

**North East Lincolnshire Health and Wellbeing Board  
Pharmaceutical Needs Assessment (PNA)  
October 2025 to September 2028**

October 2025

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## Acknowledgements

This needs assessment was developed by the North East Lincolnshire health and wellbeing board pharmaceutical needs assessment steering group which included the following:

Paul McGorry	Humber Local Pharmaceutical Committee
Hayley Patterson	NHS Humber and North Yorkshire Integrated Care Board
Gaynor Rogers	NHS Humber and North Yorkshire Integrated Care Board
Tracy Slattery	Healthwatch North East Lincolnshire (to April 2025)
Glyn Thompson	North East Lincolnshire Council

Expert advice to the steering group was provided by Primary Care Commissioning:

Charlotte Goodson	Primary Care Commissioning
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The health and wellbeing board would also like to thank the following individuals who provided support or who supplied data and information for the needs assessment:

Nicola Ashton	Freshney Pelham Care Ltd
Geoffrey Barnes	North East Lincolnshire Council
Ross Blackwood	North East Lincolnshire Council
Gary Bradley	Core Care Links Ltd
Robert Bulmer	NHS Humber and North Yorkshire Integrated Care Board
Zoe Campbell	North East Lincolnshire Council
Royce Coates	North East Lincolnshire Council
Sean Conolly	North East Lincolnshire Council
John Guilliat	North East Lincolnshire Council
Mel Hannam	NHS Humber and North Yorkshire Integrated Care Board
Lindsay Hudson	North East Lincolnshire Council
Dr Rolan Schreiber	Humberside Local Medical Committee
Sarah Lumley	North East Lincolnshire Council
Laura Peggs	North East Lincolnshire Council
Kelly Pyrah	North Lincolnshire Council
Isabelle Scoffin	North East Lincolnshire Council
Michelle Thompson	NHS Humber and North Yorkshire Integrated Care Board
Rachel Trees	North East Lincolnshire Council

The health and wellbeing board is also grateful to everyone who took part in the pharmaceutical needs assessment consultations and surveys.

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## Glossary

**40 hour pharmacy** - any pharmacy that is not, or has never been, subject to the 100 hours condition, irrespective of the total number of core opening hours they may have.

**100 hour pharmacy** - any pharmacy that is, or has ever been, subject to the 100 hours condition irrespective of whether they have subsequently successfully applied to reduce their total number of core opening hours.

**Appliance Use Review (AUR)** – An advanced pharmaceutical service provided by a pharmacist or a dispensing appliance contractor health professional, designed to improve a patient’s knowledge and use of their appliance.

**Community Pharmacy Contractual Framework (CPCF)** – A national agreement that sets out the services community pharmacies provide and the funding they receive from the NHS.

**Consolidation Application** - This type of application allows the consolidation of services provided by two or more pharmacies, so that the services are provided at just one pharmacy with the other pharmacy closing, where this change wouldn’t create a gap in service provision.

**Discharge Medicines Service** - Following a stay in hospital, a patient’s medicines may have changed. This service ensures that any such changes are identified, and the patient’s records at their GP practice and pharmacy are updated to reduce the risk that the wrong medicines are prescribed and dispensed.

**Dispensing Appliance Contractor (DAC)** – A type of NHS contractor that specialises in the supply (on prescription) of appliances, notably stoma and incontinence appliances.

**Electronic Prescription Service Release 2 (EPSR2)** – The electronic generation, transmission, and receipt of prescriptions. In practice, prescribers such as GPs, are able to send a prescription electronically to a dispenser e.g. a community pharmacy, of the patients choice. This makes the prescribing and dispensing process more efficient for both patients and staff.

**Health and Wellbeing Board (HWB)** – First established in 2013, they are a formal statutory committee of the local authority with a role of instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve health and wellbeing of people locally. HWBs are responsible for PNAs.

**Integrated Care Board (ICB)** – ICBs took on the NHS planning functions previously held by clinical commissioning groups (CCGs) from the 1 July 2022, along with some planning roles from NHS England. In consultation with local partners, the ICBs produce a five-year plan (updated annually) for how NHS services will be delivered to meet local needs. ICBs also contract with providers to deliver NHS services and delegate some funding at place level to support joint planning of some NHS and council-led services.

**Integrated Care Partnership (ICP)** – ICPs operate as a statutory committee, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care. ICPs include representatives from the ICB, the local authorities, and other partners such as NHS providers, public health, social care, housing services and voluntary, community and social enterprise (VCSE) organisations.

**Integrated Care Systems (ICS)** – ICSs are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners, to plan, co-ordinate and commission health and care services. All parts of England are covered by 1 of 42 ICSs. The statutory ICS came into force on the 1 July 2022 and is made up of two key bodies – an integrated care board (ICB) and integrated care partnership (ICP). ICSs are underpinned by joint working at 'place' level through 'place-

based partnerships' involving NHS organisations, local authorities, voluntary and community sector organisations, and local communities, across a smaller footprint than an ICS, often based on the area covered by a local authority.

**Joint Strategic Needs Assessment (JSNA)** – An assessment of the current and future health and social care needs of the local community.

**Minor Ailments Scheme (MAS)** – An enhanced service that enables community pharmacists to advise and supply medicines to people with certain conditions on the NHS without the need to see a GP.

**New Medicines Service (NMS)** – An advanced pharmaceutical service provided by a pharmacist to provide support to patients starting certain new medicines to ensure they are taken safely and to best effect.

**Nicotine Replacement Therapy (NRT)** – Used to reduce withdrawal symptoms as a result of stopping smoking by way of delivering nicotine to the body by means other than by tobacco e.g. nicotine patches, gum, nasal sprays, inhalers, and lozenges.

**Patient Group Direction (PGD)** – An NHS document that permits the supply of prescription only medicines to groups of patients without the need for patients to obtain an individual prescription.

**Pharmaceutical Needs Assessment (PNA)** – A statutory document produced by the local health and wellbeing board to identify current and future needs for pharmaceutical services in its area.

**Pharmacy Contractor** – A type of NHS contractor that dispenses prescriptions for medicines and appliances.

**Pharmacy First** – An advanced pharmaceutical service that enables people to receive treatment for seven common conditions from their local community pharmacy without a GP appointment.

**Place** - In relation to integrated care systems, this refers to a town or district within an integrated care system, often (but not always) within the same boundaries of a council or borough.

**Primary Care Network (PCN)** - A key building block of the NHS long-term plan. They bring general practices together in geographical networks to work at scale.

**Stoma Appliance Customisation (SAC)** - An advanced pharmaceutical service that involves the customisation of more than one stoma appliance, based on the patient's measurements or template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

## Executive Summary

Since 1 April 2013, every health and well-being board (HWB) in England has had a statutory responsibility to publish and keep up to date, a statement of the needs for pharmaceutical services for the population in its area, and this is referred to as a 'pharmaceutical needs assessment' (PNA). This is the fourth pharmaceutical needs assessment for North East Lincolnshire and it assesses how the provision of pharmaceutical services will meet the health needs of the population for the North East Lincolnshire health and wellbeing board area for the period October 2025 to September 2028.

The pharmaceutical needs assessment will primarily be used by NHS Humber and North Yorkshire Integrated Care Board to make commissioning decisions including in its determination as to whether to approve contractor applications to be included in its pharmaceutical list for the area.

Section 128A of the NHS Act 2006 as amended by the Health and Social Care Act 2012, sets out the overarching provisions for pharmaceutical needs assessment and the duties on health and wellbeing boards. These provisions are then expanded upon in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. The North East Lincolnshire health and wellbeing board approved the formation of a partnership steering group, and tasked it with preparing this pharmaceutical needs assessment in line with the Regulations.

Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, includes those services commissioned by NHS Humber and North Yorkshire ICB from pharmacies and dispensing appliance contractors, and the dispensing service provided by some GP practices to eligible patients. This chapter details how the PNA was undertaken locally.

Chapter 2 provides an overview of the demographic and health characteristics of the area. North East Lincolnshire occupies a land area of approximately 192 square kilometres and has a resident population of just over 158,000 according to ONS mid-2023 population estimates. North East Lincolnshire includes the towns and ports of Grimsby and Immingham, and the seaside town of Cleethorpes. The North East Lincolnshire population comprises a higher percentage of older people than that of the England population overall, and the older people population is projected to increase further, all of which will place increased demands on pharmaceutical services, in addition to other health and social care services. North East Lincolnshire is subject to poor health outcomes, with lower life expectancy and higher premature mortality than those for England overall. The pharmaceutical needs assessment has looked at changes which are anticipated within the lifetime of the document, for example changes to the population, and the building of new dwellings.

To ensure that those with a protected characteristic and other patient groups are able to access pharmaceutical services, chapter 3 identifies specific groups that are present in North East Lincolnshire and their likely health needs.

Chapter 4 includes a comprehensive analysis of the provision of pharmaceutical services in North East Lincolnshire, and those providers which are located outside of the area but who provide services to residents of North East Lincolnshire. There are thirty-two pharmacies included in the North East Lincolnshire pharmaceutical list. These pharmacies are provided by twenty-five distinct contractors ensuring a wide choice of provider. There is one pharmacy offering extended opening of 78 hours per week, two distance selling premises, no dispensing appliance contractors (DACs), and two dispensing GP practices. During 2024/25, North East Lincolnshire pharmacies dispensed just over 4 million items. Of all

the dispensed items that were prescribed by North East Lincolnshire GPs, 88% were dispensed by North East Lincolnshire pharmacies. A consequence of North East Lincolnshire being a small area geographically, is that access to pharmacies for the residents of North East Lincolnshire is good overall. The vast majority of North East Lincolnshire residents are within 1.6km, in a straight line, of a pharmacy, and almost all residents of North East Lincolnshire are within a 20-minute drive time of the pharmacy with extended opening hours. Many GP practices are based in modern primary care centres with a co-located pharmacy, with pharmacy opening hours and service provision generally aligned to match those of the primary care centres. Ten pharmacies have core opening on Saturday, and two pharmacies have core opening on Sunday (additional supplementary hour weekend opening is also provided). Other pharmacies are located in retail centres or in suburb centres, with many on reasonable transport routes. In addition to the essential services and dispensing services provided by some GP practices, the health and wellbeing board deemed the advanced services of the new medicine service, pharmacy first, hypertension case-finding service, and seasonal influenza vaccination service, as necessary services. There is good access to these advanced services with comprehensive signpost across North East Lincolnshire.

Services which affect the need for pharmaceutical services either by increasing or reducing demand are identified in chapter 5.

The health and wellbeing board divided North East Lincolnshire into five localities based on clustering of wards. This is consistent with the previous pharmaceutical needs assessment and the joint strategic needs assessment. There are stark health inequalities in North East Lincolnshire, and these are strongly associated with deprivation for which there are high levels in certain localities. Each locality has a dedicated chapter (chapters 6 to 10) which looks at the needs of the population, considers the current provision of pharmaceutical services to residents, and identifies whether current pharmaceutical service provision meets the needs of those residents. Each chapter also considers whether there are any future improvements or better access to pharmaceutical services.

The health and wellbeing board decided to include the services North East Lincolnshire Council commissions from pharmacies within the pharmaceutical needs assessment, however it should be noted that these are not 'pharmaceutical services' as defined by the regulations, but that these are known as locally commissioned services. These are detailed in chapter 11.

**Based on the information available at the time of developing this pharmaceutical needs assessment, which includes population demographics, housing projections, and the distribution of pharmacies and dispensing practices across the health and wellbeing board area, the health and wellbeing board concludes that the current provision will be sufficient to meet the future needs of residents during the three-year lifetime of the pharmaceutical needs assessment. No needs have been identified in the provision of pharmaceutical services.**

**The health and wellbeing board has not identified current gaps in the provision of essential services.**

**The health and wellbeing board has not identified current gaps in the provision of the new medicine service, pharmacy first, hypertension case-finding service, or seasonal influenza vaccination service.**

**The health and wellbeing board has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services, either now or within the lifetime of the pharmaceutical needs assessment.**

# CHAPTER 1

## Introduction

### 1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of the North East Lincolnshire Health and Wellbeing Board's area for a period of up to three years, linking closely to the joint strategic needs assessment. Whilst reports in the joint strategic needs assessment focus on the general health needs of the population of North East Lincolnshire, the pharmaceutical needs assessment looks at how those health needs can be met by pharmaceutical services commissioned by NHS Humber and North Yorkshire Integrated Care Board.

Although NHS England is legally responsible for the commissioning of pharmaceutical services, this function has been delegated to integrated care boards since 1 April 2023.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the relevant integrated care board to be included in the pharmaceutical list for the health and wellbeing board's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the health and wellbeing board's pharmaceutical needs assessment, or to secure improvements or better access similarly identified in the pharmaceutical needs assessment. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the pharmaceutical needs assessment was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the pharmaceutical needs assessment will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the three-year lifetime of the pharmaceutical needs assessment.

Whilst the pharmaceutical needs assessments are primarily a document for integrated care boards to use to make commissioning decisions, they may also be used by local authorities. A robust pharmaceutical needs assessment will ensure those who commission services from pharmacies and dispensing appliance contractors target services to areas of health need and reduce the risk of overprovision in areas of less need.

### 1.2 Health and Wellbeing Board duties in respect of the pharmaceutical needs assessment

Further information on the health and wellbeing board's specific duties in relation to pharmaceutical needs assessments and the policy background to pharmaceutical needs assessments can be found in appendix 1. However, following publication of its first pharmaceutical needs assessment the health and wellbeing board must, in summary:

- Publish revised statements (subsequent pharmaceutical needs assessments), on a three-yearly basis, which comply with the regulatory requirements.
- Publish a subsequent pharmaceutical needs assessment sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes, and
- Produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

### **1.3 Pharmaceutical services**

The services that a pharmaceutical needs assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the health and wellbeing board
- A pharmacy contractor who is included in the local pharmaceutical services (LPS) list for the area of the health and wellbeing board
- A dispensing appliance contractor (DAC) who is included in the pharmaceutical list held for the area of the health and wellbeing board, and
- A doctor or GP practice who is included in a dispensing doctor list held for the area of the health and wellbeing board.

The integrated care boards are responsible for preparing, maintaining, and publishing these lists, and NHS England is responsible for publishing them. In North East Lincolnshire, there are thirty-two pharmacies, zero pharmacies that hold a local pharmaceutical services contract, zero dispensing appliance contractors, and two dispensing practices, these being as at the time of writing.

Pharmacy contractors and dispensing appliance contractors may operate as either a sole trader, partnership, or a body corporate, and The Medicines Act 1968 governs who can be a pharmacy contractor.

#### **1.3.1 Pharmaceutical services provided by pharmacy contractors**

Unlike for GPs, dentists and optometrists, the integrated care boards do not hold contracts with the majority of pharmacy contractors. Instead, they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework (CPCF), details of which (the terms of service) are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are:

- Essential services – all pharmacies must provide these services.

- 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 declared pandemic only)
  - The discharge medicines service.
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements.
    - New medicine service
    - Stoma appliance customisation
    - Appliance use review
    - 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.
- Enhanced services – service specifications for this type of service are developed by NHS England or the integrated care boards and then commissioned to meet specific health needs.
    - Anticoagulation monitoring
    - Antiviral collection service
    - Care home service
    - Coronavirus vaccination service
    - Disease specific medicines management service
    - Emergency supply service
    - Gluten free food supply service
    - Home delivery service
    - Independent prescribing 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

It should be noted that North East Lincolnshire Council is responsible for the commissioning of those enhanced services marked with an asterisk. They may be commissioned by the council directly from pharmacies or may be subcontracted to pharmacies by another organisation that is commissioned to provide the service by the council.

Further information on the essential, advanced, and enhanced services requirements can be found in appendices 2, 3 and 4 respectively.

Underpinning the provision of all these services is the requirement on each pharmacy contractor to participate in a system of clinical governance and promotion of healthy living. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

- A patient and public involvement programme
- An audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff management programme
- An information governance programme, and
- A premises standards programme.

Pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises based on being open for 100 core opening hours per week (referred to as 100-hour pharmacies), which means that they are required to be open for 100 core hours per week, 52 weeks of the year (except for weeks which contain a bank or public holiday, or Easter Sunday). However, the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 were amended with effect from 25 May 2023 to allow 100 hour pharmacies to reduce their core opening hours where certain requirements are met.

- The pharmacy must have at least 72 core opening hours,
- There can be no loss of any core opening hours between 17.00 and 21.00 Monday to Saturday,
- There can be no loss of any core opening hours between 11.00 and 16.00 on Sundays other than by introducing a (or changing an existing) rest break which is no longer than one hour, and starts at least three hours after the pharmacy opens and ends at least three hours before the pharmacy closes, and
- The total number of core opening hours on Sundays cannot be reduced.

At the time the previous pharmaceutical needs assessment was published, there were two 100 hour pharmacies in North East Lincolnshire. At the time of writing, that number has fallen to one, with the remaining pharmacy having reduced its total core opening hours to 78 hours.

Since August 2012 some pharmacy contractors may have successfully applied to open a pharmacy with a different number of core opening hours to meet a need, improvements or better access, identified in a pharmaceutical needs assessment.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens, then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours, and the integrated care board will assess the application against the needs of the population of the health and wellbeing board area as set out in the pharmaceutical needs assessment, to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to change their supplementary opening hours, they simply notify the integrated care board of the change, giving at least five weeks' notice.

Whilst the majority of pharmacies provide services on a face-to-face basis e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as distance selling premises (sometimes called mail order or internet pharmacies).

Distance selling premises are required to provide essential services and participate in the system of clinical governance and promotion of healthy living in the same way as other pharmacies; however, they must provide these services remotely. For example, a patient asks for their prescription to be sent to a distance selling premises via the Electronic Prescription Service, and the contractor dispenses the item and then delivers it to the patient's preferred address. Distance selling premises therefore interact with their customers via the telephone, email, or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery of dispensed items is free of charge. There are two such pharmacies in North East Lincolnshire.

### **1.3.2 Pharmaceutical services provided by dispensing appliance contractors**

As with pharmacy contractors, integrated care boards do not hold contracts with dispensing appliance contractors. Instead, their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

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.

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma appliance customisation, and
- Appliance use review

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme, and
- An information governance programme.

Further information on the requirements for these services can be found in appendix 5.

Dispensing appliance contractors are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours.

The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens, then these form the dispensing appliance contractor's contracted opening hours. The contractor can subsequently apply to change their core opening hours. The integrated care board will assess the application against the needs of the population of the health and wellbeing board area as set out in the pharmaceutical needs assessment, to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours, they simply notify the integrated care board of the change, giving at least three months' notice.

There are zero dispensing appliance contractors in North East Lincolnshire.

### **1.3.3 Pharmaceutical services provided by doctors**

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- Patients must live in a 'controlled locality' (an area which has been determined by the integrated care board or a preceding organisation, as rural in character), more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises), and
- Their practice must have premises approval and consent to dispense to that area.

There are some exceptions to this, for example patients who have satisfied the integrated care board that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

There are two dispensing GP practices in North East Lincolnshire.

### **1.3.4 Local pharmaceutical services**

Local pharmaceutical services contracts allow integrated care boards to commission services, from a pharmacy, which are tailored to specific local requirements. Local pharmaceutical services complement the national contractual arrangements described above but is an important local commissioning tool in its own right. Local pharmaceutical services provide flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under the national contractual arrangements. For the purposes of the pharmaceutical needs assessment the definition of pharmaceutical services includes local pharmaceutical services. There are, however, no local pharmaceutical services contracts within the health and wellbeing board's area, and the integrated care board does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

## **1.4 Locally commissioned services**

North East Lincolnshire Council may also commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services.

North East Lincolnshire Council commissions a needle exchange and supervised consumption service from the charity With You who in turn sub-contracts elements to the pharmacies.

North East Lincolnshire Council also commissions a sexual health ACT (advice, contraception, and testing) service and a C-Card scheme through pharmacies.

Locally commissioned services also include services commissioned from pharmacies by the integrated care board that are not an enhanced service.

Locally commissioned services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

## **1.5 Other NHS services**

Other services which are commissioned or provided by North East Lincolnshire Council, NHS Humber and North Yorkshire Integrated Care Board, or North Lincolnshire and Goole NHS Foundation Trust, and which affect the need for pharmaceutical services are also included within the pharmaceutical needs assessment and are detailed in Chapter 5. Examples include the hospital pharmacies, community nurse prescribers, community pharmacy independent prescribing, palliative and end of life services, and a range of services commissioned by the ICB.

## **1.6 How the assessment was undertaken**

### **1.6.1 Pharmaceutical needs assessment steering group**

The North East Lincolnshire health and wellbeing board has overall responsibility for the publication of the pharmaceutical needs assessment, and the Director of Public Health is the health and wellbeing board member who is accountable for its development. The health and wellbeing board established a pharmaceutical needs assessment steering group with the purpose of ensuring that the health and wellbeing board develops a robust pharmaceutical needs assessment that complies with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and meets the needs of the local population. The membership of the steering group (detailed on page 7) ensured stakeholder representation and provided organisations an opportunity to contribute to the development of the pharmaceutical needs assessment. A number of additional officers were called upon and contributed to the pharmaceutical needs assessment on an ad-hoc basis. The terms of reference for the group can be found in appendix 6. Expert advice, along with the background information, regulatory information, and pharmaceutical services information, were provided by Primary Care Commissioning (PCC).

### **1.6.2 Pharmaceutical needs assessment localities**

The health and wellbeing board has retained the use of localities, as used in the last three pharmaceutical needs assessments, as they are still relevant. These five localities are aggregations of the fifteen electoral wards that North East Lincolnshire is comprised of. The reasoning for this decision includes due to the different characteristics of the populations living within the localities, and to reflect the historic approach taken in the joint strategic needs assessment.

### **1.6.3 Resident engagement**

To gain the views of residents on pharmaceutical services, a questionnaire was developed and made available online via the council website from 20 January to 28 February 2025. As well as promotion on the council's consultation webpages, the questionnaire was also publicised via local media, poster distribution, and through social media channel. The questionnaire was also promoted by North East Lincolnshire Council, Healthwatch, the ICB, the LPC, and GP practices, through their various mailing lists, groups, forums, networks, and newsletters. Healthwatch led the extensive fieldwork and supported residents to complete the survey face to face at a range of venues such as primary care centres, and if patients were unable to access the internet, then they were able to phone Healthwatch for support. The health and wellbeing board is grateful to all those who supported the engagement but particularly to Healthwatch North East Lincolnshire for the fieldwork to encourage completion of the questionnaire. A copy of the questionnaire can be found in appendix 7. The associated press release and poster advert can be found in appendices 8 and 9 respectively. A total of just over 650 residents completed the questionnaire which was an excellent response and shows that the public had lots to say on this topic. The findings from the questionnaire have been used throughout the pharmaceutical needs assessment with the full analysis detailed in appendix 10.

#### **1.6.4 Contractor engagement**

An online questionnaire for pharmacies was undertaken and this was open between 13 February and 31 March 2025.

For the purposes of the questionnaire, the pharmacy opening hours relied upon are those provided by NHS Humber and North Yorkshire Integrated Care Board, as these are the contractual hours that are included in the pharmaceutical list for the area of the North East Lincolnshire Health and Wellbeing Board.

Only four of the thirty-two pharmacies completed the questionnaire, and the health and wellbeing board is grateful to those who did take the time to complete the questionnaire.

The contractor questionnaire and the accompanying letter to inform contractors about the questionnaire are presented in appendices 11 and 12. The findings from the questionnaire are detailed in appendix 13.

#### **1.6.5 Other sources of information**

Information was gathered from NHS Humber and North Yorkshire Integrated Care Board, North East Lincolnshire Council, Care Plus Group, and EQUANS (North East Lincolnshire Council's regeneration partner), regarding:

- Services provided to residents of the health and wellbeing board's area, whether provided from within or outside of the health and wellbeing board's area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the pharmaceutical needs assessment, and
- Any other developments which may affect the need for pharmaceutical services.

