



North Yorkshire Health and Wellbeing Board

Pharmaceutical Needs Assessment

2025 - 2028

Table of Contents

Contents

Table of Contents	2
Executive Summary	6
1.0 Introduction	9
1.1 PNA background and purpose	9
1.2 Pharmacy market	10
1.3 Pharmacy services NHS overview	11
2.0 Pharmaceutical Needs Assessment process	12
2.1 PNA development group	12
2.2 Determination of localities	13
2.3 Current provision in North Yorkshire	13
2.4 Future provision	14
2.5 Stakeholder engagement	14
2.6 Statutory consultation	15
3.0 North Yorkshire's Population	18
3.1 Overview of the county	18
3.2 Locality profiles	19
3.2.1 Craven	19
3.2.2 Hambleton	20
3.2.3 Harrogate	20
3.2.4 Richmondshire	21
3.2.5 Ryedale	21
3.2.6 Scarborough	22
3.2.7 Selby	22
3.3 Index of Multiple Deprivation (IMD)	23
3.4 Life expectancy	24

3.5 The wider determinants of health.....	25
3.5.1 Income.....	25
3.5.2 Employment.....	25
3.5.3 Education, skills, qualifications	25
3.5.4 Crime.....	26
3.5.5 Housing and homelessness.....	27
3.5.6 Housing and development strategy.....	27
3.6.1 Smoking	30
3.6.2 Alcohol.....	30
3.6.3 Substance use.....	31
3.6.4 Obesity	31
3.6.5. Sexually Transmitted Infections (STI)	32
3.6.6 Teenage pregnancy.....	32
3.6.7 Cancers	33
3.6.8 Long-term conditions	34
3.6.9 Cardiovascular disease	34
3.6.10 Diabetes	35
3.6.11 Respiratory	35
3.6.12 Dementia	36
3.6.13 Mental health and mental wellbeing.....	36
4.0 Current Provision of Pharmaceutical Services	38
4.1 Overview	38
4.2 Standard contract (40 hours).....	39
4.2.1 Core hours.....	39
4.2.2 Supplementary hours	39
4.3 Pharmacies open 100-hours.....	40
4.4 Pharmacy Access Scheme	41
4.5 Dispensing appliance contractors (DAC).....	42

4.6 Distance selling pharmacies	42
4.7 Dispensing doctors.....	43
4.8 Hospital pharmacy services	43
4.9 Out of area providers of pharmaceutical services	43
4.10 North Yorkshire Health System	46
4.10.2 GP Out of Hours (OOH).....	47
4.10.3 Urgent Treatment Centres	47
4.10.4 Hospital services.....	47
5.0 Access to Community Pharmacy services in North Yorkshire	49
5.1 Number, type of pharmacies and geographical distribution	50
5.2 Access to pharmacies and dispensing premises in areas of high population density	51
5.3 Access to pharmacies by opening hours	52
5.4 Ease of access to pharmacies	53
5.4.1 Weekday opening.....	53
5.4.2 Weekday mornings	53
5.4.3 Weekday evenings.....	54
5.4.4 Weekend opening	56
5.4.5 Saturday opening.....	56
5.4.6 Sunday opening	58
5.4.7 Opening during enhanced GP access, GP out of hours and Urgent Care Centres opening hours.....	60
5.4.8 Access to pharmacies by foot and by public transport.....	61
5.4.9 Access to pharmacy services out of the North Yorkshire area.....	64
5.4.10 Feedback from customers regarding access to pharmacies.....	64
5.5 Improving access	65
5.5.1 Collection and delivery services.....	65
5.6 Disability access.....	65
5.1 Access to language services.....	66
6.0 North Yorkshire pharmaceutical services overview	67
6.2 Essential services.....	70

6.3 Advanced services.....	71
6.3.7 Stoma Appliance Customisation Service (SAC)	75
7.0 North Yorkshire Locally Commissioned Services.....	77
7.1 North Yorkshire Council Public Health commissioned services	78
7.1.1 Needle, Syringe and Harm Reduction Service	79
7.2 Opiate Substitute Supervised Consumption Service	80
7.3 Targeted Primary Care Sexual Health Service.....	81
7.4 Nicotine Replacement Therapy Service	83
7.6 Non-Commissioned Services	86
8 Engagement and Consultation	87
8.1 Stakeholder engagement	87
8.1.1 Overview of responses to the Public/Residents Survey	87
8.1.2 Overview of responses to the Stakeholder Survey.....	89
8.2 Formal consultation	90
8.2.1 Findings of consultation	91
8.2.2 Addition to North Yorkshire PNA following consultation process	99
9 Summary of findings	101
Appendix 1: Membership of the Steering Group.....	104
Appendix 2: Equality Impact Assessment	105
Appendix 3: Residents survey results	115
Appendix 4: Pharmacy addresses and opening times	150
Appendix 5: Dispensing GP practices and addresses.....	156
Appendix 7 - Abbreviations used	161
Appendix 8 - References and Data Sources.....	165

Executive Summary

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

Pharmaceutical Needs Assessment process

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

Population health needs

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

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

Current provision and access to pharmaceutical services

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

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

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

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

Future provision

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

1.0 Introduction

1.1 PNA background and purpose

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

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

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

The PNA takes account of the *Joint Strategic Needs Assessment*⁽³⁾ (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*⁽⁴⁾.

The PNA will also be used to:

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

Boards (ICBs)

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

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

1.2 Pharmacy market

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

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

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

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

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

1.3 Pharmacy services NHS overview

Community pharmacies in England provide a range of services including:

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

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

2.0 Pharmaceutical Needs Assessment process

2.1 PNA development group

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

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

The steering group agreed the following:

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

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

2.2 Determination of localities

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

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

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

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

2.3 Current provision in North Yorkshire

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

2.4 Future provision

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

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

The *Equality Act, 2010*⁽⁵⁾ requires that in making this assessment, the needs of different population groups have been taken into account. This final PNA has been subject to an Equality Impact Assessment; this is included as appendix 2.

