



**Pharmaceutical Needs Assessment
2025-2028**

Version Control

Version	Date	Notes
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Final		
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Final		

Produced by the East Riding Pharmaceutical Needs Assessment Steering Group and East Riding Public Health Intelligence

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1 Executive Summary

This Pharmaceutical Needs Assessment (PNA) provides a thorough and objective evaluation of pharmaceutical service provision across the East Riding area, with particular attention to the accessibility, adequacy, and quality of available services. The fundamental purpose of this assessment is to support the effective planning and commissioning of pharmacy provisions, thereby ensuring that all residents, irrespective of their locality, are afforded equitable access to essential medicines and pharmaceutical expertise. The analysis is organised around the six localities identified as Beverley, Bridlington, Driffeld and Wolds, Goole and Howden, Haltemprice, and Holderness, which reflect the natural communities underpinning council service delivery. Each locality profile presents distinct characteristics and requirements.

East Riding, in general, demonstrates a high level of pharmacy coverage. Since the previous PNA in 2022, reductions of 10.6 percent in core opening hours and 16.1 percent in supplementary opening hours have been noted. This assessment indicates that despite these reductions most residents are within the defined access 15-minute drive of a pharmacy threshold set by the steering group for travel time to pharmacy services. The majority of residents live within a 15-minute drive of a pharmacy, while about 1,500 residents are outside this distance.

There are currently no gaps in necessary pharmacy services across East Riding, with the existing network meeting minimum requirements for essential provision in all defined localities.

During this assessment, the PNA steering group reviewed feedback and adapted to changes in pharmacy provision. Numerous adjustments occurred throughout the consultation periods, including openings, changes in ownership, and closures of pharmacy sites. This reflects a moving state of provision in the East Ridings, and it must be noted community pharmacy has had a turbulent time since the 2022 PNA.

With an eye to potential future pressures this assessment has found that total and permanent loss of necessary services in critical settlements Leven, Patrington, and Thorngumbald would represent a provision for an unacceptably large increase in the population having to travel greater than 15 minutes by car to a pharmacy.

In more general East Riding terms demographic changes and the potential for site closures necessitate continued vigilance, strategic oversight, and targeted support in more vulnerable areas, ensuring that timely and equitable access to pharmaceutical care remains attainable for all residents.

1.1 Introduction

A pharmaceutical needs assessment (PNA) evaluates the specific requirements for pharmaceutical services in a designated area. Its goal is to identify service gaps ensuring residents have access to essential medications and pharmaceutical services. This involves analysing demographic data, health trends, and pharmacy distribution and service provision.

According to English regulations, local authorities' Health and Wellbeing Boards must conduct PNAs to strategically plan pharmacy services that meet community health needs. Identifying gaps in service provision helps allocate resources effectively and support new services.

PNAs are crucial for public health strategy, aligning pharmacy services with community health requirements, especially in areas with demographic changes or high rates of chronic diseases. By providing comprehensive analysis, PNAs enhance public health outcomes, improve healthcare system efficiency, and ensure equitable access to medications and services.

For the purposes of this PNA, Essential Services and the GP dispensing service are defined as necessary services, while Advanced and Enhanced Services are defined as other relevant services.

To assess need the East Riding settlements were grouped into six localities, Beverley, Bridlington, Driffeld and Wolds, Goole and Howden, Haltemprice and Holderness which fall into more natural communities. These groupings are what local council services are arranged around.

1.1.1 Necessary Services

The Health and Wellbeing Board has identified no current gaps in necessary service in the area. However, in light of the number of pharmacies that have closed both locally and nationally, the Health and Wellbeing Board has considered the impact on the provision of necessary services should more pharmacies close in East Riding, in particular where the closure of a pharmacy means that residents are no longer within a 15-minute drive of a pharmacy.

If there were to be a closure in Leven, this change would result in a gap for dispensing services, help and advice services, contraception services, pharmacy first service, and any future NHS E named versions of these services. The service would be required during opening hours, which are Monday to Friday from 08:30 to 18:00 and Saturday from 08:30 to 12:30.

If there were to be a closure in Patrington this change would result in a gap for dispensing services, help and advice services, contraception services, pharmacy first service, and any future NHS E named versions of these services. The service would be required during opening hours, which are Monday, Tuesday, Thursday and Friday 09:00 to 18:00 with Wednesday opening 09:00 to 13:00.

If there were to be a closure in Thorngumbald this change would result in a gap for dispensing services, help and advice services, contraception services, pharmacy first service, and any future NHS E named versions of these services. The service would be required during opening hours, which are Monday to Friday 09:00 to 17:30 with Saturday opening 09:00 to 13:00.

2 Health Needs of the East Riding

2.1 Geographic and demographic overview

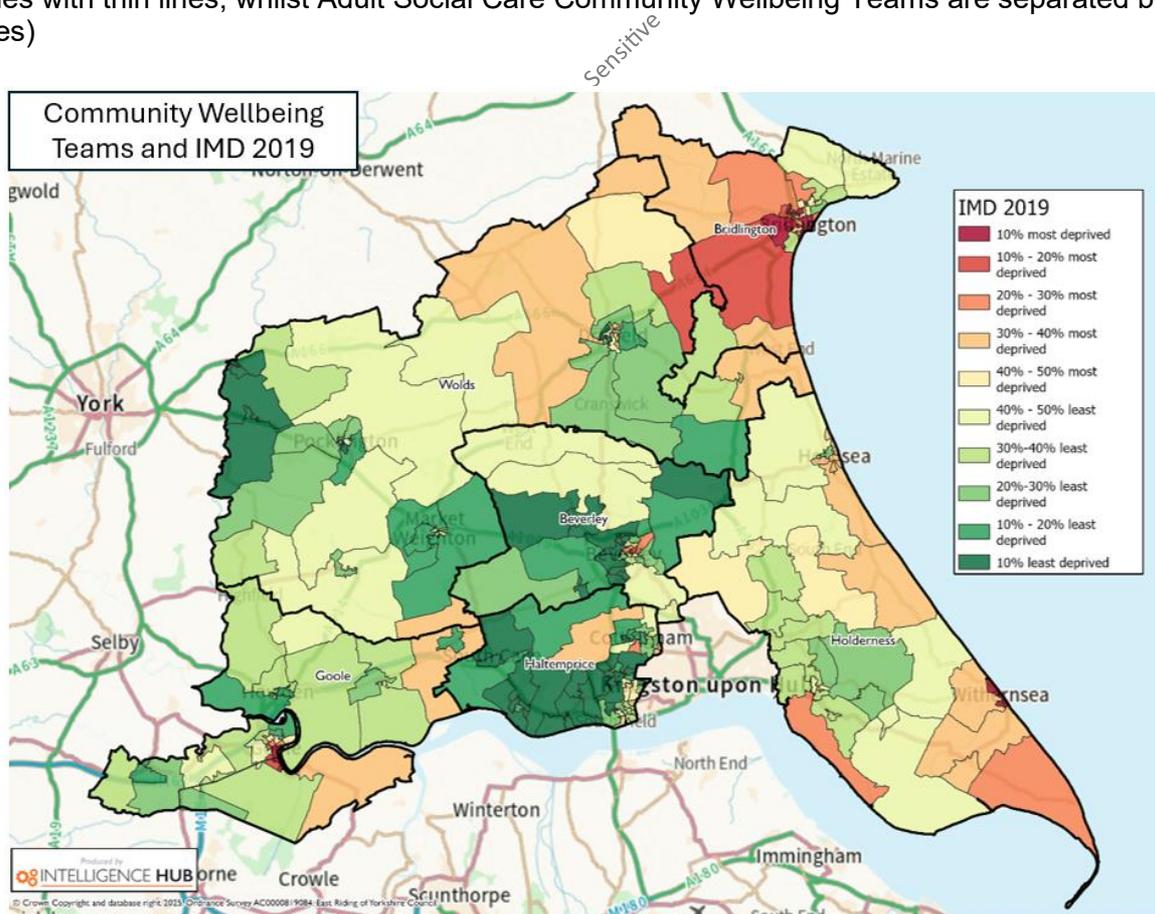
The East Riding of Yorkshire is located in the north of England covering an area of approximately 240,768 hectares (or 930 square miles), making it one of the largest unitary authorities in the country. The coastline, which is on the East most side of the county, stretches for 53 miles from Bempton to Spurn Point.

In 2011, the ONS classified the East Riding as being largely rural, meaning between 50% and 79% of the population resides in rural areas. In 2023, ONS classified East Riding in 'global cluster C'. Local authorities in this cluster have high employment rate, healthy life expectancy and population growth. These areas have a low proportion of residents with no qualifications and children in relative poverty. In total, there are 333 settlements, ranging from large towns to small, isolated hamlets and farmsteads. The largest town in the East Riding is Bridlington, other major settlements are Beverley, Goole and the Haltemprice area to the west of Hull (which includes Cottingham, Hessle, Anlaby, Willerby, Kirk Ella).

The East Riding is generally an affluent area and is ranked amongst the least socially deprived area in England, however, there are pockets of deprivation within areas such as Bridlington, Goole and South East Holderness. Figure 1 highlights more deprived areas of the East Riding with the darker orange/red colours, in contrast, the least deprived areas are coloured dark green.

The East Riding population totalled 342,200 in the 2021 Census and the population structure is illustrated within

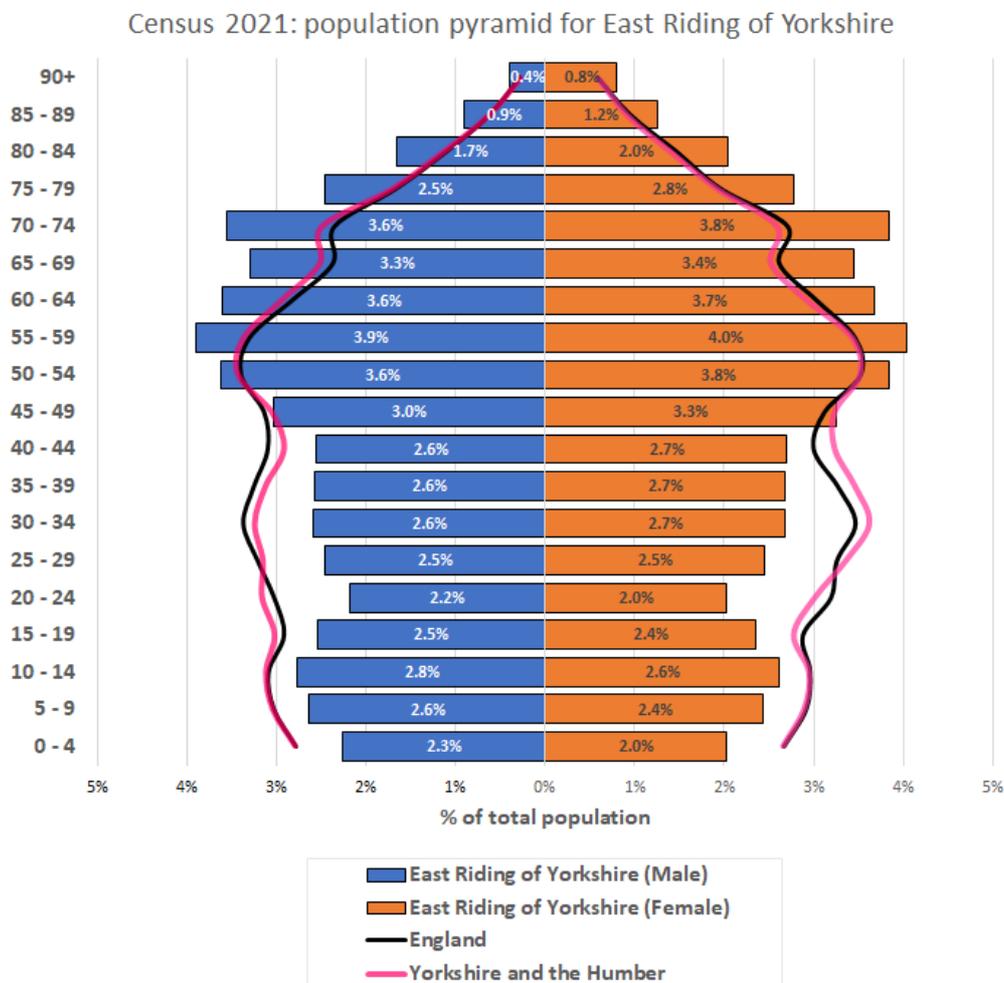
Figure 1 Map shows national deprivation deciles (IMD 2019) within the East Riding (map displays LSOA boundaries with thin lines, whilst Adult Social Care Community Wellbeing Teams are separated by thicker black lines)



Source Ordnance Survey, ONS and MHCLG

Figure 2, which divides the population into 5-year age bands and by gender, showing the proportion of the total population that each age group makes up. Lines comparing the equivalent proportions for the region and England overall are overlaid on top, demonstrating that the East Riding has a much older population than the comparator areas.

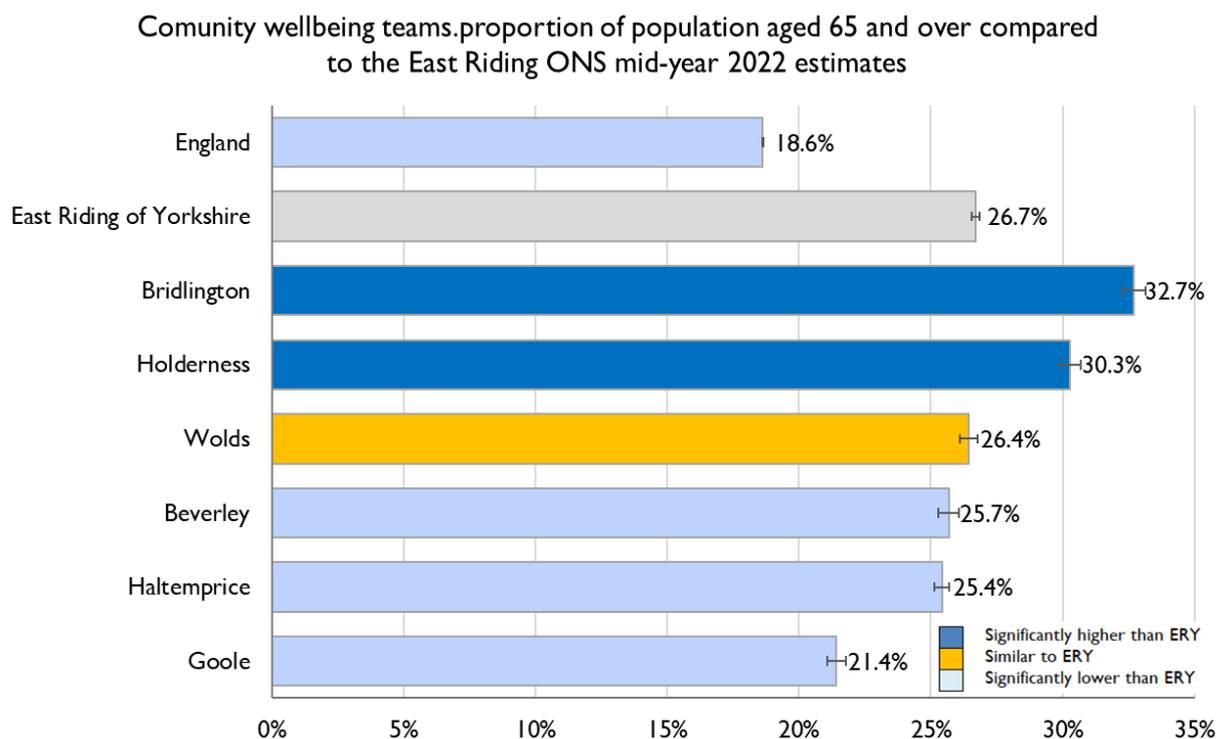
Figure 2 Population Pyramid of the East Riding of Yorkshire Population, 2021 Census



In the East Riding, the age groups 50 to 74 noticeably appear to make up a larger proportion of the population than the younger age groups. Those aged 65 years and over number 90,495 people, making up 26.4% of the total population (an increase over the 21.4% recorded in the 2011 Census). In contrast, the region and England have larger proportions (compared to the East Riding) of younger age groups in the 0-44 age range. The proportion of 65+ year olds in their respective populations is much smaller than the East Riding at 19% and 18.4% respectively.

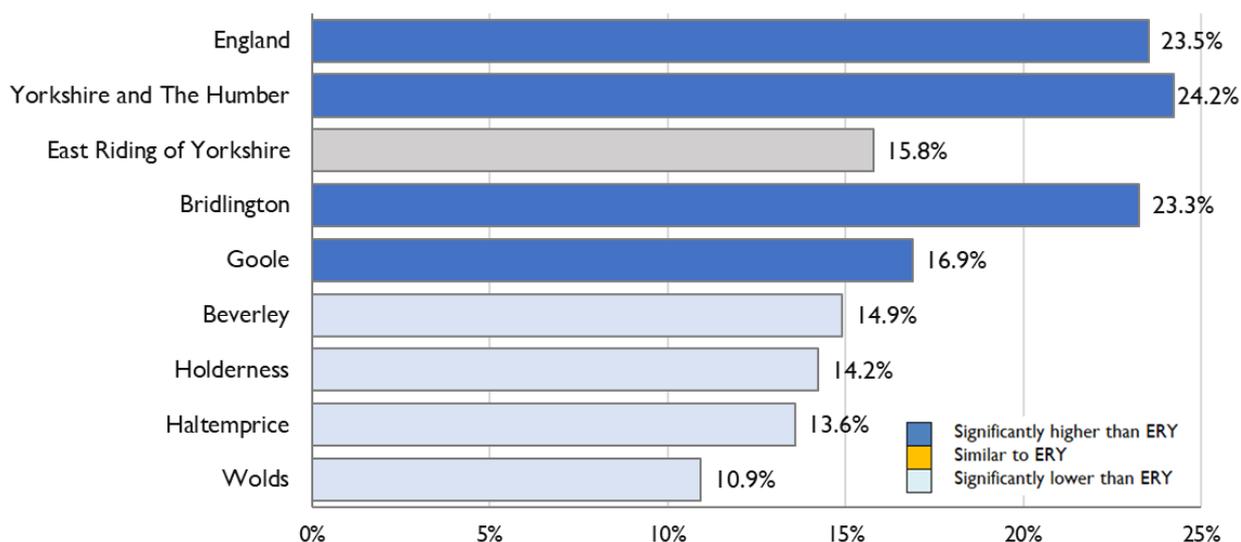
Since the 2021 Census, ONS have updated their population estimates for England and local authorities in 2022 and then again in 2023. Until very recently, the latest mid-year estimates for LSOAs (from which it is possible to create smaller area population estimates) was 2022 and as such this particular year has been used to produce estimates of the proportion of 65+ year olds for Adult Social Care Community Wellbeing Teams (CWT). These can be viewed in Figure 3, showing the contrasting CMT rates of 65+ year olds compared to the East Riding average (26.7%). Proportions range from the significantly higher proportion in Bridlington (32.7%) to the significantly lower proportion within Goole (21.4%).

Figure 3 % of population aged 65+ years by Community Wellbeing Team, ONS 2022 mid-year estimates



Not having access to a car can limit social and economic participation and pose a barrier to accessing health services. Poorer households are less likely to have access to a car, partly due to the cost of buying and maintaining a vehicle. In the East Riding, a significantly higher proportion of households in Bridlington and Goole, two of the most deprived locations, do not own a car or van, as highlighted in Figure 4.

Figure 4 Percent of households with no car or van (2021) by Community Wellbeing Team
% of Households with no car or van (2021)



Although Wolds and Holderness have a significantly lower proportion of households without a car, there are still over 3,000 households in each of these localities without access to a vehicle. Due to the rurality of these locations this could present significant barriers to these households. For example, without access to a car people may find it harder to participate in social activities, leading to feelings of isolation and loneliness, which can negatively impact mental health.

2.2 Demographic changes

The population of the UK has been on a steady rise throughout its recent history, but just as importantly, the UK's population is ageing. In 2022, there were estimated to be 12.7 million people aged 65 or older, making up 19% of the population. This number is expected to rise to 22.1 million, or 27% of the population, by 2072.

Between 2022 and 2040, the East Riding 65 year old population is predicted to increase by 31% (from almost 92,500 residents to over 121,000), this is displayed in Figure 5. Estimated increases within CWTs are also provided in the table below.

Figure 5 Percent of East Riding population aged 65+ years projected to increase between 2022 and 2040

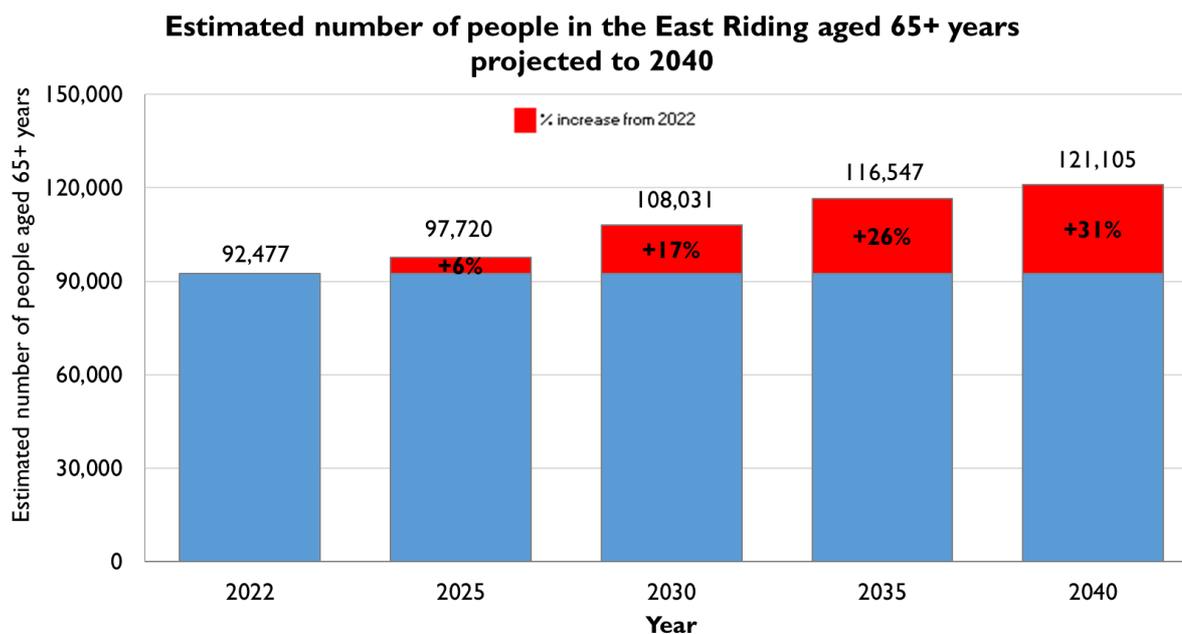


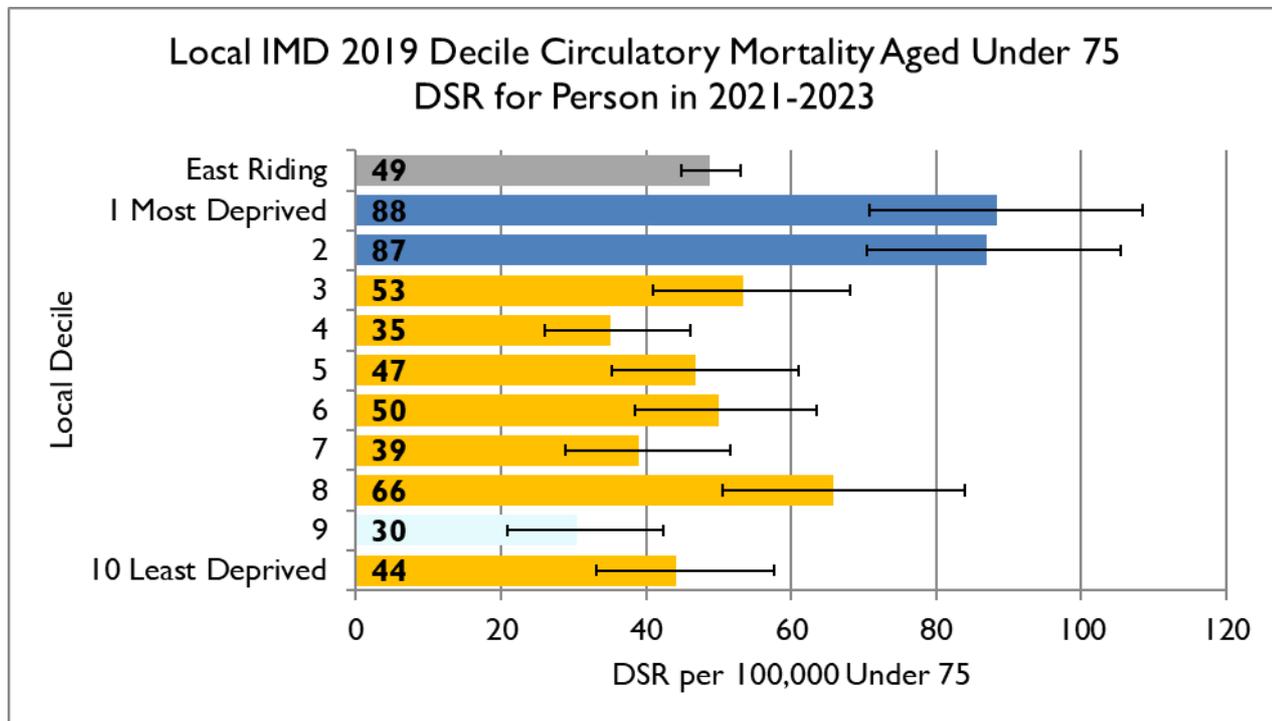
Table 1 Count of residents aged 65+ years by CWT in 2022 & projected counts to 2040

Area	Count of residents 65+ years					% increase from 2022			
	2022	2025	2030	2035	2040	2025	2030	2035	2040
Beverley	12,367	13,064	14,473	15,614	16,214	5.6%	17.0%	26.3%	31.1%
Bridlington	13,556	14,341	15,817	17,042	17,745	5.8%	16.7%	25.7%	30.9%
Goole	10,620	11,214	12,395	13,333	13,809	5.6%	16.7%	25.5%	30.0%
Haltemprice	21,757	23,042	25,564	27,704	28,829	5.9%	17.5%	27.3%	32.5%
Holderness	16,135	17,016	18,769	20,200	20,963	5.5%	16.3%	25.2%	29.9%
Wolds	18,042	19,044	21,013	22,654	23,544	5.6%	16.5%	25.6%	30.5%
ERY	92,477	97,720	108,031	116,547	121,105	5.7%	16.8%	26.0%	31.0%

2.3 Premature Deaths and Inequality

The East Riding has in region of 4,300 deaths each year, with three diseases causing the bulk of these fatalities: circulatory diseases, including strokes and heart attacks, cancer, and respiratory diseases. This burden is not felt equally across the East Riding. When examining premature deaths under 75, the pattern by deprivation local decile is evident in the following pages for these diseases.

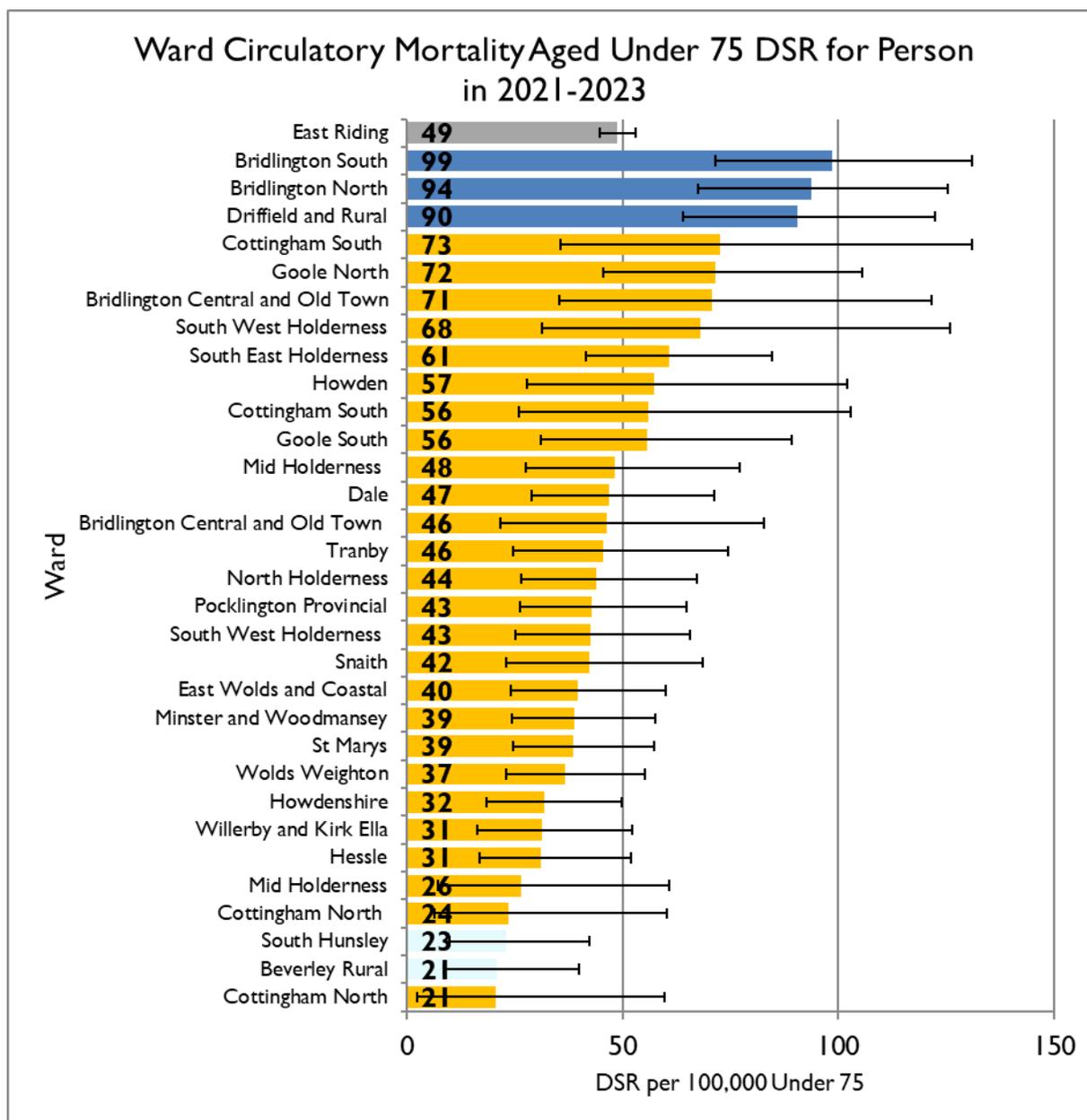
Figure 6 Local IMD 2019 Decile Circulatory Mortality Aged Under 75 DSR for Person in 2021-2023



Source; NHS England, ONS

The analysis reveals a stark contrast in mortality rates from circulatory diseases across different deprivation deciles in the East Riding. The most deprived two deciles exhibit significantly higher rates of premature deaths due to circulatory diseases. In contrast, the ninth decile shows a markedly lower mortality rate from these diseases. This disparity underscores the profound impact of socio-economic factors on health outcomes within the area.