A variety of documents and websites were also used throughout the document and have been referenced accordingly. The North East Lincolnshire joint strategic needs assessment (North East Lincolnshire Council, 2024), Director of Public Health Annual Report (North East Lincolnshire Council, 2023), Office for Health Improvement and Disparities (OHID) health profile (Office for Health Improvement & Disparities, 2025), and Office for Health Improvement and Disparities child and maternal health profile (Office for Health Improvement & Disparities, 2025), all provided background information on the health needs of the population.

#### **1.6.6 Equality**

North East Lincolnshire Council recognises that genuine equality of opportunity requires a society in which people are not excluded from the activities of that society, based on race, disability, gender, sexual orientation, religion/belief, gender reassignment, marriage & civil partnership, pregnancy & maternity, or age. This is encapsulated in the North East Lincolnshire Council equalities policy statement which is:

- The Council is committed to ensuring equality of treatment for everyone in connection with service delivery, recruitment, and employment.

- The Council is committed to the broad principles of social justice, is opposed to any form of discrimination, victimisation, and harassment, and accepts all its legal responsibilities in these respects.
- The Council is committed to treating equally everyone with whom its representatives come into contact including current and potential service users, its employees, elected members, and visitors.
- The Council is committed to ensuring that no-one is treated in any way less favourably on the grounds of age, disability, gender reassignment, marriage and/or civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.
- The Council will implement all necessary actions and training to ensure its commitments with regard to equality of treatment are fulfilled and will review progress on a six-monthly basis.

(North East Lincolnshire Council, 2025)

North East Lincolnshire Council has published a 2024 Equality Report (North East Lincolnshire Council, 2024) and an Equalities Community Profile (North East Lincolnshire Council, 2024), which bring together key statistics regarding people in North East Lincolnshire who fall within the protected characteristics as outlined in the Equality Act 2010.

### **1.6.7 Consultation**

The responses to the resident and contractor questionnaires informed the draft pharmaceutical needs assessment.

The statutory 60-day consultation on the draft pharmaceutical needs assessment and detailed in Part 8 of the regulations, ran from 22 September to 21 November 2025. The statutory consultees were written to regarding the consultation, provided a link to the draft pharmaceutical needs assessment and survey, and invited to respond.

A report of the 60-day consultation, including the changes made to the draft pharmaceutical needs assessment to produce this final version, is presented in appendix 18.

## CHAPTER 2

### North East Lincolnshire Demographic and Health Overview

#### 2.1 Geography

North East Lincolnshire lies south of the Humber estuary where it meets the North Sea. North East Lincolnshire borders North Lincolnshire to the west and Lincolnshire to the south. Before 1974 North East Lincolnshire was part of the original County of Lincolnshire. Due to the boundary changes of 1974, the County of Humberside was formed which included the areas of North and North East Lincolnshire, Hull, and East Riding of Yorkshire. The unitary authority of North East Lincolnshire was established on 1 April 1996 with the abolition of Humberside. Devolution involves central Government transfer powers and money to regions, and the Greater Lincolnshire Combined County Authority (GLCCA) was established in 2025, with a focus on the key areas of transport, employment and skills, business, and infrastructure.

North East Lincolnshire occupies a land area of approximately 192 square kilometres and has a resident population of just over 158,000 according to the ONS mid-2023 population estimates (Office for National Statistics, 2023). It includes the towns and ports of Grimsby and Immingham, and the seaside town of Cleethorpes. The majority of North East Lincolnshire's population live in Grimsby and Cleethorpes, with the remainder residing in the smaller town of Immingham and the rural villages that lie close to the northern edge of the Lincolnshire Wolds (North East Lincolnshire Council, 2024).

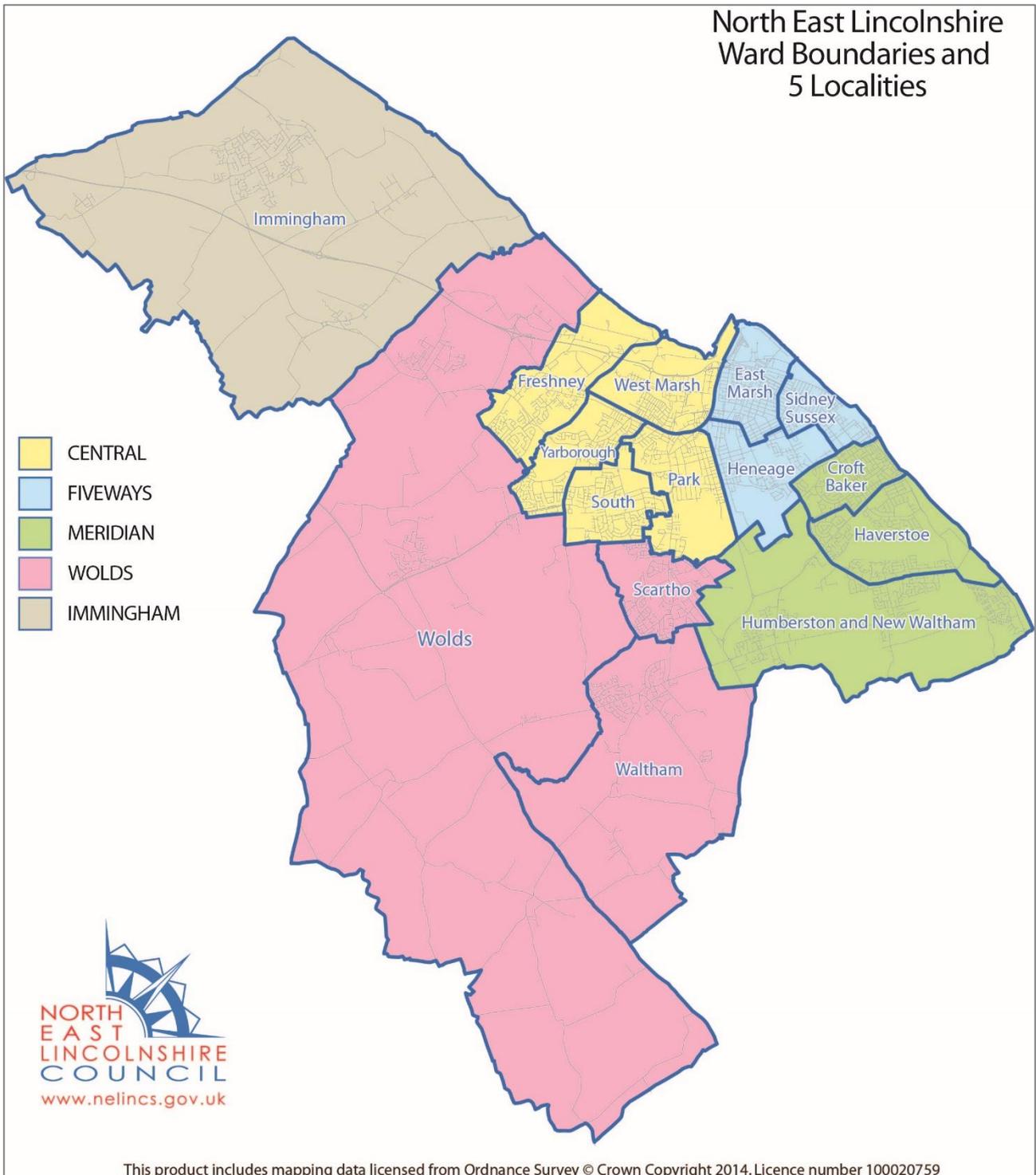
Following administrative boundary changes effective from 1 April 2003, North East Lincolnshire is comprised of 15 electoral wards (North East Lincolnshire Council, 2024). These wards are aggregated into 5 neighbourhoods and are presented in Table 1 and Figure 1. The neighbourhoods have been used as the localities for the purpose of the pharmaceutical needs assessment.

**Table 1** North East Lincolnshire PNA localities and constituent electoral wards

Locality	Constituent Electoral Wards
Immingham	Immingham
Wolds	Scartho, Waltham, Wolds
Central	Freshney, Park, South, West Marsh, Yarborough
Fiveways	East Marsh, Heneage, Sidney Sussex
Meridian	Croft Baker, Haverstoe, Humberston and New Waltham

Figure 1

North East Lincolnshire PNA localities

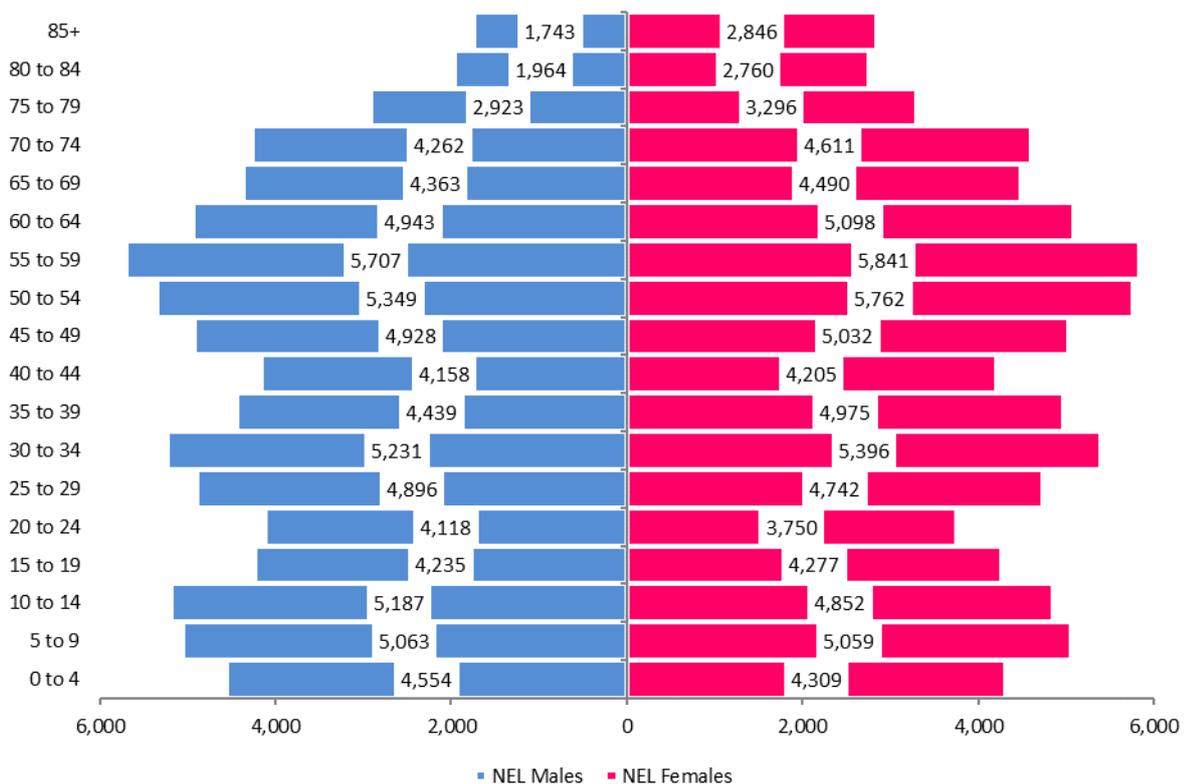


## 2.2 Population

ONS mid-2023 population figures estimate the North East Lincolnshire resident population to be 158,335 individuals (Office for National Statistics, 2023). ONS 2022 based subnational population projections estimate the population will have remained static at 158,062 in 2028 (Office for National Statistics, 2025) which is the period up to which this pharmaceutical needs assessment covers, and the health and wellbeing board is satisfied that any consequential increase in demand for pharmaceutical services as a result of a

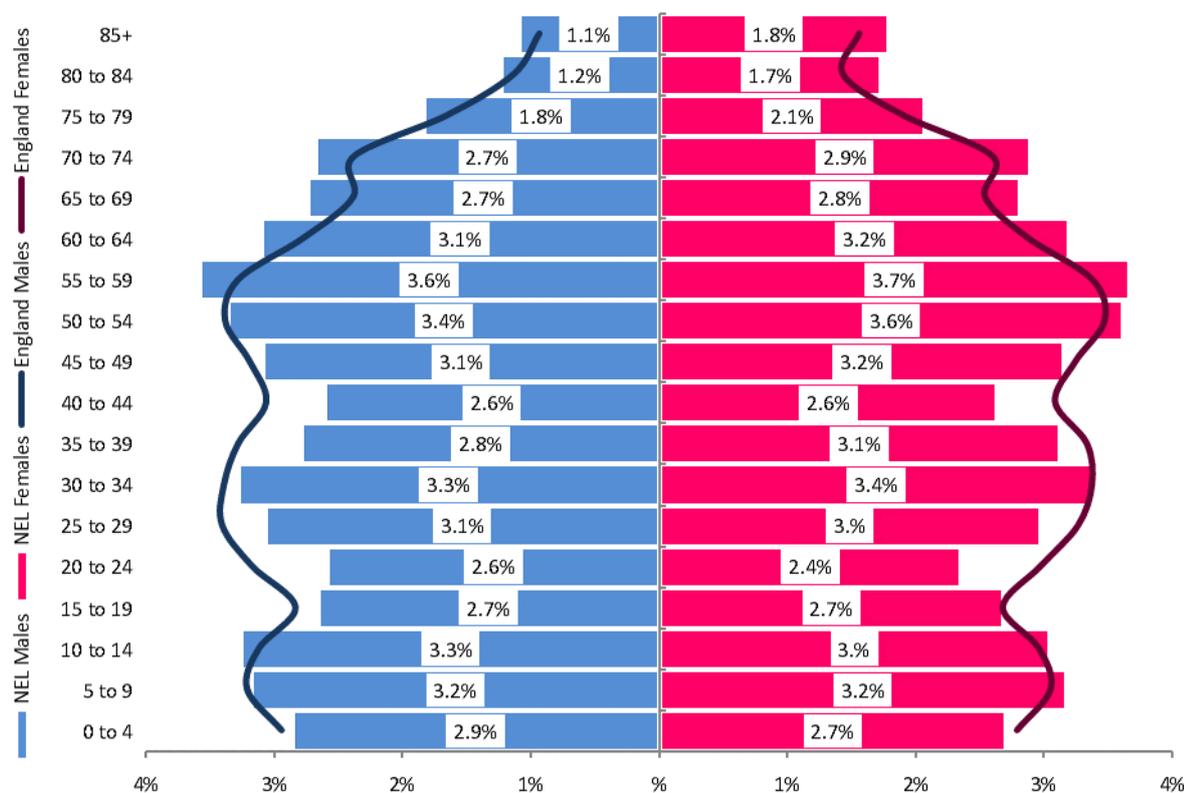
small increase in population size, will also be small and can be met by the existing network of contractors in its area. Population pyramids for the North East Lincolnshire population are detailed in Figure 2 and Figure 3. North East Lincolnshire has a relatively small population of Black, Asian, and Minority Ethnic populations. According to 2019 ONS estimates, there are approximately 7,650 non-White British people in North East Lincolnshire out of a total resident population of around 160,000 which equates to around 4.8%. This compares to around 20.9% of the overall England resident population estimated to be non-White British. Regarding religion, the 2021 Census reports that 45.3% of North East Lincolnshire residents regard themselves as Christian, whilst 46.5% of residents reported having no religion. Net migration has been increasing year on year in the UK and migration can have a considerable impact on the dynamics of a population. Reflecting this trend, an increasing migrant population has also been evident over recent years in North East Lincolnshire, however the local migration rate remains much lower than the national average. Migrant populations are important groups to be understood by health organisations as these populations vary greatly, have specific needs, and are a changing population often at a particularly rapid pace due to shifting work environments.

**Figure 2 North East Lincolnshire population pyramid by 5-year age group and gender, numbers, 2023**



Source: ONS

**Figure 3 North East Lincolnshire population pyramid by 5-year age group and gender, percentages, 2023**



Source: ONS

## 2.3 Housing

The ONS published projected numbers of households based on 2018 figures during 2020 (Office for National Statistics, 2020). Projections for North East Lincolnshire, the Yorkshire and the Humber, and England are presented in Table 2.

**Table 2 Household projections for North East Lincolnshire, the Yorkshire and the Humber and England, 2022 to 2035**

	2025 (number)	2028 (number)	2025 to 2028 % increase	2035 (number)	2025 to 2035 % increase
<b>NE Lincolnshire</b>	71,587	72,025	0.9%	73,153	2.2%
<b>Yorkshire &amp; Humber</b>	2,393,287	2,429,719	1.5%	2,510,749	4.9%
<b>England</b>	24,367,032	24,844,408	2.0%	25,888,615	6.2%

Source: ONS

Whilst the overall numbers of households in North East Lincolnshire are projected to increase from a 2025 baseline, by 0.9% by 2028, and by 2.2% by 2035, these increases are smaller than the increases projected for both the Yorkshire and the Humber, and England.

The North East Lincolnshire Local Plan (North East Lincolnshire Council, 2018) was adopted on 22 March 2018, and covers the period 2013 to 2032. The adopted plan sets out policies and allocates land for specific uses including housing, employment. The local plan allocates housing on more than 60 sites, ranging from

ten dwellings in size to major extensions to the urban area. In addition to the adopted local plan, a five-year housing land supply assessment (North East Lincolnshire Council, 2024) was published in December 2024, covering the five-year period from 1 April 2024 to 31 March 2029. The five-year supply statement takes account of housing allocations set out in the adopted local plan. The assessment is considered a realistic and robust assessment of North East Lincolnshire’s housing land supply situation, measured against the housing requirement set out in the local plan. These documents have been reviewed to determine predicted housing delivery over the lifetime of this pharmaceutical needs assessment. During 2023/24, the housing land supply assessment shows there were 459 dwelling completions. Whilst the Local Plan should be referred to in its own right, allocated sites with anticipated delivery between 2025/26 and 2028/29 are detailed in Table 3. The figures relate to predicted delivery, however in reality some sites may be delayed but the numbers are what is feasible. In addition to the allocated sites by locality, additional non-allocated windfall completions are expected each year mainly from small urban sites.

**Table 3 Predicted housing delivery by PNA locality, 2025/26 to 2028/29**

Allocated sites	Predicted Delivery				Total
	2025/26	2026/27	2027/28	2028/29	
Immingham Locality	37	31	94	70	232
Fiveways Locality	50	59	72	50	231
Central Locality	50	113	120	163	446
Wolds Locality	188	219	228	180	815
Meridian Locality	66	56	70	201	393
Windfall	65	65	65	65	260
<b>Total</b>	<b>456</b>	<b>543</b>	<b>649</b>	<b>729</b>	<b>2377</b>

Source: EQUANS

There are three identified sites already under construction that are predicted to deliver over 100 units during the lifetime of the pharmaceutical needs assessment, and these are detailed in Table 4.

**Table 4 Sites under construction with predicted delivery of >100 units during the lifetime of the PNA**

Site code	Allocated site location	Locality	Predicted Delivery				Total
			2025/26	2026/27	2027/28	2028/29	
HOU076	Scartho Top	Wolds	45	45	45	45	180
HOU128	Former Western School	Central	0	25	45	45	115
HOU141A	Former Matthew Humberston	Meridian	0	0	28	90	118

Source: EQUANS

The biggest development in North East Lincolnshire that is already under construction and over the lifetime of the pharmaceutical needs assessment is the expansion of Scartho Top, with a predicted delivery of 180 units to the end of 2028/29. This is a considerable development, and different elements of social infrastructure will need to be considered. Scartho Top has few facilities or public transport provision, however a supermarket opened in June 2022, with the nearest pharmacy being in Scartho village. The health and wellbeing board has not at this point in time identified a current or future need, improvements, or better access to pharmaceutical services, in relation to this development.

The quantum of new housing required identified in the Local Plan (to 2032) is significant and there is a lack of available brownfield land to meet this need. The Council has identified as many previously developed

('brownfield') sites as possible, however, many of the identified previously developed sites are small due to their location within the built-up urban area. The Council has therefore had to identify greenfield sites for allocation to meet the area's housing need, hence the largest numbers of new houses predicted for the most rural Wolds locality. Overall, it is estimated that 80% of new homes will be provided on greenfield land, and 20% will be provided on previously developed land.

Considering the number of units that are likely to be constructed across North East Lincolnshire during the three year lifetime of this pharmaceutical needs assessment, the health and wellbeing board does not consider it necessary to increase the number of pharmacies at present in the areas of new housing solely because of these housing developments, and the health and wellbeing board is satisfied that any increased demand for pharmaceutical services can be met by the existing network of contractors in its area, during the lifetime of this pharmaceutical needs assessment.

There are considerable differences in housing tenure between localities, which are presented in Table 5.

**Table 5 Housing tenure (%) by locality**

	Owned outright	Owned with mortgage/ loan/ shared ownership	Social rented	Private rented or lives rent free
<b>Immingham (n=5,000)</b>	36.7%	31.0%	16.1%	16.2%
<b>Wolds (n=11,300)</b>	44.4%	37.9%	6.3%	11.3%
<b>Central (n=23,200)</b>	31.0%	28.1%	17.3%	23.6%
<b>Fiveways (n=15,100)</b>	24.3%	23.6%	14.9%	37.2%
<b>Meridian (n=15,200)</b>	43.7%	30.7%	9.3%	16.4%
<b>NE Lincolnshire (n=69,800)</b>	34.9%	29.5%	13.2%	22.5%
<b>England</b>	32.5%	29.8%	17.1%	20.6%

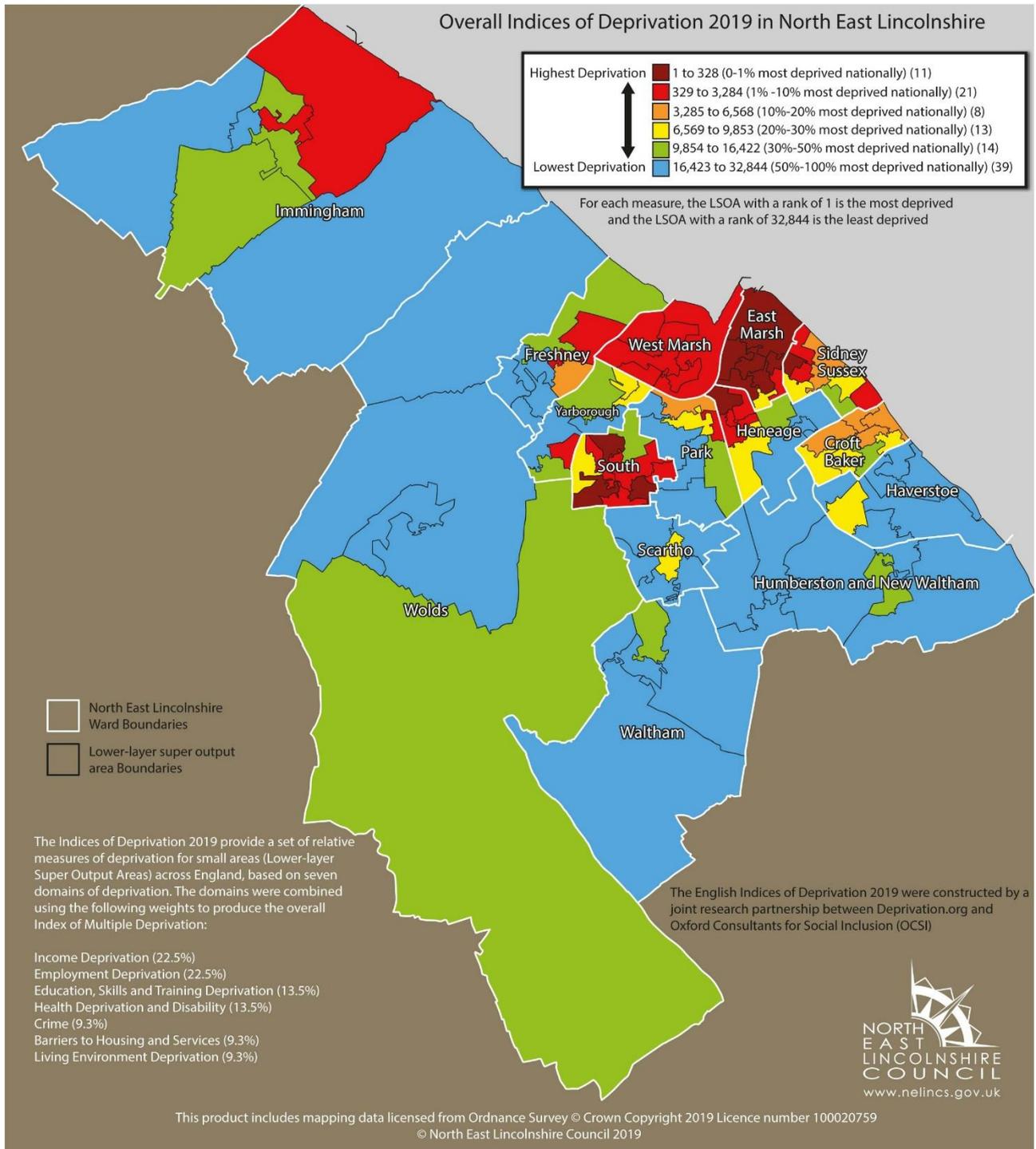
Source: Census 2021 ONS Crown copyright

## 2.4 Deprivation

The English Indices of Deprivation 2019 are a measure of deprivation at Lower Super Output Area (LSOA) level. These indicators are combined to calculate the most widely used of the indices which is the Index of Multiple Deprivation 2019 (IMD 2019), and which gives an overall score for the relative level of multiple deprivation for every LSOA in England. Deprivation is not just financial but refers to a general lack of resources and opportunities. The spread of relative deprivation is presented geographically in Figure 4. Stark health inequalities exist within North East Lincolnshire, and these are strongly associated with deprivation for which there are high levels in certain localities across North East Lincolnshire, particularly within the wards that comprise the Fiveways locality, and also in some of the wards of the Central locality. Overall, North East Lincolnshire is ranked (out of 317), as the 29th most deprived local authority in England,

with 11 of the 106 LSOAs in North East Lincolnshire being in the most deprived 1% of LSOAs in England, and 32 LSOAs in total being in the most deprived 10% of LSOAs.