2.5 Stakeholder engagement

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

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

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

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

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

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

2.6 Statutory consultation

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

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 Cumbria ICB

- Healthwatch
- Local Foundation Trusts:
 - Harrogate and District NHS Foundation Trust
 - York and Scarborough Teaching Hospitals NHS Foundation Trust
 - South Tees NHS Foundation Trust
 - Tees, Esk and Wear Valleys NHS Foundation Trust

- Neighbouring HWBs:
 - City of York Council
 - East Riding of Yorkshire Council
 - Doncaster Council
 - Wakefield Council
 - Leeds City Council
 - City of Bradford Metropolitan District Council
 - Lancashire County Council
 - Westmoreland and Furness Council
 - Durham County Council
 - Darlington Borough Council
 - Stockton-on-Tees Borough Council
 - Middlesbrough Council
 - Redcar and Cleveland Borough Council

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

DRAFT

3.0 North Yorkshire's Population

3.1 Overview of the county

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



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

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

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

The Scarborough locality lies along a coastline of approximately 42 miles, stretching from Staithes in the North to Speeton Cliffs in the South ⁽⁸⁾. 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' ⁽⁹⁾, the villages, towns and cities that make up England's coast can have some of the worst health outcomes, with low life expectancy and high rates of many major diseases. There are many reasons for poor health outcomes in coastal communities, including an in-migration of the elderly population retiring to the coast with greater health needs, increased numbers of Houses of Multiple Occupation (HMOs) which lead to concentrations of deprivation and ill health, and workforce issues such as the recruitment and retention of health and social care staff. It is recognised that North Yorkshire has many coastal communities with differing health and wellbeing challenges to their inland neighbours.

3.2 Locality profiles

3.2.1 Craven

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

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

3.2.2 Hambleton

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

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

3.2.3 Harrogate

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

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

3.2.4 Richmondshire

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

3.2.5 Ryedale

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

3.2.6 Scarborough

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

3.2.7 Selby

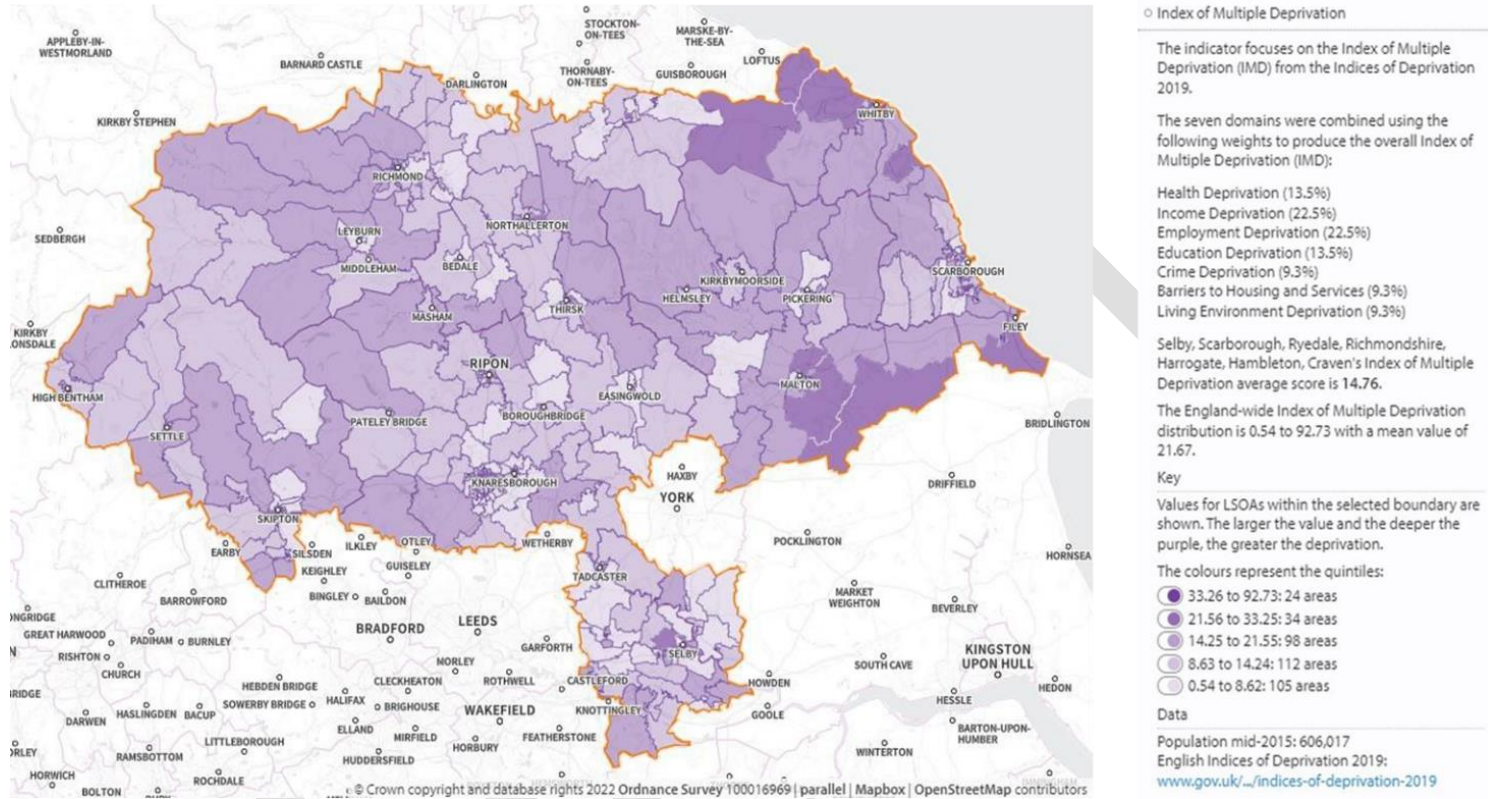
Considered mainly a rural area with three market towns, Sherburn in Elmet, Selby and Tadcaster. It has good transport rail links to London, York, Hull, Leeds, Manchester, and Doncaster. The population in Selby is generally older than England, with a higher proportion of residents –aged 65+, and fewer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