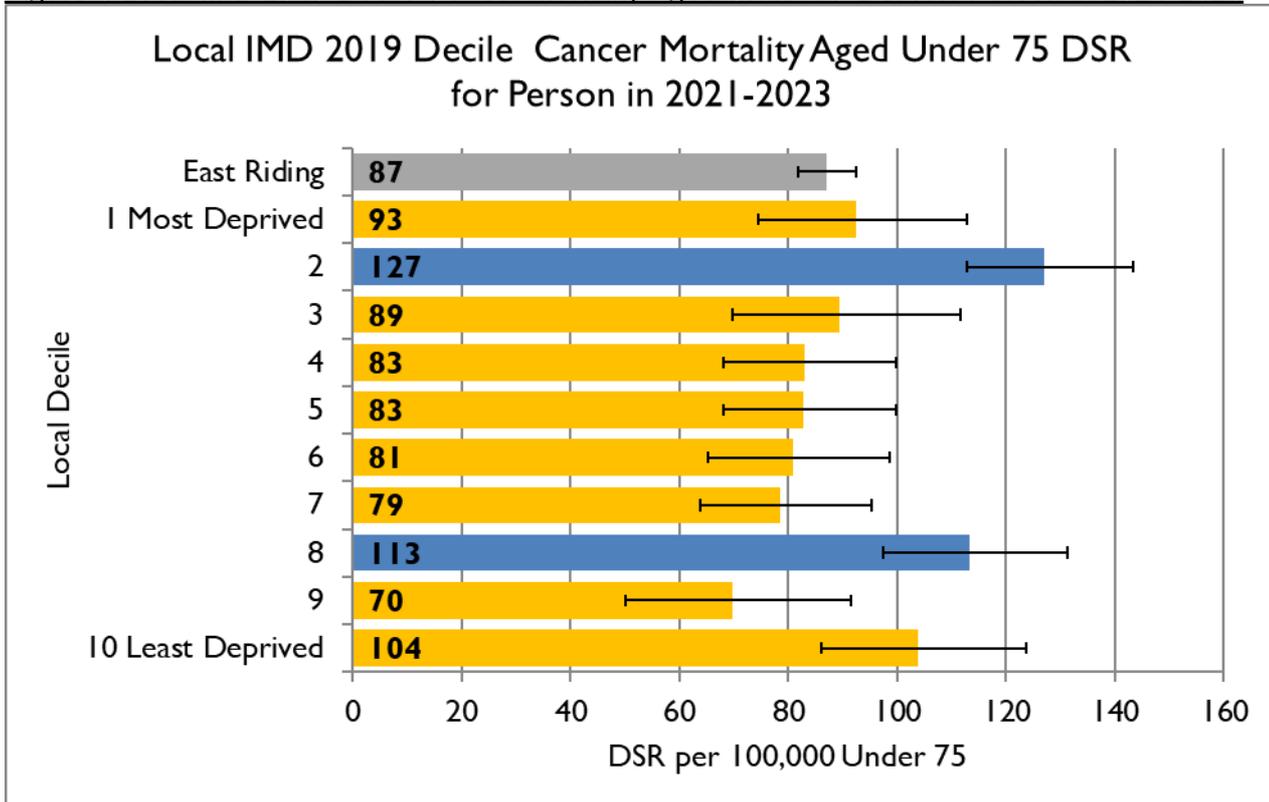
Figure 7 East Riding Ward Circulatory Mortality Aged Under 75 DSR per 100,000 people for Person in 2021-2023



Source: NHS England, ONS

The analysis reveals significant disparities in premature death rates due to circulatory conditions across different wards in the East Riding. The more deprived wards, such as Bridlington, exhibit markedly higher rates of premature deaths from circulatory diseases. In contrast, wards like South Hunsley and Beverley Rural have significantly lower premature death rates from circulatory conditions compared to the East Riding average. This disparity highlights the substantial impact of socio-economic factors on health outcomes within the region.

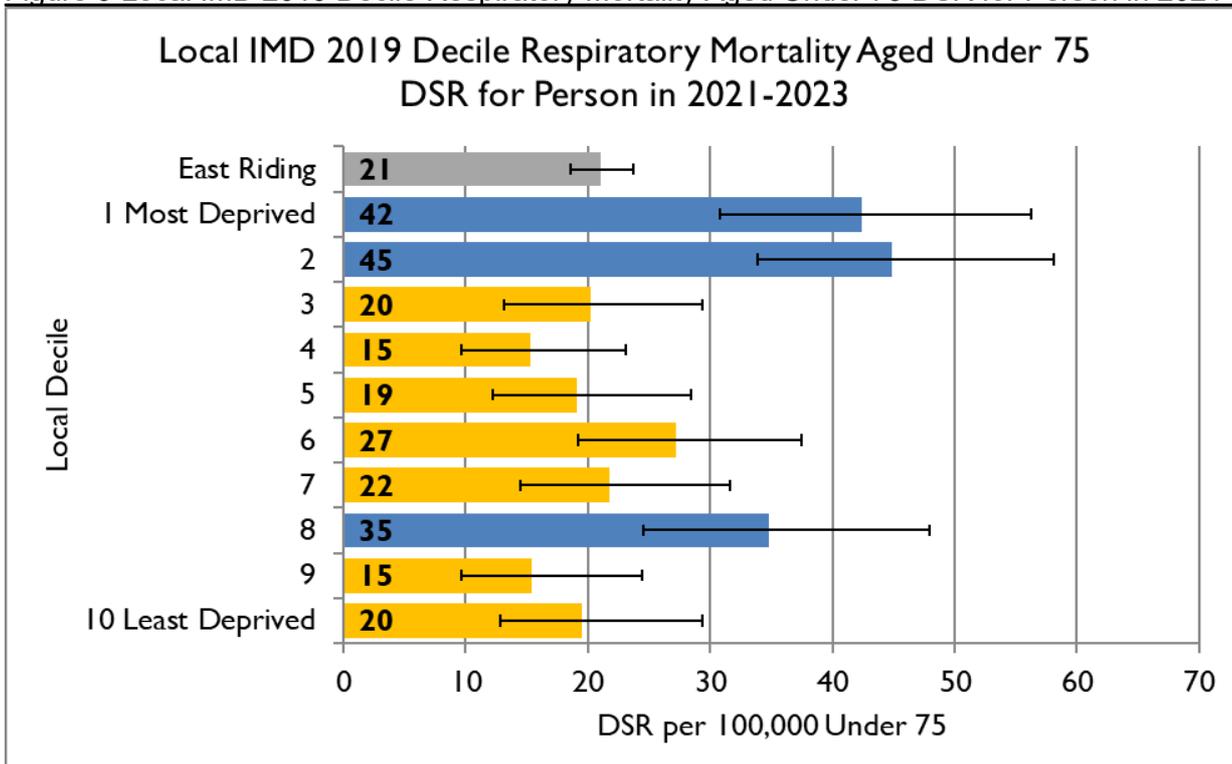
Figure 8 Local IMD 2019 Decile Cancer Mortality Aged Under 75 DSR for Person in 2021-2023



Source; NHS England, ONS

The analysis reveals a stark contrast in mortality rates from cancer across different deprivation deciles in the East Riding. The analysis reveals a distinct pattern in cancer mortality rates across different deprivation deciles in the East Riding. Decile two exhibits a significantly higher rate of premature deaths from cancer, alongside decile eight. Unlike circulatory diseases, the all-age cancer death rate does not follow the same pattern. This indicates that preventative cancer screening programs have a greater impact on preventing premature deaths from cancer compared to circulatory diseases.

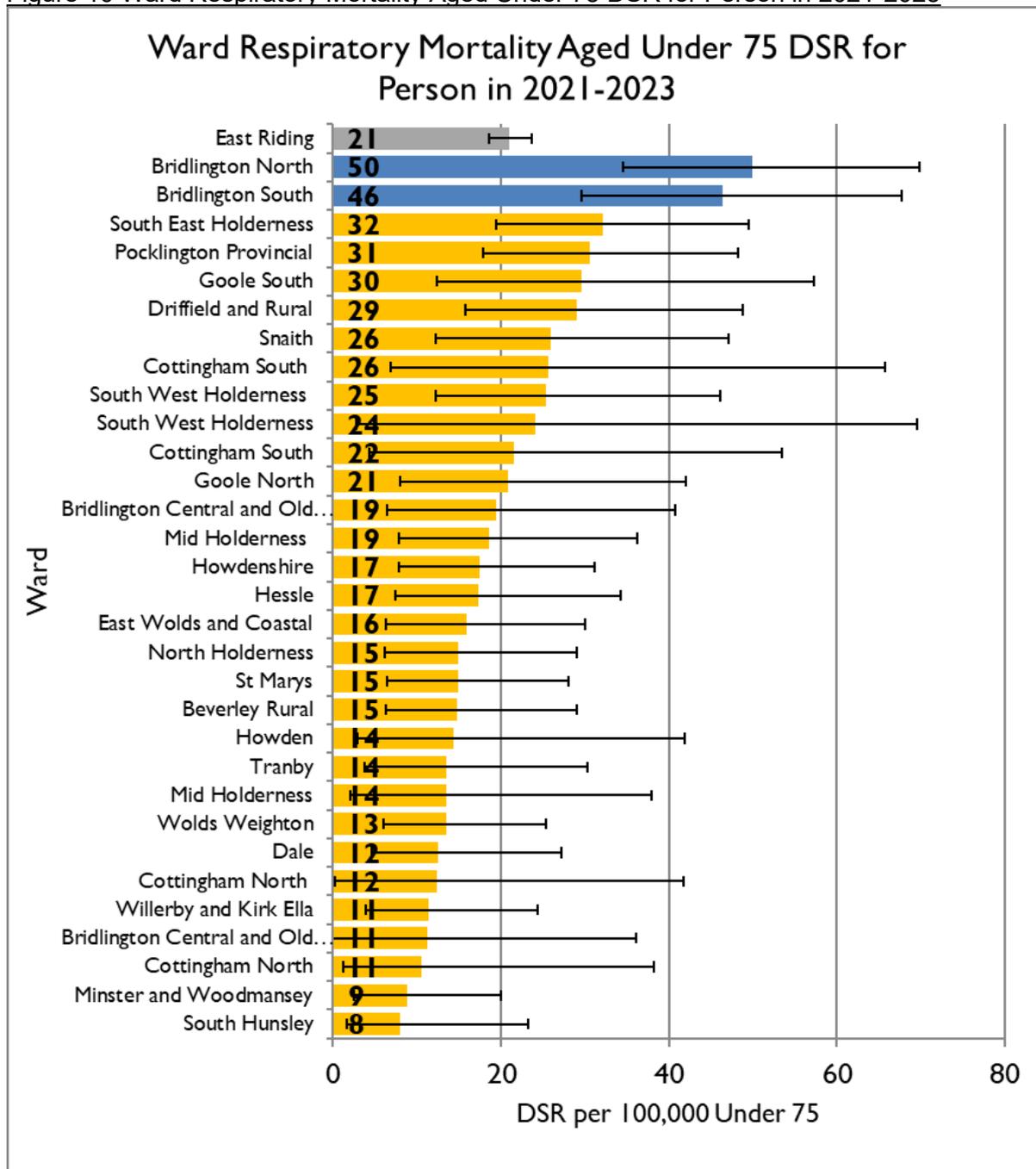
Figure 9 Local IMD 2019 Decile Respiratory Mortality Aged Under 75 DSR for Person in 2021-2023



Source; NHS England, ONS

The analysis reveals a stark contrast in mortality rates from respiratory diseases across different deprivation deciles in the East Riding. The chart illustrates this disparity, highlighting that the most deprived deciles exhibit significantly higher rates of premature deaths due to respiratory diseases.

Figure 10 Ward Respiratory Mortality Aged Under 75 DSR for Person in 2021-2023



Source: NHS England, ONS

The analysis reveals a significant difference in mortality rates from respiratory diseases across various wards in the East Riding. The chart supports this information, showing that the ward of Bridlington has notably higher rates than the East Riding average for premature death due to respiratory disease.

2.4 Disease prevalence

Presently, the only accessible primary care data regarding health conditions prevalence that is available to East Riding intelligence teams is the Quality and Outcomes Framework (QOF). QOF was introduced to the majority of England in 2004, as a part of the General Medical Services (GMS) contract, designed to incentivise primary care practices to improve the quality of care delivered to patients by financially rewarding practices for meeting specific performance targets.

However, one major flaw of QOF is its failure to standardise for age and so does not account for the age distribution of the patient population. This can lead to potentially unfair comparisons between practices/PCNs, as those with older populations are likely to have higher rates of chronic diseases compared to practices/PCNs with younger populations. This particularly applies to the East Riding when compared to England overall, because, as already mentioned, the East Riding has a significantly higher proportion of 65+ year olds.

Table 2 provides prevalence data by PCN, NHS ERY sub-ICS and England for a number of conditions recorded by QOF for the year 2023/24. Compared to England, the East Riding is shown to have a significantly higher prevalence than England in all but two conditions (mental health and learning disabilities).

Within the East Riding, Bridlington PCN records a significantly higher prevalence than the East Riding average in all of the conditions featured within the table, however, the PCN does also include populations (such as Bridlington North) which have the highest rates of older residents than any other East Riding ward. The table states that the coronary heart disease prevalence within Bridlington (6.4%) is over twice the prevalence of England overall (3%). Yorkshire Coast and Wolds PCN is also highlighted in the table that a majority of conditions are significantly higher within that PCN.

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Key:

	Significantly lower than NHS ERY sub-ICS
	Similar to NHS ERY sub-ICS
	Significantly higher than NHS ERY sub-ICS

Table 2 Prevalence of conditions by PCN, 2023/24. Source: QOF (Quality and Outcomes Framework)/NHS Digital

Condition Group	Condition (all 2023/24 except * which is 2024)	Beverley PCN	Bridlington PCN	Cygnat PCN	Harthill PCN	Holderness PCN	River & Wolds PCN	Yorkshire Coast & Wolds PCN	NHS ERY sub-ICS	England
CVD**	Atrial fibrillation	2.9%	4.0%	2.8%	3.2%	3.5%	2.8%	3.9%	3.3%	2.2%
	Coronary heart disease	4.0%	6.4%	4.1%	4.1%	5.4%	3.7%	5.5%	4.7%	3.0%
	Heart failure	1.0%	2.5%	1.4%	1.2%	1.6%	1.0%	1.9%	1.5%	1.1%
	Hypertension	17.3%	23.0%	18.4%	18.7%	23.6%	18.8%	22.7%	20.2%	14.8%
	Stroke and transient ischaemic attack	2.3%	3.4%	2.2%	2.3%	2.8%	2.1%	2.9%	2.5%	1.9%
Respiratory	Asthma	6.9%	8.8%	6.9%	7.0%	7.4%	6.6%	9.0%	7.5%	6.5%
	COPD	1.9%	4.1%	2.6%	1.6%	3.5%	1.9%	2.8%	2.6%	1.9%
Mental health & Neurology	Dementia	1.0%	1.3%	0.7%	1.2%	1.0%	1.1%	1.1%	1.1%	0.8%
	Epilepsy	0.9%	1.3%	0.9%	0.9%	1.2%	0.8%	1.0%	1.0%	0.8%
	Mental health	0.7%	1.2%	0.6%	0.8%	0.7%	0.5%	0.6%	0.7%	1.0%
	Learning disability	0.5%	1.1%	0.6%	0.5%	0.7%	0.3%	0.5%	0.6%	0.6%
MSK***	Osteoporosis	0.5%	2.7%	0.5%	0.8%	0.3%	0.8%	2.9%	1.3%	1.1%
	Rheumatoid arthritis	0.9%	1.5%	0.7%	1.1%	1.0%	0.9%	1.2%	1.0%	0.8%
Other LTC****	Cancer	5.3%	5.7%	4.2%	5.1%	6.0%	4.9%	6.3%	5.3%	3.6%
	Chronic kidney disease	5.2%	7.1%	6.3%	5.0%	4.0%	5.8%	7.7%	6.0%	4.4%
	Diabetes	7.5%	11.1%	8.1%	7.7%	10.9%	7.7%	10.0%	8.9%	7.7%
	Non-diabetic hyperglycaemia	10.4%	14.4%	7.3%	9.6%	15.2%	14.5%	16.2%	12.4%	8.2%
	% with a long-standing health condition*	64.0%	68.7%	64.6%	71.2%	72.9%	58.5%	70.7%	N/A	60.6%
Lifestyle	Obesity	10.2%	20.9%	13.9%	12.1%	17.2%	12.5%	15.4%	14.4%	12.8%

** CVD: Cardiovascular disease

*** MSK: Musculoskeletal

****LTC: Long term conditions

2.5 Rising Demand

2.5.1 Cardiovascular disease

The British Heart Foundation estimated in 2025 that more than 7.6 million people in the UK are affected by heart and circulatory diseases. As the population ages and grows, and survival rates from heart and circulatory events improve, these numbers are expected to increase in the future.

Figure 11 displays the projected number of East Riding residents (aged 65+ years) to have cardiovascular disease between 2022 and 2040. The numbers have been estimated to increase by 33% (from over 29,600 to 39,500). Figure 12 and Table 3 divide these numbers by the East Riding Community Wellbeing Teams, highlighting Haltemprice as having the highest increase between 2022 and 2040 (in both count and percentage increase) on account of how its present population structure will increase in the future.

Figure 11 Count of East Riding residents (65+ years) with cardiovascular disease projected to 2040

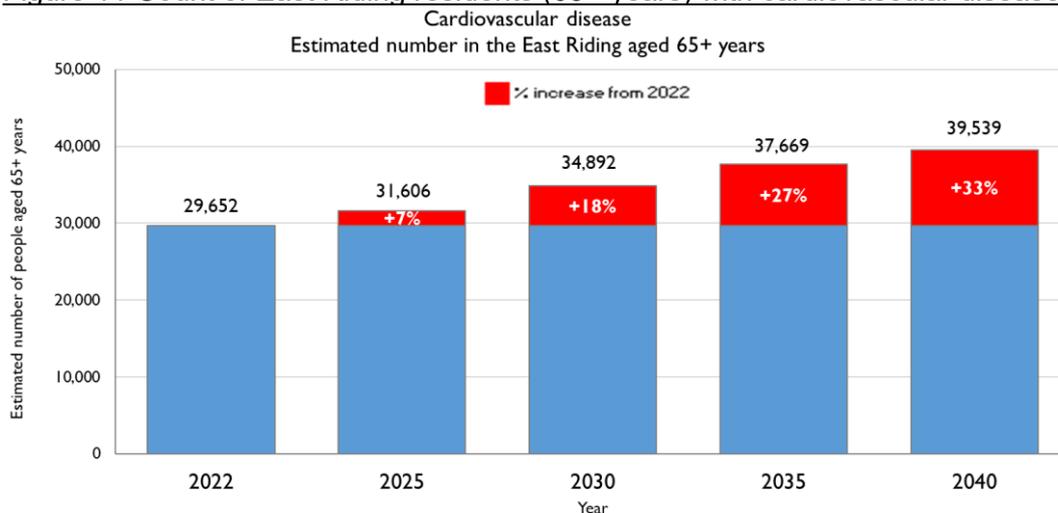


Figure 12 Count of East Riding residents with cardiovascular disease projected to 2040 by Community Wellbeing Team

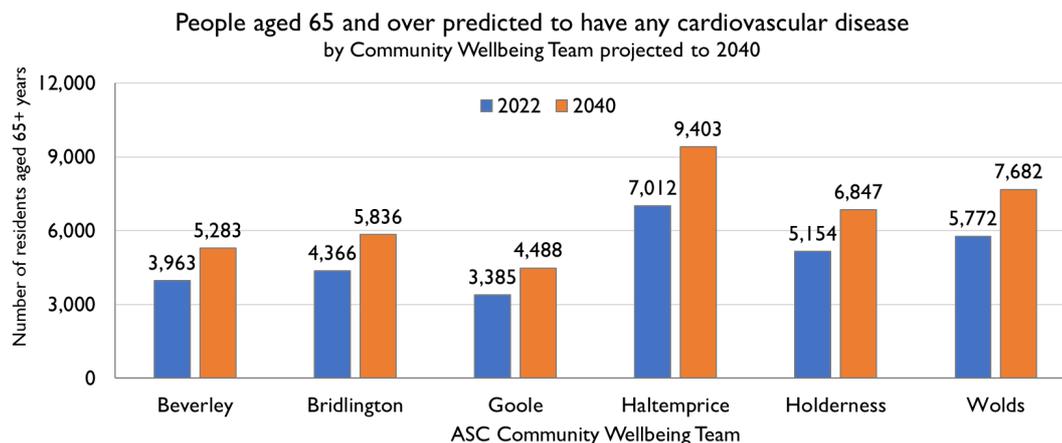


Table 3 Count (and % percent increase from 2022) with cardiovascular disease projected to 2040 by Community Wellbeing Team

Area	Count of residents					% increase from 2022			
	2022	2025	2030	2035	2040	2025	2030	2035	2040
Beverley	3,963	4,223	4,663	5,034	5,283	6.6%	17.7%	27.0%	33.3%
Bridlington	4,366	4,658	5,141	5,552	5,836	6.7%	17.8%	27.2%	33.7%
Goole	3,385	3,600	3,977	4,291	4,488	6.3%	17.5%	26.8%	32.6%
Haltemprice	7,012	7,493	8,265	8,926	9,403	6.8%	17.9%	27.3%	34.1%
Holderness	5,154	5,484	6,058	6,539	6,847	6.4%	17.5%	26.9%	32.9%
Wolds	5,772	6,147	6,788	7,327	7,682	6.5%	17.6%	26.9%	33.1%
East Riding	29,652	31,606	34,892	37,669	39,539	6.6%	17.7%	27.0%	33.3%

2.5.2 Dementia

The Alzheimer’s Society estimate that there are presently 982,000 people living with dementia in the UK and is projected to rise to 1.4 million in 2040. The increase is expected due to a number of factors, including an ageing population, improved diagnosis, and an increased awareness of the condition. As already specified, one of the primary drivers of the increase in dementia cases is the ageing population. The UK has seen a significant rise in life expectancy, resulting in a larger proportion of older adults within the population. By 2040, the number of people aged 85 and over is projected to double, reaching nearly 3 million. Given that dementia prevalence increases with age, this demographic shift will likely lead to a substantial rise in dementia cases.

Figure 13 displays the projected increase in the East Riding from an estimated 6,500 residents aged 65+ years (with either diagnosed or undiagnosed dementia) to almost 9,900 residents by 2040 (an increase of 52%). The estimated numbers for each Community Wellbeing Team (in 2022 and 2040) are shown in

Figure 13 Count (and % percent increase from 2022) of residents with dementia projected to 2040

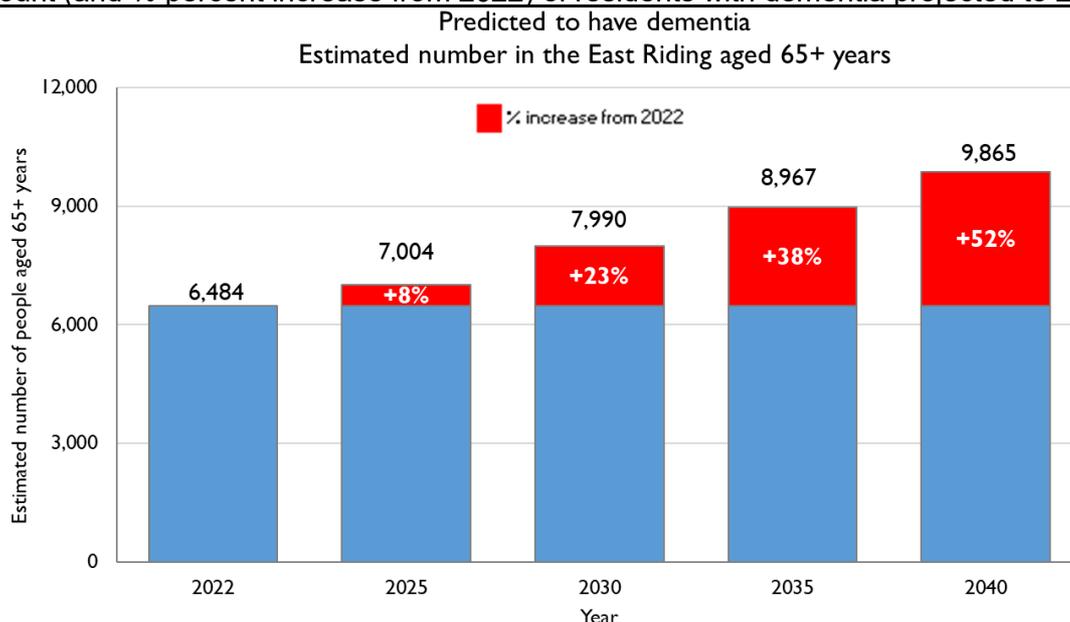


Figure 14, whilst Table 4 also includes percent increases from 2022, provides a detailed breakdown of the estimated number of residents living with dementia within each Community Wellbeing Team area across the specified years. This comprehensive approach allows for a clearer understanding of the distribution and projected growth of dementia cases at a more local level, supporting targeted planning and resource allocation as the overall prevalence increases through to 2040.

Figure 14 Estimated counts of residents with dementia in 2022 projected to 2040 by Community Wellbeing Team

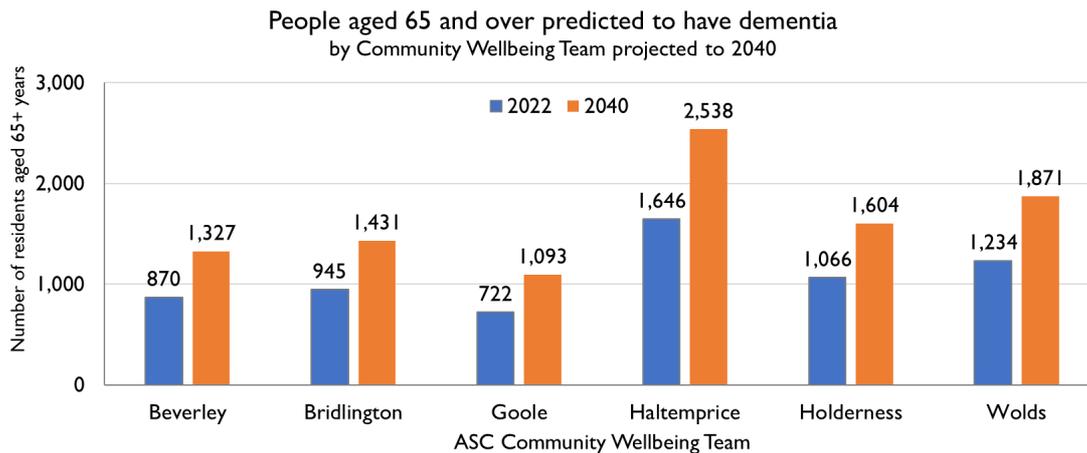


Table 4 Count (and % percent increase from 2022) of residents with dementia projected to 2040

Area	Count of residents					% increase from 2022			
	2022	2025	2030	2035	2040	2025	2030	2035	2040
Beverley	870	940	1075	1207	1327	8.0%	23.5%	38.6%	52.5%
Bridlington	945	1022	1164	1301	1431	8.1%	23.1%	37.7%	51.5%
Goole	722	778	887	993	1093	7.9%	22.9%	37.6%	51.5%
Haltemprice	1646	1780	2038	2309	2538	8.1%	23.8%	40.3%	54.2%
Holderness	1066	1151	1310	1460	1604	7.9%	22.8%	36.9%	50.4%
Wolds	1234	1333	1517	1698	1871	8.0%	22.9%	37.6%	51.6%
ERY	6484	7004	7990	8967	9865	8.0%	23.2%	38.3%	52.2%

Official - Sensitive

2.5.3 Bronchitis/ emphysema

Chronic bronchitis and emphysema are both types of Chronic Obstructive Pulmonary Disease (COPD), a group of lung diseases that make it difficult to breathe and which worsen over time. COPD is a leading cause of morbidity and mortality in England, with 1.2 million individuals diagnosed with the condition as of 2023/24.

In the East Riding an estimated 1,500 residents aged 65+ years have bronchitis or emphysema, a number that is expected to grow by 31% to over 2,000 by 2040 (see Numbers and percent increases by East Riding Community Wellbeing Teams are available in Figure 15 and Figure 16

Figure 15 Count (and % percent increase from 2022) of residents with long term conditions due to Bronchitis/ emphysema projected to 2040

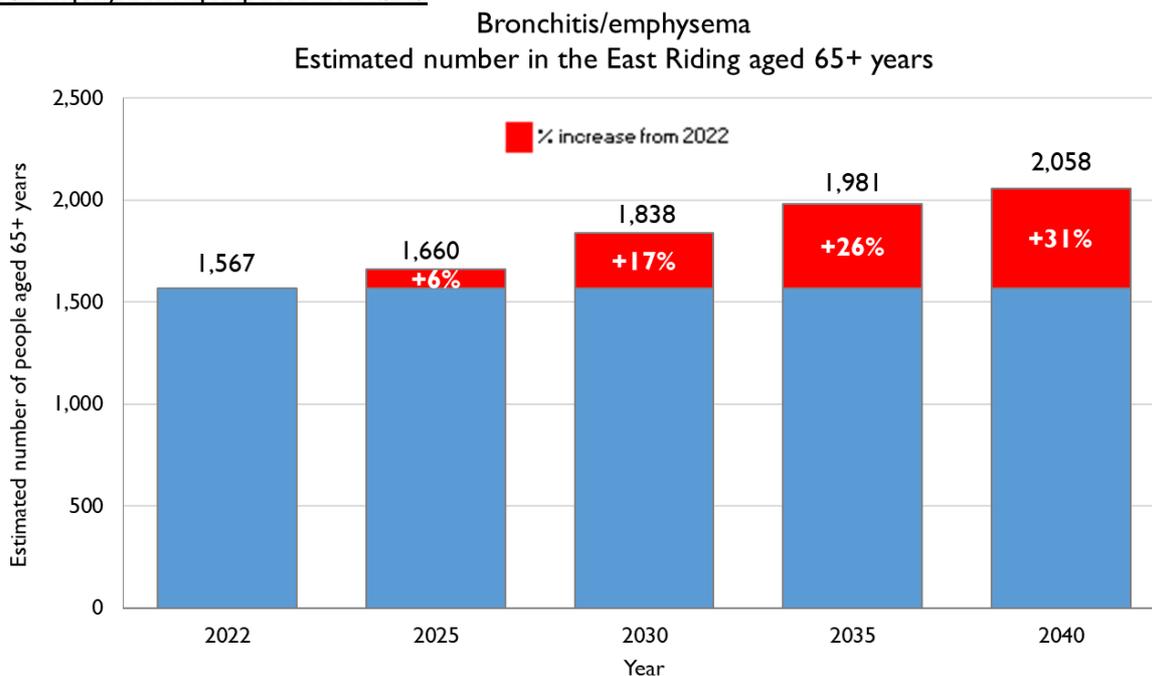


Figure 16 Estimated counts of residents with long term conditions due to Bronchitis/ emphysema in 2022 projected to 2040 by Community Wellbeing Team

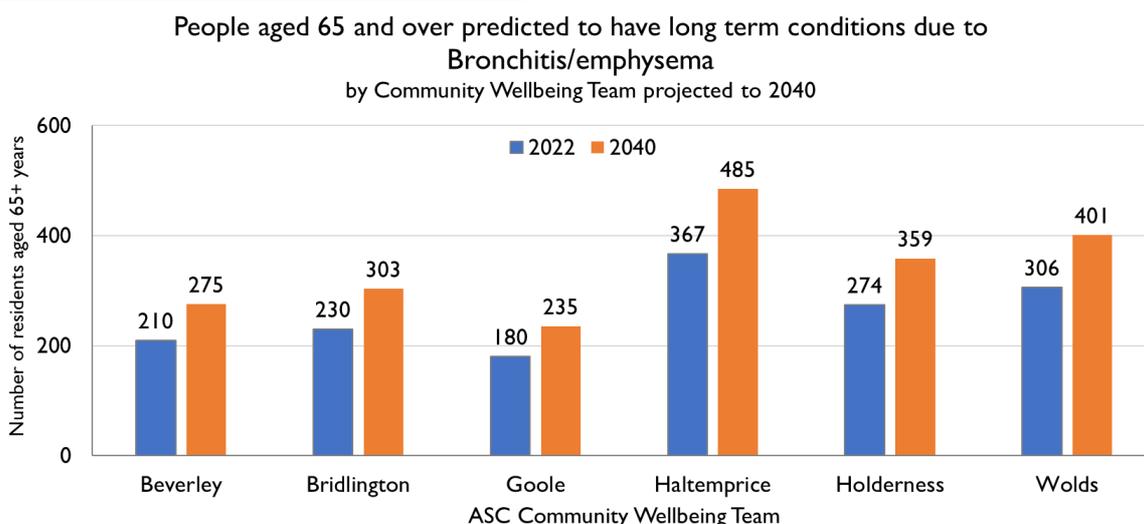


Table 5 Count (and % percent increase from 2022) of residents with long term conditions due to Bronchitis/emphysema projected to 2040

Area	Count of residents					% increase from 2022			
	2022	2025	2030	2035	2040	2025	2030	2035	2040
Beverley	210	222	246	265	275	5.9%	17.3%	26.4%	31.3%
Bridlington	230	244	270	291	303	6.0%	17.4%	26.5%	31.7%
Goole	180	190	211	227	235	5.7%	17.1%	26.1%	30.5%
Haltemprice	367	390	431	465	485	6.2%	17.5%	26.7%	32.1%
Holderness	274	290	321	346	359	5.8%	17.2%	26.2%	30.8%
Wolds	306	324	359	386	401	5.8%	17.2%	26.3%	31.1%
ERY	1,567	1,660	1,838	1,981	2,058	5.9%	17.3%	26.4%	31.3%

2.5.4 Limiting long term illness

The 2021 Census asked respondents if they had a health issue or disability that impacted their day-to-day activities to some extent, either ‘a little’ or ‘a lot’, a description which classifies people as Disabled under the Equality Act 2010. In 2021, within the East Riding, almost 27,900 residents aged 65+ stated that this applied to them. This number has been projected to 2022 and then again in future years, as illustrated in Table 6.

