁶⁾. There is a significant Ministry of Defence (MoD) presence in North Yorkshire, which includes Royal Air Force bases. Although serving personnel have access to pharmacy services provided directly by the MoD, there are a significant number of families and civilian personnel who may wish to access community pharmacies.

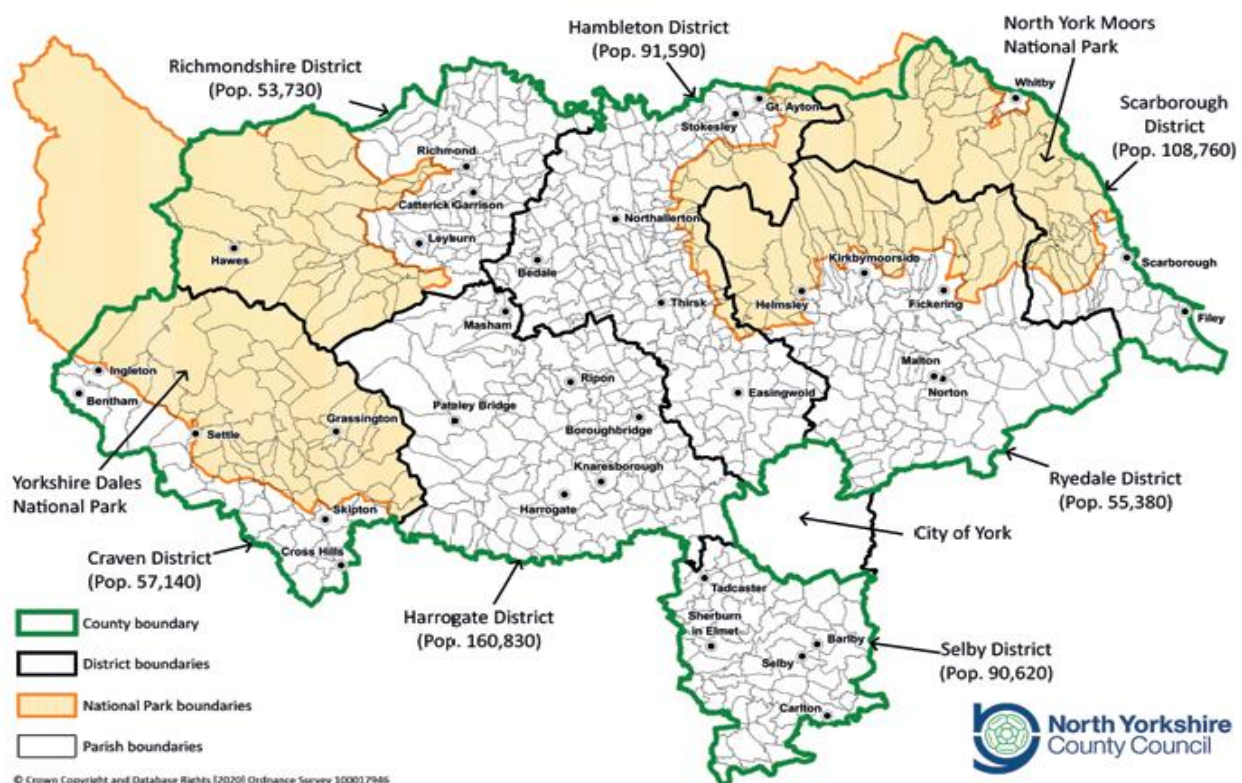
It is worth considering the intention to accommodate asylum seeker populations in the Linton On Ouse area in a former RAF station. The healthcare services are planned to be bespoke and on site which includes pharmacy provision.

The Scarborough district lies along a coastline of approximately 42 miles, stretching from Staithes in the North to Speeton Cliffs in the South.⁽¹⁷⁾ 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' ⁽¹⁸⁾, 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.

Figure 2 - Overview of North Yorkshire



4.2 Population profile and demography

The first results of the Census 2021 in England and Wales ⁽¹⁹⁾ began to be published from 28th June 2022, with further results being released in phases within two years of the census. The population information in this section has been compiled from the initial 2021 census results where available, the 2021 JSNA ⁽⁵⁾ for North Yorkshire and the Institute of Public Care – Projecting Older People Population Information (2020) data ⁽²⁰⁾.

Across the seven districts the population breakdown based on the 2021 census can be seen in the table below:

Table 2 - Population breakdown for each district in North Yorkshire – Census 2021
(19)

District	Usual resident population [2021 census]	Usual resident population [2011 census]	% Change resident population	Population density (no. of usual residents per square km)
Craven	56,900	55,409	2.7%	48
Hambleton	90,700	89,140	1.8%	69
Harrogate	162,700	157,869	3.1%	124
Richmondshire	49,700	51,965	-4.4%	38
Ryedale	54,700	51,751	5.7%	36
Scarborough	108,800	108,793	0.0%	133
Selby	92,000	83,449	10.2%	154
North Yorkshire	615,400	598,376	2.8%	77
Yorkshire and The Humber	5,480,800	5,283,733	3.7%	356
England	56,489,800	53,012,456	6.6%	434

In comparison to the 2011 census results, the 2021 census shows that population of North Yorkshire has grown by 2.8% from 598,376 to 615,400. This is lower than the growth in England (6.6%) and Yorkshire and the Humber (3.7%).

The population growth was highest in Selby (10.2%), which was the highest population growth in the Yorkshire and the Humber region. Population growth was also seen in Ryedale (5.7%), Harrogate (3.1%), Craven (2.7%) and Hambleton (1.8%). There was no growth in population in Scarborough (0%) whilst the population of Richmondshire fell (-4.4%). Richmondshire had the largest fall in population in Yorkshire and Humberside and was only one of two areas to see a fall in the region.

Population change across North Yorkshire is generally due to migration (between the county and other parts of the UK as well as international migration) rather than natural change (through births and deaths) which has a relatively small effect. Although there was

a small reduction in the population between 2013 and 2014, largely due to a short-term reduction in the military population in the county during that period, growth is expected to continue in subsequent years.

Craven

Using data from the JSNA ⁽⁵⁾ for North Yorkshire, the population profile indicates that overall, Craven has an older population than England, with more residents aged 50 - 84, and fewer aged under 45. The population makeup is broadly similar to North Yorkshire, but there are noticeably fewer people aged 20 - 44 in Craven. There are about 6,800 people aged 65+ with a limiting long-term illness. Of these people, 43% (2,912) 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 15% for England. By 2030 it is predicted that there will be a 24% increase in the population age 65+ and a 4% decrease in the working age group ⁽⁵⁾.

Hambleton

Hambleton has an older population than England, with more residents aged 50 - 89, 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 2020 there will be a 24% increase in the population aged 65+ and a 6% decrease in the working age group. There are about 10,600 people aged 65+ with a limiting long-term illness. Of these people, 43% (4,631) 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. All districts demonstrate a long life expectancy and low birth rate ⁽⁵⁾.

Harrogate

Harrogate has an older population than England, with more residents between the ages of 45 - 89, and fewer aged under 45. Harrogate has proportionately more children and teenagers than North Yorkshire. There are about 15,979 people aged 65+ with a limiting long-term illness. Of these people, 42% (6,740) 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 districts. The population is ageing and predicted that by 2030 there will be a 255 increase in the population aged 65+ and a 7% decrease in the working age group ⁽⁵⁾.

Richmondshire

Richmondshire has an older population than England, with more residents between the ages of 50 - 84, and fewer aged under 45 in females. The population is younger than North Yorkshire, with a notable 'spike' in young males due to the military service personnel in the area. There are about 5,000 people aged 65+ with a limiting long-term illness. Of these people, 40% (2,000) report that their daily activities are limited a lot because of their illness. Richmondshire is the most ethnically diverse district 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) ⁽⁵⁾.

Ryedale

Ryedale has an older population than England, with more residents between the ages of 50 - 89, and fewer aged under 45. The population make-up is similar to North Yorkshire. There are about 6,458 people aged 65+ with a limiting long-term illness. Of these people, 42% (2,703) 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 ⁽⁵⁾.

Scarborough

Scarborough has an older population than England, with more residents aged of 50 - 89, and fewer aged under 45. The population makeup is broadly similar to North Yorkshire, but there are noticeably fewer females aged 20 - 29 in Scarborough. There are about 14,600 people aged 65+ 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% ⁽⁵⁾.

Selby

The population in Selby is generally older than England, with more residents between the ages of 45 - 74, and fewer aged under 45. The population make-up is broadly similar to North Yorkshire. There are about 8,900 people aged 65+ with a limiting long-term illness. Of these people, 47% (4,165) 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 ⁽⁵⁾.

Selby has a larger proportion of people aged 65+, by 2030 this proportion is set to increase further with the number of residents 85+ set to increase by 47%.

The number of people who are 65 years or older within North Yorkshire using ONS mid-2019 population estimate is 24.7% and increasing. North Yorkshire has a lower proportion of young people than the national average – 25% under 25 compared to 29.8% nationally. Despite the strong North Yorkshire brand, coastal areas and market towns with their rich heritage risk being left behind due to the steady decline of the high street and an increasing gap in skills and employment opportunities further compounded by the COVID-19 crisis ⁽²¹⁾.

Sparsely and super-sparsely populated rural communities are on average more expensive to deliver services to than urban areas, meaning scale and critical mass is essential to sustainability. They may also experience physical and digital isolation, with difficulty in accessing services, jobs and transport links.

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. For example, pockets of high deprivation around the coast in the east of the county and poor rates of affordable housing in the west.

The 65+ population of North Yorkshire is predicted to increase by 23% by 2030, against an

increase predicted for England of 22% ⁽²²⁾.

4.2.1 Locality profiles

Craven

All 7 wards within North Craven area classified as rural. Five are either classified as 'rural town' or 'rural village', 73% of North Craven is within the Yorkshire Dales National Park. Four wards within North Craven are classified as having “super sparse” population, with population densities of around 0.2 persons per hectare ⁽²³⁾.

Hambleton

Hambleton is considered a rural area with the economy based around the market towns. The North Yorkshire Moors National Park covers the North Eastern edge of the district ⁽²⁴⁾.

Harrogate

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 ⁽²⁵⁾.

Richmondshire

Considered a rural district 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⁾.

Ryedale

Considered the sparsest district of North Yorkshire, the North of the district falls into the North York Moors National Park area. Transport links the market towns, however, the rurality of the district makes it difficult for people to access services ⁽²⁷⁾.

Scarborough

Scarborough is a coastal town and covers the seaside towns of Scarborough, Whitby and Filey. Scarborough is the most deprived area of North Yorkshire. Twelve neighbourhoods in Scarborough town and two in Whitby are amongst the 20% most deprived in the country. Transport links are good ⁽²⁷⁾.

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 ⁽²⁸⁾.

4.3 Housing and development strategy

House building rates have improved substantially in recent years in the three years to March 2019, more than 8,600 new dwellings were completed (far exceeding the minimum requirement of 4,200). However, delivery of affordable and low carbon housing has consistently failed to hit targets. Relatively high levels of home ownership in the county

mask the issues of affordability experienced by many residents, particularly in the west of the county. North Yorkshire has a low number of socially rented homes at an average of 11.1% of total housing stock against a near neighbour average of 13.6% and national of 18%.

Meanwhile, private rented homes are 16.8% against near neighbour comparison of 14.3%. This means that lack of social housing stock and generally higher prices in the private rental sector also make renting unaffordable for some. This is exacerbated by a higher than average inward migration of older people and second homeowners in parts of the county. Together, this has further contributed to the outward migration of younger, post higher education people, while those in lower paid or seasonal employment either cannot find, or cannot afford, suitable housing.

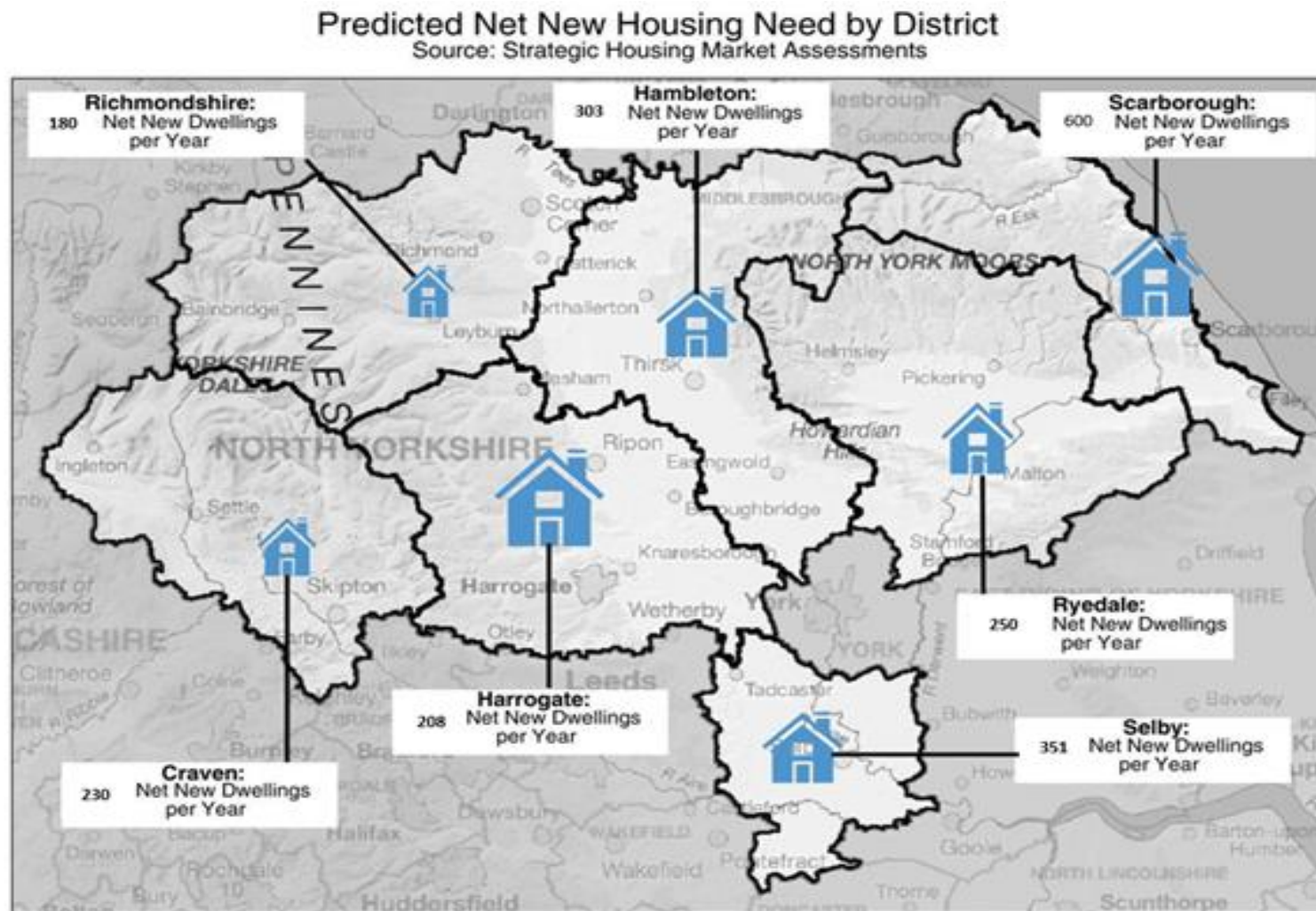
Due to rurality many smaller, rural businesses struggle to attract a workforce and communities struggle to meet local needs, such as social and healthcare workers, farm workers and teachers. Local wages are traditionally lower than in urban areas and property prices and rental levels are higher. In relation to new development, land values are higher than in urban areas and build costs are higher due to the lack of opportunities to achieve economies of scale and the need for materials and design with fit with the existing vernacular. Many workers struggle to find suitable homes and some businesses resort to providing transport to bring their workforce in from areas where housing is relatively more affordable. This is unsustainable for households, workers, business and communities. The population of the North York Moors National Park decreased between the 2001 and 2011 Census and the population of the Yorkshire Dales was static. There is therefore a need to support these areas by ensuring there is a resident population to support the local economy and provide services and facilities. Related to this, both National Park Authorities have developed planning policies which aim to enable new housing linked to local housing needs.

District and Borough Councils within North Yorkshire, as part of their Planning function, are 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 how many new homes are needed, where development will take place, and when this is likely to happen. The information in this section provides the current picture of how much new housing development is needed in each of the district and Boroughs over the timeframe of this PNA. District and borough council local plans forecast a housing need equivalent to over 2,000 additional homes per year over the next ten years. Plans also include the renovation of brownfield sites and empty properties. Projected need is highest in the Scarborough district (requirement of 600 houses per year) and lowest in Richmondshire (180 houses per year).

Table 3 - Housing delivery/requirements predictions for each district in North Yorkshire

District	Average annual housing requirement	Reference source
Craven	230	Craven District Authority Monitoring Report April 2020 to March 2021 ⁽²³⁾
Hambleton	303	Hambleton Strategic Housing Market Assessment 2016 ⁽²⁴⁾
Harrogate	208	4,397 required from 2014 - 2035 (Harrogate District Local plan 2014 - 2035) ⁽²⁵⁾
Richmondshire	180	Richmond Plan Area 5 year Housing Land Supply Update 2019 ⁽²⁶⁾
Ryedale	250	York, North Yorkshire and East Riding Housing Strategy 2015 – 2021 ⁽²⁷⁾
Scarborough	600	York, North Yorkshire and East Riding Housing Strategy 2015 – 2021 ⁽²⁷⁾
Selby	351	Selby Strategic Housing Market Assessment 2019 ⁽²⁸⁾

Figure 3 - Map of predicted housing need by district in North Yorkshire



4.4 Car ownership

Using North Yorkshire data ⁽²⁹⁾, in 2016, 82% of households across North Yorkshire have a car.

4.5 Life expectancy

Life expectancy at birth for males in North Yorkshire is 80.4, compared with the England average of 79.4. For females, life expectancy at birth is 84.2 compared with the England average of 83.2 ⁽²⁹⁾. North Yorkshire is similar to most Local Authorities in that there is a gap in life expectancy between the affluent and those living in relative deprivation. There is generally an association between life expectancy at birth and deprivation in North Yorkshire ⁽²⁹⁾.

Variation in life expectancy rates across the districts indicates that Scarborough has a lower life expectancy for men at 78.4 and women 83.2 ⁽²⁹⁾.

4.6 Wider determinants of health

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. The Marmot review ⁽³⁰⁾ published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Addressing the wider determinants of health has a key role to play in reducing health inequalities.

4.7 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. 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 Index of Multiple Deprivation (IMD) 2019 measures socioeconomic disadvantage across seven domains:

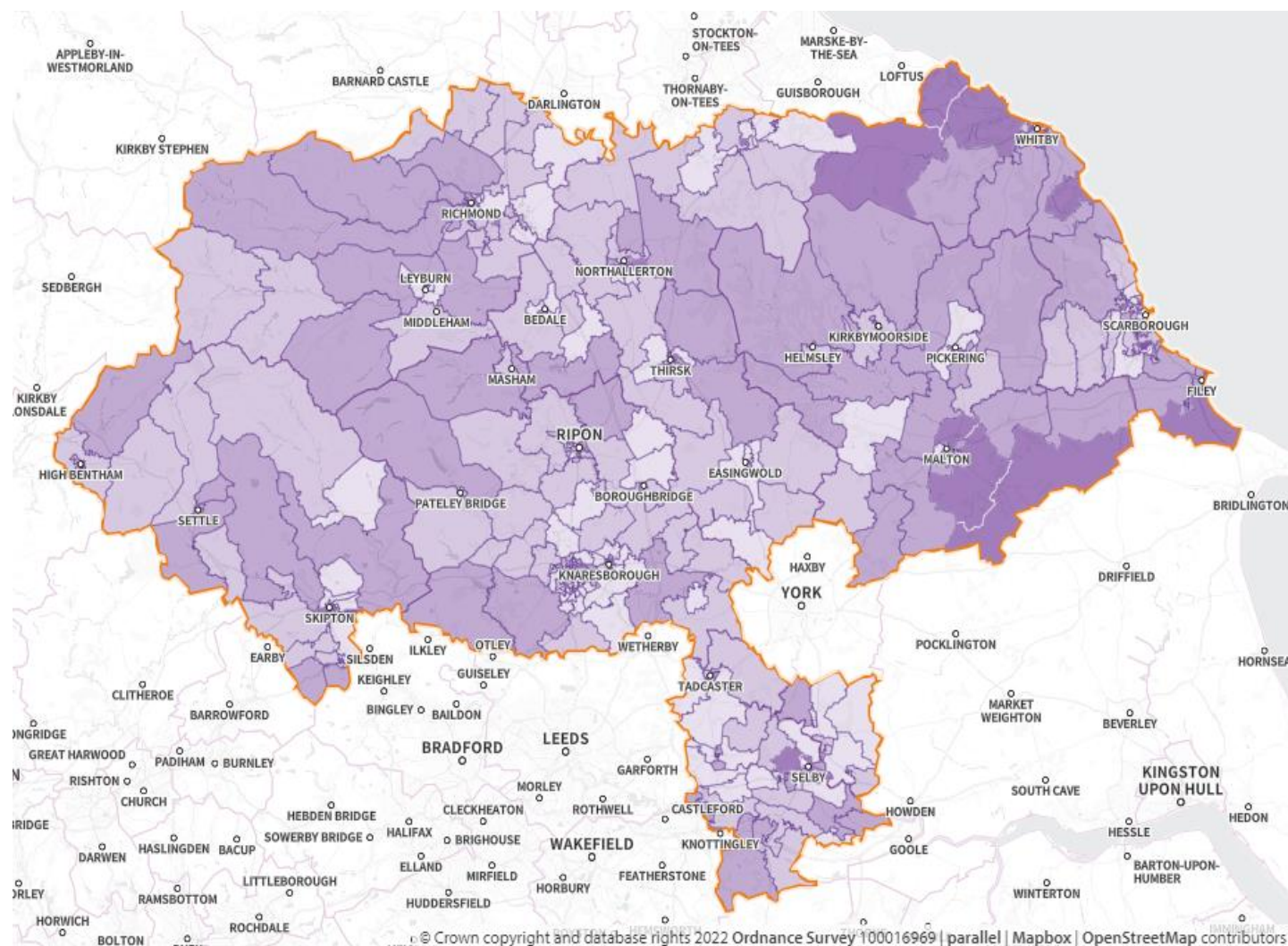
- Income
- Employment
- Health
- Education
- Barriers to housing and services
- Crime
- Living environment

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 2019 Index of Multiple Deprivation (IMD) 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 Scarborough district 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 ⁽⁵⁾.

Figure 4 - Index of Multiple Deprivation - LSOA North Yorkshire 2019



Index of Multiple Deprivation

The indicator focuses on the Index of Multiple Deprivation (IMD) from the Indices of Deprivation 2019.

The seven domains were combined using the following weights to produce the overall Index of Multiple Deprivation (IMD):

- Health Deprivation (13.5%)
- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education Deprivation (13.5%)
- Crime Deprivation (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

Selby, Scarborough, Ryedale, Richmondshire, Harrogate, Hambleton, Craven's Index of Multiple Deprivation average score is 14.76.

The England-wide Index of Multiple Deprivation distribution is 0.54 to 92.73 with a mean value of 21.67.

Key

Values for LSOAs within the selected boundary are shown. The larger the value and the deeper the purple, the greater the deprivation.

The colours represent the quintiles:

- 33.26 to 92.73: 24 areas
- 21.56 to 33.25: 34 areas
- 14.25 to 21.55: 98 areas
- 8.63 to 14.24: 112 areas
- 0.54 to 8.62: 105 areas

Data

Population mid-2015: 606,017

English Indices of Deprivation 2019:

www.gov.uk/.../indices-of-deprivation-2019

4.7.1 Income

Households living on low incomes experience many disadvantages which can be far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low income households are particularly vulnerable to changes in the cost of living and suffer the social exclusion and increased health risks of poverty. Average (mean) full-time earnings for workers who are North Yorkshire residents was £584.6 per week; this is below the average for Great Britain (£613.1) ⁽³¹⁾.

Deprivation measures for specific groups show that wards in Scarborough have highest rates of overall deprivation, children in poverty and older people's deprivation. In the county, around 17% of children are living in poverty after housing costs, lower than the national average of 27%. However, this rises to 45% in the Woodlands ward in Scarborough. Income deprivation in older people shows a similar pattern but with lower rates. Scarborough has the highest proportion of income deprivation in older people (16%). This is the same as England, but higher than North Yorkshire (11%) ⁽⁵⁾.

4.7.2 Employment

Employment for working aged people can protect against social exclusion as well as impacting positively on health and wellbeing. The percentage of out of work benefit claimants in North Yorkshire (aged 16 - 64) in January 2022 was 2.3%, which is lower than the regional average of 4.5% (Yorkshire and the Humber) and the Great Britain average of 4.2%.

In North Yorkshire 297,300 people (80.8% of the population) are economically active, with 66,400 (19.2%) economically inactive ⁽³¹⁾. This indicates that North Yorkshire has a lower rate of economic inactivity compared to Great Britain (21.6%) ⁽³¹⁾.

4.7.3 Education, skills, qualifications

Low educational attainment is correlated with poorer life outcomes and poor health. Local Authority data for August 2021 indicated that in North Yorkshire the percentage of 16 - 17 year olds recorded as being in education, employment or training was 93.3%, similar to the regional and national average both of which was 93.2%.

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% ⁽²⁹⁾.

4.7.4 Housing and homelessness

The numbers of homelessness acceptances within North Yorkshire are reducing and preventions are rising each year. The needs of homeless people in the districts are increasing and are more complex in nature. In 2015 - 16, 338 households were accepted as homeless and in priority need, while 3,012 households were assisted to prevent them from becoming homeless. The rate of homelessness prevention is above the national average (8.66 per 1,000 households) for all areas but Selby (7.04), Richmondshire has the

highest rate (25.43).

Rough sleeping counts and estimates are single night snapshots of the number of people sleeping rough in Local Authority areas. Local Authorities decide whether to carry out a count or an estimate based upon their assessment of whether the local rough sleeping problem justifies counting. The estimated number of rough sleepers in North Yorkshire in autumn 2016 was 17. In autumn 2015 it was 14 ⁽¹⁵⁾.

Using Local Authority data for 2019 based on per 1,000 households for homelessness, the highest rates were Scarborough (1.52%) and Richmondshire (1.42%) this is around the national average for England at 1.42%.

4.7.5 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 records crime rates as recorded by North Yorkshire Police based on ONS data up to June 2021 ⁽²¹⁾.

Force average	50.96
North Yorkshire	49.11
York	56.12

ONS 2021 Police recorded crime rates based on 1,000 population

4.8 Migrant health

The ONS have released some preliminary data from the Census 2021 ⁽³²⁾ in an effort to support local areas to coordinate support for communities affected by the conflict in Ukraine. This data states that there were 6,440 individuals from these countries living in North Yorkshire as of 2021 (when the census was completed). A full breakdown by district is shown in table 4.

Additionally, since August 2018 there have been 20,310 applications made in North Yorkshire as part of the EU Settlement Scheme, a rate of 33 per 1000 of the population. ⁽³³⁾ For comparison, West Yorkshire have seen 161,730 applications in the same period. The majority of these applications have been for adults of working age (18-64), followed by under 18's and then over 65's. Craven and Richmondshire have seen a higher number of over 65 applications when compared to regional neighbours.

Table 4 – UK Census 2021 data on migration from countries affected by the Ukraine conflict

Area	Ukraine	Russia	Poland	Lithuania	Latvia	Moldova	Estonia	Belarus	Total
Harrogate	40	80	1,510	200	200	80	0	0	2,110
Scarborough	30	30	1,130	30	110	0	0	0	1,330
Selby	30	30	1,380	40	90	0	0	0	1,570
Craven	0	0	210	0	30	0	0	0	240
Hambleton	0	0	500	30	90	0	0	0	620
Richmondshire	0	0	110	0	0	0	0	0	110
Ryedale	0	0	380	20	60	0	0	0	460
Sum of NY	100	140	5,220	320	580	80	0	0	6,440

There have only been 311 refugees resettled in North Yorkshire since March 2014 as part of one of the Government's various resettlement schemes.⁽³⁴⁾ In the same time period, North Yorkshire has traditionally dealt with very low numbers of asylum seekers supported under Section 95 of the Immigration and Asylum Act 1999.

There is an acknowledgement there may be additional individuals residing in North Yorkshire that aren't captured in any of the data sources above as they don't have the means, freedom or independence to access one of the formal routes currently available to them by the UK Government. This 'hidden population' may be as a result of human trafficking or modern slavery.

There is a Health Needs Assessment being completed currently on the local migrant/displaced population in North Yorkshire. This will better inform local delivery of services and support moving forward.

4.9 Health needs

Inequalities in health and their causes run deep through our society and through how people access, experience and receive care from the NHS. The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement. The 'Core20' is a focus on the 20% of the population in the lowest deprivation quintile, which is meant to pick up and take on the overarching impact of deprivation on access, experience and outcomes ⁽³⁵⁾.

The five key clinical areas prioritised in the NHS long term plan ⁽⁸⁾, i.e., continuity of maternity care for women in the most deprived areas and those from Black, Asian and minority ethnic groups, annual health checks for those with serious mental illness, chronic

obstructive pulmonary disease management (with a focus on Covid-19, flu and pneumonia vaccination uptake), early cancer diagnosis and hypertension case-finding.

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly. Making every contact count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people e.g. pharmacists have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations ⁽³⁶⁾.

4.9.1 Smoking

Smoking accounts for more lives lost than any other modifiable risk factor. People from lower socio-economic groups, those suffering from mental health conditions and some minority ethnic groups have higher rates of smoking. Factors influencing smoking prevalence include educational attainment, employment, housing, income, and social cues. Young people who grow up in a household where adults smoke, are more likely to become smokers themselves.

Smoking prevalence in adults ranges from 16.9% to 18.8% in England using data for North Yorkshire areas - derived from the following sources and surveys:

- Annual Population Survey (APS) ⁽³⁷⁾
- Quality and Outcomes Framework (QOF) ⁽³⁸⁾
- GP Patient Survey (GPPS) ⁽³⁹⁾
- Health Survey for England (HSE) ⁽⁴⁰⁾
- Integrated Household Survey (IHS) ⁽⁴¹⁾
- Data North Yorkshire ⁽⁴²⁾

ONS data for 2021 indicates that the highest rates for smoking are mainly Scarborough, Selby and Richmondshire 14.4% which has increased from 2019 (13.6%). Recent data indicates that Richmondshire and Selby have seen some prevalence reductions. Overall, the PHE data indicates that it remains lower than the regional average (15.1%) and the national average (14.3%) ⁽²¹⁾.

Using data for 2016, the modelled national estimates for smoking prevalence for 15 year old regular smokers (defined as smoking at least one cigarette per week) nationally was 8.7%. In North Yorkshire this is 9.9% which is higher than the national average ⁽⁴³⁾.

Smoking in pregnancy rates continue to be a major concern, especially in Scarborough. The national prevalence of smoking in pregnancy is 10.4%. The recorded rates for women who were recorded as smokers at the time of delivery ranged from 8.3% in Hambleton to 14.2% in Ryedale and 14.9 % in Scarborough. This has reduced from 21% in 2014 - 15 ⁽⁵⁾.

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 ⁽⁴⁴⁾.

How pharmacies may offer support:

- Smoking Cessation
- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking Cessation Advanced Service
- Supporting the annual public health campaign

4.9.2 Alcohol

The main source of data on drinking among adults in England is the Health Survey for England. This is an annual survey covering adults aged 16 and over living in private households in England. The most recent publication found that, in 2019, 54% of adults reported drinking alcohol in the last week ⁽⁴⁰⁾.

In England, 10 million or more people drink at levels which increase their risk of health harms, and alcohol consumption is a leading factor for ill-health. Among those aged 15 to 49 in England it is the leading cause for ill-health, early mortality and disability ⁽⁴⁵⁾. Alcohol-related mortality rate per 100,000 was 44.0 for 2020 (compared to 33.9 for the region and 37.8 for England).

ONS data for 2020 states that for deaths registered in 2020, regional age-standardised rates of alcohol-specific deaths ranged from 9.2 deaths per 100,000 people in the East of England to 20.0 deaths per 100,000 people in the North East. For the seventh consecutive year, the North East of England had the highest rate of any English region ⁽⁴⁶⁾. In North Yorkshire: the data for 2020 suggests that 51 deaths were registered for people under 75 with alcoholic liver disease ⁽²¹⁾.

The rate of hospital admissions for alcohol-specific conditions in North Yorkshire (499 per 100,000 population) is significantly lower than England, (587 per 100,000 population). Scarborough (942) is the only district with a rate significantly higher than England. ⁽⁴⁷⁾.

How pharmacies may offer support:

- Healthy Living advice
- Signposting to services

4.9.3 Substance misuse

Substance misuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and drugs. Drug misuse includes the harmful use of illegal drugs, 'legal highs' and prescription-only medicines. Substance misuse 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 districts there is

higher drug misuse in Scarborough and Harrogate ⁽⁴⁸⁾.

Deaths from drug misuse in North Yorkshire have increased slightly between 2015-17 and 2018-20 and the rate per 100,000 is similar to the national average in England (5.0 nationally v 5.3 locally) ⁽⁴⁹⁾.

When engaged in effective treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

How pharmacies may offer support:

- Needle and syringe exchange
- Supervised administration of opiate substitutes
- Testing for blood borne diseases (e.g., Hep C)
- Brief intervention
- Signposting to support services

4.9.4 Obesity

Nationally, there continues to be a year on year rise in excess weight for both children and adults. Over a quarter (28%) of children in Reception (aged four to five years) and well over a third (41%) of children in Year 6 (aged 10 to 11 years) are overweight including obese. Over two thirds (63.5%) of adults in England are living with excess weight. In North Yorkshire, 29% of four to five year olds and 38% of 10 to 11 year olds in local communities are measured as having excess weight.

Obesity is associated with a range of health problems including type 2 diabetes, cardiovascular disease and cancer. The resulting national NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year. These factors combine to make the prevention of obesity a major public health challenge ⁽⁵⁰⁾.

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
- Liver disease

The NHS Digital data for 2020 indicates that across the former CCG areas that covered the North Yorkshire districts the following prescriptions had been issued for obesity medication (Orlistat). It is noted that this is likely to include information for districts outside of the scope of this PNA ⁽⁵⁰⁾.

Table 5 - Prescriptions issued for Orlistat in each CCG 2020

CCG area	Number of prescriptions	Equivalence to 100,000 of population
Airedale, Wharfedale and Craven	809	5
Harrogate and Rural	735	5
Scarborough and Ryedale	747	7
Hambleton, Richmond and Whitby	951	6
Vale of York (which includes Selby)	2,653	7

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 ⁽⁵¹⁾.

How pharmacies may offer support:

- Healthy Living Pharmacy - offering information, advice and support
- Signpost/referral to local authority Tier 2 weight management programme
- Signpost/referral to the NHS Digital Weight Management Programme
- Promotion of health lifestyles
- Hypertension Case-Finding Service
- Supporting the annual public health campaign

When asked in the residents' survey what new services pharmacies could offer that would be useful (multiple responses possible), 17% of the responses (199/1186) were for pharmacies to provide specific help with medicines for people with a long-term illness or conditions - e.g., obesity, asthma or COPD (Chronic Obstructive Pulmonary Disease). 12% (145/1186) said they would find a short 'one to one' weight management programme useful.

4.9.5 Sexual health

The World Health Organisation (WHO) defines sexual health as a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the aspiration of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. The WHO defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Most adults are sexually active and good sexual and reproductive health matters to individuals and communities. Sexual health, reproductive health and HIV needs vary

according to factors such as age, gender, sexuality, ethnicity, mental wellbeing, sensory difficulties, education and literacy, and cultural factors. However, there are certain core needs common to everyone including high quality information and education to enable people to make informed decisions, a reduction in stigma and discrimination, and access to high quality services, treatment and interventions.

The consequences of poor sexual health and reproductive health are preventable and include unplanned pregnancies, infections including HIV, cervical and other genital cancers, pelvic inflammatory disease and infertility, psychological consequences, stigma, and poorer educational, social and economic opportunities. There are notable inequalities in access and outcomes in relation to sexual health, reproductive health and HIV, which need to be addressed if meaningful improvements in population outcomes are to be achieved. This will be achieved by strengthening a coordinated system-wide approach to reducing the adverse consequences of poor sexual and reproductive health, including sexually transmitted infections and unplanned pregnancies, and to reduce stigma and discrimination. Local systems will support individuals and communities, irrespective of background and circumstance, to make informed choices and to develop safe, healthy, enjoyable and consensual sexual relationships ⁽⁵²⁾.