**Figure 4** Index of Multiple Deprivation by North East Lincolnshire LSOA, 2019



## 2.5 Economy

Until the mid to late 1970's, Grimsby was the largest fishing port in the United Kingdom. For decades the local area had relied upon this industry, but with its decimation the effects on the local area have been enormous, and alternative employment has had to be sought. Thus, since its decline, chemicals, manufacturing, port trade, and food processing, have formed the main economic base of North East Lincolnshire. The port of Immingham is the UK's largest port by tonnage, handling over 46 million tonnes of cargo each year (Associated British Ports, 2025). Grimsby is known as Europe's food town and the area is home to around 500 food-related companies and has one of the largest concentrations of food manufacturing, innovation, storage, and distribution companies in Europe. (South Humber, 2025). Tourists are attracted to the seaside resort of Cleethorpes and to the Lincolnshire Wolds, with more than 11 million people visiting North East Lincolnshire each year (Invest NEL, 2025).

While the number of people in employment has risen recently, out of work benefit claimant rates and the percentage of households that are workless, are both higher in North East Lincolnshire in comparison to the England average (Office for National Statistics, 2025). Many of those who are in work are in temporary or low paid jobs. Disparities in employment prospects are noticeable between localities, and median earnings in North East Lincolnshire (£671 gross per week for full-time workers) are again lower than the England median earnings (£732 gross per week for full-time workers) (Office for National Statistics, 2025). Further economic activity/inactivity figures at locality level are presented within the individual locality chapters.

## 2.6 Health overview

North East Lincolnshire has significant health and social care needs, with considerable health inequalities between different areas of the Borough, and these needs are documented in the North East Lincolnshire Joint Strategic Needs Assessment (JSNA) (North East Lincolnshire Council, 2024). The JSNA is an assessment of current and future health and social care needs. The JSNA is a collaborative effort between the local authority and the integrated care board, with the health and wellbeing board facilitating this process. The Health and Social Care Act 2012 established Health and Wellbeing Boards in each area as a forum, where key leaders from the health and social care system work together to improve the health and wellbeing of their local population.

JSNAs became a requirement from 2008 because of the Local Government and Public Involvement in Health Act 2007, which required the Directors of Public Health, Children's Services, and Adult Social Care, to work jointly to produce a JSNA (HM Government, 2007). The North East Lincolnshire JSNA was first produced in 2008 and has been refreshed each year since. The JSNA should be referred to, however key points are included within this pharmaceutical needs assessment.

The current JSNA (North East Lincolnshire Council, 2024) produced evidence of continuing overall improvement in the health of the population, but little evidence of improvement in the areas of North East Lincolnshire where health is poorest and where social and economic challenges are greatest. It must therefore be acknowledged that there remain considerable health inequality gaps between localities in North East Lincolnshire, and if closing this gap is to be a priority for the health and wellbeing board, then it is the underlying wider determinants of health, in particular employment, poverty, education and skills, and housing which need to be addressed.

## 2.6.1 General health

The Office for Health Improvement & Disparities has published health profiles for each local authority in England (Office for Health Improvement & Disparities, 2025). The North East Lincolnshire profile reports that the health of people in North East Lincolnshire is generally worse than that of England overall, with life expectancy, premature mortality from cardiovascular disease, premature mortality from cancer, adult obesity, smoking prevalence, and road deaths/injuries, all significantly worse than England. The chart presented in Figure 5 and taken from the OHID health profile shows how the health of people in North East Lincolnshire compares with that of England overall.

**Figure 5 North East Lincolnshire Health Profile**



Source: Office for Health Improvement and Disparities, Public health profiles. Crown copyright 2025.

## 2.6.2 Child health

The Office for Health Improvement & Disparities has also published child health profiles for each local authority in England (Office for Health Improvement & Disparities, 2025). The North East Lincolnshire profile reports that the health and wellbeing of children in North East Lincolnshire is generally worse than that of England overall. Specifically, under-18 conceptions, smoking at time of delivery, breastfeeding initiation, attainment, child poverty, children in care, and children killed or seriously injured on roads, are all significantly worse than England. The chart presented in Figure 6 and taken from the OHID child health profile shows how children’s health and wellbeing in North East Lincolnshire compares with that of England overall.

**Figure 6 North East Lincolnshire Child Health Profile**



Source: Office for Health Improvement and Disparities, Public health profiles. Crown copyright 2025.

### **2.6.3 Older people health**

Whilst the overall population of North East Lincolnshire is not projected to increase over the next 5 to 10 years, due to changes in the internal structure of the local population, the number of older people is projected to rise considerably over the next decade, and this is likely to lead to increased demands on health and social care services associated with old age. As mobility decreases with age, consideration needs to be given to the availability of transport and the accessibility of services.

The POPPI (Projecting Older People Population Information) system provides population data and projections of the numbers, characteristics, and care needs, of people aged over 65 years in England at local authority level (Institute of Public Care, 2025). The system is provided by the Institute of Public Care on licence from the Department of Health. In addition to the projected increase in the numbers of older people in North East Lincolnshire, the percentage of the total population comprising older people is also projected to increase. The ONS mid-2023 population figures, estimate that 21.4% of the North East Lincolnshire resident population is aged 65+ years, however POPPI projections suggest that this will rise to 25.1% of the population in 2030 and to 27.0% of the population by 2035. POPPI projections also show a small rise in the over 65 population living alone from 11,850 in 2025 to 12,950 in 2030. Increases are also predicted for older people with limiting long term illnesses and older people with cardiovascular disease.

An ageing population is likely to lead to an increase in the number of prescription items which will result in greater demand for pharmaceutical services, in particular the essential service of dispensing but also related services such as the New Medicine Service (NMS). Older people in care homes also need to be considered. However, overall, the health and wellbeing board is satisfied that this increased demand can be met by the existing network of contractors in its area.

### **2.6.4 Locality health inequalities**

There are considerable health inequalities between localities. Table 6 presents health indicators at locality level and shows figures for North East Lincolnshire, and whether the individual locality figures are higher or lower than the overall local authority figure, and whether any difference is statistically significant. In general, the Wolds and Meridian localities often experience better health outcomes compared to that of North East Lincolnshire overall, whilst parts of Central and all of Fiveways, often experience poorer health outcomes compared to that of North East Lincolnshire overall. Immingham locality often experiences similar health outcomes compared to North East Lincolnshire.

Two of the key health indicators are life expectancy at birth, and deaths considered preventable. There is a wide variation in life expectancy across North East Lincolnshire, with life expectancy in the Wolds and Meridian localities being significantly higher than that for North East Lincolnshire overall, whilst life expectancy in much of the Fiveways and Central localities is significantly lower than that of North East Lincolnshire overall. Inverse to this is preventable mortality, where rates for the Wolds and Meridian localities is significantly lower than the North East Lincolnshire rate, whilst in Fiveways, preventable mortality is significantly higher than the North East Lincolnshire rate. Areas of poorer health outcomes tend to correlate with areas of higher deprivation highlighted in section 2.4.

**Table 6 Health indicators by North East Lincolnshire locality**

	Local Authority	Wolds			Central					Fiveways			Meridian			
	North East Lincolnshire	Immingham	Scartho	Waltham	Wolds	Freshney	Park	South	West Marsh	Yarborough	East Marsh	Heneage	Sidney Sussex	Croft Baker	Haverstoe	Humberston and New Waltham
Life expectancy at birth - male (years)	77.7	↑	↑	↑	↑	↑	↓	↓	↓	↑	↓	↓	↓	↓	↑	↑
Life expectancy at birth - female (years)	82.1	↓	↑	↑	↑	↑	↓	↓	↓	↑	↓	↓	↓	↓	↑	↑
Deaths from all causes - all ages (SMR)	111.5	↓	↓	↓	↓	↓	↑	↑	↑	↑	↑	↑	↑	↑	↓	↓
Deaths from all causes - <75 (SMR)	118.0	↓	↓	↓	↓	↓	↑	↑	↑	↑	↑	↑	↑	↑	↓	↓
Deaths considered preventable - <75 (SMR)	125.8	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
Prevalence of obesity - reception (%)	11.7	↑	↓	↓	↓	↓	↑	↑	↑	↓	↑	↑	↓	↓	↓	↓
Prevalence of obesity - year 6 (%)	26.2	↓	↓	↓	↓	↓	↑	↑	↑	↓	↑	↑	↑	↑	↓	↓
Emergency hospital admissions for injuries - <5 (rate per 10,000)	125.4	↓	↓	↓	↓	↑	↓	↓	↓	↓	↑	↑	↑	↓	↓	↑
Emergency hospital admissions all causes - all ages (SAR)	87.2	↓	↓	↓	↓	↑	↓	↓	↓	↓	↑	↑	↑	↑	↓	↓
Incidence of all cancers - all ages (SIR)	101.6	↑	↓	↓	↓	↑	↓	↑	↑	↓	↑	↑	↑	↓	↓	↓
Incidence of lung cancer - all ages (SIR)	127.5	↑	↓	↓	↓	↑	↓	↑	↑	↓	↑	↑	↑	↓	↓	↓
Hospital stays for self-harm (SAR)	102.2	↓	↓	↓	↓	↓	↑	↑	↑	↑	↑	↑	↑	↑	↓	↓
People with limiting long-term illness or disability (%)	19.5	↑	↓	↓	↓	↓	↓	↑	↓	↓	↑	↑	↓	↓	↓	↑
Smoking at delivery (%)	18.7	↓	↓	↓	↓	↓	↓	↑	↑	↓	↑	↑	↑	↓	↓	↓

Source: OHID

- ↑ Higher figure compared to the NEL figure (significantly better outcome)
- ↑ Higher figure compared to the NEL figure (better but difference not significant)
- ↑ Higher figure compared to the NEL figure (worse but difference not significant)
- ↑ Higher figure compared to the NEL figure (significantly worse outcome)
- ↓ Lower figure compared to the NEL figure (significantly better outcome)
- ↓ Lower figure compared to the NEL figure (better but difference not significant)
- ↓ Lower figure compared to the NEL figure (worse but difference not significant)
- ↓ Lower figure compared to the NEL figure (significantly worse outcome)

SAR = standardised admission ratio  
 SIR = standardised incidence ratio  
 SMR = standardised mortality ratio

The health and wellbeing board considers that the commissioning and delivery of services through existing pharmacies should prioritise addressing those areas that are the most problematic in North East Lincolnshire to support overall health improvement, but with a particular emphasis on delivering the broader public health agenda to reduce health inequalities. Services that address lifestyle issues such as will be of benefit to the local population, particularly in the Central and Fiveways localities which have the poorest health outcomes and the highest levels of deprivation. The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improve the health and wellbeing of the local population, and help to reduce health inequalities. All community pharmacy contractors were required to become a HLP within the essential services component of the community pharmacy contractual framework, in 2020/21, and this reflects the priority attached to public health and prevention work. (Pharmaceutical Services Negotiating Committee, 2022). The health and wellbeing boards supports providers of health and care services working collaboratively to reduce health inequalities.

## CHAPTER 3

### Identified Patient Groups – particular health needs

#### 3.1 Overview

The following patient groups have been identified as living within, or visiting, North East Lincolnshire:

- Those sharing one or more of the following Equality Act 2010 protected characteristics,
  - Age
  - Disability, which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities
  - Pregnancy and maternity
  - Race which includes colour, nationality, ethnic or national origins
  - Religion (including a lack of religion) or belief (any religious or philosophical belief)
  - Sex
  - Sexual orientation
  - Gender reassignment
  - Marriage and civil partnership
- Students
- Offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Visitors to sporting and leisure facilities in the county, for example visitors to the seaside resort of Cleethorpes, Grimsby Town football club etc.

Whilst some of these groups are referred to in other parts of the pharmaceutical needs assessment, this section focusses on their particular health issues.

#### 3.2 Age

Health issues tend to be greater amongst the very young and the very old.

For older people:

- The overall population is ageing. Life expectancy is increasing, the birth rate is falling, and the expectations of people of our health and social care system have increased.
- Just over a fifth of the North East Lincolnshire population are aged 65 years or over which is a higher percentage than for England overall.
- Population projections for North East Lincolnshire suggest a considerable increase in the 65 years and over population, with a marked increase in the 85 years and over population too.
- An ageing population produces considerable social and economic challenges to an area and places particular demands on public services.

- People are living longer with chronic conditions and the health service designed in an era to focus on acute care is having to transform.
- With increasing age and survival comes the potential for cumulative numbers of long-term conditions. Multi-morbidity is strongly correlated with age and deprivation. People in deprived communities have been found to have the same prevalence of multi-morbidity as people who were to 15 years older in more affluent conditions (Barnett, 2012).
- The structures of families through labour market changes and family breakages have fragmented sources of support and loneliness has become an issue for many older people, with detrimental effects on wellbeing and resilience.
- There are conditions associated with older age e.g. sensory impairment, dementia, falls, frailty etc.
- Frailty is a major health condition associated with ageing. Frailty is a state of increased vulnerability from not being able to adequately recover from stressor events which increase the likelihood of poor outcomes and is a consequence of cumulative age-related conditions (Buckinx, et al., 2015). A study in North East Lincolnshire regarding the local burden of disease, determined that frailty affects up to 50% of our population aged 80 years and over.
- Loneliness and social isolation can have implications for physical health and lead to higher rates of mortality. The number of over 65s living alone in North East Lincolnshire is estimated at just under 12,000 people.
- At the time of the 2021 census, it was determined that 25% of all unpaid carers were aged 65 years and over.
- Appropriate housing, transport, social inclusion, civic participation, and communication, all influence how age friendly a neighbourhood is.
- The Office for Health Improvement & Disparities has published a dementia and healthy ageing profile (Office for Health Improvement & Disparities, 2025) for North East Lincolnshire which should be referred to.

For children:

- As a whole, the health and wellbeing of children in North East Lincolnshire is worse than that for England overall.
- Childhood attainment; 16- to 18-year-olds not in education, employment or training; children in low-income families; children killed or seriously injured on the roads, child obesity; hospital admissions for dental caries; under 18 conceptions; smoking status at time of delivery; and breastfeeding initiation, are all worse in North East Lincolnshire compared to England.
- There is strong evidence that lifestyle behaviours that impact on longer term health and social care outcomes in adults are closely linked to lifestyle in the teenage years. Influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults.
- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment, however young mothers are among the groups least likely to breast feed.
- Nationally, the diagnosis of sexually transmitted infections in young people, such as Chlamydia, has increased by 25% over the past ten years. Untreated sexually transmitted infections can have longer term health impact including fertility. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer-term health and life chances of both mothers and babies.
- Alcohol use is contributing to increased pressure on a wide range of agencies including health, housing, social care, police, and the voluntary sector.

- Public Health England has published a child health profile (Office for Health Improvement & Disparities, 2025) for North East Lincolnshire which should be read (see section 2.6.2).

### **3.3 Disability**

- There is a strong relationship between physical disability and mental ill health; being physically disabled can increase a person's chances of poor mental health and vice versa. Mental ill health can be a disability. Under the Equalities Act, conditions such as cancer, HIV, and multiple sclerosis are specified as disabilities.
- Co-morbidity of disabling conditions.
- People with learning disabilities are living longer and as a result, the number of older people with a learning disability is increasing.
- Information regarding children with special educational needs (SEN) and disability is included within the Children's JSNA. There are more than double the number of males with SEN than females. There are considerable variations in the percentages of pupils with SEN between individual schools. There are also inequalities in SEN status by free school meal status, with more than double the percentage of pupils eligible for free school meals recorded as having an Education, Health and Care (EHC) plan or with SEN support, compared to the percentage of pupils not eligible for free school meals. Of the pupils with an EHC plan, the most common primary needs are severe learning difficulty and autistic spectrum disorder. Of the pupils with SEN support, the most common primary needs are moderate learning difficulty, specific learning difficulty, and social emotional and mental health. (North East Lincolnshire Council, 2024)

### **3.4 Pregnancy and maternity**

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- Backache
- Constipation
- Cramp
- Deep vein thrombosis
- Faintness
- Headaches
- High blood pressure and pre-eclampsia
- Incontinence
- Indigestion and heartburn
- Itching
- Leaking nipples
- Morning sickness and nausea
- Nosebleeds
- Urinating a lot
- Pelvic pain
- Piles (haemorrhoids)
- Skin and hair changes
- Sleeplessness

- Stretch marks
- Swollen ankles, feet, fingers
- Swollen and sore gums, which may bleed
- Tiredness
- Vaginal discharge
- Vaginal bleeding
- Varicose veins.

North East Lincolnshire infant mortality rates and childhood vaccination rates are better than the corresponding rates for England, however the local under 18 conception rate is much higher than the England rate (Office for Health Improvement & Disparities, 2025).

### **3.5 Race**

North East Lincolnshire has a relatively small black and other minority ethnic population.

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, tuberculosis, and diabetes.
- An increase in the number of older black and minority ethnic people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Black and minority ethnic populations may face discrimination and harassment and may be possible targets for hate crime.

### **3.6 Religion or belief**

- Possible link with ‘honour-based violence’ which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious, and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and belief, however it should be noted that hate crime can occur in relation to most characteristics under the Equalities Act.
- The 2021 Census reports that 45.3% of the North East Lincolnshire population class themselves as Christian, 46.5% have no religion or belief, and 1.2% are Muslim (Office for National Statistics, 2021).

### **3.7 Gender**

- Male life expectancy at birth for the period 2021-23 in North East Lincolnshire is 77.5 years which is lower than the England figure of 79.1 years. For females, the North East Lincolnshire figure is 80.9 years whilst the England figure is 83.1 years.
- Male healthy life expectancy at birth for the period 2021-23 in North East Lincolnshire is 54.7 years which is lower than the England figure of 61.5 years. For females, the North East Lincolnshire figure is 54.3 years whilst the England figure is 61.9 years.

- Females have a longer life expectancy at 65 compared to men within North East Lincolnshire (19.9 and 17.9 years respectively).
- Life expectancy varies considerably within North East Lincolnshire and correlates with deprivation. Male life expectancy ranges from 70.7 years for East Marsh ward to 81.2 years for Scartho ward, which is a gap of 10.5 years. Female life expectancy ranges from 75.9 years for East Marsh ward to 86.3 years for Haverstoe ward, which is a gap of 10.4 years.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health (Pharmacy Consumer Research, 2009) into the use of pharmacies in 2009 showed men aged 16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment, due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- The mortality rate for coronary heart disease (CHD) is much higher in men, and men are more likely to die from CHD prematurely. Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The proportion of men and women who are obese is roughly the same, although men are markedly more likely to be overweight than women, and present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
- Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women. Among older people, the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific.
- Victims of domestic violence are at high risk of serious injury or death.

### **3.8 Sexual orientation**

Sexual orientation was added to the Census in 2021. The question was voluntary and was asked of people aged 16 years and over. Overall, estimates of the LGBT community are unreliable particularly at small geographic levels. North East Lincolnshire responses show 90.8% of the population as Heterosexual, 1.2% Gay or Lesbian, 1.1% Bisexual, with 6.6% not answering the question. Estimates of LGBT prevalence are likely widely under reported as they are sensitive issues and defining sexual identity is complex.

Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health (Stonewall, 2018).

Some issues are highly prominent within parts of the LGBT community which includes the consumption of various forms of stimulant and drug taking, and being likely to drink often, although how this translates to quantity and 'binge' drinking is not clear. Overall, a greater percentage of gay and bisexual men attempt to take their own life than for the general male population overall. A greater percentage of lesbian women deliberately harm themselves compared to the general female rate.

Locally there is no obvious LGBT 'Scene' and homophobic attitudes may prevail in certain areas.

An Adolescent Lifestyle Survey (ALS) of secondary school pupils in Years 7 to 11 (ages 11 to 16) was carried out in North East Lincolnshire during October 2024, with over 6,000 pupils participating. Pupils in Years 9-11 were asked regarding their sexual orientation, and there were just over 4,000 responses with the findings as follows.

Orientation	Percentage
Straight	81%
Gay/Lesbian	3%
Bisexual	6%
Some other way	4%
Don't know	6%

Source: NEL ALS 2024

### 3.9 Gender re-assignment

Gender Identity Research and Education Society (Gender Identity Research & Education Society, 2015).

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication.
- Transgender people face several barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.
- Being transgender, non-binary or non-gender, and any discomfort that a person feels with their body; with the mismatch between their gender identity and the sex originally registered on their birth certificate; their place in society; or with their family and social relationships, is not a mental illness. Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

An Adolescent Lifestyle Survey (ALS) of secondary school pupils in Years 7 to 11 (ages 11 to 16) was carried out in North East Lincolnshire during October 2024, with over 6,000 pupils participating. 46% of respondents identified as male, 48% as female, 1% as non-binary and 3% preferred not to say.

### 3.10 Marriage and civil partnership

- Victims of domestic violence are at high risk of injury.
- People who are divorced or separated are more likely to have mild to moderate mental ill health.
- There may be protective factors of being in a marriage or civil partnership against issues that are faced by people living alone.

### 3.11 Students

University Centre Grimsby offers dedicated facilities for its higher education students. Courses range from foundation degrees to top-up and full honours degrees, in varied subjects (The Complete University Guide, 2025). North East Lincolnshire also has several sixth forms including a dedicated sixth form college. Health issues particularly pertinent to student populations are:

- Mumps
- Screening for sexually transmitted diseases, and contraception including emergency hormonal contraception (EHC) provision. The locally authority commissions an integrated sexual health service, which includes a pharmacy advice, contraception and testing (ACT) service along with a C-Card scheme.
- Smoking cessation
- Meningitis
- Mental health problems are more common among students than the general population.

### 3.12 Offenders

A group suffering significant health inequalities are people in prisons and other places of detention, such as police custody suites and young offender's institutions. This group experiences a higher burden of chronic illness, mental health, and substance use (drugs, alcohol, and tobacco) problems than the general public. Members of this group often come from already marginalised and underserved populations in the wider community (O'Moore, 2015). Poor access to healthcare prior to their sentencing alongside the impact of social, economic, and cultural factors means people serving in prison are likely to have a number of pre-existing health problems (Mathis & Schoenly, 2008). This can be exacerbated by the prison environment itself, with health issues ranging from long-term medical conditions to mental health problems, substance use and sexual health concerns. These issues may be enduring and require support and treatment after offenders have been released upon completion of sentence or on probation. There is no prison in North East Lincolnshire, however high crime rates and high levels of re-offending means there is a considerable local cohort entering and leaving the prison population.