The chart shows a projected increase of limiting long term illness of 37% between 2022 and 2040 in this age group, with numbers rising by an additional 11,000 in that period.

Resident numbers by Community Wellbeing Team are displayed in Figure 17 with also providing percent increases.

Figure 17 Limiting long term illness forecast for the East Riding

Limiting long term illness: day-to-day activities are limited a little or a lot
 Estimated number in the East Riding aged 65+ years

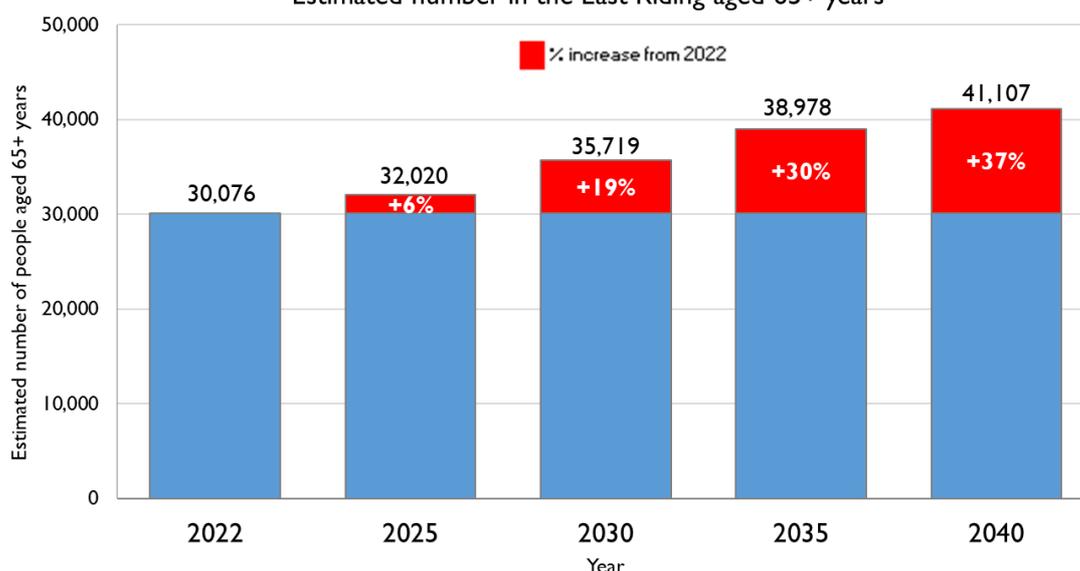


Figure 18 Limiting long term illness forecast for the Community Wellbeing Team Area in the East Riding

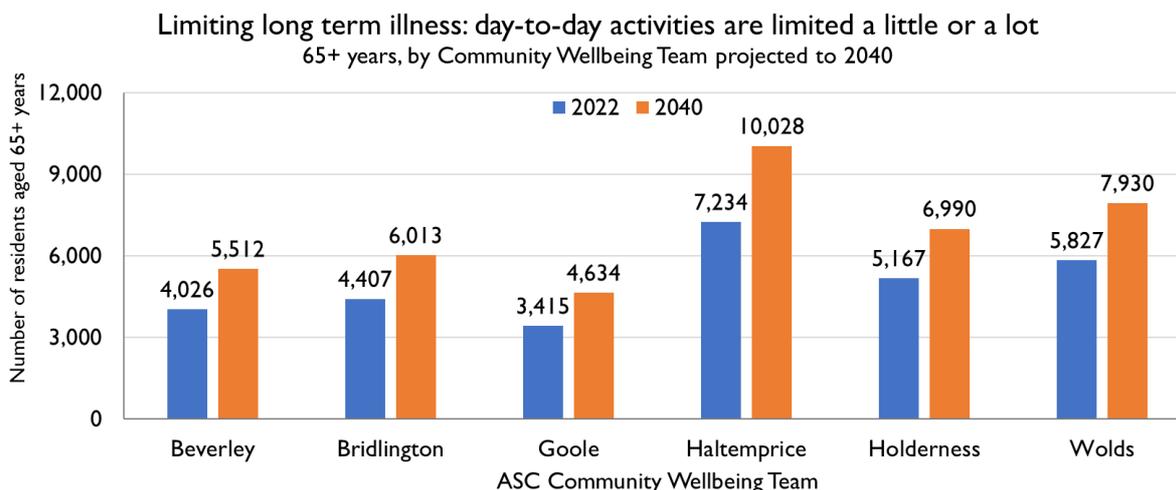


Table 6 Counts and percentages if limiting long term illness forecast for the Community Wellbeing Team Area in the East Riding

Area	Count of residents by year					% increase from 2022			
	2022	2025	2030	2035	2040	2025	2030	2035	2040
Beverley	4,026	4,286	4,791	5,230	5,512	6.4%	19.0%	29.9%	36.9%
Bridlington	4,407	4,696	5,227	5,692	6,013	6.6%	18.6%	29.2%	36.4%
Goole	3,415	3,632	4,048	4,403	4,634	6.3%	18.5%	28.9%	35.7%
Haltemprice	7,234	7,719	8,647	9,500	10,028	6.7%	19.5%	31.3%	38.6%
Holderness	5,167	5,490	6,108	6,637	6,990	6.3%	18.2%	28.5%	35.3%
Wolds	5,827	6,197	6,898	7,516	7,930	6.4%	18.4%	29.0%	36.1%
ERY	30,076	32,020	35,719	38,978	41,107	6.5%	18.8%	29.6%	36.7%

Official - Sensitive

2.5.5 Diabetes

In 2023/24 almost 4 million people of all ages in England were registered with type 1 or type 2 diabetes, over 23,400 of them within the NHS East Riding sub-ICS. Type 2 diabetes accounts for about 90% of all diabetes adult cases in the UK and is closely linked to lifestyle factors including poor diet, lack of exercise, and obesity. The UK's ageing population is a significant factor in the predicted growth of diabetes, as people age their risk of developing Type 2 diabetes increases.

Within the East Riding, it has been estimated that numbers in 65+ year olds will increase from 11,500 to almost 15,000 between 2022 and 2040 (a 30% increase), see Table 7. Diabetes estimates for Community Wellbeing Teams are also provided towards the bottom of the page.

Figure 19 Diabetes prevalence forecast for the East Riding

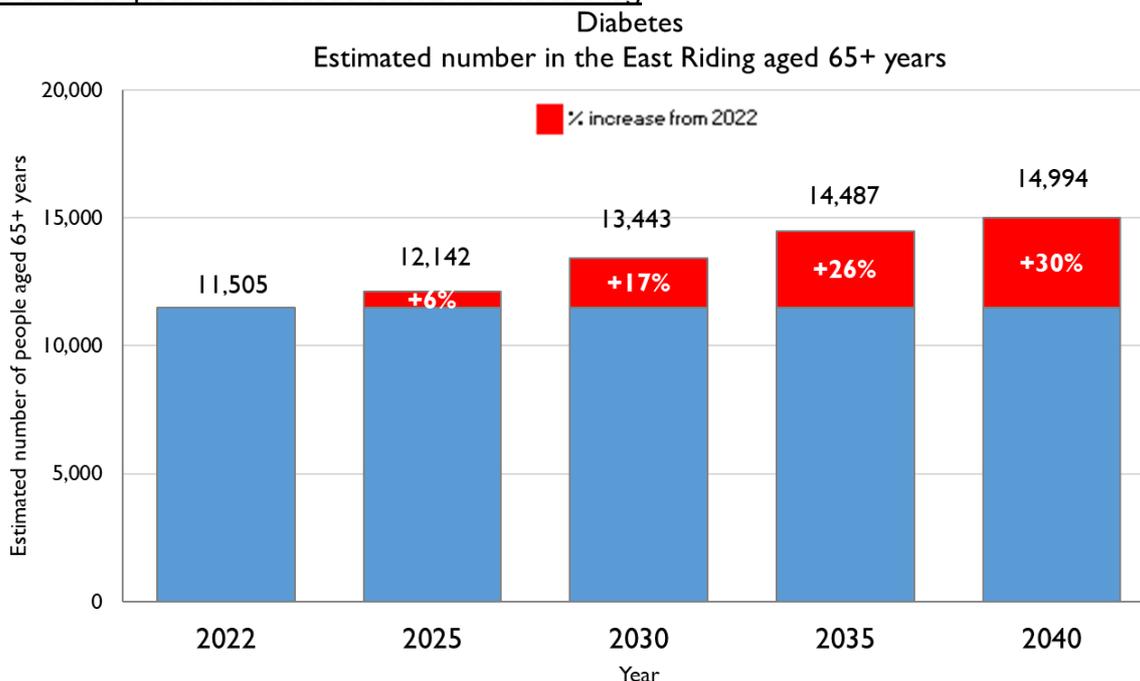


Figure 20 Numbers of 65+ year olds estimated to have diabetes by Community Wellbeing Team

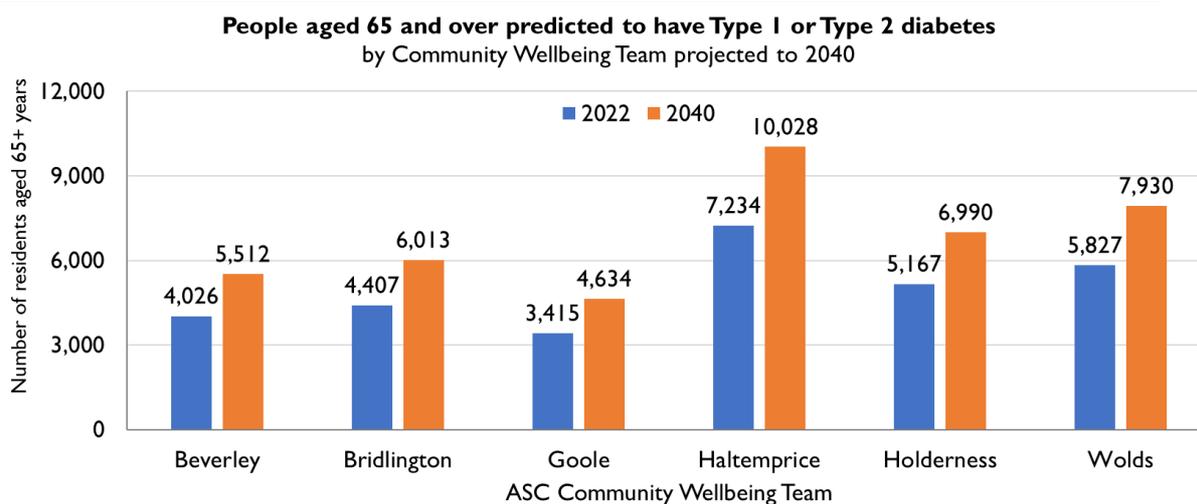


Table 7 Numbers of 65+ year olds estimated to have diabetes by Community Wellbeing Team (including % increase)

Area	Count of residents by year					% increase from 2022			
	2022	2025	2030	2035	2040	2025	2030	2035	2040
Beverley	1539	1624	1798	1938	2005	5.5%	16.8%	25.9%	30.3%
Bridlington	1687	1782	1973	2126	2204	5.7%	16.9%	26.1%	30.7%
Goole	1325	1395	1546	1665	1717	5.3%	16.7%	25.7%	29.6%
Haltemprice	2694	2850	3153	3399	3531	5.8%	17.0%	26.2%	31.1%
Holderness	2013	2121	2350	2532	2614	5.4%	16.7%	25.8%	29.8%
Wolds	2247	2369	2624	2827	2923	5.5%	16.8%	25.8%	30.1%
ERY	11505	12142	13443	14487	14994	5.5%	16.8%	25.9%	30.3%

Official - Sensitive

3 Vulnerable Groups

Vulnerable groups include people who have specific characteristics that put them at higher risk of poor health or are socially excluded facing a multitude of overlapping risk factors such as poverty, violence, and complex trauma. These factors often lead to barriers in accessing healthcare, resulting in poor health outcomes and create health inequalities. Common barriers include low engagement with services, difficulties accessing services due to transport or technology, challenges in understanding the healthcare system, stigma, negative past experiences, and language barriers. Further information about vulnerable groups in the East Riding can be viewed within on the East Riding Inclusion Health JSNA page, accessible here: <https://eastridingjsna.com/inclusion-health/> and here: <https://eastridingjsna.com/adult/healthy-ageing/>.

3.1 Older adults

The document titled 'East Riding State of Ageing Report 2025' ([available here](#)) highlights a number of aspects that contribute to the vulnerability of older adults and the measures that can be taken to support them.

Inclusivity and Support: there is a need to create an inclusive environment that supports older adults to remain active and live fulfilling, independent lives for as long as possible. This includes staying in their own homes with external assistance if necessary.

- **Community and Social Connections:** Social connections, including family, are highly valued. The report highlights the importance of support systems and accessibility to facilities, appropriate housing, transport, and social participation. Support to access technology is also useful.
- **Health and Social Care Services:** There is a strong theme around the need for better access to health and social care services, including dental and doctors' appointments.
- **Mental Health, Isolation, and Loneliness:** These are significant concerns, particularly among the rural and farming community. Activities need to be more inclusive and more accessible in general for disabled people.
- **Community Safety and Employment:** Housing provision, community safety, and employment are crucial for ensuring inclusivity, respect, and accessibility. There is a need for age-appropriate and suitable housing, community safety to create thriving and inclusive spaces, and employment opportunities that offer job security, flexible retirement plans, mentoring schemes, and further learning and development.
- **Social Isolation and Interaction:** Residents have expressed the need for more opportunities for interaction to reduce social isolation, accessible and affordable transport options, healthcare services, wellness programs, and social support networks tailored to the needs of older adults.

3.2 Veterans

Veterans form a large and diverse group with many differing needs and levels of access to healthcare. Their health needs are partly based on their service experiences and the challenges of transitioning to civilian life, with a higher prevalence of mental health issues, substance use, and physical health problems. These needs are expanded upon below:

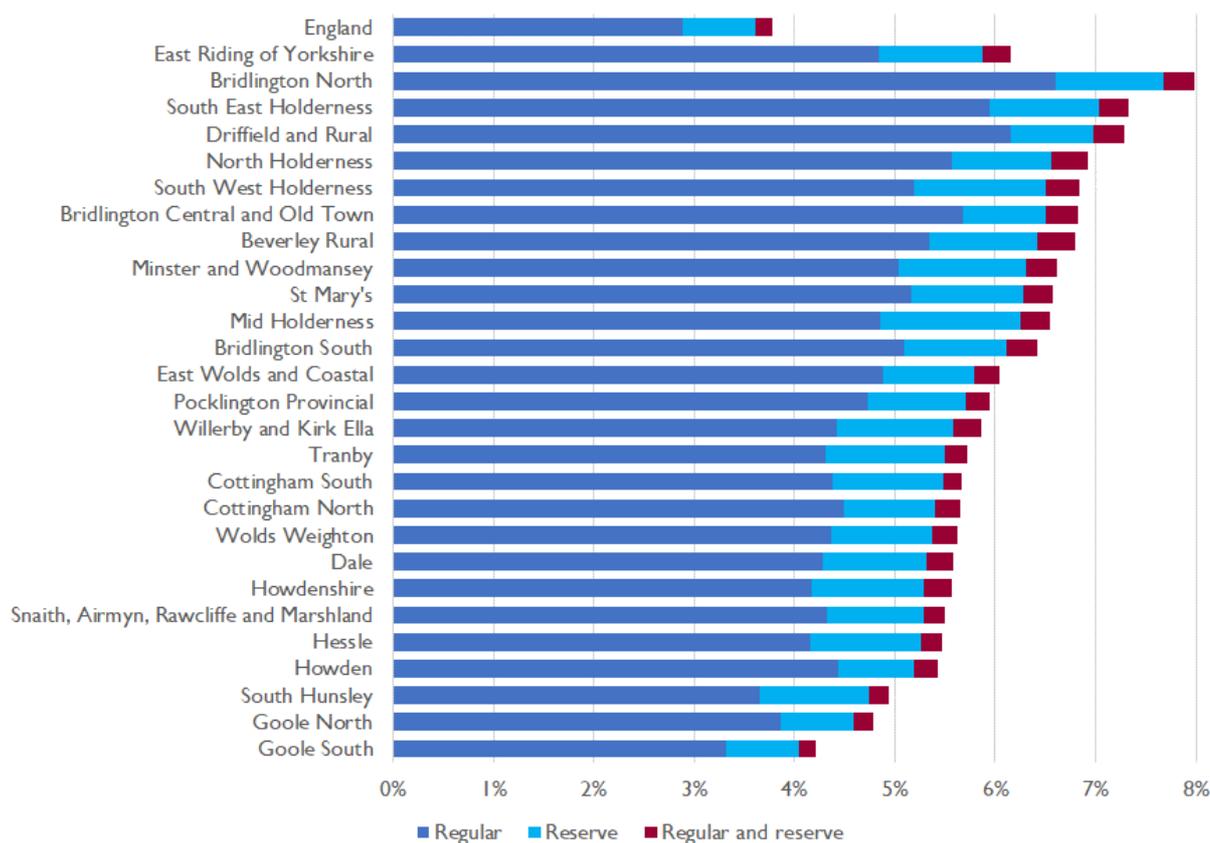
- **Mental health issues:** Veterans are at a higher risk of experiencing mental health problems such as depression, anxiety, and post-traumatic stress disorder (PTSD). These issues are often linked to their service experiences, including exposure to combat and traumatic events. Veterans report significant challenges with mental health services, highlighting long waiting times and inadequate support for conditions like PTSD.
- **Physical health conditions:** Many veterans struggle with physical health issues, including musculoskeletal disorders and sensory impairments. Musculoskeletal problems, including chronic pain and injuries sustained during their service can significantly impact their daily activities and quality of life. Veterans are more likely to experience sensory disorders, such as hearing loss and

vision problems, due to exposure to loud noises and other hazardous conditions during their service. There is a higher prevalence of cardiovascular diseases with this cohort, which can be attributed to the physical and psychological stress they endure during their service. Exposure to harmful substances and environments during military service can lead to respiratory problems, including chronic obstructive pulmonary disease (COPD), asthma and certain types of cancer.

- **Substance Use:** There is a notable prevalence of substance use among veterans, particularly alcohol misuse. This is often a coping mechanism for dealing with mental health issues and the stress of transitioning to civilian life.

The 2021 Census reported that there were 17,732 veterans in the East Riding at that time, which equated to 6.2% of the total population. This is a higher proportion than the England average of 3.8%. Whilst all wards in East Riding of Yorkshire have a higher proportion of veterans than is seen across the whole of England, seven wards (Bridlington North, South East Holderness, Driffield and Rural, North Holderness, South West Holderness, Bridlington Central and Old Town, and Beverley Rural) all have a significantly higher proportions of veterans than the overall average seen across East Riding of Yorkshire (see Figure 21).

Figure 21 Percentage of the population aged 16 years and over who had previously served in the UK armed forces, 2021, local authorities in England and Wales.



Source: ONS

3.3 Vulnerable Migrants

Vulnerable migrants include asylum seekers, refugees, unaccompanied children, trafficked individuals, undocumented migrants, and low-paid migrant workers. They often face health needs arising from their experiences before, during, or after migration. There are 3 migrant related groups for which data is routinely collected at local authority level. These include individuals on the Homes for Ukraine scheme, those under the Afghan Resettlement Programme, and asylum seekers receiving support.

Within the East Riding, Homes for Ukraine had the highest count in the county as at June 2024 with 555 individuals (a 16% increase over 2023). The Afghan resettlement Programme and asylum seekers receiving support recorded lower numbers with the former increasing 91% between 2023 and 2024 (23 to 44 individuals) and the latter decreasing by 74% (84 to 32 persons). As a percent of the total local authority population, these 3 groups combined equated to 0.18% in the East Riding, the lowest proportion of all local authorities within the region. In contrast Hull, the local authority with the highest proportion, recorded 0.49%, whilst the regional and UK averages were 0.34% and 0.41% respectively.

3.4 People who are Rough Sleeping or Homeless

People who are Rough Sleeping or Homeless are at a higher risk of poor physical and mental health outcomes, with life expectancy significantly lower than the general population. Data from the East Riding of Yorkshire Annual Autumn Survey revealed that between 2010 and 2023 there were on average 11 rough sleepers counted per year within the East Riding. Numbers have varied from 7 in one year (2021) to 19 (2019). Between 2017 and 2022, rough sleepers in the East Riding were predominantly male, aged over 26 years and of a UK nationality.

From a different source, East Riding housing officers reported 15 rough sleepers during the summer of 2024, with almost daily changes particularly in the summer period due to the highly transient population seen at coastal settings such as Bridlington.

Local housing teams and Rough Sleepers Navigators who work directly with this population have commented on there being a general increase in rough sleeping and homelessness across the East Riding over the recent years. This has been linked to the increasing cost of living and ageing population in the east riding creating a 'perfect storm' of competing pressures.

Bridlington has the greatest number of people rough sleeping or at risk of rough sleeping. To improve the support available in Bridlington and improve access to services the Rough Sleeper Mental Health and Wellbeing Service (RSMHWS, referred to colloquially as 'the Homeless Hub') on Wellington Road has been established as a collaboration between HEY Mind, HNY ICB, and East Riding of Yorkshire Council Public Health. This is a community service providing a safe and welcoming environment where people can access essential services, engage in social activities, and receive comprehensive support from various agencies.

3.5 Gypsy, Roma, and Traveller Communities

Gypsy, Roma, and Traveller Communities (GRT) face significant barriers to accessing healthcare due to cultural beliefs, stigma, nomadic lifestyle and a lack of awareness of available services. GRT communities include Romany Gypsies, Irish Travellers, and Roma from Eastern and Central Europe and experience significant social inequality and poor health outcomes.

In the East Riding, persons recording their ethnicity as Gypsy or Irish Traveller in the 2021 Census numbered 324, whilst the total Roma population was 118, representing a respective 0.1% and 0.03% of the total East Riding population. The majority of the Gypsy or Irish Traveller and Roma populations in the East Riding live in houses, with 23% of White Gypsy or Irish Travellers living in a caravan or other mobile or temporary structures. These are likely to be situated within one of the three authorised Gypsy and Traveller sites in the East Riding, at Cottingham, Bridlington, or Eppleworth, with an official combined total population for these three sites at 152 as of 9th September 2024.

GRT individuals report higher rates of poor health compared to the general population, with 10.2% of Gypsies or Irish Travellers in East Riding reporting 'bad' or 'very bad' health. There are also disparities regarding mental health with GRT communities facing a higher incidence of mental health issues, including being three times more likely to experience anxiety and six times more likely to die by suicide. There are

numerous barriers to accessing healthcare, by the GRT community including distrust of services, difficulties in registering with GPs, and cultural misunderstandings by healthcare providers.

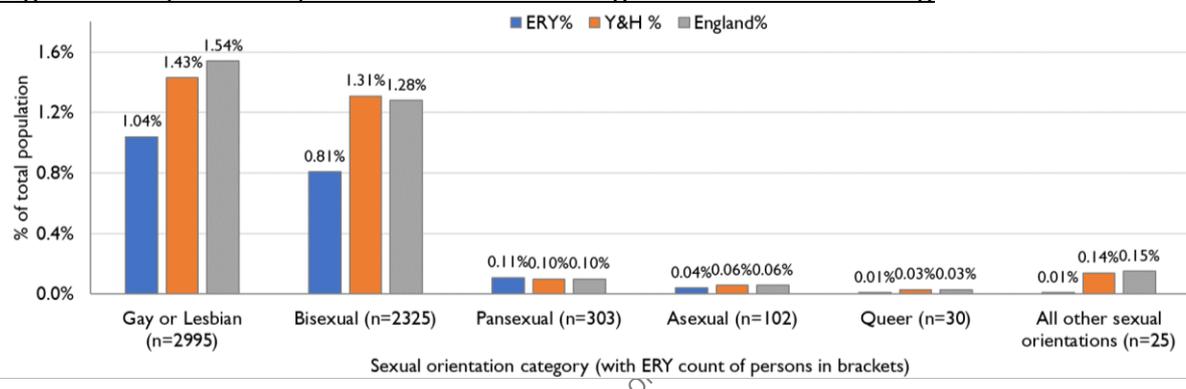
Children from a GRT background endure a range of educational challenges, including having the lowest educational attainment rates and but report the highest levels of exclusion. Significant barriers for the children exist such as bullying, racism, and digital exclusion all having an impact on their education.

3.6 LGBTQIA+ Groups

The 2021 Census in England and Wales reported that 89.4% of the population over 16 identified as straight or heterosexual, while 3.2% identified as LGB+. In the East Riding, 91.2% identified as straight, with over 2% identifying as LGB+, but note around 7% of the population did not answer the question about sexual orientation.

Figure 22 compares the proportions of the sexual orientation categories of the East Riding, to the regional and England averages.

Figure 22 Population by sexual orientation categories of the East Riding



Nationally, research indicates that LGBTQIA+ groups face worse health outcomes than heterosexual populations, particularly regarding mental health issues such as depression and anxiety, often linked to societal stigma and discrimination. LGBTQIA+ individuals are also reported to experience higher rates of physical health issues, including cardiovascular diseases and cancers, often associated with increased smoking and alcohol consumption.

Men who have sex with men (MSM) are particularly at risk for HIV infection, with a significant percentage unaware of their status, indicating a need for better engagement with local sexual health services. However, it was noted in the research that there was a requirement for improved education and engagement with LGBTQIA+ communities within healthcare service, particularly from transgender individuals who reported barriers to healthcare access due to mistrust and lack of staff training on appropriate terminology.

3.7 People who are Dependent on Substance Use

NHS England recognises that people who are dependent on drugs and/or alcohol are an inclusion health group, due to having an increased risk of poor health outcomes and facing stigma and potentially discrimination across society. It is possible that these individuals may lead difficult lives, with complex daily routines that mean they can face additional barriers to accessing services, such as unsuitable appointment times or opening hours, lack of awareness of services and support available, comorbid treatment needs such as mental health, and failure for physical health needs to be recognised or treated unless substance use abates. People who use substances or are in recovery are likely to be a part of other inclusion health groups and may have intersecting risk factors for poorer health outcomes.

For a comprehensive insight into people who use substances or have lived experience of substance use, the East Riding Drugs Partnership (ERDP) has published a needs assessment (2024) with the data available across parts of the system relating to drug use, treatment, support, and recovery needs. The ERDP needs assessment (2024) can be found on the Council's JSNA webpage here: <https://eastridingjsna.com/east-riding-drugs-partnership/>.

3.8 People who Engage in Sex Work

The Home Office defines sex work as the provision of sexual or erotic acts or sexual intimacy in exchange for payment or other benefit/need. This often falls into three broad categories: those who operate in massage parlours, those who work on the streets, and those who advertise online. Some sex work is non-consensual or heavily coerced, and is instead recognized as sexual exploitation, often as a form of modern slavery or trafficking. Individuals who are being sexually exploited are likely to have differing and increased health effects and are highly vulnerable. An estimated 78,000 sex workers exist in the UK, with close to 5,000 within the Yorkshire and Humber region. Humberside Police identified 69 cases in the East Riding linked to potential exploitation, primarily involving foreign nationals.

Street sex workers (SSWs) are often highly stigmatized and marginalized, confronting many obstacles. They are more susceptible to negative consequences for their physical and mental health since they are more likely to be the targets of abuse, exploitation, discrimination, and criminalization. OHID (2022) highlighted a number of key health and wellbeing issues relating to sex workers:

- **Mental Health:** Sex workers face considerable mental health challenges, including anxiety, depression, and trauma. These issues are more pronounced among on-street sex workers due to the higher levels of violence and exploitation they experience.
- **Physical Health:** Physical health issues, including injuries and chronic conditions, are common.
- **Addiction:** Substance abuse and addiction are prevalent among sex workers, especially those working on the streets. As addiction often coexists with mental health issues, it creates a complex web of health challenges.
- **Sexually Transmitted Infections (STIs):** Sex workers are at a higher risk of contracting STIs.
- **Access to Healthcare:** There are significant barriers to accessing mainstream healthcare services for sex workers. These barriers have been exacerbated by the COVID-19 pandemic, which has further marginalised this group and limited their access to essential health services.

3.9 Prison Leavers

The transition from prison to community life presents a myriad of challenges for prison leavers, particularly in terms of health. In the UK, prison leavers often face complex health needs that require comprehensive and coordinated care to ensure their successful reintegration into society.

Substance use is one area where this transition is managed well, alongside supporting other wider determinants such as housing needs and employment. Continuity of care is described as the ongoing and coordinated delivery of healthcare and supportive services to individuals transitioning from prison to community settings, ensuring that their physical, mental, and social health needs are met consistently throughout this process, NICE guidelines emphasise coordinated discharge planning, including continuity of medication and referrals to community healthcare providers, to reduce gaps that may lead to poor health outcomes. This includes mental health services, substance use treatment, and general health support to help manage chronic conditions, reduce reoffending risks, and support overall reintegration.

3.10 Care Leavers

Care leavers experience many barriers in the health system including stigmatisation which have links to poor mental health outcomes and a failure to present at a service until at crisis point. In the UK, there are about 80,000 children in care at any one time, and about 10,000 young people leave care each year. Care leavers are a diverse group of individuals, with different backgrounds, experiences, and needs. They may have entered care for various reasons, such as abuse, neglect, family breakdown, or disability. They may also have different legal statuses, depending on whether they are still in care, have left care, or have been adopted. Care leavers are frequently moved around, expected to be semi-independent at a young age, and left alone after 18.

Care leavers face a range of challenges that affect their health and wellbeing, such as poorer physical and mental health, lower life satisfaction, reduced life expectancy, a lack of support networks, low self-esteem, isolation, difficulty in accessing services, managing tenancies and transitioning to adulthood. These challenges are often related to their pre-care and in-care experiences, such as abuse, neglect, disruption, and instability. Care leavers are also more likely to struggle with financial difficulties, educational attainment, employment opportunities homelessness, and the threat of prison than their peers who have not been in care. Identification of care leavers by services and within existing datasets is poor.

In the East Riding, professionals commented that care leavers face numerous obstacles in accessing services, including financial issues such as anything from affording a bus pass to rigid service policies that penalise missed appointments by pushing them to the back of the queue. These challenges are compounded by the varying social, emotional, and behavioural experiences of the individual. It was felt that often individuals had a negative experience whilst using the services which was impacting their long-term trust of the authority/NHS and willingness to engage with such services. This is exacerbated by negative language and assessments related to their parents' capacity and parenting skills. An example of where this may be happening was with maternity services, with pregnancy and maternity care cited as a complex issue for Care Leavers due to facing stigma around young parenthood.