4.9.5.1 Sexually Transmitted Infections (STI)

Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of North Yorkshire in 2020 was 1,562. The rate was 252 per 100,000 residents, lower than the rate of 562 per 100,000 in England, and lower than the average of 374 per 100,000 among its nearest neighbours.

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.

As STIs are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important and should be conducted in line with national guidelines. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy. Vaccination is an intervention that can be used to control genital warts, hepatitis A and hepatitis B, however, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are notified and tested.

There was an increasing trend in diagnoses of chlamydia, gonorrhoea and syphilis in England from 2010 until 2019, while diagnoses of genital warts have decreased since 2013 due to the protective effect of HPV vaccination. Increasing diagnosis rates for chlamydia among people aged 15 to 24 years are largely driven by changes in testing activity through the National Chlamydia Screening Programme (NCSP), although ongoing high levels of condomless sex will have played a role ⁽⁵³⁾.

When asked in the residents' survey what new services pharmacies could offer that would be useful (multiple responses possible), 22% of responses (264/1186) were for pharmacies

to provide NHS screening services, e.g., diabetes, HIV, Hepatitis B or C.

In North Yorkshire there are 68 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.

4.9.5.2 Teenage pregnancy

Over the last 18 years, the under-18 conception rate has fallen by over 60% with all Local Authority areas in England achieving reductions, but inequalities do remain. There is a seven-fold difference in the rate between local authorities and 60% of councils have at least one ward with a rate significantly higher than England. Sustaining and accelerating progress is integral to improving wider outcomes for children and young people, particularly those most at risk, and reducing long-term demand on services.

The international evidence is clear. Building the knowledge, skills, resilience and aspirations of young people, and providing easy access to welcoming services, helps them to delay sex until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy. Central to success is translating the evidence into a multi-agency whole system approach, of which community pharmacy are integral ⁽⁵⁴⁾.

The Under 18 Conception rate for North Yorkshire in 2020 ONS data for North Yorkshire in 2019, shows that there were 10.9 conceptions per 1,000 females aged 15-17, which was lower than the previous year at 12.5 per 1,000. This is in comparison to the national average of 13.08.3 per 1,000 in 2020 (OHID, Fingertips) ⁽⁵⁵⁾. However, the rate in the Scarborough area is 20.0 conceptions per 1,000; this is significantly higher than both the England and North Yorkshire rates .

Areas of high social disadvantage and deprivation typically correlate with high teenage pregnancy rates for reasons such as low aspirations, poor uptake of services and the cyclical nature of teenage pregnancy. ONS data for North Yorkshire in 2019, indicated that there were 8.8 conceptions per 1,000 females aged 15 - 17 which was lower than the previous year at 12.5 per 1,000. This was in comparison to the national average of 18.3 per 1,000 ⁽²¹⁾.

How pharmacies may offer support:

- C-card scheme (condom distribution)
- Emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services

4.9.6 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment.

PHE data for 2017 - 2019 indicates that for North Yorkshire, the rates of mortality from cancer in under 75s (3 year range, 2017 - 2019) was 117 per 100,000. This compared to 137.5 per 100,000 for the region and 129.2 per 100,000 for England ⁽²¹⁾.

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 ⁽⁵⁶⁾. Rural cancer inequalities are particularly notable in colorectal, breast and prostate ⁽⁵⁷⁾.

In North Yorkshire, the RURALLY study ⁽⁵⁸⁾ was conducted to explore the reasons for rural cancer inequalities. A number of barriers to consulting the GP about symptoms were identified, including self-reliance and stoicism in life generally, time and financial pressures from rural lifestyle and employment, longer travel times needed to access GP services, and the relationships between GP and patients. Further research is planned to explore interventions needed to address these barriers, including a social marketing campaign, with support from primary care and community 'Cancer Champions'.

How pharmacies may offer support:

- Advice and support
- Signposting
- Medicines optimisation
- New medicine service
- Discharge medicine service

4.9.7 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 prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of developing a long-term condition; better management can help to reduce health inequalities.

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% ⁽⁵⁹⁾.

4.9.8 Cardiovascular disease

Cardiovascular disease (CVD) covers a number of different problems of the heart and circulatory system. It is more prevalent in lower socio-economic and minority ethnic groups.

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment.

Cardiovascular disease is a cause of premature death and health inequalities with a mortality rate of 58.7 per 100,000 for persons aged under 75 in 2020 in North Yorkshire ⁽²¹⁾. Of note is highest rate is in Scarborough (79.4), lower than the regional average (82.5) but higher than the England average of (73.8) the lowest is in Selby (50.3).

How pharmacies may offer support:

- Education and support
- New medicine service
- Discharge medicine service
- Hypertension Case-Finding Service

When asked in the residents' survey what new services pharmacies could offer that would be useful (multiple responses possible), 26% of responses (309/1186) were for pharmacies to provide Free Healthy Heart Checks. 11% (127/1186) stated they would find an anticoagulant monitoring service useful e.g., finger prick testing for patients on warfarin.

4.9.9 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.

Complications from diabetes result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes is typically associated with excess weight which can be prevented or delayed by lifestyle changes.

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 district with a rate that is significantly higher than England. All other districts are significantly below the England rate ⁽⁵⁾.

How pharmacies may offer support:

- Lifestyle advice and support
- Healthy living advice
- Random blood glucose checks

When asked in the residents' survey what new services pharmacies could offer that would be useful (multiple responses possible), 22% of responses (264/1186) were for pharmacies to provide NHS screening services, e.g., diabetes, HIV, Hepatitis B or C.

4.9.10 Respiratory

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable. 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 ⁽⁶⁰⁾.

Within North Yorkshire, respiratory diseases are a contributor to premature death and health inequalities with a death rate of 20.5 per 100,000 persons aged under 75 in 2020 ⁽²¹⁾ compared to 29.4 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 (17.1).

How pharmacies may offer support:

- Advice and support
- Correct inhaler technique
- New medicine service
- Discharge medicine service

When asked in the residents' survey what new services pharmacies could offer that would be useful (multiple responses possible), 17% of responses (199/1186) were for pharmacies to offer specific help with medicines for people with a long-term illness or conditions - e.g., obesity, asthma or COPD (Chronic Obstructive Pulmonary Disease).

4.9.11 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.

There are different types of dementia; all of them are progressive and interfere with daily life. Alzheimer's disease and vascular dementia together make up the vast majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, and give time to prepare and plan for

the future. The estimated dementia diagnosis rate (aged 65 and over) for North Yorkshire in 2021 is 58.6%, which is below the regional average (63.2%) and the national average (61.6%) ⁽²¹⁾.

How pharmacies may offer support:

- Dementia Friends Programme
- Compliance aid assessment
- Repeat prescription service
- New medicine service
- Discharge medicine service

4.9.12 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 ⁽⁶¹⁾.

It is estimated that people living with severe mental illness (SMI) may die up to 20 years earlier than the general population ⁽⁶²⁾. Of note the data for 2018 - 2020, indicates that people with an SMI under 75 are recorded as having a lower mortality rate in North Yorkshire (87.2 per 100,000 population) than the regional (108.8 per 100,000 population) and national rates (103.6 per 100,000 ⁽⁶³⁾.

The following breakdown for the districts of North Yorkshire may indicate smaller numbers particularly for suicides rates and caution should be taken when interpreting small numbers. All data has been extracted from the JSNA ⁽⁵⁾.

Craven

The percentage of individuals reporting depression or anxiety in Craven is lower (12%) compared to the national average (14%). The percentage of individuals reporting depression or anxiety has increased by 2% in Craven from 2015 - 16 to 2016 - 17. Craven district (172.1 per 100,000) has a similar rate of hospital admissions for intentional self-harm compared with England (192.6 per 100,000). The proportion of hospital admissions for intentional self-harm has decreased between 2018 - 19 and 2019 - 20. The suicide rate in Craven has decreased between 2016 - 18 and 2017 - 19 and the rate is similar to England (8.8 per 100,000 locally compared to 10.1 per 100,000 nationally). The suicide rate for males is higher than females in Craven and this is in line with national trends.

Hambleton

The percentage of individuals reporting depression or anxiety in Hambleton (13%) is similar compared with the national average (14%). Hambleton has similar rate of emergency hospital admissions for intentional self-harm (179.9 per 100,000) compared to the England average (192.6 per 100,000). The proportion of hospital admissions for intentional self-harm has decreased between 2018 - 19 and 2019 - 20. Suicide is a significant cause of death in young adults and is seen as an indicator of underlying rates of mental ill-health.

The suicide rate in Hambleton has increased between 2016 - 18 and 2017 - 19 and the rate is similar to the England average (13.1 per 100,000 locally compared to 10.1 per 100,000 nationally). The suicide rate for males is higher than females in Hambleton and this is in line with national trends.

Harrogate

The percentage of individuals reporting depression or anxiety in Harrogate is lower (12%) compared to the national average (14%). Harrogate has a similar rate of emergency hospital admissions for intentional self-harm compared to the England average (186.0 per 100,000 locally compared to 193.6 per 100,000 nationally). The rate of hospital admissions for intentional self-harm has increased between 2018 - 19 and 2019 - 20. The suicide rate in Harrogate has remained the same between 2016 - 18 and 2017 - 19 and similar to England (13 per 100,000 locally; 10 per 100,000 nationally). The suicide rate for males is higher than females in Harrogate, in line with national trends.

Richmondshire

The percentage of individuals reporting depression or anxiety in Richmondshire is significantly lower (9%) when compared to the national average (14%). Richmondshire has a significantly lower rate of hospital admissions for intentional self-harm (76.9 per 100,000) compared with England (192.6 per 100,000). The rate of hospital admissions for intentional self-harm has decreased between 2018 - 19 and 2019 - 20. The suicide rate in Richmondshire has increased between 2016 - 18 and 2017 - 19 and the rate is similar to the England average (11 per 100,000 locally compared to 10 per 100,000 nationally). The suicide rate for males is higher than females in Richmondshire, in line with national rates.

Ryedale

The percentage of individuals reporting depression or anxiety in Ryedale is significantly lower (8.2%) when compared to the national average (13.7%). Ryedale has the lowest proportion of depression or anxiety when compared to other districts in North Yorkshire. Ryedale has a significantly lower rate of emergency hospital admissions for self-harm (182.5 per 100,000) similar to the England average (192.6 per 100,000). The proportion of hospital admissions for intentional self-harm has increased between 2018 - 19 and 2019 - 20. The suicide rate in Ryedale increased from 2016 - 18 to 2019 and is similar to England (11.7 per 100,000 locally; 10.1 per 100,000 nationally). The suicide rate for males is higher than females in Ryedale, in line with national rates.

Scarborough

The percentage of individuals reporting depression or anxiety in Scarborough is significantly higher (16%) when compared to the national average (14%). Scarborough has the highest proportion of depression or anxiety when compared to other districts in North Yorkshire. Scarborough has a significantly higher rate of hospital admissions (314 per 100,000) than the England average (192.6 per 100,000). The proportion of hospital admissions for intentional self-harm has increased between 2012 - 13 and 2019 - 20. The suicide rate in Scarborough has remained the same between 2016 - 18 and 2019 and the rate is significantly higher than England average (16 per 100,000 locally compared to 10 per 100,000 nationally). The suicide rate for males is higher than females in Scarborough and this is in line with national trends.

Selby

The percentage of individuals reporting depression or anxiety in Selby is similar (13%) when compared to the national average (13.7%). Selby has a lower rate of emergency hospital admissions for intentional self-harm (116.7 per 100,000) compared to the England average (192.6 per 100,000). The proportion of hospital admissions for intentional self-harm has decreased between 2016 - 17 and 2019 - 20. The suicide rate in Selby has increased between 2016 - 18 and 2019 and the rate is similar to the England average (8.7 per 100,000 locally compared to 10.1 per 100,000 nationally). The suicide rate for males is higher than females in Selby and this is in line with national trends.

How pharmacies may offer support:

- Information, advice, and support on self-management and signposting to services

5. Current Provision of Pharmaceutical Services

5.1 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 7 and figure 1 shows the location of the community pharmacy provision across North Yorkshire.

In the North Yorkshire HWB area there are currently 104 contractors providing NHS pharmaceutical services made up of ⁽⁶⁴⁾:

- 92 standard contract (40 hour) pharmacies
- 7 - 100 hour pharmacies
- 4 distance selling pharmacies
- 1 appliance contractor
- 48 dispensing doctors' services

Based on Census 2021 data ⁽²²⁾, the national average number of pharmacies is 20.4 per 100,000 population in England, not including dispensing practices; this equates to one pharmacy per 4,896 population.

With 104 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 16.9 per 100,000 people; this equates to one pharmacy per 5,917 population. i.e., slightly lower than the national average. However, the area has a significant number of dispensing doctors.

Prescribing and data reports (ePACT2) ⁽⁶⁴⁾ published by NHS Business Services Authority (NHSBSA) in May 2022 indicated that a total of 13,338,673 items were prescribed by GPs in the North Yorkshire HWB area in 2020 - 21.

Information from NHS England indicates that there has been a decrease of two 40 hour pharmacies and one 100 hour 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 6.

5.2 Standard contract (40 hours)

Figure 1 shows the current provision of essential pharmaceutical services within the North Yorkshire Local Authority boundary.

5.2.1 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, and some may offer less than 40 hours.

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

5.2.2 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 amended by giving NHS England 90 days' notice of the intended change but would not be expected to fall unless there had been prior reduction in demand.

In the North Yorkshire HWB area, a number of community pharmacies provide extended opening with the provision of supplementary hours, including 3 that provide between 55 - 60 hours, 5 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 e.g., CPCS.

5.3 100 hour pharmacies

Previous regulation ⁽⁶⁾ 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 seven 100 hour pharmacies within the North Yorkshire area.

5.4 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 of 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
- Your Local Boots Pharmacy, 19-20 Broadway, Colburn, Catterick Garrison
- Your Local Boots Pharmacy, Nycs Store, Jennyfield Drive, Harrogate
- 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
- Naylor's Ltd, 36 High Street, Gargrave, Skipton
- Aston Pharmacy, 35 Main Street, East Ayton, Scarborough
- Thorpe Willoughby Pharmacy, 26 Field Lane, Thorpe Willoughby, Selby
- Bestway National Chemists Ltd, Standard, Well Pharmacy, Stafford House, Main Street, High Bentham
- Shifa Pharmacy Ltd, Standard, Ingleton Pharmacy, Bank View, 37 Main Street, Ingleton

5.5 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.

There is one dispensing appliance contractor in the North Yorkshire area.

5.6 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 ⁽⁶⁾ 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.

As of 30 June 2021, there were 379 distance selling premises in England, based in 115 health and wellbeing board areas. Not every health and wellbeing board therefore has one in their area, however, it is likely that some of their residents will use one. Based on NHS England data there are 4 distance selling pharmacies in the North Yorkshire HWB area.

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 (11/447) from the residents' survey stated they normally used an online pharmacy.

5.7 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 NHS England there are 48 dispensing doctors in North Yorkshire ⁽¹¹⁾. Prescribing and data reports (ePACT2) published by NHS Business Services Authority (NHSBSA) in May 2022 indicated dispensing by these practices accounted for 24% (approximately 3,141,000) of the dispensed items in 2020 – 21 ⁽⁶⁴⁾. These services provide additional access to dispensing services for the population of North Yorkshire located in more rural areas.

5.8 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.

5.9 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.

Information from SHAPE indicates there are 290 pharmacies outside the North Yorkshire HWB area but within a 5 miles radius.

6. Access to Community Pharmacy services in North Yorkshire

Information from NHS England indicates that since the last PNA 2018 ⁽³⁾ the following significant changes to pharmacy provision in North Yorkshire include the closure of the following premises:

- Boots Pharmacy, YO21 3AJ, provided a 40 hour service and closed November 2020
- Cohens Chemist, YO11 1UB, provided a 100 hour service and closed April 2021
- Yorcare Ltd, LS24 9AP, provided a 40 hour service and closed July 2021

There has also been some consolidations and relocation of existing pharmacy services to alternative locations within the HWB area, generally close to previous sites.

The Health and Wellbeing Board has also been notified by NHS England of a proposed consolidation onto the site at 28, Market Place, Thirsk, YO7 1LB of Boots already at that site, and Boots currently at 1, Chapel Street, Thirsk, YO7 1LU. At the time of writing, the application was within the 45 day period in which interested parties may submit written representations, and it is unlikely that the NHS England determination will be available before the publication of the PNA. If a consolidation application is granted by NHS England after publication of the PNA, the Health and Wellbeing Board will issue a supplementary statement.

A full list of pharmacy services is summarised in appendix 7.

NHS England acknowledged that during the pandemic, there were occasions when temporary adjustments were needed to pharmacy opening hours as workload and other pressures on community pharmacy increased. It was recognised as important that pharmacy staff stay well and rest appropriately. Contractors were supported to consider steps to temporarily shorten the working day or have periods of time for staff to recover and catch up with any backlog of work.

All pharmacies, both those providing 40 and 100 hour services were required to be open at specific times during the day as defined by NHS England and patients provided with information about how to contact the pharmacy if urgent help was required. This flexible approach to opening hours was no longer applicable by the time this PNA was carried out.

Subsequently, there have been some changes in hours of service, specifically regarding supplementary hours rather than changes in core service delivery, with formal notification to NHS England as required by the NHS Regulations.

Feedback from the residents survey indicated that 41% (185/447) stated the pharmacy was open when they needed it, with 47% (212/447) stating it is open most of the time and 8% (36/447) stated it wasn't open when they needed.

Information from the pharmacies who responded to the survey indicated one pharmacy (3%) was commissioned to provide an out of hours service, 44% of respondents in the

residents' survey indicated they had used the out of hours service.

6.1 Number, type of pharmacies and geographical distribution

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

Table 6 - Distribution of community pharmacies in North Yorkshire, by locality (locality information has been assigned using data provided by Local Authority)

North Yorkshire Locality	40 hour	100 hour	Distance selling	Appliance contractor	TOTAL
Craven	12	1	1	0	14
Hambleton	10	2	0	0	12
Harrogate	23	2	2	1	28
Richmondshire	7	1	0	0	8
Ryedale	8	0	0	0	8
Scarborough	21	1	0	0	22
Selby	11	0	1	0	12
Total	92	7	4	1	104

Data source: ⁽⁶⁵⁾

6.2 Out of area dispensing activity

Prescribing and data reports (ePACT2) published by NHS Business Services Authority (NHSBSA) in May 2022 indicated that in the financial year 2020 - 21, 89% of the items prescribed by GP practices in the North Yorkshire HWB area were dispensed by pharmacies or dispensing GP practices in the North Yorkshire HWB area and 11% were dispensed "out of area." (For "in area" the Office for National Statistics (ONS) Postcode Lookup was used to determine postcodes in the Local Authority area) ⁽⁶⁴⁾.

The number of prescriptions dispensed out of area has decreased over the last 3 years with 11.7% being dispensed out of area in 2018 - 19 and 11.2% in 2019 - 20 ⁽⁶⁴⁾.

Out of area dispensing may be due to people choosing to use a distance selling pharmacy for their medicine supplies or people who live on the boundaries of the area accessing pharmacies which are convenient to visit but are in a neighbouring HWB area.

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

Consideration of the number of pharmacies compared to the resident population, based on 2021 census population estimates seen in table 7 indicates that across the North Yorkshire area, there are on average, 16.9 pharmacies per 100,000 population or 5,917

persons per pharmacy in the area. This is slightly less than the average of 20.4 pharmacies per 100,000 population or 4,896 persons per pharmacy across England. The table highlights that the number of pharmacies per 100,000 population is highest in Craven and lowest in Selby. However, this does not take into account pharmacies on the border which is likely to have an impact on access.

Further to this, dispensing doctor facilities in the more rural locations within North Yorkshire provide additional access to dispensed medicines. Taking the total number of dispensing premises into account, this is more than the average for England. However, these services within a dispensing GP practice do not provide advanced and locally commissioned pharmacy services.

Table 7 - Average number of pharmacies per 100,000 population and persons per pharmacy and dispensing premises in North Yorkshire

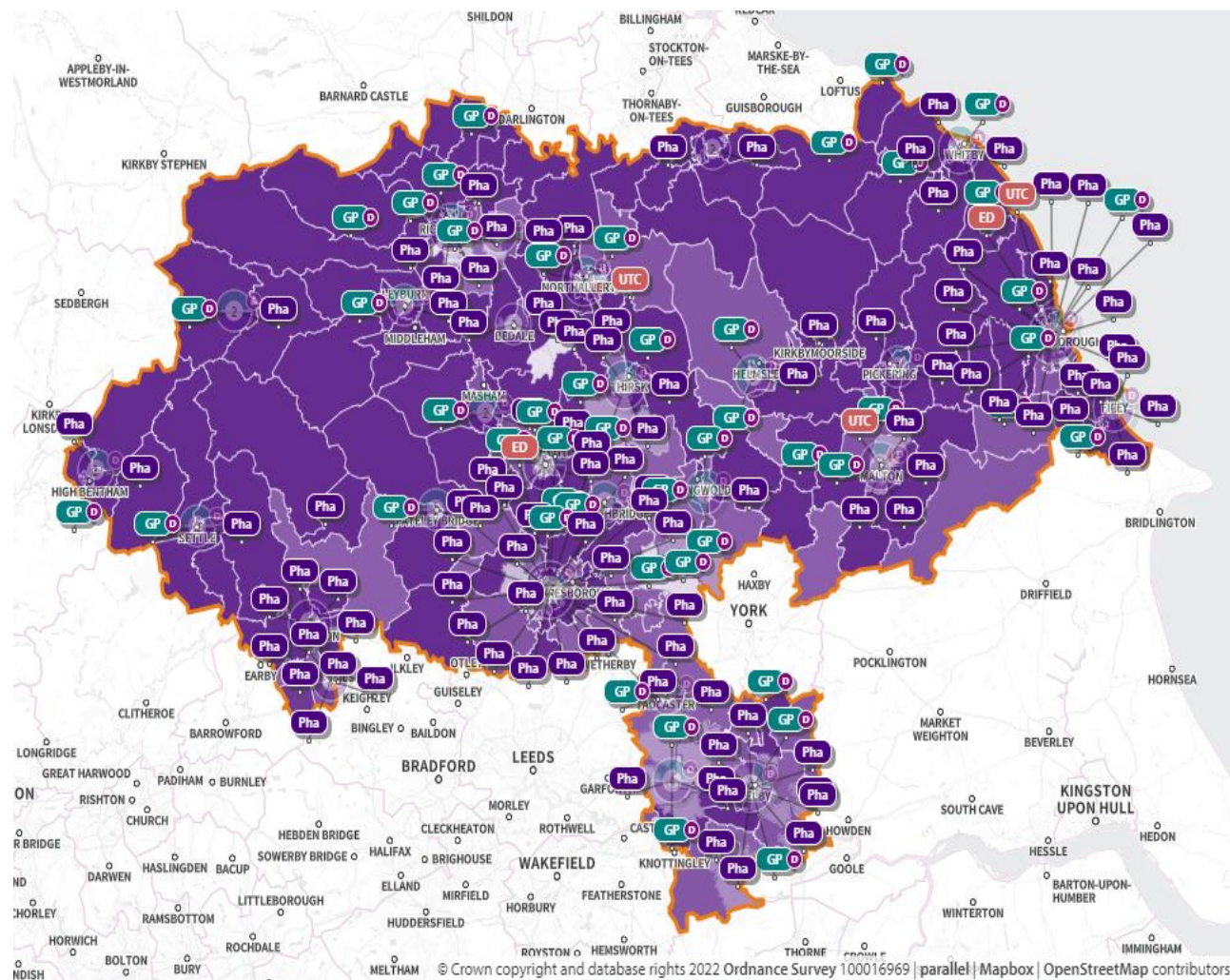
North Yorkshire Locality	No of community pharmacies	Usual resident population [2021 census]	Pharmacies per 100,000 population	Persons per pharmacy	No of dispensing doctor practices	Total no of dispensing premises	Dispensing premises per 100,000 population	Persons per dispensing premises
Craven	14	56,900	24.6	4,064	2	16	28.1	3,556
Hambleton	12	90,700	13.2	7,558	8	20	22.1	4,535
Harrogate	28	162,700	17.2	5,811	10	38	23.4	4,282
Richmondshire	8	49,700	16.1	6,213	7	15	30.2	3,313
Ryedale	8	54,700	14.6	6,838	6	14	25.6	3,907
Scarborough	22	108,800	20.2	4,945	9	31	28.5	3,510
Selby	12	92,000	13.0	7,667	6	18	19.6	5,111
North Yorkshire area total	104	615,400	16.9	5,917	48	152	24.7	4,049
ENGLAND	11,539	56,489,800	20.4	4,896	1059*	12,598	22.3	4,484

Data source: NHS England data ⁽¹¹⁾ and Census 2021 ⁽¹⁹⁾

When asked in the residents' survey what were the reasons for dissatisfaction with their pharmacy (multiple responses possible), only 3% of responses (15/612) stated they did not find the location of their pharmacy convenient and 3% (16/612) stated there was a lack of public transport.

6.4 Access to pharmacies for older people

Figure 5 - Access to pharmacies in areas with a high proportion of the population aged 65 years and over in North Yorkshire



Population estimate: Persons: ages 65-90+

The analysis focuses on the estimated percentage of the population ages 65-90+.

Hambleton, Harrogate, Richmondshire, Ryedale, Scarborough, Selby, Craven's estimated population in mid-year 2020 for ages 65-90+ is 24.97% within a range of 1.68% to 53.71% across 373 LSOAs.

The England-wide LSOA distribution is 0.13% to 62.39% with a mean value of 19.43%.

Key

The colours represent the quintiles:

- 27% to 62%: 177 areas
- 21% to 27%: 89 areas
- 17% to 21%: 55 areas
- 12% to 17%: 36 areas
- 0% to 12%: 16 areas

Data

Numerator:

Persons: ages 65-90+ estimate: 154,958

Denominator:

Total estimated population: 620,610

Small Area Population Estimates for mid-year 2020

ONS: ons.gov.uk/.../populationestimates

Map Pin Key

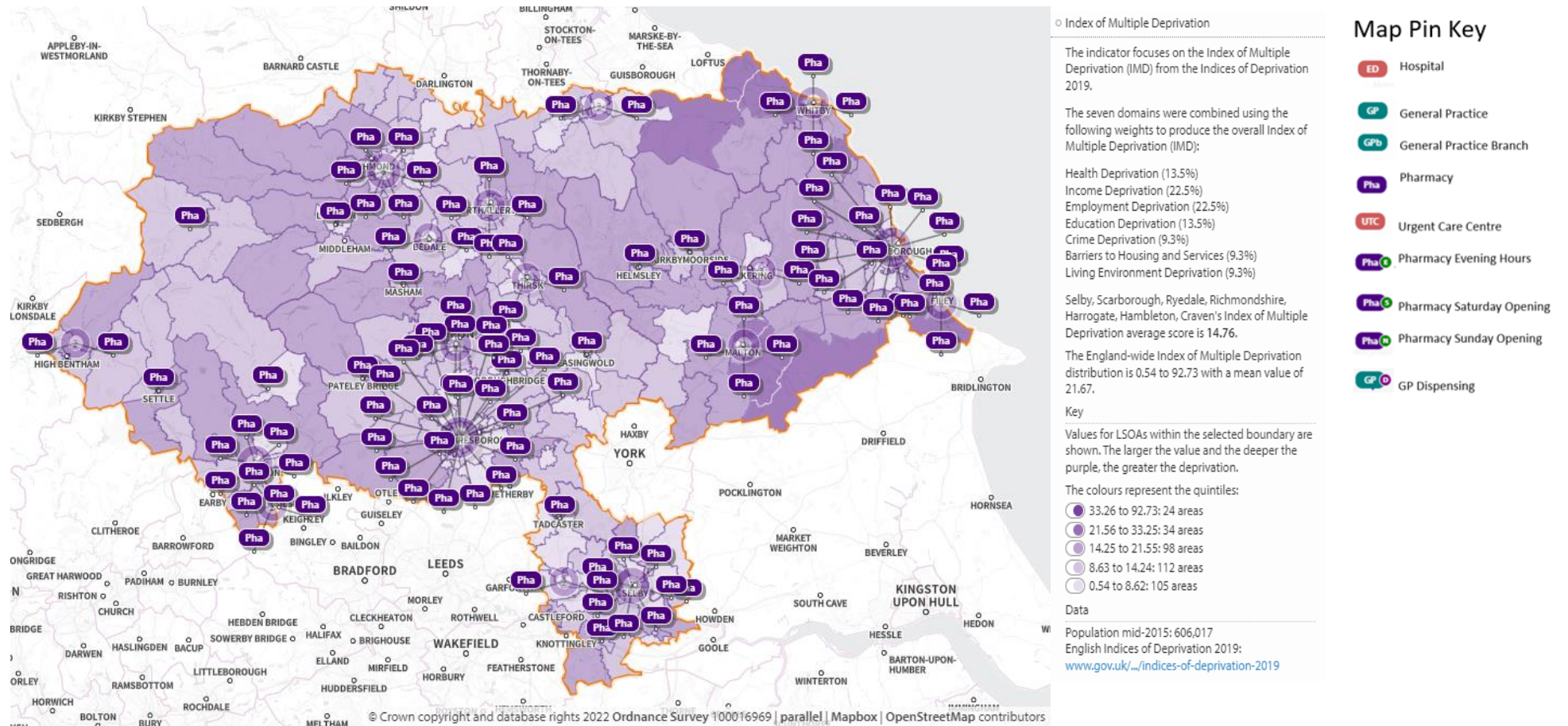
- ED Hospital
- GP General Practice
- GPb General Practice Branch
- Pha Pharmacy
- UTC Urgent Care Centre
- Pha(e) Pharmacy Evening Hours
- Pha(s) Pharmacy Saturday Opening
- Pha(n) Pharmacy Sunday Opening
- GP(d) GP Dispensing

Figure 5 shows the distribution of community pharmacies and dispensing doctors in or near to areas with a high proportion of the population aged 65 and over where the darker shading on the map indicates the more densely populated areas. In general, the pharmacies are located in areas where there is more dense population although there are areas where there is an older population and there are few pharmacies. This is compensated for, in part, with the dispensing doctor service provision although other pharmacy services, in particular the advanced services such as the New Medicine Service and the Hypertension Case-Finding Service may be less accessible to people in the more rural areas.

6.5 Access to pharmacies in areas of high deprivation

Figure 6 shows that generally there is a good distribution and sufficient provision of community pharmacies in or near to areas with the highest levels of deprivation. Dispensing GP practices also provide access to dispensed medication, but do not provide access to advanced and locally commissioned pharmacy services.

Figure 6 - Access to pharmacies in areas with high levels of deprivation (based on the Index of Multiple Deprivation 2019) in North Yorkshire



6.6 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 seven 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 100 hours per week as core hours. Dispensing appliance contractors, one is based in Harrogate, are required to open for a minimum of 30 core hours per week.

In North Yorkshire, 94% of pharmacies are open for more than the core contracted 40 hours. Information provided by NHS England in January 2022 indicated that an additional 875.75 supplementary hours of access to community pharmacy services were being provided per week across the North Yorkshire area.

Analysis of opening hours in appendix 7 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 seven 100 hour pharmacies across the County.

Table 8 below and the charts that follow illustrate how important supplementary hours are to the provision of good access to pharmaceutical services.

Table 8 - Distribution of the number of hours that pharmaceutical service (excluding appliance contractor) available each week in North Yorkshire

North Yorkshire Community pharmacy services	2022	
Number of hours open each week	Number	%
Exactly 40 hours	6	6%
More than 40 and up to 45 hours	25	24%
More than 45 and up to 50 hours	35	34%
More than 50 and up to 55 hours	20	19%
More than 55 and up to 60 hours	3	3%
More than 60 and up to 80 hours	5	5%
More than 80 and less than 100 hours	2	2%
Exactly 100 hours	7	7%

Data source: ⁽¹¹⁾

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

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.

6.7 Ease of access to pharmacies

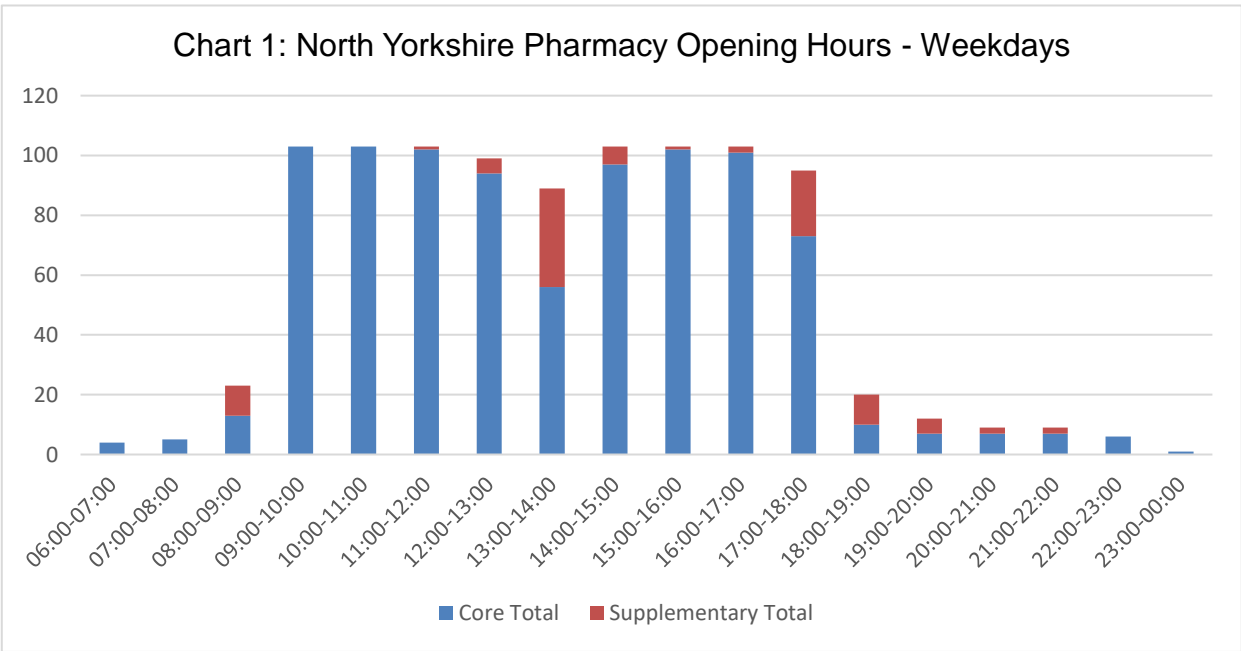
The following sections provide a summary of the opening hours of community pharmacies in North Yorkshire, split between weekdays and weekend provision. For the weekdays a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days.

6.7.1 Weekday opening

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

32 pharmacies in the 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.

Chart 1 shows distribution trend of opening hours across the North Yorkshire area and how these are delivered in terms of core and supplementary hours



6.7.1.1 Weekday mornings

All community pharmacies in North Yorkshire are open from 9.00am on weekday mornings with the exception of some Boots pharmacies that open later at 9.30am. 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 Craven, Hambleton and Harrogate there is at least one pharmacy that is open from 8.00am. In Ryedale, Scarborough and Selby there is at least one pharmacy open from 8.30am. In four localities (Hambleton, Harrogate, Richmondshire, Scarborough) there is at least one pharmacy open from 7.00am on weekday mornings.