3.3 Index of Multiple Deprivation (IMD)

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

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

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



3.4 Life expectancy

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

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

3.5 The wider determinants of health

3.5.1 Income

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

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

3.5.2 Employment

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

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

3.5.3 Education, skills, qualifications

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

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

3.5.4 Crime

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

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

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

Source: Police UK

3.5.5 Housing and homelessness

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

3.5.6 Housing and development strategy

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

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

The new Local Plan will have to plan for a significantly larger amount of housing growth, when compared to existing Local Plans. The new annual housing target is 4,156 homes across North Yorkshire, significantly higher than the former combined Local Plan requirement of 2,315. This is one of the largest increases of any local authority in England. It is too early in the Local Plan process to determine where these new homes will be located.

Housing completed over the last 5 years:

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

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

DRAFT

3.6 Health Needs

3.6.1 Smoking

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

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

3.6.2 Alcohol

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

3.6.3 Substance use

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

3.6.4 Obesity

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

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

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

3.6.5. Sexually Transmitted Infections (STI)

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

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

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

3.6.6 Teenage pregnancy

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

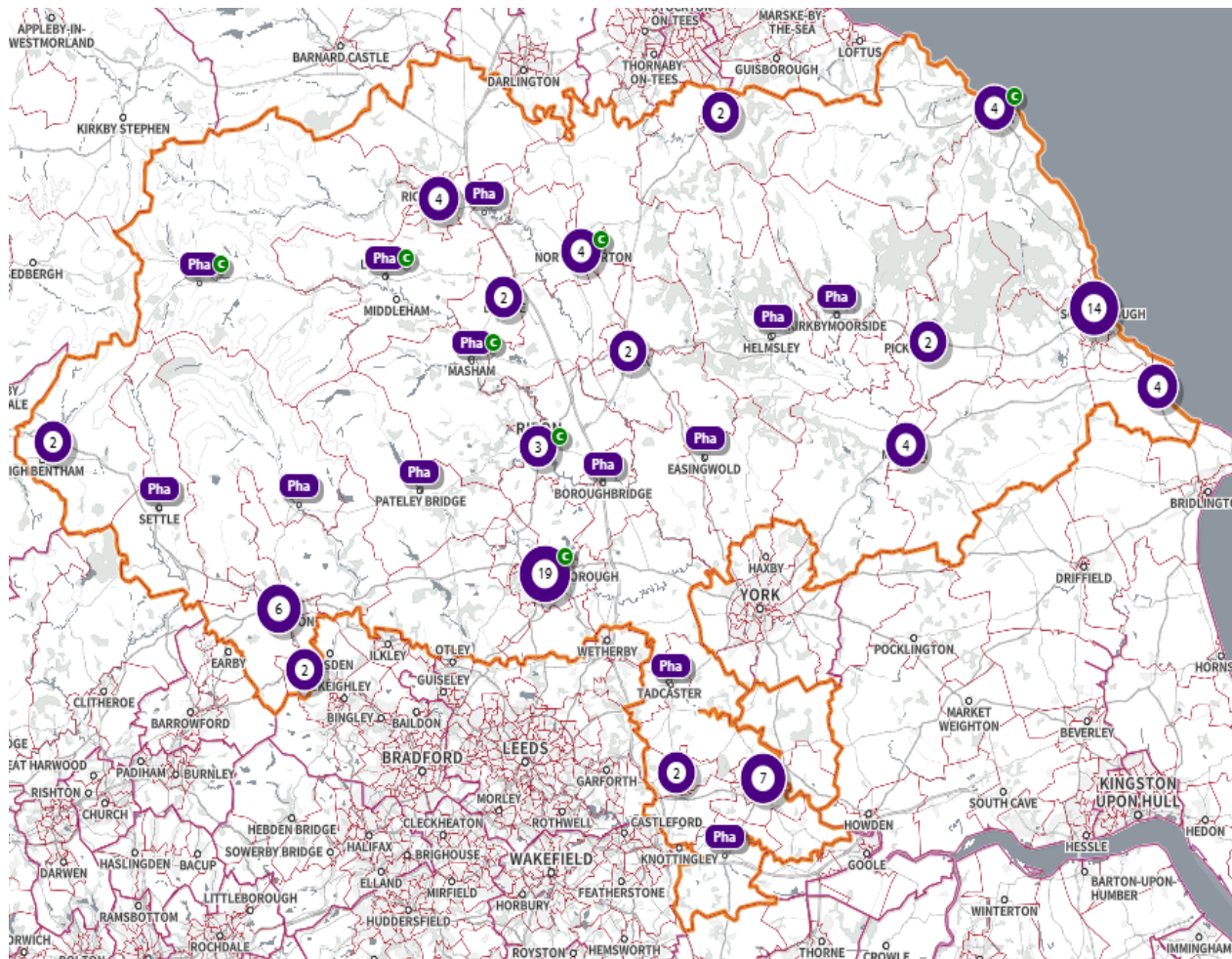


Figure 2: Pharmacies providing contraception (PhaC) service in North Yorkshire (27)

3.6.7 Cancers

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

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

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

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 ⁽¹³⁾.

3.6.8 Long-term conditions

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

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

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

3.6.9 Cardiovascular disease

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

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

3.6.10 Diabetes

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

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

3.6.11 Respiratory

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

mesothelioma ⁽¹⁴⁾.