4 Provision of Pharmaceutical Services in the East Riding

4.1 Pharmacy Landscape

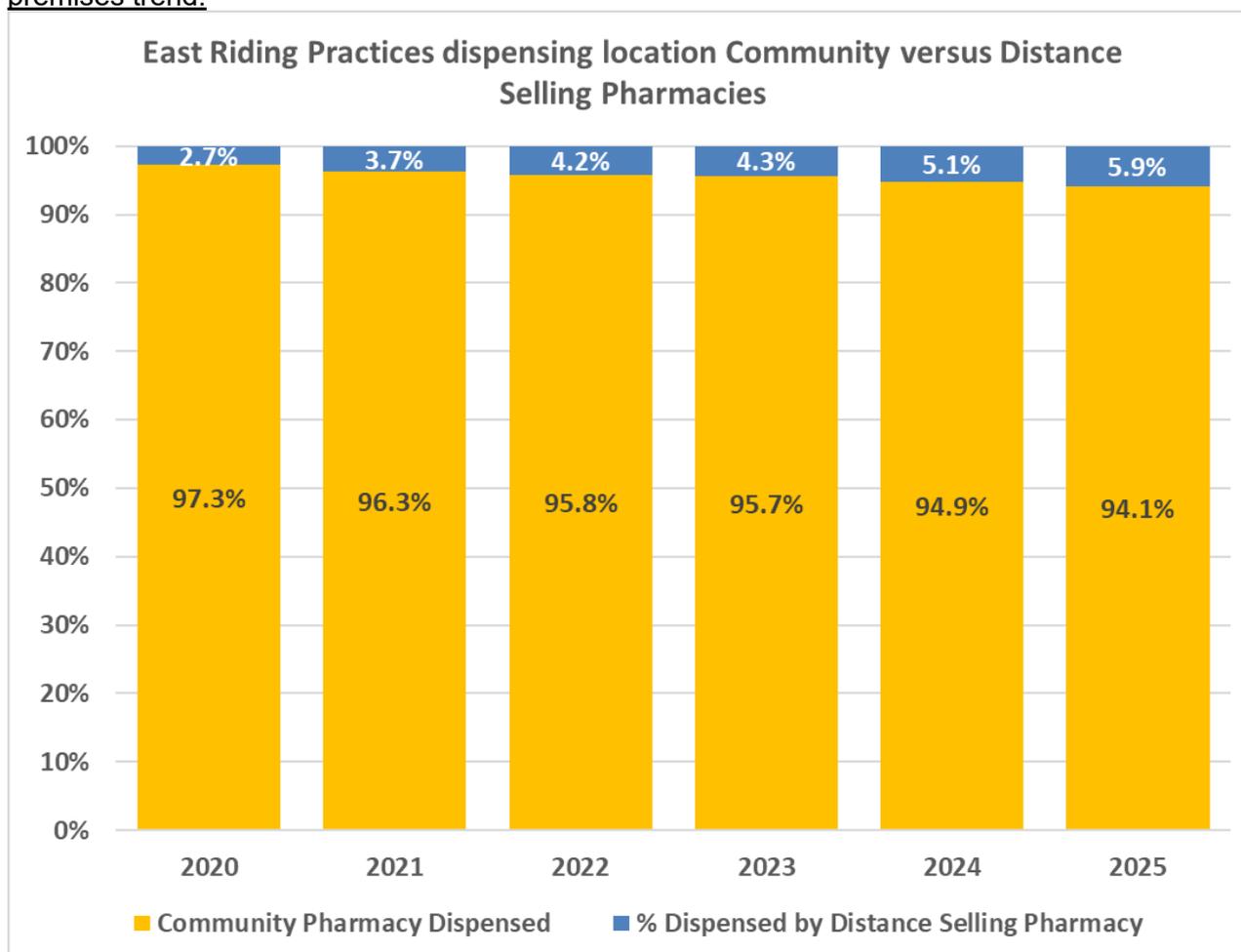
Since 2022, East Riding's pharmacy landscape has changed significantly.

These changes reflect the evolving nature of pharmacy services in the region, focusing on maintaining essential healthcare access for the community.

Most recently In Hornsea, two local pharmacies consolidated to optimize resources and provide more comprehensive services, resulting in a more robust and efficient service model. The application was granted as to do so would not create a gap in the provision of pharmaceutical services. The Health and Wellbeing Board has reviewed the provision of pharmaceutical services in Hornsea and remains of the opinion that this consolidation did not create a gap that could be met by the grant of a routine application.

Despite the shifting community pharmacy landscape in East Riding, the dispensing practices have remained unchanged. These practices continue to provide a dispensing service to their eligible patients, thereby keeping travel times to the dispensing service shorter. It is worth noting that whilst the dispensing service is available the full range of pharmaceutical services cannot be provided by these practices.

Figure 23 Proportion of items dispensed to East Riding Resident from Community versus distance selling premises trend.



Source NHS Business Authority

Figure 23 illustrates the upward trend in the proportion of items dispensed for East Riding residents by distance selling premises between 2020 and 2025. The data shows a gradual increase in the percentage of prescribed items, beginning at 2.7% in 2020 and rising steadily each year. By 2025, which is an incomplete year, the proportion reached 5.9% in August 2025. This trend indicates a growing reliance on distance

selling premises for fulfilling prescriptions, reflecting changes in patient preferences and the evolving landscape of pharmaceutical services in the region. This trend has also been seen nationally.

4.2 Essential Services

Essential Services must be provided by all pharmacies and include:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
- Dispensing of repeatable prescriptions
- Disposal of unwanted drugs
- Promotion of healthy lifestyles
- Signposting
- Support for self-care
- Home delivery service (during a nationally declared emergency only)
- The discharge medicines service.

Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription,
- dispensing of repeatable prescriptions,
- home delivery service for some items,
- supply of appropriate supplementary items (e.g. disposable wipes and disposal bags),
- provision of expert clinical advice regarding the appliances, and
- signposting.

Further information on the essential services can be found in Appendices B and E.

4.3 Advanced Services

Community pharmacies may also offer (but are not obliged to offer) Advanced Services as defined by the NHS Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. There are eight Advanced Services:

- New medicine service (NMS)
- Stoma appliance customisation (SAC)
- Appliance use review (AUR)
- Community pharmacy seasonal influenza vaccine service
- NHS community pharmacy hypertension case-finding service
- NHS smoking cessation service
- NHS pharmacy contraception service
- NHS lateral flow device test supply service
- NHS pharmacy first service

Further information on the advanced services can be found in Appendix C. It is to be noted that with effect from 1 October advanced services cannot be provided face to face at distance selling premises; such services must be provided remotely.

4.4 Enhanced Services

Those services that may be commissioned by integrated care boards from pharmacy contractors are listed in Direction 14 of the NHS Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. The current (September 2025) list of Enhanced Services that may be commissioned is bulleted below:

- Anticoagulant Monitoring Service
- Anticoagulation monitoring
- Antiviral collection service
- Care home service
- Coronavirus vaccination service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- On demand availability of specialist drugs service
- Out of hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service
- Emergency supply service.

Official - Sensitive

Further information on the enhanced services can be found in Appendix D. It is to be noted that with effect from 1 October enhanced services cannot be provided face to face at distance selling premises; such services must be provided remotely.

5 Other NHS Services

5.1 Hull University Teaching Hospital Pharmacy Service

- Management of the supply of medication throughout the trust by:
 - Procurement and distribution services
 - Managing ward stock
- Safe supply of medication to patients through the following activities:
 - Medication history taking
 - Medication reconciliations
 - Clinical pharmacy services
 - Inpatient and discharge medication supplies
 - Aseptic services
- Advice and support on the safe and effective use of medication through:
 - Enquiries services including medicines information (M.I)
 - Formulary management through Drugs and Therapeutics (D&T)
 - Safe medication practice committee (SMPC)
 - And links through care group structures

The service is based from four locations, of which the following two are located within the East Riding Health and Wellbeing Board boundary area:

- Rowlands Pharmacy - Queen's Centre of Oncology
 - Open Times
 - Monday - Friday - 8.30am to 6pm
 - Weekends and bank holidays - closed
- Castle Hill Hospital in-patient pharmacy
 - Open times
 - Monday - Friday - 8.30am to 6pm
 - Saturday - 9.30am to 5pm
 - Sunday - 9.30am to 4pm
- Castle Hill Hospital out-patient pharmacy
 - Open times;
 - Monday to Friday - 8.45am to 5.30pm
 - Saturday - 10am to 2pm
 - Sundays and Christmas day - closed

5.2 GP out of hours service

City Health Care Partnership CIC runs the GP Out of Hours service in Hull and East Riding of Yorkshire. The GP Out of Hours Service is for patients registered with a Hull or East Riding of Yorkshire GP who are experiencing a medical problem that cannot wait until they can contact their own practice, in-hours. Care is provided between 6.30pm and 8am on weekdays and around the clock at weekends and bank holidays. Patients registered to a Hull GP, if they need an appointment, are sent to Bransholme Health Centre in the North Area

Residents will access other NHS services located in this locality or elsewhere in the Health and Wellbeing Board's area which affect the need for pharmaceutical services, including:

- hospital pharmacy departments,
- special allocation scheme,
- drug and alcohol services,
- GP out of hours service, and
- services provided by Humber Teaching University Trust

5.3 Minor Injury Units / Urgent Treatment Centres

There are three urgent treatment centres (UTCs) located in East Riding and two in Hull, Bridlington Beverley and Goole being the East Riding and Bransholme and Hull Royal Infirmaries UTC. All are managed by City Health Care Partnership CIC and serve people of the East Riding.

The service provides treatment for a range of conditions which are not critical or life threatening. This includes:

- broken bones and sprains
- injuries, cuts and bruises
- minor burns and scalds
- coughs, colds and breathing problems
- sore throats and earache
- vomiting and diarrhoea
- skin infections and rashes
- high temperature (fever) in children and adults
- mental health problems
- minor eye complaints
- access to x-ray to assess for fractures (broken bones) in areas of the body such as shoulder, elbow, arm, hand and fingers, knee, lower leg, ankle, and foot.

Official - Sensitive

5.4 Public Health Service

Public health services are provided by community pharmacy from supervised consumption programs to needle exchange initiatives, pharmacies cater to the diverse needs of the community. These numbers reflect the comprehensive coverage and commitment of pharmacies to public health.

Table 8 Count of Pharmacies providing Public Health Services by Locality

Locality	Supervised Consumption	Needle Exchange	Emergency Hormonal Contraception (EHC)	Varenicline/NRT
Beverley	5	1	5	3
Bridlington	7	2	7	7
Driffield and Wolds	5	1	4	3
Goole and Howden	6	4	6	4
Haltemprice	7	1	8	6
Holderness	9	4	8	7
Neighbouring Authority Pharmacies	16	6	19	16

5.4.1 Emergency Hormonal Contraception

Emergency hormonal contraception (EHC) is an important service provided by community pharmacies to help prevent unintended pregnancies. It is most effective when taken as soon as possible after unprotected intercourse. Pharmacists are trained to offer confidential consultations and provide guidance on the appropriate use of EHC. This service ensures that individuals have timely access to contraception and informed support during critical moments.

5.4.2 Supervised Consumption

Supervised consumption services are designed to support individuals who are prescribed medication for substance dependence. Community pharmacies provide a safe and supervised environment where patients can take their medication under the watchful eye of trained pharmacists. This service aims to reduce the risk of overdose, ensure adherence to treatment plans, and provide additional support and counselling to individuals on their recovery journey.

5.4.3 Needle Exchange

The needle exchange program is a vital public health initiative aimed at reducing the spread of bloodborne infections and promoting safer practices among individuals who use injectable drugs. Community pharmacies offer clean needles, syringes, and other injection equipment, along with educational resources on harm reduction. Pharmacists also provide disposal bins for used needles, ensuring safe and responsible disposal to protect the community from accidental injuries and contamination.

5.4.4 Smoking Cessation

Smoking cessation services are available at community pharmacies to help individuals quit smoking and improve their health. Pharmacists offer personalised consultations, support, and access to nicotine replacement therapies and prescription medications that aid in smoking cessation. This service includes ongoing monitoring, encouragement, and strategies to manage withdrawal symptoms and cravings, empowering individuals to achieve their goal of becoming smoke-free.

Community pharmacies provide public health services such as emergency contraception, supervised consumption, needle exchange, and smoking cessation. These programs help improve community health and safety. No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

6 Gap Analysis in pharmaceutical services

6.1 Method

To ascertain if there has been a change from the previous PNA of 2022-25, services offered and the hours they were provided at was looked at to understand if there had been a change in provision. The methodology also involved assessing available services and confirming that drive travel time to a pharmacy did not exceed 15 minutes. Capacity was measured by the number of Core and Supplementary opening hours provided (see Figure 33 and Figure 34) by community pharmacies. Additionally, the range of services offered was evaluated in relation to the age distribution of the population, disease prevalence, increasing complexity, projected future needs, and areas identified for community growth based on strategic planning allocations for new housing.

For ease of understanding and to better fit with the natural communities, which have interdependence on service provision the East Riding localities were chosen to group the analysis together for the gap assessment. Figure 24 shows the map of localities.

Figure 24 Locality areas used for the grouping of Pharmacies

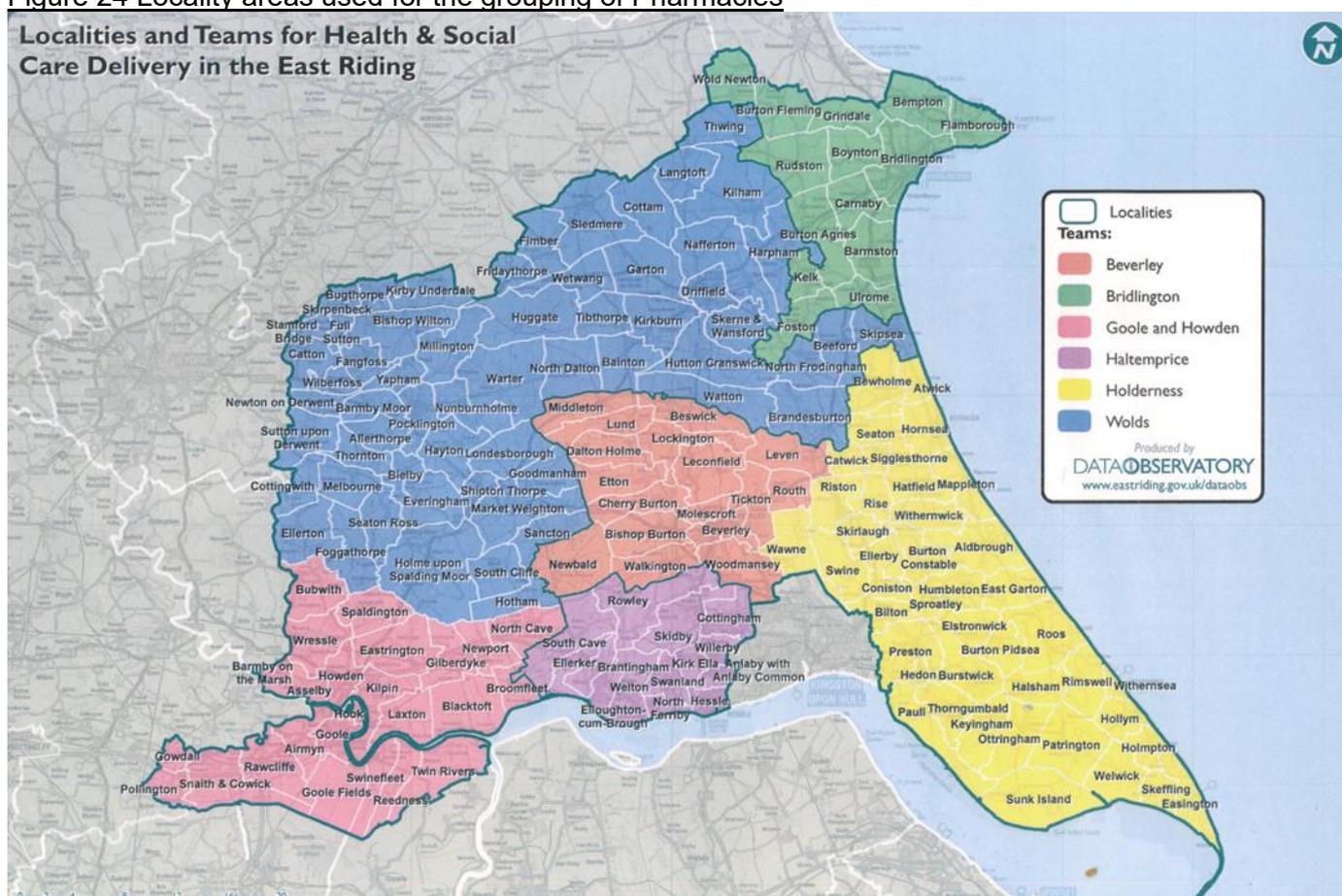


Table 9 Change in Total Hours available in the County

Hours Type	Hours at PNA 2022	Hours at PNA 2025 (April)	% Change
Core	2687.5	2403.0	-10.6%
Supplementary	470.75	395.0	-16.1%

At the time of writing October 2025 there are 58 pharmacies in the East Riding Local Authority area, 57 are community pharmacies with one distance selling premises based in the Bridlington area. The Local authority area also has 12 dispensing General Practices.

The impact of the change in operating hours for the PNA from 2022 to 2025 is outlined as a net loss above in Table 9. This reduction reflects the closure of two pharmacies, the consolidation of two pharmacies onto one site, the regulations being amended to allow contractors with a 100hr pharmacy to apply to reduce the total core opening hours of that pharmacy to no fewer than 72 per week, and decisions by contractors to reduce their supplementary opening hours. The locality assessment will indicate where the services are located and refer to them as 100-hour contracted pharmacies. However, it will acknowledge that most are operating within the early to mid-70 hour range, according to the relaxed conditions described above.

According to the projected allocations for new housing and self-build homes in East Riding (as shown in Table 10), over the long term the area is set to see significant development through to 2039. The total allocation amounts to around 20,900 new homes, which, when averaged over the period, equates to approximately 1,100 homes being constructed each year. However, even at the assumed max rate of growth of 1,100 homes per year, in the 3 year life span of this document the growth is unlikely to influence pharmacy services due to the fact these new homes are spread across the area and not concentrated in one area.

It is therefore essential that careful planning and ongoing assessment are integrated into local infrastructure strategies. As new homes are distributed across both rural service centres and larger settlements, the demand for primary care and pharmacy services is expected to increase not only in raw numbers, but also in complexity and accessibility requirements. Each community will have its unique demographic and health profile, shaping the nature and volume of services needed.

Table 10 Planned Household number growth to 2039 by settlements in the East Riding

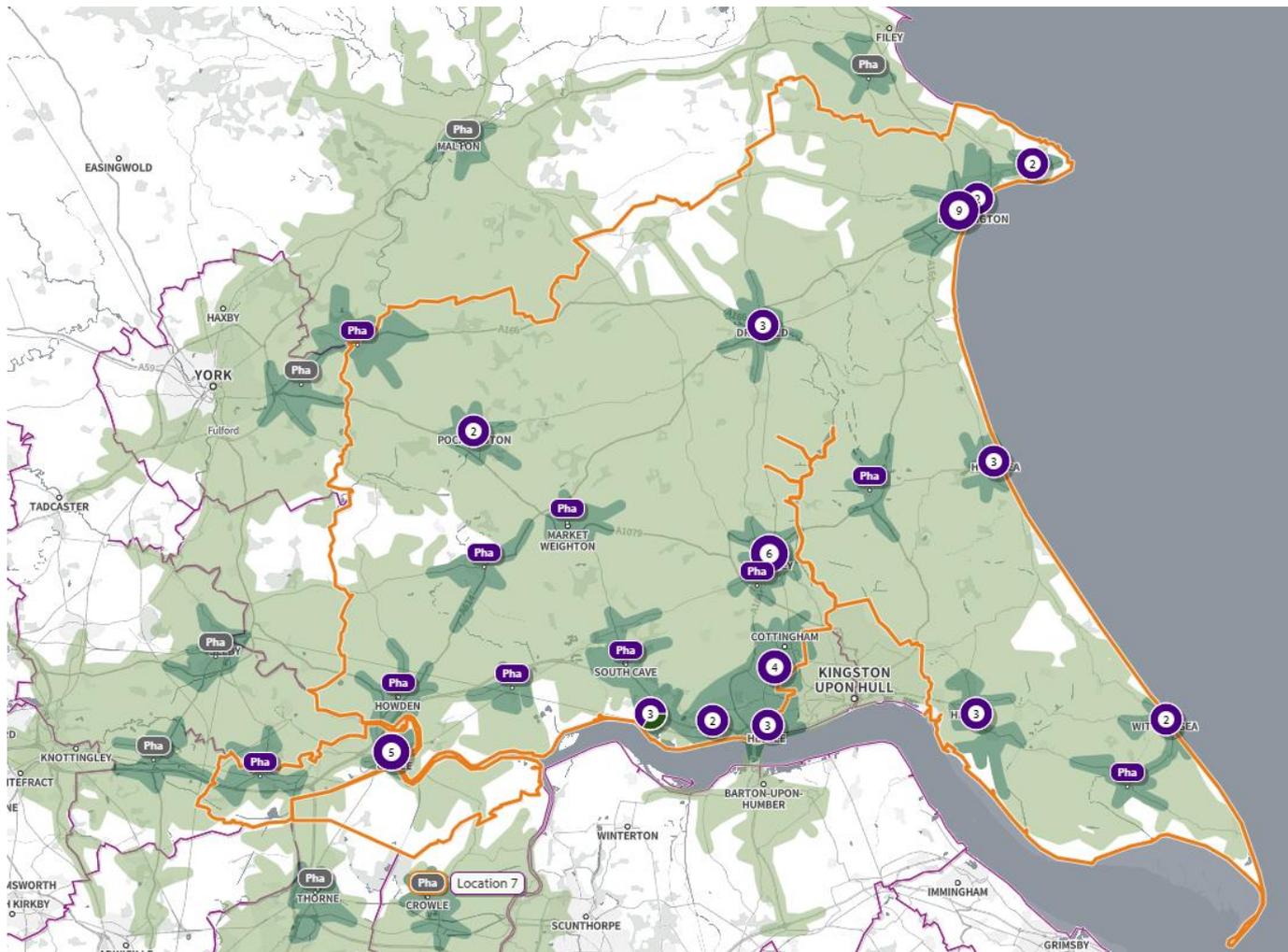
Area	Number of new Homes
Rural Service Centres and Primary Villages (1)	3,075
Major Haltemprice Settlements (Anlaby, Cottingham, Hessle, Kirk Ella, Willerby)	3,120
Beverley	3,010
Bridlington	2,850
Driffield	2,250
Goole	855*
Pocklington	770
Villages and the Countryside (2)	1,500
Elloughton cum Brough	915
Market Weighton	840
Howden	2,140
Hornsea	660
Withernsea	350
Hedon	9**

*No new allocations for residential development will be made based on current evidence regarding the level of flood risk in Goole. This figure represents the number of dwellings with extant planning permission at 1 April 2020.

**No new allocations for residential development will be made based on current evidence regarding the level of flood risk in Hedon. This figure represents the number of dwellings with extant planning permissions at April 2020

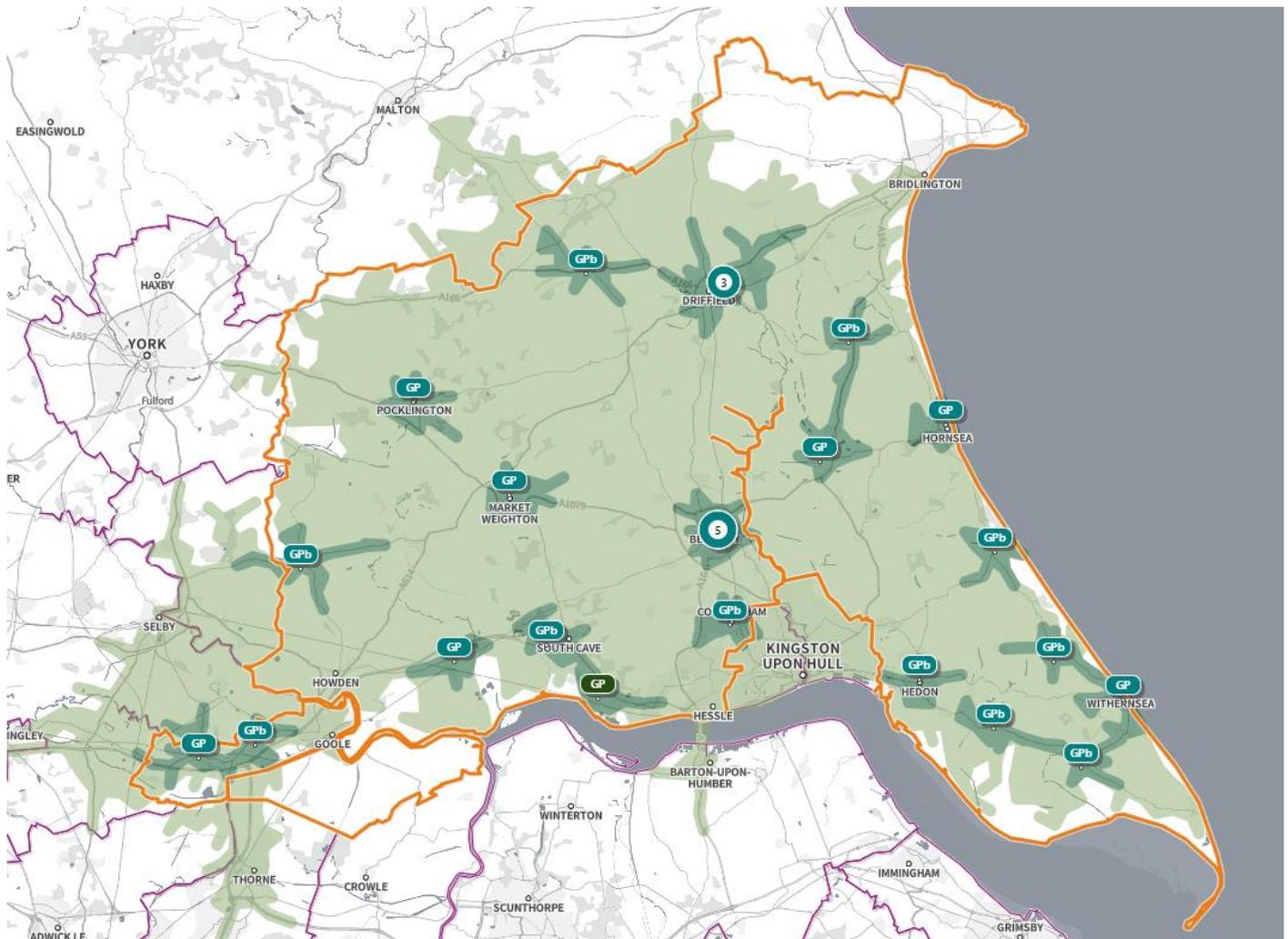
Using the Department of Health & Social Care's SHAPE Place atlas, travel time can be demonstrated around the community pharmacies across the county. This helps highlight any areas that may have access issues to pharmacy services. Grey Pharmacies are those in neighbouring authority areas, the darker green colour is the 5 minutes travel time by private transport, and the lighter is the 15 minute travel time.

Figure 25 Five and 15 minutes' drive times East Riding and neighbouring authorities' pharmacies



Source DHSC SHAPE Place Atlas

Figure 26 Five and 15 minutes' drive times East Riding dispensing practices



The county is generally within a 15-minute drive for access to dispensing practices (GPs). However, the area north of Bridlington lacks coverage within this time frame. Rural areas near the Humber bank also fall outside the 15-minute drive zone. The GP branch in Patrington improves access for villages at Spurn Tip compared to community pharmacies. Similarly, the Aldborough and Roos branches enhance accessibility for coastal areas north of Withernsea, which fall outside the 15-minute drive zone for community pharmacies. This highlights the importance of dispensing practices in supporting rural communities in East Riding.

6.2 Beverley

Within the Beverley area, there are no out-of-hours services, one pharmacy offers extended weekday hours, with two pharmacies in the area opening on Sunday.

The area has not seen closures of pharmacies since the 2022 PNA. There has been, as with all other areas, reductions in core and supplementary opening hours.

Currently, there are no gaps in pharmacy provision within Beverley, with existing pharmacies able to meet the needs of the local population. However, if there were to be a closure in Leven, this change would result in a gap for dispensing services, help and advice services, contraception services, pharmacy first service, and any future NHS E named versions of these services. The service would be required during opening hours, which are Monday to Friday from 08:30 to 18:00 and Saturday from 08:30 to 12:30..

The closure would result in near 1,500 additional people living outside a 15-minute drive time to a community pharmacy, increasing pressure on the remaining pharmacies and likely leading to longer waiting times and reduced access for residents. With the anticipated growth of the local community, any reduction in pharmacy services could further undermine access and the overall quality of care available.

It is also important to consider that Beverley hosts an Urgent Treatment Centre operating seven days a week, which relies on robust pharmacy provision to ensure patients have timely access to medications

6.2.1 Services offered

Table 11 Pharmacy Service type

Ward	Pharmacy Name	Out of Hours	Extended Hours Pharmacy	Distance Selling
Beverley Rural	Leven Pharmacy	No	No	No
Minster and Woodmansey	Morrisons Pharmacy	No	Yes	No
Minster and Woodmansey	Samman Road Pharmacy	No	No	No
St Mary's	Boots Pharmacy	No	No	No
St Mary's	Hengate Pharmacy	No	No	No
St Mary's	Molescroft Pharmacy	No	No	No
St Mary's	Spinks Chemist	No	No	No
St Mary's	Superdrug Pharmacy	No	No	No

Source NHS Business Authority

Table 12 Types of services offer by the pharmacies in the area

Ward	Pharmacy Trading Name	Domiciliary Medication Administration Record	Palliative Care	Pharmacy First	Hypertension Case Finding	Combined Pharmacy	Contraception Service
Beverley Rural	Leven Pharmacy	Y	Y	Y	Y	Y	Y
Minster and Woodmansey	Samman Road Pharmacy	Y	Y	N	Y	Y	Y
Minster and Woodmansey	Morrisons Pharmacy	Y	Y	N	Y	Y	Y
St Mary's	Superdrug Pharmacy	Y	Y	Y	Y	Y	Y
St Mary's	Boots Pharmacy	Y	Y	N	Y	Y	Y
St Mary's	Molescroft Pharmacy	Y	Y	Y	Y	Y	Y
St Mary's	Hengate Pharmacy	Y	Y	N	Y	Y	Y
St Mary's	Spinks Chemist	Y	Y	N	Y	Y	Y

Source; NHS Humber North Yorkshire ICB, NHS Business Authority

6.2.2 Opening hours

There has been, in line with the East Riding count, a net decrease in available pharmacy hours for the area compared with the 2022-2025 PNA. This reduction spans both the core and supplementary opening hours as with other areas, the area does still have Sunday provision unlike other areas.

Table 13 Current opening hours of the Pharmacy in the Beverley Locality

Electoral Ward	Pharmacy	Opening Hours Mon	Opening Hours Tue	Opening Hours Wed	Opening Hours Thu	Opening Hours Fri	Opening Hours Sat	Opening Hours Sun
Beverley Rural	LEVEN PHARMACY	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-12:30	CLOSED
Minster and Woodmansey	MORRISONS PHARMACY	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-18:00	10:00-16:00
Minster and Woodmansey	SAMMAN ROAD PHARMACY	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
St Mary's	BOOTS	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	10:00-16:00
St Mary's	HENGATE PHARMACY	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:30-13:00	CLOSED
St Mary's	MOLESCROFT PHARMACY	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
St Mary's	SPINKS THE CHEMIST	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
St Mary's	SUPERDRUG PHARMACY	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED

Source NHS Business Authority

6.2.3 Dispensing activity

A total of 1,646,710 items were prescribed by the Beverley area practices in the last full year of 2024. When pooling the items across the five-year period, the percentage breakdown of where prescriptions were dispensed is as follows:

- 83.7% of prescriptions were dispensed by a Beverley area-based Pharmacy.
- Haltemprice-based pharmacies represented the next largest group, accounting for 7.9%.
- Other pharmacies in the East Riding area were the subsequent largest group, at 3.6%.
- 3.6% of items were dispensed by one of the distance selling premises elsewhere in England.

Car ownership

The statistics on car ownership from the Census 2021 provide an overview of vehicle distribution among households in predominantly Beverley wards and are shown in the table below.