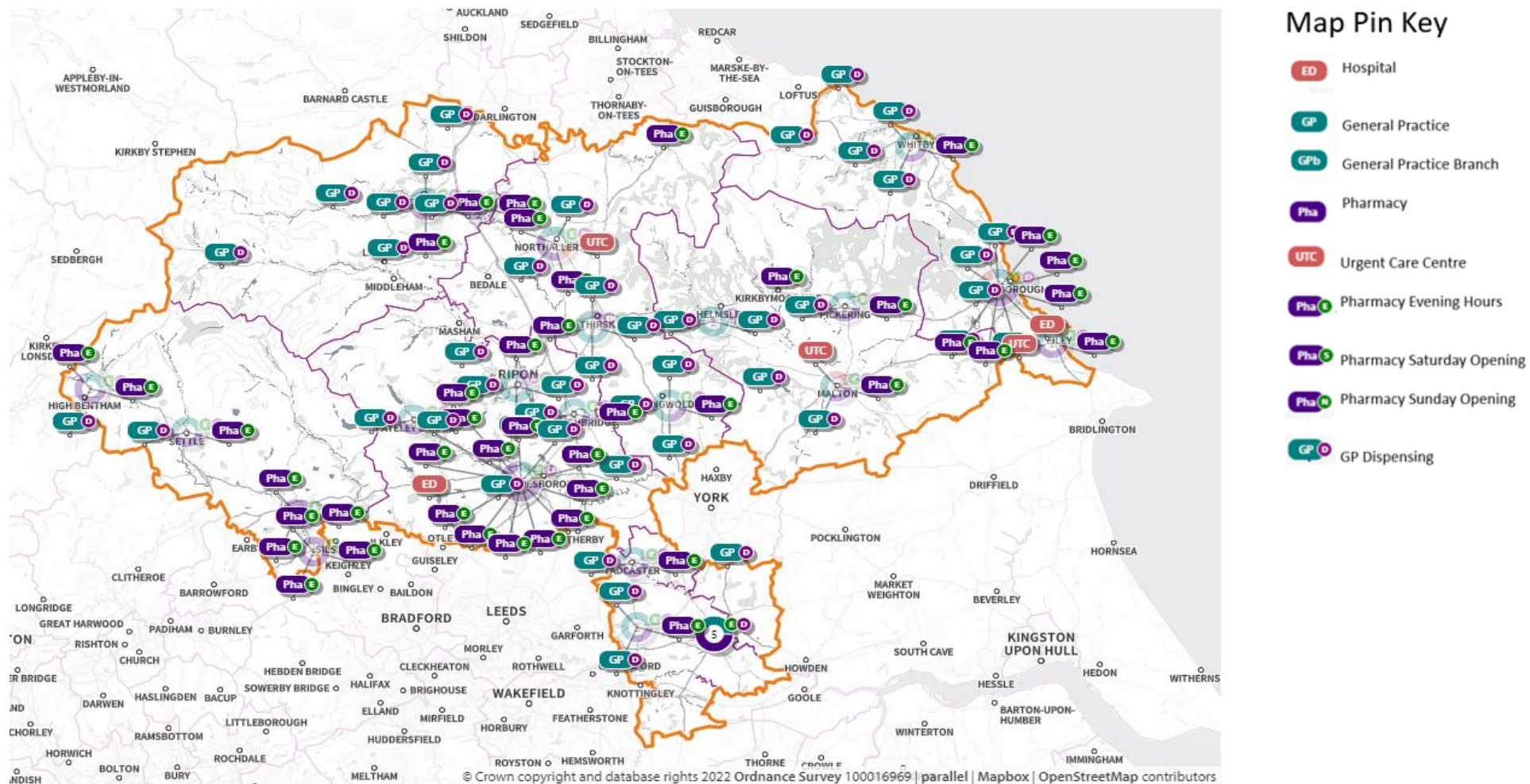
6.7.1.2 Weekday evenings

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. In Craven, Hambleton, Harrogate, Richmondshire and Scarborough there is at least one pharmacy that is open until 8.00pm. No pharmacies in Ryedale or Selby are open after 6.30 pm in the weekday evenings. Provision after 8.00pm is provided for by the seven 100 hour pharmacies as well as two pharmacies in Harrogate offering supplementary hours until 10.00pm. Across the localities (except Ryedale and Selby), there is some pharmacy provision later in the evenings, this is seen in figure 7 below.

Whilst evening opening during this time within the Ryedale and Selby area 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 extended GP hours are accessible to people living in Ryedale and Selby.

Figures 7 & 8 show pharmacies that are open in the evenings, of note is that these are located near to Urgent Care Centres and Hospital Emergency Departments.

Figure 7 - Pharmacy Provision – Weekday Evenings (denoted with PhaE) in North Yorkshire



Map of Yorkshire and the Humber region showing the locations of 15 Phase 1 and Phase 2 sites. The sites are marked with purple circles labeled 'Pha' and are distributed across the region, including areas around York, Leeds, Bradford, and Hull. The map also shows major roads, rivers, and surrounding towns and cities.

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- ED Hospital
- GP General Practice
- GPb General Practice Branch
- Pha Pharmacy
- UTC Urgent Care Centre
- Pha^E Pharmacy Evening Hours
- Pha^S Pharmacy Saturday Opening
- Pha^N Pharmacy Sunday Opening
- GP^D GP Dispensing

6.7.2 Weekend opening

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

6.7.2.1 Saturday opening

In total, 82 pharmacies across the area are open on Saturdays. All these pharmacies open on Saturday mornings. this is reflected in figure 9. This reduces to 44 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.

Chart 2 shows the distribution trend of Saturday opening hours across the North Yorkshire area and how these are delivered in terms of core and supplementary hours

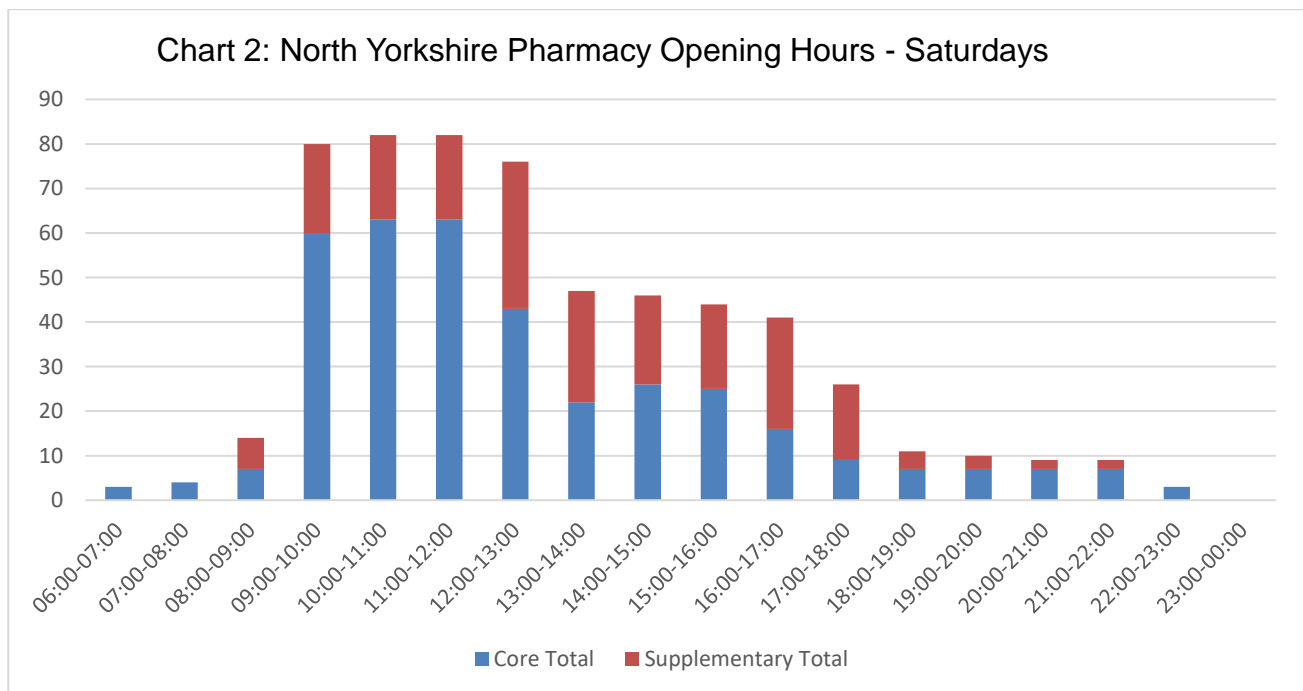
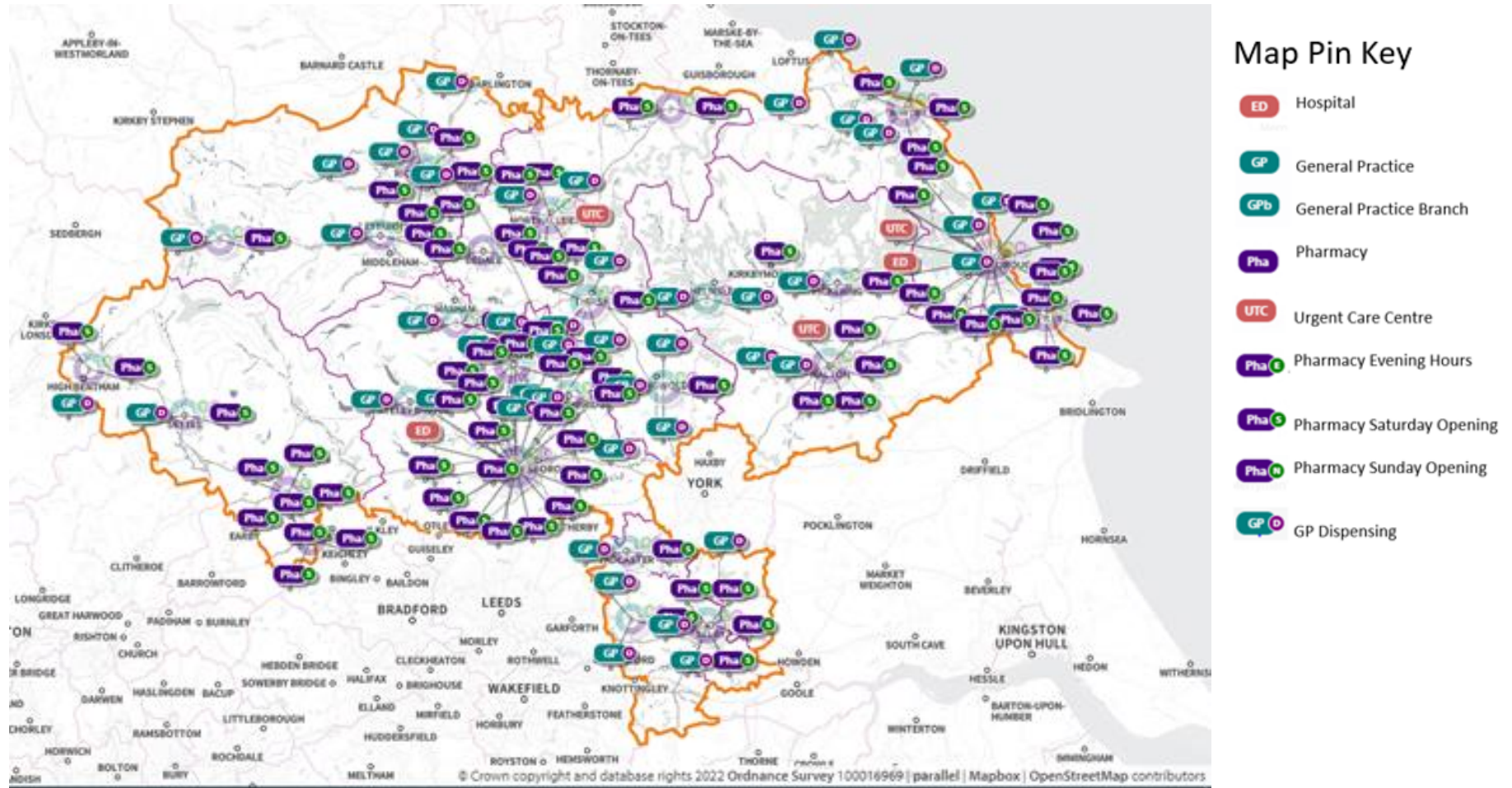


Figure 9 shows pharmacies that are open on Saturdays, of note is that these are located near to Urgent Care Centres and Hospital Emergency Departments.

Figure 9 - Pharmacies Opening on Saturdays (denoted with PhaS) in North Yorkshire



6.7.2.2 Sunday opening

In total, 20 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.

Chart 3 shows the distribution trend of Sunday opening hours across the North Yorkshire area and how these are delivered in terms of core and supplementary hours

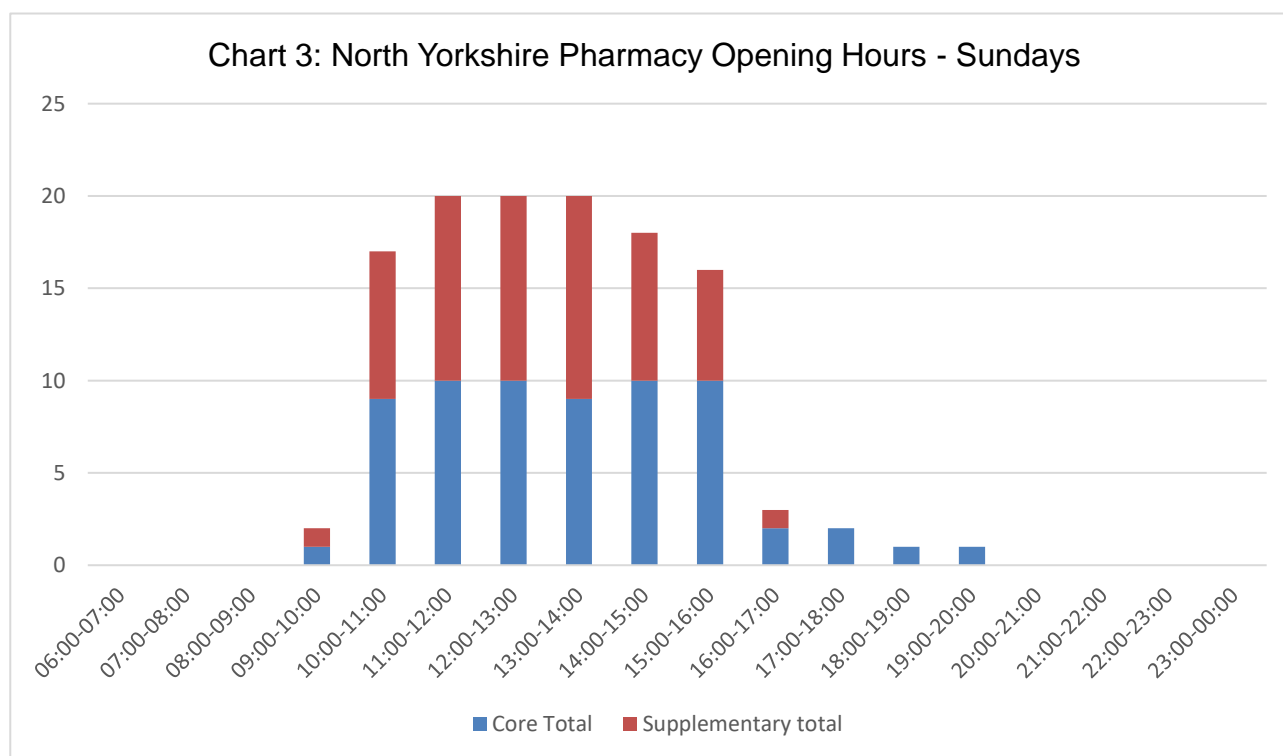


Figure 10 shows pharmacies that are open on Sundays, of note is that these are located near to Urgent Care Centres and Hospital Emergency Departments.

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 seven 100 hour pharmacies (located across five of the seven localities), and also by supplementary hours provided by some pharmacies with 40 hour contracts. These pharmacies are often in shopping centres or health living centres and allow community pharmacies greater scope to respond to local population needs and preferences.

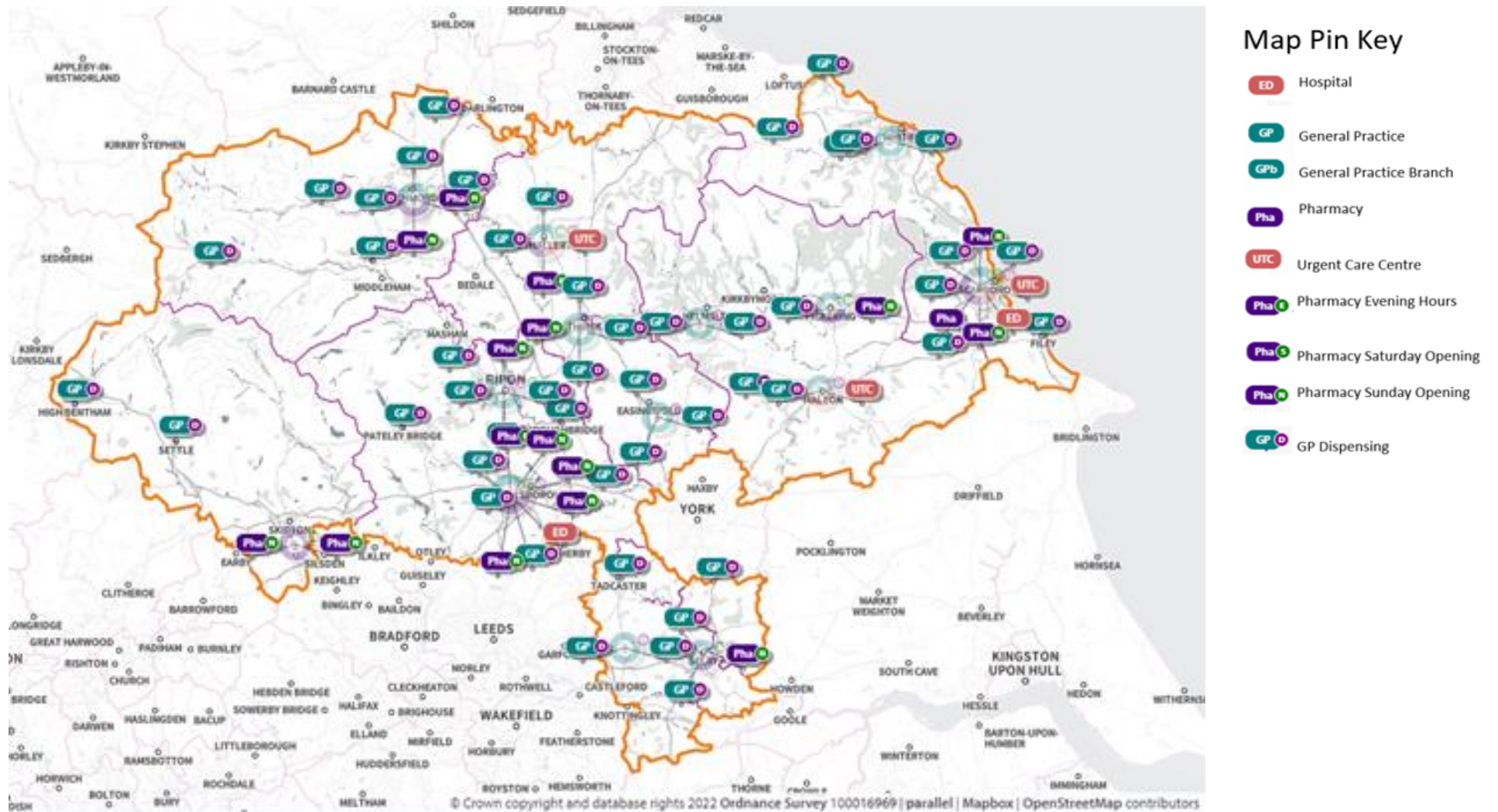
When asked in the residents' survey if there were any reasons for dissatisfaction with their pharmacy (multiple responses possible), 22% of the responses (137/612) stated they were

unhappy with the weekends/bank holidays opening times of their pharmacy.

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 10 - Pharmacies opening on Sundays (denoted with PhaN) in North Yorkshire



6.7.3 Opening during extended 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 9.

Table 9 - 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	1	4
Hambleton	2	3
Harrogate	2	11
Richmondshire	1	2
Ryedale	0	1
Scarborough	1	6
Selby	0	3

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.

According to data from NHS England, since the last PNA 2018, one 100 hour pharmacy has closed.

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 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.

Both GP practices that responded to the survey felt the GP extended services opening hours matched the rota times/extended opening hours of local community services which indicates the current provision is adequate.

6.7.4 Access to pharmacies by foot and by public transport

The previous PNA indicated that around 98% of the population of North Yorkshire lives within five miles (as the crow flies) of a pharmacy; with around 63% of the population living within a 20 minute walk of a 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. This has remained relatively unchanged since the last PNA.

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.

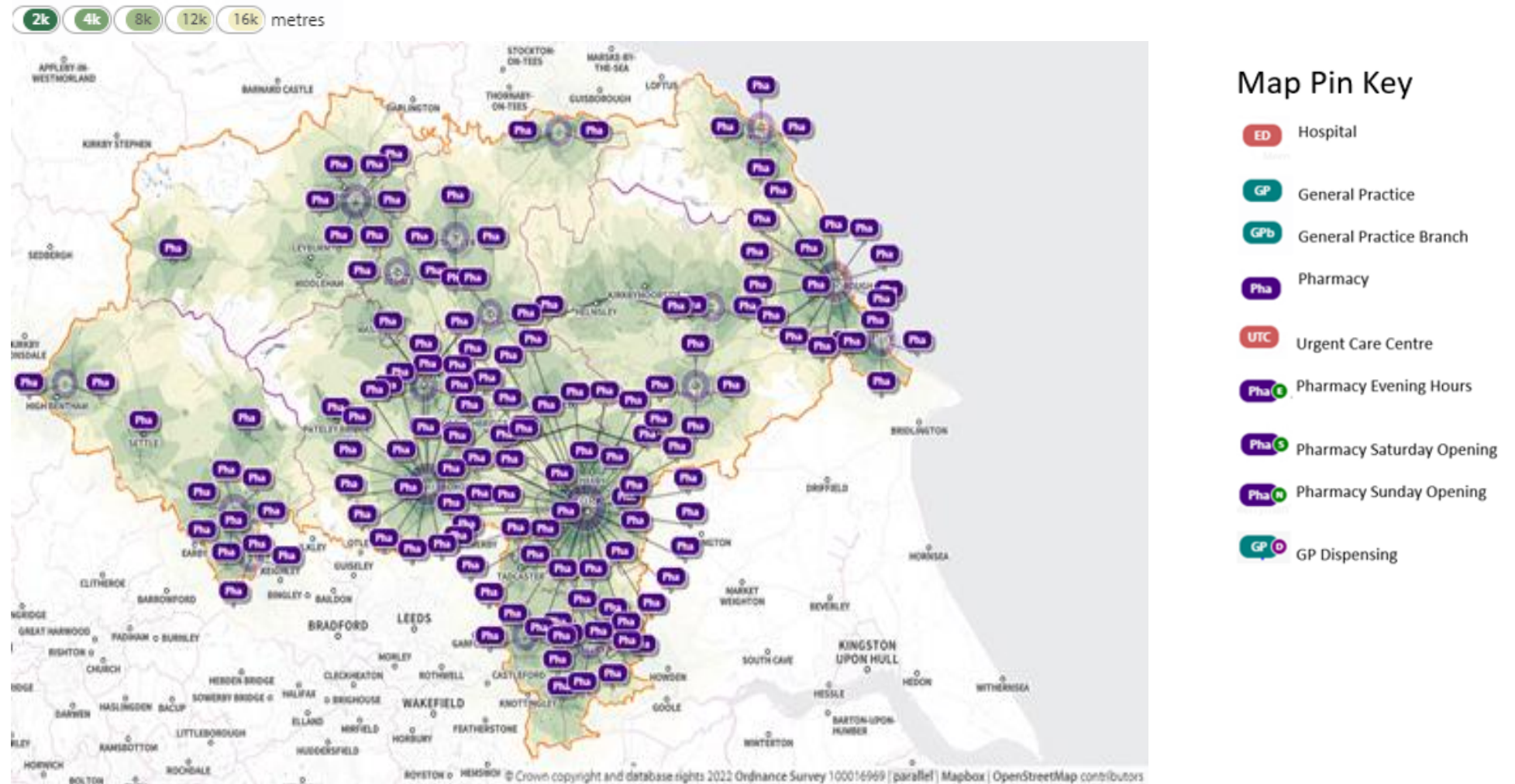
Since the last PNA, there has been a significant increase of use of electronic prescriptions which enable patients to have their prescriptions (especially repeat prescriptions) sent electronically to a pharmacy of their choice, such as one close to their workplace or near their home. In addition, patients could choose to access medicines via a distance selling pharmacy, again utilising the electronic prescription service, thereby broadening possible choice of pharmacy service for the customer.

Locally pharmacies in the area have developed a collection and delivery service to these patients to ensure that patients, especially those who are vulnerable or elderly, are not disadvantaged by this closure. Delivery is not an element of the pharmacy contract and is not funded either by the NHS or Local Authorities.

The following maps (figures 11a, 11b, 12a, 12b) demonstrate access to community pharmacies by foot and by public transport in terms of travel time and distance travelled. The denser colour of the maps indicates the proximity of the pharmacy.

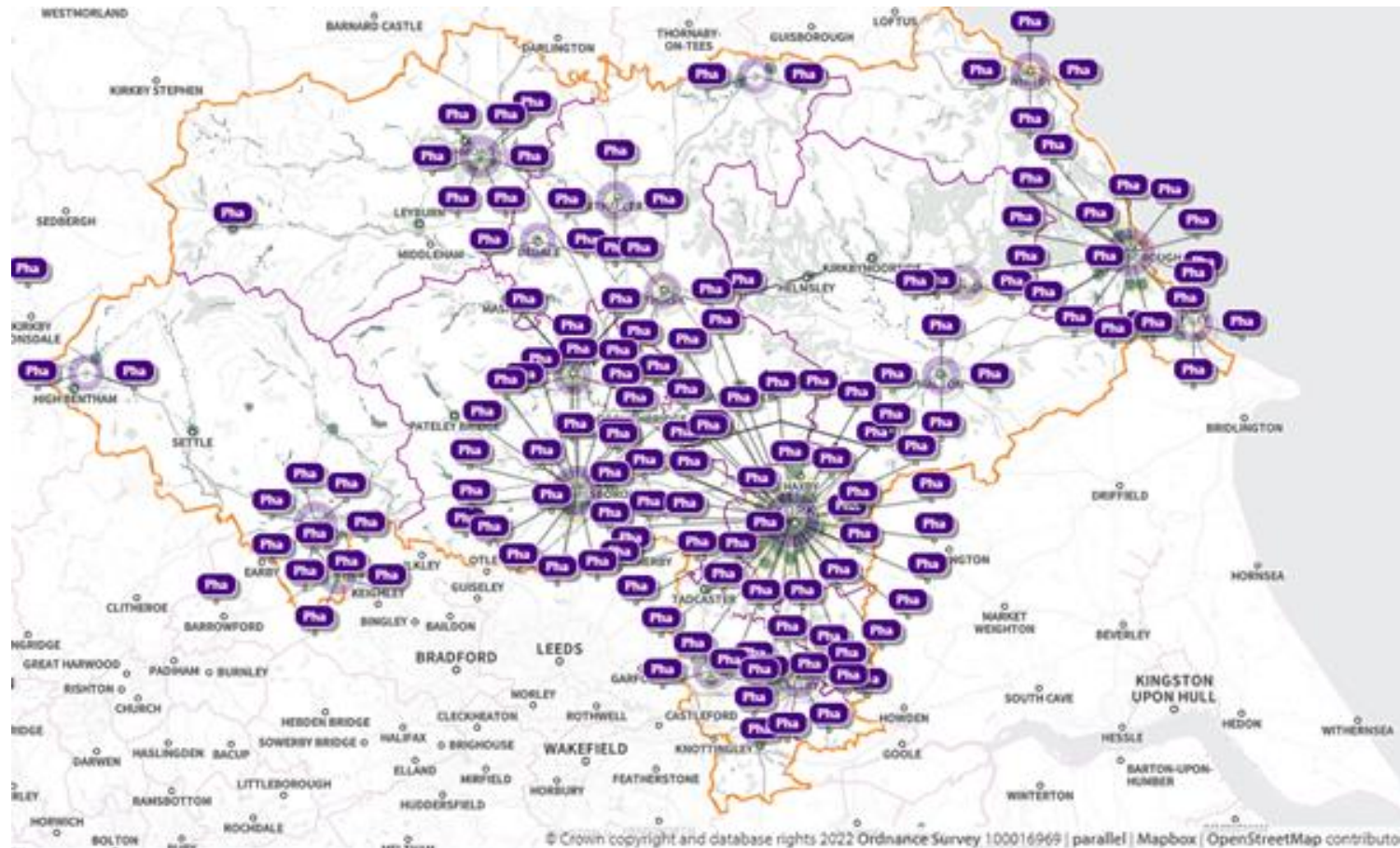
Figure 11 - Access to pharmacies by foot in North Yorkshire

11a - By distance walked



11b - By time taken to walk

5 10 15 20 30 minutes

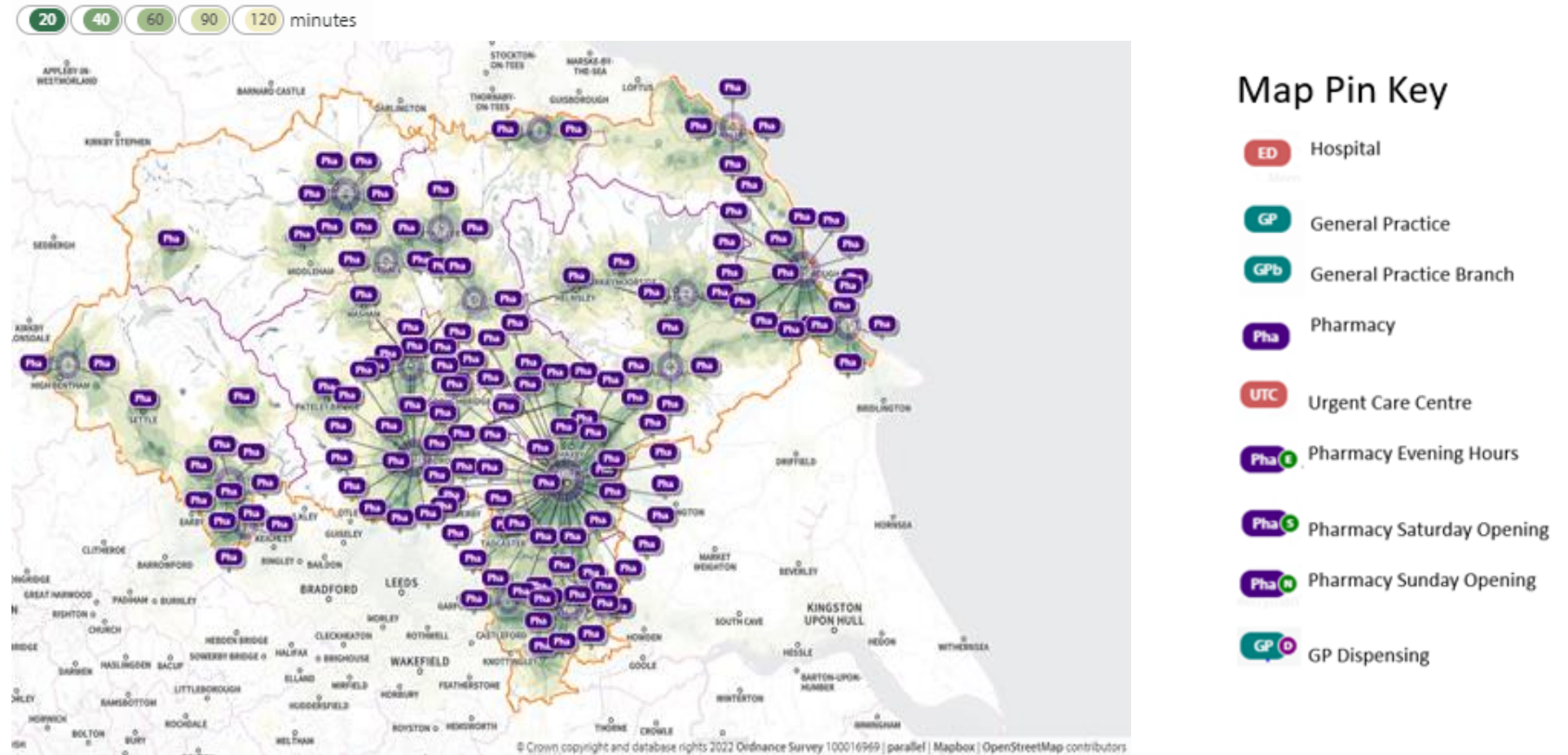


Map Pin Key

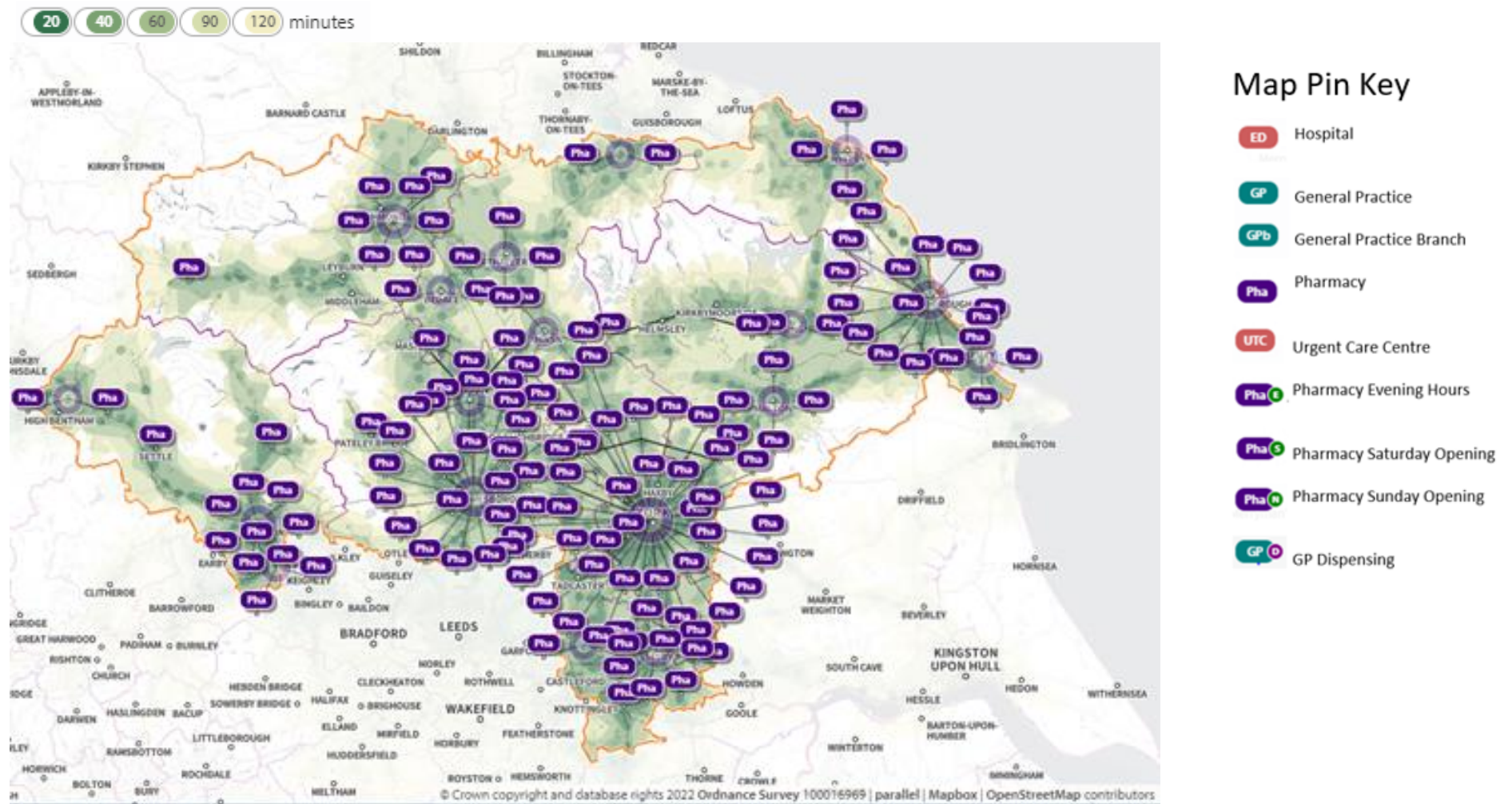
- ED Hospital
- GP General Practice
- GPb General Practice Branch
- Pha Pharmacy
- UTC Urgent Care Centre
- Pha E Pharmacy Evening Hours
- Pha S Pharmacy Saturday Opening
- Pha N Pharmacy Sunday Opening
- GP D GP Dispensing

Figure 12 - Access to pharmacies using public transport in North Yorkshire

12a - Pharmacy distance by public transport – morning weekdays



12b - Pharmacy distance by public transport – evening weekdays



6.7.5 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.

There may be pharmacies close to residents who live on or close to the HWB area boundaries. Information from SHAPE indicates there are 290 pharmacies outside the North Yorkshire HWB area but within a 5 miles radius.

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.

6.7.6 Feedback from customers regarding access to pharmacies

In response to the residents survey, when asked how people usually travel to the pharmacy, the majority of people indicated that they travelled by car (55%) or on foot (39%), with 12% of people having their medicines delivered by the pharmacy.

3% of respondents indicated there was a lack of public transport and 7% said there was a lack of parking. Two respondents stated they found it difficult to get into the building/shop.

Comments from the residents survey:

"Pharmacies in the East of the County are very scattered and for some people difficult to reach or totally inaccessible. Proposed cuts to bus services will only make this problem worse."

"I live in the southernmost part of North Yorkshire. Most people in my village use the pharmacy nearest to their GP which is not in North Yorkshire. My GP is in Pontefract, my friends use GPs in Ackworth and Askern. All are within 5/6 miles of where we live but are in West and South Yorkshire. If we were to use a GP and pharmacy in North Yorkshire, think nearest would be Brayton - which is about 12 miles away - and no bus service from here."