The North East Lincolnshire first time offending rate (recorded as having received their first conviction, caution or youth caution) for 2022 was 207 per 100,000 population. The local rate being higher than both the England (266) and Yorkshire and the Humber (185) rates.

The North East Lincolnshire rate of juveniles (10-17 year olds) receiving their first conviction, caution or youth caution during 2023, was 105.4 per 100,000 population. The local rate being lower than both the England (143.4) and Yorkshire and the Humber (158.5185) rates. Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children. Suicide is a leading cause of death among young people, and groups who are vulnerable include those in the youth justice system.

### **3.13 Homeless and rough sleepers**

Rough sleepers are one of the most marginalised and socially excluded groups in society today. Many rough sleepers have histories of poor mental health, disability, long-term health problems, being in care as a child, substance use, imprisonment, and unemployment. Rough sleepers therefore suffer from poor health outcomes that are linked to their general socioeconomic and environmental circumstances, their restricted social and community networks, and the individual factors of their current lifestyle

A recent needs assessment of rough sleepers in North East Lincolnshire (North East Lincolnshire Council, 2019) determined that every rough sleeper is unique, with a specific set of circumstances that have led to them sleeping on the street, however, there were a number of issues which were particularly prevalent among rough sleepers, such as relationship breakdown, the impact of welfare reform policies, access to healthcare, and substance use.

Harbour Place is North East Lincolnshire's major provider of services for rough sleepers, offering both a day centre and a night shelter. Access to non-medical prescribers is via the prescribers at With You, who provide drug and alcohol, along with mental health services in North East Lincolnshire for adults and young people.

Rough sleeping sits at the very end of the spectrum of homelessness, happening when all other options have been exhausted, and as such is only a small percentage of the total number of people considered to be homeless. Homelessness includes people who have no accommodation available, are threatened with homelessness, if it is 'unreasonable' to expect someone to continue to occupy their accommodation, and those fleeing violence.

The North East Lincolnshire Council Homelessness Prevention Service support residents in conjunction with the community sector who have housing needs, recognising that it can be very difficult when someone has been homeless for some time to integrate back into permanent housing, work, and a stable life.

### **3.14 Traveller and gypsy communities**

Travellers are a group considered to face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance use, and diabetes. These issues are representative of various lifestyle factors alongside issues of poor education, lack of integration with mainstream support services and a lack of trust in such institutions. A range of procedures are in place regarding travellers arriving in North East Lincolnshire, and this includes a welfare visit where details of local health services are provided. Travellers are also asked if there are children that require schooling, and are provided with information regarding how travellers can access housing advice for settled accommodation.

### **3.15 Refugees and asylum seekers**

An asylum seeker is someone who has applied for asylum and is waiting for a decision as to whether or not they are a refugee, which in the UK means an asylum seeker is someone who has asked the Government for refugee status and is waiting to hear the outcome of their application (UNHCR, 2022). Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied

children, and people with significant mental ill-health. Whilst many asylum seekers arrive in relatively good physical health, some asylum seekers can have increased health needs relative to other migrants, due to the situation they have left behind them, their journey to the UK. and the impact of arriving in a new country without a support network.

The most common physical health problems affecting asylum seekers include:

- Communicable diseases – immunisation coverage level may be poor or non-existent for asylum seekers from countries where healthcare facilities are lacking. Active or latent TB may be an issue for individuals from particular areas.
- Sexual health needs – UK surveillance programmes of sexually transmitted diseases (except HIV) do not routinely collect data on country of origin. Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women,
- Chronic diseases such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to lack of healthcare services,
- Dental disorders – dental problems are commonly reported amongst refugees and asylum seeker, and
- Consequences of injury and torture.

With regards to women's health:

- Poor antenatal care and pregnancy outcomes.
- Uptake rates for cervical and breast cancer screening are typically very poor.
- Other concerns include female genital mutilation and domestic violence, although there is a lack of prevalence data.

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services.

Whilst refugees and asylum seekers can have complex health needs, there is no evidence that refugees and asylum seekers use a disproportionate share of NHS resources, and migrants in the UK and elsewhere in Europe tend to use fewer services than native populations. (British Medical Association, 2022)

Refugees may not fully understand how to navigate the local health system which includes pharmacy use, and there may be knowledge gaps around the usage of routine medicines (both prescribed and over the counter).

North East Lincolnshire has welcomed refugees as part of government resettlement schemes.

There are potential language communication issues for refugees, asylum seekers, and migrants in general, who do not speak English well. English may also not be the first language of some of our local pharmacists. To help understand access issues, the pharmacy contractor questionnaire asked if any other languages are available to patients from staff at the premises. Of the four pharmacies that responded, three pharmacies reported that other languages are spoken in the pharmacy, and these languages were Hindi, Iranian, Polish, Romanian, Telugu, and Urdu. It is recognised that unless languages are spoken throughout a pharmacy's opening hours then it is of little use, if for example only one member of staff can speak a particular language, but they are not there throughout.

### **3.16 Visitors to sporting and leisure facilities in North East Lincolnshire**

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of North East Lincolnshire. As they may only be in the area for day visits or on holiday for a week, their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription, or
- The need for repeat medication,
- Support for self-care, or
- Signposting to other health services such as a GP or dentist.

There may be alcohol related A&E attendances from non-residents utilising the local night time economy. People who live outside of North East Lincolnshire but who work or study in the area may use other local health services such as sexual health services etc.

Overall, the volume of visitors is likely to be highest in Cleethorpes and in the summer months, with more than 11m visitors to North East Lincolnshire overall each year (South Humber, 2025).

The NHS Pharmacy First Service has been commissioned by NHS England. Therefore, where seasonal visitors forget to bring their regular medicine(s) or require advice for a minor illness, and phone the 111 service, they will be triaged and referred to a pharmacy providing this service. Alternatively, pharmacies could make a private supply where appropriate to do so under the Human Medicine Regulations 2012.

## CHAPTER 4

### Provision of Pharmaceutical Services

#### 4.1 Necessary services: current provision within the health and wellbeing board's area

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations, as amended as those services that are provided:

- within the health and wellbeing board's area and which are necessary to meet the need for pharmaceutical services in its area, and
- outside the health and wellbeing board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area.

For the purposes of this pharmaceutical needs assessment, the health and wellbeing board has defined necessary services as:

- essential services provided at all premises included in the pharmaceutical list
- the advanced services of the new medicine service, pharmacy first, hypertension case-finding service, and seasonal influenza vaccination, and
- the dispensing service provided by some GP practices.

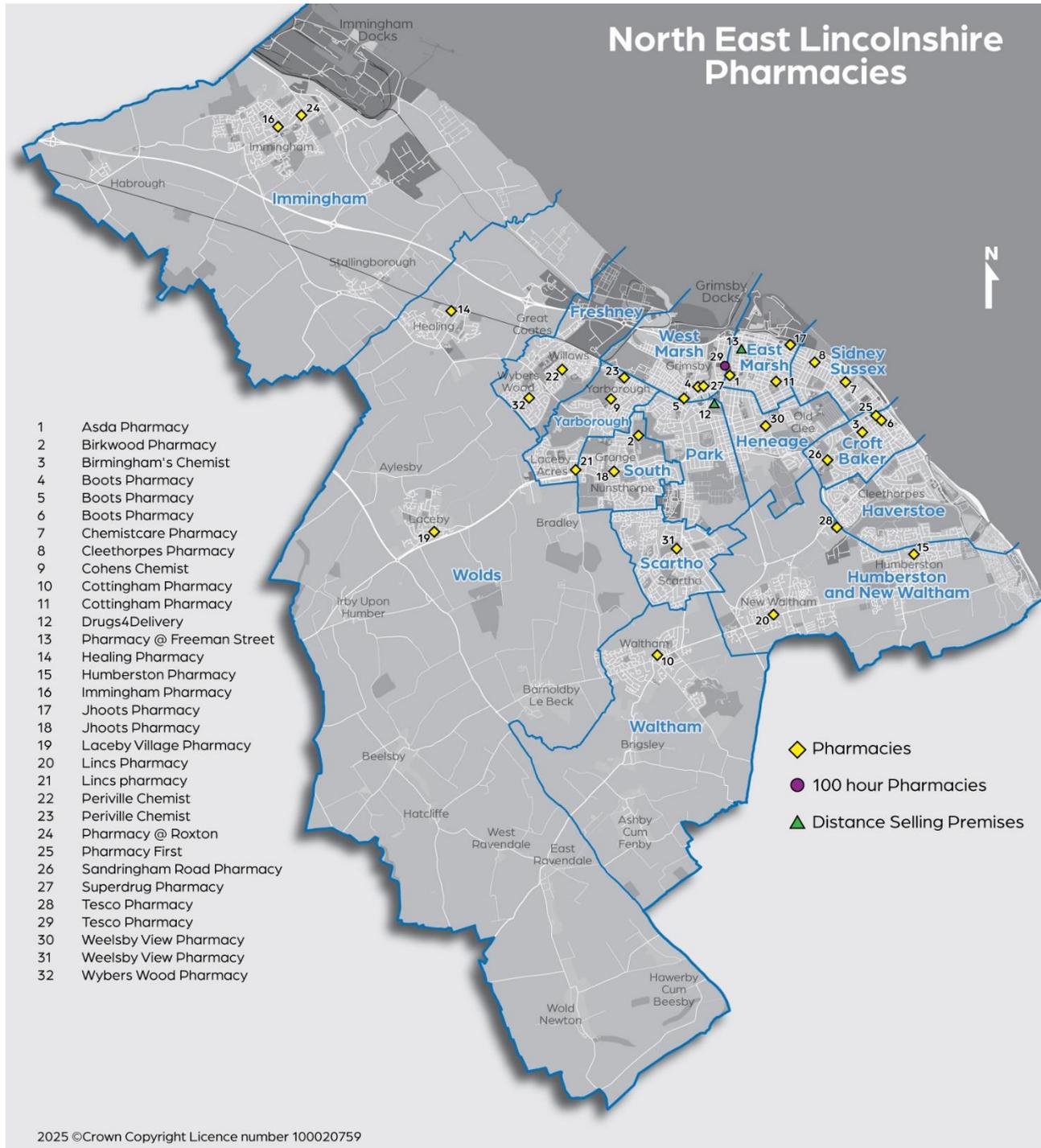
The North East Lincolnshire pharmaceutical list was supplied by NHS Humber and North Yorkshire ICB, which shows there are thirty-two pharmacies operating in North East Lincolnshire. Thirty-two pharmacies equate to 2 pharmacies per 10,000 resident population. The locations of these pharmacies are presented in Figure 7. One of the pharmacies offers extended opening of 78 hours per week, and two pharmacies are distant selling premises. There is no dispensing appliance contractor based within North East Lincolnshire, and there are no pharmacies providing local pharmaceutical services.

There is a choice of twenty-five different pharmacy contractors which includes both single and multiple contractors:

- A Karim Pharma Ltd (Humberston Pharmacy)
- Asda Stores Ltd (Asda Pharmacy)
- Bemsiz Healthcare Limited (Cottingham Pharmacy)
- Birmingham's Chemist Ltd (Birmingham's Chemist)
- Boots UK Limited (Boots Pharmacy x 3)
- Edunne Healthcare Ltd (Healing Pharmacy)
- Gorgemead Limited (Cohens Chemist)
- Health Provision Limited (Pharmacy @ Freeman Street and Pharmacy @ Roxton)
- JS Lloyds Pharma Ltd (Immingham Pharmacy)
- Karma Medical Solutions Limited (Chemistcare Pharmacy)
- Lincolnshire Co-Op Chemist Ltd (Cleethorpes Pharmacy and Wybers Wood Pharmacy)
- LP SD Eighty Four Limited (Jhoots Pharmacy)
- LP SD Eighty One Limited (Lincs Pharmacy)
- LP SD One Hundred Three Limited (Jhoots Pharmacy)
- LP SD Seventy Nine Limited (Lincs Pharmacy)
- Periville Ltd (Periville Chemist x 2)
- Sai Dutt Ltd (Cottingham Pharmacy)
- Sandringham Road Pharmacy Ltd (Sandringham Road Pharmacy)
- Superdrug Stores plc (Superdrug Pharmacy)
- Tatari Realty Company Ltd (Drugs4Delivery)
- Tesco plc (Tesco Pharmacy x 2)
- Thorpe Pharma Ltd (Pharmacy First)
- Warwick Healthcare Ltd (Birkwood Pharmacy)
- Weelsby View Pharmacy Ltd (Weelsby View Pharmacy x 2)
- Zimah Ltd (Laceby Village Pharmacy)

Figure 7

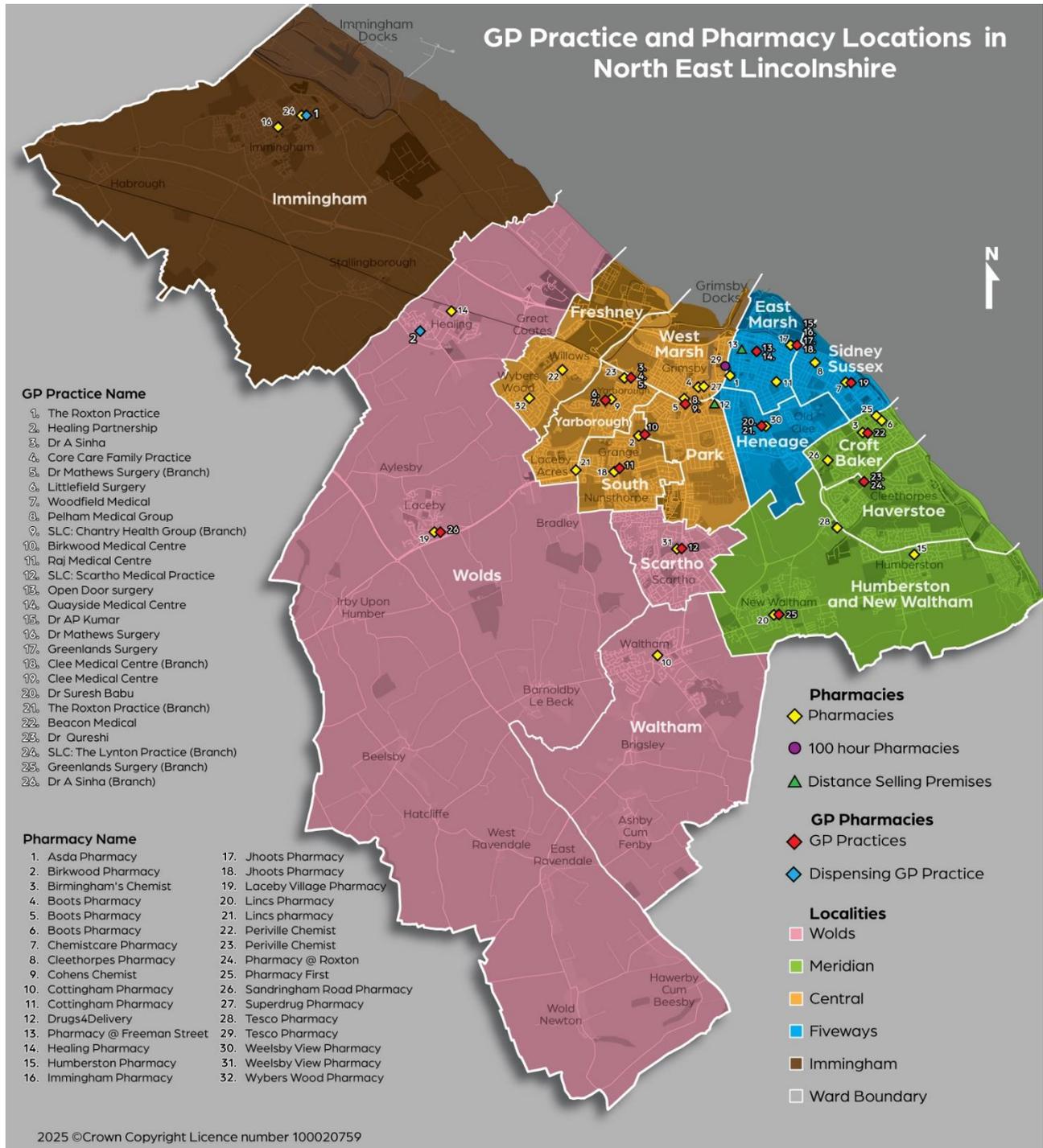
North East Lincolnshire pharmacy locations



An updated pharmacy access scheme (revised PhAS) started from January 2022, to continue to support patient access to isolated eligible pharmacies. Eligibility for PhAS continues to be based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. Eligible pharmacies must also provide the community pharmacist consultation service (CPCS). Eligible pharmacies receive additional payments via the community pharmacy contractual framework (CFCF). There are five revised PhAS pharmacies in North East Lincolnshire, two of which are in the Wolds locality (Laceby village and Healing pharmacy), and three of which are in the Meridian locality (Tesco Cleethorpes, Lincs Pharmacy in New Waltham, and Humberston Pharmacy).

There are nineteen GP practices operating in North East Lincolnshire and the locations of these practices are shown in Figure 8. Many GP practices are co-located with other practices in several purpose-built medical centres across North East Lincolnshire, many of which have an on-site pharmacy. Some GP practices also have branch surgeries from which they operate in addition to their main surgery, and these are also shown in Figure 8. The Roxton Practice and Healing Partnership are both dispensing GP practices.

**Figure 8 North East Lincolnshire GP practice and pharmacy locations**



GP practices work together in groups of practices known as primary care networks (PCNs). In North East Lincolnshire, the nineteen GP practices are grouped into five PCNs as follows.

- Apollo – Beacon Medical, Raj Medical Centre, Core Care Family Practice, Healing Partnership
- Freshney Pelham – Pelham Medical Group, Woodford Medical, Littlefield Surgery
- Meridian Health Group – The Roxton Practice, Open Door Surgery, Quayside Medical Centre
- Panacea – DR AP Kumar, Clee Medical Centre, Birkwood Medical Centre, DR A Sinha, Dr Mathews, Dr Qureshi, Greenlands Surgery, Dr Suresh Babu
- SLC Medical Group – Scartho Medical Centre, Chantry Health Group (branch), The Lynton Practice (branch)

The supply of medicines to patients outside of secondary care can be done in several ways, however the vast majority of prescriptions for medicines are prescribed on an NHS prescription form (FP10). NHS prescriptions are dispensed by pharmacies, or dispensing doctor practices. Community pharmacies, dispensing doctor practices and dispensing appliance contractors, also dispense appliances, such as incontinence supplies which are also prescribed using FP10 forms (NHS Business Services Authority, 2017).

NHS Prescription Services, which is part of the NHS Business Services Authority (NHSBSA), uses NHS prescription forms to calculate how much pharmacies, GPs who dispense, and appliance contractors, should be paid as reimbursement and remuneration for medicines and medical appliances, dispensed to patients within primary care settings in England. This data is known as Prescribing Analysis and Cost (PACT) data.

Note that sometimes there are subtle differences between data included/excluded in the various NHSBSA datasets, therefore totals between datasets do not necessarily match exactly.

Pharmacy contractor dispensing data for each pharmacy in North East Lincolnshire were obtained from the NHSBSA for the period 2024/25. These figures show that North East Lincolnshire pharmacies dispensed 4,044,816 items from 1,880,429 forms during the year, and these figures are presented in Table 7. Note that a prescription item is a single supply of a medicine, dressing, or appliance, written on a prescription form. If a prescription form includes three medicines, it is counted as three prescription items.

**Table 7 North East Lincolnshire pharmacy dispensing activity, 2024/25**

Name	Locality	Number of forms	Number of items
Asda Pharmacy (Holles Street)	Fiveways	43,912	81,352
Birkwood Pharmacy (Westward Ho)	Central	139,335	307,440
Birmingham's Chemist (St Hugh's Avenue)	Meridian	168,492	407,383
Boots Pharmacy (Cartergate)	Central	68,309	130,707
Boots Pharmacy (Freeman Street)*	Central	26	30
Boots Pharmacy (Friargate)	Meridian	62,617	133,275
Boots Pharmacy (St Peters Avenue)	Fiveways	41,654	87,676
Chemistcare Pharmacy (Grimsby Road)	Fiveways	64,262	140,972
Cleethorpes Pharmacy (Grimsby Road)	Central	31,393	68,178
Cohens Chemist (Sorrell Road)	Wolds	122,369	229,915
Cottingham Pharmacy (High Street)	Fiveways	58,478	127,527
Cottingham Pharmacy (Wellington Street)	Central	82,219	176,046
Drugs4Delivery (Moss Road)	Fiveways	74,737	184,069
Healing Pharmacy (Station Road)	Wolds	28,885	64,381
Humberston Pharmacy (Fieldhouse Road)	Meridian	47,236	104,953
Immingham Pharmacy (Kennedy Way)	Immingham	28,301	61,873
Jhoots Pharmacy (Laceby Road)	Fiveways	31,642	62,277
Jhoots Pharmacy (Stirling Street)	Central	26,668	54,801
Laceby Village Pharmacy (Caistor Road)	Wolds	26,743	56,972
Lincs Pharmacy (Littlecoates Road)	Meridian	31,798	59,063
Lincs Pharmacy (Station Road)	Central	31,142	62,504
Periville Chemist (Cromwell Road)	Central	80,990	178,698
Periville Chemist (Wingate Parade)	Central	56,596	133,723
Pharmacy @ Roxton (Pelham Road)	Immingham	79,669	180,792
Pharmacy First (St Peter's Avenue)	Meridian	42,853	100,359
Sandringham Road Pharmacy (Sandringham Rd)	Meridian	45,800	103,576
Superdrug Pharmacy (Friargate)	Central	22,474	48,843
Tesco Pharmacy (Hewitts Circus)	Meridian	54,333	102,807
Tesco Pharmacy (Market Street)	Central	29,015	55,810
Weelsby View Pharmacy (Ladysmith Road)	Fiveways	138,041	297,996
Weelsby View Pharmacy (Springfield Road)	Wolds	77,183	153,964
Wybers Wood Pharmacy (St Nicholas Drive)	Central	43,257	86,854
<b>Totals</b>		<b>1,880,429</b>	<b>4,044,816</b>

Source: NHSBSA

\* Boots (Freeman Street) ceased operating early 2024.

Where a pharmacy changed ownership during 2024/25, the figures include all dispensing at that site during the year i.e. they include the previous ownership.

Figures exclude prescription items which are disallowed, not dispensed and those returned for further clarification. Figures exclude dental prescriptions and items prescribed in hospitals dispensed in the community. If a prescription was issued but not presented for dispensing or was not submitted to NHSBSA Prescription Service by the dispenser, then it is not included in the figures.

Practice level prescribing data for North East Lincolnshire prescribers for 2024/25 were obtained from NHSBSA (NHS Business Services Authority, 2025). The data covers prescriptions that are prescribed by GPs and non-medical prescribers who are attached to GP practices, or prescribed by other care providers, and that are dispensed anywhere in the UK. The data does not cover private prescriptions. The prescribing data includes all prescribed medicines, dressings, and appliances that are dispensed. Thus, only prescriptions that are subsequently dispensed are included in the dataset.

An analysis of North East Lincolnshire prescribing data determined that:

Of the 4,375,080 dispensed items prescribed by North East Lincolnshire GPs (excluding out of hours) during 2024/25:

- 3,849,080 (88.0%) items were dispensed by North East Lincolnshire pharmacies.
- 319,749 (7.3%) items were dispensed by pharmacies outside of North East Lincolnshire, and from a total of 1,244 pharmacies.
- 206,250 (4.7%) items were dispensed or personally administered by North East Lincolnshire GP practices.

Therefore, just under 93% of dispensed items prescribed by North East Lincolnshire GPs were dispensed within North East Lincolnshire.

Within the dataset there were 75,279 dispensed items that were prescribed by other North East Lincolnshire prescribers during 2024/25, such as With You substance use service, the Care Plus Group, dermatology, ophthalmology, and mental health teams etc. Of this total, 90% of items were dispensed by North East Lincolnshire pharmacies.