Table 14 Ward based household car ownership from the Census 2021

Ward	All households	No cars or vans in household	1+ cars or vans in household	% No car households	Compared to ERY
Beverley Rural	5,918	360	5,558	6.1%	Lower
St Mary's	7,452	1,317	6,135	17.7%	Higher
Minster and Woodmansey	7,652	1,458	6,194	19.1%	Higher
Beverley wards	21,022	3,135	17,887	14.9%	Lower
East Riding of Yorkshire	152,063	23,995	128,068	15.8%	-
Yorkshire and The Humber	2,330,658	564,965	1,765,693	24.2%	Higher
England	23,436,086	5,516,098	17,919,988	23.5%	Higher

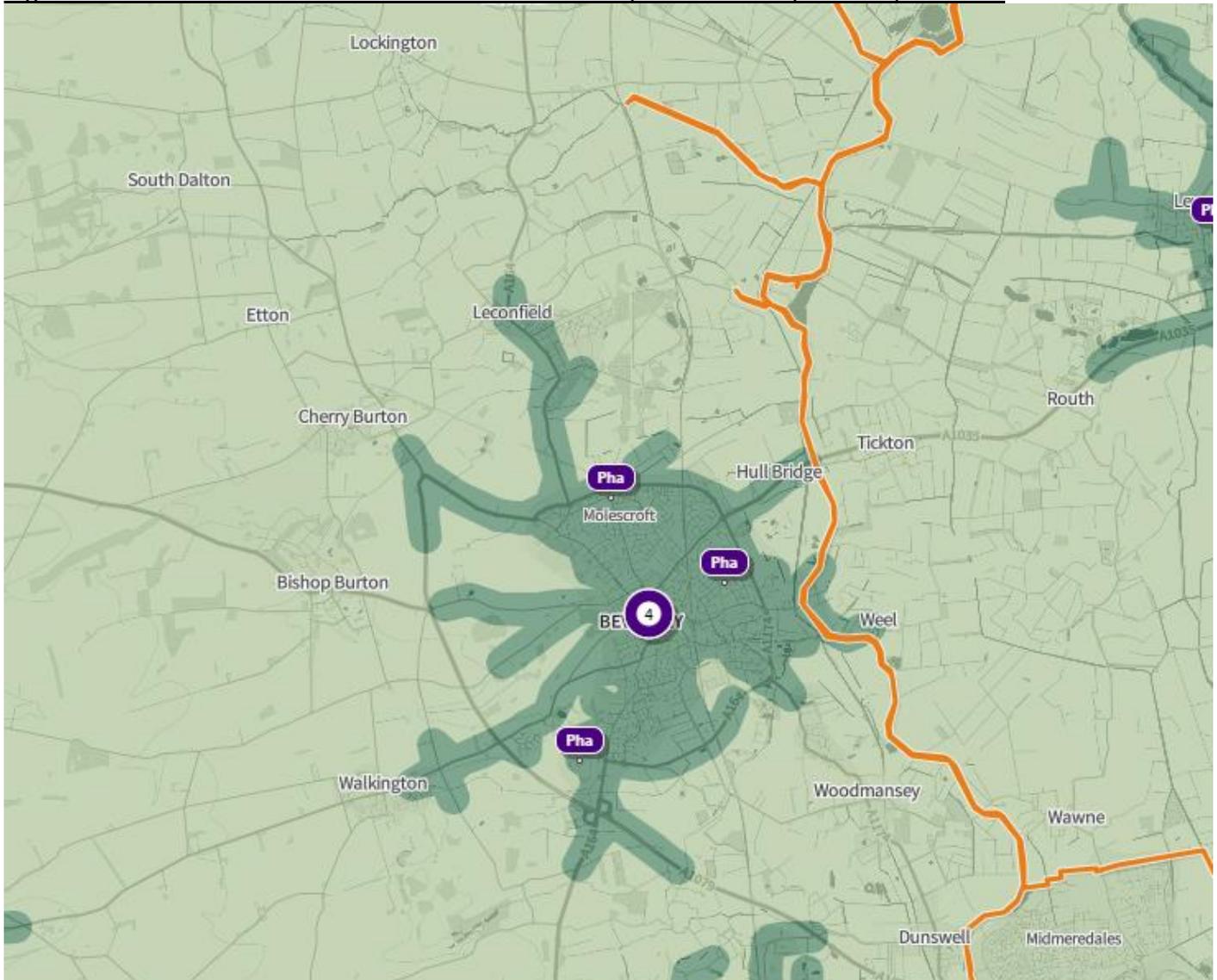
Households that have no access to cars or vans, varies from 6.1% in Beverley Rural (the ward with the lowest proportion within the whole of the East Riding) to 17.7% in St. Marys and 19.1% in Minster and Woodmansey, both significantly higher than the East Riding average of 15.8%.

Official - Sealed

6.2.4 Travel time

As shown above, car ownership in the community is lower than the East Riding average, with variability between wards. As seen below, there are no gaps in 5 and 15 minute drive times to a local pharmacy. Given the lower-than-average car ownership, travel time will also be important. The area is the second largest settlement in the East Riding authority and has good public transport provision with multiple bus routes across the community.

Figure 27 Five and 15 minute drive times in the Beverley area to local pharmacy services



Source DHSC SHAPE Place Atlas

In the Beverley Locality, the health and wellbeing board are satisfied that there are no gaps. There are no out-of-hours services; one pharmacy offers extended hours, and two open on Sunday. Since the 2022 PNA, there have been reductions in core and supplementary opening hours but no closures. Any reduction in this area would need to be reviewed to see if what remains is able to meet the lost capacity and support the Urgent Treatment Centre.

6.3 Bridlington

Within the Bridlington area, there are no out-of-hours services no pharmacies offering extended hours, with one pharmacy in the area opening on Sunday.

The area, being the largest community in the East Riding, plays a critical role in providing a wide range of essential services to both residents and visitors. In addition to its permanent population, the community experiences a notable seasonal fluctuation in demand due to a high influx of tourists. It is also worth noting that this area hosts the only distance selling premises located within the East Riding, further enhancing access to pharmaceutical services.

Although changes in the number of pharmacy providers in the Bridlington locality are unlikely to result in significant gaps in necessary services, it is important to recognise that this area is characterised by an older and less affluent population. These demographic factors can create additional accessibility challenges for residents seeking pharmacy services.

Since the 2022 PNA, the area has seen the closure of a pharmacy, along with reductions in both core and supplementary opening hours, mirroring trends observed elsewhere in the county.

Given the demographic profile of Bridlington, with its higher-than-average proportion of older and economically disadvantaged residents, even minor reductions in service provision could disproportionately affect those most in need. Ensuring that accessibility remains at the forefront of service planning and regular reviews is therefore crucial in supporting the wellbeing of the local population.

6.3.1 Service offered

Table 15 Pharmacy Service type in the Bridlington Locality

Electoral Ward	Pharmacy	Out of Hours	Extended Hours Pharmacy	Distance Selling
Bridlington Central and Old Town	Bridlington – Pharmacy Plus Health	N	N	N
Bridlington North	Bridlington Pharmacy	N	N	N
Bridlington North	Flamborough – Pharmacy Plus Health	N	N	N
Bridlington North	Marion Road Pharmacy	N	N	N
Bridlington South	Boots Pharmacy	N	N	N
Bridlington South	Boots Pharmacy	N	N	N
Bridlington South	Boots Pharmacy	N	N	N
Bridlington South	Station Avenue Pharmacy	N	N	N
Bridlington South	Superdrug Pharmacy	N	N	N
Bridlington South	Westhill Pharmacy	N	N	N
East Wolds and Coastal	Care Meds UK	N	N	Y

Source NHS Business Authority

In terms of services offered, the area is well-served like the county as a whole. Below the detail for each of the pharmacy service up-take is shown in Table 16.

Table 16 Types of services offer by the pharmacies in the Bridlington Locality

Ward	Pharmacy Trading Name	Domiciliary Medication Administration Record	Minor Ailment Scheme	Palliative Care	Pharmacy First	Hypertension Case Finding	Combined Pharmacy Contraception Service
Bridlington Central and Old Town	Bridlington – Pharmacy Plus Health	N	Y	N	Y	Y	Y
Bridlington North	Marton Road Pharmacy	N	Y	Y	Y	Y	Y
Bridlington North	Flamborough – Pharmacy Plus Health	N	Y	N	Y	Y	Y
Bridlington North	Bridlington Pharmacy	N	Y	N	Y	Y	Y
Bridlington South	Boots Pharmacy	N	Y	Y	Y	Y	Y
Bridlington South	Westhill Pharmacy	N	Y	Y	Y	Y	Y
Bridlington South	Boots Pharmacy	N	Y	N	Y	Y	Y
Bridlington South	Superdrug Pharmacy	N	Y	N	Y	Y	Y
Bridlington South	Boots Pharmacy	N	Y	N	Y	Y	Y
Bridlington South	Station Avenue Pharmacy	N	Y	N	Y	Y	Y
East Wolds and Coastal	Care Meds UK	NE	NE	N	N	N	N

Source; NHS Humber North Yorkshire ICB, NHS Business Authority

6.3.2 Opening hours

Table 17 shows the opening hours for pharmacies in Bridlington. While there is no pharmacy open 100 hours per week in this large settlement, several are open all day on Saturdays, with one pharmacy opening on Sunday in the community.

Table 17 Current opening hours of the Pharmacy in the Bridlington Locality

Electoral Ward	Pharmacy	Opening Hours Mon	Opening Hours Tue	Opening Hours Wed	Opening Hours Thu	Opening Hours Fri	Opening Hours Sat	Opening Hours Sun
Bridlington Central and Old Town	Bridlington – Pharmacy Plus Health	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
Bridlington North	Bridlington Pharmacy	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	CLOSED	CLOSED
Bridlington North	Marton Road Pharmacy	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
Bridlington North	Flamborough – Pharmacy Plus Health	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED
Bridlington South	Boots Pharmacy	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
Bridlington South	Boots Pharmacy	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	CLOSED
Bridlington South	Boots Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
Bridlington South	Westhill Pharmacy	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
Bridlington South	Station Avenue Pharmacy	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED
Bridlington South	Superdrug Pharmacy	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED
East Wolds and Coastal	Care Meds UK	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED

Source NHS Business Authority

6.3.3 Dispensing activity

A total of 1,427,830 items were prescribed by the Bridlington area practices in the last full year of 2024. When pooling the items across the five-year period, the percentage breakdown of where prescriptions were dispensed is as follows:

- 96.2% of Bridlington practice items were dispensed by Bridlington area pharmacies
- Driffield and Wolds based pharmacies represented the next largest group, accounting for 0.27%.
- 3.5% of items were dispensed by one of the over 400 distance selling premises elsewhere in England.
- The remaining small percentages were dispensed with a volume of less than 0.1% in other East Riding areas.

6.3.4 Car ownership

Car ownership is lower than average in the Bridlington community (as shown in the table below). Despite being the largest community in East Riding with a good level of public transport, there are notable inequalities for some of the poorest communities who rely on public transport to access basic services such as community pharmacies. The community of Hilderthorpe in the southern part of Bridlington, for instance, falls in the bracket where it takes more than 15 minutes to drive to their nearest pharmacy shown in Table 18.

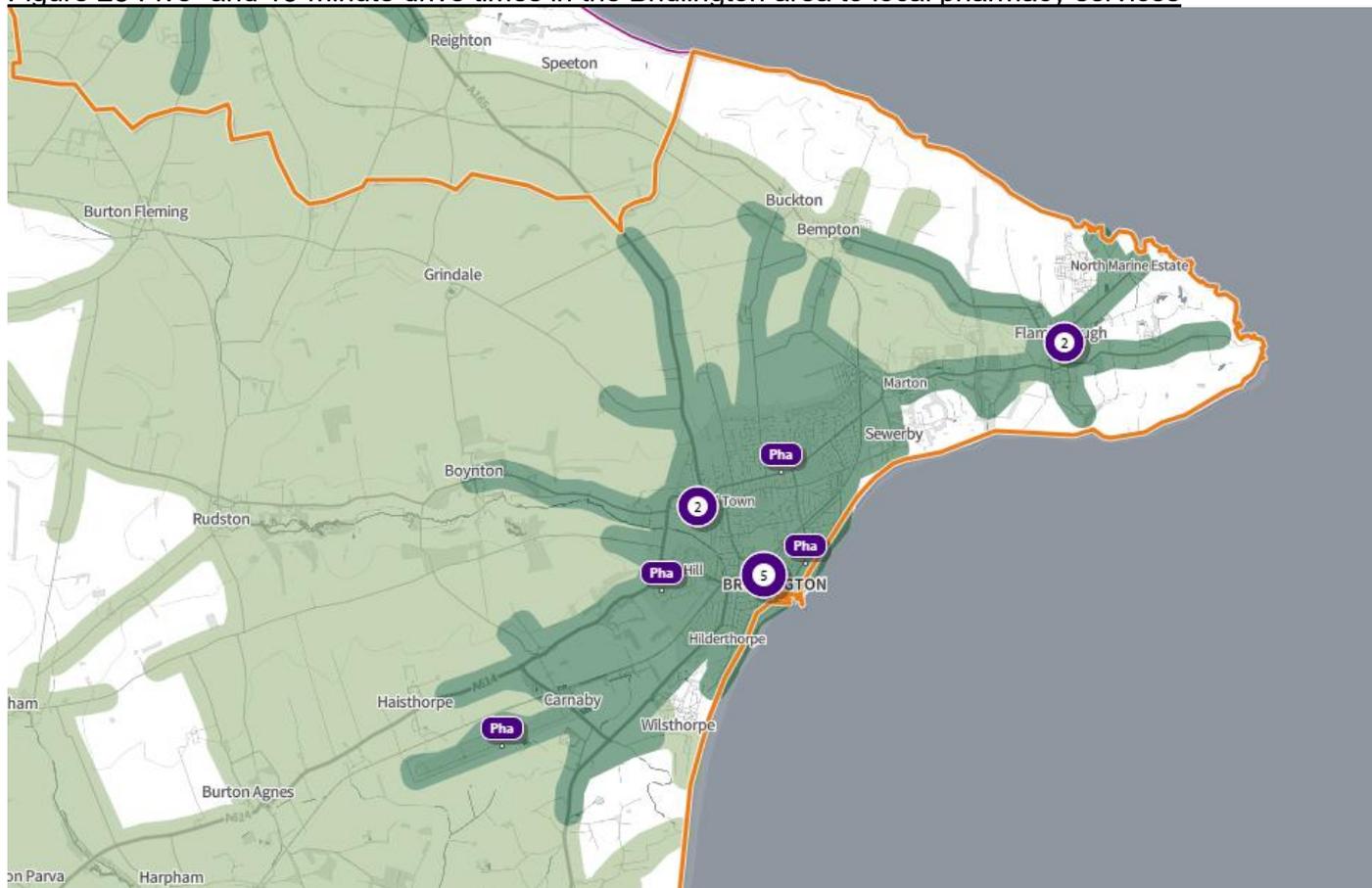
These areas are among the most deprived communities in East Riding.

Table 18 Ward based household car ownership from the Census 2021

Ward	All households	No cars or vans in household	1+ cars or vans in household	% No car households	Compared to ERY
Bridlington Central & Old Town	5,039	1,480	3,559	29.4%	Higher
Bridlington North	6,630	1,224	5,406	18.5%	Higher
Bridlington South	6,684	2,545	4,139	38.1%	Higher
Bridlington wards total	18,353	5,249	13,104	28.6%	Higher
East Riding of Yorkshire	152,063	2,3995	128,068	15.8%	
Yorkshire and The Humber	2,330,658	56,4965	1,765693	24.2%	Higher
England	23,436,086	5,516,098	17,919,988	23.5%	Higher

6.3.5 Travel time

Figure 28 Five- and 15-minute drive times in the Bridlington area to local pharmacy services



There is generally good coverage for both five- and 15-minute drive times to pharmacy services within the community. However, it is important to note that this community is economically disadvantaged, and there are well-documented challenges regarding access to health services.

6.4 Driffield and Wolds

In the Driffield and Wolds locality, there are no out-of-hours services one pharmacy offers extended hours, with one pharmacy in the area opening extended hours.

The area has not seen closures of pharmacies since the 2022 PNA, however there have been, as with all other areas, reductions in core and supplementary opening hours. This community already has the bulk of the 1500 people who live outside of a 15 minute travel to time to a community pharmacy. Because of the dispersed nature of this locality closure in the any of the outlying communities Market Weighton, Holme upon Spalding Moor or Stamford Bridge would cause more people to fall outside of the 15 min travel time to a community pharmacy. The potential consequences of pharmacy closures or further reductions in operating hours extend beyond inconvenience—they risk deepening health inequalities for isolated communities and those already disadvantaged by geography.

6.4.1 Service offered

Driffield lacks out-of-hours and Extended Hour pharmacy services. Residents near North Yorkshire and York borders likely use pharmacies in those areas, reflected in travel time mapping. The following data highlights the current situation. There is no distance selling premises in the area.

Table 19 Pharmacy Service type services in the Driffield and Wolds locality

Electoral Ward	Pharmacy	Out of Hours	Extended Hours Pharmacy	Distance Selling
Driffield and Rural	Allied Pharmacy Mill Street	No	No	No
Driffield and Rural	Boots Pharmacy	No	No	No
Driffield and Rural	Tesco Pharmacy	No	Yes	No
Pocklington Provincial	Boots Pharmacy	No	No	No
Pocklington Provincial	Boots Pharmacy	No	No	No
Pocklington Provincial	Cohens Chemist	No	No	No
Pocklington Provincial	Stamford Bridge Pharmacy	No	No	No

Source NHS Business Authority

The area's services are comparable to the county.

Table 20 details pharmacy services adopted. There are no providers of appliances similar to the county/national people contract providers directly. Pharmacy First has been positively received as shown in the engagement work done by HealthWatch. No pharmacies in Driffield and Wolds offer domiciliary care dispensing like most in the county. Overall, there is a consistent pattern in the range of pharmaceutical services provided within the locality, with most pharmacies offering a standard suite of services.

Table 20 Types of services offer by the pharmacies in the area

Ward	Pharmacy Trading Name	Domiciliary Medication Administration Record	Minor Ailment Scheme	Palliative Care	Pharmacy First	Hypertension Case Finding	Combined Pharmacy Contraception Service
Driffield and Rural	Allied Pharmacy Mill Street			N	Y	Y	Y
Driffield and Rural	Boots Pharmacy	Y	Y	N	Y	Y	Y
Driffield and Rural	Tesco Pharmacy	N	N	N	Y	Y	Y
Pocklington Provincial	Boots Pharmacy		N	N	Y	Y	Y
Pocklington Provincial	Boots Pharmacy		N	N	Y	Y	Y
Pocklington Provincial	Cohens Chemist				Y	Y	Y
Pocklington Provincial	Stamford Bridge Pharmacy						
Driffield and Rural	Allied Pharmacy Mill Street	Y	Y	N	Y	Y	Y

Source; NHS Humber North Yorkshire ICB, NHS Business Authority

Official - Sensitive

6.4.2 Opening hours

Table 21 shows the opening hours for pharmacies in Driffield and Wolds area.

The area is well-served for pharmacies, and while it does not have any 100 hours pharmacy, it does have one provider that opens extended hours until 7pm and offers services on Sunday. This means pharmacies can be accessed seven days a week in this area.

Table 21 Current opening hours of the Pharmacy in the Driffield and Wolds Locality

Electoral Ward	Pharmacy	Opening Hours Mon	Opening Hours Tue	Opening Hours Wed	Opening Hours Thu	Opening Hours Fri	Opening Hours Sat	Opening Hours Sun
Driffield and Rural	Boots Pharmacy	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSE D
Driffield and Rural	Allied Pharmacy Mill Street	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSE D	CLOSE D
Driffield and Rural	Tesco Pharmacy	08:00-13:00; 13:40-19:00	08:00-13:00; 13:40-19:00	08:00-13:00; 13:40-19:00	08:00-13:00; 13:40-19:00	08:00-13:00; 13:40-19:00	08:00-13:00; 13:40-19:00	10:00-16:00
Pocklington Provincial	Boots Pharmacy	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	CLOSE D
Pocklington Provincial	Boots Pharmacy	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	09:00-14:00	CLOSE D
Pocklington Provincial	Cohens Chemist	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-12.30	CLOSE D
Pocklington Provincial	Stamford Bridge Pharmacy	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	CLOSE D

Source NHS Business Authority

6.4.3 Dispensing activity

A total of 1,414,625 items were prescribed by the Driffield and Wolds area practices in the last full year of 2024. When pooling the items across the five-year period, the percentage breakdown of where prescriptions were dispensed is as follows:

- 92.3% of Driffield and Wolds practice items were dispensed by Driffield and Wolds area pharmacies
- Bridlington based pharmacies represented the next largest group, accounting for 1.71%.
- 4.9% of items were dispensed by one of the over 400 distance selling premises elsewhere in England.
- Just under 0.5% were dispensed in community pharmacies outside the East Riding.
- The remaining small percentages were dispensed with a volume of less than 0.1% in other East Riding areas.

6.4.4 Car ownership

Results from the 2021 Census highlighted that the wards within the Driffield and Wolds area had a significantly lower proportion of households with no access to a car or van compared to the East Riding average (15.8%). Proportions within the area varied from 8.1% in East Wolds and Coastal having no car or van to 16.3% in Driffield and Rural.

Table 22 Ward based household car ownership from the Census 2021

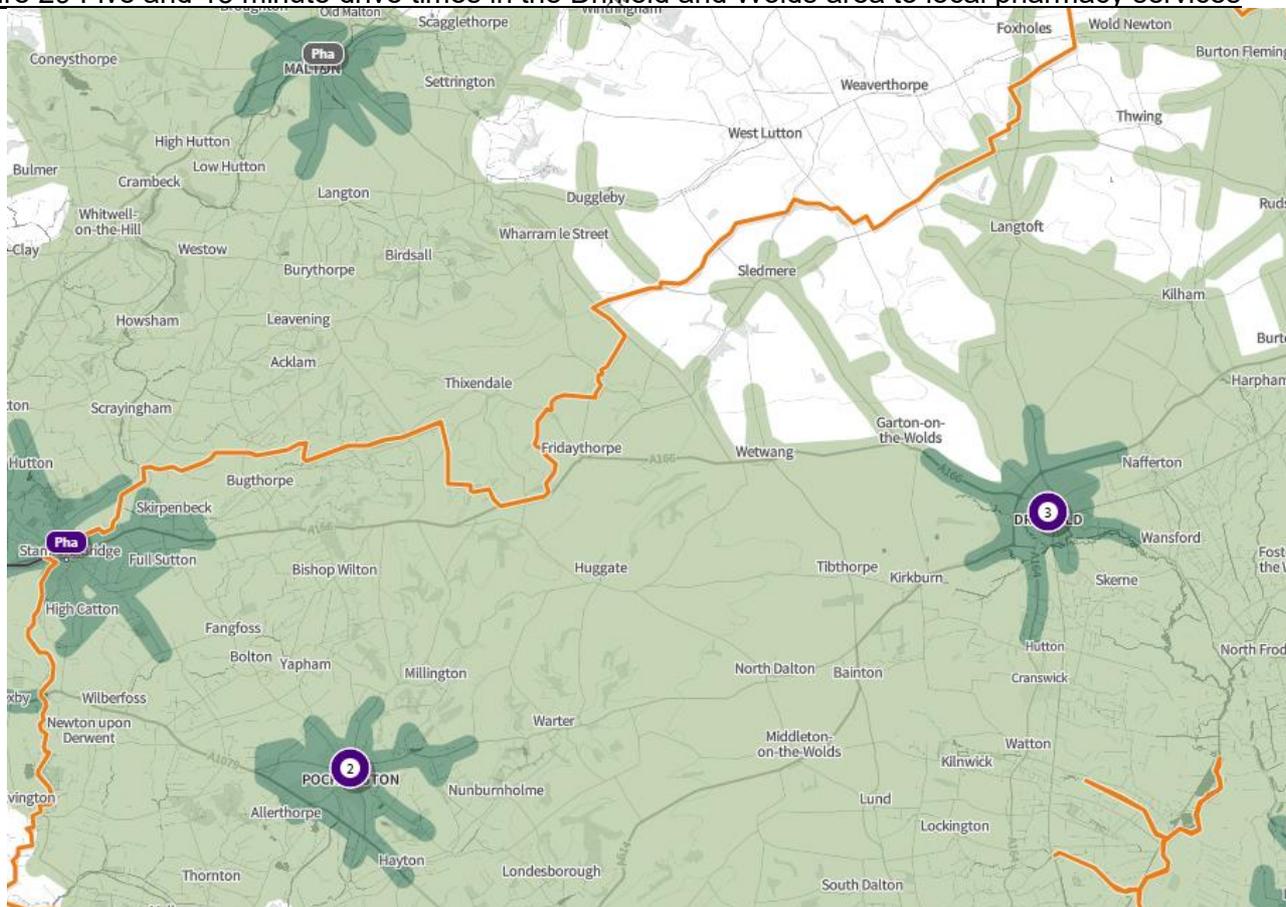
Ward	All households	No cars or vans in household	1+ cars or vans in household	% No car households	Compared to ERY
Driffield & Rural	7,162	1,165	5,997	16.3%	Similar
East Wolds & Coastal	6,463	524	5,939	8.1%	Lower
Pocklington Provincial	8,308	1,054	7,254	12.7%	Lower
Wolds Weighton	7,169	605	6,564	8.4%	Lower
Driffield & Wolds total	29,102	3,348	25,754	11.5%	Lower

East Riding of Yorkshire	152,063	23,995	128,068	15.8%	
Yorkshire & The Humber	2,330,658	564,965	1,765,693	24.2%	Higher
England	23,436,086	5,516,098	17,919,988	23.5%	Higher

6.4.5 Travel time

As shown above, car ownership in the community is higher than the East Riding average, with variability between wards. As seen below, there are a few gaps for 15 minute drive times to a local pharmacy. The area is the rural Wolds, with the community of Wold Newton being one of those outside of a 15 minute drive to a local community pharmacy within the East Riding or neighbouring North Yorkshire. Just as a reminder the grey labels “Pha” are neighbouring authority pharmacies, and the purple are East Riding based pharmacies.

Figure 29 Five and 15 minute drive times in the Driffield and Wolds area to local pharmacy services



Source DHSC SHAPE Place Atlas

6.5 Goole and Howden

In the Goole and Howden area there are no out-of-hours services, one pharmacy offers extended hours, with one pharmacy in the area opening on a Sunday.

The area has not experienced pharmacy closures since the 2022 PNA, though, as in other areas, there have been reductions in both core and supplementary opening hours. Should any pharmacy close, it would be important for the remaining pharmacy provision to be reviewed to ascertain if the lost capacity could be absorbed and ensure that essential services—including Pharmacy First, hypertension case-finding, contraception advanced services, and influenza vaccinations—remain accessible.

Whilst travel time would not be greatly affect for most in the locality by any closure, the Howden, Gilberdyke or Snaith pharmacy closures would cause significant change and requirement for people to drive to a pharmacy. Coupled with the fact that the Howden and Goole this communities are set to grow; in the life of this needs assessment no future gaps are anticipated.

6.5.1 Services offered

Table 23 Pharmacy Service type in the Goole and Howden locality

Electoral Ward	Pharmacy	Out of Hours	Extended Hours Pharmacy	Distance Selling
Goole North	Allied Pharmacy Goole	No	No	No
Goole North	Stone Pharmacy	No	No	No
Goole North	Tesco Pharmacy	No	Yes	No
Goole South	Boots Pharmacy	No	No	No
Goole South	Stone (Coggrave) Pharmacy	No	No	No
Goole South	Stone Pharmacy	No	No	No
Howden	Boots Pharmacy	No	No	No
Howdenshire	Boots Pharmacy	No	No	No
Howdenshire	Holme Pharmacy	No	No	No
Snaith, Airmyn, Rawcliffe and Marshland	Day Lewis Pharmacy	No	No	No

Source NHS Business Authority

Table 24 provides detailed information about the services available in the Goole and Howden communities. Unlike other areas that have at least one EL23 domiciliary dispensing service, none of the pharmacies in Goole and Howden offer palliative care services

Table 24 Types of services offer by the pharmacies in the Goole and Howden locality

Ward	Pharmacy Trading Name	Domiciliary Medication Administration Record	Minor Ailment Scheme	Palliative Care	Pharmacy First	Hypertension Case Finding	Combined Pharmacy Contraception Service
Goole North	Allied Pharmacy Goole	Y	N	Y	Y	Y	Y
Goole North	Stone Pharmacy	Y	N	Y	Y	Y	Y
Goole North	Tesco Pharmacy	Y	N	Y	Y	Y	Y
Goole South	Boots Pharmacy	Y	N	Y	Y	Y	Y
Goole South	Stone (Coggrave) Pharmacy	Y	N	Y	Y	Y	Y
Goole South	Stone Pharmacy	Y	N	Y	Y	Y	Y
Howden	Boots Pharmacy	Y	N	Y	Y	Y	Y
Howdenshire	Boots Pharmacy	Y	N	Y	Y	Y	Y
Howdenshire	Holme Pharmacy	Y	Y	Y	Y	Y	Y
Snaith, Airmyn, Rawcliffe and Marshland	Day Lewis Pharmacy	Y	N	Y	Y	Y	Y

Official - Sensitive

Source: NHS Humber North Yorkshire ICB, NHS Business Authority

6.5.2 Opening hours

Table 25 shows the opening hours for pharmacies in Goole and Howden area.

The area has several pharmacies, including one open 78 hours a week offering seven-day service. This pharmacy offers dispensing, consultations, immunisations, and health blood pressure checks. Other pharmacies are open on Saturdays, ensuring daily access. They are conveniently located throughout the community for easy access.

Table 25 Current opening hours of the Pharmacy in the Goole and Howden Locality

Electoral Ward	Pharmacy	Opening Hours Mon	Opening Hours Tue	Opening Hours Wed	Opening Hours Thu	Opening Hours Fri	Opening Hours Sat	Opening Hours Sun
Goole North	Allied Pharmacy Goole	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
Goole North	Stone Pharmacy	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	CLOSED	CLOSED
Goole North	Tesco Pharmacy	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
Goole South	Boots Pharmacy	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-16:00	CLOSED
Goole South	Stone (Coggrave) Pharmacy	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:30	CLOSED
Goole South	Stone Pharmacy	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	08:30-12:30; 13:30-17:30	CLOSED	CLOSED
Howden	Boots Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	CLOSED
Howdenshire	Boots Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-16:00	CLOSED
Howdenshire	Holme Pharmacy	08:30-12:30; 14:00-18:00	08:30-12:30; 14:00-18:00	08:30-12:30; 14:00-18:00	08:30-12:30; 14:00-18:00	08:30-12:30; 14:00-18:00	CLOSED	CLOSED
Snaith, Airmyn, Rawcliffe and Marshland	Day Lewis Pharmacy	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	CLOSED	CLOSED

Source NHS Business Authority

6.5.3 Dispensing activity

A total of 1,342,355 items were prescribed by the Goole and Howden area practices in the last full year of 2024.

When pooling the items across the five-year period, the percentage breakdown of where prescriptions were dispensed is as follows:

- 86.1% of Goole and Howden practice items were dispensed by Goole and Howden area pharmacies
- Haltemprice based pharmacies represented the next largest locality group, accounting for 0.45%.
- 5.2% of items were dispensed by one of the over 400 distance selling premises elsewhere in England. The largest area in the county accessing distance selling premises.
- 7.5% were dispensed in community pharmacies outside the East Riding.
- The remaining small percentages were dispensed with a volume of less than 0.1% in other East Riding areas.

6.5.4 Car ownership

Households with no car or vans within the Goole and Howden area is significantly higher than the East Riding average (16.9% compared to 15.8%). There is a substantial contrast between the wards of the area, which varies from 8.3% of households with no car or van in Snaith, Airmyn, Rawcliffe and Marshland to almost a third within Goole South, one of the East Riding's most deprived wards. Despite low car ownership, this urban area benefits from strong local provision, ensuring residents can reach amenities and services easily. Public transport and walking routes further support access for everyone.