"Only one pharmacy in Helmsley not in town square but up a side road with no bus service only open from 8.30 to 5.00pm Monday to Friday."

6.8 Improving access

6.8.1 Electronic prescription service

Whilst the Electronic Prescription Service (EPS) was being introduced across GP and pharmacy services at the time of the previous PNA publication, it has now been implemented as part of the essential dispensing service all community pharmacies are now required to provide.

EPS makes the prescribing and dispensing process more efficient and convenient for both patients and staff. Prescriptions can be sent directly from the GPs computer to the computer in the community pharmacy via a secure internet link. Eventually the paper prescription, which is currently given to the patient, will no longer be necessary and will cease to be the legal prescription. This will streamline the transfer of prescriptions from GP surgery to the community pharmacy nominated by the patient. It is also used to encourage more GPs to consider using the repeat dispensing scheme if a person's medicines are stable and suitable.

Over the last three years, there has been a significant increase in the application of electronic prescribing. During 2020 - 21, 69% of the prescriptions issued in the North Yorkshire HWB area were via the electronic prescribing system ⁽⁶⁴⁾.

68% of respondents (306/447) in the residents' survey stated they had used this service and 59% (265/447) were satisfied with it. 13% (59/447) knew about the service but didn't use it, while 9% (42/447) said they were unaware a pharmacy could offer this service. 96% of the pharmacies responding to the questionnaire (27/28) indicated that they have EPS and actively use it.

6.8.2 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. 13% of respondents (60/447) in the residents' survey stated they were unaware pharmacies offered a delivery service, 7% stated they always had their prescriptions delivered by their pharmacy while 5% said they sometimes did. 3% indicated this was because otherwise they would find it difficult to collect their medication.

It is also important to recognise that in response to COVID-19, the pandemic delivery service by community pharmacies was commissioned by NHS England. The service remained active until 31 March 2022 for people notified of the need to self-isolate by NHS Test and Trace in all areas of England.

6.9 Disability access

To comply with the Equality Act 2010 ⁽¹³⁾, 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
- Monitored dosage system (MDS) to improve their adherence to medicines taking

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 ⁽⁶⁾ 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 were the reasons for dissatisfaction with their pharmacy, 5% of respondents (31/612) indicated there was a lack of access to a consultation in private. One resident commented about "the lack of provision for disabilities, the pharmacy refuses to use a hearing loop system even though they have one. They also make everyone waiting in the queue for services wait outside due to Covid - in the wind and rain. No seating for the elderly so those unable to stand for long periods give up. All this has led me to avoid using them and use online ordering instead."

6.10 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 ⁽⁶⁶⁾. 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.

17.8% pharmacies responding to the survey said they were able to converse in languages other than English, with some speaking more than one additional language (further details in appendix 4).

7. 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* ⁽⁶⁾ and the *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013* ⁽⁶⁷⁾.

NHS England commissions pharmaceutical services via the national Community Pharmacy Contractual Framework. 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 as long as they meet the requirements set out in the directions
- Enhanced Services: services that can be commissioned locally by NHS England

Any organisation can commission services from community pharmacies. NHS England commissions essential, advanced and enhanced pharmaceutical services (see section 5) whilst Local Authorities and ICBs commission 'locally commissioned services.'

In addition, a Local Pharmaceutical Service (LPS) contract allows NHS England 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 be contracted via a number of different routes and by different commissioners, including Local Authorities, ICBs and local NHS England teams.

7.1 Essential services

The NHS Community Pharmacy Contractual Framework (CPCF or the 'pharmacy contract') ⁽¹⁰⁾ that all pharmacies, including distance selling pharmacies, are required to provide the essential services.

As of October 2021, the essential services are:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions i.e., prescriptions which contain more than one month's supply of drugs on them.
- 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 NHS England 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.

- 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. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.
- Dispensing of appliances (in the "normal course of business").

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions.
- For certain appliances, offer to deliver them to the patient and provide access to expert clinical advice.
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

In the previous PNA, all pharmacies were required to participate in the Health Living Pharmacy Scheme in recognition of the role that community pharmacy can play to help reduce health inequalities. The principle of community pharmacy being proactive in supporting the public health agenda has now been incorporated into the essential services as the promotion of health lifestyles.

In addition, the Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). PQS is designed to support delivery of the NHS Long-term Plan and reward community pharmacies that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.

7.1.1 Digital solutions

In the previous PNA, digital solutions were in the process of being introduced and implemented to provide connectivity across healthcare settings. Under the terms of ⁽⁶⁸⁾ service community pharmacies are now required to have digital solutions in place including:

- Premises-specific NHSmail account which their staff can access and can send and receive NHSmail from thereby ensuring safe and secure transfer of information across healthcare settings. Pharmacy contractors should ensure that NHSmail accounts are regularly checked throughout the opening hours of the pharmacy.
- Pharmacy staff have access to the Electronic Prescription Service (EPS) at their pharmacy premises which must be constant and reliable throughout core and supplementary opening hours, in so far as that is within the control of the contractor. In addition, where a contractor is unable to access the EPS to dispense an EPS prescription, they must take all reasonable steps to ensure that the item is supplied within a reasonable timescale.
- There is a comprehensive and accurate profile for their pharmacy on the NHS

website (www.nhs.uk).

- Staff working at the pharmacy can access NHS Summary Care Records (SCR) and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement, that it is appropriate to do so for example; prescription queries, advising patients on suitable medication, providing emergency supplies.

7.2 Advanced Services

In addition to the essential services, the NHS Community Pharmacy Contractual Framework (CPCF) allows for the provision of 'advanced services.' Community pharmacies can choose to provide any of these services as long as they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements to be met in regard to premises. They are commissioned by NHS England and the specification and payment is agreed nationally.

Advanced services currently (2022) include:

- Appliance Use Review (AUR)
- Community Pharmacy Consultation Service (CPCS)
- Hepatitis C Testing Service
- Hypertension Case-Finding Service (from October 2021)
- New Medicine Service (NMS)
- Stoma Appliance Customisation Service (SAC)
- Flu Vaccination Service
- Smoking Cessation Advanced Service (from 10 March 2022)

Additional advanced services were also established in response to the COVID-19 pandemic including:

- COVID-19 Lateral Flow Device Distribution Service
- Pandemic Delivery Service

In April 2021, the Medicines Use Review (MUR) and Prescription Intervention Service services were decommissioned. Until 31 December 2020, 70% of MURs had to be targeted at high-risk medicines or patients who had recently been discharged from hospital.

The NHS Discharge Medicines Service was introduced as an essential service on 1 January 2021.

Table 10 - Distribution of community pharmacies signed up to provide advanced services in North Yorkshire

Community Pharmacy Advanced Service	Number of North Yorkshire pharmacies signed up to provide this service
Community Pharmacy Consultation Service (CPCS)	99
Hepatitis C Testing Service	7
Hypertension Case-Finding Service	57
NHS Smoking Cessation Service	12
New Medicine (NMS)	92*
Flu Vaccination Service	82*

Data Source: ⁽¹¹⁾

* NHS England did not hold this information, data obtained from SHAPE

7.2.1 Appliance Use Review (AUR)

Appliance Use Reviews (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 (there is one in the North Yorkshire area) as a specialism of the services although this service could also be provided by local community pharmacies.

7.2.2 Community Pharmacist Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service launched on 29 October 2019 as an advanced Service. Since 1 November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. The service, which replaced the NHS Urgent Medicine Supply (NUMSAS) connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs. The service provides community pharmacy the opportunity to play a bigger role than ever within the urgent care system.

Since the CPCS was launched, an average of 10,500 patients per week are being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP ⁽⁶⁹⁾.

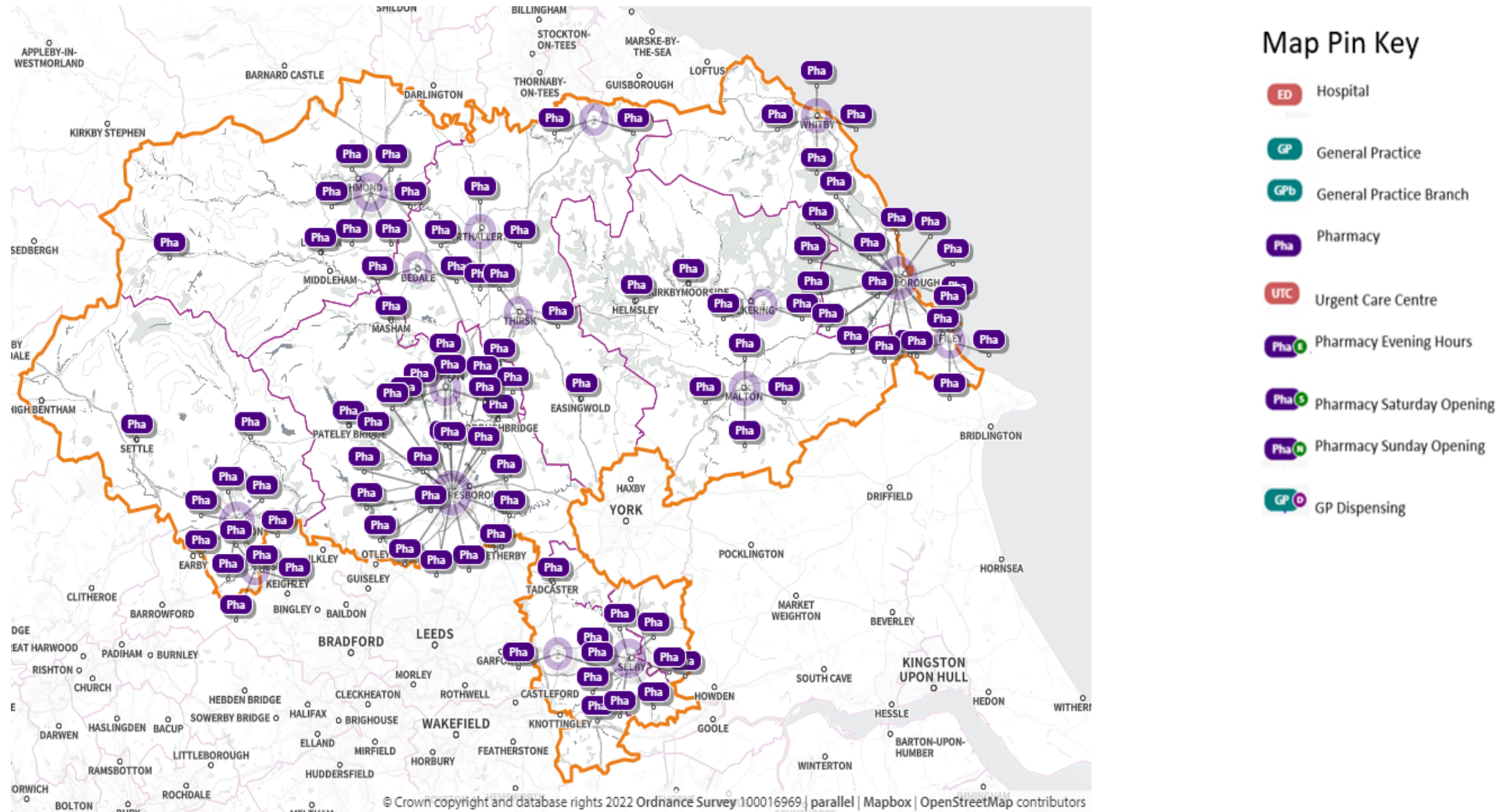
In January 2022, NHS ENGLAND announced that community pharmacy contractors could expect to receive more referrals from NHS 111 for the Community Pharmacist Consultation Service (CPCS) following a review of the NHS Pathway algorithms.

Information from NHS England indicated that in August 2022, there were 99 community pharmacies in the North Yorkshire HWB area signed up to CPCS delivery, including the seven 100 hour pharmacies. However, there was no data available regarding number of type of referrals at the time of producing this PNA.

12% of respondents (56/447) in the residents' survey stated they had used this service and 10% were satisfied with it. 30% (134/447) were aware of the service but didn't use it, while 41% (184/447) stated they were unaware that a pharmacy could offer this service.

85% of the pharmacies responding to the questionnaire (24/28) indicated that they are accredited to deliver the Community Pharmacist Consultation Service. One pharmacy respondent felt that an extension to the provision to CPCS that allows patients to self-refer into the service could significantly improve care and reduce risk to many patients by removing the need for them to have a referral from a third party. This would reduce demand and pressure on GP and out of hours services and ensure that those patients who need access are referred following a conversation with a healthcare professional, either through online access or face to face in the pharmacy.

Figure 13 – Pharmacies signed up to provide Community Pharmacist Consultation Service (CPCS) in North Yorkshire



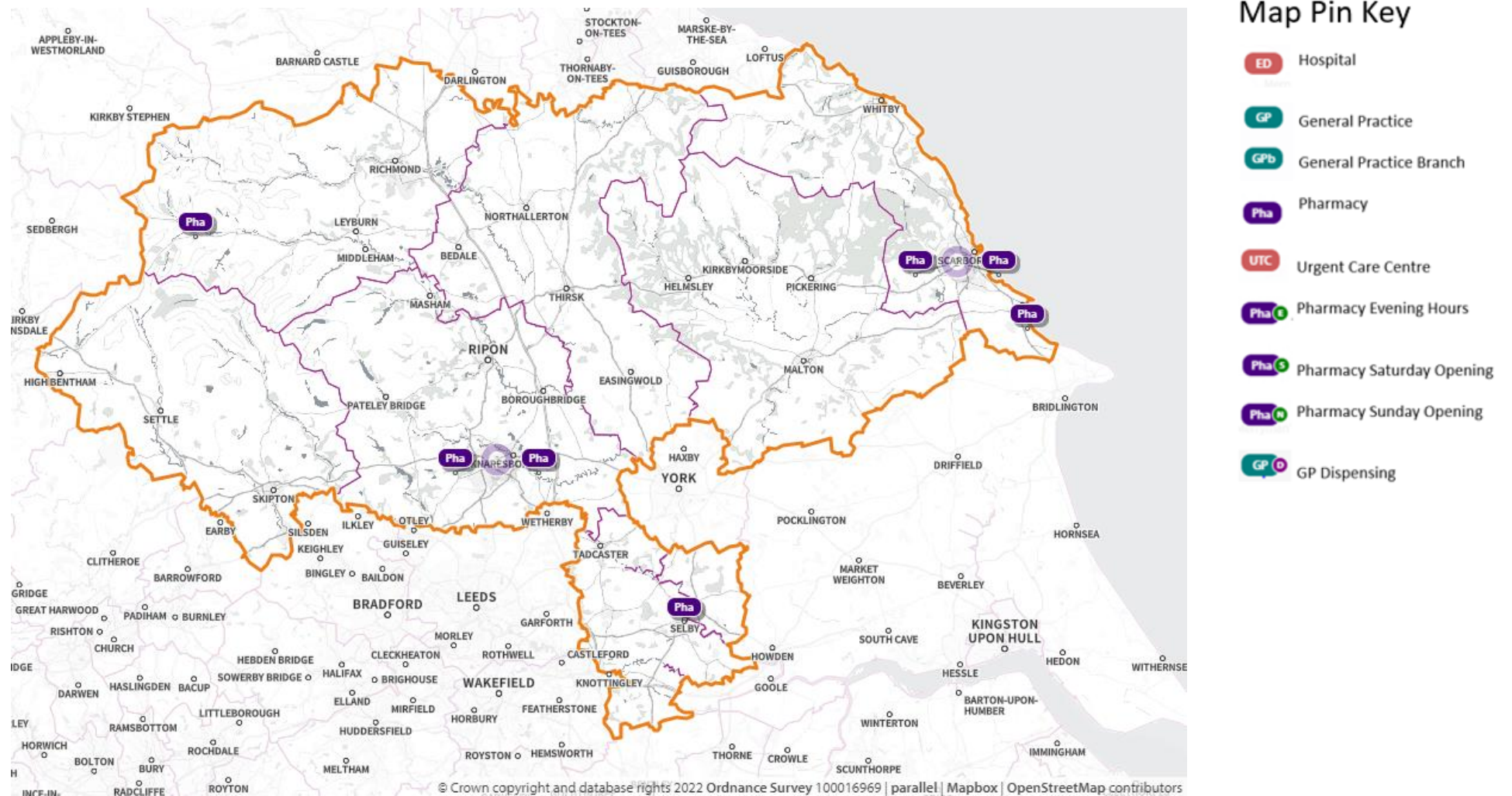
7.2.3 Hepatitis C Testing Service

The Hepatitis C testing service was launched in September 2020 and focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment as appropriate.

Information from NHS England indicated that in August 2022 7 pharmacies in North Yorkshire are signed up to provide this service.

When asked in the residents' survey what new services pharmacies could offer that would be useful (multiple responses possible), 22% of responses (264/1186) were for pharmacies to provide NHS screening services, e.g., diabetes, HIV, Hepatitis B or C.

Figure 14 – Pharmacies signed up to provide Hepatitis C Testing Service in North Yorkshire



7.2.4 Hypertension Case-Finding Service

In 2020, NHS ENGLAND commenced a pilot involving pharmacies offering blood pressure checks to people aged 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered 24-hour ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension.

Following the initial findings of the pilot, the Department of Health and Social Care (DHSC) and NHS England proposed the commissioning of a new Hypertension Case-Finding Service, as an advanced service was commenced in October 2021 to support the programme of identification of undiagnosed cardiovascular disease.

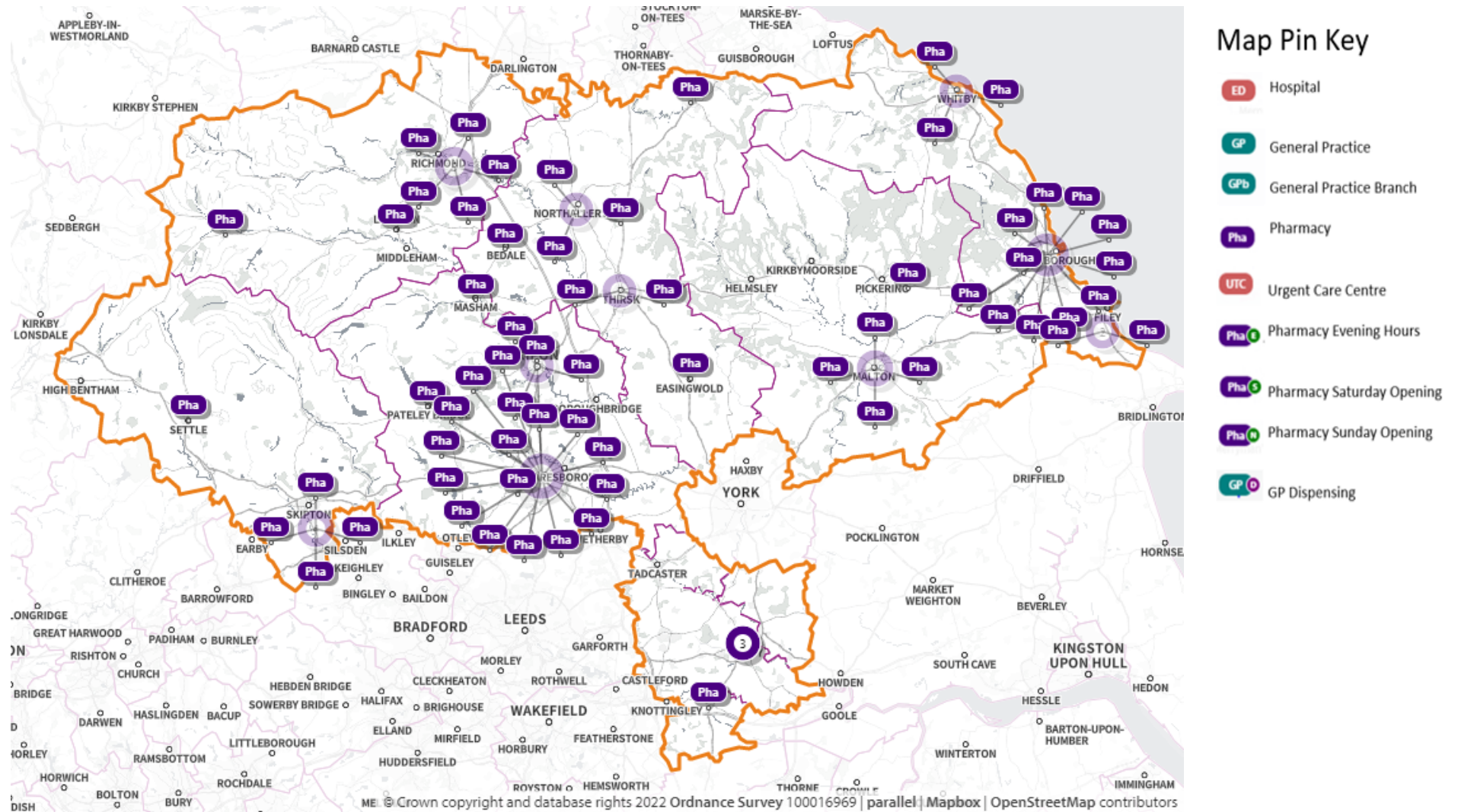
The service aims to:

- 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

Information from NHS England in August 2022 indicated that 67 pharmacies were signed up to delivery of the Hypertension Case-Finding Service in North Yorkshire including 5 of the 100 hours pharmacies. It is recognised that there may be more pharmacies registering to deliver the service as it becomes established.

50% of the pharmacies responding to the questionnaire indicated that they are accredited to deliver the Hypertension Case-Finding Service.

Figure 15 – Pharmacies signed up to provide Hypertension Case-Finding Service in North Yorkshire



7.2.5 New Medicine Service (NMS)

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. Non-adherence to prescribed medicine regimens is often a hidden problem, undisclosed by patients and unrecognised by prescribers. People make decisions about the medicines they are prescribed and whether they are going to take them very soon after being prescribed the new medicine.

The New Medicine Service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.

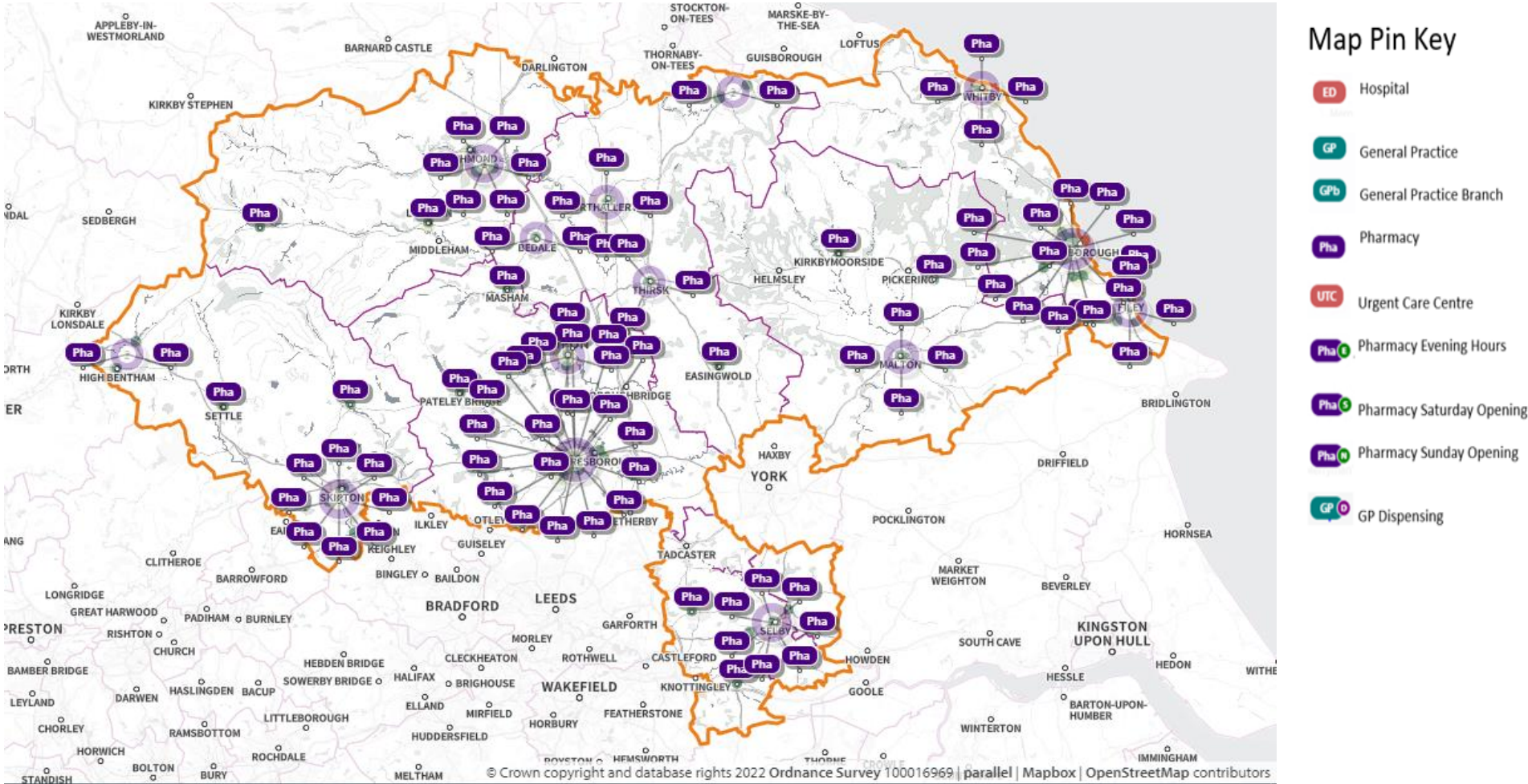
From 1 September 2021, a broad range of following conditions were covered by the service including respiratory conditions, diabetes (type 2); hypertension, hypercholesterolaemia, osteoporosis, gout, glaucoma, epilepsy, Parkinson's disease, urinary incontinence/retention and many cardiac related conditions such as heart failure, atrial fibrillation, coronary heart disease, strokes and long-term risks of venous thromboembolism/embolism.

At the time of writing this PNA there was incomplete information from NHS England to determine how many community pharmacies were signed up to provide NMS. Information from SHAPE in April 2022 populated with data from NHS England indicated there are 92 pharmacies accredited to deliver this service.

24% of respondents (108/447) in the residents' survey had used the service and 22% (212/447) were satisfied with it. 18% (81/447) were aware of the service but hadn't used it, while 47% (212/447) stated they were unaware a pharmacy could offer this service.

93% of the pharmacies responding to the questionnaire (26/28) indicated that they are accredited to deliver the New Medicine Service.

Figure 16 – Pharmacies signed up to provide New Medicine Service (NMS) in North Yorkshire



7.2.6 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.

7.2.7 Flu Vaccination Service

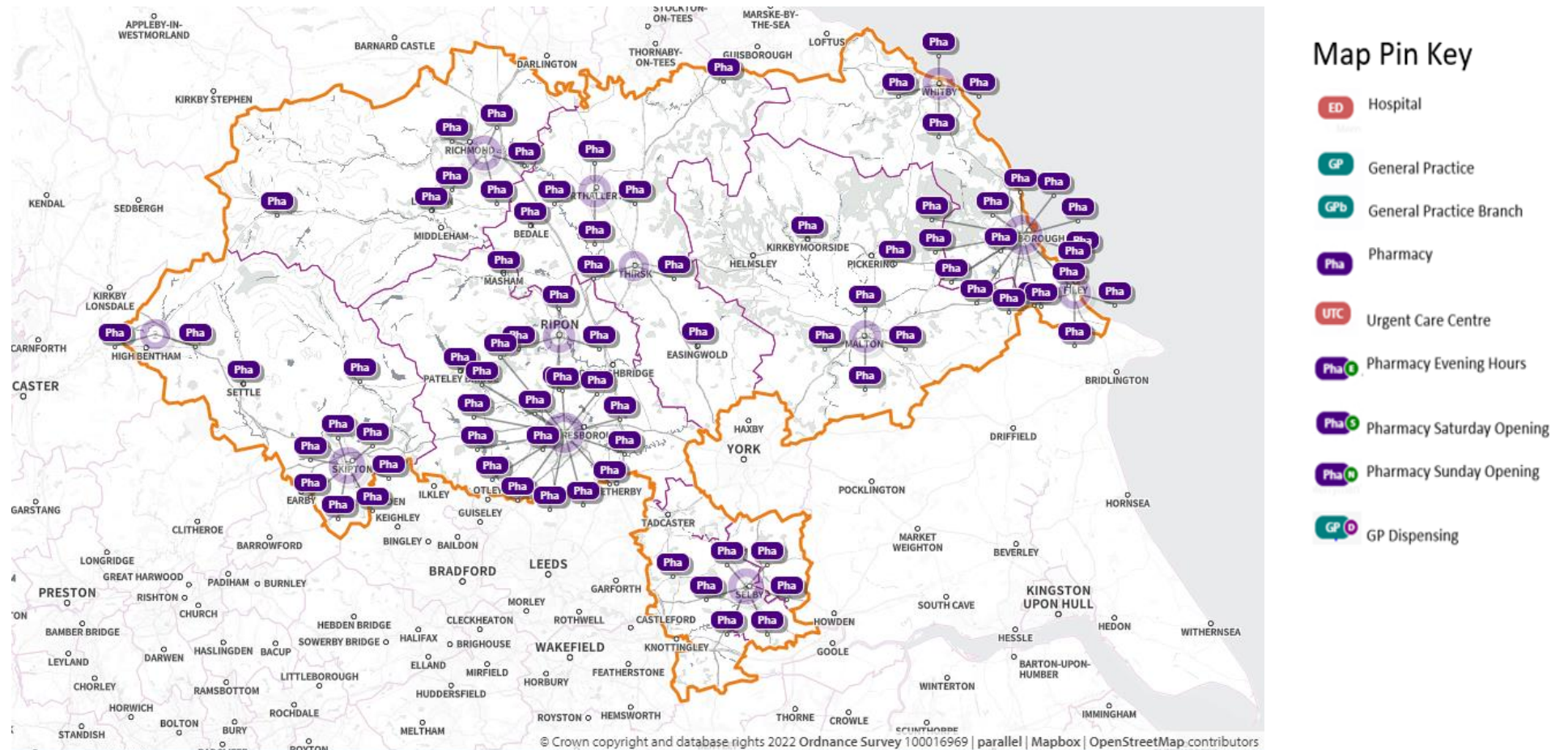
Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from 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.

At the time of writing this PNA there was incomplete information from NHS England to determine how many community pharmacies were signed up to provide Flu vaccination service. Information from SHAPE populated with data from NHS England in April 2022 indicated there are 82 pharmacies accredited to deliver this service.

53% of respondents (241/447) in the residents' survey stated they had used this service and 51% (232/447) were satisfied with it.

92% of the pharmacies responding to the questionnaire (26/28) indicated that they are accredited to deliver the Flu Vaccination Service.

Figure 17 – Pharmacies signed up to provide Flu Vaccination Service in North Yorkshire



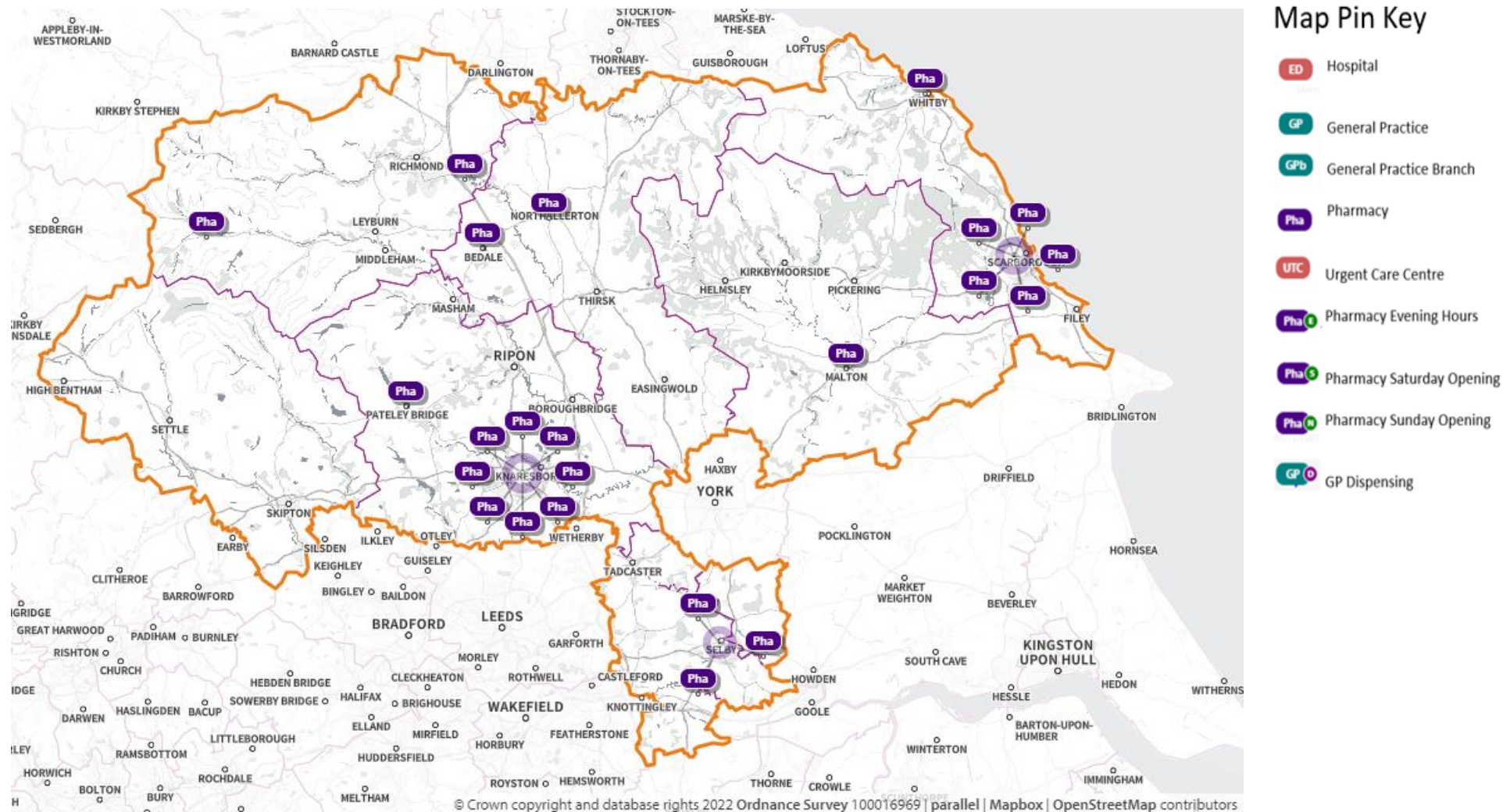
7.2.8 Smoking Cessation Advanced Service

The Smoking Cessation Advanced Service commenced in March 2022 for people referred to community pharmacies by hospital services. This service supplements other locally commissioned smoking cessation services and 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, in line with the NHS Long-term Plan care model for tobacco addiction.

Information from NHS England in August 2022 indicated that 23 pharmacies were signed up to delivery of the Smoking Cessation Advanced Service in North Yorkshire. PHE data for 2021 indicates that the highest rates for smoking are mainly the Scarborough, Selby and Richmondshire districts. Smoking in pregnancy rates continue to be a major concern, especially in Scarborough. NHS England data indicates that 6 pharmacies in Scarborough, 3 in Selby, and 2 in Richmondshire were signed up to deliver this service. Promotion of the service in these areas would be beneficial to meet the population needs.

25% of the pharmacies responding to the questionnaire indicated that they are accredited to deliver the Smoking Cessation Advanced Service.

Figure 18 – Pharmacies signed up to provide Smoking Cessation Advanced Service in North Yorkshire



7.2.9 Additional Advanced services set up in response to the COVID-19 Pandemic

In response to the pandemic, the majority of providers were involved in the distribution of Lateral Flow Device (LFD) tests and the Pharmacy Pandemic Delivery Service of medicines to vulnerable people.

7.2.10 COVID-19 lateral flow device distribution service

At the end of March 2021, a new advanced service, the NHS community pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it was described in communications to the public) was added to the NHS Community Pharmacy Contractual Framework. This service aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

The service was part of the Government's offer of lateral flow testing to all people in England and it worked alongside other available COVID-19 testing routes. The Pharmacy Collect service finished on 31 March 2022. 24% of respondents (108/447) in the residents' survey stated they had used this service and 20% (90/447) were satisfied with it.

85% of the pharmacies responding to the questionnaire (24/28) indicated that they have been involved in the delivery of the COVID-19 lateral flow device distribution service.