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

3.6.12 Dementia

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

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

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

3.6.13 Mental health and mental wellbeing

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

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

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

DRAFT

4.0 Current Provision of Pharmaceutical Services

4.1 Overview

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

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

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

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

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

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

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

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

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

4.2 Standard contract (40 hours)

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

4.2.1 Core hours

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

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

4.2.2 Supplementary hours

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

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

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

4.3 Pharmacies open 100-hours

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

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

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

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

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

4.4 Pharmacy Access Scheme

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

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

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

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

4.5 Dispensing appliance contractors (DAC)

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

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

4.6 Distance selling pharmacies

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

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

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

4.7 Dispensing doctors

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

Based on data from the ICB there are there are 47 dispensing doctors in North Yorkshire (see appendix 5). Prescribing and data reports (ePACT2) published by NHS Business Services Authority (NHSBSA) in February 2025 indicated dispensing by these practices accounted for 20.37% of the dispensed items in 2024 – 25. These services provide additional access to dispensing services for the population of North Yorkshire located in more rural areas.

4.8 Hospital pharmacy services

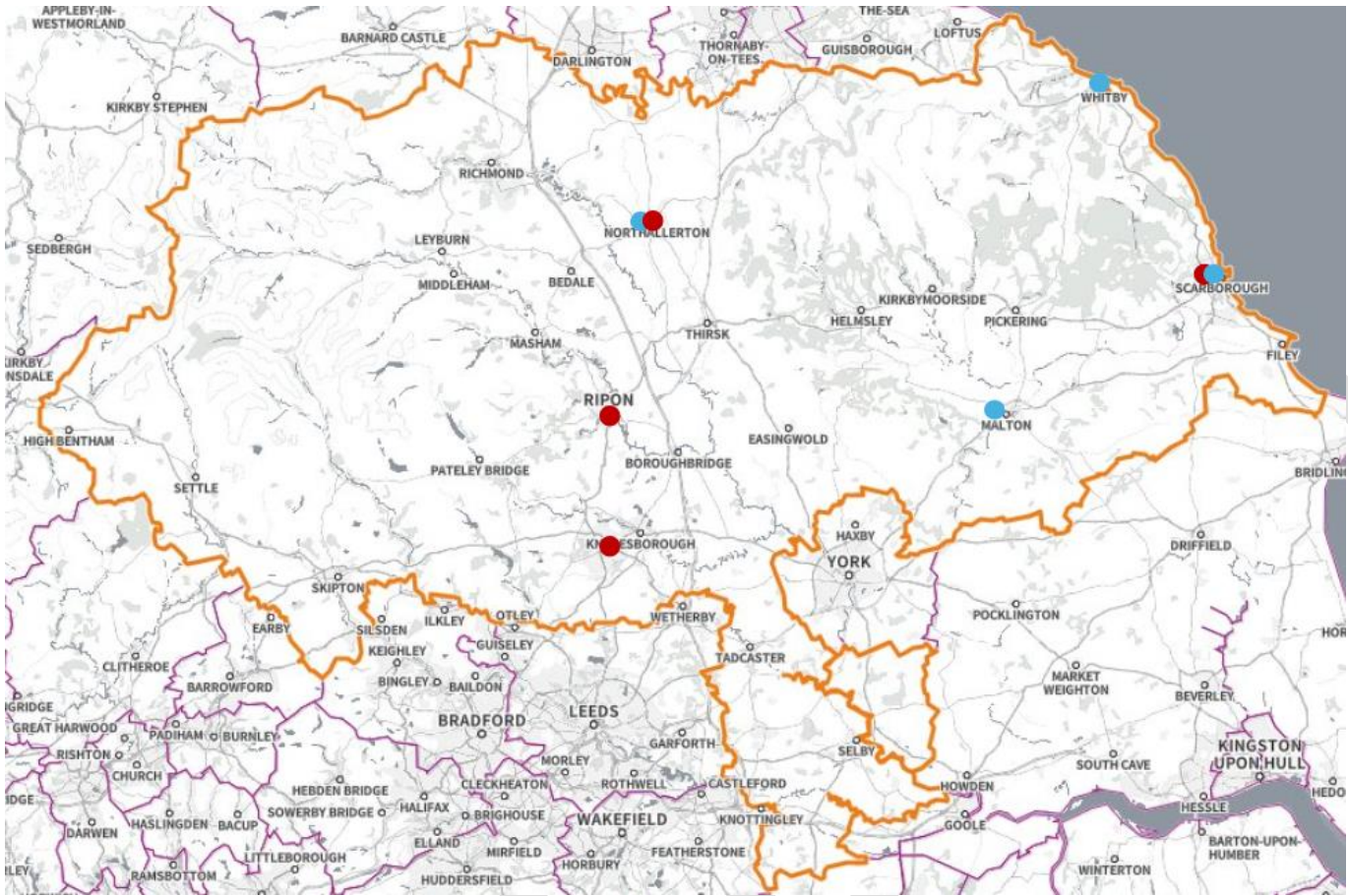
NHS hospital trusts and private hospitals do not provide services under the Community Pharmacy Contractual Framework and are therefore outside the scope of the PNA.