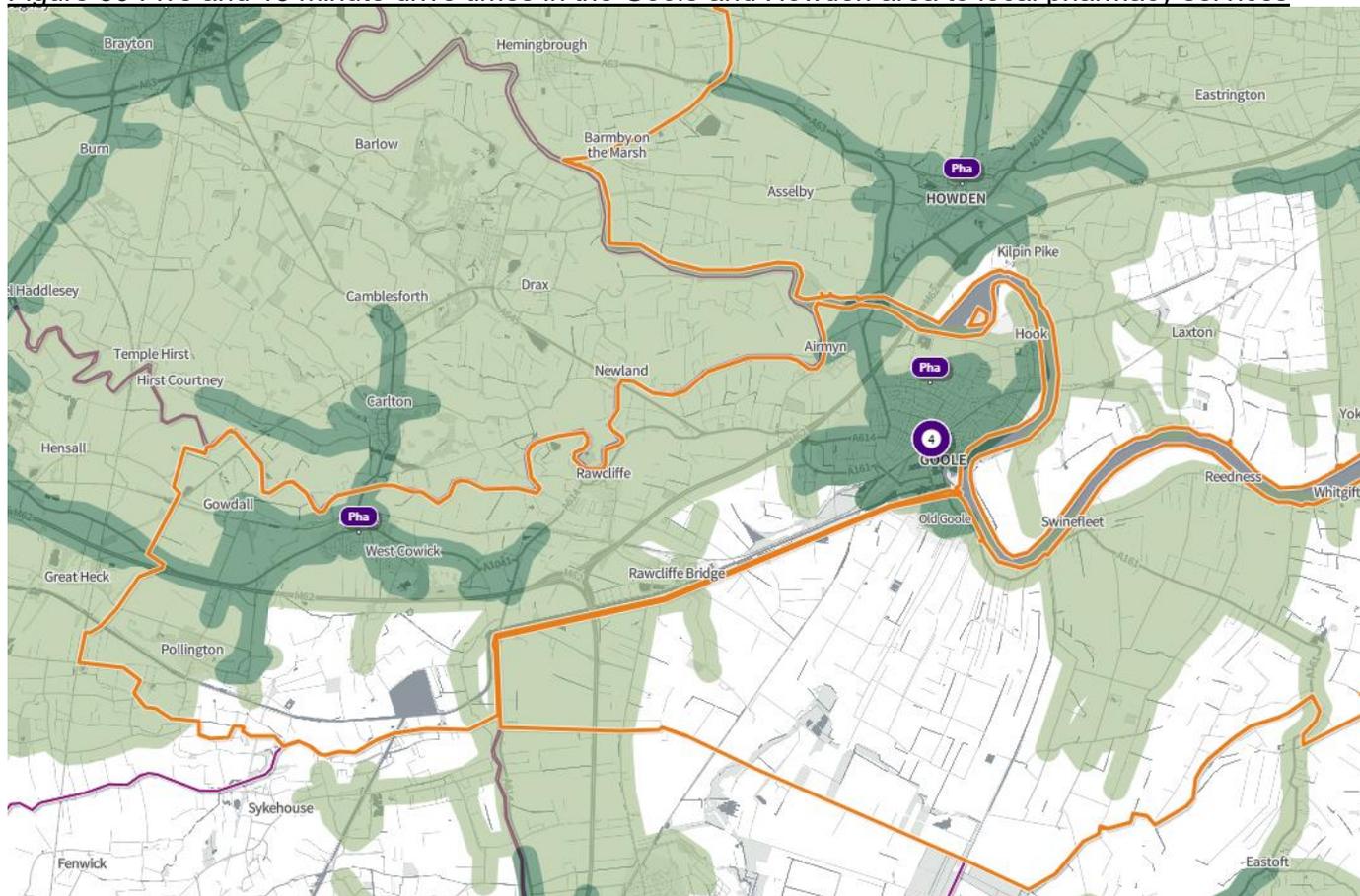
Table 26 Ward based household car ownership from the Census 2021

Ward	All households	No cars or vans in household	1+ cars or vans in household	% No car households	Compared to ERY
Goole North	4,812	1,089	3,723	22.6%	Higher
Goole South	4,667	1,522	3,145	32.6%	Higher
Howden	2,438	323	2,115	13.2%	Lower
Howdenshire	6,485	545	5,940	8.40%	Lower
Snaith, Airmyn, Rawcliffe and Marshland	4,276	353	3,923	8.3%	Lower
Goole and Howden total	22,678	3,832	18,846	16.9%	Higher
East Riding of Yorkshire	152,063	23,995	128,068	15.8%	
Yorkshire and The Humber	2,330,658	564,965	1,765,693	24.2%	Higher
England	23,436,086	5,516,098	17,919,988	23.5%	Higher

6.5.5 Travel time

Car ownership in the community exceeds the East Riding average, with variations across wards. There are gaps in 15-minute drive times to local pharmacies, particularly around Snaith, Goole and Rawcliffe Bridge, which are rural areas with low density outside the 15-minute drive radius to nearest pharmacies in East Riding or neighbouring North Lincolnshire and Doncaster. Additionally, the areas surrounding Laxton to the right of Figure 30 are again rural, low-density communities. The accessibility to services posed by the river creates longer drive times to the nearest pharmacy.

Figure 30 Five and 15 minute drive times in the Goole and Howden area to local pharmacy services



Source DHSC SHAPE Place Atlas

6.6 Haltemprice

Across Haltemprice there are no out-of-hours services no pharmacies offering extended hours, no pharmacies offer Sunday opening. The area has seen the closure of one pharmacy since the 2022 PNA.

As of mid-September 2025, an additional pharmacy opened in Cottingham, and provides services seven days a week.

As the primary hub in the area, Cottingham has three pharmacies, supporting not only its own residents but also those in surrounding villages such as Little Weighton and Skidby, maintaining a maximum travel time of fifteen minutes for service access. Historically, there have been challenges balancing dispensing capacity with patient demand, underscoring the continued need for at least two pharmacies delivering essential services, Pharmacy First, hypertension case-finding, contraception advanced services, and influenza vaccination advanced services. Operating in the hours of 08:00-17:00 Monday to Saturday and Sunday 09:00-13:00.

Part of the locality is made up of a more dispersed area to the west and a more urban area to the east. With good provision of pharmacies in the communities of Brough, Elloughton South Care, North Ferriby and Swanland

6.6.1 Service offered

Due to this community's proximity to Hull, many residents are registered with GPs in Hull and use Hull-based pharmacy services, meaning there is mutual dependence on these pharmacies between East Riding and Hull residents.

Table 27 Pharmacy Service type in the Haltemprice locality

Electoral Ward	Pharmacy	Out of Hours	Extended Hours Pharmacy	Distance Selling
Cottingham North	Jhoots Pharmacy	No	No	No
Cottingham North	Tennyson Pharmacy	No	No	No
Cottingham South	Boots Pharmacy	No	No	No
Dale	Boots Pharmacy	No	No	No
Dale	Brough Pharmacy	No	No	No
Dale	Elloughton Pharmacy	No	No	No
Hessle	Boots Pharmacy	No	No	No
Hessle	Cohens Chemist	No	No	No
Hessle	Hessle Pharmacy	No	No	No
South Hunsley	Boots Pharmacy	No	No	No
South Hunsley	Swanland Pharmacy	No	No	No
Tranby	Boots Pharmacy	No	No	No
Willerby and Kirk Ella	Willerby Pharmacy	No	No	No

Source NHS Business Authority

The services offered in the locality are similar to those in other parts of East Riding. Domiciliary care dispensing is unavailable here, unlike across East Riding. Urgent medical services are available at two pharmacies.

Table 28 Types of services offer by the pharmacies in the area

Ward	Pharmacy Trading Name	Domiciliary Medication Administration Record	Minor Ailment Scheme	Palliative Care	Pharmacy First	Hypertension Case Finding	Combined Pharmacy Contraception Service
Cottingham North	Jhoots Pharmacy	N	N	N	Y	Y	Y
Cottingham North	Tennyson Pharmacy	Y	Y	N	Y	Y	Y
Cottingham South	Boots Pharmacy	Y	Y	N	Y	Y	Y
Dale	Boots Pharmacy	Y	Y	N	Y	Y	Y
Dale	Brough Pharmacy				Y	Y	Y
Dale	Elloughton Pharmacy						
Hessle	Boots Pharmacy	Y	Y	N	Y	Y	Y
Hessle	Cohens Chemist	Y	Y	N	Y	Y	Y
Hessle	Hessle Pharmacy	Y	Y	N	Y	Y	Y
South Hunsley	Boots Pharmacy	Y	Y	N	Y	Y	Y
South Hunsley	Swanland Pharmacy	Y	N	N	Y	Y	Y
Tranby	Boots Pharmacy	Y	Y	N	Y	Y	Y
Willerby and Kirk Ella	Willerby Pharmacy				Y	Y	Y

Source; NHS Humber North Yorkshire ICB, NHS Business Authority

6.6.2 Opening hours

This area does not offer an Extended Hour service, but one pharmacy in Cottingham as of September 2025 opens on a Sunday. However, there is a comprehensive spread of services available on Saturdays. Due to the proximity to Hull and Goole, where urgent treatment options are accessible, residents are able to utilise these services. Nevertheless, this accessibility is heavily reliant on the availability of cars and public transport.

Table 29 Current opening hours of the Pharmacy in the Haltemprice Locality

Electoral Ward	Pharmacy	Opening Hours Mon	Opening Hours Tue	Opening Hours Wed	Opening Hours Thu	Opening Hours Fri	Opening Hours Sat	Opening Hours Sun
Cottingham North	Jhoots Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:45	CLOSED
Cottingham North	Tennyson Pharmacy	08:00-17:00	08:00-17:00	08:00-17:00	08:00-17:00	08:00-17:00	08:00-17:00	09:00-13:00
Cottingham South	Boots Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	CLOSED
Dale	Boots Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-14:00	CLOSED
Dale	Brough Pharmacy	08:30-18:15	08:30-20:30	08:30-18:15	08:30-18:15	08:30-18:15	09:00-17:00	CLOSED
Dale	Elloughton Pharmacy	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	09:00-13:30	CLOSED
Hessle	Boots Pharmacy	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-17:00	CLOSED
Hessle	Cohens Chemist	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	CLOSED
Hessle	Hessle Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	CLOSED
South Hunsley	Boots Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-11:30	CLOSED
South Hunsley	Swanland Pharmacy	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	09:00-13:00	CLOSED
Tranby	Boots Pharmacy	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:30-17:00	CLOSED
Willerby and Kirk Ella	Willerby Pharmacy	9:00-17:30	9:00-17:30	9:00-17:30	9:00-17:30	9:00-17:30	9:00-13:00	CLOSED

Source NHS Business Authority

6.6.3 Dispensing activity

A total of 1,811,476 items were prescribed by the Haltemprice area practices in the last full year of 2024. When pooling the items across the five-year period, the percentage breakdown of where prescriptions were dispensed is as follows:

- 76.2% of Haltemprice practice items were dispensed by Haltemprice area pharmacies
- Goole and Howden based pharmacies represented the next largest locality group, accounting for 5.9%.
- 5.0% of items were dispensed by one of the over 400 distance selling premises elsewhere in England.
- 11.5% were dispensed in community pharmacies outside the East Riding. This area being the largest accessing other authorities pharmacies.
- The remaining small percentages were dispensed with a volume of less than 0.5% in other East Riding areas.

6.6.4 Car ownership

Haltemprice overall, has a significantly lower proportion of households without access to a car or van than the East Riding (13.6% compared to 15.8%). South Hunsley has the lowest proportion within the Haltemprice area at 6.9%, in contrast Cottingham South households recorded the highest (19.9%, significantly higher than the East Riding average). Given this is a more urbanised area there are locally three pharmacies in Cottingham and good public transport routes that serve the community.

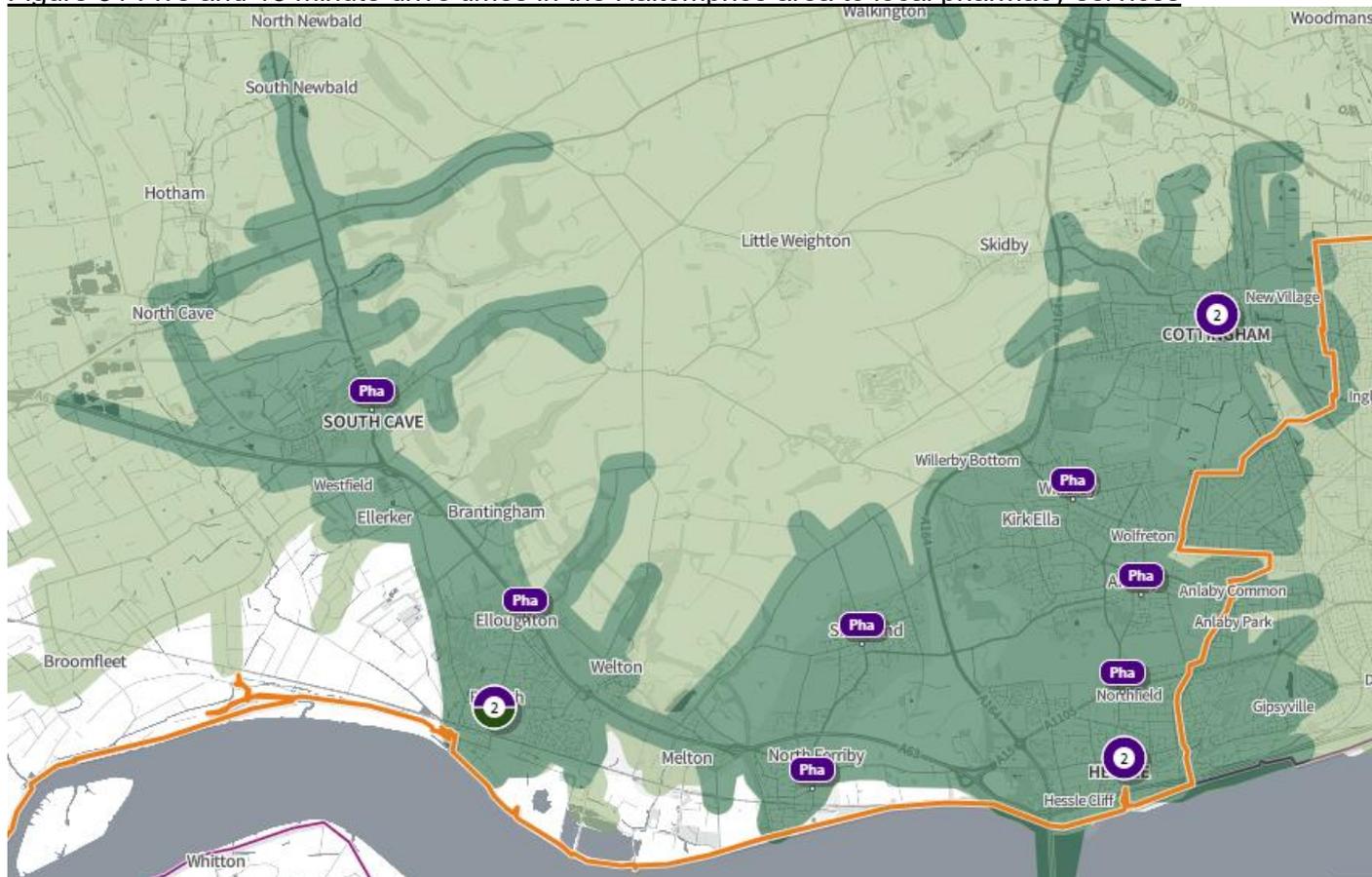
Table 30 Ward based household car ownership from the Census 2021

Ward	All households	No cars or vans in household	1+ cars or vans in household	% No car households	Compared to ERY
Cottingham North	3710	589	3121	15.9%	Similar
Cottingham South	4327	860	3467	19.9%	Higher
Dale	7408	628	6780	8.5%	Lower
Hessle	6795	1196	5599	17.6%	Higher
South Hunsley	4483	311	4172	6.9%	Lower
Tranby	4596	824	3772	17.9%	Higher
Willerby and Kirk Ella	5899	649	5250	11.0%	Lower
Haltemprice total	37218	5057	32161	13.6%	Lower
East Riding of Yorkshire	152,063	23,995	128,068	15.8%	
Yorkshire and The Humber	2,330,658	564,965	1,765,693	24.2%	Higher
England	23,436,086	5,516,098	17,919,988	23.5%	Higher

6.6.5 Travel time

Figure 31 shows that Haltemprice has good coverage for 5-minute and 15-minute drive times to community pharmacies, with only the rural communities towards the Humber bank being outside of the 15-minute drive time. As shown above, car ownership in the community is lower than the East Riding average, with variability between wards.

Figure 31 Five and 15 minute drive times in the Haltemprice area to local pharmacy services



Source DHSC SHAPE Place Atlas

6.7 Holderness

The Holderness area has two Extended hour pharmacies in Hornsea, with no out-of-hours or distance selling premises in the area. As with other areas Holderness has seen reductions in core and supplementary opening hours. While pharmacy services are generally adequate, their locations are dispersed, making evening and weekend access difficult for nearby communities. If a pharmacy closes in Patrington or Thorgumbald, over 1,500 more people would need to drive more than 15 minutes to reach one.

If there were to be a closure in Patrington this change would result in a gap for dispensing services, help and advice services, contraception services, pharmacy first service, and any future NHS E named versions of these services. The service would be required during opening hours, which are Monday, Tuesday, Thursday and Friday 09:00 to 18:00 with Wednesday opening 09:00 to 13:00.

If there were to be a closure in Thorgumbald this change would result in a gap for dispensing services, help and advice services, contraception services, pharmacy first service, and any future NHS E named versions of these services. The service would be required during opening hours, which are Monday to Friday 09:00 to 17:30 with Saturday opening 09:00 to 13:00.

The Health and Wellbeing Board has noted that the pharmacy that used to provide services at 55A Newbegin, Hornsea closed with effect from 1 April 2025 because of a successful consolidation application. The Health and Wellbeing Board remains of the opinion that the removal of this pharmacy from the East Riding of Yorkshire pharmaceutical list has not created a gap in pharmaceutical services that could be met by a routine application to meet a current or future need for pharmaceutical services, or to secure improvements, or better access, to pharmaceutical services.

6.7.1 Service offered

There are two extended hour pharmacies and one pharmacy that opens on a Sunday.

Table 31 Pharmacy Service type for the Holderness area

Electoral Ward	Pharmacy	Out of Hours	Extended Pharmacy	Distance Selling
North Holderness	B A Whittle Chemist	No	No	No
North Holderness	Day Lewis Pharmacy	No	No	No
North Holderness	Tesco Pharmacy	No	Yes	No
South East Holderness	Boots Pharmacy	No	No	No
South East Holderness	Boots Pharmacy	No	No	No
South East Holderness	Patrington Pharmacy	No	No	No
South West Holderness	Boots Pharmacy	No	No	No
South West Holderness	East Riding Pharmacy	No	Yes	No
South West Holderness	Jhoots Pharmacy	No	No	No

Source NHS Business Authority

Table 32 Types of services offer by the pharmacies in the Holderness area

Ward	Pharmacy Trading Name	Domiciliary Medication Administration Record	EL23 - Domiciliary Care Dispensing	Minor Ailment Scheme	Palliative Care	Pharmacy First	Hypertension Case Finding	Combined Pharmacy Contraception Service
North Holderness	B A Whittle Chemist	Y	N	Y	Y	Y	Y	Y
North Holderness	Day Lewis Pharmacy	Y	N	Y	N	Y	Y	Y
North Holderness	Tesco Pharmacy	Y	N	Y	N	Y	Y	Y
South East Holderness	Boots Pharmacy	Y	N	Y	N	Y	Y	Y
South East Holderness	Boots Pharmacy	Y	N	Y	Y	Y	Y	Y
South East Holderness	Patrington Pharmacy	Y	N	Y	N	Y	Y	Y
South West Holderness	Boots Pharmacy	Y	N	Y	N	Y	Y	Y
South West Holderness	East Riding Pharmacy	Y	N	Y	Y	Y	Y	Y
South West Holderness	Jhoots Pharmacy					Y	Y	Y

Source; NHS Humber North Yorkshire ICB, NHS Business Authority

6.7.2 Opening hours

Table 33 shows the opening hours for pharmacies in the Holderness area.

The area has reliable weekly coverage. The Extended Hour pharmacy is the only one in the locality that operates on Sunday. The Saturday coverage is good for the area.

Table 33 Current opening hours of the Pharmacy in the Beverley Locality

Electoral Ward	Pharmacy	Opening Hours Mon	Opening Hours Tue	Opening Hours Wed	Opening Hours Thu	Opening Hours Fri	Opening Hours Sat	Opening Hours Sun
North Holderness	B A Whittle Chemist	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:30	CLOSED
North Holderness	Day Lewis Pharmacy	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:00-12:30	CLOSED
North Holderness	Tesco Pharmacy	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
South East Holderness	Boots Pharmacy	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00	CLOSED
South East Holderness	Boots Pharmacy	08:30-17:30	08:30-17:30	13:00-17:30	08:30-17:30	08:30-17:30	08:30-15:00	CLOSED
South East Holderness	Patrinton Pharmacy	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
South West Holderness	Boots Pharmacy	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	09:00-13:00; 14:00-17:00	CLOSED
South West Holderness	East Riding Pharmacy	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	CLOSED
South West Holderness	Jhoots Pharmacy	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
North Holderness	B A Whittle Chemist	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:30	CLOSED

Source NHS Business Authority

6.7.3 Dispensing activity

A total of 1,520,947 items were prescribed by the Holderness area practices in the last full year of 2024. When pooling the items across the five-year period, the percentage breakdown of where prescriptions were dispensed is as follows:

- 92.0% of Holderness practice items were dispensed by Holderness area pharmacies
- Bridlington based pharmacies represented the next largest locality group, accounting for 0.12%.
- 3.7% of items were dispensed by one of the over 400 distance selling premises elsewhere in England.
- 4.0% were dispensed in community pharmacies outside the East Riding. This area being the largest accessing other authorities pharmacies.
- The remaining small percentages were dispensed with a volume of less than 0.1% in other East Riding areas.

6.7.4 Car ownership

At 14.2%, the Holderness area has a significantly lower percentage of households with no cars or vans in households than the East Riding overall. Residents in Mid Holderness reported the lowest proportion (a significantly lower than East Riding average of 8.1%) whilst those in South East Holderness (one of the East Riding's most deprived wards) recorded a significantly higher than East Riding average of 19%. The South East Holderness ward comprises Withernsea, which has two pharmacies. Partington also has a pharmacy, as well as dispensing practice branches. This means that many residents without their own transport are in walking distance or have access via public transport which routes to these hub communities.

Table 34 Ward based household car ownership from the Census 2021

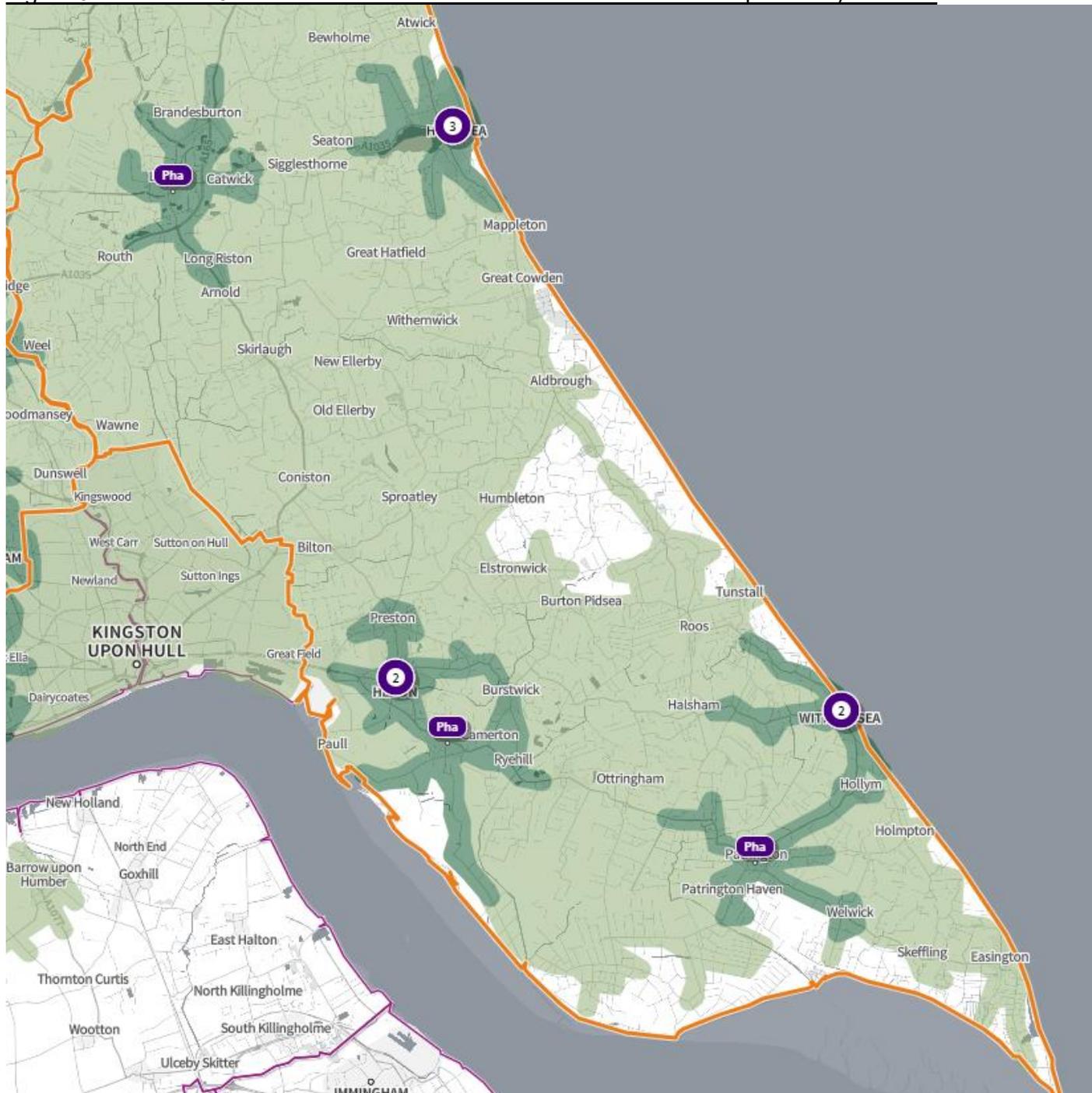
Ward	All households	No cars or vans in household	1+ cars or vans in household	% No car households	Compared to ERY
Mid Holderness	6044	490	5554	8.1%	Lower
North Holderness	4701	736	3965	15.7%	Similar
South East Holderness	6564	1248	5316	19.0%	Higher
South West Holderness	6381	900	5481	14.1%	Lower
Holderness wards total	23690	3374	20316	14.2%	Lower
East Riding of Yorkshire	152,063	23,995	128,068	15.8%	
Yorkshire & The Humber	2,330,658	564,965	1,765,693	24.2%	Higher
England	23,436,086	5,516,098	17,919,988	23.5%	Higher

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6.7.5 Travel time

Car ownership in the community is lower than the East Riding average, with variations across wards. There are some small gaps in 15-minute drive times to local pharmacies, the extremities of the Holderness plain toward the Humber bank and Spurn point. The rural area north of Burton Pidsea similarly to areas in the Goole and Howden locality is outside the 15 minute drive time to a community pharmacy.

Figure 32 Five and 15 minute drive times in the Holderness area to local pharmacy services



Source DHSC SHAPE Place Atlas

7 Public Engagement Findings

7.1 General Public

Healthwatch has supported the public engagement around people's needs from community pharmacies, and the results are available on the HealthWatch East Riding website. This initiative aims to gather insights into the accessibility and services provided by local pharmacies, ensuring that the healthcare needs of the community are adequately met. The full and details report is available at East Riding JSNA website [Healthwatch Insights Report: Pharmaceutical Needs Assessment \(PNA\) 2025 - East Riding JSNA](#)

7.1.1 Preferred times and days for Pharmacy visits

Weekdays (Monday-Friday) were the most convenient for the majority of respondents, although weekends were frequently mentioned.

For all days of the week, the times of 9am-12pm, 12pm-2pm, and 2pm-6pm were seen as preferred times for respondents to visit the pharmacy. There was demand for pharmacies to be open before 9am and after 6pm on weekdays, highlighting the demand for a slightly great spread of hours for services than the traditional office working hours. There was also mention of accessibility issues to pharmacies during lunch time hours, patient preference was mentioned for pharmacies being open these times. The Health and Wellbeing notes this but finds no gap in necessary services.

7.1.2 Ease of Access

Respondents said that factors influencing them to attend a pharmacy include being close to home, their GP, and shops. Parking and the importance of the convenience of this was mentioned by many respondents. Increased engagement with pharmacies was also mentioned by respondents when pharmacies have the necessary items in stock that they need.

7.1.3 Challenges and Issues

Respondents of the survey said that there are often long wait times, the “service is too slow”, there are stock issues, and staffing issues relating to changing staff or lack of pharmacists.

In the discussion box of the survey, it was mentioned by individuals the increased pressure on remaining pharmacies when there is a closure of a pharmacy.

It was highlighted by respondents that they seek pharmacies for health advice, vaccinations, and disposing of unwanted medicines.

7.2 Pharmacy Contractors

Overall, the response rate from the pharmacy contractors in the East Riding was low; only 10 out of 58 responded to the standard survey questions which asked what type of services are offered and accessibility within their communities.

The response indicates that applicable consumables can be ordered, but this conflicts with both the contractual framework and the Integrated Care Board's expectations for county-wide service. Such discrepancies highlight the importance of strict contract adherence and clear communication to ensure consistent and effective healthcare delivery across the county.

Table 35 Question 7 from the Survey

Are prescriptions for appliances dispensed at the premises?

		Response Percent	Response Total
1	Yes, all types	100.00%	10
2	Yes, excluding stoma appliances	0.00%	0
3	Yes, excluding incontinence appliances	0.00%	0
4	Yes, excluding stoma and incontinence appliances	0.00%	0
5	Yes, just dressings	0.00%	0
6	No - appliances are not dispensed	0.00%	0

Table 36 Question 10 from the Survey

Due to the small sample size, it is challenging to accurately estimate the need for different languages. However, having worked with general practices in the Goole area, it is no surprise to see the necessity for Spanish and Portuguese languages, given the growing population of people speaking these languages in the area.

Apart from English, which other languages, if any, are available to patients from staff at the premises every day?(Please select the main languages spoken)

		Response Percent	Response Total
1	Sign Language	0.00%	0
2	Arabic	0.00%	0
3	Bulgarian	0.00%	0
4	Latvian	0.00%	0
5	Lithuanian	0.00%	0
6	Polish	0.00%	0
7	Portuguese	10.00%	1
8	Romanian	0.00%	0
9	Russian	0.00%	0
10	Spanish	10.00%	1
11	Turkish	0.00%	0
12	None / English only	80.00%	8
13	Other languages available to patients (please specify):	10.00%	1

7.3 Dispensing General Practices

The dispensing doctors' response rate was much higher than the community pharmacies, with 7 out of the 12 practices responding to the questionnaire, as detailed in Appendix H. Of these, 5 practices are able to prescribe all appliances, while 2 can supply all but stoma and incontinence appliances. In response to future needs, the practices have consistently indicated that staffing and premises challenges will hinder their ability to meet the increasing demand for their services.

Table 37 Question 6 responses from the dispensing doctors surveys

6.1. We have sufficient capacity to manage the increase in demand in our area.		Response Percent	Response Total
1	Premises	25.0%	1
2	Staffing levels	75.0%	3
6.2. We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.		Response Percent	Response Total
1	Premises	66.7%	2
2	Staffing levels	33.3%	1
6.3. We don't have sufficient capacity and would have difficulty in managing an increase in demand.		Response Percent	Response Total
1	Premises	66.7%	2
2	Staffing levels	33.3%	1

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8 Conclusion

8.1 East Riding Summary

The current provision of pharmaceutical services in East Riding is deemed adequate by the Health and Wellbeing Board, with no significant gaps identified in necessary services as of October 2025. Recent changes include the closure of the pharmacy at 55A Newbegin, Hornsea due to a consolidation application, and the opening of Tennyson Pharmacy in Cottingham, which has helped improve local access. The Health and Wellbeing Board has highlighted that any total and permanent closures in the communities of Leven, Thorngumbald, or Patrington would create a future need for specified services, on certain days, at certain times. At present, the area is sufficiently covered, particularly considering the region's demographic and deprivation patterns.