7.2.11 Pandemic Delivery of Medicines Service

Delivery of medicines by pharmacies has not previously been a commissioned service although many pharmacies have offered this service, sometimes at a small cost to the customer. The service was decommissioned on 31 March 2022.

7.3 Local Enhanced services

Enhanced services are the third tier of services that pharmacies may provide, and they can only be commissioned by NHS England.

7.3.1 COVID-19 vaccine administration (Local Enhanced Service)

Alongside vaccination centres and hospitals, Primary Care Networks, (PCN) over 600 community pharmacy sites in England supported the vaccination of patients and health and care workers against coronavirus. Through their strong relationships in local places and neighbourhoods, community pharmacies helped to tackle vaccine inequalities and improve vaccination take-up.

Delivery of this service was as a Locally Commissioned Service and required the pharmacists to submit an expression of Interest application in order to become a designated site for this service delivery.

Information from NHS England in April 2022 indicated that 19 pharmacies in the North Yorkshire HWB area were providers of this local enhanced service.

32% of respondents (145/447) in the residents' survey had used this service and were satisfied with it.

17% of the pharmacies responding to the questionnaire indicated that they are accredited to deliver the COVID-19 vaccination administration. One pharmacy said they were looking at the feasibility of providing the service.

8. 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 1st July 2022 clinical commissioning groups were replaced by integrated care boards. These will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHS England expects all integrated care boards to have done so. Health and Wellbeing Boards should therefore be aware that some services that are commissioned from pharmacies by clinical commissioning groups (and are therefore other NHS services) will move to the integrated care boards and will fall then 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.

North Yorkshire CCG and Vale of York CCG (now part NHS Humber and North Yorkshire ICB) of 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.

42% of the pharmacies responding to the questionnaire stated they are accredited to deliver the Palliative Care Stock in Community Pharmacy.

Morecambe Bay CCG (now part of NHS Lancashire and South Cumbria ICB) commissions a Community Pharmacy Minor Ailments Scheme for Paediatrics (under 18 years of age). 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.

Several responses from the pharmacies survey identified a need for a minor ailments locally commissioned service.

8.1 North Yorkshire County Council Public Health commissioned services

As part of its range of public health interventions North Yorkshire County Council Public Health Team currently commissions the following services from community pharmacies.

At the time of writing this PNA current contracts were being extended with Pharmacies and some may not accept the extension:

- Needle and Syringe Programme and Harm Reduction Service
- Supervised Consumption Service
- Targeted Primary Care Sexual Health Service
- NYCC Employee Flu Vaccination Service
- Smoking Cessation Service

8.1.1 Needle and Syringe Programme and Harm Reduction Service

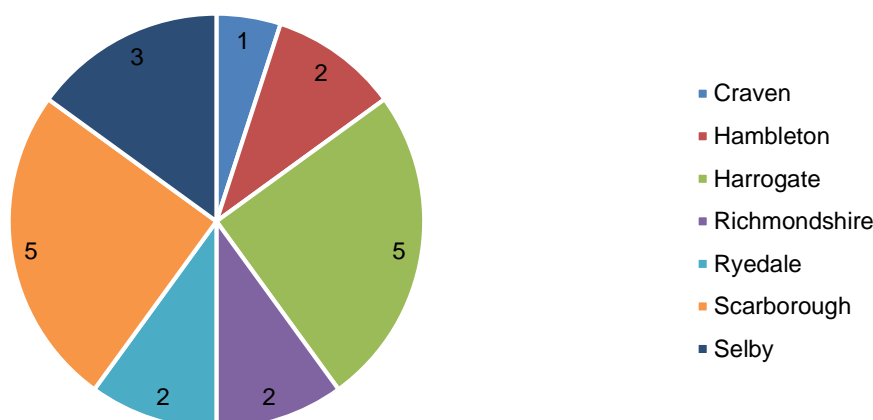
The service provided includes the distribution and collection of sterile injecting equipment, its safe disposal and the provision of a range of other harm reduction support and interventions. Pharmacy needle and syringe programmes and harm reduction initiatives are part of the overall wider approach 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.

17% of the pharmacies responding to the questionnaire are accredited to deliver the Needle and Syringe Exchange Service.

Table 11 - Pharmacies signed up to provide Needle and Syringe Programme and Harm Reduction Service in each North Yorkshire district (information provided by Local Authority)

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

Number of pharmacies signed up to provide Needle and Syringe Programme and Harm Reduction Service



Conclusions regarding Needle and Syringe Programme and Harm Reduction:

A needle and syringe programme and harm reduction service is a valuable service in North Yorkshire as it reduces the use of contaminated needles and provides safe disposal of needles. The service makes it easy for users to get sterile equipment which reduces drug disease transmission.

8.1.2 Supervised Consumption Service

This service is provided to drug users 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 instalment 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 misuse.

67% of the pharmacies responding to the questionnaire are accredited to deliver the Supervised Consumption Service.

Public Health North Yorkshire are aware that there have been a number of incidents reported by North Yorkshire Horizons (NYH) - provider of substance misuse services to NYCC - where service users have been unable to access opiate substitution therapy through their normal community pharmacy provider. This has largely been due to closure or partial closure in the absence of a pharmacist and is typically at short notice – often on the day itself.

A snapshot of business continuity incidents in July 2022 showed 6 separate events logged across the region.

NYH teams have often had to go above and beyond their contractual obligations to help resolve these acute business continuity problems, and Public Health North Yorkshire recognise that this is not sustainable.

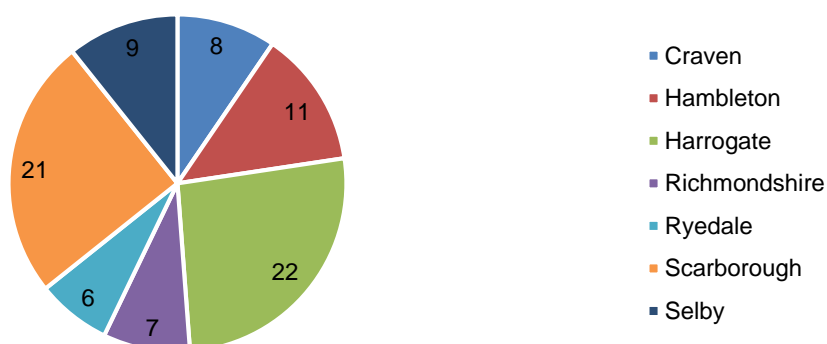
The problem is particularly in smaller towns where choice of providers is more limited; one incident in Thirsk in 2020 where the service was withdrawn due to client behaviour led to a death where lack of choice of alternative provision may have been a significant contributory factor. At the time of writing (September 2022), Thirsk has only one provider (Tesco) and have been advised by company senior management that further business continuity issues are likely.

Public Health North Yorkshire recognises the challenges facing the community pharmacy sector in respect of pharmacist recruitment and retention and is grateful for the support of Community Pharmacy North Yorkshire for its ongoing role in assisting with resolution. It is prepared to explore a range of commissioning options to achieve better access to medicines (more choice and fewer business continuity incidents) through existing community pharmacies and will explore alternatives where this proves necessary.

Table 12 - Pharmacies signed up to provide Supervised Consumption Service in each North Yorkshire district (information provided by Local Authority)

District	Number of pharmacies signed up to provide Supervised Consumption Service
Craven	8
Hambleton	11
Harrogate	22
Richmondshire	7
Ryedale	6
Scarborough	21
Selby	9

Number of pharmacies signed up to provide Supervised Consumption Service



Conclusions regarding a Supervised Consumption Service:

A supervised consumption service is considered to be an important service in North Yorkshire. There is good provision in areas where there is a higher prevalence of drug users, for example in Scarborough and Harrogate.

However provision can be unstable in smaller towns, where there may only be one pharmacy providing the service. Current pharmacy workforce issues are resulting in scenarios where pharmacies may be required to close closure or partial closure in the absence of a pharmacist. The Health and Wellbeing Board recommend that the ongoing dialogue continues between Public Health North Yorkshire, Community Pharmacy North Yorkshire and local community pharmacies to other healthcare partners to achieve a resolution.

It is recommended that provision remains under review to ensure that there is accessibility to meet need and that the Health and Wellbeing Board are kept informed of progress in this area.

8.1.3 Targeted Primary Care Sexual Health Service

The Targeted Primary Care Sexual Health Service for Community Pharmacies are provided by participating pharmacies in North Yorkshire under the Approved Provider List. 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

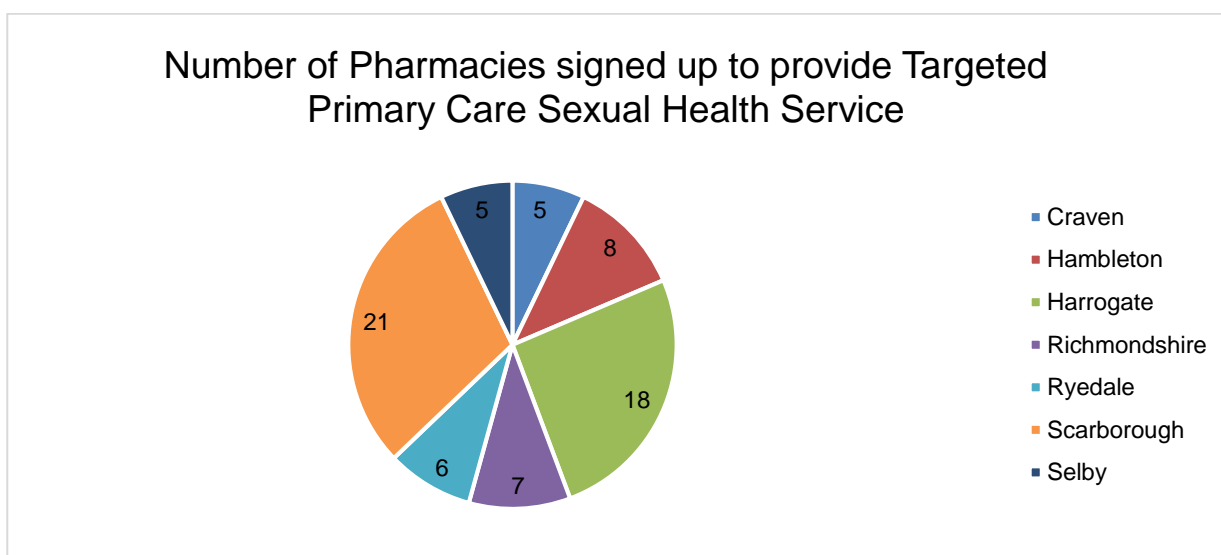
This provision aims to increase the awareness and access, especially among young people, of the availability of free EHC for 13 to 24 year olds. The targeted work also aims to improve access to 'self-administered' Chlamydia screening kits and increase the numbers of test samples returned for analysis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

In North Yorkshire there are 68 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. Pregnancy tests are available to buy in all community pharmacies or available free from the North Yorkshire Integrated Sexual Health Service.

Of the 68 community pharmacies in North Yorkshire signed up to deliver the targeted sexual health service, 35 were active in the 2021/22 financial year.

Table 13 - Pharmacies signed up to provide Targeted Primary Care Sexual Health Service in each North Yorkshire district (information provided by Local Authority)

District	Number of pharmacies signed up to provide Targeted Primary Care Sexual Health Service	Number of pharmacies active in the 2021/22 financial year
Craven	5	2
Hambleton	8	5
Harrogate	18	12
Richmondshire	7	4
Ryedale	6	3
Scarborough	21	6
Selby	5	3
North Yorkshire	68	35



Conclusion regarding Targeted Primary Care Sexual Health Service:

A sexual health service is considered to be important in North Yorkshire. There is good provision in urban areas. It is recommended that the services continue, with regular promotion and monitoring to ensure uptake continues to improve and to support the continued reduction in teenage pregnancy for the area. The Public Health Team need to work jointly with pharmacies need to find ways to promote the availability of these services to young people.

8.1.4 NYCC Employee Flu Vaccination Service

The service forms part of the North Yorkshire Seasonal Winter Health Strategy and Implementation Plan. It contributes to a strategic response to improve and maintain health during the winter months by increasing flu immunisation uptake rates across the population. Since the 2019/20 financial year, all staff from the Health and Adult Services directorate, and frontline Children and Young People's staff, employed by North Yorkshire

County Council (NYCC) have been eligible for the programme. The programme operates as a series of clinics, led by pharmacists. In addition, staff can access a flu vaccine in a pharmacy that is convenient to them, and claim the cost back through expenses.

8.1.5 Smoking Cessation Service

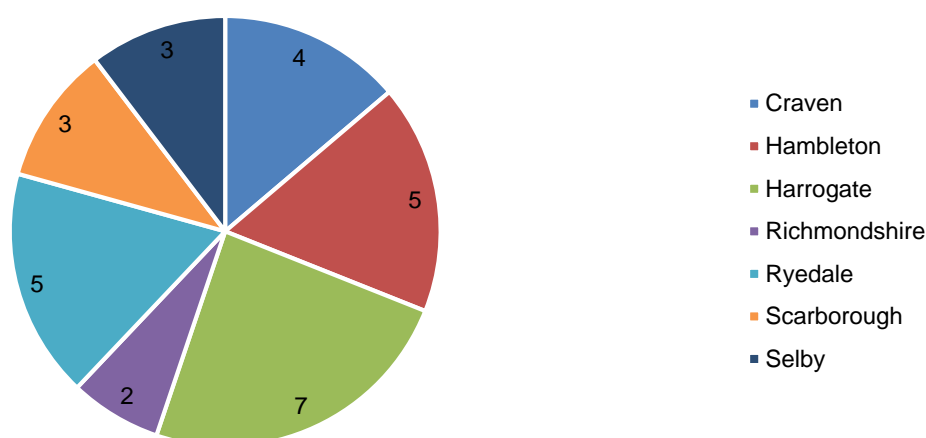
North Yorkshire County Council has commissioned a smoking cessation service for pharmacies. As well as the nicotine replacement therapy (NRT) voucher scheme, a PGD has been developed and approved to enable the supply of Varenicline by accredited community pharmacists to patients accessing the smoking cessation service, in accordance with the service specification. Approved providers can sign up to deliver any of the services individually (smoking cessation, NRT voucher scheme or provision of Varenicline) or as a collective.

42% of the pharmacies responding to the questionnaire are accredited to deliver the Smoking Cessation Service.

Table 14 - Pharmacies signed up to provide Smoking Cessation Service in each North Yorkshire district (information provided by Local Authority)

District	Number of pharmacies signed up to provide Smoking Cessation Service
Craven	4
Hambleton	5
Harrogate	7
Richmondshire	2
Ryedale	5
Scarborough	3
Selby	3

Number of pharmacies signed up to provide Smoking Cessation service



Conclusion regarding Smoking Cessation Service:

PHE data for 2021 indicates that the highest rates for smoking are mainly Scarborough, Selby and Richmondshire. Smoking in pregnancy rates continue to be a major concern, especially in Scarborough. There could be improved engagement and awareness with pharmacies to provide a stop smoking service to benefit their local population.

8.2 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 identified in the pharmacist PNA questionnaire included:

- 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.

8.3 Collection and delivery services

Delivery of medicines is not currently a commissioned service provided by pharmacies. 11% of respondents (47/447) in the residents' survey said they would be happy to pay a charge for the service if it was affordable. In the pharmacy survey, one respondent stated that funding for delivery services was mentioned as a barrier to providing further services which would improve the health of their local population.

Regarding delivery services, 3% of respondents (15/447) in the residents' survey stated that without the delivery service they would find it difficult to collect their medication.

8.4 Monitored Dosage Systems

Pharmacies are expected to make suitable arrangements or "reasonable adjustment" for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010 ⁽¹³⁾. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens these are often check seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67 ⁽⁷⁰⁾ published in March 2017 recognised the role that pharmacists play in supporting people in the community and recommended that "use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out."

8% of respondents in the residents' survey indicated they had used this service and 6% were satisfied with it.

At the time of renewing the PNA, work is ongoing to establish the use of a Reasonable Adjustment Flag (RAF) feature in the NHS electronic prescribing system to enable information to be input to help enable health and care professionals to record, share and view patients' key potential reasonable adjustments or more often related considerations across the NHS; enabling staff and services to carry out their duty to provide assessments or adjustments when relevant criteria may be fulfilled.

This information sharing should help to identify patients who would benefit from interventions such as the provision of medicines in a MDS and evidence assessments that have been undertaken to support this decision.

9. Current and Future pharmacist role

North Yorkshire HWB 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.

The addition of the discharge medicine service and the essential services provided by community pharmacy and the advance services such as the Community Pharmacy Consultation Service, New Medicine Service and the Hypertension Case-Finding Service will further enhance the role of community pharmacy as being integral to the support of good medicine practice in the community.

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 for stop smoking, sexual health, and substance misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations that community pharmacy has a critical role to play in the North Yorkshire health system. It is 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.

Company Chemists' Association (CCA) reports that over the last 5 years an alarming shortfall of over 3,000 community pharmacists has developed in England. Pharmacies are struggling to recruit staff, there is increasing pressure on community pharmacy staff, and vacancy rates for community pharmacists have more than doubled in 2021 since 2017. In 2019 the NHS pledged to recruit 6,000 pharmacists to Primary Care Networks (PCNs) by 2024. National pharmacist shortfall of over 3,000 poses significant risk to local pharmacies - The Company Chemists' Association (thecca.org.uk) say that community pharmacists have been recruited into PCNs, depleting the community pharmacist workforce which has added significant pressure on pharmacists who choose to stay in community pharmacies⁽⁷¹⁾.

CCA members report that many more pharmacists are choosing to work part-time, in some cases because of exhaustion, and so now the sector requires more pharmacists to help maintain the same level of services the public has come to expect during the pandemic. The shortfall of pharmacists within teams is also one of the reasons behind temporary closures. The Health Secretary wants NHS England to adopt a 'Pharmacy First' model where pharmacy will be the first port of call for minor ailments and illnesses, to free up capacity for GPs. Under this model, pharmacy will be pushed to do more, but CCA feel the Government is failing to recognise the real pressures the workforce is currently under⁽⁷¹⁾.

39% of respondents to the residents' survey felt that pharmacy services could improve with more staffing. Three residents reported they had experienced unannounced temporary pharmacy closures and there were several comments about the lack of staff. Another resident felt there was a lack of pharmacists on the East Coast as all were going into GP

practices leading to shorter opening hours and closures. One GP practice felt that funding restrictions could lead to pharmacy closures, and they had seen gaps in service provision and service closures. They also expressed concerns there was not enough pharmacists being trained for need leading to increased costs for employing. Feedback from the pharmacists' survey identified concerns around funding, workload and workforce pressures particularly around the coastal area, which could lead to pharmacy closures. Locally commissioned services have also been affected, with reports that service users have been unable to access opiate substitution therapy through their normal community pharmacy provider due to closure or partial closures.

Within the Humber and North Yorkshire ICB, there is a pharmacy workforce subgroup that has been established under the Integrated Medicines Optimisation Committee (IMOC). This subgroup has been operational for about a year, and aims to develop, support and sustain an effective pharmacy workforce, including in primary care. However it is recognised that the current issues are challenging and complex and that the national solutions need to be considered in parallel to work being done within the region.

10. Engagement and Consultation

10.1 Stakeholder engagement

Views obtained during the engagement were a key part of the early work to develop this PNA. The engagement (conducted over a six-week period during February and March 2022) involved the completion of an online survey, aimed at the following key groups:

- Public/residents
- Pharmacies
- Strategic commissioning partners & health and social care service providers

Surveys were promoted via the NYCC website, press, social media platforms, radio, with 'have your say' posters displayed in pharmacies, GP surgeries, community centres and libraries.

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

10.1.1 Overview of responses to the Public/Residents Survey

A total of 447 people responded to the survey; significantly higher than the last PNA when 374 responses were received. 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 more staffing, medication availability, and better waiting times.

- 56% of respondents indicated that they used the local high street pharmacy, 7% used the pharmacy inside a supermarket, and 26% used a pharmacy inside a doctors' surgery.
- 65% of respondents indicated that they had used their pharmacy every month for medicines or prescriptions, 5% of respondents indicated that they use their pharmacy on a weekly basis, and 15% use the pharmacy every couple of months.
- The majority (47%) of respondents indicated that they always used the same pharmacy all the time with a further 47% usually using the same pharmacy.
- 15% of respondents indicated that they chose a pharmacy near to their home rather than the pharmacy or pharmacies that they normally used. 11% indicated that this choice was based on good customer care/friendly staff, and 10% said it was because the pharmacy was inside or close to the GP practice.
- The majority of respondents indicated that they travelled by car (55%) or on foot (39%).
- 7% of respondents always have their medicines delivered by the pharmacy, 5% sometimes get them delivered. 6% of respondents stated this was because it was convenient while 3% said they would find it difficult to collect them.
- The majority of respondents (40%) said they would manage without a delivery

service if it was withdrawn or charged for by the pharmacy, while 3% said they wouldn't manage without the service, and 23% stated they knew others who couldn't manage without the delivery service. 10% said they would be willing to pay for the delivery service if it was affordable, while 6% said they wouldn't be able to afford to pay.

- 50% of respondents stated they would use a pharmacy for a minor health problem before going to A&E while 47% said they would go their GP. More public promotion of the pharmacist's role in managing minor health problems would reduce this demand on GPs.
- 20% of respondents stated that they would do without treatment if the pharmacy medicines for a minor health issue were too expensive to buy, while 43% of respondents stated they would go their GP.
- 47% of respondents stated that the pharmacy was open most of the time they needed it, 41% stated it was open when they needed it, although 8% of respondents said that it wasn't open when they needed it.
- 93% of respondents said they used the pharmacy for themselves, 18% for their children, 8% for an older relative, and 37% for another family member. We wanted to know if this was because of barriers to accessing pharmacies. One respondent mentioned that this was due to the opening hours of the pharmacy, another said that the pharmacy is not open at weekends and the person who needs it is at work Monday - Friday and opening on a Saturday would be very beneficial.
- 33% of respondents said the pharmacies they used were excellent, 27% said they were very good, 22% said they were good, while 11% said they were poor, and 2% said they were very poor.
- 22% of respondents stated they were unhappy with their pharmacy because of the weekends/bank holidays opening times, 20% said they were unhappy due to evening opening times, and 8% stated this was due to not knowing what services were provided by the pharmacy.
- 5% of respondents said there was lack of access to a consultation in private which could impact people seeking advice from their pharmacist. 3% of respondents said there was a lack of access to a pharmacist they could trust, 2% said they had received poor quality advice, and 1% said the pharmacist was difficult to understand (it is difficult to deduce whether this was due to a language barrier or another issue).
- 50% of respondents were aware that pharmacies could offer free advice on healthy lifestyles, although 89% stated they had never been offered this by their pharmacy.
- 51% of respondents used their pharmacy for flu vaccine administration and were satisfied with it, a further 35% indicating that they were aware of the service but didn't use it.
- 32% of respondents had used their pharmacy for COVID-19 vaccination administration and were satisfied with it, 10% stated they would use the service if it was available.
- The most commonly used services by respondents: repeat prescription ordering/collection, electronic prescription service, advice for a minor health problem, flu vaccination, and disposal of medicines.
- The top 4 services that respondents reported not knowing about: Healthy Heart Checks (52%), NHS Health Checks (47%), NMS (47%), and CPCS (41%). It is worth noting that NHS Health Checks are not currently commissioned from pharmacies in North Yorkshire.
- Services that respondents felt would be useful were Free Healthy Heart Checks

(26%), NHS screening services, e.g., diabetes, HIV, Hepatitis B or C (22%), specific help with medicines for people with a long-term illness or conditions - e.g., obesity, asthma or COPD (Chronic Obstructive Pulmonary Disease) (17%), short 'one to one' weight management programme (12%), and anticoagulant monitoring service - e.g., finger prick testing for patients on warfarin (11%), gluten free food supply service without prescription (7%), and advice and support in a language other than English (5%).

- A concern about an unannounced closure was raised by one respondent who stated that "the pharmacy is meant to be open 7 days a week, no notice of closure until at the pharmacy which isn't helpful when GP sends prescription for that day to start medication and chemist is not open as it is meant to be."
- There were also a few comments about the availability of pharmacies in Scarborough after 5.30pm. According to data from NHS England there are seven pharmacies in Scarborough open until 6.00pm, one is open until 8.00pm and one is open till 11.00pm. Better promotion of pharmacies and opening times would help patients to find these pharmacies easier.
- One resident commented about "the lack of provision for disabilities, the pharmacy refuses to use a hearing loop system even though they have one. They also make everyone waiting in the queue for services wait outside due to Covid - in the wind and rain. No seating for the elderly so those unable to stand for long periods give up. All this has led me to avoid using them and use online ordering instead." Responses from pharmacies indicate that one pharmacy (3%) used a translation service. The provision of interpretation/non-spoken interpretation and translation services could be better promoted both to pharmacies and the public.
- Residents also reported being unaware of the services that pharmacies offered. This suggests that pharmaceutical services may still require regular promotion both for the public and for stakeholders. This is important to ensure that the available services are used to improve and protect health in primary care.

10.1.2 Overview of responses to the Pharmacies Survey

28 of the pharmacies responded to the survey (50 in the last PNA), and full details of the responses can be found in appendix 4. As only 28 of the community pharmacy contractors completed the questionnaire and not all responses provided information regarding all sections, it was noted that although the information provides an overview it does not reflect the full-service delivery across the area.

In terms of provision of, or willingness to provide additional locally commissioned services, it was clear that pharmacy providers would be willing to support and deliver additional services, if these were commissioned. The commissioning of services is outside the scope of the Health and Wellbeing Board. This responsibility lies within commissioning of health services.

Many of the pharmacies responding to the survey felt there was need for further locally commissioned services in particular a minor ailments scheme, funded provision of monitored dosage systems and a funded delivery service were also identified. Feedback from the residents survey indicated that 20% of respondents said they would go without treatment for a minor health problem if the medicines were too expensive to buy and 43% said they would go to their GP if the medicines were too expensive to buy. 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 ⁽⁷²⁾.

10.1.3 Overview of responses to the Strategic Commissioning Partners & Health and Social Care Service Providers Survey

3 responses were received to the survey (37 responses in the last PNA), one from the voluntary sector and two from GP practices. Both GP practices felt that the local extended GP services opening hours match the rota times/extended opening hours of local pharmacies which indicates the current pharmacy hours provision is adequate. Areas identified for improvement included funding, training, and communication. Various services that were offered by community pharmacies were identified as not meeting the needs of people with which the respondents work with.

A summary of the responses can be found in appendix 6.

10.2 Formal consultation

In line with the regulations, North Yorkshire Health and Wellbeing Board consulted for a minimum of 60 days 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 pharmaceutical 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 three 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 taken into account when reaching conclusions about services and need?
5. Pharmacies offer a range of different services. How do you think these should be communicated and publicised?
6. Do you have any other comments?

10.2.1 Findings of consultation

In total 11 responses to the online consultation were received from:

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

Additionally, Community Pharmacy North Yorkshire (Local Pharmaceutical Committee) provided responses to the consultation via email rather than through the online questionnaire.

A further separate response during the consultation period was received from Public Health North Yorkshire regarding community pharmacy access to medicines prescribed in the management of substance misuse.

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:

- 11 responses
 - Yes = 6 responses (55%)
 - No = 3 responses (27%)
 - Don't know = 2 responses (18%)

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:

- 11 responses
 - Yes = 5 responses (46%)
 - No = 3 responses (27%)
 - Don't know = 3 response (27%)

Q3. Do you agree with the conclusions identified in the draft PNA?

Consultation outcomes:

- 11 responses
 - Yes = 7 responses (64%)
 - No = 4 response (36%)
 - Don't know = no responses

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?

Consultation outcomes:

- 11 responses
 - Yes = 6 responses (55.5%)
 - No = 5 responses (45.5%)

- 2 comments were received expressing the view that there is a shortage of pharmacists in the region. One respondent also outlined concerns that the overall pharmacist workforce was under pressure as a result of the introduction of PCN Clinical Pharmacist roles.
- 1 comment was received expressing the view that a larger pharmacy with greater staff capacity and seating facilities is needed in the respondents town.
- 1 comment was received regarding the roles of other pharmacy sectors and whether these should be covered by the PNA.
- 1 comment was received about Sunday opening in the Craven, Richmondshire and Scarborough districts. Whilst the respondent agreed with the findings of this section of the PNA, they suggested that an NHS-commissioned extended access service may be an option to consider, such as a rota service.
- 1 comment expressed the view that pharmacies don't always have the required medicines in stock and on occasions do not have a pharmacist available, which impacts on the services they are able to provide.

HWB response:

Pharmacy workforce issues

Section 9 describes the issues regarding shortages in the pharmacy workforce. The Company Chemists' Association (CCA) reports that over the last 5 years a shortfall of over 3,000 community pharmacists has developed in England. Pharmacies are struggling to recruit staff, there is increasing pressure on community pharmacy staff, and vacancy rates for community pharmacists have more than doubled in 2021 since 2017. In 2019 the NHS pledged to recruit 6,000 pharmacists to Primary Care Networks (PCNs) by 2024 which has resulted in further pressure on the community pharmacist workforce.

Within the Humber and North Yorkshire ICB, there is a pharmacy workforce subgroup that has been established under the Integrated Medicines Optimisation Committee (IMOC). This subgroup has been operational for about a year, and aims to develop, support and sustain an effective pharmacy workforce, including in primary care. However it is recognised that the current issues are challenging and complex and that the national solutions to the issues need to be considered in parallel to work being done within the region.

Furthermore it is noted in section 4.1 that coastal communities can struggle with 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.

The HWB have acknowledged and noted the comments with regards to pharmacy workforce shortages.

Larger pharmacy needed in respondents town

The HWB have acknowledged and noted the comments

Roles of other pharmacy sectors

As noted in section 1.2, the PNA 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.

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 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

Hospital pharmacies do not provide services under the Community Pharmacy Contractual Framework and are therefore outside the scope of this PNA.

The HWB acknowledge the significant role played by other pharmacy sectors, however the focus of the PNA is on pharmaceutical services provided by community pharmacies.

Weekend opening

Section 6.7.2 describes the weekend community pharmacy provision across North Yorkshire. There are 20 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 district that is open on Sunday. Figure 10 shows the locations of the pharmacies that are open on Sundays, and notes that they are located near to Urgent Care Centres and Hospital Emergency Departments. 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.

Sunday opening hours are provided by the seven 100 hour pharmacies (located across five of the seven localities), and also by supplementary hours provided by some pharmacies with 40 hour contracts. These pharmacies are often in shopping centres or health living

centres and allow community pharmacies greater scope to respond to local population needs and preferences.

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.

North Yorkshire 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.

In the event of Sunday access being reduced further, local NHS commissioners may wish to consider commissioning options to improve access.

HWB actions:

- Recommendations 8 and 9 in section 11 have been updated to read:

"8. 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.

9. 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."

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

Consultation outcomes:

- 10 responses were received, with suggestions for communication and publicising including via social media/online, radio, television, local newspapers, healthcare settings (e.g. electronic noticeboards) and signposting by community groups. One respondent also suggested that close working and collaboration with the ICS Boards, Partnerships and PCNs with a seamless approach to integration was an important factor.

HWB response:

The HWB have acknowledged and noted the comments.

HWB actions:

The responses provided to this question will be shared with providers and commissioners of pharmaceutical services and will help to inform the future promotion and communication of services to the public.

Q6. Do you have any other comments?

Consultation outcomes:

6 additional comments were received in response to this question:

- 2 comments were compliments regarding the quality and comprehensiveness of the PNA
- 1 comment was received expressing the view that would like to see a better service from their local pharmacy, but acknowledged that the staff do a good job in difficult circumstances.
- 1 comment was made regarding the statement in section 6.7.5 that there are 290 pharmacies within 5 miles of the HWB boundary, and that these pharmacies could be accounted for when considering times where there are fewer pharmacies open e.g. Sundays.
- 1 comment expressed the view that pharmacies on occasions do not have a pharmacist available, which impacts on the services they are able to provide.
- 1 comment noted that section 3.8 (Recommendations and updates from the previous PNA) was unclear as to whether there is currently a gap in the Craven and Scarborough districts on Sunday.

HWB response:

Pharmacist availability

As described above in the response to the pharmacy workforce issues, pharmacies are struggling to recruit staff, there is increasing pressure on community pharmacy staff, and vacancy rates for community pharmacists have increased.

Whilst the community pharmacy workforce is outside of the scope the HWB would encourage continued dialogue both locally and nationally by commissioners, providers and representative bodies on how to address the current issues.

Sunday pharmacy opening times in Craven and Scarborough

Section 3.8 of the draft PNA contained a summary of the recommendations from the 2018 PNA, with an accompanying update on each recommendation using current information from 2022. Feedback was that it may be confusing to have the 2022 update in this section and to differentiate which are findings from the previous or current PNA. In addition, the

2022 update preceded any discussion of the current pharmacy provision that appears later in the PNA in section 6.

Section 6 identifies that in total, 20 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 and provision is considered adequate.

HWB actions:

- Section 3.8 has been updated to remove the 2022 update, and for this information to be covered into section 6 which describes the current provision of pharmaceutical services.

Other stakeholder comments received separately to the online questionnaire:

A further separate response during the consultation period was received from **Public Health North Yorkshire** regarding community pharmacy access to medicines prescribed in the management of substance misuse:

"Public Health North Yorkshire wishes to raise concerns regarding the provision of substance misuse medicines access through community pharmacies across the region, with a particular focus on Thirsk and Harrogate.

There have been a number of incidents reported by North Yorkshire Horizons (NYH) - provider of substance misuse services to NYCC - where service users have been unable to access opiate substitution therapy through their normal community pharmacy provider. This has largely been due to closure or partial closure in the absence of a pharmacist and is typically at short notice – often on the day itself.

A snapshot of business continuity incidents in July 2022 showed 6 separate events logged across the region.

NYH teams have often had to go above and beyond their contractual obligations to help resolve these acute business continuity problems, and Public Health North Yorkshire recognise that this is not sustainable.

The problem is particularly in smaller towns where choice of providers is more limited; one incident in Thirsk in 2020 where the service was withdrawn due to client behaviour led to a death where lack of choice of alternative provision may have been a significant contributory factor. At the time of writing (September 2022), Thirsk has only one provider (Tesco) and have been advised by company senior management that further business continuity issues are likely.

Public Health North Yorkshire recognises the challenges facing the community pharmacy sector in respect of pharmacist recruitment and retention and is grateful for the support of Community Pharmacy North Yorkshire for its ongoing role in assisting with resolution. It is

prepared to explore a range of commissioning options to achieve better access to medicines (more choice and fewer business continuity incidents) through existing community pharmacies and will explore alternatives where this proves necessary."

HWB response:

A supervised consumption service is considered to be an important service in North Yorkshire. There is good provision in areas where there is a higher prevalence of drug users, for example in Scarborough and Harrogate.

However provision can be unstable in smaller towns, where there may only be one pharmacy providing the service. Current pharmacy workforce issues are resulting in scenarios where pharmacies may be required to close closure or partial closure in the absence of a pharmacist. The Health and Wellbeing Board recommend that the ongoing dialogue continues between Public Health North Yorkshire, Community Pharmacy North Yorkshire and local community pharmacies to other healthcare partners to achieve a resolution.

It is recommended that provision remains under review to ensure that there is accessibility to meet need and that the Health and Wellbeing Board are kept informed of progress in this area.