#### **4.1.1 Access to premises and opening hours**

Pharmacies operate in the centre of communities and are often the public's first point of healthcare contact. In addition to being a health asset, pharmacies are also an important social asset as often they are the only healthcare facility located in an area of deprivation. It is estimated that 84% of adults visit a pharmacy at least once a year (Local Government Association, 2013).

Access to pharmaceutical services has been analysed by geography (distance and travel time to pharmaceutical services), and opening times (weekday/weekend/extended hours).

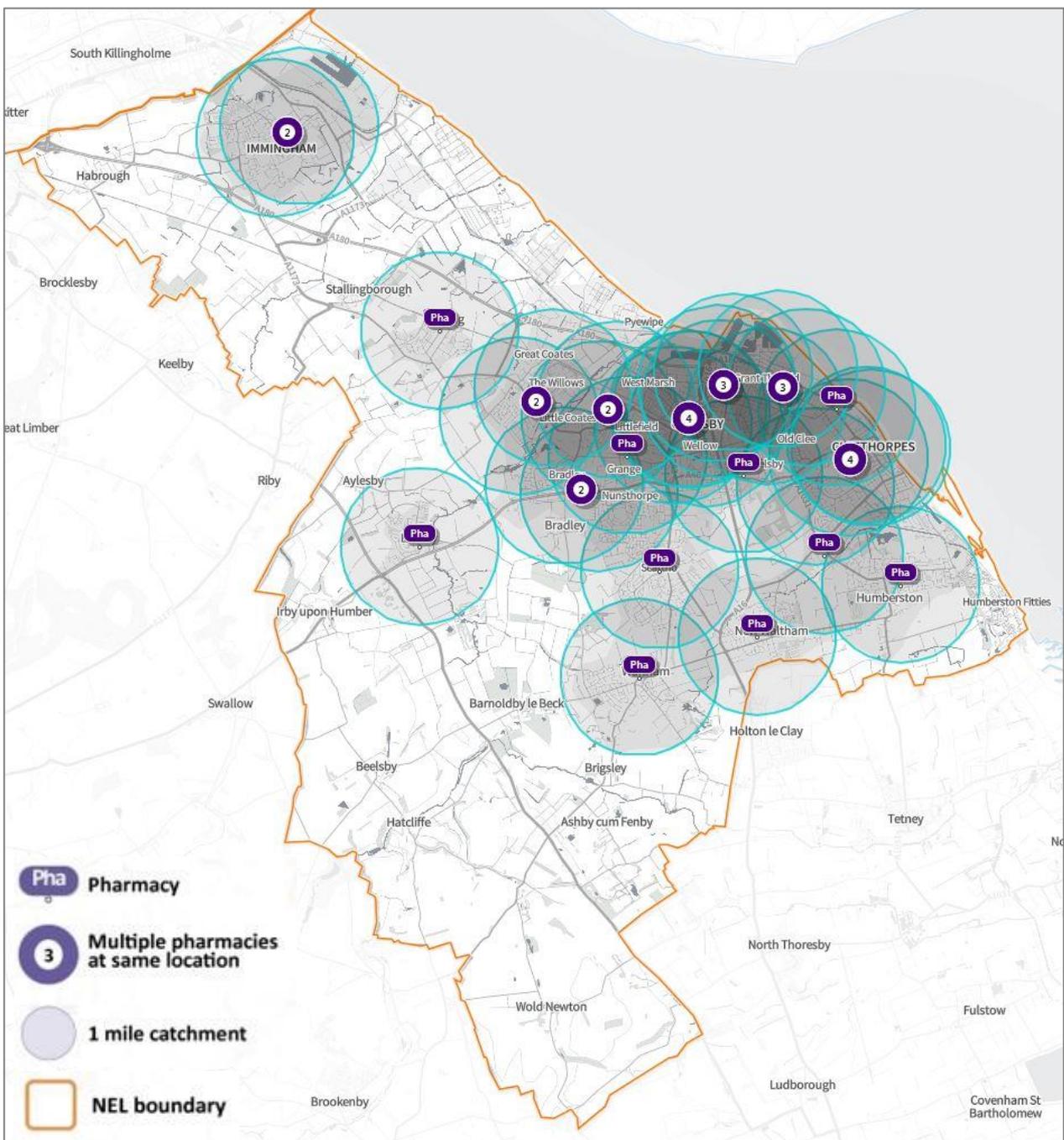
The SHAPE (Strategic Health Assessment Planning and Evaluation) Place Atlas is an evidence-based application which supports the strategic planning of services and physical assets across the whole health economy. SHAPE is free to NHS professionals and local authority professionals with a role in public health or social care, and access to the application is by formal registration and licence agreement (Office for Health Improvement & Disparities, 2025). Figure 9 to Figure 12 have been produced using the SHAPE Place Atlas.

Figure 9 shows the 1.6km (1 mile) catchment areas for all pharmacies within North East Lincolnshire. It is evident from Figure 9 that the vast majority of North East Lincolnshire residents are within 1.6km, in a straight line, of a pharmacy, the exceptions being:

- Humberston Fitties
- Outlying rural areas and villages including Habrough, Stallingborough, Barnoldby-le-Beck, and other small Lincolnshire Wolds villages.

In addition, some of the Pyewipe industrial estates and other Humber bank industrial areas are not within 1.6km of a pharmacy, however those areas have no resident population.

**Figure 9 1.6km (1 mile) catchment areas of North East Lincolnshire pharmacies**

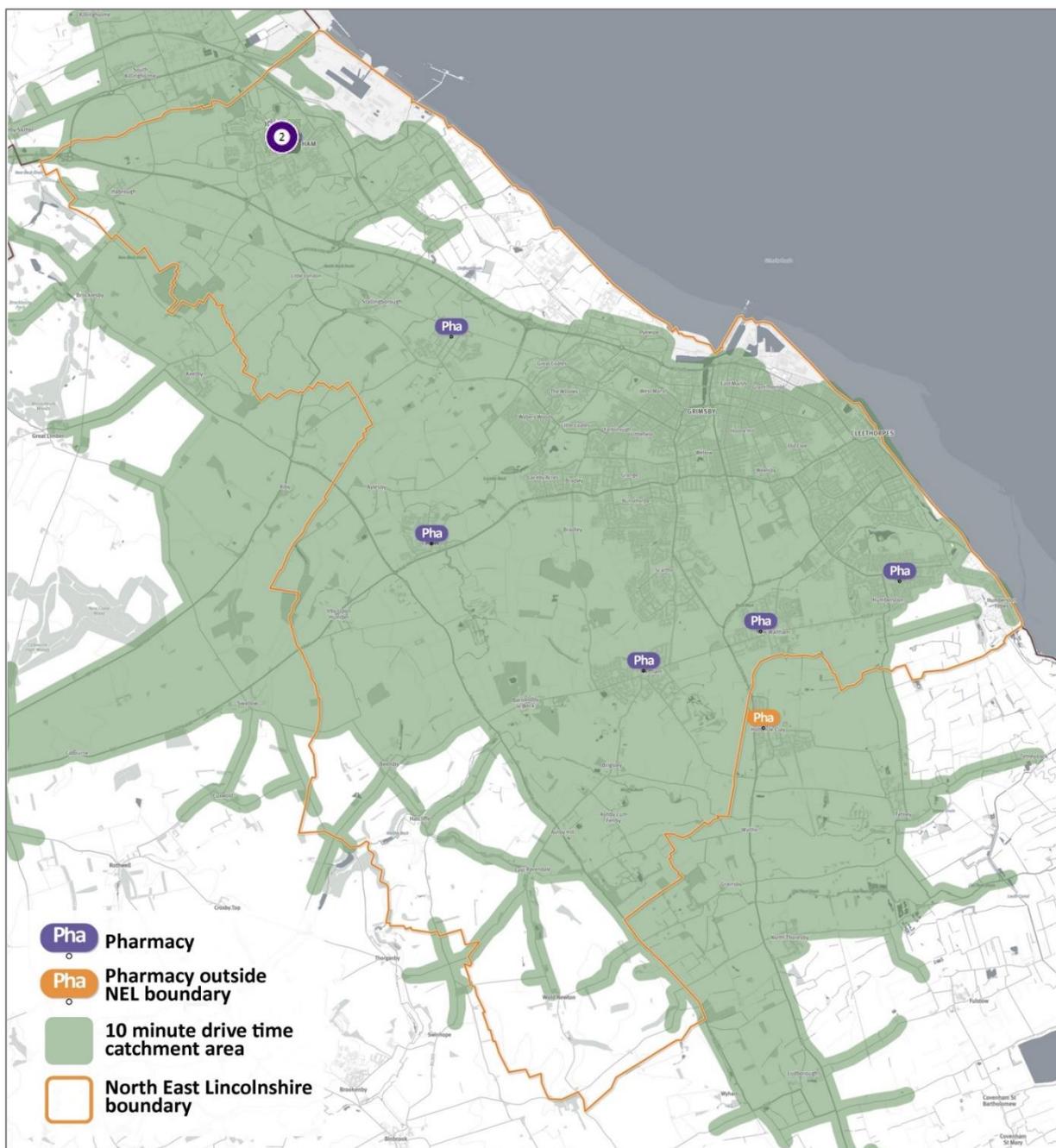


Source: SHAPE Place Atlas © Crown Copyright and database rights 2024 Ordnance Survey 100016969

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Since some small outlying villages are not within 1.6km of a pharmacy, further analysis has been carried out on drive times to the nearest pharmacies that serve these rural communities and are located outside of the main urban area. The SHAPE car travel times and distance are calculated using the normal speed limits but takes into account junctions, crossings, and traffic lights (Office for Health Improvement & Disparities, 2025). This drive time analysis using the SHAPE Place Atlas is presented in Figure 10 and suggests that all residents in North East Lincolnshire are within a ten-minute drive time of the nearest pharmacy. Although the map below shows some rural areas as being more than a ten-minute drive, there is no resident population in those areas.

**Figure 10 Rural pharmacies – 10-minute drive time catchment areas from the outlying pharmacies outside of the urban areas**

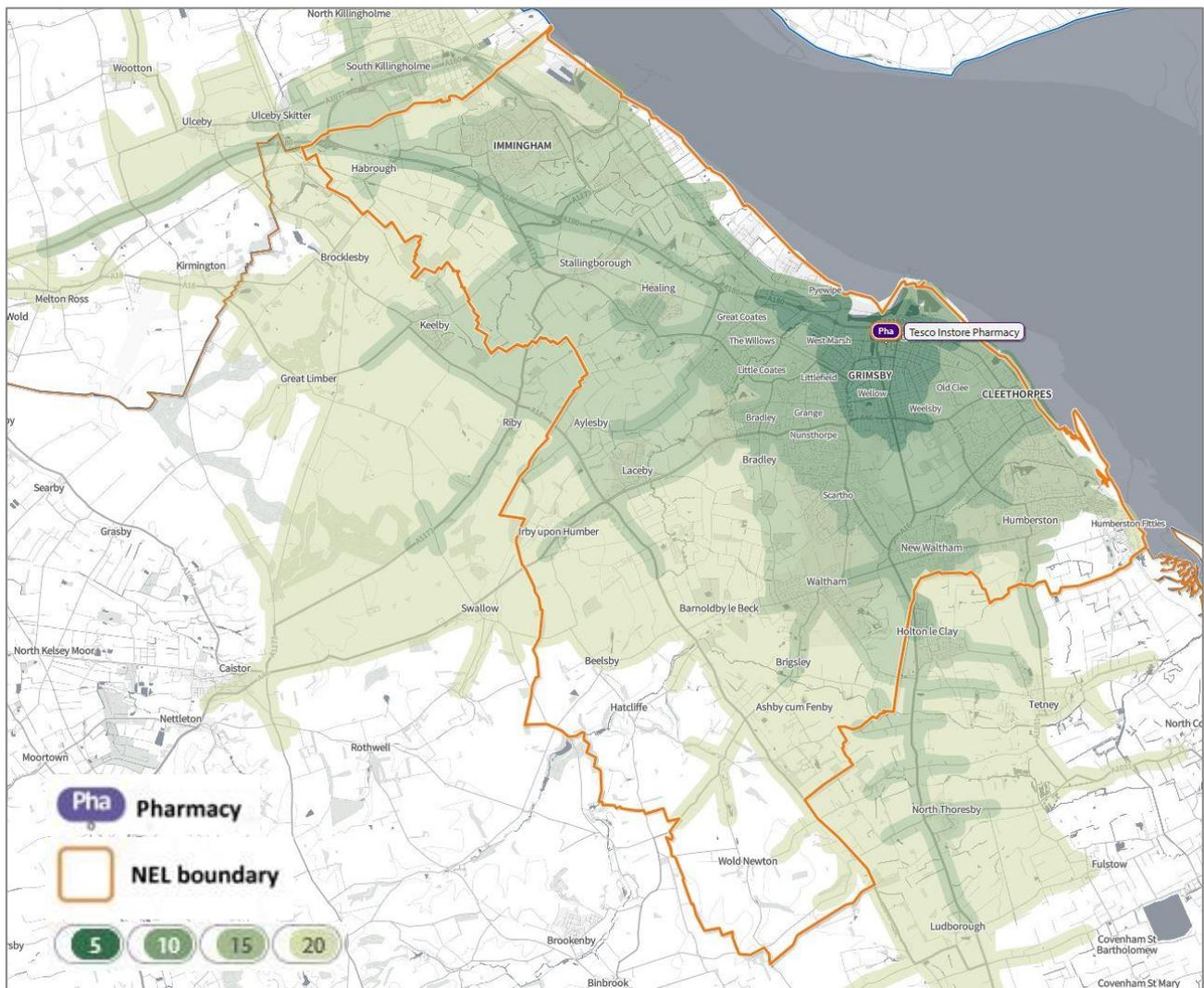


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There is one pharmacy offering extended opening of 78 hours per week in North East Lincolnshire. This pharmacy was previously subject to the 100 hours condition, but following an amendment to the regulations, successfully applied to reduce its total core opening hours to 78 hours per week. Further drive time analysis utilising the SHAPE Place Atlas and presented in Figure 11 suggests that almost all residents of North East Lincolnshire are within a 20-minute drive time of this pharmacy. The village of Wold Newton is an exception; however, the SHAPE Place Atlas confirms that this pharmacy is within a 25-minute drive time of this village. Car ownership is higher in the wards which are more affluent and rural, and some residents of areas such as the Wolds are likely to be dispensed to by their GP practice and therefore do not need to access a pharmacy for the dispensing service.

**Figure 11** Extended opening (78 hours) pharmacy – 20-minute drive time catchment area of the pharmacy

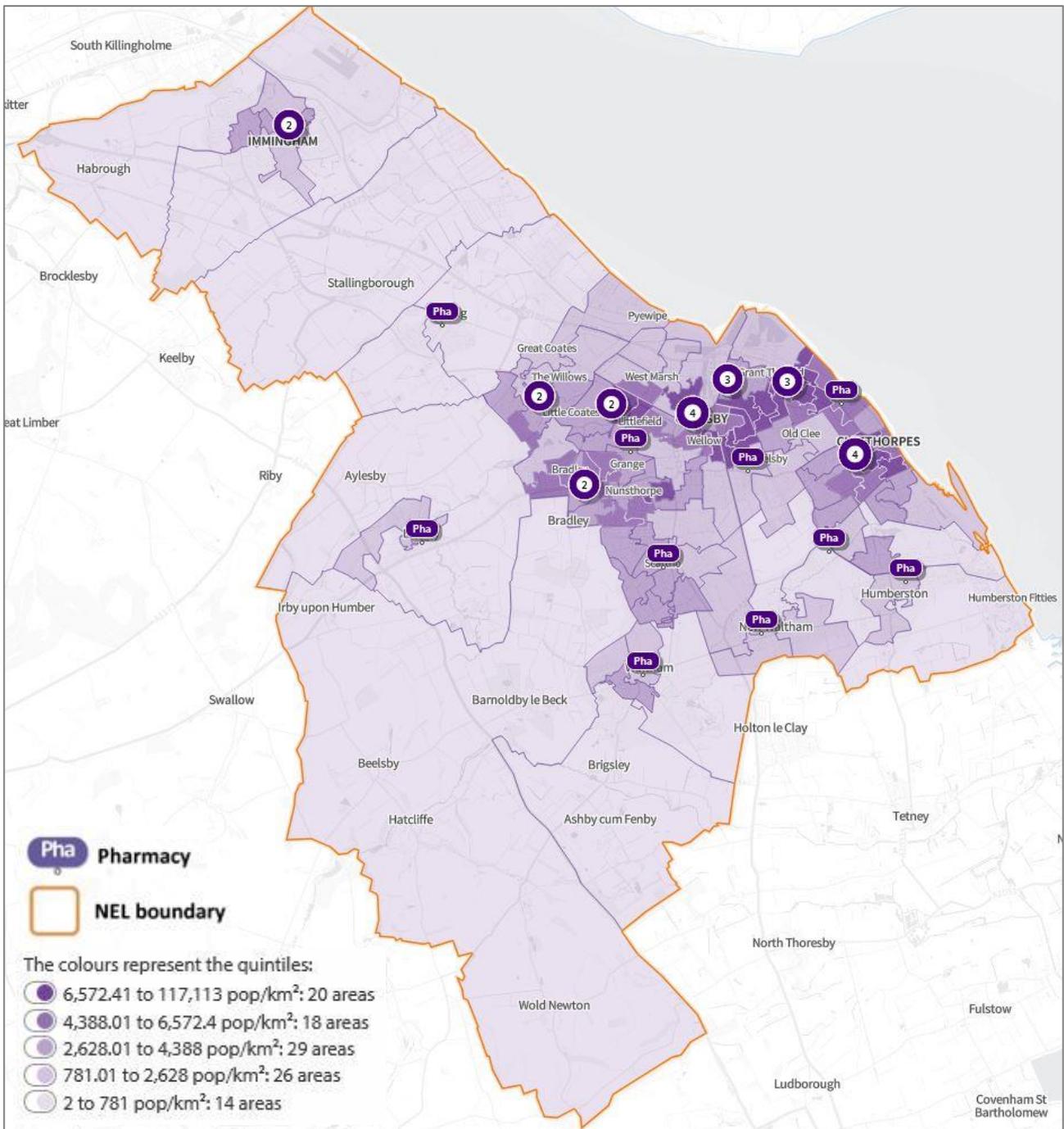


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Figure 12 presents pharmacy locations and population density. In general, pharmacies are located in areas of greater population density. Conversely, the two dispensing GP practices are surrounded by areas of lower population density. Overall, geographically, and considering the close proximity of pharmacies to GP practices that generate the majority of NHS prescriptions, the health and wellbeing board concludes that residents of North East Lincolnshire are adequately served with regard to pharmacy access.

**Figure 12 Pharmacy locations and population density**



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Opening hours vary considerably between pharmacies, with some offering more than 40 hours, and the extended opening pharmacy having the longest opening hours at 78 hours per week. Pharmacies tend to reflect the opening times of the GP practices if they are co-located at a medical centre. There are also considerable differences in weekend opening hours. The opening hours of all North East Lincolnshire pharmacies, split by core/all hours, weekday/weekend, and locality, are presented in the additional document that accompanies this pharmaceutical needs assessment.

The demand for healthcare does not follow a pattern that is consistent with the traditional working week of Monday to Friday, 9am to 5pm. If a profession, service, or facility is important to the care of patients, a delay in its availability cannot be justified based solely on the fact that it is the weekend. GP practices are contracted to provide services between 8.00 and 18.30, Monday to Friday, excluding bank and public holidays. There are also extended hours services operating across the health and wellbeing board's area which offer appointments outside of these times. If GP practices or other providers of services moved to seven day working, it is expected that the existing pharmacies would adapt their opening hours accordingly. The health and wellbeing board has therefore not identified a future need for, or future improvements or better access to, pharmaceutical services regarding any move towards seven day working. If the existing pharmacies choose not to adapt their opening hours, then NHS England can direct a pharmacy or pharmacies to open to ensure access to pharmaceutical services seven days a week. The pharmacy user survey asked, 'When is it most convenient for you to use a pharmacy?', and the most popular times were between 9am and noon on a weekday, between 2pm and 6pm on a weekday, between noon and 2pm on a weekday, and between 9am and noon on a Saturday, although reducing opening hours and a lack of weekend opening were common concerns raised by survey participants. More detailed analysis of this question can be found in appendix 10.

Dispensing appliance contractors are unable to supply medicines. Most pharmacies in North East Lincolnshire dispense appliances, and dispensing appliance contractors outside of North East Lincolnshire will dispense appliances to residents of North East Lincolnshire. This is confirmed by the findings of the contractor survey, since all four pharmacies which participated reported that they dispense all types of appliances.

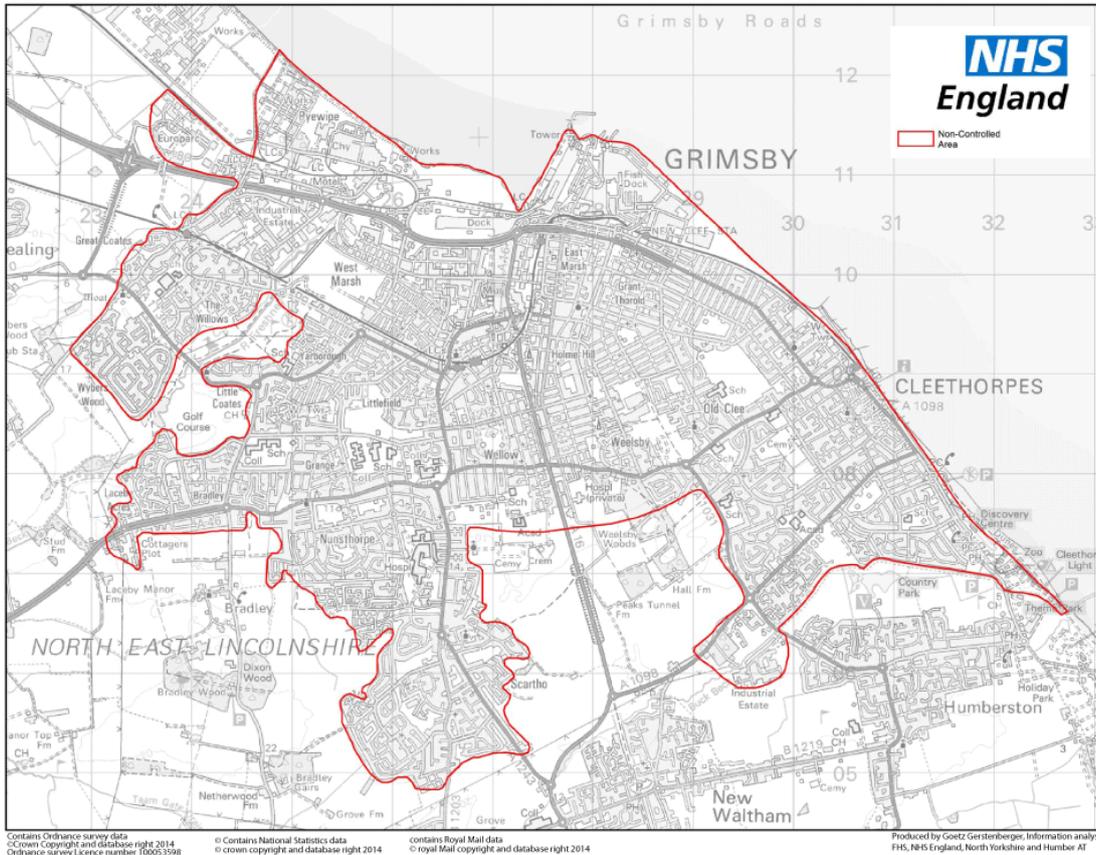
Controlled localities are geographical areas in North East Lincolnshire which have been classed as 'rural' in character by NHS England as per the Regulations (National Health Service, 2013).