4.9 Out of area providers of pharmaceutical services

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

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

DRAFT



4.10 North Yorkshire Health System

4.10.1 GP surgeries (including enhanced access)

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

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

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

4.10.2 GP Out of Hours (OOH)

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

4.10.3 Urgent Treatment Centres

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

4.10.4 Hospital services

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

DRAFT

5.0 Access to Community Pharmacy services in North Yorkshire

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

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

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

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

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

5.1 Number, type of pharmacies and geographical distribution

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

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

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

Data source: ⁽¹⁸⁾

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

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

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

Data source: ⁽¹⁸⁾

5.3 Access to pharmacies by opening hours

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

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

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

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

Data source: ⁽¹⁸⁾

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

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

5.4 Ease of access to pharmacies

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

5.4.1 Weekday opening

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

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

5.4.2 Weekday mornings

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

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

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

5.4.3 Weekday evenings

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

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

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

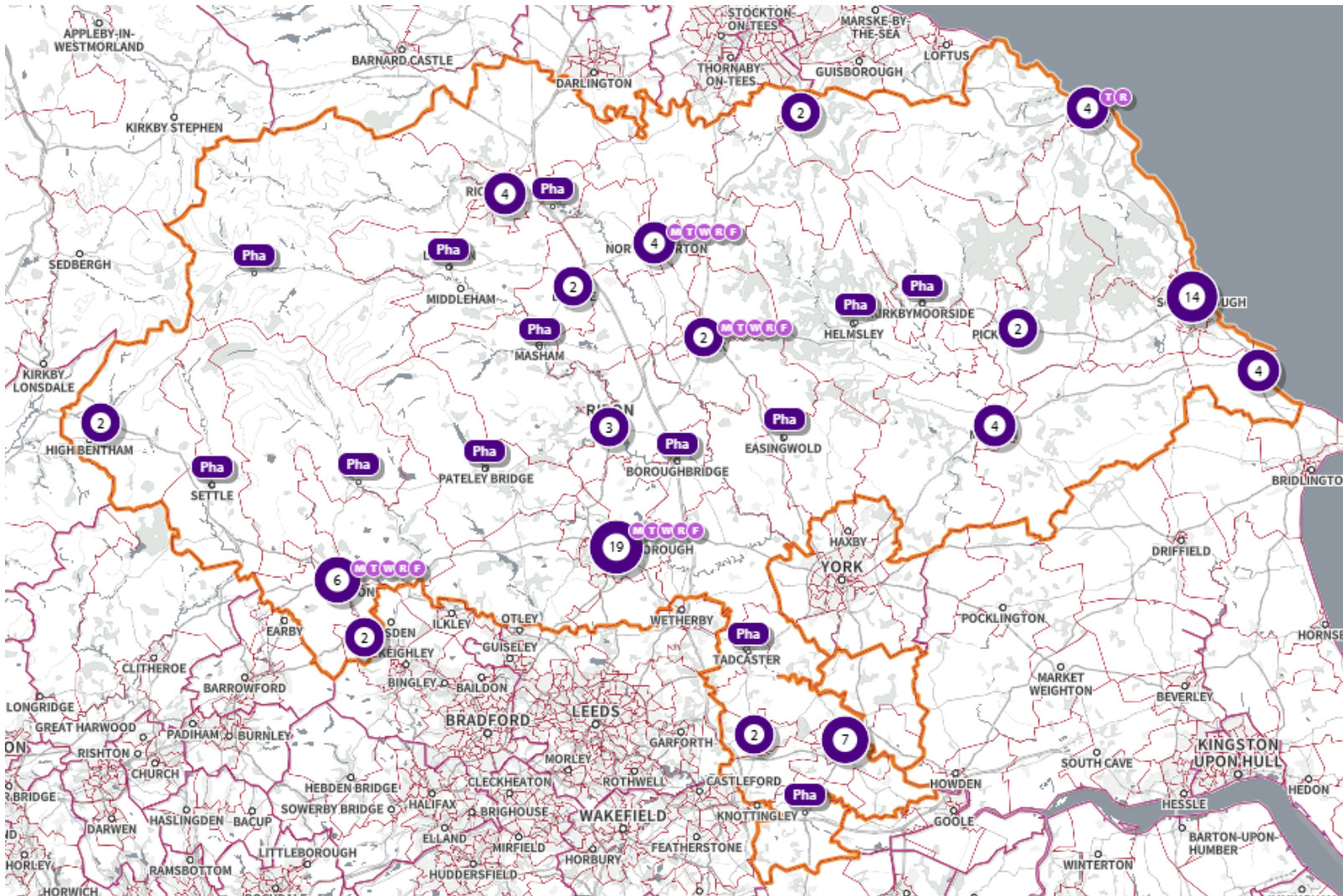


Figure 5 - Pharmacy Provision – Weekday Evenings (M,T,W,R,F denotes Mon, Tue, Wed, Thu, Fri opening respectively) in North Yorkshire