10.2.2 Amendments to North Yorkshire PNA following consultation process

Change	Section within PNA
References to Clinical Commissioning Groups updated where appropriate to Integrated Commissioning Boards, to reflect organisational changes that came into effect from 1 st July 2022	Throughout document
References to NHS England and NHS Improvement (or NHS E/I) updated where appropriate to NHS England, to reflect organisational changes that came into effect from 1 st July 2022	Throughout document
Executive summary section expanded to include summary of the main findings and recommendations	Executive summary
Information has been added to describe the consultation process, a summary of the findings and any changes made to the PNA as a result	Section 3.7 and section 10.2
In response to consultation feedback, section 3.8 and 6 have been updated to clarify the recommendations around Sunday opening hours	Section 3.8 and 6
In response to steering group request, further information has been added regarding health inequalities for coastal communities	Section 4.1

Information on population updated to reflect the recently published 2021 census data	Section 4.2
In response to steering group request, added a section on migrant health which outlines the numbers of people resettled within North Yorkshire as a result of the conflict in Ukraine, the EU Settlement Scheme and other Government resettlement schemes.	Section 4.8 and 6.10
In response to feedback from the NYCC Public Health team, the section on sexual health has been updated to reflect the latest information	Section 4.9.5
In response to steering group request, further information has been added regarding health inequalities for cancer in rural communities	Section 4.9.6
In response to consultation feedback, the information on Sunday and extended access opening hours has been updated to clarify that the current provision is adequate but that the Health and Wellbeing Board will monitor any change in provision in the future	Sections 6.7.2.2, section 6.7.3 and section 11
Information on the provision of advanced services by community pharmacies in North Yorkshire has been updated using data provided by NHS England in August 2022	Section 7.2
In response to feedback from the NYCC Public Health team, the section on the NYCC employee flu vaccination service has been updated to reflect the current arrangements.	Section 8.1.4
In response to feedback from the NYCC Public Health team, the information in section 4.9.5 regarding sexual health and teenage pregnancy has been updated. The information in section 8.1.3 about the locally commissioned Targeted Primary Care Sexual Health Service has also been updated to reflect the number of pharmacies that were actively providing this service in the 2021/22 financial year.	Section 4.9.5 and 8.1.3

11. Summary of findings

Following the development of the PNA 2022 - 25, the conclusions and final recommendations of North Yorkshire Health and Wellbeing Board are:

1. Community pharmacy services play an important role in the landscape in supporting the services provided by GP practices/dispensing GP practices and the PCNs.
2. Community pharmacies may offer support to the wider health needs of their population by providing the essential, advanced and locally commissioned services as described in this report. Responses from both community pharmacists and the GP practices responding to the survey indicate that there is scope for more collaborative working to benefit the health needs of their patients.
3. North Yorkshire Health and Wellbeing Board also wishes to acknowledge the contribution that Community pharmacy services have made to the recent COVID-19 pandemic response. Community pharmacies provided support to the local community both in terms of maintaining essential medicine services, and in the delivery of medicines to those unable to leave their homes, supplying Lateral Flow Device testing kits and in the support and administration of the COVID-19 vaccination programme.
4. Overall, there is good pharmaceutical service 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 adequate choice of pharmacy.
5. In urban areas there is good provision of pharmaceutical services on Saturday mornings and adequate provision on Saturday afternoons and Sundays.
6. Where the area is defined as rural by NHSE, there are dispensing practices to provide pharmaceutical services to the rural population from 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.
7. The current provision of “standard 40 hour” pharmacies should be maintained.
8. 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.
9. 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.
10. There are proposed future housing developments across North Yorkshire which will mean that these areas will need to be reviewed on a regular basis to identify any

significant increases in pharmaceutical need. District and borough plans indicate a need for more than 2,000 houses per year for the next 10 years. 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.

11. The area is changing rapidly and as well as consulting this PNA, the Pharmaceutical Services Regulations Committee (PSRC) at NHS England 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.
12. 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.
13. There could be improved promotion of community pharmacy services to the local community as feedback from the residents survey identified lack of awareness. It is important for the pharmaceutical needs assessment to consider 'knowledge gaps' as well as 'service gaps'; if the public is not broadly aware of a service, then it will not be used to its fullest extent. In particular, there were knowledge gaps in the services offered beyond a pharmacies core contractual duties.
14. Pharmacists may offer support the opportunistic delivery of consistent and concise healthy lifestyle information to individuals by using the MECC approach. MECC maximises the opportunity within routine health and care interactions for a brief or very brief discussion on health or wellbeing factors to take place.
15. The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The responses from stakeholders who stated they were unaware of this suggests that pharmaceutical services may still require regular promotion both for the public and for stakeholders. This is important to ensure that the available services are used to improve and protect health in primary care.
16. Concerns were expressed in the residents survey about proposed cuts to bus routes affecting access to pharmacies, while these do not identify gaps in provision of pharmaceutical services the HWB should bear in mind if this may impact residents in the future.
17. 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.
18. 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.

19. 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.
20. 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 NHS England when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area. It is the responsibility of NHS England 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). It is proposed that the supplementary statements are issued every 3 months by NHS England (a member of the Board) as they hold all the relevant data. They will be published on the North Yorkshire County Council website alongside the PNA.

Appendix 1 - Dispensing GP practices and addresses

Information from NHS England April 2022

Practice Name	Address	PCN
Ampleforth and Hovingham Surgeries	Beck Lane, Ampleforth, YO62 4EF	North Riding Healthy Community PCN
Ayton and Snainton Medical Practice	West Ayton Surgery, 53 Pickering Road, West Ayton, YO13 9JF	North Riding Healthy 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, 68 Doncaster Road, Selby, YO8 9AJ	Selby Town PCN
Central Dales Practice	Central Dales Practice, The Health Centre, Hawes, DL8 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
Danby Surgery	Dale End, Danby, Whitby, YO21 2PA	Whitby Coast & Moors PCN
Derwent Practice	Norton Road, Norton, YO17 9RF	North Riding Healthy Community PCN
Doctors Lane Surgery	Doctors Lane, Aldbrough St. John, Richmond, DL11 7TH	Richmondshire PCN
Dr Akester and Partners	The Holroyd Surgery, Kirkby Malzeard, Ripon, HG4 3SE	Ripon and Masham
Dr Croft and Partner	Staithes Surgery, Seaton Crescent, Staithes, Saltburn, TS13 5AY	Whitby Coast & Moors PCN
Dr Ingram and Partners	The Surgery, 7/8 Park Street, Ripon, HG4 2AX	Ripon and Masham
Dr Utting	Tollerton, 5-7 Hambleton View, York, YO61 1QW	South Hambleton and Ryedale PCN
Drs Wilson and Matthews Helmsley	Helmsley Surgery, Carlton Road, Helmsley, YO62 5HD	South Hambleton and Ryedale PCN
Egton Surgery	Egton, Whitby, YO21 1TX	Whitby Coast & Moors PCN
Escrick Surgery	Dr SJ Butlin & Partners, The Escrick Surgery, Escrick, York, YO19 6LE	Selby Town PCN
Filey Surgery	Station Avenue, Filey, YO14 9AE	Filey and Scarborough PCN
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
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, Northallerton, DL7 8AW	Hambleton North PCN
Millfield Surgery	Millfield Surgery, Millfield Lane, York, YO61 3JR	South Hambleton and Ryedale PCN
Mowbray House Surgery	Dr Edon & Partners, Malpas Road, Northallerton, DL7 8FW	Hambleton North PCN
Nidderdale Group Practice	Feastfield Medical Centre, King Street, Pateley Bridge, 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 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

Thirsk Doctors Surgery	The Doctors Surgery, Chapel Street, Thirsk, YO7 1LG	Hambleton South PCN
Topcliffe Surgery	Topcliffe, The Surgery, Long Street, Topcliffe, YO7 3RP	Hambleton South PCN
Whitby Group Practice	Spring Vale Medical Centre, Whitby, YO21 1SD	Whitby Coast & Moors PCN
Bentham Medical Practice	High Bentham, Lancaster, Lancashire, LA2 7JP	Western Dales PCN
Scorton Medical Centre	The Surgery, Stags Way, Scorton, DL10 6HB	Richmondshire PCN
Townhead Medical Practice	Townhead Surgeries, Town Head, Settle, BD24 9JA	WACA PCN

Appendix 2 - Membership of the Steering Committee

Name	Role/Organisation
Clare Beard (Chair)	Public Health Consultant, NYCC
Kurt Ramsden	Medicines Management Support to NYCC
Heather Baker	Public Health Improvement Officer, CoY
Leo Beacroft	Public Health Senior Intelligence Specialist, NYCC
Claire Lawrence	Public Health, NYCC
Ian Dean	Chief Executive Officer, Community Pharmacy NY
Daniel Harry	Democratic Services, NYCC
Peter Roderick	Public Health, CoY
Phil Truby	Public Health, CoY
Patrick Duffy	Democratic Services, NYCC
Sian Balsom	Healthwatch, York
Tracy Wallis	HWB, CoY
Shanna Carrell	Participation and Engagement Manager, NYCC
Rachel Ainger	CSU Medicines Management Team
Duncan Rogers	YOR Local Medical Committee Limited
Terry Rudden	CoY
Mike Wimmer	CoY
Andy Reay	Senior Medicines Optimisation Pharmacist, NECS
David Iley	NHS England
Naida Rafiq	Medicines Optimisation Pharmacist, NECS
Steven Llewellyn	Medicines Optimisation Pharmacist, NECS

Appendix 3 - Residents Survey

When We Consulted

Six week period over February and March 2022

How We Consulted and Who Responded

Surveys were promoted via the NYCC website, press, social media platforms, radio, with 'have your say' posters displayed in pharmacies, GP surgeries, community centres and libraries.

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

447 people provided complete survey responses. This was higher than the last PNA when 374 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 (70%) of respondents to the survey were female. More than 72% of responses came from people aged 50 - 79 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:

Age:

Under 16

16-19

20-29

30-39

40-49

50-59

60-69

70-79

80 plus

Prefer not to say

How do you identify?

Male

Female

I describe myself in another way

Prefer not to say

How would you describe your ethnic origin?

White British

White Irish

White - Any other White background

Asian or Asian British - Bangladeshi

Asian or Asian British - Indian

Mixed - any other mixed background

Asian or Asian British - Pakistani

Asian or Asian British - Any other Asian background

Black or Black British - African

Black or Black British - Caribbean

Other Ethnic Group - Chinese

Black or Black British - any other black background

Other ethnic group - any other ethnic group

Mixed - White and Asian

Mixed - White and Black African

Mixed - White and Black Caribbean

I do not wish to disclose

Other

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

Very good

Good

Fair

Bad

Very bad

Do not wish to disclose

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

Yes

No

Do not wish to disclose this

If yes, please tick any impairment listed which affects you, as you may experience more than one. If none of the categories apply, please select 'other.'

Physical Impairment

Mental Health Problem

Long-standing illness

Sensory Impairment

Learning Disability/Difficulty

Do you consider yourself to be a carer?

Yes

No

If you have a minor health problem, before going to A&E would you visit:

A pharmacy

A walk-in centre
Your GP

**Please tell us about the pharmacy services where you live:
I have a choice about which pharmacy I use?**

Yes
No

I can find a pharmacy open in the evening?

Yes
No

I can find a pharmacy open on a Sunday or a Bank Holiday?

Yes
No

**Please tell us about the availability and quality of pharmacies in your area:
Overall, the availability of pharmacies in my area is:**

Very good
Good
Adequate
Poor
Very Poor

Overall, the quality of pharmacies in my area is:

Very good
Good
Adequate
Poor
Very Poor

**Thinking about medication services you use or might want to use at a pharmacy,
consider the following options and tick the box that corresponds with your view:**

New Medicine Service (extra advice if you're prescribed a medicine to treat a long-term condition for the first time):

I have used this service and I am satisfied with it
I have used this service and I am not satisfied with it
I know about this service, but I don't use it
I didn't know a pharmacy could offer this service
I'd like to use this service if it was available for the following options

Repeat Prescription ordering/collection:

I have used this service and I am satisfied with it
I have used this service and I am not satisfied with it
I know about this service, but I don't use it
I didn't know a pharmacy could offer this service
I'd like to use this service if it was available for the following options

NHS Repeat Dispensing (regular medication without the need to get new prescriptions every time):

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

Electronic Prescription Service (where your prescription is sent electronically to the dispenser you have chosen, and it can be collected without needing to hand in a paper prescription):

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

Delivery of medication:

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

Medicines packaging (e.g., weekly boxes):

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

Needle and Syringe Exchange:

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

Sharps box disposal:

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

NHS Urgent Medicine Supply Advanced Service (NUMSAS) (obtaining medication direct from a pharmacy, when appropriate):

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it
I didn't know a pharmacy could offer this service
I'd like to use this service if it was available for the following options

Electronic Prescription Transfer from your GP direct to pharmacy:

I have used this service and I am satisfied with it
I have used this service and I am not satisfied with it
I know about this service, but I don't use it
I didn't know a pharmacy could offer this service
I'd like to use this service if it was available for the following options

Community Pharmacist Consultation Service (CPCS) - PSNC:

I have used this service and I am satisfied with it
I have used this service and I am not satisfied with it
I know about this service, but I don't use it
I didn't know a pharmacy could offer this service
I'd like to use this service if it was available for the following options

Covid Lateral Flow Test Service:

I have used this service and I am satisfied with it
I have used this service and I am not satisfied with it
I know about this service, but I don't use it
I didn't know a pharmacy could offer this service
I'd like to use this service if it was available for the following options

Out of Hours service:

I have used this service and I am satisfied with it
I have used this service and I am not satisfied with it
I know about this service, but I don't use it
I didn't know a pharmacy could offer this service
I'd like to use this service if it was available for the following options

Disposal of medicines:

I have used this service and I am satisfied with it
I have used this service and I am not satisfied with it
I know about this service, but I don't use it
I didn't know a pharmacy could offer this service
I'd like to use this service if it was available for the following options

Thinking about health services you use or might want to use at a pharmacy, consider the following options and tick the box that corresponds with your view:

NHS Flu Vaccination:

I have used this service and I am satisfied with it
I have used this service and I am not satisfied with it
I know about this service, but I don't use it
I didn't know a pharmacy could offer this service
I'd like to use this service if it was available for the following options

NHS Covid Vaccination Service:

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

Chlamydia Testing:

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

Emergency Contraception (morning after pill):

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

Contraception Service:

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

NHS Health Checks:

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

Health Heart Checks:

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

NHS Healthy Start Vitamins/Vouchers:

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

Substance-Misuse Services e.g., Supervised Consumption:

I have used this service and I am satisfied with it

I have used this service and I am not satisfied with it

I know about this service, but I don't use it

I didn't know a pharmacy could offer this service

I'd like to use this service if it was available for the following options

If the pharmacy, you normally use is not where you live, please tell us which town/village it is:

What type of pharmacy do you normally use?

The local high street

Inside supermarket

Pharmacy in a doctor's surgery

Online

Other

When you go to a pharmacy in person, how do you usually get there?

Walk

Public transport (bus or train)

Taxi

Drive in my own car

Get a lift in somebody else's car

How often do you use it for medicines or prescriptions?

Every week

Every month

Every couple of months

Once or twice a year

Less often

Is the pharmacy open when you need it?

Yes

Most of the time

No

Who do you use the pharmacy on behalf of?

(Please tick all that apply)

Myself

My children

An older relative

Another family member

A friend or neighbour

Someone else - please state

If you use the pharmacy on behalf of someone other than yourself, is there a reason why they're unable to use the pharmacy on their own?

If you are unhappy with your pharmacy, please indicate why:

(Please tick all that apply)

Lack of parking
Difficult to get into the building/shop
Not in a convenient location
Lack of public transport
Opening times - daytime
Opening times - evening
Opening times - weekends/bank holidays
Lack of access to a pharmacist I trust
Lack of access to a consultation in private
Cost of prescriptions
Don't know what services they provide
Pharmacist is difficult to understand
The pharmacist does not have the things that I need
Poor quality advice received
I'm a young carer and the pharmacist doesn't understand my role
Other - if other please state

If you received advice from a pharmacy about a minor health problem, but the pharmacy medicines were too expensive for you to buy, what would you do?

Do without the treatment
Go to your GP
Go to A&E
None of the above

Has this ever happened to you?

Yes
No

Do you visit the same pharmacy?

Always
Usually
Rarely
Never

Do you have your prescription medicines delivered by a pharmacy?

Always
Sometimes
Never
Doesn't apply to me

What is the main reason why you get them delivered?

For convenience
I would find it difficult to collect them myself
It is a free service
I don't get them delivered
Other - if other please specify

Your local community pharmacy is not paid by the NHS to deliver prescription

medicines. If the service was withdrawn or your pharmacy started charging for this service:

I would be able to manage without it

I know other people who could NOT manage without it

I would be prepared to pay if the charge was affordable

I would NOT be able to pay any delivery charge

I would NOT be able to manage without it

Do you usually pay for your prescription?

Yes

No

Don't know

Prefer not to say

Are your prescriptions sent electronically from your GP to your nominated pharmacy of choice for dispensing?

Yes

No

Don't know

Don't have prescriptions

Do you use an NHS pharmacy online service for NHS prescriptions?

Yes

No - if no, why not?

How would you rate the pharmacy or pharmacies that you have used or usually use?

Excellent

Very Good

Good

Poor

Very poor

Why do you not use the pharmacy or pharmacies that you normally use? (Choose all that apply)

Near to where you live

Prescription collection service

Near to where you work

Medicine delivery service

Near to your children's school

Special offers

Close to where I shop

Clean and pleasant environment

Easy to walk to it or reach it on public transport

Inside or close to the GP practice

Always used it

Good customer care/friendly staff

Range of services

Trusted advice

Convenient opening times to use on an evening or weekend
Some other reason

Choose up to THREE important reasons why you use a pharmacy?

Near to where you live
Prescription collection service
Near to where you work
Medicine delivery service
Near to your children's school
Special offers
Close to where I shop
Clean and pleasant environment
Easy to walk to it or reach it on public transport
Inside or close to the GP practice
Always used it
Good customer care/friendly staff
Range of services
Trusted advice
Convenient opening times to use on an evening or weekend
Availability of medication/products
Other - please explain

As well as advice on medicines and minor ailments, all pharmacies are able to offer advice on a range of Healthy Lifestyle issues (such as diet and nutrition, alcohol awareness, sexual health and physical activity). The availability of this type of advice from a pharmacy is encouraged both nationally and by your local council.

Did you know that pharmacies could offer free advice on healthy lifestyles?

Yes
No

Has your pharmacy ever offered you free advice on healthy lifestyles?

Yes
No

Has your ever taken up the offer of free advice on healthy lifestyles from your pharmacy?

Yes
No

If you have taken up the offer of free advice, could you please state what this was about?

Please do not share any personal information in your response which could lead to you being personally identified.

Do you view the pharmacy as part of the NHS?

Yes
No

Do you feel happy about patient confidentiality and consent?

Yes

No

Do you know that you can ask at any time to use the private consulting room available in all pharmacies?

Yes

No

Do you feel comfortable getting advice in the pharmacy about health problems?

Yes

No

Are the staff polite and helpful when you visit or contact them?

Yes

No

Thinking about the new services/advice & selfcare local pharmacies could offer (though not necessarily in the pharmacy you use), which of the following do you think might be useful?

Free Healthy Heart Checks

NHS Screening services, e.g., diabetes, HIV, Hepatitis B or C

Specific help with medicines for people with a long-term illness or conditions - e.g., obesity, asthma or COPD (Chronic Obstructive Pulmonary Disease)

Short 'one to one' weight management programme

Anticoagulant monitoring service - e.g., fingerpick testing for patients on Warfarin

Gluten free food supply service without prescription

Advice and support in a language other than English

How do you think the service your pharmacy provides, could be improved?

Medication availability

More staffing

Better waiting times

Communication

Product availability

Increase opening times

Offer more patient services and support

Other - please state

Please give examples of patient services and support:

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

Please do not share any personal information in your response which could lead to you being personally identified.

Residents Survey Results

Which area do you live in?	Number of people	%
North Yorkshire	447	100%
Grand Total	447	100%

Age:	Number of people	%
Under 16	1	0.22%
20-29	12	2.68%
30-39	31	6.94%
40-49	59	13.20%
50-59	117	26.17%
60-69	133	29.75%
70-79	73	16.33%
80 plus	17	3.80%
Prefer not to say	2	0.45%
(blank)	2	0.45%
Grand Total	447	100%

How do you identify?	Number of people	%
Female	317	70.92%
Male	118	26.40%
Prefer not to say	8	1.79%
I describe myself in another way	3	0.67%
(blank)	1	0.22%
Grand Total	447	100%

How would you describe your ethnic origin?	Number of people	%
White British	427	95.53%
I do not wish to disclose	9	2.01%
White - Any other White background	5	1.12%
White Irish	3	0.67%
Asian or Asian British - Indian	1	0.22%
Mixed - any other mixed background	1	0.22%
Other ethnic group - any other ethnic group	1	0.22%
Grand Total	447	100%

Over the last 12 months, how would you say your health has been?	Number of people	%
Good	181	40.49%
Fair	143	31.99%
Very good	74	16.55%

Bad	34	7.61%
Very bad	9	2.01%
Do not wish to disclose	3	0.67%
(blank)	3	0.67%
Grand Total	447	100%

Do you consider yourself to be a disabled person or have a long-term health condition?	Number of people	%
No	267	59.73%
Yes	173	38.70%
Do not wish to disclose this	6	1.34%
(blank)	1	0.22%
Grand Total	447	100%

If yes, please tick any impairment listed which affects you, as you may experience more than one. If none of the categories apply, please select 'other':

55 (12.30%) people listed physical impairment
32 (7.16%) people listed mental health problem
121 (27.06%) people listed long-standing illness
12 (2.68%) people listed sensory impairment
6 (1.34%) people listed learning disability/difficulty

Do you consider yourself to be a carer?	Number of people	%
No	376	84.12%
Yes	67	14.99%
(blank)	4	0.89%
Grand Total	447	100%

If you have a minor health problem, before going to A&E would you visit:	Number of people	%
A pharmacy	223	49.89%
Your GP	210	46.98%
A walk-in centre	10	2.24%
(blank)	4	0.89%
Grand Total	447	100%

Please tell us about the pharmacy services where you live:

I have a choice about which pharmacy I use	Number of people	%
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Yes	299	66.89%
No	146	32.66%
(blank)	2	0.45%
Grand Total	447	100%

I can find a pharmacy open in the evening	Number of people	%
No	254	56.82%
Yes	166	37.14%
(blank)	27	6.04%
Grand Total	447	100%

I can find a pharmacy open on a Sunday or a Bank Holiday	Number of people	%
No	233	52.13%
Yes	181	40.49%
(blank)	33	7.38%
Grand Total	447	100%

Overall, the availability of pharmacies in my area is:	Number of people	%
Good	138	30.87%
Adequate	122	27.29%
Very Good	103	23.04%
Poor	61	13.65%
Very Poor	22	4.92%
(blank)	1	0.22%
Grand Total	447	100%

Overall, the quality of pharmacies in my area is:	Number of people	%
Good	138	30.87%
Very Good	128	28.64%
Adequate	96	21.48%
Poor	47	10.51%
Very Poor	14	3.13%
(blank)	24	5.37%
Grand Total	447	100%

Thinking about medication services you use or might want to use at a pharmacy, consider the following options and tick the box that corresponds with your view:

New Medicine Service (extra advice if you're prescribed a medicine to treat a long-term condition for the first time)	Number of people	%
I didn't know a pharmacy could offer this service	212	47.43%
I have used this service and I am satisfied with it	102	22.82%
I know about this service but I don't use it	81	18.12%
I'd like to use this service if it was available for the following options	9	2.01%
I have used this service and I am not satisfied with it	6	1.34%
(blank)	37	8.28%
Grand Total	447	100%

Repeat Prescription ordering/collection	Number of people	%
I know about this service but I don't use it	68	15.21%
I have used this service and I am satisfied with it	270	60.40%
I'd like to use this service if it was available for the following options	16	3.58%
I didn't know a pharmacy could offer this service	18	4.03%
I have used this service and I am not satisfied with it	67	14.99%
(blank)	8	1.79%
Grand Total	447	100%

NHS Repeat Dispensing (regular medication without the need to get new prescriptions every time)	Number of people	%
I didn't know a pharmacy could offer this service	163	36.47%
I have used this service and I am satisfied with it	106	23.71%
I know about this service but I don't use it	86	19.24%
I'd like to use this service if it was available for the following options	42	9.40%
I have used this service and I am not satisfied with it	20	4.47%
(blank)	30	6.71%
Grand Total	447	100%

Electronic Prescription Service (where your prescription is sent electronically to the dispenser you have chosen, and it can be collected without needing to hand in a paper prescription)	Number of people	%
I know about this service but I don't use it	59	13.20%
I didn't know a pharmacy could offer this service	66	14.77%
I have used this service and I am not satisfied with it	33	7.38%
I have used this service and I am satisfied with it	242	54.14%
I'd like to use this service if it was available for the following options	21	4.70%
(blank)	26	5.82%

Grand Total	447	100%
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Delivery of medication	Number of people	%
I know about this service but I don't use it	246	55.03%
I didn't know a pharmacy could offer this service	60	13.42%
I have used this service and I am not satisfied with it	12	2.68%
I have used this service and I am satisfied with it	59	13.20%
I'd like to use this service if it was available for the following options	36	8.05%
(blank)	34	7.61%
Grand Total	447	100%

Medicine packaging (e.g., weekly boxes)	Number of people	%
I know about this service but I don't use it	225	50.34%
I didn't know a pharmacy could offer this service	117	26.17%
I have used this service and I am not satisfied with it	10	2.24%
I have used this service and I am satisfied with it	30	6.71%
I'd like to use this service if it was available for the following options	19	4.25%
(blank)	46	10.29%
Grand Total	447	100%

Needle and Syringe Exchange	Number of people	%
I know about this service but I don't use it	278	62.19%
I didn't know a pharmacy could offer this service	100	22.37%
I have used this service and I am not satisfied with it	8	1.79%
I'd like to use this service if it was available for the following options	3	0.67%
(blank)	58	12.98%
Grand Total	447	100%

Sharps box disposal	Number of people	%
I know about this service but I don't use it	245	54.81%
I didn't know a pharmacy could offer this service	110	24.61%
I have used this service and I am not satisfied with it	4	0.89%
I have used this service and I am satisfied with it	29	6.49%
I'd like to use this service if it was available for the following options	4	0.89%
(blank)	55	12.30%
Grand Total	447	100%

NHS Urgent Medicine Supply Advanced Service (NUMSAS) (obtaining medication direct from a pharmacy, when appropriate)	Number of people	%
I know about this service but I don't use it	112	25.06%
I didn't know a pharmacy could offer this service	244	54.59%
I have used this service and I am not satisfied with it	1	0.22%
I have used this service and I am satisfied with it	17	3.80%
I'd like to use this service if it was available for the following options	17	3.80%
(blank)	56	12.53%
Grand Total	447	100%

Electronic Prescription Transfer from your GP direct to pharmacy	Number of people	%
I know about this service but I don't use it	59	13.20%
I didn't know a pharmacy could offer this service	42	9.40%
I have used this service and I am not satisfied with it	41	9.17%
I have used this service and I am satisfied with it	265	59.28%
I'd like to use this service if it was available for the following options	12	2.68%
(blank)	28	6.26%
Grand Total	447	100%

Community Pharmacist Consultation Service (CPCS) - PSNC	Number of people	%
I know about this service but I don't use it	134	29.98%
I didn't know a pharmacy could offer this service	184	41.16%
I have used this service and I am not satisfied with it	7	1.57%
I have used this service and I am satisfied with it	49	10.96%
I'd like to use this service if it was available for the following options	17	3.80%
(blank)	56	12.53%
Grand Total	447	100%

Covid Lateral Flow Test Service	Number of people	%
I know about this service but I don't use it	134	29.98%
I didn't know a pharmacy could offer this service	137	30.65%
I have used this service and I am not satisfied with it	18	4.03%
I have used this service and I am satisfied with it	90	20.13%
I'd like to use this service if it was available for the following options	11	2.46%
(blank)	57	12.75%

Grand Total	447	100%
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Out of Hours service	Number of people	%
I know about this service but I don't use it	109	24.38%
I didn't know a pharmacy could offer this service	177	39.60%
I have used this service and I am not satisfied with it	15	3.36%
I have used this service and I am satisfied with it	29	6.49%
I'd like to use this service if it was available for the following options	71	15.88%
(blank)	46	10.29%
Grand Total	447	100%

Disposal of medicines	Number of people	%
I know about this service but I don't use it	156	34.90%
I didn't know a pharmacy could offer this service	52	11.63%
I have used this service and I am not satisfied with it	9	2.01%
I have used this service and I am satisfied with it	174	38.93%
I'd like to use this service if it was available for the following options	14	3.13%
(blank)	42	9.40%
Grand Total	447	100%

NHS Flu Vaccination	Number of people	%
I didn't know a pharmacy could offer this service	26	5.82%
I have used this service & I am satisfied with it	232	51.90%
I have used this service and I am not satisfied with it	8	1.79%
I know about this service but I don't use it	157	35.12%
I would like to use this service if it was available	17	3.80%
(blank)	7	1.57%
Grand Total	447	100%

NHS Covid Vaccination Service	Number of people	%
I didn't know a pharmacy could offer this service	55	12.30%
I have used this service & I am satisfied with it	145	32.44%
I have used this service and I am not satisfied with it	4	0.89%
I know about this service but I don't use it	183	40.94%
I would like to use this service if it was available	45	07%
(blank)	15	3.36%
Grand Total	447	100%

Chlamydia Testing	Number of people	%
I didn't know a pharmacy could offer this service	111	24.83%
I have used this service & I am satisfied with it	7	1.57%
I know about this service but I don't use it	276	61.74%
I would like to use this service if it was available	2	0.45%
(blank)	51	11.41%
Grand Total	447	100%

Emergency Contraception (morning after pill)	Number of people	%
I didn't know a pharmacy could offer this service	30	6.71%
I have used this service & I am satisfied with it	6	1.34%
I know about this service but I don't use it	121	27.07%
(blank)	290	64.88%
Grand Total	447	100%

Contraception Service	Number of people	%
I didn't know a pharmacy could offer this service	99	22.15%
I have used this service & I am satisfied with it	11	2.46%
I have used this service and I am not satisfied with it	1	0.22%
I know about this service but I don't use it	281	62.86%
I would like to use this service if it was available	4	0.89%
(blank)	51	11.41%
Grand Total	447	100%

NHS Health Checks	Number of people	%
I didn't know a pharmacy could offer this service	214	47.87%
I have used this service & I am satisfied with it	50	11.19%
I have used this service and I am not satisfied with it	1	0.22%
I know about this service but I don't use it	131	29.31%
I would like to use this service if it was available	23	5.15%
(blank)	28	6.26%
Grand Total	447	100%

Healthy Heart Checks	Number of people	%
I didn't know a pharmacy could offer this service	233	52.13%
I have used this service & I am satisfied with it	14	3.13%
I know about this service but I don't use it	131	29.31%
I would like to use this service if it was available	32	7.16%

(blank)	37	8.28%
Grand Total	447	100%

NHS Healthy Start Vitamins/Vouchers	Number of people	%
I didn't know a pharmacy could offer this service	253	56.60%
I know about this service but I don't use it	123	27.52%
I would like to use this service if it was available	27	6.04%
(blank)	44	9.84%
Grand Total	447	100%

Substance-Misuse Services e.g., Supervised Consumption	Number of people	%
I didn't know a pharmacy could offer this service	154	34.45%
I have used this service & I am satisfied with it	3	0.67%
I know about this service but I don't use it	233	52.13%
I would like to use this service if it was available	5	1.12%
(blank)	52	11.63%
Grand Total	447	100%

If the pharmacy you normally use is not where you live, please tell us which town/village it is:

2 (0.45%) people said Aldborough St John
1 (0.22%) person said Aysgarth
1 (0.22%) person said Barlby
3 (0.67%) people said Bedale
1 (0.22%) person said Boots in Ripon or Malton
2 (0.45%) people said Boroughbridge
1 (0.22%) person said Bradley
6 (1.34%) people said Carleton
5 (1.12%) people said Carleton in Craven
2 (0.45%) people said Catterick village or Scorton surgery
1 (0.22%) person said Colburn
1 (0.22%) person said Cononley
1 (0.22%) person said Crosshills
1 (0.22%) person said Driffield
2 (0.45%) people said Eastfield
1 (0.22%) person said Egton
1 (0.22%) person said Featherstone
1 (0.22%) person said Friary Surgery
1 (0.22%) person said Gargrave
1 (0.22%) person said Settle
2 (0.45%) people said Grassington
1 (0.22%) person said Hampsthwaite
1 (0.22%) person said Harrogate
4 (0.89%) people said Helmsley

1 (0.22%) person said Ingleton
 1 (0.22%) person said Knaresborough
 1 (0.22%) person said Leeds
 8 (1.78%) people said Leyburn
 5 (1.12%) people said Malton
 1 (0.22%) person said National
 2 (0.45%) people said Northallerton
 3 (0.67%) people said Norton
 1 (0.22%) person said Online
 2 (0.45%) people said Pickering
 1 (0.22%) person said Pontefract
 1 (0.22%) person said Reeth
 4 (0.89%) people said Richmond
 1 (0.22%) person said Rillington
 1 (0.22%) person said Ripon
 5 (1.12%) people said Selby
 4 (0.89%) people said Settle
 6 (1.34%) people said Sherburn
 1 (0.22%) person said Sherburn or Driffield
 2 (0.45%) people said Sherburn in Elmet
 5 (1.12%) people said Skipton
 6 (1.34%) people said South Milford
 2 (0.45%) people said Stillington
 3 (0.67%) people said Strensall
 2 (0.45%) people said The Bay, Filey/Muston
 10 (2.24%) people said Thirsk
 1 (0.22%) person said Thorpe Willoughby or Selby
 1 (0.22%) person said Topcliffe
 1 (0.22%) person said Whitby

What type of pharmacy do you normally use?	Number of people	%
Inside supermarket	33	7.38%
Online	11	2.46%
Other	28	6.26%
Pharmacy in a doctors' surgery	118	26.40%
The local high street	254	56.82%
(blank)	3	0.67%
Grand Total	447	100%

When you go to a pharmacy in person, how do you usually get there?	Number of people	%
Drive in my own car	241	53.91%
Get a lift in somebody else's car	6	1.34%
Public transport (bus or train)	5	1.12%
Taxi	4	0.89%
Walk	176	39.37%

(blank)	15	3.36%
Grand Total	447	100%

How often do you use it for medicines or prescriptions?	Number of people	%
Every couple of months	67	1%
Every month	293	65.55%
Every week	23	5.15%
Less often	21	4.70%
Once or twice a year	32	7.16%
(blank)	11	2.46%
Grand Total	447	100%

Is the pharmacy open when you need it?	Number of people	%
Most of the time	212	47.43%
No	36	8.05%
Yes	185	41.39%
(blank)	14	3.13%
Grand Total	447	100%

Who do you use the pharmacy on behalf of? (Please tick all that apply)	Number of people	%
Myself	417	93.29%
(blank)	30	6.71%
Grand Total	447	100%

Who do you use the pharmacy on behalf of? (Please tick all that apply)	Number of people	%
My children	82	18.34%
(blank)	365	81.66%
Grand Total	447	100%

Who do you use the pharmacy on behalf of? (Please tick all that apply)	Number of people	%
An older relative	40	8.95%
(blank)	407	91.05%
Grand Total	447	100%

Who do you use the pharmacy on behalf of? (Please tick all that apply)	Number of people	%
Another family member	168	37.58%

(blank)	279	62.42%
Grand Total	447	100%

Who do you use the pharmacy on behalf of? (Please tick all that apply)	Number of people	%
A friend or neighbour	20	4.47%
(blank)	427	95.53%
Grand Total	447	100%

Who do you use the pharmacy on behalf of? (Please tick all that apply)	Number of people	%
Someone else - please state (see below)	4	0.89%
(blank)	443	99.11%
Grand Total	447	100%

1 (0.22%) person said this was someone they supported

1 (0.22%) person said it was a work task

1 (0.22%) person said it was for isolated vulnerables

1 (0.22%) person said it was their husband

If you use the pharmacy on behalf of someone other than yourself, is there a reason why they're unable to use the pharmacy on their own?

Having access to no car/not driving, collected on behalf of elderly/housebound/disabled, at work/education, opening hours of the pharmacy, pharmacy is not open at weekends and the person who needs it is at work Monday-Friday and opening on a Saturday would be very beneficial.

If you received advice from a pharmacy about a minor health issue, but the pharmacy medicines were too expensive for you to buy, what would you do?	Number of people	%
Do without the treatment	92	20.58%
Go to A&E	1	0.22%
Go to your GP	193	43.18%
None of the above	138	30.87%
(blank)	23	5.15%
Grand Total	447	100%

Has this ever happened to you?	Number of people	%
No	386	86.35%
Yes	44	9.84%
(blank)	17	3.80%
Grand Total	447	100%

Do you visit the same pharmacy?	Number of people	%
Always	213	47.65%
Rarely	10	2.24%
Usually	213	47.65%
(blank)	11	2.46%
Grand Total	447	100%

Do you have your prescription medicine delivered by a pharmacy?	Number of people	%
Always	33	7.38%
Doesn't apply to me	89	19.91%
Never	291	65.10%
Sometimes	23	5.15%
(blank)	11	2.46%
Grand Total	447	100%

What is the main reason why you get them delivered?	Number of people	%
For convenience	27	6.04%
I don't get them delivered	254	56.82%
I would find it difficult to collect them myself	15	3.36%
It is a free service	5	1.12%
Other - please specify	14	3.13%
(blank)	132	29.53%
Grand Total	447	100%

Reasons stated:

Having a broken arm and not being able to drive, COVID-19, a weekly delivery from the pharmacy to the village so one vehicle can deliver to everyone.