GPs may dispense to their patients who live in a controlled locality, more than 1.6km in a straight line from a pharmacy, where they have premises approval and either outline consent or historic rights to do so. There are two dispensing GP practices in North East Lincolnshire (Roxton practice in the Immingham locality, and Healing Partnership in the Wolds locality), which dispenses to eligible patients, and which includes the villages of Keelby, Habrough, East Halton, North Killingholme, South Killingholme, Riby, Great Limber, Kirmington, Stallingborough, Healing, Brocklesby, Ulceby, and Irby. There is also a dispensing GP (Killingholme Surgery) in South Killingholme, North Lincolnshire, that is located within 1.6km of the North East Lincolnshire boundary.

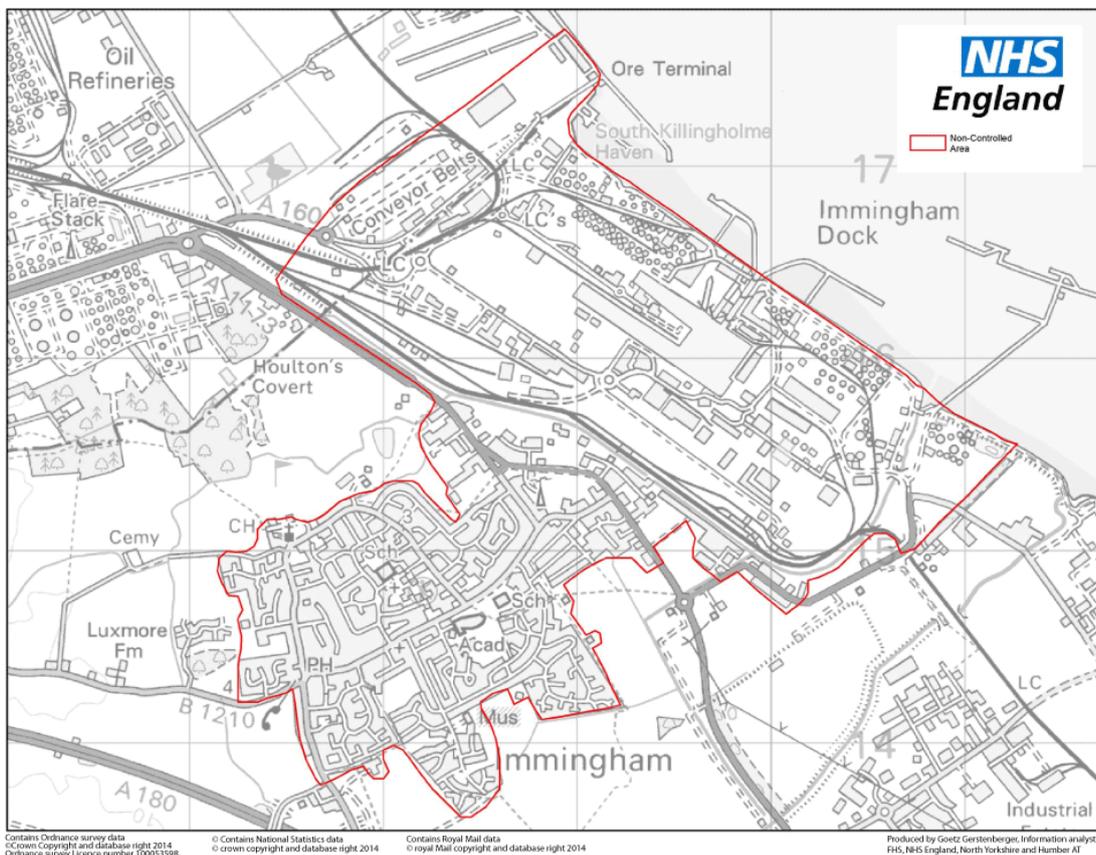
NHS England is responsible for producing maps that show the areas classified as controlled localities. NHS England has determined that all North East Lincolnshire outside of the urban Immingham and Grimsby/Cleethorpes areas is designated as a controlled locality.

Figure 13 and Figure 14 show the edges of the controlled locality around the towns of Grimsby, Cleethorpes, and Immingham. The controlled locality extends to the boundary of the North East Lincolnshire area.

**Figure 13** Edge of the controlled locality bordering Grimsby and Cleethorpes



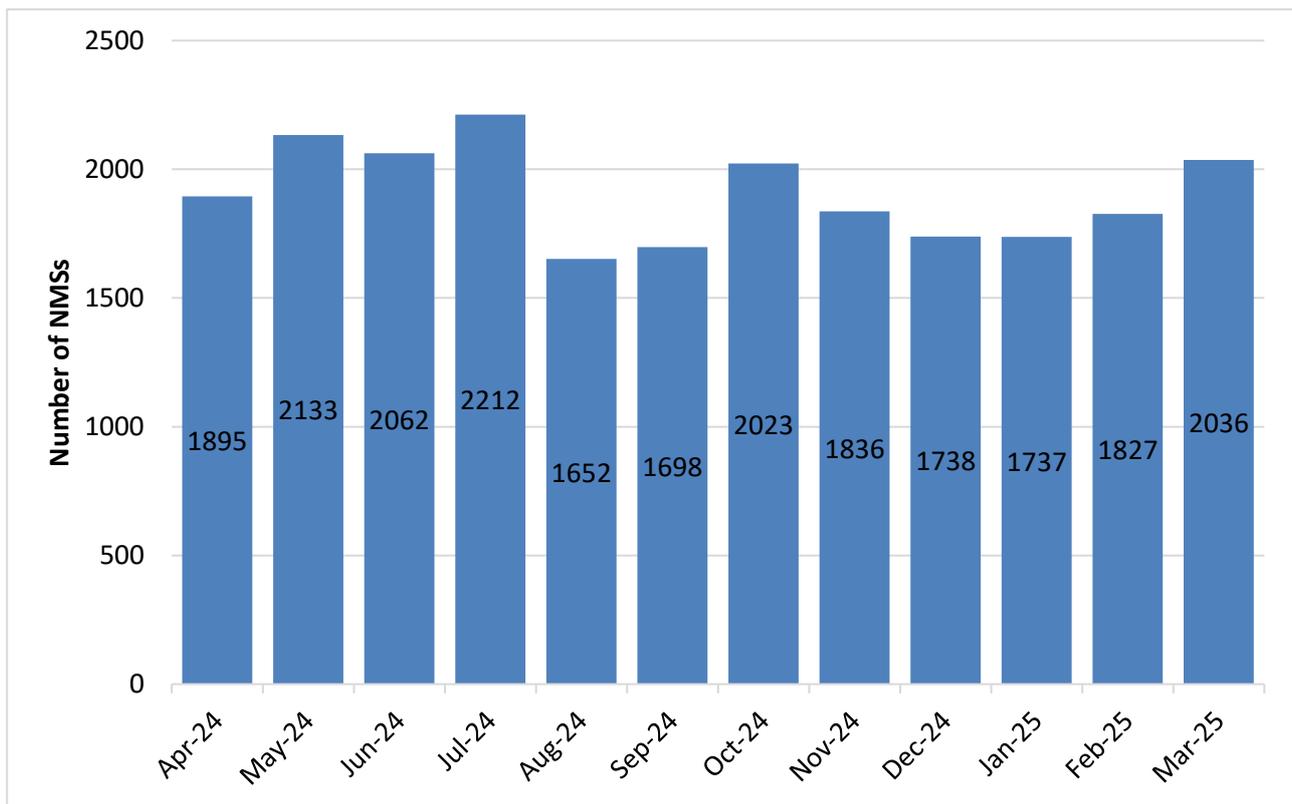
**Figure 14** Edge of the controlled locality bordering Immingham



#### 4.1.2 Access to the new medicine advanced service

The new medicine service (NMS) commenced on 1 October 2011 and provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence (Community Pharmacy England, 2025). During 2024/25, all North East Lincolnshire pharmacies provided this service, and a total of 22,849 new medicine service interventions declared. Figure 15 shows the total number of full-service interventions claimed under the new medicine service by North East Lincolnshire pharmacies in 2024/25.

**Figure 15** Number of new medicine service interventions declared by North East Lincolnshire pharmacies in 2024/25



Source: NHS BSA

There is no nationally set maximum number of new medicine service interventions that may be provided in a year. However, the service is limited to a specific range of conditions and drugs and can therefore only be provided in certain circumstances which limits the number of eligible patients.

Considering the level of provision in 2024/25, the health and wellbeing board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

The numbers of new medicine service interventions declared by each pharmacy during 2024/25 are detailed in appendix 16.

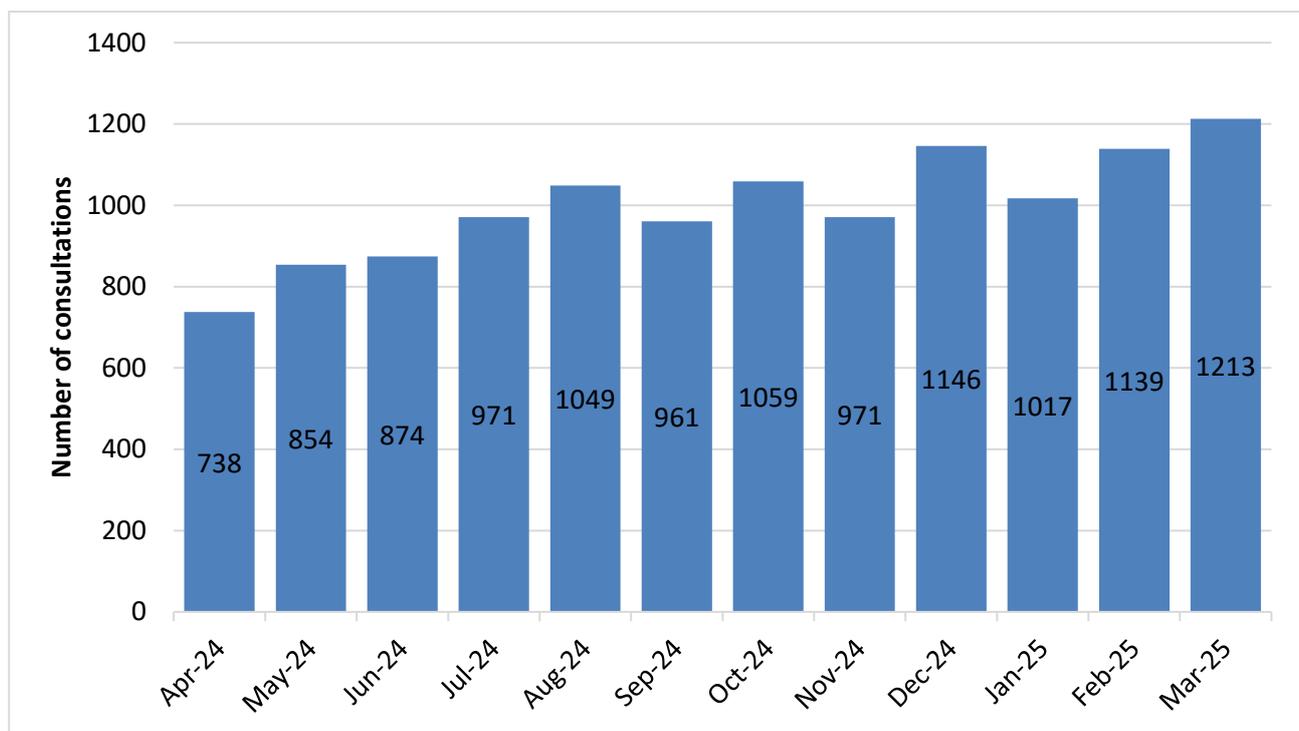
### 4.1.3 Access to the pharmacy first advanced service

This service commenced on 31 January 2024 and involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age and gender restrictions apply). Consultations for the seven conditions can be provided to patients presenting to the pharmacy as well as to those referred electronically by NHS 111, general practice and others (Community Pharmacy England, 2025). The service also incorporates the elements of the community pharmacist consultation service i.e. minor illness consultations with a pharmacist and the supply of urgent medicines, following an electronic referral (cpe.org.uk).

During 2024/25, all North East Lincolnshire pharmacies provided this service, providing a total of 11,992 consultations.

Figure 16 shows the total number of pharmacy first consultations claimed by North East Lincolnshire pharmacies in 2021. An increasing number of consultations through 2024/25 is as expected due to this being a new service and more people becoming aware of it.

**Figure 16** Number of consultations by North East Lincolnshire pharmacies in 2024/45



Source: NHS BSA

Considering the comprehensive pharmacy sign-up for this service and the level of provision in 2024/25, the health and wellbeing board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

The numbers of consultations during 2024/25 by each pharmacy and for each element of the pharmacy first advanced service are detailed in appendix 17.

#### **4.1.4 Access to the seasonal influenza vaccination advanced service**

Community pharmacies have been providing flu vaccinations under a nationally commissioned advanced service since September 2015.

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) will support NHS England in providing an effective vaccination programme in England and it aims:

- to sustain and maximise uptake of seasonal influenza vaccine in at risk groups by building 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 the seasonal influenza virus through administration of seasonal vaccination to eligible patients; and
- to provide more opportunities and improve convenience for eligible patients to access seasonal influenza vaccinations.

(NHS England, 2025)

All people aged 65 years and over are eligible for the flu vaccination free of charge. Adults with certain medical conditions are also eligible. Immunisation is also recommended for women who are pregnant and for frontline workers and carers.

Since the advanced service is for patients aged 18 years and over who fall into an eligible group, the service therefore does not cover children. However, in 2025/26 a new Advanced service for a one-season trial of administering flu vaccinations to children aged 2-3 years has been commissioned from 1 October 2025.

All but two pharmacies administered a total of 19,342 flu vaccinations as part of the advanced service between September 2024 and March 2025. There was a considerable range in the number of vaccinations given at individual pharmacy site level, from one pharmacy which gave 40 vaccinations to another that gave 4,642 vaccinations.

Activity figures for the 2024/25 flu season (September to March) for this advanced service are presented in appendix 16.

Considering the comprehensive pharmacy signup for this service and the level of provision in 2024/25, the health and wellbeing board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

#### **4.1.5 Access to the community pharmacy hypertension case-finding advanced service**

The hypertension case-finding service was commissioned as an advanced service from 1 October 2021. In public-facing communications, the service is described as the NHS blood pressure check service. Cardiovascular disease (CVD) is one of the leading causes of premature death in England. Hypertension is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. CVD is a key driver of health inequalities and there are an estimated 5.5 million people with undiagnosed hypertension across the country. (Community Pharmacy England, 2025)

The service has two stages and pharmacies opting to provide the service must undertake both stages.

1. Identify people at risk of hypertension and offering them a blood pressure measurement (a 'clinic check').
2. Where clinically indicated, offer ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP practice to inform a potential diagnosis of hypertension.

All but one pharmacy delivered this advanced service during 2024/25. There was a total of 14,599 blood pressure checks carried out, and there were 1,945 instances of ambulatory blood pressure monitoring.

The numbers of new blood pressure checks and instances of ambulatory blood pressure monitoring declared by each pharmacy during 2024/25 are detailed in appendix 16.

Considering the comprehensive pharmacy signup for this service and the level of provision in 2024/25, the health and wellbeing board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

#### **4.1.6 Dispensing service provided by some GP practices**

There are two dispensing practices in North East Lincolnshire, which are the Roxton practice located in the Immingham locality, and the Healing Partnership located in the Wolds locality. The dispensing service will be provided during their core hours which are 08.30 to 18.30, Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practice.

As of 1 April 2025, 5,365 people were registered as a dispensing patient with the Roxton Practice, and 4 people were registered as a dispensing patient with the Healing Partnership Practice (NHS Business Services Authority, 2025).

Data for prescriptions dispensed or personally administered by GP practices were obtained from the NHS BSA (NHS Business Services Authority, 2025). Figures for North East Lincolnshire GP practices for 2024, show that 203,071 items were dispensed via these routes, with 76% (154,488 items) dispensed by the Roxton dispensing GP practice, and 0.4% (717 items) dispensed by the Healing Partnership dispensing GP practice. These dispensing figures are presented by GP practice in appendix 15.

#### **4.1.7 Access to pharmaceutical services on public and bank holidays and Easter Sunday**

NHS England has a duty to ensure that residents of the health and wellbeing board's area can access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open all or part of these days to ensure adequate access.

## 4.2 Necessary services: current provision outside the health and wellbeing board's area

### 4.2.1 Access to essential services and dispensing appliance contractor equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work, or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of North East Lincolnshire are dispensed within the health and wellbeing board's area, although as noted in the previous section, the vast majority of items are. In 2024/25, 7.3% of items (319,750) prescribed by North East Lincolnshire GP practices were dispensed outside of the health and wellbeing board's area by a total of 1,245 different contractors.

**Table 8 Out of area contractors dispensing >1000 items to North East Lincolnshire GP registered patients, 2024/25**

Dispenser Code	Number of items	Dispenser name	Dispenser location
FLM49	104281	PHARMACY2U LTD	Leeds
FN849	38026	METABOLIC HEALTHCARE LTD	London
FE396	34730	TA BURLEY LLP	Holton-le-Clay
FTD28	15118	OTC DIRECT LIMITED	Manchester
FJC72	13360	ONE DOSE LIMITED	Bradford
FX639	5954	REMEDI SOLUTIONS LTD	Runcorn
FMA56	5926	3SIXTY HEALTHCARE LIMITED	Lincoln
FMN01	5771	BARTON HEALTHCARE SERVICES LTD	Barrow Upon Humber
FWP87	5694	FITTLEWORTH MEDICAL LIMITED	Norfolk
FJV34	4861	NUCARE LIMITED	Telford
FFW82	4400	NATIONWIDE CARE SERVICES LTD	Birmingham
FLE92	4312	ICARE ENTERPRISE LIMITED	London
FC879	3719	FITTLEWORTH MEDICAL LIMITED	Nottingham
FAP20	3710	BESTWAY NATIONAL CHEMISTS LIMITED	Stoke-on-Trent
FNV89	3707	MEDICX A G LIMITED	Hull
FL377	3553	D&M GOMPELS LIMITED	Worcester
FLV51	3519	CHARTER HEALTHCARE	Peterborough
FH793	3310	BARROW HEALTHCARE LTD	Barrow Upon Humber
FVH41	3218	PILL TIME LIMITED	Bristol
FPQ59	3200	INNOX TRADING LIMITED	Lancashire
FV689	3105	BOOTS UK LIMITED	Lincoln
FXK91	2951	HEMOCARE PHARMACY SERVICES LTD	Knaresborough
FVQ58	2664	BARD LIMITED	West Sussex
FGD92	2627	DONALD WARDLE & SON LIMITED	Stoke-on-Trent
FWF39	1721	RXLIVE LIMITED	London
FRH10	1700	BOOTS UK LIMITED	Barton-Upon-Humber
FGR26	1591	THE KOPPA COMPANY LIMITED	Crawley
FL755	1581	OPTIMUM MEDICAL SOLUTIONS LIMITED	London
FH767	1505	GREAT BEAR HEALTHCARE LIMITED	Bridgwater
FXF12	1373	CHARLES S BULLEN STOMACARE LIMITED	Liverpool
FCR12	1368	CHARLES S BULLEN STOMACARE LIMITED	Liverpool
FYR20	1185	SECURICARE (MEDICAL) LTD	Buckinghamshire
FGF90	1033	THE CO-OPERATIVE CARE LIMITED	St Helens

Source: NHSBSA

Of the 1,245 contractors outside of North East Lincolnshire which dispensed prescriptions written by a North East Lincolnshire GP practice, 33 contractors dispensed over 1,000 items each, accounting for 92% of the total out of area dispensing. These pharmacies are shown in Table 8.

An analysis of out of area contractors shows that there were four main reasons for a prescription to be dispensed outside of the area:

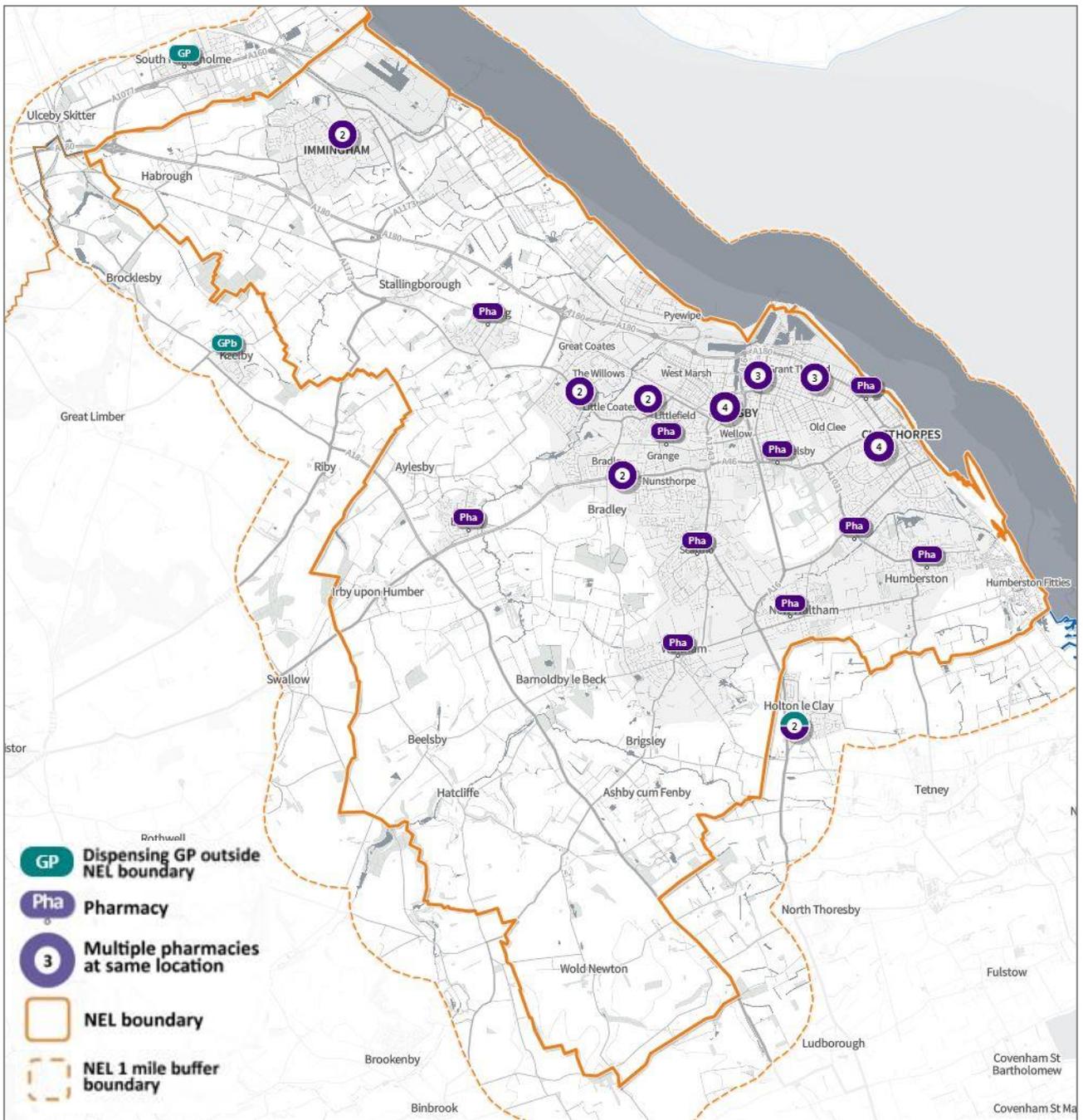
- Dispensed by a dispensing appliance contractor
- Use of distance selling premises
- Use of a pharmacy that is just over the border of North East Lincolnshire
- Prescriptions most likely dispensed whilst on holiday, at work or shopping.

Analysis has been carried out using the SHAPE Place Atlas to extend the North East Lincolnshire boundary outwards by 1.6km (1 mile). The results of this are presented in Figure 17, which show an additional pharmacy in Holton-le-Clay (FE396), a dispensing GP practice in South Killingholme (B81648), and a dispensing GP practice (which is a branch of the North East Lincolnshire Roxton practice) in Keelby.

Of 61,675 items prescribed by the North Lincolnshire South Killingholme GP practice during 2024/25, 4,234 (7%) items were dispensed by North East Lincolnshire pharmacies.