8.1.1 Statement one: Necessary services: Current provision

The health and wellbeing board has defined necessary services as:

- essential services, and dispensing appliance contractor equivalent services, provided at or from the premises included in the pharmaceutical lists,
- the advanced services of Pharmacy First, hypertension case-finding, contraception service, and lateral flow device tests supply, and
- the dispensing service provided by some GP practices.

Preceding sections of this document have set out the provision of these services in East Riding of Yorkshire local authority area. Providers of these services who are located outside of East Riding of Yorkshire local authority area have also been identified.

The current provision of necessary pharmaceutical services in East Riding is considered adequate. The Health and Wellbeing Board has assessed service levels, noting recent changes such as pharmacy closures and openings, and has taken into account the possible implications of any future closures in key areas. At present, residents have sufficient access to essential pharmaceutical care.

8.1.2 Statement two: Necessary services: Gaps in provision

At the time of writing in October 2025, the Health and Wellbeing Board (HWB) identified no current gaps in the necessary services in the East Riding, with current provision deemed sufficient to meet the needs of the population. These services are thought adequate, taking into account such factors as the local demography and deprivation patterns.

The Health and Wellbeing Board (HWB) noted that the pharmacy at 55A Newbegin, Hornsea closed on 1 April 2025 following a successful consolidation application. The application was granted by the Integrated Care Board as to do so would not create a gap in pharmaceutical services provision that could be met by a routine application to meet a current or future need for pharmaceutical services, or to secure improvements, or better access, to pharmaceutical services. The HWB remains of the opinion that this consolidation did not create a gap that could be met by the grant of a routine application.

The Health and Wellbeing Board also noted the opening of Tennyson Pharmacy in Cottingham on 27 September 2025.

Current provision of necessary services is considered adequate for the population served, with no gaps identified at present. The existing services are regarded as sufficient to meet local needs, reflecting the area's demographic profile and levels of deprivation.

If there were to be a closure in Leven, this change would result in a gap for dispensing services, help and advice services, contraception services, pharmacy first service, and any future NHS E named versions of these services. The service would be required during opening hours, which are Monday to Friday from 08:30 to 18:00 and Saturday from 08:30 to 12:30.

If there were to be a closure in Patrington this change would result in a gap for dispensing services, help and advice services, contraception services, pharmacy first service, and any future NHS E named versions of these services. The service would be required during opening hours, which are Monday, Tuesday, Thursday and Friday 09:00 to 18:00 with Wednesday opening 09:00 to 13:00.

If there were to be a closure in Thorngumbald this change would result in a gap for dispensing services, help and advice services, contraception services, pharmacy first service, and any future NHS E named versions of these services. The service would be required during opening hours, which are Monday to Friday 09:00 to 17:30 with Saturday opening 09:00 to 13:00.

8.1.3 Statement three: Other relevant services: Current provision

For the purposes of this pharmaceutical needs assessment, the health and wellbeing board has agreed that other relevant services are:

- new medicine service,
- appliance use reviews,
- stoma appliance customisation,
- seasonal influenza vaccination service,
- NHS smoking cessation service,
- inhaler technique review service,
- palliative care service in extended hours pharmacies, and
- minor ailments service.

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Preceding sections of this document have set out the provision of these services in the East Riding of Yorkshire local authority area. Providers of these services who are located outside of East Riding of Yorkshire local authority area have also been identified.

8.1.4 Statement four: Improvements and better access: Gaps in provision

At the time this PNA was developed, no current gaps were identified in the provision of the advanced or enhanced services.

There is currently no provision for appliance use reviews (AUR) or stoma appliance customisation service in hospitals. The Health and Wellbeing Board has noted that the number of appliances being prescribed by the GP practices will be considerably lower than for drugs and therefore the demand for these two services will be considerably lower than for the other advanced services. In addition, not all stoma appliances require customisation. Appliances prescribed by the GP practices will be dispensed by a dispensing appliance contractor outside of the area. The Health and Wellbeing Board is therefore of the opinion that who are prescribed an appliance will be able to access the appliance use review from the contractor who dispenses their prescriptions. Similarly, the stoma appliance customisation service will be provided by that contractor where it is required, before the items are delivered to residents. The Health and Wellbeing Board is therefore satisfied that there are no gaps in the provision of either service.

8.1.5 Statement five: Other NHS services

Chapter 5 confirms that there are no identified gaps in the provision of hospital pharmacy or GP out-of-hours services in East Riding of Yorkshire. Current arrangements sufficiently meet local needs, and services like appliance use reviews and stoma appliance customisation are accessible through contractors as required.

8.1.6 Statement six: How the assessment was carried out

This assessment has been performed using health needs information obtained from East Riding's Joint Strategic Needs Assessment.

In addition, prescribing and dispensing data was provided by the Humber and North Yorkshire Integrated Care Board (ICB). This was supplemented with results from a questionnaire on pharmacy services sent to all community pharmacy contractors in the county.

All data were considered by the PNA steering group, which comprised representatives from the Local Pharmaceutical Committee, Local Medical Committee, East Riding of Yorkshire Council's Public Health Team, East Riding of Yorkshire Council's Insight and Intelligence Team, Healthwatch East Riding of Yorkshire, and the Humber and North Yorkshire ICB, under the direction of the Director of Public Health. Decisions were made by consensus, and the main drafts were scrutinised by the Health and Wellbeing Board.

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8.1.7 Map of Provision in the East Riding

A mapping of pharmacy provision in the East Riding area can be viewed at the following link: [Pharmaceutical Needs Assessment - East Riding JSNA](#)

This PNA has described the pharmaceutical needs and service delivery in terms of the East Riding community partnerships where possible. These were chosen due to the breadth of intelligence available and the fact that they represent shared geography for both the Local Authority and ICB. It was also considered practical to use the same boundaries that the Council and ICB use for their planning and development.

The differences in East Riding regarding health status, age-sex breakdown, and deprivation scores, together with other information on protected characteristics from the Equality Act 2010, were highlighted to tease out the implications for pharmaceutical need. The Pharmacy Contractor survey specifically asked if respondents were aware of any issues related to protected characteristics.

8.2 Future services and needs

The contraception advanced service is being expanded from October to include Emergency Hormonal Contraception.

The East Riding Local Plan Update (2025) sets out how many new houses are planned in the East Riding and where these will be located. Future housing provision are planned to include at least 20,900 additional dwellings (1,100 dwellings per annum) in the East Riding from 2020 to 2039. Assuming the per annum target is met this will be around 3,300 homes in the life of this PNA. The health and wellbeing board anticipate that the existing pharmacies will be able to meet this demand.

The national contract settlement for community pharmacies plays a crucial role in shaping the service provision and operational standards within these facilities. This settlement outlines the framework for funding, service requirements, and quality standards that pharmacies must adhere to, ensuring that they are equipped to meet the evolving healthcare needs of the population. The contract encourages innovation and the expansion of services, such as the introduction of Enhanced/Advanced services, which are vital for addressing gaps in service provision and improving access to healthcare.

As the role of pharmacists within the NHS continues to evolve, their responsibilities are expanding beyond traditional dispensing duties. Pharmacists are increasingly involved in direct patient care, providing clinical advice, managing long-term conditions, and participating in public health initiatives. This shift necessitates adequate support in terms of funding and resources for pharmacies to manage the increased workload effectively and to ensure that pharmacists can deliver high-quality, patient-centred care.

8.2.1 Additional Findings

Recognising that advanced services and local authority services are discretionary, and there are no current gaps, any opportunities to influence and encourage the existing providers to increase uptake should be taken to improve the provision to the population of the East Riding.

- There are opportunities for increased access in locally commissioned East Riding of Yorkshire Local Authority discretionary services particularly needle exchange and supervised consumption in the East Riding.

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9 Appendices

Appendix A – policy context and background papers

Between the 1980s and 2012 the ability for new pharmacy or dispensing appliance contractor premises to open was largely determined by the regulatory system that became known as ‘control of entry’. Broadly speaking an application to open new premises was only successful if a primary care trust or a preceding organisation considered it was either necessary or expedient to grant the application in order to ensure that people could access pharmaceutical services.

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the ‘necessary or expedient’ test were introduced – namely 100 hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies. In January 2007 a review of the system was published by the government¹, and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could access a pharmacy within 20 minutes, including in deprived areas²), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process.

Primary care trusts believed that they did not have sufficient influence to commission pharmaceutical services that reflected the health needs of their population. This was at odds with the thrust of the then NHS reforms which aimed to give primary care trusts more responsibility to secure effective commissioning of adequate services to address local priorities.

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services³. One of the recommendations of this second review was that primary care trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow primary care trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

The government responded to the outcomes of both reviews, as well as a report by the All-Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper “Pharmacy in England. Building on strengths – delivering the future” published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However it was recognised that at the time there was considerable variation in the scope, depth and breadth of pharmaceutical needs assessments. Some primary care trusts had begun to revise their pharmaceutical needs assessments (first produced in 2004) in light of the 2006 re-organisations, whereas others had yet to start the process. The White Paper confirmed that the government considered that the structure of, and data requirements for, primary care trusts pharmaceutical needs assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported primary care trusts decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health and Social Care established an advisory group with representation from the main stakeholders. The terms of reference for the group were as follows.

¹ [Review of progress on reforms in England to the “Control of Entry” system for NHS pharmaceutical contractors](#). Department of Health 2007

² [Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008](#)

³ [Review of NHS pharmaceutical contractual arrangements](#). Anne Galbraith 2007

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for pharmaceutical needs assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all primary care trusts to produce their first pharmaceutical needs assessment which complied with the requirement of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second pharmaceutical needs assessment no later than three years after the publication of the first pharmaceutical needs assessment. The group also drafted regulations on how pharmaceutical needs assessments would be used to determine applications for new pharmacy and dispensing appliance contractor premises (referred to as the ‘market entry’ system) and these regulations took effect from 1 September 2012.

The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established health and wellbeing boards and transferred responsibility to develop and update pharmaceutical needs assessments from primary care trusts to health and wellbeing boards. Responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England from 1 April 2013.

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for health and wellbeing boards to develop and update pharmaceutical needs assessments and gives the Department of Health and Social Care powers to make regulations.

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Section 128A Pharmaceutical needs assessments

- (1) Each Health and Wellbeing Board must in accordance with regulations--
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.

- (2) The regulations must make provision--
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs;
 - (c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment.

- (3) The regulations may in particular make provision--
 - (a) as to the pharmaceutical services to which an assessment must relate;
 - (b) requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
 - (c) as to the manner in which an assessment is to be made;
 - (d) as to matters to which a Health and Wellbeing Board must have regard when making an assessment.

The regulations referred to in the NHS Act 2006 are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁴, as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

- Services that are to be covered by the pharmaceutical needs assessment,
- Information that must be included in the pharmaceutical needs assessment (it should be noted that health and wellbeing boards are free to include any other information that they feel is relevant),
- Date by which health and wellbeing boards must publish their first pharmaceutical needs assessment,
- Requirement on health and wellbeing boards to publish further pharmaceutical needs assessments on a three-yearly basis,
- Requirement to publish a revised assessment sooner than on a three-yearly basis in certain circumstances,
- Requirement to publish supplementary statements in certain circumstances,
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days, and
- Matters the health and wellbeing board is to have regard to when producing its pharmaceutical needs assessment.

Each health and wellbeing board was under a duty to publish its first pharmaceutical needs assessment by 1 April 2015. In the meantime the pharmaceutical needs assessment produced by the preceding primary care trust remained in existence and was used by NHS England to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

⁴ [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013.](#)

Once a health and wellbeing board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment within three years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health and wellbeing board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition, a health and wellbeing board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate.

1. The health and wellbeing board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes.
2. The health and wellbeing board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and is in the course of producing a new pharmaceutical needs assessment and is satisfied that it needs to immediately modify its current pharmaceutical needs assessment in order to prevent significant detriment to the provision of pharmaceutical services in its area.
3. Where a pharmacy is removed from a pharmaceutical list as a result of the grant of a consolidation application, if the health and wellbeing board is of the opinion that the removal does not create a gap in pharmaceutical services that could be met by a routine application offer to meet a current or future need, or secure improvements or better access to pharmaceutical services, it must publish a supplementary statement explaining that the removal does not create such a gap.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended were subject to a post implementation review by the Department of Health and Social Care in 2017/18⁵ the aim of which is to determine whether they have met their intended objectives. The review determined that:

- the regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand,
- there is flexibility within the system where an unforeseen benefit is identified,
- access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services, and
- there remains a degree of 'clustering'.

The review concluded that the regulations have largely achieved the original policy objectives which remain relevant and appropriate for the regulation of pharmaceutical services in England. It recommended that the Department of Health and Social Care consult on a number of amendments to the regulations and that changes were made to the underpinning guidance to address several unintended consequences and realise opportunities to more effectively deliver against the policy objectives. However none of these relate to the requirements for pharmaceutical needs assessment.

With effect from 1 October 2020 the regulations were amended to delay the requirement on health and wellbeing boards to publish their third pharmaceutical needs assessment by 1 April 2021. Health and wellbeing boards had until 1 April 2022, although this was subsequently extended again until October 2022. The amendments were due to the impact the Covid-19 pandemic had on all commissioners and providers of health and social care services.

⁵ [Post-implementation report on the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), Department of Health and Social Care 2018.

Further amendments were made in 2021 to clarify what is to happen if a new health and wellbeing board is created following the making of an Order to establish one or more new upper tier authorities. Where that happens, the new health and wellbeing board would have 12 months to publish its first pharmaceutical needs assessment after the upper tier authority is established. NHS England, and since 1 April 2023 the integrated care boards, would continue to refer to the pharmaceutical needs assessment published by the preceding health and wellbeing board when determining applications for inclusion in a pharmaceutical list.

A second implementation report should have been published within five years of the previous report being published i.e. by 31 March 2023.

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Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, or via an order for the supply of a drug in accordance with a pandemic treatment protocol or a pandemic treatment patient group direction or a listed prescription items voucher, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy by:

- performing appropriate legal, clinical and accuracy checks,
- having safe systems of operation, in line with clinical governance requirements,
- having systems in place to guarantee the integrity of products supplied,
- maintaining a record of all medicines and appliances supplied which can be used to assist future patient care, and
- maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- providing information and advice to the patient or carer on the safe use of their medicine or appliance, and
- providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing patients to obtain their regular prescribed medicines and appliances directly from a pharmacy for a period agreed by the prescriber.
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient.
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

Acceptance by pharmacies of unwanted medicines which require safe disposal from households and individuals. Integrated care boards are required to arrange for the collection and disposal of unwanted medicines from pharmacies on behalf of NHS England.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines.
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them.
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods.
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- have diabetes, or
- be at risk of coronary heart disease, especially those with high blood pressure, or
- who smoke, or
- are overweight.

To pro-actively participate in national/local campaigns and promote public health messages to general pharmacy visitors during specific targeted campaign periods.

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations.
- To enable people to contact and/or access further care and support appropriate to their needs.
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families.
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines.
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in the essential service – promotion of healthy lifestyles service.
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones.
- To minimise inappropriate use of health and social care services.

7. Home delivery service while a disease is or in anticipation of a disease being imminently pandemic

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England, with the agreement of the Secretary of State for Health and Social Care, that certain patient groups are advised to stay away from pharmacy premises:

- in a specified area,
- in specified circumstances, and
- for the duration specified in the announcement.

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided, pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS and care volunteer responders, where either are available.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients have their medicines delivered. This can be done in one of the following ways.

- Deliver the medicine themselves as part of the advanced service,
- Arrange for another pharmacy to deliver it on their behalf as part of the advanced service, or
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of the advanced service.

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

8. Discharge medicines service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission to ensure that all changes are identified, and patient records are amended accordingly. In addition, patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it, and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended outcomes

The discharge medicines service has been established to ensure better communication about changes made to a patient's medicines in hospital and the aims of the service are to:

- optimise the use of medicines, whilst facilitating shared decision making,
- reduce harm from medicines at transfers of care,
- improve patients' understanding of their medicines and how to take them following discharge from hospital,
- reduce hospital readmissions, and
- support the development of effective team-working across hospital, community and primary care network pharmacy teams and general practice teams and provide clarity about respective roles.

Appendix C – advanced services

1. New medicine service

Service description

The new medicine service is provided to patients who have been prescribed, for the first time, a medicine for a specified long-term condition with a view to improving their adherence. The new medicine service involves three stages - recruitment into the service, an intervention about one or two weeks later, and a follow up after two or three weeks.

Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, in order—

- as regards the long-term condition—
 - to help reduce symptoms and long-term complications, and
 - in particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support, and
- to help the patients—
 - make informed choices about their care,
 - self-manage their long-term conditions,
 - adhere to agreed treatment programmes, and
 - make appropriate lifestyle changes.

2. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- the stoma appliance to be customised is listed in Part IXC of the Drug Tariff,
- the customisation involves modification to the same specification of multiple identical parts for use with an appliance, and
- modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- ensure the proper use and comfortable fitting of the stoma appliance by a patient, and
- improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

3. Appliance use review

Service description

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

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Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

- establishing the way the patient uses the specified appliance and the patient's experience of such use,
- identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient,
- advising the patient on the safe and appropriate storage of the specified appliance, and
- advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

4. Seasonal influenza vaccination service

Service description

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction and the national protocol.

Aims and intended outcomes

The aims of this service are to:

- sustain and maximise uptake of seasonal influenza vaccination in at risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance,
- to protect those who are most at risk of serious illness or death should they develop seasonal influenza, by offering protection against the most prevalent strains of seasonal influenza virus through administration of seasonal influenza vaccination to eligible patients, and
- to provide more opportunities and improve convenience for eligible patients to access seasonal influenza vaccinations.

5. Home delivery services during a pandemic etc

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England, with the agreement of the Secretary of State for Health and Social care, that certain patient groups are advised to stay away from pharmacy premises:

- in a specified area
- in specified circumstances and
- for the duration specified in the announcement

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided, pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS and care volunteer responders, where either are available. This falls within the essential services home delivery service.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways.

- Deliver the medicine themselves as part of this advanced service,
- arrange for another pharmacy to deliver it on their behalf as part of this advanced service, or
- arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of this advanced service.

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

6. Community pharmacy hypertension case-finding service

Service description

Cardiovascular disease is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life years. Hypertension is the biggest risk factor for the disease and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Early detection of hypertension is vital and there is evidence that community pharmacy has a key role in detection and subsequent treatment of hypertension and cardiovascular disease, improving outcomes and reducing the burden on GPs.

Under this service, potential patients who meet the inclusion criteria will be proactively identified and offered the service. Where the patient accepts, the pharmacist will then conduct a face-to-face consultation in the pharmacy consultation room (or other suitable location if the service is provided outside of the pharmacy) and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacist will discuss the results with the patient and complete the appropriate next steps as set out in the service specification which includes (as appropriate):

- sending the test results to the patient's GP,
- providing advice on maintaining healthy behaviours, or promoting health behaviours,

- offering ambulatory blood pressure monitoring,
- urgent referral to their GP, and
- repeating the test.

Aims and intended outcomes

The aims and objectives of this service are:

- to identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (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, and
- promote healthy behaviours to patients.

7. NHS smoking cessation service

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (directly or indirectly and where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.

The objective of the service is to ensure that any patients referred by NHS trusts to community pharmacy for the service receive a consistent and effective offer, in line with National Institute for Health and Care Excellence guidelines and the Ottawa Model for Smoking Cessation.

8. NHS pharmacy contraception service

This service specification covers initiation of oral contraception and routine monitoring and ongoing supply of oral contraception via a patient group direction.

The aim of the service is to offer greater choice from where people can access contraception services and create additional capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments. It will support the important role community pharmacy teams can play to help address health inequalities by providing wider healthcare access in their communities and signposting service users to local sexual health services in line with Health and Care Excellence guideline NG 102.

In 2025/26 the service was expanded to include the provision of emergency contraception. In addition, pharmacies will be able to initiate a patient on oral contraception as part of an emergency contraception consultation.

Objectives

The objectives of the service are to:

- provide a model for community pharmacy teams to initiate provision of oral contraception, and to continue the provision of oral contraception supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both

initiation and ongoing supply will be undertaken using patient group directions 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 starting or continuing their current form of oral contraception.

9. NHS lateral flow device tests supply service

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. Prior to the introduction of this service, rapid lateral flow device (LFD) tests were available to order by these patients on GOV.UK or by calling NHS 119. These kits were then delivered directly to the patient's home.

Since 6 November 2023, LFD tests are no longer available via GOV.UK or via NHS 119. LFD tests still need to be available and easily accessible to people who are potentially eligible for COVID-19 treatments through routine NHS access routes. It is estimated that in the short-term, the number of potentially eligible patients is around 5.3m.

Although access to LFD tests may be supplemented by other pathways (e.g. through anticipatory or specialist care), community pharmacy is well placed within the local community to provide local and rapid access for patients.

Access to COVID-19 community-based treatment will continue to be based on a confirmed COVID-19 infection, achieved with a diagnostic lateral flow device test, in line with some of the recommended treatment's product licences. Given the short efficacy window for treatment and practical implications of point-of-care testing, tests need to be available for eligible patients to access in advance of developing symptoms.

Objective

The objective of this service is to offer eligible, at-risk patients access to lateral flow device tests to enable testing at home for COVID-19, following symptoms of infection. Wherever possible, eligible patients should obtain lateral flow device tests in advance of developing symptoms.

A positive lateral flow device test result will be used to inform a clinical assessment by the patient's clinician to determine whether the patient is suitable for, and will benefit from, National Institute for Health and Care Excellence -recommended COVID-19 treatments.

10. NHS Pharmacy first service

The Pharmacy first advanced service incorporates the previous community pharmacist consultation service (both urgent medicines supply and minor illness elements) and builds on this to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. This will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and, only if appropriate, supplying certain over the counter and prescription only medicines via clinical protocol and patient group directions. Patients may access this service either by referral or when they are identified as suitable by the pharmacist providing self-care as an essential service. This addition enhances the previous community pharmacist consultation service, making further appropriate use of community pharmacists' skills and opportunities to engage and support patients.

Objectives

The objectives of this service are to:

- offer patients who contact:
 - NHS 111 (by telephone or on-line),
 - 999 service,
 - their own GP practice,
 - a primary care out-of-hours service, or
 - an urgent and emergency care setting (e.g. an emergency department, urgent treatment centre, urgent care centre),

the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting,

- free up clinician capacity in the above settings, for the treatment of patients with higher acuity conditions,
- identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent inappropriate use of urgent and emergency care setting services in the future,
- provide urgent access to patients who are not registered with a GP for treatment of low acuity minor illnesses, and to ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine requested, and
- further utilise the clinical skills of community pharmacy teams to complete episodes of care for patients and improve access, displacing activity from general practice and urgent care settings.

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Appendix D – enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.
3. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
 - the proper and effective ordering of drugs and appliances for the benefit of residents in the care home,
 - the clinical and cost effective use of drugs,
 - the proper and effective administration of drugs and appliances in the care home,
 - the safe and appropriate storage and handling of drugs and appliances, and
 - the recording of drugs and appliances ordered, handled, administered, stored or disposed of.
4. A coronavirus vaccination service, the underlying purpose of which is to provide for the administration of a medicinal product for vaccination or immunisation against coronavirus in accordance with—
 - a patient group direction that meets the conditions of regulation 233 of the Human Medicines Regulations 2012 (exemption for supply etc under a PGD by a person conducting a retail pharmacy business), or
 - (ii) a protocol that meets the conditions of regulation 247A of the Human Medicines Regulations 2012 (protocols relating to coronavirus and influenza vaccinations and immunisations).
5. A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
6. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
7. An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England.
8. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home drugs, and appliances other than specified appliances.
9. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
 - drugs which they are using
 - their health and
 - general health matters relevant to them, and where appropriate referral to another health care professional.

10. A medication review service, the underlying purpose of which is for a registered pharmacist—
- to conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
 - to advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
 - where appropriate, to refer the patient to another health care professional
11. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —
- to assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
 - to offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens
12. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.
13. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist to—
- provide sterile needles, syringes and associated materials to drug misusers,
 - receive from drug misusers used needles, syringes and associated materials, and
 - to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre.
14. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
15. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).
16. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.
17. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
- the clinical and cost effective use of drugs,
 - prescribing policies and guidelines, and
 - repeat prescribing.
18. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to the—

- clinical and cost effective use of drugs in the school,
 - proper and effective administration and use of drugs and appliances in the school,
 - safe and appropriate storage and handling of drugs and appliances, and
 - the recording of drugs and appliances ordered, handled, administered, stored or disposed of
19. A screening service, the underlying purpose of which is for a registered pharmacist to—
- identify patients at risk of developing a specified disease or condition,
 - offer advice regarding testing for a specified disease or condition,
 - carry out such a test with the patient’s consent, and
 - offer advice following a test and refer to another health care professional as appropriate.
20. A stop smoking service, the underlying purpose of which is for the pharmacy contractor —
- to advise and support patients wishing to give up smoking, and
 - where appropriate, to supply appropriate drugs and aids.
21. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor’s premises.
22. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient’s agreement.
23. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances—
- which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription, and
 - where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient’s request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health).

Appendix E – terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- performing appropriate legal, clinical and accuracy checks,
- having safe systems of operation, in line with clinical governance requirements,
- having systems in place to guarantee the integrity of products supplied,
- maintaining a record of all appliances supplied which can be used to assist future patient care,
- maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate,
- providing the appropriate additional items such as disposable bags and wipes, and
- delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions

3. Home delivery service

Service description

The delivery of certain appliances to the patient's home.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- with reasonable promptness, at a time agree with the patient,
- in a package that displays no writing or other markings which could indicate its content, and
- in such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to other providers who can provide advice

Service description

Advice about certain appliances can be provided through a telephone care line outside the contractor's opening hours. The contractor does not need to staff the line at all times, but when unavailable, callers must be given contact details for other NHS service providers.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- with the consent of the patient, passed to another provider of appliances, or
- if the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

Appendix F – steering group membership

Chair: Public Health Specialist

- PCC Advisor
- Healthwatch representative
- ICB representative Primary Care
- ICS/PCN representative
- Local Pharmaceutical Committee representative
- Local Medical Committee representative

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Appendix G - Summary of Service in Provision at Electoral Ward Level

NHS Services as Defined by Regulations			Improvements and Better Access to Discretionary Services (Health Bodies will seek to commission these services locally via existing pharmacies and other existing providers, if needed)	
Electoral Ward	Gaps in Necessary Provision	Improvements & Better Access	NHS Enhanced/Advanced Services	Public Health Services
Beverley Rural	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Palliative Care, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding	Nil Identified Supervised Consumption, Emergency Hormonal Contraception,
Minster and Woodmansey	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised consumption, Emergency Hormonal Contraception,
St Mary's (Beverley)	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Palliative Care, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised Consumption, Needle Exchange, Emergency Hormonal Contraception, Varenicline/NRT.
Bridlington Central and Old Town	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised Consumption, Needle Exchange, Emergency Hormonal Contraception, Varenicline/NRT
Bridlington North	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Covid Medicines Support Service, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Services which are not provided (e.g., Needle exchange) may be accessed from/ signposted to, the neighbouring Bridlington Wards.
Bridlington South	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Palliative Care, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised Consumption, Needle Exchange, Emergency Hormonal Contraception, Varenicline/NRT
Cottingham North	Yes	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Services which are not provided (e.g., Needle exchange service) are accessible from the Beverley Wards.
Cottingham South	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Emergency Hormonal Contraception,
Dale	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service, Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised consumption, Emergency Hormonal Contraception, Varenicline/NRT
Driffield and Rural	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised Consumption, Needle Exchange, Emergency Hormonal Contraception, Varenicline/NRT
Goole North	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised Consumption, Needle Exchange, Emergency Hormonal Contraception, Varenicline/NRT
Goole South	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised Consumption, Needle Exchange, Emergency Hormonal Contraception, Varenicline/NRT
Hessle	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised consumption, Emergency Hormonal Contraception, Varenicline/NRT
Howden	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised consumption, Emergency Hormonal Contraception, Varenicline/NRT.