5.4.4 Weekend opening

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

5.4.5 Saturday opening

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

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

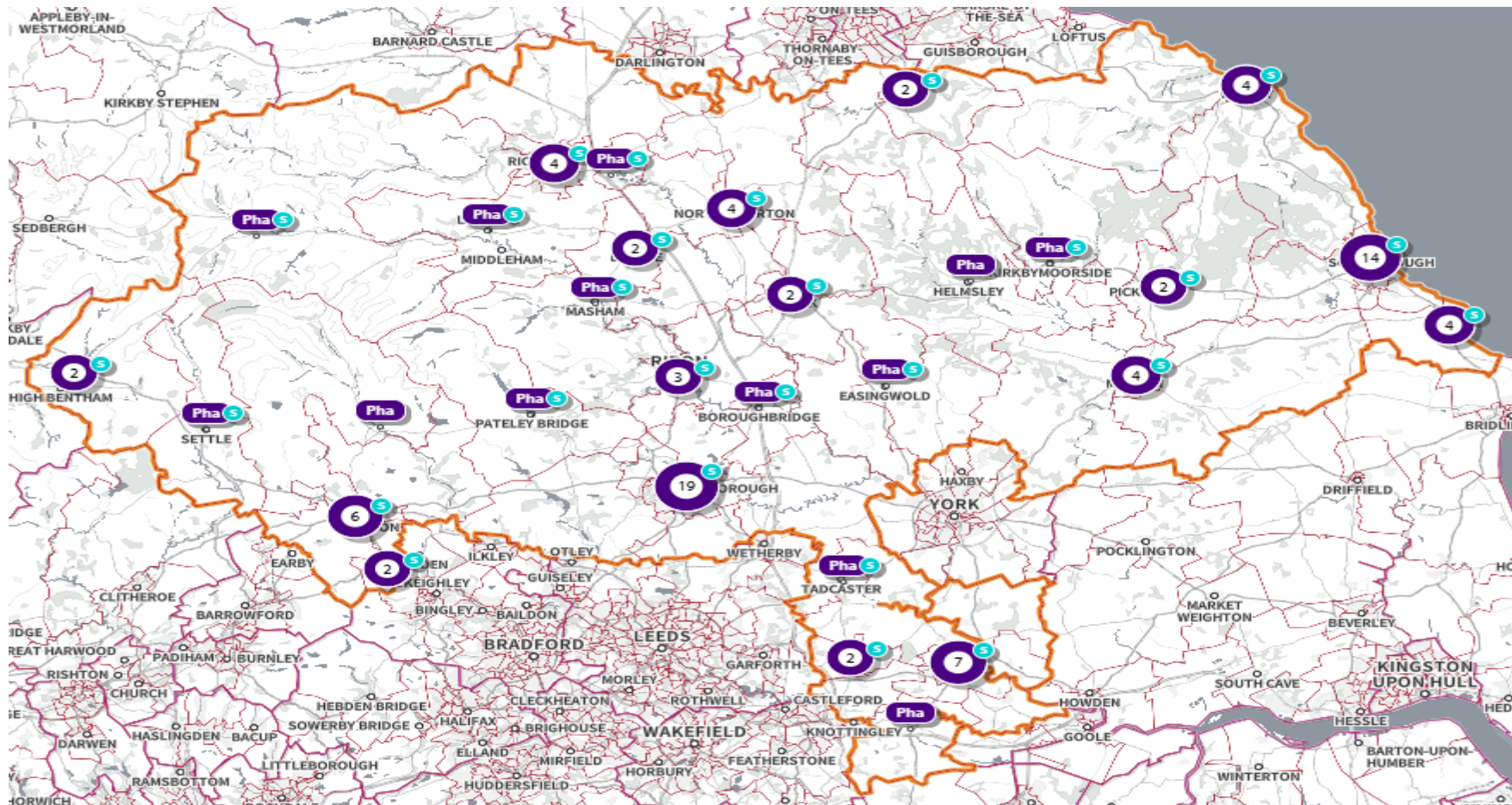


Figure 6 - Pharmacies Opening on Saturdays (denoted with PhaS) in North Yorkshire

5.4.6 Sunday opening

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5.4.8 Access to pharmacies by foot and by public transport

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

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

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

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

5.4.9 Access to pharmacy services out of the North Yorkshire area

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

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

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

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

5.4.10 Feedback from customers regarding access to pharmacies

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

Comments from the resident's survey:

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

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

5.5 Improving access

5.5.1 Collection and delivery services

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

5.6 Disability access

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

Common adjustments in community pharmacies include:

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

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

The requirements for the consultation room are that it is:

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

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

5.1 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 ⁽²⁰⁾. Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others.

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

6.0 North Yorkshire pharmaceutical services overview

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

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

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

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

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

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

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

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

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

CPCF Funding Uplift

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

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

Additional Services Funding

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

Strategic Goals

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

Finding Service with over 2.5 million consultations in 2024 alone

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

Future Direction

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

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

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

6.2 Essential services

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

The essential services are:

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

6.3 Advanced services

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

Advanced services currently (2024) include:

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

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

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

Data Source: ICB

6.3.1 Appliance Use Review (AUR)

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

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

6.3.2 Flu Vaccination Service

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

6.3.3 Pharmacy Contraception Service (PCS)

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

The objectives of the service are to:

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

The service aims to provide:

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

The service involves community pharmacists providing:

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

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

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

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

6.3.4 Hypertension Case-Finding Service (HCFS)

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

The service aims to:

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

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

6.3.5 Pharmacy First Service

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

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

6.3.6 Smoking Cessation Advanced Service

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

6.3.7 Stoma Appliance Customisation Service (SAC)

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

6.3.8 National Enhanced Services

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

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

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

6.3.9 The COVID-19 Vaccination Programme

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

7.0 North Yorkshire Locally Commissioned Services

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

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

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

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

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

7.1 North Yorkshire Council Public Health commissioned services

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

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

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

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

7.1.1 Needle, Syringe and Harm Reduction Service

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

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

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

Total	25
--------------	-----------

7.2 Opiate Substitute Supervised Consumption Service

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

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

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

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

Craven	8
Hambleton	10
Harrogate	19
Richmondshire	5
Ryedale	4
Scarborough	20
Selby	11
Out of area	7
Total	84

7.3 Targeted Primary Care Sexual Health Service

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

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

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

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

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

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

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

Richmondshire	3
Ryedale	6
Scarborough	10
Selby	8
Out of area	4
Total	47

7.4 Nicotine Replacement Therapy Service

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

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

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

Local Authority)

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

7.5 NHS Health Checks

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

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

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

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

DRAFT

7.6 Non-Commissioned Services

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

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

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

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

8 Engagement and Consultation

8.1 Stakeholder engagement

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

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

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

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

8.1.1 Overview of responses to the Public/Residents Survey

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

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

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

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

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

8.1.2 Overview of responses to the Stakeholder Survey

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

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

8.2 Formal consultation

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

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

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

8.2.1 Findings of consultation

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

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

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

Consultation outcomes:

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

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

HWB response:

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

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

Consultation outcomes:

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

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

HWB response:

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

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

Consultation outcomes:

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

HWB response:

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

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

Consultation outcomes:

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

- 1 comment was received regarding the importance of local pharmacies for disabled individuals, noting difficulties accessing larger or supermarket-based chemists.
- 1 comment was received highlighting poor transport links in rural areas, particularly around Harrogate, and the lack of infrastructure to support growing populations due to new housing developments.
- 1 comment was received suggesting that the wording in the conclusion section of the PNA could be misinterpreted as an invitation to submit applications and recommended clearer phrasing.

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

HWB response:

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

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

Consultation outcomes:

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

HWB response:

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

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

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

Q6. Do you have any other comments?

Consultation outcomes:

5 additional comments were received in response to this question:

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

HWB response:

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

Other stakeholder comments received separately to the online questionnaire:

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

- 1 comment suggested a definition of necessary services.

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

HWB response:

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

DRAFT

8.2.2 Addition to North Yorkshire PNA following consultation process

NHS 10 Year Plan

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

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

In relation to community pharmacy, the Plan states that:

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

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

of patient management.