Your local community pharmacy is not paid by the NHS to deliver prescription medicines. If the service was withdrawn or your pharmacy started charging for this service:	Number of people	%
I know other people who could NOT manage without it	107	23.94%
I would be able to manage without it	180	40.27%
I would be prepared to pay if the charge was affordable	47	10.51%
I would NOT be able to manage without it	17	3.80%
I would NOT be able to pay any delivery charge	27	6.04%
(blank)	69	15.44%
Grand Total	447	100%

Do you usually pay for your prescription?	Number of people	%
Don't know	1	0.22%
No	264	59.06%
Prefer not to say	3	0.67%
Yes	166	37.14%
(blank)	13	2.91%
Grand Total	447	100%

Are your prescriptions sent electronically from your GP?	Number of people	%
Don't have prescriptions	7	1.57%
Don't know	37	8.28%
No	53	11.86%
Yes	336	75.17%
(blank)	14	3.13%
Grand Total	447	100%

Do you use an NHS pharmacy online service for NHS prescriptions?	Number of people	%
No	279	62.42%
Yes	147	32.89%
(blank)	21	4.70%
Grand Total	447	100%

If 'no' why not?

They go to their GP, they don't know what it is, too complex, the app doesn't work.

How would you rate the pharmacy or pharmacies you use?	Number of people	%
Excellent	149	33.33%
Good	99	22.15%
Poor	53	11.86%
Very Good	123	27.52%
Very poor	9	2.01%
(blank)	14	3.13%
Grand Total	447	100%

Did you know that pharmacies could offer free advice on healthy lifestyles?	Number of people	%
No	209	46.76%
Yes	227	50.78%
(blank)	11	2.46%

Grand Total	447	100%
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Has your pharmacy ever offered you free advice on healthy lifestyles?	Number of people	%
No	398	89.04%
Yes	37	8.28%
(blank)	12	2.68%
Grand Total	447	100%

Have you ever taken up the offer of free advice on healthy lifestyles from your pharmacy?	Number of people	%
No	404	90.38%
Yes	21	4.70%
(blank)	22	4.92%
Grand Total	447	100%

If you have taken up the offer of free advice, could you please state what this was about?

Issues with sleeping, blood pressure checks, BMI checks, stopping smoking, dietary advice re: potential diabetes, weight management.

Do you view the pharmacy as part of the NHS?	Number of people	%
No	160	35.79%
Yes	274	61.30%
(blank)	13	2.91%
Grand Total	447	100%

Do you feel happy about patient confidentiality and consent?	Number of people	%
No	60	13.42%
Yes	370	82.77%
(blank)	17	3.80%
Grand Total	447	100%

Do you know that you can ask at any time to use the private room?	Number of people	%
No	105	23.49%
Yes	329	73.60%
(blank)	13	2.91%
Grand Total	447	100%

Do you feel comfortable getting advice in the pharmacy?	Number of people	%
No	112	25.06%
Yes	317	70.92%
(blank)	18	4.03%
Grand Total	447	100%

Are the staff polite and helpful when you visit?	Number of people	%
No	40	8.95%
Yes	394	88.14%
(blank)	13	2.91%
Grand Total	447	100%

If you are unhappy with your pharmacy please indicate why (Please tick all that apply)	Number of responses	%
Opening times - weekends/bank holidays	137	22%
Opening times - evening	123	20%
Don't know what services they provide	47	8%
Lack of parking	40	7%
The pharmacist does not have the things that I need	38	6%
Opening times - daytime	35	6%
Cost of prescriptions	33	5%
Lack of access to a consultation in private	31	5%
Lack of access to a pharmacist I trust	21	3%
Lack of public transport	16	3%
Not in a convenient location	15	3%
Poor quality advice received	12	2%
Pharmacist is difficult to understand	4	1%
Difficult to get into the building/shop	2	0%
Other	58	9%
Grand Total	612*	100%

** please note – multiple responses possible therefore this number is greater than the number of participants in the survey (n=447)*

Other reasons stated:

Lack of customer service, long queues, not enough staff, no free prescription delivery service. One person stated that the pharmacy is meant to be open 7 days a week, no notice of closure until at the pharmacy which isn't helpful when GP sends prescription for that day to start medication and chemist is not open as it is meant to be.

Why do you not use the pharmacy or pharmacies that you normally use? (Choose all that apply)	Number of responses	%
Near to where you live	109	15%
Good customer care/friendly staff	79	11%
Always used it	77	11%
Inside or close to the GP practice	70	10%
Close to where I shop	53	7%
Trusted advice	44	6%
Convenient opening times to use on an evening or weekend	42	6%
Clean and pleasant environment	40	6%
Easy to walk to it or reach it on public transport	37	5%
Some other reason	37	5%
Prescription collection service	33	5%
Near to where you work	29	5%
Range of services	16	2%
Medicine delivery service	8	1%
Special offers	5	1%
Near to your children's school	3	0%
Other	25	4%
Grand Total	707*	100%

* please note – multiple responses possible therefore this number is greater than the number of participants in the survey (n=447)

Other reasons stated:

It was the only pharmacy available for miles, it's where the doctor sends the prescription, easy parking, accessible by wheelchair.

Choose up to THREE important reasons why you use a pharmacy	Number of responses	%
Near to where you live	264	23%
Good customer care/friendly staff	177	15%
Inside or close to the GP practice	114	10%
Prescription collection service	96	8%
Close to where I shop	75	7%
Always used it	72	7%
Easy to walk to it or reach it on public transport	61	5%
Availability of medication/products	61	5%
Trusted advice	58	5%
Convenient opening times to use on an evening or weekend	48	4%
Near to where you work	36	3%
Clean and pleasant environment	31	3%
Medicine delivery service	19	2%
Range of services	12	1%

Near to your children's school	2	0%
Other	25	2%
Grand Total	1151*	100%

* please note – multiple responses possible therefore this number is greater than the number of participants in the survey (n=447)

Other reasons stated:

No responses.

Thinking about the new services/advice & selfcare local pharmacies could offer (though not necessarily in the pharmacy you use), which of the following do you think might be useful?	Number of responses	%
Free Healthy Heart Checks	309	26%
NHS screening services, e.g., diabetes, HIV, Hepatitis B or C	264	22%
Specific help with medicines for people with a long-term illness or conditions - e.g., obesity, asthma or COPD (Chronic Obstructive Pulmonary Disease)	199	17%
Short 'one to one' weight management programme	145	12%
Anticoagulant monitoring service - e.g., fingerprick testing for patients on Warfarin	127	11%
Gluten free food supply service without prescription	82	7%
Advice and support in a language other than English	60	5%
Grand Total	1186*	100%

* please note – multiple responses possible therefore this number is greater than the number of participants in the survey (n=447)

How do you think the service your pharmacy provides, could be improved?	Number of responses	%
Medication availability	99	13%
More staffing	118	16%
Better waiting times	87	12%
Communication	56	8%
Product availability	85	12%
Increase opening times	200	28%
Offer more patient services and support	56	8%
Other - please state	24	3%
Grand Total	725*	100%

* please note – multiple responses possible therefore this number is greater than the number of participants in the survey (n=447)

Other reasons stated:

They should stagger half hour lunch and remain open, often takes longer than 3 working

days to turn prescriptions around meaning wasted journeys to and from the pharmacy. The text messaging service doesn't correlate with when the prescriptions are ready to collect, delivery service of regular prescription, having an external letter box for prescription drop off.

They do not make any provision for disabilities; they refuse to use a hearing loop system even though they have one. They also make everyone waiting in the queue for services wait outside due to Covid - in the wind and rain. No seating for the elderly so those unable to stand for long periods give up. All this has led me to avoid using them and use online ordering instead.

Please give examples of patient services and support:

Ear syringing, tests, immunisations, vaccinations. Other examples mentioned were more private consultation, electronic transfer of prescriptions from GP to pharmacy would be ideal but don't know if this service is available, make provision for disabilities e.g., use of hearing loop, better seating.

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

"If there weren't so many houses being thrown up locally there wouldn't be such a huge strain on services."

"Pharmacy provision in YO62 is inadequate."

"More pharmacies should stock end of life care anticipatory medications and be open out of hours."

"Pharmacies in the east of the county are very scattered and for some people difficult to reach or totally inaccessible. Proposed cuts to bus services will only make this problem worse."

"My chemist has been open all through Covid, even Bank Holidays, they have done a marvellous job, even with staff shortages, they have looked after our community very well and should be commended."

"Pharmacies should focus on consultation & advice and move away from the in store dispensing model. Repeat prescriptions could be dispensed at centres and delivered to the patient's pharmacy of choice. Urgent dispensing should still be done locally and the time saved by removing the repeat dispensing workload should be used by the pharmacists & dispensers to interact with patients/clients. Pharmacies should be grouped to provide a range of services and integrated with the local secondary & tertiary care providers. All pharmacies should offer a clinical service for common conditions (diabetes, blood pressure management, asthma, basic GI problems, basic rheumatology). Specific pharmacies in an area should offer a service for more complex problems and this should be in conjunction with local hospital specialist pharmacists and medical consultants. Patients would be referred to these 'clinics' by their regular pharmacy. A huge shift in the way pharmacies provide care, but one that I believe will ultimately result in better bad health prevention and management of ill health."

"My chemist is fantastic and cannot be faulted."

"Excellent local service."

"Our village pharmacy is brilliant and needs to be kept open. It is a vital part of our community."

"Although I perceive pharmacies to be part of the NHS I know that they're not but feel they should be. With more support from the NHS they could bridge the gap between GPs and A&E. I'm very lucky to have the local pharmacies that are available to me who offer a good professional and friendly service. I'm sure others will feel less well served."

"Local services are much better than 'dispensing factories.' They go the extra mile to obtain 'manufacturer's delay' products, deliver urgent medicines as soon as they are prescribed e.g., antibiotics and answer queries. I've never needed to visit in person, which is always difficult for full time carers, but they've always been there with help and advice."

"Our local pharmacy is an essential part of our rural and increasingly elderly community and has been at the forefront of support and assistance during the pandemic. I genuinely think people would have died without them."

"They are always willing to help give advice where needed, can't fault them."

The advice my pharmacy offers on minor health issues is important to me as I use this service rather than the GP and would only use A&E in absolute emergency. My pharmacist is very good at this, and I trust him."

Appendix 4 - Pharmacies Survey

When We Consulted

Six week period over February and March 2022

How We Consulted and Who Responded

Surveys were promoted via the NYCC website, press, social media platforms, radio, with 'have your say' posters displayed in pharmacies, GP surgeries, community centres and libraries.

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

The responses are very helpful in identifying any barriers to accessing services and potential opportunities for development.

28 of the pharmacies in North Yorkshire responded to the survey, of which 2 were distance selling pharmacies. There were 29 responses received in the last PNA. It is important to note that as only 28 of the community pharmacy contractors completed the questionnaire, and although this information provides an overview it does not reflect the full service delivery and contractor's views across the area.

Pharmaceutical Needs Assessment - Pharmacy Questionnaire

Contractor code (ODS Code):

Name of contractor (i.e., name of individual, partnership or company owning the pharmacy business):

Trading name:

Address of contractor pharmacy:

Which local authority area is this pharmacy in?

York

North Yorkshire

Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

Yes

No

Is this pharmacy a 100-hour pharmacy?

Yes

No

Is this pharmacy a Distance Selling Pharmacy? (i.e., it cannot provide Essential

Services to persons present at or in the vicinity of the pharmacy)

Yes

No

Pharmacy premises shared NHS email account:

Pharmacy telephone:

Pharmacy fax (if applicable):

Pharmacy website address (if applicable):

Total hours of opening:

Consent to store this data and use for the PNA:

Yes

No

Do you have a private consultation room?

Yes

No

Exempt

Languages spoken (in addition to English):

Do you use a translation service?

Yes

No

Does the pharmacy dispense appliances?

Yes

No

Which of the following commissioned services are available from your pharmacy?

New Medicine Service

Hepatitis C Testing Service

Appliance Use Review service

Stoma Appliance Customisation service

Flu Vaccination Service

Lateral Flow Device/Test Service

Hypertension Case Finding Service

Stop Smoking Service (in addition to LA)

Community Pharmacist Consultation Service (CPCS)

Covid Vaccination Service

Anti-viral Distribution Service

Chlamydia Testing Service

Adherence Support for Long-term Conditions

Needle and Syringe Exchange Service

On Demand Availability of Specialist Drugs Service

Out of Hours Services
Palliative Care Scheme
Stop Smoking Service (LA commissioned)
Supervised Medicine Administration Service
Emergency Hormonal Contraception Service
Other - if other please state

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

What other private healthcare services do you offer?

Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?

Please do not share any personal information in your response which could lead to you being personally identified.

Are you aware of any barriers which prevent some of your patients from accessing the services you currently deliver?

Please do not share any personal information in your response which could lead to you being personally identified.

Are there any other services or locally commissioned services which could be delivered in your pharmacy, which you believe would benefit the health of your patients?

Please do not share any personal information in your response which could lead to you being personally identified.

Are you aware of any future national or local plans that may impact on the need for pharmacy services over the next four years?

Please do not share any personal information in your response which could lead to you being personally identified.

Is there anything else you'd like to tell us about pharmacy provision?

Please do not share any personal information in your response which could lead to you being personally identified.

Which of the following ways of providing feedback do you routinely advertise to customers?

Our own compliments, comments, and complaints policy (or similar)
NHS England
Care Quality Commission
Local Healthwatch
GP Practice Patient Participation Groups

Are there any barriers to providing further services through your pharmacy which would improve the health of your local population?

Please do not share any personal information in your response which could lead to you being personally identified.

Do you have EPS and CPCS?

Yes

No

Do you actively use it?

Yes

No

Pharmacy Survey Results

Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	Number of pharmacies	%
No	21	75.00%
Yes	7	25.00%
Grand Total	28	100%

Is this pharmacy a 100-hour pharmacy?	Number of pharmacies	%
No	27	96.43%
Yes	1	3.57%
Grand Total	28	100%

Is this pharmacy a Distance Selling Pharmacy? (i.e., it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	Number of pharmacies	%
No	25	89.29%
Yes	2	7.14%
(blank)	1	3.57%
Grand Total	28	100%

Total hours of opening:	Number of pharmacies	%
40	2	7.14%
40.5	1	3.57%
41.5	1	3.57%
42.5	1	3.57%
45	1	3.57%
47	1	3.57%
47.5	1	3.57%
48	2	7.14%
48.5	2	7.14%
49	2	7.14%
53	3	10.71%

55	1	3.57%
56.5	2	7.14%
57.5	1	3.57%
62.5	2	7.14%
80	1	3.57%
71 hours per week	1	3.57%
8.30am to 6.00pm	1	3.57%
91 per month	1	3.57%
9.00am to 5.30pm	1	3.57%
Grand Total	28	100%

Consent to store this data and use for the PNA:	Number of pharmacies	%
Yes	28	100%
Grand Total	28	100%

Do you have a private consultation room?	Number of pharmacies	%
Exempt	1	3.57%
No	1	3.57%
Yes	26	92.86%
Grand Total	28	100%

Languages spoken (in addition to English):	Number of pharmacies	%
English, Urdu, Punjabi , Gujrati , French	1	3.57%
N/A	1	3.57%
None	5	17.86%
Polish	1	3.57%
Urdu	1	3.57%
Urdu, Punjabi, Gujrati	1	3.57%
We have some staff who speak Polish and Spanish (they aren't always in the shop)	1	3.57%
(blank)	17	60.71%
Grand Total	28	100%

Do you use a translation service?	Number of pharmacies	%
No	26	92.86%
Yes	1	3.57%
(blank)	1	3.57%
Grand Total	28	100%

Does the pharmacy dispense appliances?	Number of pharmacies	%
No	4	14.29%
Yes	23	82.14%
(blank)	1	3.57%
Grand Total	28	100%

Which of the following commissioned services are available from your pharmacy?

	Number of pharmacies	%
New Medicine Service	26	92.86%
(blank)	2	7.14%
Grand total	28	100%

	Number of pharmacies	%
Hepatitis C testing service	28	100%
(blank)	28	100%
Grand total	28	100%

	Number of pharmacies	%
Appliance Use Review Service	28	100%
(blank)	28	100%
Grand total	28	100%

	Number of pharmacies	%
Stoma Appliance Customisation	28	100%
(blank)	28	100%
Grand total	28	100%

	Number of pharmacies	%
Flu Vaccination Service	26	92.86%
(blank)	2	7.14%
Grand total	28	100%

	Number of pharmacies	%
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Lateral Flow Device/Test Service	24	85.71%
(blank)	4	14.29%
Grand total	28	100%

	Number of pharmacies	%
Hypertension Case Finding	14	50%
(blank)	14	50%
Grand total	28	100%

	Number of pharmacies	%
Stop Smoking Service (in addition to LA)	7	25%
(blank)	21	75%
Grand total	28	100%

	Number of pharmacies	%
Community Pharmacist Consultation Service (CPCS)	24	85.71%
(blank)	4	14.29%
Grand total	28	100%

	Number of pharmacies	%
Anti-viral Distribution Service		
(blank)	28	100%
Grand total	28	100%

	Number of pharmacies	%
Chlamydia Testing Service	2	7.14%
(blank)	26	92.86%
Grand total	28	100%

	Number of pharmacies	%
Adherence Support for Long-term Conditions		
(blank)	28	100%
Grand total	28	100%

	Number of	%
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	pharmacies	
Needle and Syringe Exchange Service	5	17.86%
(blank)	23	82.14%
Grand total	28	100%

	Number of pharmacies	%
Appliance Use Review Service		
(blank)	28	100%
Grand total	28	100%

	Count	%
On Demand Availability of Specialist Drugs Service		
(blank)	28	100.0%
Grand Total	28	100%

	Number of pharmacies	%
Out of Hours Services	1	3.57%
(blank)	27	96.43%
Grand Total	28	100%

	Number of pharmacies	%
Palliative Care Scheme	12	42.86%
(blank)	16	57.14%
Grand Total	28	100%

	Number of pharmacies	%
Stop Smoking Service (LA commissioned)	12	42.86%
(blank)	16	57.14%
Grand Total	28	100%

	Number of pharmacies	%
Supervised Medicine Administration Service	19	67.86%
(blank)	9	32.14%
Grand Total	28	100%

	Number of	%
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	pharmacies	
Emergency Hormonal Contraception Service	15	53.57%
(blank)	13	46.43%
Grand Total	28	100%

	Number of pharmacies	%
Other (if other, please state)	1	3.57%
(blank)	27	96.43%
Grand Total	28	100%

	Number of pharmacies	%
Prescription Delivery	1	3.57%
(blank)	27	96.43%
Grand Total	28	100%

If currently providing an Independent Prescribing service, what therapeutic area are covered?	Number of pharmacies	%
N/A	9	32.14%
No	1	3.57%
(blank)	18	64.29%
Grand Total	28	100%

What other private healthcare services do you offer?	Number of pharmacies	%
Covid testing	1	3.57%
Diabetes screening, cholesterol screening, private flu jabs	1	3.57%
Flu vaccination, BMI checks, delivery	1	3.57%
In branch - malaria prophylaxis, UTI dip test service, flu vaccination, plus many online clinics via boots.com	1	3.57%
Malaria prevention	1	3.57%
N/A	2	7.14%
None	2	7.14%
PGDs for vaccinations and various medications. Private flu vaccinations	1	3.57%
Pneumonia vaccinations, malaria prevention consultations	1	3.57%
Private EHC	1	3.57%
Private Flu Vaccination, private pneumonia vaccination	1	3.57%
We have an ear syringing service who are in the pharmacy once every two weeks	1	3.57%
We offer many private PGD services such as travel	1	3.57%

vaccinations, malaria tablets, erectile dysfunction treatments		
weight management	1	3.57%
Winter flu vaccination, private online GP services	1	3.57%
(blank)	11	39.29%
Grand Total	28	100%

Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?	Number of pharmacies	%
Minor ailments service	1	3.57%
Alcohol. Lots of people drink alcohol. Weight management service	1	3.57%
An extension to the provision to CPCS that allows for patients to self-refer into the service could significantly improve care and reduce risk to many patients by removing the need for them to have a referral from a third party. This would reduce demand and pressure on GP and out of hours services and ensure that those patients who need access are referred following a conversation with a healthcare professional. This could be achieved either through online access or face to face in the pharmacy	1	3.57%
Chiropody services - few locally ear syringing - GPs ceased service and need is great	1	3.57%
Emergency contraception- nowhere locally offers free EHC and it can be a barrier and lead to having to refer to GP practice	1	3.57%
Increased age groups for emergency contraception. This would remove barriers for women who can't afford emergency contraception	1	3.57%
Minor ailments scheme or PGDs for UTIs, etc., to take workload off GP surgeries, which patients are struggling to access at times	1	3.57%
N/A	5	17.86%
No	3	10.71%
No, all commissioned services and hours (7 days a week) are covered in Ryedale	1	3.57%
(blank)	12	42.86%
Grand Total	28	100%

Are you aware of any barriers which prevent some of your patients from accessing the services you currently deliver?	Number of pharmacies	%
Accessibility online for some elderly patients	1	3.57%
Being housebound, services provided instore are not an option for those who are housebound	1	3.57%

Cost of cholesterol screening	1	3.57%
Most newly commissioned services require referral from another source, this artificially limits pharmacies capacity to deliver for their communities	1	3.57%
N/A	3	10.71%
No	9	32.14%
We feel the access to our service meets the needs of our local community. We relocated 10 months ago (close by) but to a much larger and more accessible premises	1	3.57%
(blank)	11	39.29%
Grand Total	28	100%

Are there any other services or locally commissioned services which could be delivered in your pharmacy, which you believe would benefit the health of your patients?	Number of pharmacies	%
Long term condition monitoring e.g., BP monitoring, peak flow monitoring, blood glucose	1	3.57%
Minor ailments service	2	7.14%
N/A	4	14.29%
Nationally funded or council funded minor ailment scheme will definitely help local population	1	3.57%
No	2	7.14%
Service for minor ailments, e.g., UTI, minor topical bacterial infections e.g., insect bites where necessary	1	3.57%
We are looking at the feasibility of providing the Covid vaccination service	1	3.57%
Weight management, alcohol	1	3.57%
Weight management, stop smoking	1	3.57%
(blank)	14	50.00%
Grand Total	28	100%

Are you aware of any future national or local plans that may impact on the need for pharmacy services over the next four years?	Number of pharmacies	%
Failure to properly reimburse pharmacy for services provide could lead to more closures	1	3.57%
GP accessibility is becoming more squeezed each year and we are seeing more consultation for minor ailments that sit outside of product licensing that a minor ailments PGD could help with	1	3.57%
GP community pharmacy consultation service is due to come soon, a minor ailment scheme alongside this may be beneficial for those patients where money is a barrier	1	3.57%
N/A	4	14.29%
New medical centre will be built within 5 miles of	1	3.57%

pharmacy. Coulburn surgery will close down. Will not impact Catterick Village but will affect surrounding area

No	5	17.86%
Population increase due to multiple new housing developments and strain on GP surgeries means that Community Pharmacy is ideally placed to take some of that workload, if the appropriate funding is in place	1	3.57%
The funding envelope for community pharmacy is leading to significant workload and workforce pressures. This diminishes our ability to offer further services in the future due to a lack of capacity	1	3.57%
(blank)	13	46.43%
Grand Total	28	100%

Which of the following ways of providing feedback do you routinely advertise to customers?

	Number of pharmacies	%
Our own compliments, comments and complaints policy (or similar)	28	100%
Grand Total	28	100%

	Number of pharmacies	%
NHS England	14	50.00%
(blank)	14	50.00%
Grand Total	28	100%

	Number of pharmacies	%
Local Healthwatch	1	3.57%
(blank)	27	96.43%
Grand Total	28	100%

	Number of pharmacies	%
GP Practice Patient Participation Groups	2	7.14%
(blank)	26	92.86%
Grand Total	28	100%

Do you have EPS and CPCS?	Number of pharmacies	%
---------------------------	----------------------	---

No	1	3.57%
Yes	27	96.43%
Grand Total	28	100%

Do you actively use it?	Number of pharmacies	%
Yes	27	96.43%
(blank)	1	3.57%
Grand Total	28	100%

Are there any barriers to providing further services through your pharmacy which would improve the health of your local population?

"We are happy to provide extra services. Currently looking to do independent prescriber course, and ear syringing course."

"Time."

"Lack of appropriate funding."

"Time is always a factor; more services require more time input by the pharmacist who is already incredibly busy as are most staff members."

"Staffing levels in the pharmacy, Pharmacist availability- there is a current shortage of pharmacists."

"Funding for providing time consuming services - blister packs and delivery services to housebound."

"A lack of local NHS funded services diminishes our ability to provide greater support to the patients in our area."

10 respondents said none.

Is there anything you'd like to tell us about pharmacy provision?

"I feel one of the most valued extra services we offer, that is not recognised directly by the NHS is the delivery service. In an aging rural community where people are trying to remain independent in their own homes for as long as possible - this service is a lifeline to a large group of our patients."

"We have made significant investment in extending our pharmacy, adding 2 consulting rooms and a state-of-the-art dispensing robot. This means that we have a huge capacity to cope with any increased volume of work. We just need more funded services to offer patients. I also feel that there is a sufficient number of pharmacies in the Skipton area, and most pharmacies are only dispensing a relatively low volume of items, so there is clearly spare capacity within the existing network."

"7 days a week cover including late nights and full day Saturday/Sunday covered too."

Appendix 5 - Equality Impact Assessment



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

(Form updated April 2019)

Pharmaceutical Needs Assessment 2022 – 2025

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.

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	Health and Adult Services: Public Health
Lead Officer and contact details	Claire Lawrence: Public Health Officer
Names and roles of other people involved in carrying out the EIA	Clare Beard: Public Health Consultant

How will you pay due regard? e.g. working group, individual officer	Through both the PNA steering and working groups
When did the due regard process start?	January 2022

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, 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 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

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 agencies and groups were gathered in the form of a digital survey on pharmacy services. Views obtained during the engagement were a key part of the early work to develop this PNA.

The engagement (conducted over a six-week period during February and March 2022) involved the completion of an online survey, aimed at the public/residents, pharmacies and strategic commissioning partners and health and social care service providers.

Easy read and paper versions were developed alongside the digital survey. All were promoted through pharmacies, GPs, community centres, libraries, dentists, health and adult social care services, specific groups and forums, public health commissioned services as well as through social media and press.

In order to inform the development of this document, a statutory consultation on the draft the PNA was also undertaken from 5th July to 4th September 2022 in order to seek the views of statutory consultees, the public and other stakeholders, as to whether they agree with the contents of this PNA.

Full comments and feedback obtained from the consultation are reflected in the PNA document but to summaries:

Engagement survey responses

Public - 447

Stakeholders - 3

Pharmacy - 28

Statutory survey

Public - 5

Stakeholders – 3 (+ 2 via email)

Pharmacy - 3

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.

The results of the 2022 PNA in terms of budgets would only be applicable to NHS England as the commissioned provider. However no gaps in services have been identified and there is found to be currently adequate pharmacy provision so there is no foreseen change to costs.

Section 6. How will this proposal affect people with protected characteristics?	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.
Age	x			<p>The PNA document does not identify any gaps in service provision for the North Yorkshire population, or a need for change in services. This is based on mapping of data, population data and feedback from stakeholders. As such it is not anticipated that there will be any impact on any of the listed protected characteristic as a result of the publication of the 2022 PNA.</p> <p>Full list of the 72 references and data sources are available in the PNA document appendix 9.</p>
Disability	x			As above
Sex	x			As above
Race	x			As above
Gender reassignment	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

Section 7. How will this proposal affect people who...	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.
..live in a rural area?	X			As above
...have a low income?	X			As above
...are carers (unpaid family or friend)?	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 district	N/A
Hambleton district	N/A
Harrogate district	N/A
Richmondshire district	N/A
Ryedale district	N/A
Scarborough district	N/A
Selby district	N/A
If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.	
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

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)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	X
2. Adverse impact - adjust the proposal - 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. Adverse impact - continue the proposal - 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. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why option has been chosen. (Include any advice given by Legal Services.) The PNA document does not identify any gaps in service provision for the North Yorkshire population, or a need for change in services.	

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 document does not identify any gaps in service provision for the North Yorkshire population, or a need for change in services therefore there is no implementation of a proposal.

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
N/A				

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: Claire Lawrence

Job title: Public Health Officer

Directorate: HAS

Signature: Claire Lawrence

Completion date: 6.9.22

Authorised by relevant Assistant Director (signature): Clare Beard

Date: 6.9.22

Appendix 6 - Strategic Commissioning Partners & Health and Social Care Service Providers Survey

When We Consulted

Six week period over February and March 2022

How We Consulted and Who Responded

Surveys were promoted via the NYCC website, press, social media platforms, radio, with 'have your say' posters displayed in pharmacies, GP surgeries, community centres and libraries.

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

There were only three responses to the survey compared to the last PNA where 37 responses were received. Several organisation types are therefore not represented in this assessment.

Regarding the provision of pharmacy services and whether it currently meets the needs of the community they work with – a rating of 8 was given by all three respondents which demonstrates that overall pharmacies are meeting the needs of the community, although none of them were unaware of Healthy Living Pharmacies (HLP).

Pharmaceutical Needs Assessment - Strategic Commissioning Partners & Health and Social Care Service Providers Survey

What is the name of your organisation?

Please tick which area your response to this survey will relate to:

North Yorkshire

City of York

Both

We would like to know, does your work (or your service) require contact with pharmaceutical providers?

Yes

No

Please indicate services that you (or your services) have contact with and how often: (Tick all that apply)

Hospital pharmaceutical services

Community pharmacy pharmaceutical services

Mental Health Trust pharmaceutical services

Prison/offender pharmaceutical services

Pharmaceutical advisory services to support Commissioners, e.g., in NHS England, for

CCGs, local authority or similar
General practice-based prescribing support
Dispensing services provided by dispensing doctors in rural areas
Appliance dispensing

Which of the following best describes your organisation or affiliation?

General Practice
Adult Social Care Provider
Children's Social Care Provider
Dental Provider
Domiciliary Care
Drug and Alcohol Service Provider
Hospice
Mental Health Service Provider
Optician
Residential/Nursing Care Home
Community Pharmacy
Hospital Pharmacy
Prison
CCG
NHS England
NECS
Community Services provider
Acute Trust
Mental Health Trust
Local Authority Care Home
Care Home Provider
Dispensing doctor practice
LPC
LMC
Substance Misuse Service Provider
Out of House Service Provider
Voluntary Sector
Stop Smoking Service
GP Federation
Sexual Health Service
Other

What is your organisation's opinion on advice/screening services being offered by pharmacies for the people your organisation works with?

Advice on minor conditions

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Travel-related health advice

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Advice/screening on long-term conditions (e.g., diabetes, high blood pressure etc)

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Advice on or review of medicines (either new medicines or medicines used regularly)

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Advice on or review of appliances e.g., stoma bags

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Stop smoking advice

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Alcohol screening advice

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

What is your organisation's opinion on medication services being offered by pharmacies for the people your organisation works with?

Repeat prescription ordering/collection

Available and meeting need
Available but not sufficient to meet need
Not available but required

Not available and not required
Don't know

Electronic prescription service

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Delivery of medication

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Medicine packaging (e.g., weekly boxes)

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Needle and syringe exchange

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Disposal of medicines

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

What is your organisation's opinion on health services being offered by pharmacies for the people your organisation works with?

Flu vaccination

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Chlamydia testing

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Emergency contraception

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

NHS Health Checks

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Falls Prevention Service

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

NHS Healthy Start Vitamins/Vouchers

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Substance Misuse Services e.g., Supervised Consumption

Available and meeting need
Available but not sufficient to meet need
Not available but required
Not available and not required
Don't know

Is there anything else you would like to say about your organisation's perspective on the range of services being offered by pharmacies?

Please do not share any personal information in your response which could lead to you being personally identified.

Are you aware of any barriers that the public perceive in accessing pharmacy services? (Tick all that apply)

Lack of parking

Difficulty getting into the pharmacy building
Inconvenient location
Lack of public transport links
Limited operating times (day)
Limited operating times (evening)
Limited operating times (weekend)
Pharmacists not understanding the role of young carers
Lack of confidence in the pharmacist
Lack of access to a private consultation
Cost of prescriptions
Client's unsure what services are provided
Pharmacist difficult to understand
Clients believe the pharmacist does not have the things they need
Poor quality advice
Other

Are you aware of any barriers you face as an organisation or professional that prevents effective working or prevents you making client referrals to pharmacies?

Yes – please explain why you selected yes

No

Don't know

Are there any ways in which the role of pharmacies can be developed over the next four years to support your organisation/group and the communities you serve?

Please do not share any personal information in your response which could lead to you being personally identified.

Is your organisation/group developing plans that could impact on the need for pharmacy services over the next four years?

Please do not share any personal information in your response which could lead to you being personally identified.

Yes – please give examples

No

Don't know

Do you have any concerns about the current and/or future pharmacy provision?

Yes – please explain

No

To what extent do you think that the provision of pharmacy services currently meets the needs of the community you work with where 1 = not at all and 10 = completely:

Do you feel the local extended GP services opening hours match the rota times/extended opening hours of local community pharmacies?

Yes

No

Don't know

Since January 2021, all pharmacies must now be accredited as 'Healthy Living Pharmacies (HLP)', tick the box that applies to you/your service:

Yes, I have heard of this development and experienced the activity of HLP

Yes, I have heard of this development but have no experience of it or don't know really what they do

No, I haven't heard of this development

Are you aware of any particular instances of good practice in the local provision of pharmacy services that you would like to share?

Please do not share any personal information in your response which could lead to you being personally identified.

Strategic Commissioning Partners & Health and Social Care Service Providers Survey Results

Response from General Practice in North Yorkshire:

Please indicate services that you (or your services) have contact with and how often: (Tick all that apply)

Community pharmacy pharmaceutical services

General practice-based prescribing support

What is your organisation's opinion on advice/screening services being offered by pharmacies for the people your organisation works with?

	Available and meeting need	Available but not sufficient to meet need	Don't know
Advice on minor conditions			X
Travel related health advice			X
Advice/screening on long-term conditions (e.g., diabetes, high blood pressure etc)			X
Advice on or review of medicines (either new medicines or medicines used regularly)			X
Advice on or review of appliances e.g., stoma bags			X
Stop smoking advice			X
Alcohol screening advice			X
Repeat prescription ordering/collection		X	
Electronic prescription service		X	
Delivery of medication	X		
Medicine packaging (e.g., weekly boxes)	X		
Needle and syringe exchange			X
Disposal of medicines	X		

Flu vaccination			X
Chlamydia testing			X
Emergency contraception			X
NHS Health Checks			X
Falls Prevention Service			X
NHS Healthy Start Vitamins/Vouchers			X
Substance Misuse Services e.g., Supervised Consumption			X

Is there anything else you would like to say about your organisation's perspective on the range of services being offered by pharmacies?

Good overall - patients main complaint is how much time it might take for an electronic prescription to be processed.

Are you aware of any barriers you face as an organisation or professional that prevents effective working or prevents you making client referrals to pharmacies?

No.

Is your organisation/group developing plans that could impact on the need for pharmacy services over the next four years?

Yes - please give examples: As a group we have our own pharmacists working through a variety of different aspects of care.

Do you have any concerns about the current and/or future pharmacy provision?

No.

To what extent do you think that the provision of pharmacy services currently meets the needs of the community you work with where 1 = not at all and 10 = completely:
8.

Do you feel the local extended GP services opening hours match the rota times/extended opening hours of the community pharmacies?

Yes.

Since January 2021, all pharmacies must now be accredited as 'Healthy Living Pharmacies (HLP)', tick the box that applies to you/your service:

No, I haven't heard of this development.

Response from Voluntary Sector:

Please indicate services that you (or your services) have contact with and how often: (Tick all that apply)

Community pharmacy pharmaceutical services.

What is your organisation's opinion on advice/screening services being offered by pharmacies for the people your organisation works with?

	Available and meeting need	Available but not sufficient to meet need	Don't know	Not available but required
Advice on minor conditions	X			
Travel related health advice			X	
Advice/screening on long-term conditions (e.g., diabetes, high blood pressure etc)			X	
Advice on or review of medicines (either new medicines or medicines used regularly)	X			
Advice on or review of appliances e.g., stoma bags			X	
Stop smoking advice	X			
Alcohol screening advice			X	
Repeat prescription ordering/collection		X		
Electronic prescription service			X	
Delivery of medication		X		
Medicine packaging (e.g., weekly boxes)		X		
Needle and syringe exchange	X			
Disposal of medicines	X			
Flu vaccination				X
Chlamydia testing			X	
Emergency contraception			X	
NHS Health Checks			X	
Falls Prevention Service			X	
NHS Healthy Start Vitamins/Vouchers			X	
Substance Misuse Services e.g., Supervised Consumption			X	

Is there anything else you would like to say about your organisation's perspective on the range of services being offered by pharmacies?

Please do not share any personal information in your response which could lead to you being personally identified.