The pharmacy in Holton-le-Clay dispensed 151,785 items during 2024/25, of which 34,730 (23%) were prescribed by North East Lincolnshire GPs. Due to its close proximity, it is likely that a considerable number of residents of Holton-le-Clay are registered with a North East Lincolnshire GP.

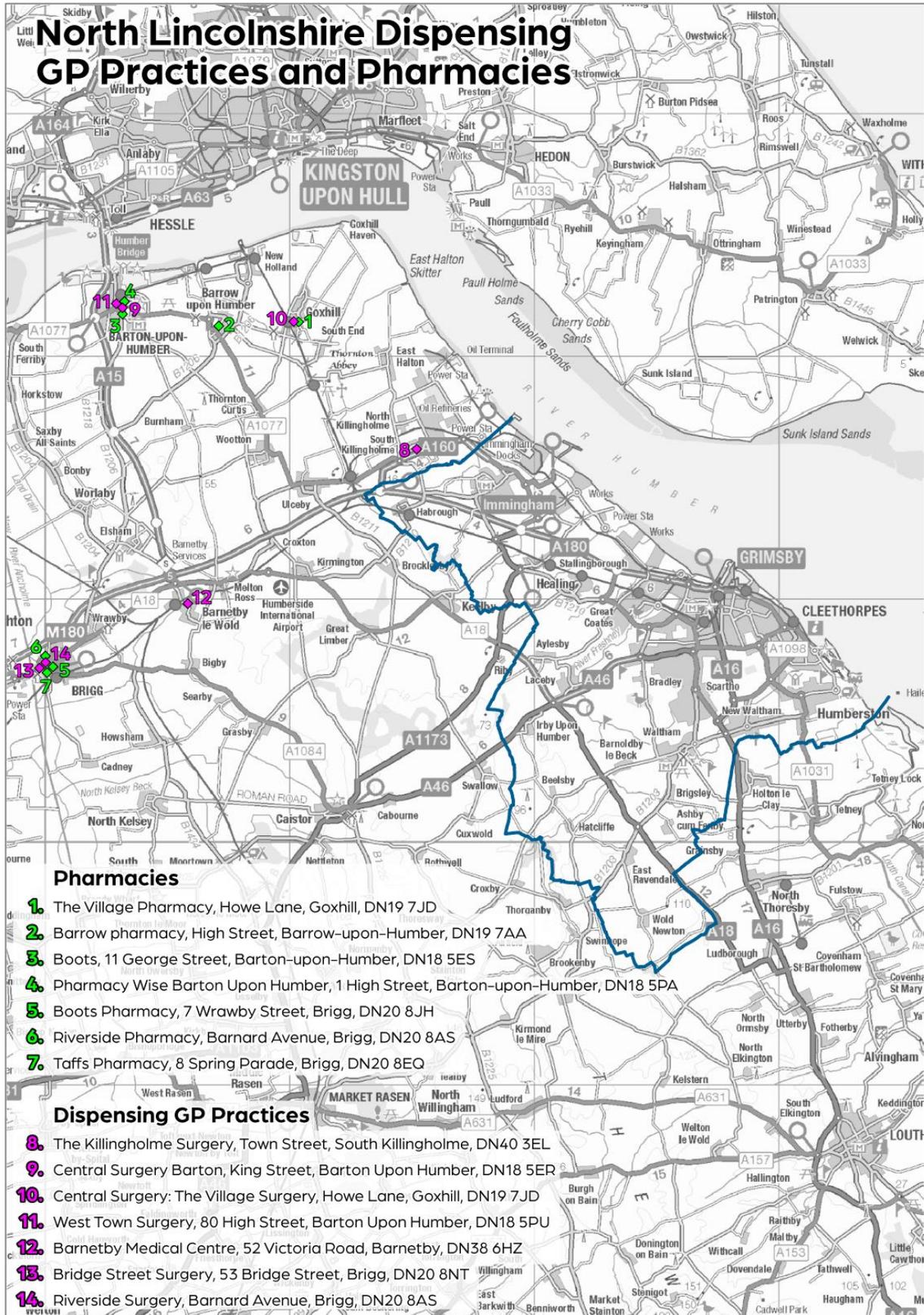
**Figure 17** Pharmacies and dispensing GP practices within 1.6km (1 mile) of the North East Lincolnshire boundary



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North Lincolnshire borders the Western North East Lincolnshire border, and Figure 18 shows there are several North Lincolnshire pharmacies and dispensing GP practices a relatively short distance from North East Lincolnshire.

**Figure 18** Nearest pharmacies and dispensing GP practices in the neighbouring North Lincolnshire health and wellbeing board area

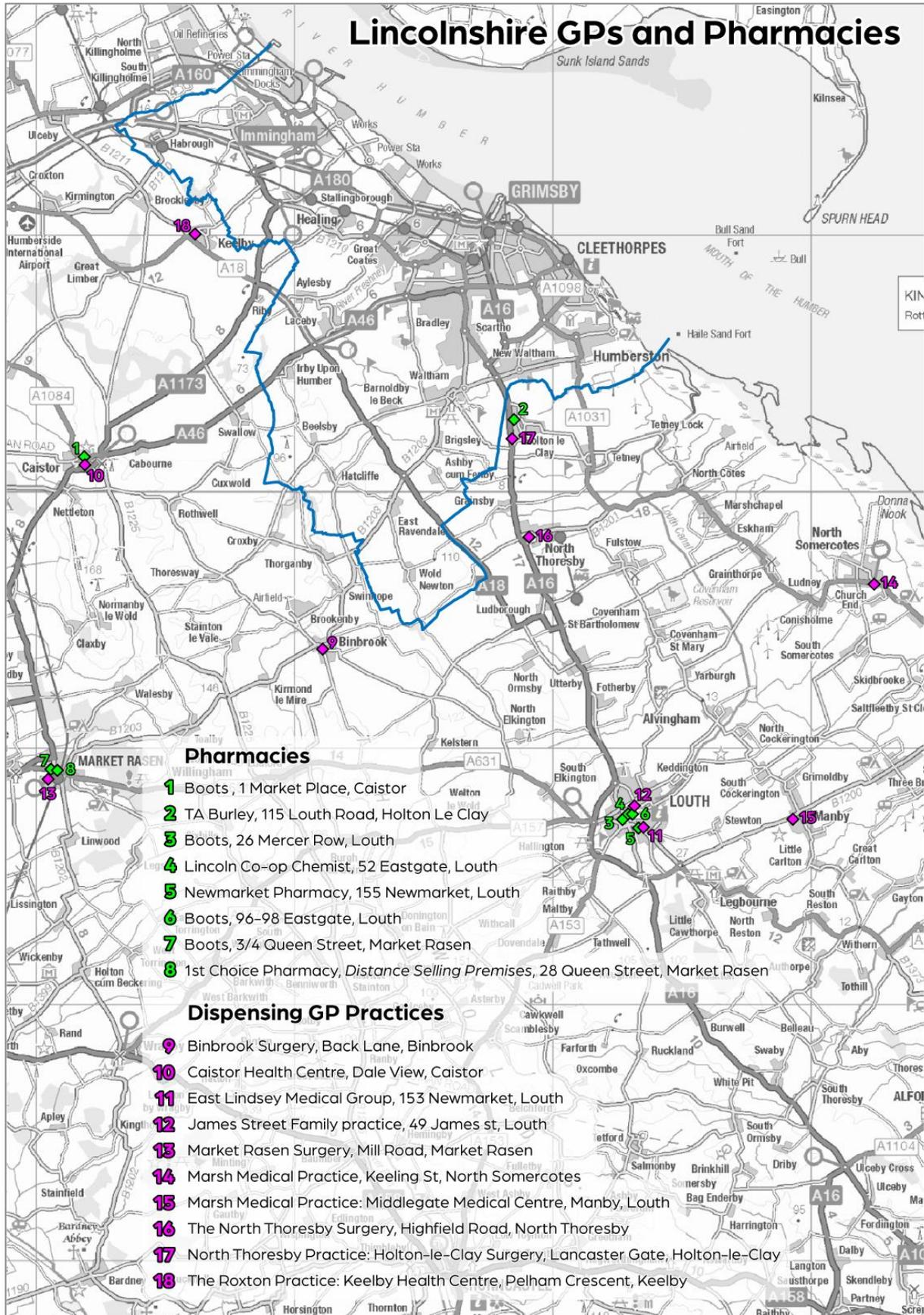


During 2024/25, 14,494 items were dispensed by North Lincolnshire pharmacies that were prescribed by North East Lincolnshire GPs. This dispensing equates to 4.5% of all out of area dispensing, and just 0.3% of all North East Lincolnshire GP prescribing (excluding out of hours) that was subsequently dispensed.

During 2024/25, 7,078 items were dispensed by North East Lincolnshire pharmacies that were prescribed by North Lincolnshire GPs. This dispensing equates to only 0.1% of North Lincolnshire GP prescribing that was subsequently dispensed.

Lincolnshire borders the Southern North East Lincolnshire border, and Figure 19 shows there are several Lincolnshire pharmacies and dispensing GP practices a relatively short distance from North East Lincolnshire.

**Figure 19** Nearest pharmacies and dispensing GP practices in the neighbouring North Lincolnshire health and wellbeing board area



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During 2024/25, 49,938 items were dispensed by Lincolnshire pharmacies that were prescribed by North East Lincolnshire GPs. This dispensing equates to 15.6% of all out of area dispensing and just over 1% of all North East Lincolnshire GP prescribing (excluding out of hours) that was subsequently dispensed. Of the 49,936 items dispensed, 34,730 items (70%) were dispensed by the pharmacy at Holton-le-Clay which is within 1 mile of the boundary with North East Lincolnshire, and of all out of area contractors, dispenses the third highest number of items prescribed by North East Lincolnshire GPs.

During 2024/25, 70,579 items were dispensed by North East Lincolnshire pharmacies that were prescribed by Lincolnshire GPs (excluding out of hours). This dispensing equates to only 0.3% of Lincolnshire GP prescribing that was subsequently dispensed. Of the 70,579 items dispensed by North East Lincolnshire pharmacies, 53,370 items (76%) were dispensed by five pharmacies. These pharmacies were Birkwood, Boots (Freshney Place), Cottingham (Waltham), Lincs Pharmacy (New Waltham), and Drugs4Delivery (distance selling premises). Waltham and New Waltham pharmacies are closest to the boundary with Lincolnshire, and Boots is in the main shopping centre in Grimsby. There could also be some patients registered with a Lincolnshire GP who reside in North East Lincolnshire.

#### **4.2.2 Access to the new medicine service, pharmacy first service, seasonal influenza vaccination service, and community pharmacy hypertension case-finding service**

Information on the type of advanced services provided by pharmacies outside the health and wellbeing board's area to residents of North East Lincolnshire is not available. When claiming for advanced services, contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However, even with this service, just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that residents of the health and wellbeing board's area will access these services from contractors outside of North East Lincolnshire.

#### **4.2.3 Dispensing service provided by some GP practices**

Some residents of the health and wellbeing board's area will choose to register with a GP practice outside of the area and will access the dispensing service offered by their practice. For example, the dispensing GP practice in South Killingholme.

### **4.3 Other relevant services: current provision within the health and wellbeing board's area**

Other relevant services are defined within the 2013 regulations, as services that are provided in and/or outside the health and wellbeing board's area, which are not necessary to meet the need for pharmaceutical services, but have secured improvements or better access to pharmaceutical services in its area.

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

Advanced services -

- Appliance use reviews
- Stoma appliance customisation
- NHS pharmacy contraception service
- NHS lateral flow device tests supply service
- NHS smoking cessation service

Enhanced services -

- COVID-19 vaccination service, and
- the enhanced services commissioned by NHS Humber and North Yorkshire ICB.

#### **4.3.1 Access to appliance use reviews**

None of the pharmacies provided this advanced service during 2024/25. It is however noted that there are no dispensing appliance contractors within North East Lincolnshire, and that prescriptions written by local GP practices will be dispensed by dispensing appliance contractors outside of North East Lincolnshire, therefore providing this service to residents.

#### **4.3.2 Access to stoma appliance customisations**

None of the pharmacies provided this advanced service during 2024/25, however it is noted that there are no dispensing appliance contractors within North East Lincolnshire but that these contractors provide services across England. Due to the way the data is collated and published, it is not known how many of customisations were provided for North East Lincolnshire residents. The health and wellbeing board also notes that not all stoma appliances need to be customised, and that prescriptions written by North East Lincolnshire GP practices will be dispensed by dispensing appliance contractors outside of North East Lincolnshire, with this service therefore being provided by contractors based outside of its area.

#### **4.3.3 Pharmacy contraception service (PCS)**

The pharmacy contraception service which is commissioned by NHS England as an advanced service commenced on 24 April 2023, allowing the on-going supply of oral contraception (OC) from community

pharmacies. From 2 December 2023, the service expanded to include both initiation and on-going supply of oral contraception. (Community Pharmacy England, 2025)

The service involves community pharmacists providing two stages:

1. Initiation – where a person wishes to start oral contraception for the first time or needs to restart oral contraception following a pill free break.
2. Ongoing supply – where a person has been supplied with oral contraception by a primary care provider or sexual health clinic and a subsequent equivalent supply is needed.

During 2024/25, eleven pharmacies provided 90 contraceptive initiation consultations, and seventeen pharmacies provided 898 contraceptive ongoing consultations.

The numbers of both contraceptive initiation and ongoing consultations declared by each pharmacy during 2024/25 are detailed in appendix 16.

As of July 2025, twenty eight pharmacies are signed up to provide the service.

From 29 October 2025, it is planned that the pharmacy contraception service will expand to include the provision of oral emergency contraception.

The health and wellbeing board also notes that there is a locally commissioned contraception and emergency contraception service commissioned through the local authority. This service is detailed in Section 11.2.

Considering the comprehensive pharmacy signup for this service, the level of provision in 2024/25, and the locally commissioned service, the health and wellbeing board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

#### **4.3.4 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. To access treatment, eligible patients first need to be able to test themselves by using a lateral flow device (LFD) test if they develop symptoms of COVID-19. It is therefore important that they have LFD tests at their home in advance of developing symptoms so they can promptly undertake a test. The lateral flow device tests supply service was commissioned as an advanced service from 6 November 2023 to provide eligible patients with access to LFD tests. In March 2024 it was announced that the service would continue to be commissioned in 2024/25 but with changes to the patient groups eligible to access the service. The service continues to be commissioned for 2025/26. (Community Pharmacy England, 2025)

During 2024/25, nineteen pharmacies provided 6,359 instances of the service, with just four pharmacies responsible for around 6,100 of these.

The numbers of instances of this service declared by each pharmacy during 2024/25 are detailed in appendix 16.

As of July 2025, twenty six pharmacies are signed up to provide the service.

The health and wellbeing board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

#### **4.3.5 Smoking cessation service**

The NHS Long Term Plan includes a goal for all people admitted to hospital who smoke to be offered NHS-funded tobacco treatment services. To achieve successful smoking cessation, an effective transfer of care is needed between secondary and primary care, and pharmacies have the potential to deliver this primary care smoking cessation support. The smoking cessation service was commissioned as an advanced service from 10 March 2022. This enables NHS trusts to refer a patient (18+) on hospital discharge to a pharmacy to continue their smoking cessation treatment, including providing medication and support as required. Patients are therefore only eligible to receive this service if the pharmacy has received a referral electronically from an NHS trust. (Community Pharmacy England, 2025)

During 2024/25, one pharmacy provided one smoking cessation consultation, however the health and wellbeing board notes that there is a well-established locally commissioned stop smoking service commissioned through the local authority. This service is detailed in Section 11.4.

As of July 2025, nineteen pharmacies are signed up to provide the service.

Considering the pharmacy signup for this service and the locally commissioned service, the health and wellbeing board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

#### **4.3.6 Access to enhanced services**

NHS Humber and North Yorkshire ICB currently commissions several enhanced services from pharmacies:

The minor ailments enhanced service (MAS) embeds the ethos of pharmacies as a first point of contact for health advice, and allows people to consult their pharmacist rather than their GP for a defined list of minor ailments, thus enabling GP practices to focus on and improve access for patients with more complex conditions. Other benefits include a potential reduction in the inappropriate use of the Accident and Emergency Department and the GP Out of Hours service. GP practices can refer people and people can also self-refer into the service. As of June 2025, sixteen pharmacies are commissioned to deliver the service. The health and wellbeing board is satisfied that there is an adequate coverage of providers of this service across North East Lincolnshire.

A palliative care enhanced service ensures access to palliative care drugs. This is commissioned on a North East Lincolnshire wide basis, with one pharmacy commissioned to hold a wide range of palliative care drugs and to provide them as required 24/7 on call. The health and wellbeing board is therefore satisfied that there are no gaps in the provision of this service.

An NHS community pharmacy independent prescribing pathfinder programme enhanced service. Developing and utilising the clinical skills and capabilities of community pharmacists is part of a wider shift

across the health system to improve access to care in local communities and address health inequalities. (NHS England, 2025). From September 2026, all newly qualified pharmacists will be independent prescribers on the day of their registration. This presents an opportunity for NHS England to commission clinical services from community pharmacies incorporating independent prescribing, as the new workforce enters the profession. (NHS England, 2024). This will allow the development of clinical services that enables ICBs to commission pathways that widen access to care and tackle health inequalities by using the unique footprint that community pharmacy creates in local neighbourhoods. (NHS Business Services Authority, 2025). In anticipation of this, NHS England and ICBs have developed the Community Pharmacy Independent Prescribing Pathfinder Programme, to enable community pharmacist prescribers in 'pathfinder' sites to support primary care clinical services. (NHS England, 2024). The pathfinder programme aims to establish a framework for the future commissioning of NHS community pharmacy clinical services that incorporate independent prescribing for patients in primary care. (NHS Business Services Authority, 2025). There are three pathfinder sites in North East Lincolnshire (Pharmacy@Roxton, Humberston Pharmacy, and Drugs4Delivery). Community pharmacy independent prescribing will generate prescriptions which will affect the need for the dispensing essential service.

#### **4.4 Other relevant services: current provision outside the health and wellbeing board's area**

Information on the appliance use review, stoma appliance customisation, pharmacy contraception, lateral flow device tests supply, and smoking cessation services, provided by pharmacies and dispensing appliance contractors outside the health and wellbeing board's area to residents of North East Lincolnshire is not available due to the way contractors claim. It can be assumed however that residents of the health and wellbeing board's area will access these services from pharmacies and dispensing appliance contractors outside of North East Lincolnshire, particularly considering the information in section 4.2.1 above, which shows that one of the reasons why prescriptions are dispensed out of the area is because they are dispensed by a dispensing appliance contractor.

It is also possible that residents will have accessed enhanced services from pharmacies outside of the health and wellbeing board's area, but again this information is not available.

#### **4.5 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 4.1 and 4.2, the residents of the health and wellbeing board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the health and wellbeing board's area they currently have a choice of thirty-two pharmacies, operated by twenty-five different contractors. Outside of the health and wellbeing board's area, residents chose to access a further 1,245 contractors during 2021, although many are not used on a regular basis.

When asked what influences their choice of pharmacy, the most common responses in the user survey, were 'close to my home', 'close to my doctor' 'the pharmacy is easy to get to', 'parking is easy at the pharmacy', and 'the service is quick' (note that more than one option could be ticked.). A full analysis of the patient survey results is presented in appendix 10.

## CHAPTER 5

### Other Health and Social Care Services

#### 5.1 Overview

The following health and social care services and organisations are deemed by the HWB to affect the need for pharmaceutical services within its area:

- Hospital pharmacy services
- St Hugh's hospital
- Dental health primary care services
- GP Out of Hours
- Other services commissioned by NHS Humber and North Yorkshire ICB
- Care Plus Group
- NAViGO
- Screening/Immunisation services through pharmacies
- Children's public health services
- NHS Health Checks
- Weight management service
- Clinical waste and sharps disposal
- St Andrew's hospice
- Locally commissioned services (see Chapter 11)

#### 5.2 Grimsby hospital

Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust provides accident and emergency, acute hospital services, and community services, to the communities of Northern Lincolnshire and Goole. NLaG has three hospitals (Diana, Princess of Wales Hospital, Grimsby; Scunthorpe General Hospital; Goole District Hospital) with approximately 750 beds. Together they serve a local population of more than 450,000 people and provide inpatient, day care, and outpatient services. Every year, NLaG sees more than 150,000 people in their emergency departments, deliver more than 4,000 babies, and carry out around 54,000 planned procedures. NLaG treats 120,000 inpatients and books 415,000 outpatient appointments. NLaG are one of the biggest employers in the region, with around 6,800 members of staff. (North Lincolnshire and Goole Hospitals NHS Foundation Trust, 2025). Diana, Princess of Wales Hospital, is situated in the Central neighbourhood locality in Grimsby and has a 24-hour emergency department, diagnostic facilities, and a dedicated children and family services building. It is a district general hospital with all the major specialties.

In 2024, NLaG became part of NHS Humber Health Partnership, a Group with Hull University Teaching Hospitals NHS Trust. (Northern Lincolnshire and Goole HNS Foundation Trust, 2025). The Group is made up of two Trusts (Hull University Teaching Hospitals NHS Trust (HUTH) and NLaG. In addition to the three NLaG hospitals, the Group manages Hull Royal Infirmary and Castle Hill Hospital. The Group provides a

wide range of community services across North East Lincolnshire, including district nursing, physiotherapy, occupational therapy, psychology, podiatry, and specialist dental services. Overall, the NHS Humber and Health Partnership employs over 19,000 staff, sees more than a million patients each year, and has a budget of £1.6bn. (NHS Humber Health Partnership, 2025).

NLaG operates a single trust-wide pharmacy service based in departments at Scunthorpe General Hospital and Diana Princess of Wales hospital Grimsby.

On admission, the pharmacy team check patients' medicines to ensure all medicines that a patient was taking prior to admission are prescribed on the inpatient chart, unless it has been decided to stop or change the prescription. Pharmacy staff will discuss medication history to determine if a patient is experiencing any difficulties with their medication such as side effects. Medicines that patients bring into hospital with them are used during their inpatient stay, allowing many patients to self-medicate with medicines they are familiar with and facilitates a faster discharge process. New treatment is supplied from the hospital pharmacy labelled for use while in hospital and when they go home. With all the patient's regular medicines stored in their bedside medicines locker there is no need to dispense new medicines to take home unless treatment is changed just before discharge. Pharmacists support clinicians by reviewing prescribing to maximise the benefits and reduce the risk of harm from medicines use. The Trust's specialist pharmacists provide expert advice on the prescribing and preparation of chemotherapy, parenteral nutrition, and paediatric intravenous additives. These products are supplied ready to use by clinical staff having been prepared in the aseptic units or purchased as a special product. Pharmacy staff ensure that medicines are supplied, distributed, stored and, if necessary, disposed of, in a legal, safe, and timely way. Medicines are selected, purchased, and distributed from the pharmacy store at Scunthorpe General Hospital, ensuring local prescribing policies are adhered to, and that the best price is obtained by using national, regional, or locally negotiated contracts. (North Lincolnshire and Goole Hospitals NHS Foundation Trust, 2025).

For minor health concerns, prescriptions for medicines that are available to buy in a pharmacy or supermarket will not generally be given. Whether it has been as an inpatient or an attendance at A&E, when it is time to go home, a patient may therefore be advised to purchase over the counter medicines, such as paracetamol themselves, rather than have them prescribed. There will still be some cases where patients are prescribed over the counter medicines, such as those with long term conditions and more complex conditions and this will depend on clinical judgment. (North Lincolnshire and Goole Hospitals NHS Foundation Trust, 2025).

Electronic prescribing and medicines administration is live across all inpatient wards. The system allows doctors to prescribe from anywhere in the hospital. They can use the system to check appropriate doses and to cross check for allergies as well as drug interactions while they are prescribing. Nurses can see clearly what drug and dose has been prescribed and they can look up information on drugs at their fingertips rather than referring to the paper copy of the formulary. There's also a clear record of who has administered what and when and the system vastly reduces the chance of medication errors. (North Lincolnshire and Goole Hospitals NHS Foundation Trust, 2025).