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

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

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

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

9 Summary of findings

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

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

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

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

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

Appendix 1: Membership of the Steering Group

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

Appendix 2: Equality Impact Assessment

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

(Form updated October 2023)

Pharmaceutical Needs Assessment (2025) surveys

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

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

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

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



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

Name of Directorate and Service Area	HAS, Public Health
Lead Officer and contact details	Andrew Stewart, Andrew.stewart@northyorks.gov.uk

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

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

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

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

of the local population. It describes:

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

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

It considers whether the public has sufficient choice in accessing pharmaceutical

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

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

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

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

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

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

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

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

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

Survey responses:

- Public – 958
- Stakeholder – 3

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

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

Consultation responses:

- Public – 10
- Stakeholder – 8

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

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

Please explain briefly why this will be the result.

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

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

characteristics?				
Age	X			The PNA does identify some gaps in provision of pharmaceutical services, and although the document may support applications from potential new providers, it is unclear at this stage if there will be a market response. The PNA therefore does not have a direct affect on pharmaceutical provision.
Disability	X			As above
Sex	X			As above
Race	X			As above
Gender 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
..... are from the Armed Forces Community	x			As above

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)	
North Yorkshire wide	N/A
Craven	N/A
Hambleton	N/A
Harrogate	N/A
Richmondshire	N/A
Ryedale	N/A
Scarborough	N/A
Selby	N/A
If you have ticked one or more areas, 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.	
<p>Explanation of why option has been chosen. (Include any advice given by Legal Services.)</p> <p>The PNA document does identify some gaps in provision in North Yorkshire but does not have direct influence over the market. If the PNA is used to support pharmacy applications to address the gaps, the affect will be beneficial rather than adverse.</p>	

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

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

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

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

Action	Lead	By when	Progress	Monitoring arrangements

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

No impacts were identified during the assessment.

Section 14. Sign off section

This full EIA was completed by:

Name: Andrew Stewart

Job title: Service Development Manager

Directorate: HAS

Signature: A.Stewart

Completion date: 04/09/2025

Authorised by relevant Assistant Director (signature):

Date:

Appendix 3: Residents survey results

When We Consulted

Six-week period over January and March 2025

How We Consulted and Who Responded

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

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

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

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

Pharmaceutical Needs Assessment (PNA) – Resident Survey

Which area do you live in?

North Yorkshire

City of York

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

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

Very poor

Poor

Good

Very good

Excellent

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

1

2

3

4

5

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

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

How often do you go to a pharmacy?

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

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

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

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

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

Very low importance

Low importance

Neutral importance

High importance

Very high importance

Prescription collection service

Very low

importance

Low importance

Neutral importance

High importance

Very high importance

Medicine delivery service

Very low importance

Low importance

Neutral importance

High importance

DRAFT

Very high importance

Clean and pleasant environment

Very low importance

Low importance

Neutral importance

High importance

Very high importance

Good customer care or friendly staff

Very low importance

Low importance

Neutral importance

High importance

Very high importance

Trusted advice

Very low importance

Low importance

Neutral importance

High importance

DRAFT

Very high importance

Convenient opening times to use on an evening or weekend

Very low importance

Low importance

Neutral importance

High importance

Very high importance

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

Wheelchair users, pushchairs, other mobility aids

Very difficult

Difficult

Neutral

Easy

Very easy

People who have sight or hearing loss

Very difficult

Difficult

Neutral

Easy

Very easy

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

Very difficult

Difficult

Neutral

Easy

Very easy

People who are neurodivergent and may need additional support

Very difficult

Difficult

Neutral

Easy

Very easy

People who require a private consultation room

Very difficult

Difficult

Neutral

Easy

Very easy

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

Up to 10 minutes

10-20 minutes

20-30 minutes

Over 30 minutes

I use the pharmacy delivery service

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

I use the bus

I use the train

I use a taxi service

I drive my own vehicle

I walk

I cycle

I have a lift in somebody else's car

I use the pharmacy delivery service

Other, please specify below

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

Yes

No

Not applicable

If you ticked 'No', please explain why:

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

Under 5 minutes

5-10 minutes

Over 10 minutes

I use the pharmacy delivery service

Do you have medication on a repeat prescription?

Yes

No

Prefer not to say

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

Yes, full price

Yes, pre-payment certificate

No, I am eligible for free prescriptions

Prefer not to say

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

Diet and nutrition

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

Smoking cessation

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

Drug and alcohol awareness

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

Sexual health

Very aware

Somewhat aware

Neither

Somewhat unaware

DRAFT

Very unaware

Physical activity

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

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

Medication availability

Better waiting times

More staffing

Communication

Product availability

Increased opening times

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

Other, please state below

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

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

Which age category are you in?

16-19

20-29

30-39

40-49

50-64

65-74

75-84

85 or more

Prefer not to say

Are you...?

Female

Male

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

Prefer not to say

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

White

Mixed or multiple ethnic groups

Asian

Black or African or Caribbean

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

Prefer not to say

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

Very good

Good

Fair

Bad

Very bad

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

Yes

No

Prefer not to say

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

Yes

No

Prefer not to say

What is your main language?