Do not deliver on Mondays but this causes issues if the surgery does not issue prescription in a timely manner. Some housebound cannot manage for 3 days without medication. Certain medications are not available and require trip to other pharmacies (7 miles away).

Are you aware of any barriers that the public perceive in accessing pharmacy

services? (Tick all that apply)

Cost of prescriptions, Clients unsure what services are provided, Clients believe the pharmacist does not have the things they need.

Are you aware of any barriers you face as an organisation or professional that prevents effective working or prevents you making client referrals to pharmacies?

No.

Are there any ways in which the role of pharmacies can be developed over the next four years to support your organisation/group and the communities you serve?

Please do not share any personal information in your response which could lead to you being personally identified.

Doing flu/covid jabs would be extremely useful. They are good when we need to collect prescriptions for clients. More issues which relate to surgery and have knock on effect to pharmacy which is not their fault.

Is your organisation/group developing plans that could impact on the need for pharmacy services over the next four years?

No.

Do you have any concerns about the current and/or future pharmacy provision?

No.

To what extent do you think that the provision of pharmacy services currently meets the needs of the community you work with where 1 = not at all and 10 = completely:
8.

Do you feel the local extended GP services opening hours match the rota times/extended opening hours of the community pharmacies?

Don't know.

Since January 2021, all pharmacies must now be accredited as 'Healthy Living Pharmacies (HLP)', tick the box that applies to you/your service:

No, I haven't heard of this development.

Are you aware of any particular instances of good practice in the local provision of pharmacy services that you would like to share?

Please do not share any personal information in your response which could lead to you being personally identified.

Staff are very helpful and friendly.

Response from General Practice covering both North Yorkshire and City of York:

Please indicate services that you (or your services) have contact with and how often: (Tick all that apply)

Hospital pharmaceutical services

Community pharmacy pharmaceutical services

Mental Health Trust pharmaceutical services

Prison/offender pharmaceutical services

Pharmaceutical advisory services to support Commissioners, e.g., in NHS England, for

CCGs, local authority or similar
Appliance dispensing

What is your organisation's opinion on advice/screening services being offered by pharmacies for the people your organisation works with?

	Available and meeting need	Available but not sufficient to meet need	Don't know	Not available but required
Advice on minor conditions		X		
Travel related health advice	X			
Advice/screening on long-term conditions (e.g., diabetes, high blood pressure etc)		X		
Advice on or review of medicines (either new medicines or medicines used regularly)	X			
Advice on or review of appliances e.g., stoma bags	X			
Stop smoking advice			X	
Alcohol screening advice			X	
Repeat prescription ordering/collection	X			
Electronic prescription service	X			
Delivery of medication	X			
Medicine packaging (e.g., weekly boxes)	X			
Needle and syringe exchange			X	
Disposal of medicines	X			
Flu vaccination	X			
Chlamydia testing			X	
Emergency contraception	X			
NHS Health Checks			X	
Falls Prevention Service			X	
NHS Healthy Start Vitamins/Vouchers			X	
Substance Misuse Services e.g.,			X	

Supervised Consumption				
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Is there anything else you would like to say about your organisation's perspective on the range of services being offered by pharmacies?

Please do not share any personal information in your response which could lead to you being personally identified.

Hypertension case finding protocol is inadequate. putting pressure on primary care without any clinical need. protocol is very risk averse and does not match primary care practice (normal BP from pharmacy is being treated as urgent and being put ahead of patients with severe hypertension in primary care). This needs central leadership to intervene. Range is good otherwise.

Are you aware of any barriers that the public perceive in accessing pharmacy services? (Tick all that apply)

Cost of prescriptions.

Are you aware of any barriers you face as an organisation or professional that prevents effective working or prevents you making client referrals to pharmacies?

Yes - communication between primary care, secondary care and community pharmacy needs to be better. Pharmacies need direct access phone and email. Practices need the same. There needs to be a centrally co-ordinated list/hub function to keep details up to date. A forum to help each other understand what each sector does would also help. There is little understanding between sectors.

Are there any ways in which the role of pharmacies can be developed over the next four years to support your organisation/group and the communities you serve?

Please do not share any personal information in your response which could lead to you being personally identified.

More chronic disease management in pharmacies for less complex cases would be helpful. Better training for minor ailments in pharmacies as the risk threshold is low which probably reflects confidence. Could practices support training? A formal, funded hospital discharge follow up program may reduce error and readmission.

Is your organisation/group developing plans that could impact on the need for pharmacy services over the next four years?

No.

Do you have any concerns about the current and/or future pharmacy provision?

Yes - national funding restrictions in the new pharmacy contract are likely to mean pharmacy closures. Not enough pharmacists being trained for need, thus costs to employ are increasing. Gaps in service provision and service closure being seen. Breaches of contract being seen regularly with opening hours in Scarborough.

To what extent do you think that the provision of pharmacy services currently meets the needs of the community you work with where 1 = not at all and 10 = completely:
8.

Do you feel the local extended GP services opening hours match the rota

times/extended opening hours of the community pharmacies?

Yes.

Since January 2021, all pharmacies must now be accredited as 'Healthy Living Pharmacies (HLP)', tick the box that applies to you/your service:

No, I haven't heard of this development.

Are you aware of any particular instances of good practice in the local provision of pharmacy services that you would like to share?

Please do not share any personal information in your response which could lead to you being personally identified.

Communication between our practice and local pharmacies has improved by developing clear lines of contact. Community pharmacy has engaged really well with this, and patients have benefitted. Co-working to support community pharmacists to train in independent prescribing is happening in primary care without funding support, at organisational cost, to try and keep pharmacists in post. This is greatly beneficial to improve understanding about how each organisation works. Cross-sector posts between primary and secondary care with pharmacy technicians and pharmacists have been successful, which is also helping to improve communication, bring down barriers, and improve patient flow.

Appendix 7 - Pharmacy addresses and opening times

Information from NHS England April 2022 (updated August 2022)

CCG	District	Contractor	"Contract" type	Pharmacy Trading Name	Address 1	Address 2	Town	Postcode	Opening Monday	Opening Tuesday	Opening Wednesday	Opening Thursday	Opening Friday	Opening Saturday	Opening Sunday
North Yorkshire	Hambleton	Boots UK Ltd	Standard	Boots Pharmacy	1 Chapel Street		Thirsk	YO7 1LU	08:30-12:00; 13:00-18:00	08:30-12:00; 13:00-18:00	08:30-12:00; 13:00-18:00	08:30-12:00; 13:00-18:00	08:30-12:00; 13:00-18:00		
North Yorkshire	Scarborough	Oasis Pharmaceuticals Ltd	Standard	Northstead Pharmacy	1 Northleas Shops		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	
North Yorkshire	Hambleton	Boots UK Ltd	Standard	Boots Pharmacy	10 High Street		Stokesley	TS9 5DQ	09:00-13:00; 14:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00; 14:00-17:00	
Vale of York	Selby	Boots UK Ltd	Standard	Boots Pharmacy	10 Market Place		Selby	YO8 4PB	08:30-12:00; 13:00-17:30	08:30-12:00; 13:00-17:30	09:00-12:00; 13:00-17:30	08:30-12:00; 13:00-17:30	08:30-12:00; 13:00-17:30	08:30-12:00; 13:00-17:30	
Vale of York	Ryedale	Towler's Chemist Ltd	Standard	Rory & Jo Towler	10 Market Place		Kirkbymoorside	YO62 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	
North Yorkshire	Scarborough	Boots UK Ltd	Standard	Boots Pharmacy	100-101 Westborough		Scarborough	YO11 1LN	09:30-12:30; 13:30-17:30	09:30-12:30; 13:30-17:30	09:30-12:30; 13:30-17:30	09:30-12:30; 13:30-17:30	09:30-12:30; 13:30-17:30	09:00-12:30; 13:30-17:00	10:30-16:00
North Yorkshire	Scarborough	Lincoln Co-Op Chemists Ltd	Standard	Lincoln Co-Op Chemists Ltd	10-12 Aberdeen Walk		Scarborough	YO11 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	
North Yorkshire	Harrogate	Day Lewis PLC	Standard	Day Lewis Pharmacy	11 Market Place	Masham	Ripon	HG4 4DZ	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00	
North Yorkshire	Harrogate	Bestway National Chemists Ltd	Standard	Well Pharmacy	111 Cold Bath Road		Harrogate	HG2 0NU	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	
North Yorkshire	Harrogate	Lloyds Pharmacy Ltd	Standard	Lloyds Pharmacy	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		
North Yorkshire	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		
North Yorkshire	Hambleton	Coopers Chemist Gt Ayton Ltd	Standard	Coopers Chemist Gt Ayton Ltd	131 High Street		Great Ayton	TS9 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	
North Yorkshire	Scarborough	Aston Chemists Ltd	Standard	Aston Chemists Ltd	13-15 Gladstone Road		Scarborough	YO12 7BQ	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:30-12:30	
Vale of York	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		
North Yorkshire	Scarborough	Filey Medical Services Ltd	Standard	t/a Filey Bay Pharmacy	15 Sunrise Drive		Filey	YO14 9GE	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00		
North Yorkshire	Richmondshire	Boots UK Ltd	Standard	Boots Pharmacy	15-16 Market Place		Richmond	DL10 4PX	09:00-12:00; 12:30-17:30	09:00-12:00; 12:30-17:30	09:00-12:00; 12:30-17:30	09:00-12:00; 12:30-17:30	09:00-12:00; 12:30-17:30	09:00-12:00; 12:30-17:30	
North Yorkshire	Harrogate	Lloyds Pharmacy Ltd	Standard	Lloyds Pharmacy	154-156 Kings Road		Harrogate	HG1 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	
Vale of York	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	
North Yorkshire	Richmondshire	Boots UK Ltd	Standard	Boots 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	
North Yorkshire	Scarborough	Gorgemead Ltd	Standard	Cohens Chemist	1a Belgrave Crescent		Scarborough	YO11 1UB	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-16:00	
North Yorkshire	Harrogate	Ascent Healthcare Ltd	Standard	Chain Lane Pharmacy	2 Chain Lane		Knaresborough	HG5 0DH	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	
North Yorkshire	Scarborough	Boots UK Ltd	Standard	Boots Pharmacy	2 Murray Street		Filey	YO14 9DG	09:00-12:30; 13:00-17:30	09:00-12:30; 13:00-17:30	09:00-12:30; 13:00-17:30	09:00-12:30; 13:00-17:30	09:00-12:30; 13:00-17:30	09:00-12:30; 13:00-17:30	
North Yorkshire	Richmondshire	Day Lewis Plc	Standard	Day Lewis Pharmacy	20 King Street		Richmond	DL10 4HP	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	

CCG	District	Contractor	"Contract" type	Pharmacy Trading Name	Address 1	Address 2	Town	Postcode	Opening Monday	Opening Tuesday	Opening Wednesday	Opening Thursday	Opening Friday	Opening Saturday	Opening Sunday
North Yorkshire	Hambleton	Norchem Healthcare Ltd	Standard	Mills Pharmacy	20 North End		Bedale	DL8 1AB	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	
North Yorkshire	Hambleton	Boots UK Ltd	Standard	Boots Pharmacy	203-204 High Street		Northallerton	DL7 8LW	09:00-13:30; 14:00-17:30	09:00-13:30; 14:00-17:30	09:00-13:30; 14:00-17:30	09:00-13:30; 14:00-17:30	09:00-13:30; 14:00-17:30	09:00-11:30; 13:30-14:00	10:30-16:00
Vale of York	Ryedale	Yorcare Ltd	Standard	Pickering Pharmacy	22 Market Place		Pickering	YO18 7AE	08:30-18:30	08:30-20:00	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:00	11:00-14:00
North Yorkshire	Harrogate	Boots UK Ltd	Standard	Your Local Boots Pharmacy	22-28 Market Place		Knaresborough	HG5 8AG	09:00-13:00; 13:30-17:00	09:00-13:00; 13:30-17:00	09:00-13:00; 13:30-17:00	09:00-13:00; 13:30-17:00	09:00-13:00; 13:30-17:00	09:00-13:00; 13:30-16:00	
North Yorkshire	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
North Yorkshire	Ryedale	Lloyds Pharmacy Ltd	Standard	Lloyds Pharmacy	24 Market Place		Malton	YO17 7LX	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-16:00	
North Yorkshire	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	
North Yorkshire	Scarborough	Boots UK Ltd	Standard	t/a Your Local Boots Pharmacy	24A Bridlington Street		Hunmanby	YO14 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	
North Yorkshire	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	
North Yorkshire	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	09:00-17:00	
North Yorkshire	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
North Yorkshire	Harrogate	Boots UK Ltd	Standard	Your Local Boots Pharmacy	27 Market Place West		Ripon	HG4 1BN	09:30-12:00; 12:30-17:00	09:30-12:00; 12:30-17:00	09:30-12:00; 12:30-17:00	09:30-12:00; 12:30-17:00	09:30-12:00; 12:30-17:00	09:00-11:30; 12:30-17:00	
North Yorkshire	Hambleton	Boots UK Ltd	Standard	Boots Pharmacy	28 Market Place		Thirsk	YO7 1LB	09:30-14:00; 14:30-17:30	09:30-14:00; 14:30-17:30	09:30-14:00; 14:30-17:30	09:30-14:00; 14:30-17:30	09:30-14:00; 14:30-17:30	09:30-14:00; 14:30-17:30	
North Yorkshire	Harrogate	Day Lewis plc	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	
Vale of York	Selby	Toshel Ltd	Standard	t/a Thorpe Willoughby Pharmacy	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	
North Yorkshire	Hambleton	L Rowland & Co (Retail) Ltd	Standard	Rowlands Pharmacy	31 North End	Market Place	Bedale	DL8 1AF	09:00-13:00; 13:20-17:30	09:00-13:00; 13:20-17:30	09:00-13:00; 13:20-17:30	09:00-13:00; 13:20-17:30	09:00-13:00; 13:20-17:30	09:00-12:00	
North Yorkshire	Ryedale	Boots UK Ltd	Standard	Boots Pharmacy	31-33 Wheelgate		Malton	YO17 7HT	09:00-12:30; 13:30-17:30	09:00-12:30; 13:30-17:30	09:00-12:30; 13:30-17:30	09:00-12:30; 13:30-17:30	09:00-12:30; 13:30-17:30	09:00-12:30; 13:30-16:00	
North Yorkshire	Scarborough	Boots UK Ltd	Standard	Boots Pharmacy	32-34 Murray Street		Filey	YO14 9DG	09:00-12:00; 13:00-17:30	09:00-12:00; 13:00-17:30	09:00-12:00; 13:00-17:30	09:00-12:00; 13:00-17:30	09:00-12:00; 13:00-17:30	09:00-12:00; 13:00-17:30	
North Yorkshire	Ryedale	Medicines Extra Healthcare Ltd	Standard	Beecham Pharmacy	33 Commercial Street	Norton	Malton	YO17 9HX	09:00-13:00; 14:15-17:30	09:00-13:00; 14:15-17:30	09:00-13:00; 14:15-17:30	09:00-13:00; 14:15-17:30	09:00-13:00; 14:15-17:30	09:00-13:00; 14:15-17:30	
North Yorkshire	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	
North Yorkshire	Harrogate	Lloyds Pharmacy Ltd	Standard	Lloyds Pharmacy	34 High Street		Knaresborough	HG5 0EQ	09:00-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	
North Yorkshire	Scarborough	Ayton Limited	Standard	Aston Pharmacy	35 Main Street	East Ayton	Scarborough	YO13 9HL	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30		
North Yorkshire	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	
North Yorkshire	Harrogate	Day Lewis PLC	Standard	Day Lewis Pharmacy	4 Westgate		Ripon	HG4 2AT	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-13:00	
North Yorkshire	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		
North Yorkshire	Scarborough	Lincoln Co-Op Chemists Ltd	Standard	Lincoln Co-op Chemists Ltd	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	
North Yorkshire	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		

CCG	District	Contractor	"Contract" type	Pharmacy Trading Name	Address 1	Address 2	Town	Postcode	Opening Monday	Opening Tuesday	Opening Wednesday	Opening Thursday	Opening Friday	Opening Saturday	Opening Sunday
North Yorkshire	Scarborough	JG Squire Ltd	Standard	JG Squire Ltd	54 Falsgrave Road		Scarborough	YO12 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	
North Yorkshire	Harrogate	Fittleworth Medical Ltd	DAC	N/A	5-7 Cheltenham Mount		Harrogate	HG1 1DW	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
North Yorkshire	Scarborough	Boots UK Ltd	Standard	Boots Pharmacy	64 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
Vale of York	Selby	L Rowland & Co (Retail) Ltd	Standard	Rowlands Pharmacy	66 Doncaster Road		Selby	YO8 9AJ	09:00-12:00; 13:00-18:00	09:00-12:00; 13:00-18:00	09:00-12:00; 13:00-18:00	09:00-12:00; 13:00-18:00	09:00-12:00; 13:00-18:00		
North Yorkshire	Scarborough	Lincoln Co-Op Chemists Ltd	Standard	Lincoln Co-Op Chemists Ltd	7 High Street	Eastfield	Scarborough	YO11 3LL	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	
North Yorkshire	Richmondshire	Day Lewis Plc	Standard	Day Lewis Pharmacy	7 Market Place		Leyburn	DL8 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	
Vale of York	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	
North Yorkshire	Scarborough	Missionstart Ltd	Standard	Scarborough - The Pharmacy Group	8 North Marine Road		Scarborough	YO12 7PD	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
North Yorkshire	Harrogate	Day Lewis PLC	Standard	Day Lewis Pharmacy	81 North Street		Ripon	HG4 1DP	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	08:30-13:00; 14:00-17:30	09:00-13:00	
North Yorkshire	Harrogate	Day Lewis PLC	Standard	Day Lewis Pharmacy	85 Leeds Road		Harrogate	HG2 8BE	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	
Vale of York	Selby	St Helens Pharmacy Ltd	Standard	Eggborough Pharmacy	87 Selby Road		Eggborough	DN14 0LJ	09:00-12:30; 13:00-17:30	09:00-12:30; 13:00-17:30	09:00-12:30; 13:00-17:30	09:00-12:30; 13:00-17:30	09:00-12:30; 13:00-17:30		
North Yorkshire	Scarborough	Day Lewis Plc	Standard	Day Lewis Pharmacy	9 Mount Farm Close		Whitby	YO22 4HJ	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-12:00	
Morecambe Bay	Craven	Shifa Pharmacy Ltd	Standard	Ingletton Pharmacy	Bank View	37 Main Street	Ingletton	LA6 3EH	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-18:00	09:00-12:30; 13:30-17:30	
North Yorkshire	Hambleton	Bestway National Chemists Ltd	Standard	Well Pharmacy	Boroughbridge Road		Northallerton	DL7 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	
North Yorkshire	Harrogate	Asda Stores Ltd	Standard	Asda Pharmacy	Bower Road		Harrogate	HG1 5DE	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	10:00-16:00
North Yorkshire	Scarborough	WM Morrisons Supermarkets PLC	Standard	Morrisons Pharmacy	Dunslow Road	Crossgates	Scarborough	YO11 3YN	08:30-20:00	08:30-20:00	08:30-20:00	08:30-20:00	08:30-20:00	08:00-18:00	10:00-16:00
North Yorkshire	Hambleton	Tesco Stores Ltd	100 Hour	Tesco Pharmacy	East Road		Northallerton	DL6 1NP	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
North Yorkshire	Scarborough	Lloyds Pharmacy Ltd	100 Hour	Lloyds Pharmacy	Falsgrave Road		Scarborough	YO12 5EA	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
North Yorkshire	Richmondshire	Tesco Stores Ltd	100 Hour	Tesco Pharmacy	Gough Road		Catterick Garrison	DL9 3EN	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
North Yorkshire	Harrogate	WM Morrisons Supermarkets PLC	Standard	Morrisons Pharmacy	Harrogate Road	Quarry Moor	Ripon	HG4 2SB	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-19:00	11:00-14:00
Vale of York	Ryedale	Ryechem Ltd	Standard	T/A Helmsley Pharmacy	Helmsley Medical Centre	Carlton Road	Helmsley	YO62 5HD	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30		
North Yorkshire	Harrogate	Bestway National Chemists Ltd	100 Hour	Well Pharmacy	Kingswood Medical Centre	14 Wetherby Road	Harrogate	HG2 7SA	06:30-22:00	06:30-22:00	06:30-22:00	06:30-22:00	06:30-22:00	08:00-22:00	09:30-18:00
North Yorkshire	Hambleton	Day Lewis Plc	Standard	Day Lewis Pharmacy	Malpas Road		Northallerton	DL7 8FW	08:30-13:00; 13:30-17:30	08:30-13:00; 13:30-17:30	08:30-13:00; 13:30-17:30	08:30-13:00; 13:30-17:30	08:30-13:00; 13:30-17:30	09:00-14:00	
Vale of York	Ryedale	Lincoln Co-Op Chemists Ltd	Standard	t/a Beckside Pharmacy	Maltongate	Thornton Le Dale	Pickering	YO18 7RJ	09:00-18:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
Vale of York	Hambleton	Boots UK Ltd	Standard	Boots Pharmacy	Market Place		Easingwold	YO61 3AD	09:00-13:00; 13:30-18:00	09:00-13:00; 13:30-18:00	09:00-13:00; 13:30-18:00	09:00-13:00; 13:30-18:00	09:00-13:00; 13:30-18:00	09:00-13:00; 13:30-17:30	
North Yorkshire	Richmondshire	J & E Hogg Ltd	Standard	J & E Hogg Ltd	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	
North Yorkshire	Harrogate	Gorgemead Ltd	Standard	Cohens Chemist	Mowbray Square Medical Centre	Myrtle Square	Harrogate	HG1 5AR	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30		
North Yorkshire	Ryedale	Derwent Pharmacy Ltd	Standard	Derwent Pharmacy Ltd	Norton Road	Norton	Malton	YO17 9RD	08:30-13:00; 14:15-18:30	08:30-13:00; 14:15-18:30	08:30-13:00; 14:15-18:30	08:30-13:00; 14:15-18:30	08:30-13:00; 14:15-18:30	08:30-13:00	

CCG	District	Contractor	"Contract" type	Pharmacy Trading Name	Address 1	Address 2	Town	Postcode	Opening Monday	Opening Tuesday	Opening Wednesday	Opening Thursday	Opening Friday	Opening Saturday	Opening Sunday
North Yorkshire	Harrogate	Boots UK Ltd	Standard	Your Local Boots Pharmacy	Nyces Store	Jennyfield Drive	Harrogate	HG3 2XQ	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:00	
Vale of York	Selby	Alex Crewe Ltd	Standard	ARC Pharmacy	Portholme Road		Selby	YO8 4QH	08:45-20:00	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30		
North Yorkshire	Scarborough	L Rowland & Co (Retail) Ltd	Standard	Rowlands Pharmacy	Rievaulx Road		Whitby	YO21 1SD	08:30-12:30; 13:30-18:00	08:30-12:30; 13:30-20:00	08:30-12:30; 13:30-18:00	08:30-12:30; 13:30-18:00	08:30-12:30; 13:30-18:00		10:00-16:00
Vale of York	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		
Morecambe Bay	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	
North Yorkshire	Hambleton	Tesco Stores Ltd	100 Hour	Tesco Pharmacy	Station Road		Thirsk	YO7 1PZ	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
North Yorkshire	Selby	Pinfold Pharmacy Ltd	Distance Selling	T/A Pinfold Pharmacy Ltd	Suite 10, Room 1 Derwent View	Brackenholme Business Park	Selby	YO8 6EL	08:45-12:30,14:00-18:15	08:45-12:30,14:00-18:15	08:45-12:30,14:00-18:15	08:45-12:30,14:00-18:15	08:45-12:30,14:00-18:15	CLOSED	CLOSED
Vale of York	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	
North Yorkshire	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	
North Yorkshire	Harrogate	Harrogate Pharmacy Ltd	Distance Selling	Harrogate Pharmacy - The Pharmacy Group	Unit 2 Haywra Crescent		Harrogate	HG1 5BG	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
North Yorkshire	Richmondshire	Boots UK Ltd	Standard	Boots Pharmacy	Unit 4, Princes Gate		Catterick Garrison	DL9 3BA	09:00-13:00; 13:30-17:00	09:00-13:00; 13:30-17:00	09:00-13:00; 13:30-17:00	09:00-13:00; 13:30-17:00	09:00-13:00; 13:30-17:00	09:00-14:00	
North Yorkshire	Harrogate	Boots UK Ltd	100 Hour	Your Local Boots Pharmacy	Unit 4A St James Retail Park	Grimbald Crag Road	Knaresborough	HG5 8PZ	08:00-00:00	08:00-00:00	08:00-00:00	08:00-00:00	08:00-00:00	09:00-23:00	10:00-16:00
North Yorkshire	Harrogate	Homecare Pharmacy Services Ltd	Distance Selling	Homecare Pharmacy Services Ltd	Unit E & Storage, Knaresborough Technology	Manse Lane	Knaresborough	HG5 8LF	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00		
North Yorkshire	Harrogate	Lloyds Pharmacy Ltd	Standard	Lloyds Pharmacy	Wetherby Road		Harrogate	HG2 8QZ	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	10:00-16:00
Bradford Airedale & Craven	Craven	RZM Chemists Ltd	Standard	Sutton In Craven Pharmacy	47 Main Street	Sutton-in-craven	Keighley	BD20 7HX	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-12:00	Closed
Bradford Airedale & Craven	Craven	Boots Uk Ltd	Standard	Boots	54-56 High Street	Skipton	North Yorkshire	BD23 1JP	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	10:00-17:30	10:30-16:30
Bradford Airedale & Craven	Craven	Boots Uk Ltd	Standard	Boots	36 Market Place		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	Closed
Bradford Airedale & Craven	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
Bradford Airedale & Craven	Craven	Healthcare Time Ltd	Distance selling	Time Pharmacy	Crete House	27 Newmarket Street	Skipton	BD23 2JE	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
Bradford Airedale & Craven	Craven	Lloyds Pharmacy Ltd	Standard	Lloyds 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	09:00-17:30	Closed
Bradford Airedale & Craven	Craven	Boots Uk Ltd	Standard	Boots	12 Main Street	Crosshills	Keighley	BD20 8TB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Bradford Airedale & Craven	Craven	Boots Uk Ltd	Standard	Boots	9 Station Road		Grassington	BD23 5LS	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Bradford Airedale & Craven	Craven	Lloyds Pharmacy Ltd	Standard	Lloyds Pharmacy	36 Newmarket Street		Skipton	BD23 2JB	08:30-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed

CCG	District	Contractor	"Contract" type	Pharmacy Trading Name	Address 1	Address 2	Town	Postcode	Opening Monday	Opening Tuesday	Opening Wednesday	Opening Thursday	Opening Friday	Opening Saturday	Opening Sunday
Bradford Airedale & Craven	Craven	Gorgemead Ltd	100 Hour	Cohens Chemist	Holme Lane	Crosshills	Keighley	BD20 7LG	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	10:00-20:00
Bradford Airedale & Craven	Craven	Naylors Ltd	Standard	Naylors Ltd	36 High Street	Gargrave	Skipton	BD23 3RB	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-12:30	Closed
Bradford Airedale & Craven	Craven	Jonathan Andrew Taylor	Standard	Carleton In Craven Pharmacy	Old Cobblers Cottage	West Road, Carleton In Craven	Skipton	BD23 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	Closed

Contract type
Standard 40 hours
DAC
100 hours
Distance selling

Appendix 8 - 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 9 - References and Data Sources

1. The Health Act 2009: <https://www.legislation.gov.uk/ukpga/2009/21/contents>
2. The Health and Social Care Act 2012: <https://www.legislation.gov.uk/ukpga/2012/7/contents>
3. PNA for North Yorkshire 2018: https://www.datanorthyorkshire.org/JSNA/Pharmaceutical_na
4. Joint Health and Wellbeing Strategy: [jhwbs.pdf \(nypartnerships.org.uk\)\[WL\(NOECU1](http://jhwbs.pdf.nypartnerships.org.uk/WL(NOECU1)
5. North Yorkshire Joint Strategic Needs Assessment 2021: <https://www.datanorthyorkshire.org/JSNA/JSNA>
6. NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: <https://www.legislation.gov.uk/uksi/2013/349/contents>
7. NHS Five Year Forward View: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
8. NHS Long Term Plan: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
9. General Pharmaceutical Services in England 2015/16 - 2020/21: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>
10. Community Pharmacy Contractual Framework (CPCF): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf
11. Information on commissioned community pharmacy services for North Yorkshire. NHS England Sub Regions, April 2022
12. Local Government and Public Involvement in Health Act 2007: <https://www.legislation.gov.uk/ukpga/2007/28/contents>
13. Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/contents>
14. North Yorkshire Council: [North Yorkshire Council Business Case Addresses](#)
15. NYCC (2019) Jobs and the Economy Available: <https://www.northyorks.gov.uk/news/article/jobs-and-economy-north-yorkshires-rural-commission-calls-evidence>

16. Richmondshire District Council (2021):
<https://www.richmondshire.gov.uk/community/catterick-garrison-news/current-news/assessment-study-starts/>
17. Scarborough Borough Council – Coastal Protection
<https://www.scarborough.gov.uk/home/environment/coastal-protection>
18. 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>
19. Office for National Statistics - Census 2021 results <https://census.gov.uk/census-2021-results>
20. Oxford Brookes University (2021) Institute of Public Care – Projecting Older People Population Information: www.poppi.org.uk
21. Office for National Statistics Population Projections:
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/ukpopulationpyramidinteractive/2020-01-08>
22. Office for National Statistic 2011 Census Data:
<https://www.ons.gov.uk/census/2011census/2011censusdata/2011censusdatacatalogue/populationandhouseholdestimates>
23. Craven District Council: <https://www.cravendc.gov.uk/media/10841/2020-2021-authority-monitoring-report.pdf>
24. Hambleton District Council:
<https://www.hambleton.gov.uk/downloads/download/184/strategic-housing-market-assessment>
25. Harrogate Borough Council: <https://www.harrogate.gov.uk/localplan>
26. Richmondshire District Council:
<https://www.richmondshire.gov.uk/media/11404/shelaa-5-year-housing-land-supply-update-dec-2019.pdf>
27. York, North Yorkshire and East Riding Strategic Housing Partnership:
<http://www.nycyerhousing.co.uk/housing-strategy/>
28. Selby District Council:
<https://www.selby.gov.uk/sites/default/files/SHMA%20Final%20Report%20Feb%202021>
29. Office for Health Improvement and Disparities Fingertips Profiles:
<https://fingertips.phe.org.uk/>

30. Fair Society Healthy Lives (The Marmot Review): [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/)
31. Statistics: <https://www.nomisweb.co.uk/reports/lmp/la/1941962793/printable.aspx>
32. Office for National Statistics - Selected countries of birth based on Census 2021 responses
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/adhocs/14354ct210001>
33. Migration Yorkshire - European Union Settlement Scheme [EUSS] Migration Yorkshire
<https://leedsc.maps.arcgis.com/apps/dashboards/c8d84797dd1b496ca733f31dfd6f0bdf>
34. Migration Yorkshire - Resettled refugees
<https://leedsc.maps.arcgis.com/apps/dashboards/dd040c76161b49cd8a1229664f1cc3a>
35. NHS Core20plus5: <https://www.england.nhs.uk/wp-content/uploads/2021/11/Core20PLUS5-graphic-with-lozenge-scaled.jpg>
36. NHS Health Education England, Making Every Contact Count:
<http://makeeverycontactcount.co.uk/>
37. Annual Population Survey:
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/annualpopulationsurveyapsqmi>
38. Quality and Outcomes Framework: <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data>
39. GP Patient Survey: <https://gp-patient.co.uk/surveysandreports>
40. Health Survey for England: <https://files.digital.nhs.uk/D4/93337C/HSE19-Adult-health-behaviours-rep.pdf>
41. Integrated Household Survey:
<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/methodologies/integratedhouseholdsurvey>
42. Data North Yorkshire (2015): <https://www.datanorthyorkshire.org/>
43. Public Health England. Smoking Prevalence at Age 15 - Current Smokers (WAY Survey):
<https://fingertips.phe.org.uk/search/way%20survey#page/3/gid/1/pat/6/par/E12000008/at/302/are/E06000035/iid/91548/age/44/sex/4/cid/4/tbm/1>

44. North Yorkshire Tobacco Control Strategy 2015-2025 Smoke-Free North Yorkshire:
<https://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Tobacco%20control%20strategy>
45. Public Health England. (2016). The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: an evidence review: <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>
46. Alcohol specific deaths in the UK register in 2020:
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2020#alcohol-specific-deaths-by-english-region>
47. PHE (2021) Local Alcohol Profiles for England
<https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/3/gid/1938132984/ati/401/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>
48. Substance misuse prevalence estimates:
<https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>
49. PHE (2020) Public Health profiles:
<https://fingertips.phe.org.uk/search/drug#page/3/gid/1/pat/6/par/E12000003/ati/402/are/E10000023/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>
50. Health and Wellbeing Board North Yorkshire -2016 -2026 Tackling overweight and obesity in North Yorkshire Available:
<https://hub.datanorthyorkshire.org/dataset/2cb529f6-4715-4c2d-9364-a770deb03472/resource/1455c478-5c6c-4cd4-9282-8d8680aae96a/download/hwhl.full.report.pdf>
51. NHS Digital data and information (2020): <https://digital.nhs.uk/data-and-information/supplementary-information?month=may&year=2021>
52. What Good Sexual Health, Reproductive Health and HIV Provision Looks Like
<https://www.adph.org.uk/wp-content/uploads/2019/10/What-Good-Sexual-and-Reproductive-Health-and-HIV-Provision-Looks-Like.pdf>
53. UK Health Security Agency (2022). Summary profile of local authority sexual health - North Yorkshire. <https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E10000023.html?area-name=North%20Yorkshire>
54. PHE (2018). Teenage pregnancy prevention framework
<https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework>

55. PHE (2020) Sexual and Reproductive Health profiles:
https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000003/ati/401/are/E07000168/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/tre-ao-1_car-do-0
56. Carriere R, Adam R, Fielding S, Barlas R, Ong Y, Murchie P. Rural dwellers are less likely to survive cancer - An international review and meta-analysis. Health & Place 2018 Sep;53:219-227. Available at:
<https://pubmed.ncbi.nlm.nih.gov/30193178/>
57. National Cancer Intelligence Network. The effect of rurality on cancer incidence and mortality
http://www.ncin.org.uk/publications/data_briefings/rurality#:~:text=Cancer%20incidence%20rates%2C%20adjusted%20for,8%25%20and%2011%25%20respectively.
58. Newcastle University - Why are rural communities less likely to survive cancer?
<https://from.ncl.ac.uk/why-are-rural-communities-less-likely-to-survive-cancer>
59. GP Patient survey 2019: <https://www.england.nhs.uk/statistics/2019/07/11/gp-patient-survey-2019>
60. Respiratory Disease: Applying all our health:
<https://www.gov.uk/government/publications/respiratory-disease-applying-all-our-health>
61. Mental Health Taskforce. (2016). Five Year Forward View for Mental Health: A report from the Independent Mental Health Taskforce to the NHS in England. NHS England: <https://www.england.nhs.uk/publication/the-five-year-forward-view-for-mental-health/https://www.england.nhs.uk/mental-health/taskforce/>
62. Chang CK, Hayes RD, Perera G, Broadbent MT, Fernandes AC, Lee WE, Hotopf M, Stewart R. Life expectancy at birth for people with serious mental illness and other major disorders from a secondary mental health care case register in London 2011
63. PHE (2020) Mortality Profile. Premature mortality in adults with severe mental illness (SMI) 2018-20 <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/3/gid/1938133009/pat/6/par/E12000003/ati/402/are/E10000023/iid/93581/age/181/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>
64. Prescribing data from NHSBSA ePACT2: <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>
65. Information on commissioned community pharmacy services for North Yorkshire. NHS England Sub Regions, April 2022
66. 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/>

67. Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013: <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>
68. NHS England Guidance on the National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020: <https://www.england.nhs.uk/publication/guidance-on-the-national-health-service-charges-and-pharmaceutical-and-local-pharmaceutical-services-amendment-regulations-2020/>
69. PSNC (2019) - Community Pharmacist Consultation Service (CPCS) <https://psnc.org.uk/national-pharmacy-services/advanced-services/community-pharmacist-consultation-service/>
70. NICE (2017). Managing Medicines for Adults Receiving Social Care in the Community: <https://www.nice.org.uk/guidance/ng67>
71. The CCA: <https://thecca.org.uk/national-pharmacist-shortfall-of-over-3000-poses-significant-risk-to-local-pharmacies/>
72. PSNC (2022) Essential facts, stats and quotes relating to Minor Ailment Services <https://psnc.org.uk/lpcs-and-local/locally-commissioned-services/essential-facts-stats-and-quotes/minor-ailments-services/>