NHS Services as Defined by Regulations			Improvements and Better Access to Discretionary Services (Health Bodies will seek to commission these services locally via existing pharmacies and other existing providers, if needed)	
Electoral Ward	Gaps in Necessary Provision	Improvements & Better Access	NHS Enhanced/Advanced Services	Public Health Services
Howdenshire	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Palliative Care, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Supervised consumption, Emergency Hormonal Contraception,
North Holderness	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Palliative Care, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised Consumption, Needle Exchange, Emergency Hormonal Contraception, Varenicline/NRT
Pocklington Provincial	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service, Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised consumption, Emergency Hormonal Contraception, Varenicline/NRT
Snaith, Airmyn, Rawcliffe and Marshland	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised Consumption,
Southeast Holderness	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service, Domiciliary Medication Administration Record, Minor Ailment Scheme, Palliative Care, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised Consumption, Needle Exchange, Emergency Hormonal Contraception, Varenicline/NRT
South Hunsley	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised Consumption, Needle Exchange, Emergency Hormonal Contraception, Varenicline/NRT
Southwest Holderness	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Needle exchange service Supervised Consumption, Needle Exchange, Emergency Hormonal Contraception, Varenicline/NRT
Tranby	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised consumption, Emergency Hormonal Contraception, Varenicline/NRT
Willerby and Kirk Ella	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Services which are not provided (e.g., Needle exchange service) are accessible from a pharmacy in the Hessle Ward and/or pharmacies in the Beverley area.
Wolds Weighton	None	None	Domiciliary Medication Administration Record, Minor Ailment Scheme, Pharmacy First, Hypertension Case Finding, Combined Pharmacy Contraception Service	Nil Identified Supervised consumption, Emergency Hormonal Contraception, Varenicline/NRT

Figure 33 Core Pharmacy Opening Hours

Locality	Ward	Pharmacy Trading Name	Core Monday	Core Tuesday	Core Wednesday	Core Thursday	Core Friday	Core Saturday	Core Sunday
Beverley	Beverley Rural	Leven Pharmacy	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
Beverley	Minster and Woodmansey	Morrisons Pharmacy	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	CLOSED	CLOSED
Beverley	Minster and Woodmansey	Road Pharmacy	09:00-12:15; 14:00-18:00	09:00-12:15; 14:00-18:00	09:00-12:15; 14:00-18:00	09:00-12:15; 14:00-18:00	09:00-12:00; 14:00-18:00	09:00-13:00	CLOSED
Beverley	St Mary's	Boots Pharmacy	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-15:30	CLOSED
Beverley	St Mary's	Hengate Pharmacy	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	09:00-11:30	CLOSED
Beverley	St Mary's	Molescroft Pharmacy	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	CLOSED	CLOSED
Beverley	St Mary's	Spinks Chemist	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	CLOSED	CLOSED
Beverley	St Mary's	Superdrug Pharmacy	09:00-13:00; 15:00-17:30	09:00-13:00; 15:00-17:30	09:00-13:00; 15:00-17:30	09:00-13:00; 15:00-17:30	09:00-13:00; 15:00-17:30	09:00-13:30; 14:30-17:30	CLOSED
Bridlington	Bridlington Central and Old Town	Bridlington – Pharmacy Plus Health	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	CLOSED	CLOSED
Bridlington	Bridlington North	Bridlington Pharmacy	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	CLOSED	CLOSED
Bridlington	Bridlington North	Flamborough – Pharmacy Plus Health	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	CLOSED	CLOSED
Bridlington	Bridlington North	Marton Road Pharmacy	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	10:00-12:30	CLOSED
Bridlington	Bridlington South	Boots Pharmacy	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-15:30	CLOSED
Bridlington	Bridlington South	Boots Pharmacy	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:30-12:00	CLOSED
Bridlington	Bridlington South	Boots Pharmacy	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:30-12:00	CLOSED
Bridlington	Bridlington South	Station Avenue Pharmacy	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	CLOSED	CLOSED

Bridlington	Bridlington South	Superdrug Pharmacy	09:00-13:00; 15:00-17:30	09:00-13:00; 15:00-17:30	09:00-13:00; 15:00-17:30	09:00-13:00; 15:00-17:30	09:00-13:00; 15:00-17:30	09:00-13:30; 14:30-17:30	CLOSED
Bridlington	Bridlington South	Westhill Pharmacy	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	10:00-12:30	CLOSED
Bridlington	East Wolds and Coastal	Care Meds UK	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
Driffield and Wolds	Driffield and Rural	Allied Pharmacy Mill Street	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	CLOSED	CLOSED
Driffield and Wolds	Driffield and Rural	Boots Pharmacy	09:30-12:30; 13:30-17:30	09:30-12:30; 13:30-17:30	09:30-12:30; 13:30-17:30	09:30-12:30; 13:30-17:30	09:30-12:30; 13:30-17:30	09:30-12:30; 13:30-15:30	CLOSED
Driffield and Wolds	Driffield and Rural	Tesco Pharmacy	09:00-13:00; 14:00-17:00	09:00-13:00; 14:00-17:00	09:00-13:00; 14:00-17:00	09:00-13:00; 14:00-17:00	09:00-13:00; 14:00-17:00	09:00-13:00; 14:00-17:00	CLOSED
Driffield and Wolds	Pocklington Provincial	Boots Pharmacy	09:00-12:00; 13:00-18:00	09:00-12:00; 13:00-18:00	09:00-13:00	09:00-12:00; 13:00-18:00	09:00-12:00; 13:00-18:00	09:00-13:00	CLOSED
Driffield and Wolds	Pocklington Provincial	Boots Pharmacy	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-16:00	CLOSED
Driffield and Wolds	Pocklington Provincial	Cohens Chemist Stamford	08:30-12:30	08:30-12:30; 13:30-17:30	08:30-12:30; 13:30-17:30	08:30-12:30; 13:30-17:30	08:30-12:30; 13:30-17:30	08:30-12:30	CLOSED
Driffield and Wolds	Pocklington Provincial	Bridge Pharmacy	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	CLOSED	CLOSED
Goole and Howden	Goole North	Allied Pharmacy Goole	09:00-12:00; 14:00-18:00	09:00-12:00; 14:00-18:00	09:00-12:00; 14:00-18:00	09:00-12:00; 14:00-18:00	09:00-12:00; 13:00-18:00	09:00-13:00	CLOSED
Goole and Howden	Goole North	Stone Pharmacy	9:00-13:30; 14:30-18:00	9:00-13:30; 14:30-18:00	9:00-13:30; 14:30-18:00	9:00-13:30; 14:30-18:00	9:00-13:30; 14:30-18:00	CLOSED	CLOSED
Goole and Howden	Goole North	Tesco Pharmacy	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
Goole and Howden	Goole South	Boots Pharmacy Stone	09:00-13:30; 14:30-17:00	09:00-13:30; 14:30-17:00	09:00-13:30; 14:30-17:00	09:00-13:30; 14:30-17:00	09:00-13:30; 14:30-17:00	09:00-13:30; 14:30-15:00	CLOSED
Goole and Howden	Goole South	(Coggrave) Pharmacy	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	CLOSED	CLOSED
Goole and Howden	Goole South	Stone Pharmacy	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	08:30-12:30; 13:30-17:30	CLOSED	CLOSED
Goole and Howden	Howden	Boots Pharmacy	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	CLOSED
Goole and Howden	Howdenshire	Boots Pharmacy	09:00-13:30; 14:30-18:00	09:00-13:30; 14:30-18:00	09:00-13:00	09:00-13:30; 14:30-18:00	09:00-13:30; 14:30-18:00	09:00-13:00	CLOSED

Goole and Howden	Howdenshire Snaith, Airmyn,	Holme Pharmacy	08:30-12:30; 14:00-18:00	08:30-12:30; 14:00-18:00	08:30-12:30; 14:00-18:00	08:30-12:30; 14:00-18:00	08:30-12:30; 14:00-18:00	CLOSED	CLOSED
Goole and Howden	Rawcliffe and Marshland	Day Lewis Pharmacy	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	CLOSED	CLOSED
Haltemprice	Cottingham North	Jhoots Pharmacy	09:00-12:00; 13:45-18:00	09:00-12:00; 13:45-18:00	09:00-12:00; 13:45-18:00	09:00-12:00; 13:45-18:00	09:00-12:00; 13:45-18:00	09:00-12:45	CLOSED
Haltemprice	Cottingham South	Boots Pharmacy	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	CLOSED	CLOSED
Haltemprice	Dale	Boots Pharmacy	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	CLOSED	CLOSED
Haltemprice	Dale	Brough Pharmacy	08:30-11:30; 14:15-18:15	08:30-11:30; 16:30-20:30	08:30-11:30; 14:15-18:15	08:30-11:30; 14:15-18:15	08:30-11:30; 14:15-18:15	09:00-12:00; 14:00-17:00	CLOSED
Haltemprice	Dale	Elloughton Pharmacy	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	CLOSED	CLOSED
Haltemprice	Hessle	Boots Pharmacy	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-17:30	09:30-13:00; 14:00-15:30	CLOSED
Haltemprice	Hessle	Cohens Chemist	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:30-12:00	CLOSED
Haltemprice	Hessle	Hessle Pharmacy	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED
Haltemprice	Hunsley South	Boots Pharmacy	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	09:00-11:30	CLOSED
Haltemprice	Hunsley	Swanland Pharmacy	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	09:00-11:30	CLOSED
Haltemprice	Tranby	Boots Pharmacy	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:00-12:30; 14:00-18:00	09:30-12:00	CLOSED
Haltemprice	Willerby and Kirk Ella	Willerby Pharmacy	09:00-13:30; 14:00-17:30	09:00-13:30; 14:00-17:30	09:00-13:30; 14:00-17:30	09:00-13:30; 14:00-17:30	09:00-13:30; 14:00-17:30	09:00-11:30	CLOSED
Holderness	North Holderness	B A Whittle Chemist	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED
Holderness	North Holderness	Day Lewis Pharmacy	08:45-13:00; 13:45-17:30	08:45-13:00; 13:45-17:30	08:45-13:00; 13:45-17:30	08:45-13:00; 13:45-17:30	08:45-13:00; 13:45-17:30	CLOSED	CLOSED
Holderness	South East Holderness	Tesco Pharmacy	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
Holderness	South East Holderness	Boots Pharmacy	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	CLOSED	CLOSED
Holderness	Holderness	Boots Pharmacy	08:30-12:00; 13:00-17:30	08:30-12:00; 13:00-17:30	08:30-12:00; 13:00-17:30	08:30-12:00; 13:00-17:30	08:30-12:00; 13:00-17:30	08:30-12:00	CLOSED

Holderness	South East	Patrington Pharmacy	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
Holderness	South West	Boots Pharmacy	09:00-13:00; 14:00-18:00	09:00-13:00	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	CLOSED
Holderness	South West	East Riding Pharmacy	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	CLOSED
Holderness	South West	Jhoots Pharmacy	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	09:00-11:30	CLOSED

Official - Sensitive

Figure 34 Supplementary Pharmacy Opening Hours

Locality	Ward	Pharmacy Trading Name	Supplementary Monday	Supplementary Tuesday	Supplementary Wednesday	Supplementary Thursday	Supplementary Friday	Supplementary Saturday	Supplementary Sunday
Beverley	Beverley Rural	Leven Pharmacy	08:30-09:00; 17:00-18:00	08:30-09:00; 17:00-18:00	08:30-09:00; 17:00-18:00	08:30-09:00; 17:00-18:00	08:30-09:00; 17:00-18:00	08:30-12:30	CLOSED
Beverley	Minster and Woodmansey	Morrisons Pharmacy	12:30-13:30; 18:00-20:00	12:30-13:30; 18:00-20:00	12:30-13:30; 18:00-20:00	12:30-13:30; 18:00-20:00	12:30-13:30; 18:00-20:00	09:00-18:00	10:00-16:00
Beverley	Minster and Woodmansey	Samman Road Pharmacy	12:15-14:00	12:15-14:00	12:15-14:00	12:15-14:00	12:00-14:00	CLOSED	CLOSED
Beverley	St Mary's	Boots Pharmacy	09:00-09:30; 13:00-14:00	09:00-09:30; 13:00-14:00	09:00-09:30; 13:00-14:00	09:00-09:30; 13:00-14:00	09:00-09:30; 13:00-14:00	09:00-09:30; 13:00-14:00; 15:30-17:30	10:00-16:00
Beverley	St Mary's	Hengate Pharmacy	08:00-09:00; 13:00-13:30; 17:00-18:00	08:00-09:00; 13:00-13:30; 17:00-18:00	08:00-09:00; 13:00-13:30; 17:00-18:00	08:00-09:00; 13:00-13:30; 17:00-18:00	08:00-09:00; 13:00-13:30; 17:00-18:00	08:30-09:00; 11:30-13:00	CLOSED
Beverley	St Mary's	Molescroft Pharmacy	12:30-13:00; 17:30-18:00	12:30-13:00; 17:30-18:00	12:30-13:00; 17:30-18:00	12:30-13:00; 17:30-18:00	12:30-13:00; 17:30-18:00	CLOSED	CLOSED
Beverley	St Mary's	Spinks Chemist	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Beverley	St Mary's	Superdrug Pharmacy	13:00-15:00	13:00-15:00	13:00-15:00	13:00-15:00	13:00-15:00	13:30-14:30	CLOSED
Bridlington	Bridlington Central and Old Town	Bridlington – Pharmacy Plus Health	13:00-13:30; 17:30-18:00	13:00-13:30; 17:30-18:00	13:00-13:30; 17:30-18:00	13:00-13:30; 17:30-18:00	13:00-13:30; 17:30-18:00	CLOSED	CLOSED
Bridlington	Bridlington North	Bridlington Pharmacy	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Bridlington	Bridlington North	Flamborough – Pharmacy Plus Health	12:00-12:30	12:00-12:30	12:00-12:30	12:00-12:30	12:00-12:30	CLOSED	CLOSED
Bridlington	Bridlington North	Marton Road Pharmacy	12:00-13:00	12:00-13:00	12:00-13:00	12:00-13:00	12:00-13:00	09:00-10:00; 12:30-13:00	CLOSED
Bridlington	Bridlington South	Boots Pharmacy	09:00-09:30; 13:00-14:00	09:00-09:30; 13:00-14:00	09:00-09:30; 13:00-14:00	09:00-09:30; 13:00-14:00	09:00-09:30; 13:00-14:00	09:00-09:30; 13:00-14:00; 15:30-17:30	10:30-16:00
Bridlington	Bridlington South	Boots Pharmacy	12:30-13:00	12:30-13:00	12:30-13:00	12:30-13:00	12:30-13:00	09:00-9:30; 12:00-13:00	CLOSED
Bridlington	Bridlington South	Boots Pharmacy	12:30-14:00	12:30-14:00	12:30-14:00	12:30-14:00	12:30-14:00	09:00-09:30; 12:00-13:00	CLOSED
Bridlington	Bridlington South	Station Avenue Pharmacy	08:30-09:00; 13:00-14:00	08:30-09:00; 13:00-14:00	08:30-09:00; 13:00-14:00	08:30-09:00; 13:00-14:00	08:30-09:00; 13:00-14:00	CLOSED	CLOSED

Bridlington	Bridlington South	Superdrug Pharmacy	13:00-15:00	13:00-15:00	13:00-15:00	13:00-15:00	13:00-15:00	13:30-14:30	CLOSED
Bridlington	Bridlington South	Westhill Pharmacy	12:00-13:00	12:00-13:00	12:00-13:00	12:00-13:00	12:00-13:00	09:00-10:00; 12:30-13:00	CLOSED
Bridlington	East Wolds and Coastal	Care Meds UK	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Driffield and Wolds	Driffield and Rural	Allied Pharmacy Mill Street	12:00-12:30	12:00-12:30	12:00-12:30	12:00-12:30	12:00-12:30	CLOSED	CLOSED
Driffield and Wolds	Driffield and Rural	Boots Pharmacy	09:00-09:30; 12:30-13:30	09:00-09:30; 12:30-13:30	09:00-09:30; 12:30-13:30	09:00-09:30; 12:30-13:30	09:00-09:30; 12:30-13:30	09:00-09:30; 12:30-13:30; 15:30-17:30	CLOSED
Driffield and Wolds	Driffield and Rural	Tesco Pharmacy	08:00-09:00; 13:40-14:00; 17:00-19:00	08:00-09:00; 13:40-14:00; 17:00-19:00	08:00-09:00; 13:40-14:00; 17:00-19:00	08:00-09:00; 13:40-14:00; 17:00-19:00	08:00-09:00; 13:40-14:00; 17:00-19:00	08:00-09:00; 13:40-14:00; 17:00-19:00	10:00-16:00
Driffield and Wolds	Pocklington Provincial	Boots Pharmacy	08:30-09:00 and 12:00-13:00	CLOSED	CLOSED				
Driffield and Wolds	Pocklington Provincial	Boots Pharmacy	CLOSED	CLOSED	14:00-17:30	CLOSED	CLOSED	16:00-17:00	CLOSED
Driffield and Wolds	Pocklington Provincial	Cohens Chemist	12:30-18:00	12:30-13:30; 17:30-18:00	12:30-13:30; 17:30-18:00	12:30-13:30; 17:30-18:00	12:30-13:30; 17:30-18:00	CLOSED	CLOSED
Driffield and Wolds	Pocklington Provincial	Stamford Bridge Pharmacy	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	09:00-13:00	CLOSED
Goole and Howden	Goole North	Allied Pharmacy Goole	12:00-14:00	12:00-14:00	12:00-14:00	12:00-14:00	12:00-13:00	CLOSED	CLOSED
Goole and Howden	Goole North	Stone Pharmacy	1330-1430	1330-1430	1330-1430	1330-1430	1330-1430	CLOSED	CLOSED
Goole and Howden	Goole North	Tesco Pharmacy	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Goole and Howden	Goole South	Boots Pharmacy Stone	13:30-14:30	13:30-14:30	13:30-14:30	13:30-14:30	13:30-14:30	13:30-14:30; 15:00-16:00	CLOSED
Goole and Howden	Goole South	(Coggrave) Pharmacy Stone	13:00-13:30	13:00-13:30	13:00-13:30	13:00-13:30	13:00-13:30	09:00-12:30	CLOSED
Goole and Howden	Goole South	Pharmacy Stone	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Goole and Howden	Howden	Boots Pharmacy	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-17:30	CLOSED
Goole and Howden	Howdenshire	Boots Pharmacy	13:30-14:30	13:30-14:30	13:00-18:00	13:30-14:30	13:30-14:30	13:00-16:00	CLOSED

Goole and Howden	Howdenshire Snaith, Airmyn,	Holme Pharmacy	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Goole and Howden	Rawcliffe and Marshland	Day Lewis Pharmacy	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Haltemprice	Cottingham North	Jhoots Pharmacy	12:00-13:45	12:00-13:45	12:00-13:45	12:00-13:45	12:00-13:45	CLOSED	CLOSED
Haltemprice	Cottingham South	Boots Pharmacy	12:30-13:30	12:30-13:30	12:30-13:30	12:30-13:30	12:30-13:30	09:00-17:00	CLOSED
Haltemprice	Dale	Boots Pharmacy	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	09:00-14:00	CLOSED
Haltemprice	Dale	Brough Pharmacy	11:30-14:15	11:30-16:30	11:30-14:15	11:30-14:15	11:30-14:15	12:00-14:00	CLOSED
Haltemprice	Dale	Elloughton Pharmacy	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	09:00-13:00	CLOSED
Haltemprice	Hessle	Boots Pharmacy	08:30-09:30; 13:00-14:00; 17:30-18:00	08:30-09:30; 13:00-14:00; 17:30-18:00	08:30-09:30; 13:00-14:00; 17:30-18:00	08:30-09:30; 13:00-14:00; 17:30-18:00	08:30-09:30; 13:00-14:00; 17:30-18:00	08:30-09:30; 13:00-14:00; 15:30-17:00	CLOSED
Haltemprice	Hessle	Cohens Chemist	12:30-13:00	12:30-13:00	12:30-13:00	12:30-13:00	12:30-13:00	09:00-09:30; 12:00-13:00	CLOSED
Haltemprice	Hessle	Hessle Pharmacy	17:30-18:00	17:30-18:00	17:30-18:00	17:30-18:00	17:30-18:00	09:00-12:30	CLOSED
Haltemprice	South Hunsley	Boots Pharmacy	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	CLOSED	CLOSED
Haltemprice	South Hunsley	Swanland Pharmacy	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	11:30-13:00	CLOSED
Haltemprice	Tranby	Boots Pharmacy	12:30-14:00	12:30-14:00	12:30-14:00	12:30-14:00	12:30-14:00	12:00-17:00	CLOSED
Haltemprice	Willerby and Kirk Ella	Willerby Pharmacy	13:30-14:00	13:30-14:00	13:30-14:00	13:30-14:00	13:30-14:00	11:30-13:00	CLOSED
Holderness	North Holderness	B A Whittle Chemist	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	09:00-12:30	CLOSED
Holderness	North Holderness	Day Lewis Pharmacy	13:00-13:45; 17:30-18:00	13:00-13:45; 17:30-18:00	13:00-13:45; 17:30-18:00	13:00-13:45; 17:30-18:00	13:00-13:45; 17:30-18:00	09:00-12:30	CLOSED
Holderness	North Holderness	Tesco Pharmacy	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Holderness	South East Holderness	Boots Pharmacy	18:00-18:30	18:00-18:30	18:00-18:30	18:00-18:30	18:00-18:30	09:00-13:00	CLOSED
Holderness	South East Holderness	Boots Pharmacy	12:00-13:00	12:00-13:00	CLOSED	12:00-13:00	12:00-13:00	12:00-15:00	CLOSED

Holderness	South East Holderness	Patrington Pharmacy	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Holderness	South West Holderness	Boots Pharmacy	08:30-09:00	08:30-09:00	08:30-09:00	08:30-09:00	08:30-09:00	14:00-17:00	CLOSED
Holderness	South West Holderness	East Riding Pharmacy	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Holderness	South West Holderness	Jhoots Pharmacy	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	11:30-13:00	CLOSED

Official - Sensitive

Appendix F - Contractor Questionnaires

Pharmacy Contractor and Dispensing Doctor questionnaires.



SM001003



SM001004 - PNA

Dispensing doctor cContractor Questionnaire

GLOSSARY

100 Hours Pharmacy	A pharmacy that was granted an NHS contract under a control of entry exemption requiring it to open for at least 100 hours per week. These have been recently relaxed by NHS E to mid 70 hours
Advanced Services	Services within the NHS Community Pharmacy Contractual Framework that contractors can choose to provide as long as they meet the requirements set out in the Secretary of State Directions.
Anticoagulant	Anticoagulant medicines reduce the ability of the blood to clot (coagulation means clotting). This is necessary if the blood clots too much, as blood clots can block blood vessels and lead to conditions such as a stroke or a heart attack.
Any Qualified Provider	A procurement model that commissioners can use to develop a register of providers accredited to deliver a range of specified services within a community setting.
AUR (Appliance Use Review)	An Advanced Service provided either by a pharmacist or dispensing appliance contractor health professional to improve the patient's knowledge and use of specified appliances.
Buprenorphine (see also Methadone)	Buprenorphine is a medicine which is used in the treatment of patients dependent on opioids (e.g. heroin).
Buprenorphine supervised consumption service	A Locally Commissioned Public Health Service where individuals on a buprenorphine programme take their medication under supervision in a private room within the pharmacy.
Census	The official process of counting the number of people in the country and collecting information about them. This document refers to the 2011 Census.
COPD (Chronic Obstructive Pulmonary Disease)	Chronic Obstructive Pulmonary Disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive pulmonary disease. People with COPD have difficulties breathing, primarily due to the narrowing of their airways. This is called airways obstruction.
Commissioning	A continuous cycle of activities that underpins and delivers the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.
Community pharmacy contractor	A person that is included in the Pharmaceutical List for the Health and Wellbeing Board's area, held by the integrated care board. See the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
Community pharmacy contractual framework	The nationally agreed framework under which contractors provide pharmaceutical services.
Controlled locality	An area which has been determined to be 'rural in character'.
CHD (Coronary Heart Disease)	Coronary heart disease is the term that describes what happens when the heart's blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries.
DACs (Dispensing appliance contractors)	NHS contractors that specialise in the supply (on prescription) of appliances, notably stoma and incontinence appliances. There are no DACs included in the Pharmaceutical List for the Health and Wellbeing Board's area, held by the integrated care board.
Dispensing doctor	A General Practitioner that may dispense NHS prescriptions for eligible patients.
DSQS (Dispensing Services Quality Scheme)	The Dispensing Services Quality Scheme is a quality framework, with patient safety at its core, setting out dispensary standards for dispensing doctors in England and Wales. The scheme, which was agreed by the NHS, the General Practitioners Committee and the Dispensing Doctors' Association, was introduced in 2006/07.
DWP (Department for Work and Pensions)	A government public service department responsible for welfare, pensions, and child maintenance policy. It administers the State Pension and a range of working age, disability, and ill health benefits.

ePACT	Electronic Prescribing Analysis and Cost. A service which provides analysis of prescribing data held on the NHS Prescriptions Services prescribing database.
EHC (Emergency Hormonal Contraception)	EHC is supplied under a patient group direction and is a Locally Commissioned Public Health service, commissioned from pharmacy contractors accredited to provide EHC to females aged 13 years and over. From October 2025 it can be provided under the contraception advanced service.
Enhanced Service	A service commissioned by the integrated care board to meet the needs of local populations.
Electoral Ward	A Ward is a subdivision of a Local Authority area, typically used for electoral purposes. Wards are usually named after neighbourhoods, thoroughfares, parishes, landmarks, geographical features and in some cases historical figures connected to the area.
Gluten free	Gluten is a protein that is found in three types of cereal: wheat, barley and rye. Some people who have gluten intolerance (known as coeliac disease) cannot eat foods that contain gluten. Gluten free food enables individuals to eat foods that normally would contain gluten e.g. pasta, breakfast cereals and most type of bread.
Independent/ Non-Medical Prescriber	Independent/ Non-medical prescribers include pharmacists; nurses; physiotherapists, dentists; chiropodists/ podiatrists, paramedics; radiographers and optometrists. These designated healthcare professionals are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing. Different types of prescribers hold different prescribing rights. Pharmacy contractors are required to be able to identify which products each type of prescriber is entitled to prescribe (" Who can Prescribe What " link).
Immunisation	Immunisation or vaccination is usually given by an injection and makes the body's immune system produce antibodies that will fight off a virus.
ICB (Integrated Care Board)	An Integrated Care Board (ICB) is a statutory NHS organisation responsible for planning and commissioning healthcare services within a specific geographical area. The ICB works collaboratively with local partners, such as NHS trusts, general practices, local authorities, and voluntary organisations, to improve health outcomes and ensure services are tailored to the needs of the local population. Its role includes overseeing budgets, supporting integration across health and social care, and driving improvements in the quality and accessibility of services
IMD (Index of Multiple Deprivation)	The Indices of Deprivation 2019 provide a relative measure of deprivation at small area level across England. Areas are ranked from least deprived to most deprived on seven different domains (dimensions) of deprivation and an overall composite measure of multiple deprivation. The domains used in the Indices of Deprivation include income deprivation; employment deprivation; health deprivation and disability; education deprivation; crime deprivation; barriers to housing and services deprivation; and living environment deprivation. The PNA has focused on overall deprivation and barriers to housing and services.
JSNA (Joint Strategic Needs Assessment)	Joint Strategic Needs Assessment describes a continuous process that identifies current and future health and wellbeing needs in light of existing services and informs future service planning taking into account evidence of effectiveness (JSNA link).
Healthwatch	Healthwatch is the national consumer champion in health and care. It has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver, and regulate health and care services.
LMC (Local Medical Committee)	Local Medical Committees are the local representative organisations for General Practitioners (GPs) in a local health economy area. They represent all GPs in their geographical area on clinical and professional matters.
LTC (Long term condition)	Those conditions (e.g. diabetes, asthma, chronic obstructive pulmonary disease and arthritis) that cannot, at present, be cured but for which progress can be managed and influenced by medication and other therapies.
LPC (Local Pharmaceutical Committee)	Local Pharmaceutical Committees are the local representative organisation for pharmacy contractors. They represent all contractors in their geographical area on clinical and professional matters, NHS matters and commissioned services.
(LSOAs) Lower Super Output Areas and Output Areas	LSOAs are units of geographic boundary developed by the Office for National Statistics that are aggregations of Output Areas (see below). LSOAs are the next largest geographic areas up from Output Areas. There are a total 34,753 LSOAs in England. Output Areas: Subdivisions of Electoral Wards containing a minimum population of 1,000 persons and an average population of 1,500 persons with approximately 129 households (309 residents)).
Market entry	The route by which applications for inclusion in a pharmaceutical list are processed and determined.

Methadone (see also Buprenorphine)	Methadone hydrochloride is a medicine which is used as a substitute for an opioid drug (e.g. heroin). Methadone can be used in two ways: withdrawal therapy, where the doses of medication are gradually reduced over time before the treatment is withdrawn, and maintenance therapy, where people receive regular doses of medication on a long-term basis. It can also be used to relieve moderate to severe pain.
Minor ailments scheme	An enhanced service that enables accredited pharmacists to advise and treat people (exempt from prescription charges) with minor illnesses for free who would otherwise have made a GP appointment thus reducing pressure on GP appointments.
Minor Injuries Unit	Examples of minor injuries are cuts, bruises, scalds, and suspected closed limb fractures. A minor injury unit or service provides treatments for such minor injuries. In the East Riding, these are not walk in services and are in Withernsea via Holderness Health and Driffeld 8-8 centre via NHS 111.
ONS (Office for National Statistics)	The recognised national statistical institute of the UK responsible for collecting, analysing and disseminating statistics about the UK's economy, society, and population. 2019 ONS mid-year estimates have been used in this PNA.
Oral contraceptive	A contraceptive in the form of a pill containing oestrogen and/or progestogen to inhibit ovulation and so prevent conception/pregnancy.
Out of hours service	Healthcare cover provided outside the normal working hours of community health care professionals, usually from 6:30pm to 8am Monday – Friday and 24 hours during weekends and Bank Holidays. GP out of hours services in Goole, Beverley and Bridlington can be accessed via the NHS 111 service.
Palliative care	Supportive service for those who are living with a disease that is not curable e.g. cancer, COPD, end-stage heart failure or multiple sclerosis.
PGDs (Patient Group Directions)	PGDs are documents permitting the supply of prescription-only medicines (POMs) to groups of patients, without individual prescriptions.
Pharmaceutical List	A list of contractors who undertake to provide pharmaceutical services from premises in a Health and Wellbeing Board's area.
Pharmacy ("Chemist")	A regulated retail location for the provision of pharmaceutical services.
PODIS (Point of Dispensing Intervention Service)	A service where Pharmacists contribute to the reduction of prescribed unwanted medicines, which currently are wasted at the point of dispensing.
PURMs (Pharmacy Urgent Repeat Medicines Service)	The PURMs is an Enhanced Service to facilitate appropriate access to repeat medication out of hours via NHS111 or via self-referral enabling patients to access an urgent supply of regular medicines when appropriate.
Prescription	An order provided by a prescriber (e.g., doctor, non-medical prescriber) advising of the type and dose of medication for the treatment of illness that is available only with written instructions from a prescriber.
Primary care	Healthcare provided in the community for people making an initial approach to a healthcare professional e.g., family doctors, dentists, pharmacists, optometrists, and ophthalmic practitioners together with district nurses and health visitors, with administrative support. Primary care services provide the first point of contact in the healthcare system, acting as the "front door" of the NHS.
PCN (Primary Care Network)	A group of general practices being a part of a network, typically covering 30,000-50,000 patients. The networks provide the structure and funding for services to be developed locally, in response to the needs of the patients, they serve as part of the NHS Long Term Plan. This is collaboratively and with others in the local health and social care system, including community pharmacies.
CPE (Community Pharmacy England)	The body recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters. References and links to the content on the PSNC website have been made throughout this PNA document.
Quintile	Deprivation quintiles divide areas into fifths according to some measure of deprivation and can be used to analyse variations in health between deprived and affluent sections of the population regardless of where they live. They can be of varying size, e.g., Local Authority or enumeration districts. In this PNA, they have been mainly used at Electoral Ward level.
(the) Regulations	All un-cited uses of the term "Regulations" in the document refer to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, SI 2013/349
Reserved location	A reserved location is designated, in a controlled locality, where the total patient population within 1.6km (1mile) of the proposed location of new pharmacy premises is less than 2,750 at the time an application is received.
Schedule	All un-cited uses of the term "Schedule" refer to Schedules to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, SI 2013/349. Example: "paragraph 26, Schedule 2" refers to paragraph 26 of Schedule 2 to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, SI 2013/349.

Screening service	A service that through a simple test, can diagnose potential illness at various stages of development. Screening can be carried out for various conditions, e.g., Chlamydia and other sexually transmitted diseases.
Sexual health service	A service that provides advice on sexual health and family planning, medical treatment and the promotion of sexual health and wellbeing to men, women, and adolescents.
Social prescribing	A way of linking patients in primary care with sources of support within the community. It provides a non-medical referral option that can operate alongside existing treatments to improve health and well-being.
SAR (Standardised Admission Ratio)	In epidemiology, the standardised admission ratio or SAR, is a value quantifying greater or lesser hospital admission rates of a specified population with respect to the general population, in this case the population of England. Values above 100 indicate a higher level of admission than the national average and values below 100 indicate a lower level of admission.
SMR (Standardised Mortality Ratio)	In epidemiology, the standardised mortality ratio or SMR, is a value quantifying greater or lesser mortality of a specified population with respect to the general population, in this case the population of England. Values above 100 indicate higher mortality than the national average and values below 100 indicate lower mortality.
Statistical significance	Statistical significance refers to whether any differences observed between groups being studied are "real" or whether they are simply due to chance. In this PNA, comparisons are mostly made against England and East Riding averages with 95% confidence intervals.
Stoma	A stoma is an artificial opening of an internal organ on the surface of the body created surgically. It is typically used to treat some types of cancer within the abdominal area or bowel disease where the end of the colon can be re-routed, and an external pouch (stoma pouch) is attached to the opening to collect waste products.
SAC (Stoma appliance customisation)	The customisation of stoma appliances as described under "Stoma" above. This is an Advanced Service.
Stop smoking/ smoking cessation services	Locally Commissioned Public Health services provided to people who want to stop smoking. Services include the use of medication, group support and counselling.
Substance misuse services	Locally Commissioned Public Health Services provided to people who want to stop misusing addictive substances such as drugs and alcohol.
Urban/Rural Classification	<p>The Rural/Urban Definition was introduced in 2004 as a joint project between a number of Government Departments and was delivered by the Rural Evidence Research Centre at Birkbeck College (RERC).</p> <p>For Super Output Areas and Wards, there are three settlement types:</p> <ul style="list-style-type: none"> ▪ Urban (population over 10,000); ▪ Town and Fringe; ▪ Village, Hamlet and Isolated Dwellings. <p>These are assigned to either a 'sparse' or 'less sparse' regional setting to give six classes:</p> <ul style="list-style-type: none"> ▪ Urban (Sparse); ▪ Town and Fringe (Sparse); ▪ Village, Hamlet and Isolated Dwellings (Sparse); ▪ Urban (Less Sparse); ▪ Town and Fringe (Less Sparse); ▪ Village, Hamlet, and Isolated Dwellings (Less Sparse).
Urgent Care Centre	A centre commissioned locally by an NHS governing body where people can receive a range of urgent care services including treatment for minor injuries e.g., cuts, bruises, scalds and suspected closed limb fractures; minor non-life-threatening illnesses; out of hours services. These centres are walk in centres located in Goole, Beverley and Bridlington.
Vascular disease	Vascular disease is a form of cardiovascular disease affecting the blood vessels.
Weight management service	Locally Commissioned Public Health Services provided to overweight people who want to become healthier by losing weight. Services include exercise and diet advice, group support and counselling.

10 Figures and Tables

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