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

Working full-time

Working part-time

Zero-hour contract

Self-employed

Apprenticeship or training

Student

Retired

Unemployed

Full-time carer

Part-time carer

Other, please state below

Residents Survey Results

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

Grand Total	958	100.00%
--------------------	------------	----------------

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

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

Grand Total	958	100.00%
--------------------	------------	----------------

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

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

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

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

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

Convenience	Number of people	%
--------------------	-------------------------	----------

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

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

Collection service	Number of people	%
Very high importance	407	42.48%

High importance	294	30.69%
Neutral importance	139	14.51%
Low importance	31	3.24%
Very low importance	42	4.38%
Blank	45	4.70%
Grand total	958	100.00%

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

Convenient opening times on evening/weekend	Number of people	%
--	-------------------------	----------

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

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

Trusted advice	Number of people	%
Very high importance	607	63.36%
High importance	258	26.93%

Neutral importance	40	4.18%
Low importance	4	0.42%
Very low importance	8	0.84%
Blank	41	4.28%
Grand total	958	100.00%

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

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

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

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

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

People who need translation services such as British Sign Language or another language	Number of people	%
Neutral	607	63.36%

Easy	40	4.18%
Difficult	130	13.57%
Very difficult	64	6.68%
Very easy	10	1.04%
Blank	107	11.17%
Grand total	958	100.00%

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

How long does it take you to get to your pharmacy?	Number of people	%
Up to 10 minutes	503	52.51%

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

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

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

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

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

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

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

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

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

76 (9.30%) said they paid full price

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

69 (8.45%) left this question blank

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

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

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

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

Physical activity	Number of people	%
Neither	213	22.23%

Somewhat aware	143	14.93%
Somewhat unaware	210	21.92%
Very aware	56	5.85%
Very unaware	319	33.30%
Blank	17	1.77%
Grand total	958	100.00%

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

Sexual health	Number of people	%
Neither	200	20.88%
Somewhat aware	236	24.63%

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

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

Other suggestions include:

Calls for increased government funding, larger and more modern

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

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

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

Prefer not to say	15	1.57%
Other	3	0.31%
Blank	20	2.09%
Grand total	958	100.00%

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

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

Blank	11	1.15%
Grand total	958	100.00%

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

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

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

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

Blank	19	1.90%
Grand total	1001*	100.00%

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

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

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

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

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

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

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

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

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

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

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

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

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

“I have only experienced very good swift efficient service with the staff being very very pleasant!”

Appendix 4: Pharmacy addresses and opening times

Information from ICB May 2025:

Contract type
Standard 40
hours
DAC
100 hours
Distance selling

Locality	Contractor Name	"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
Richmond shire	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; 15:00-18:00	10:30-16:30
Ryedale	SNJ Health Ltd	Standard	Jhoots 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	
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	
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	
Scarborough	Boots UK Ltd	Standard	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	
Harrogate	LP Twenty One Limited	Standard	KINGS ROAD - PHARMACY+HEALTH	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	
Richmond shire	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	Additional Hours
Scarborough	Filey Medical Services Ltd	Standard	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		
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	
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	
Scarborough	Scarborough Healthcare Limited	Standard	Aberdeen Walk Pharmacy	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	
Harrogate	Gorgemead Ltd	Standard	COHENS CHEMIST	MOWBRAY SQUARE MEDICAL CENTRE	MYRTLE SQUARE	HARROGATE	HG1 5AR	8:00-18:00	8:00-18:00	8:00-18:00	8:00-18:00	8:00-18:00		
Ryedale	The Pharmacy Group	Standard	Malton - The	24 Market		Malton	YO17	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-16:00	

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

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

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

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

		rd		NEWMARKE T STREET			2JB							
Craven	NAYLORS LTD	Stand ard	Gargrave Pharmacy	36 HIGH STREET	GARGR AVE	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	
Craven	JONATHAN ANDREW TAYLOR	Stand ard	Carleton-in- Craven Pharmacy	OLD COBBLERS COTTAGE	WEST ROAD, CARLET ON 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	
Craven	Gorgemead Ltd	Stand ard	COHENS CHEMIST	The Health Centre	Holme Lane	Crosshills	BD20 7LG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Craven	R Z M Chemists Ltd	Stand ard	Sutton In Craven Pharmacy	47 Main Street		Sutton-in-Craven	BD20 7HX	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-12:30	
Ryedale	Towler's Chemist Ltd	Stand ard	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	
Ryedale	Pharmily Health Plus Ltd.	Stand ard	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		
Ryedale	Yorcare Ltd	Stand ard	Pickering Pharmacy	22 Market Place		Pickering	YO18 7AE	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:00	11:00- 12:00
Ryedale	Ryechem Ltd	Stand ard	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		
Hambleto n	Boots UK Ltd	Stand ard	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; 13:30-17:00	
Selby	St Helens Pharmacy Ltd	Stand ard	Eggborough Pharmacy	87 Selby Road	Eggboro ugh	Knottingley	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		

Appendix 5: Dispensing GP practices and addresses

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
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
The Holroyd Surgery	Kirkby Malzeard, Ripon, HG4 3SE	Ripon and Masham
Staithe Surgery	Seaton Crescent, Staithe, Saltburn, TS13 5AY	Whitby Coast & Moors PCN
Park Street Surgery	7/8 Park Street, Ripon, HG4 2AX	Ripon and Masham

Tollerton Surgery	10 Pond View, York, YO61 1AG	South Hambleton and Ryedale PCN
Helmsley Surgery	Carlton Road, Helmsley, YO62 5HD	South Hambleton and Ryedale PCN
Escrick Surgery	Escrick, York, YO19 6LE	Selby Town PCN
Esk Valley Medical Practice	Briar Hill, Danby, Whitby, YO21 2PA	Whitby Coast & Moors PCN
Filey Surgery	Station Avenue, Filey, YO14 9AE	Filey and Scarborough PCN
The Friary Surgery	Queens Road, Richmond, DL10 4UJ	Richmondshire PCN
Hackness Road Surgery	19 Hackness Road, Newby, Scarborough, YO12 5SD	Filey and Scarborough PCN
Lambert Medical Centre	2 Chapel Street, Thirsk, YO7 1LU	Hambleton South PCN
The Leeds Road Practice	49/51 Leeds Road, Harrogate, HG2 8AY	Heart of Harrogate PCN
Leyburn Medical Practice	Brentwood, Leyburn, DL8 5EP	Richmondshire PCN
Mayford House Surgery	Dr Enevoldson & Partners, Boroughbridge Road, 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

Appendix 6: Enhanced Access Services in North Yorkshire

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

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

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

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

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

Ryedale

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

Whitby

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

Vale of York

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

Appendix 7 - Abbreviations used

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

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

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

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

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

Appendix 8 - References and Data Sources

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

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

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