The trust work in partnership with Rowlands pharmacy, who dispense prescriptions from outpatient clinics, allowing a more familiar 'community feel' for patients. The trust has an onsite Rowlands pharmacy at Scunthorpe and Grimsby hospitals which are open Monday to Friday, 9am to 6pm. In addition, Rowlands pharmacy is supported by Allied pharmacy at Goole hospital, which is open Monday to Friday, 9am to 6pm,

and Saturday, 9am to 1pm. (North Lincolnshire and Goole Hospitals NHS Foundation Trust, 2025). The pharmacists are registered with the General Pharmaceutical Council and operate to their standards of conduct, ethics, and performance through their Superintendent Pharmacist. The pharmacists also work within all relevant Trust policies and requirements e.g. governance. Rowlands pharmacy within Grimsby hospital cannot dispense prescriptions issued by GPs. Rowlands pharmacy is not open at weekends or bank holidays. At these times the hospital pharmacy dispensary will dispense prescriptions received from outpatients for those specific dates only and all prescriptions with other dates should be taken to the Rowlands pharmacy.

The hospital pharmacy service reduces the demand for the dispensing of essential services, as many prescriptions written in hospitals are dispensed by the hospital pharmacy service.

Outpatient transformation work includes some virtual outpatient clinics. These clinics affect the need for pharmaceutical services, in particular the essential service of dispensing. Patients do not need to attend the hospital site to collect medicine following a virtual consultation. The catchment area for the hospitals are clearly much larger than the area covered by North East Lincolnshire Health and Wellbeing Board. Patients will likely choose to access a pharmacy near to where they live or work in order to have a prescription dispensed.

The Connected Health Network is a model of care in which GPs and hospitals work together as a single clinical network, reducing the need for patients to be referred into a hospital. (Northern Lincolnshire and Goole NHS Foundation Trust, 2024). Instead, they work directly with hospital specialists – who become an extended part of the GP practice/network and can therefore provide direct specialist support to the GP practice. The Connected Health Network is a way to integrate care and improve patient access to specialist services by creating a more seamless connection between GPs and hospitals. Some of the initial prescribing which would have previously been dispensed via the hospital, is now with this model of care, prescribed via the GP and dispensed in primary care. The Connected Health Network therefore affects the need for pharmaceutical services, in particular the essential service of dispensing.

Figures from the NHS Business Services Authority (NHS Business Services Authority, 2025), show that during the month of April 2025, 2,354 items were prescribed by North Lincolnshire and Goole NHS Foundation Trust (secondary care) and dispensed in the community. Extrapolating this figure suggests that around 28,250 items could be dispensed in the community over a 12-month period. Note that this figure is at trust level which includes Grimsby hospital but it includes Scunthorpe and Goole hospitals too which are located outside of North East Lincolnshire.

The Discharge Medicines Service became a new essential service within the Community Pharmacy Contractual Framework on 15 February 2021. From this date, NHS Trusts were able to refer patients who would benefit from extra guidance around prescribed medicines for provision of their Discharge Medicines Service at their community pharmacy. Discharge from hospital is associated with an increased risk of avoidable medication related harm, with a majority of patients being prescribed at least one new medication after being discharged from hospital, and the potential for new medication to interact with existing treatments, potentially leading to readmission. Figures from the NHS Business Services Authority (ref), show that during 2024/25, 115 referrals were received by pharmacies from Northern Lincolnshire and Goole NHS Foundation Trust, 61 of which were received by North East Lincolnshire pharmacies. In total, during 2024/25, North East Lincolnshire pharmacies received 112 Discharge Medicine Service referrals (61

from Northern Lincolnshire and Goole NHS Foundation Trust, 46 from Hull University Teaching Hospitals NHS Trust, and 5 from other trusts).

### 5.3 St Hugh’s hospital

St Hugh’s hospital is an independent private hospital located in the Fiveways locality of North East Lincolnshire. St Hugh’s hospital is part of the Healthcare Management Trust, and registered as a charity (HMT Hospitals, 2025)

St Hugh’s hospital along with St Andrew’s hospice and Navigo have a shared contract with Lincs Pharmacy (Littlecoates Road) for its pharmaceutical management, to secure economies of scale, and which includes the following:

- A local dedicated pharmacy premises for provision and dispensing of named patient items
- Supply of stock drugs (including controlled drugs) delivered directly to partner premises
- 7-day provision and emergency service
- Supply of depot medications (mental health only)
- Provision of pharmaceutical waste service including a de-naturing of applicable drugs
- Supply of BNF annually
- Supply of ward and theatre stock
- Supply of TTO medication
- Advisory role

### 5.4 Dental health primary care services

Antibiotic prescriptions ordered by dentists account for approximately 9% of all antibiotic prescriptions in NHS primary care, and 5% of the NHS total in England (BDJ, 2017). Of the total number of prescriptions issued by dentists and dispensed in 2024, 60.7% were for antimicrobial drugs (Table 9). Dentists are also able to prescribe high concentration fluoride toothpaste, and since the publication of Delivering Better Oral Health: an evidence-based toolkit for prevention (Public Health England, 2017), there has been an increase in the prescription of high concentration fluoride toothpaste. During 2024, fluoride prescriptions accounted for 33.1% of the total prescriptions issued by dentists across England (Table 9).

**Table 9 Dental prescriptions dispensed by BNF section, England, 2024**

BNF section	Items prescribed	Percentage of total items (%)
Antimicrobial Drugs	2,407,886	60.7
Fluoride	1,313,682	33.1
Drugs acting on the oropharynx	157,685	4.0
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	25,153	0.6
Analgesics	26,872	0.7
Other	38,222	1.0
Total	4,330,523	100

Source: Dental Prescribing Dashboard 2024

\* Five most common BNF sections. All other sections grouped under ‘Other’ (<1% of overall prescribing)

Public Health England (Dental Public Health Intelligence Programme) and the NHS Business Services Authority (BSA) have developed a dental prescribing dashboard, which provides specific antibiotic

prescribing data at NHS England local area team level, including for North Yorkshire and Humber. The data excludes prescriptions dispensed in prisons, hospital, and private prescriptions. The data covers prescribing and dispensing data to the end of 2024. The dashboard includes the following measures: overall prescribing, antibiotic prescribing, fluoride prescribing, and prescribing of the top 10 antibacterial items, and prescribing of the 4 fluoride items. The dashboard aims to help identification of outlying activities and trends that could improve best practice for prescribing among primary care dentists. (NHS Business Services Authority, 2025)

Evidence suggests that some dentists prescribe antibiotics inappropriately. Inappropriate prescribing can lead to antibiotic resistance, and may be due to clinical time pressures, failure of previous operative procedures, or patient preferences. There are clear indications when antibiotics should be prescribed.

There were 9,914 dental items dispensed by North East Lincolnshire pharmacies in 2023/24. Whilst all pharmacies dispensed items, 22% of items were dispensed by Asda and Boots (Freshney Place) pharmacies. The number of dental items dispensed by each North East Lincolnshire pharmacy during 2023/24 are detailed in appendix 14.

NHS dental services therefore increase the demand for the dispensing essential service as NHS prescriptions written by dentists are dispensed by pharmacies.

## **5.5 GP Out of Hours (OoH) service**

The GP OoH service operate from 6.30pm to midnight on weekdays, and from 8am to midnight on weekends and public and bank holidays. The GP OoH team provides advice and treatment to people with urgent medical concerns when GP surgeries are closed. The GP OoH service is run by Core Care Links Limited which operates as a social enterprise (Core Care Links, 2025). There is a dedicated 24/7 single point of access (SPA) telephone number for people who live in North East Lincolnshire or who are registered with a North East Lincolnshire GP, and this must be used to contact the GP OoH service before attending, due to the service not being a walk-in service. The SPA number can also be used for other queries around physical or mental health, adult social care, or safeguarding. The face to face, OoH service is located at Raj Medical Centre, Laceby Road, Grimsby, which is within the Central locality.

People contacting the GP OoH service will initially be triaged and will be asked a set of questions to decide if:

- The problem can wait until their surgery next opens
- The problem can be dealt with over the phone
- The patient needs to attend the GP OoH service at Raj Medical Centre, or
- The patient should attend A&E or needs an emergency ambulance.

If the patient's condition is not urgent, they may be referred to another service or asked to contact their surgery during normal opening hours. They may also be advised to visit a pharmacy.

Patients may be contacted by telephone call, video consultation, or by seeing a clinician face to face.

During 2024/25, 12,667 dispensed items were prescribed by the North East Lincolnshire OoH service, with 12,316 items (97%) dispensed by North East Lincolnshire pharmacies.

Of the 12,316 items dispensed by North East Lincolnshire pharmacies, 8,681 items (70%) were dispensed by just four pharmacies:

- Tesco Grimsby 100 hour (Central locality), 2839 items
- Asda (Fiveways locality), 2191 items
- Birkwood (Central locality), 3283 items
- Tesco Cleethorpes (Meridian locality), 1517 items

Tesco Grimsby is the pharmacy open the latest in an evening (9pm Monday to Saturday, 5pm Sunday), there are therefore periods when the GP OoH service is open but there is no local pharmacy open. The GP OoH service does stock a small supply of emergency medications i.e. pain relief and antibiotics, which are dispensed from the OoH service. If the OoH service does not hold the medication that the patient requires then the prescription will be sent to a nominated pharmacy for collection the following day. If patients require for example 2 boxes of antibiotics, the OoH service would issue one themselves so that the patient can commence treatment, and then issue a prescription to collect the remaining medicine from a local pharmacy, to ensure that the OoH service have medications available for those who need it. If the patient requires emergency end of life medication, then the on-call pharmacist for during the night / when pharmacies are closed, would be utilised.

The GP OoH service therefore affects the need for pharmaceutical services, in particular the essential service of dispensing.

## 5.6 NHS Humber and North Yorkshire Integrated Care Board

The Health and Care Act 2022 provided for the establishment of Integrated Care Boards across England, as part of the Act's provisions for Integrated Care Systems. NHS England established 42 ICBs on a statutory basis on 1 July 2022. The NHS Humber and North Yorkshire ICB took on the NHS planning functions previously held by North East Lincolnshire Clinical Commissioning Group from 1 July 2022 which is also when the CCG was abolished.

NHS Humber and North Yorkshire Integrated Care Board carried out an exercise early in 2025 to identify the services commissioned by the ICB with the potential to raise a prescription. These services are detailed in Table 10 and some are also included in more detail in their own sub sections within chapter 5.

**Table 10 NHS Humber and North Yorkshire Integrated Care Board commissioned services with the potential to raise a prescription**

Name	Description	Category
Care Plus Group Ltd	Community Nursing – includes Pulmonary rehabilitation, Falls, Rapid Response, Stroke, Home Care, Discharge Liaison & specialist support i.e. Specialist Palliative Care Team; Specialist Nurse Infection Control; Continence; Diabetes; Day Care Services	Other
Cora Health	AQP Community MSK and Pain Management Service	Community Health
Core Care Links	Out of Hours GP provision and GPs operating in A&E	Other
Freshney Pelham Care Ltd	Provider of district / community nursing and end of life care to patients who are housebound / unable to attend surgery for their	District nursing

	care, and including those in residential care. Working with the PCN in the delivery of frailty and enhanced care home DES. Have 1 x V300 independent prescriber and 7 x V150 prescribers from the Nursing Formulary.	
Hull University Teaching Hospitals NHS Trust (HUTH)	Includes Hull Royal Infirmary and Castle Hill Hospital. Part of a Group – NHS Humber Health Partnership which includes Northern Lincolnshire and Goole NHS Foundation Trust. Provide of acute specialist services and a wide range of community services across Northern Lincolnshire, including district nursing, physiotherapy, occupational therapy, psychology, podiatry, and specialist dental services.	Acute and Community
Leeds Teaching Hospitals NHS Trust	Provider of acute specialist services	Acute
NAVIGO	Mental Health & Learning Disability Services including but not limited to Acute Care including Crisis Resolution and Home Treatment, Assertive Outreach, Case Supervision, CRHT, Early Intervention, IAPT, Open Minds, Acute Home Treatment Service, Dementia Liaison Service, Memory Assessment and Diagnosis, Memory Support Service	Mental Health
Newmedica	Acute service for Ophthalmology outpatients	Acute
NHS Humber and North Yorkshire Community Urgent Eye Care Service (CUES)	CUES provides urgent assessment, treatment or referral for sudden onset eye problems such as flashes, floaters, vision loss or minor eye injuries. Part of the ICB, the service is available for patients registered with a Humber and North Yorkshire locality GP.	Acute
Northern Lincolnshire & Goole Hospitals NHS Foundation Trust	Provider of elective and non-elective treatment for the residents of North East Lincolnshire. Emergency department, diagnostic facilities, a dedicated children and family services unit. A district general hospital with all the major specialities.	Acute
Open Door Health Ltd	Community TB Service	Other
Sheffield Children's NHS Foundation Trust	Provider of acute hospital services for paediatrics	Acute
Sheffield Teaching Hospitals NHS Foundation Trust	Provider of acute adult services	Acute
St Andrews Hospice	Hospice Care for adults and Andy's Children's Hospice provide a range of care and support for people with life-limiting conditions. The hospice provides bereavement support, day services, home care, and an inpatient unit.	Life limiting conditions
St Hugh's Hospital	Provider of acute elective services offering choice of provider to the patient at the time of referral	Acute
United Lincolnshire Hospitals NHS Trust	Provider of acute specialist services	Acute

Source: NHS Humber and North Yorkshire ICB

Figures from the NHS Business Services Authority show that during 2024/25, 1,587 dispensed items were prescribed by Freshney Pelham Care Ltd, 3,731 dispensed items were prescribed by North East Lincolnshire Dermatology, 966 dispensed items were prescribed by Newmedica community ophthalmology, and 81 dispensed items were prescribed by Panacea PCN/CCL hub.

These services therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.

Clinical pharmacists are increasingly working as part of general practice teams. They are highly qualified experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes, and value through a person-centred approach. (NHS England, 2025). Previously these reviews were carried out by GPs and therefore the pharmacists have freed up time for the GPs so they can focus on other activities. The clinical pharmacists update patients' medicines following hospital admissions and hospital outpatient visits. It is not anticipated that clinical pharmacists will affect the need for the essential services, but they may reduce the need for the NMS if they are providing services with the same aims and objectives.

## 5.7 Care Plus Group (CPG)

Care Plus Group is a Community Benefit Society that provides adult health and social care services to people across North East Lincolnshire. Formed in 2011 as a result of the Care Trust Plus being required to split its commissioner/provider functions, Care Plus Group provides a wide range of community services (Care Plus Group, 2025). The services Care Plus Group provides include the following:

- Community Nursing
- Community Urgent Care
- Clinical Assessment Service
- Hospital Discharge Team
- Learning disability services
- Community Inpatient Unit (previously Cambridge Park) rehabilitation and re-enablement unit
- Fairways residential care
- Community cardiology service
- Primary care services – Open Door and Quayside GP Practices
- Day services
- Employability Services
- Palliative and End of Life Care Services
- Specialist Nursing (e.g. continence, diabetes, infection control, tissue viability etc.)
- Intermediate Care at Home
- HOPE specialist falls and respiratory service
- Health and Wellbeing Collaboratives
- Transport
- Community Psychology Service
- Community occupational therapy and rehabilitation

Care Plus Group also partner with other local organisations such as NAViGO, Northern Lincolnshire and Goole Hospitals NHS Trust, Focus Adult Social Care, and St Andrews Hospice (Care Plus Group, 2025).

All prescribers employed by the Care Plus Group are nurse prescribers. Nurse independent prescribers are specially trained nurses allowed to prescribe any licensed and unlicensed drugs within their clinical competence (Royal College of Nursing, 2012). The independent prescribers may prescribe end of life medication and emergency medication e.g. antibiotics. This prescribing reduces the need to contact the GP Out of Hours service and reduces the number of unplanned hospital admissions, resulting in greater

efficiency and reduced costs to the healthcare system. Community practitioner nurse prescribers are also employed by the Care Plus Group, and these are a distinct group under independent prescribers. These are district nurses and community staff nurses who are allowed to independently prescribe from a limited formulary called the Nursing Formulary for Community Practitioners, which includes over-the-counter drugs, wound dressings, and appliances. The numbers of dispensed items prescribed by Care Plus Group nurse prescribers during 2024/25 are detailed in Table 11. There are no pharmacists or dispensers employed directly by the Care Plus Group; however, a local pharmacist does act as the pharmaceutical advisor to the Care Plus Group.

**Table 11**            **Number of dispensed items prescribed by Care Plus Group, 2021/25**

<b>Time Period</b>	<b>Number of BNF items prescribed</b>
Quarter 1 2024/25	4,830
Quarter 2 2024/25	4,491
Quarter 3 2024/25	4,433
Quarter 4 2024/25	5,178

Source: NHSBSA 2022

During 2024/25, 18,932 dispensed items were prescribed by the Care Plus Group, with 14,224 items (75%) being dispensed by North East Lincolnshire pharmacies.

Open door is part of Care Plus Group and is located in the Fiveways locality on Albion Street which is in the area of highest deprivation in North East Lincolnshire. Open Door includes the GP practice but also offers support to those with additional needs, which includes people:

- with Asperger’s Syndrome and High Functioning Autism
- who are homeless
- living with addiction
- looking for employment and volunteering opportunities

During 2024/25, 60,173 dispensed items were prescribed by Open Door, with 55,231 items (92%) dispensed by North East Lincolnshire Pharmacies.

Quayside GP practice is also part of Care Plus Group and located on Albion Street. During 2024/25, 65,115 dispensed items were prescribed by Quayside, with 61,418 items (94%) dispensed by North East Lincolnshire Pharmacies.

The Beacon, Intermediate Care Unit, is also part of Care Plus Group, and during 2024/25, 2,742 dispensed items were prescribed by the service, with 2,710 items (99%) dispensed by North East Lincolnshire Pharmacies.

These services will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.

## 5.8 NAViGO

NAVIGO Health and Social Care Community Interest Company is a not-for-profit social enterprise which formed in April 2011 to run all local adult mental health and associated services in North East Lincolnshire.

Services include:

- Adult, crisis, and home support
  - Acute in-patient services
  - Crisis home treatment
  - Personality disorder service
  - Systematic family therapy
- Older people's mental health
  - Acute mental health and memory service
  - Community mental health and memory service
- Community services
  - Autistic spectrum conditions service (ASC)
  - Community mental health and wellbeing
  - Open Minds mental health and wellbeing service
- Specialist services
  - Assertive outreach
  - Community forensic team
  - Early intervention in psychosis & transitions service
  - Liaison and diversion service
  - Pharmacy service
  - Psychology
  - Rehabilitation and recovery
  - Rharian Fields eating disorder service
  - Targeted TMS
  - Tukes employment and training scheme

NAVIGO operates from several sites however the main site is based at Harrison House which is a complex located in the Fiveways locality of North East Lincolnshire.

The NAViGO pharmacy service exists to support staff, service users, and carers, in safe and effective medication management and optimisation. The pharmacy service provides clinical and dispensing activities for service users across NAViGO's inpatient and community teams. NAViGO have one specialist pharmacist, with community pharmacists and technicians based at Lincs Pharmacy on Littlecoates Road in Grimsby, which is in the Central locality.

The NAViGO Choice and Medication Portal <http://www.choiceandmedication.org/navigo/> is a website that provides open access to information about medications used by NAViGO and associated conditions. (NAViGO, 2025)

In addition, figures from the NHS Business Services Authority, show that in 2024/25, 30,717 dispensed items were prescribed by the acute adult mental health (West), acute mental health, community mental

health team East, community adult mental health (Open Door), older people's mental health, Rharian Fields, and West community mental health teams.

These services will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.

## **5.9 Screening/immunisation services through pharmacies**

NHS England along with the Office for Health Improvement & Disparities, commission a range of immunisation and screening programmes mainly with primary care/school nurse providers. There are no local prescribing costs associated with these programmes as these are funded and supplied (in the case of childhood immunisations) directly from the Department of Health and Social Care via NHS England.

In addition, some employers will commission local pharmacies to provide flu vaccines for their employees on a private basis. For example, as an employer, North East Lincolnshire Council offers the flu vaccine to staff, with a local pharmacy providing the service to administer the vaccine to staff (Weelsby View pharmacies for 2024/25). Other health and social care organisations in North East Lincolnshire have similar arrangements in place. The responsibility for funding the seasonal flu vaccine and its administration to staff (other than those that are in a clinical risk group) lies with the employer (Department of Health, 2013).

This service will therefore affect the need for pharmaceutical services, in particular the seasonal influenza vaccination advanced service.

## **5.10 Children's public health services**

North East Lincolnshire Council has commissioned public health services for children aged 0 to 5 years since 2010, which was ahead of the full national transfer of 0-5 commissioning to local authorities from October 2015. Locally child immunisation is commissioned by NHS England, and provided by GPs, with stocks of vaccine ordered through an online system (ImmForm) which is then delivered direct by the Department of Health.

North East Lincolnshire Council commissions and provides public health services for children aged 5 to 19 years e.g. school nurses. In addition, NHS England commissions the vaccination of secondary school aged children, such as for Human papillomavirus (HPV), Meningococcal groups A, C, W and Y (MenACWY), and for Tetanus, diphtheria and Polio (Td/IPV). A patient group direction (PGD) allows vaccination of children by the provider (Vaccination UK) who obtain their vaccine stocks through an online system (ImmForm) which is then delivered direct by the Department of Health. Immunisations are carried out at schools during term time with catch-up programs during school holidays at community drop-ins.

Therefore, there is no impact on local community pharmacies from these children's public health services.

## 5.11 NHS Health Checks

The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take action to avoid, reduce or manage their risk of developing these health problems. Cardiovascular conditions are responsible for a third of deaths and a fifth of hospital admissions in England each year and cardiovascular disease accounts for the largest element of health inequalities in the UK. Responsibility for the programme transferred to councils in April 2013. (Local Government Association, 2013)

In North East Lincolnshire the programme is coordinated by North East Lincolnshire Council Public Health Team and is currently delivered exclusively through Primary Care in General Practice. Patients, aged between 40 and 74 years without existing cardiovascular related disease will be called every five years for the NHS Health Check.

The NHS Health Check incorporates checking and recording several elements (cholesterol level, blood pressure, body mass index, alcohol consumption, exercise level, family history, etc.) to calculate the risk of developing cardiovascular disease (CVD). The Health Check also requires raising the awareness of possible dementia risk to patients over the age of 65 years.

Once a risk of developing CVD has been ascertained, it is discussed with the patient and advice given or referral to North East Lincolnshire Council Wellbeing Service made, with the aim of achieving modifiable lifestyle changes that can support continued good health or improve health, to reduce the risk of developing diseases such as diabetes, kidney disease, elevated cholesterol, or hypertension. If a patient is found to have high risk or display signs and symptoms of disease, they will have further clinical intervention to manage or reduce the progression.

There are a range of models nationally to deliver the NHS Health Check, some of which utilise pharmacies, however since the North East Lincolnshire model is via General Practice, it is not necessary for the service to be commissioned through local pharmacies. An outreach model to target specific populations is being considered for future commissioning alongside the General Practice model.

## 5.12 Weight Management

The specialist weight management programme in North East Lincolnshire is provided by ABL Health at various sites across the borough and virtually. It is a service to provide an effective and efficient multi-disciplinary team weight management service for 12-24 months for people who are seriously overweight to promote and sustain life-long behaviour change and attitudes towards food and physical activity and provide care and support with their psychological health.

The service is for patients aged 18 years and over with a BMI  $\geq 35\text{kg/m}^2$  who are registered with a North East Lincolnshire GP Practice and referred by a GP, with any of the following comorbidities:

- Hypertension
- Hyperinsulinaemia
- Dyslipidaemia
- Type 2 diabetes
- Psychosocial dysfunction

Or, with a BMI  $\geq 40\text{kg/m}^2$  without comorbidities. These BMIs are reduced by  $2.5\text{kg/m}^2$  for people from a South Asian, Chinese, black African or Caribbean family background.

Referral for bariatric surgery currently involves adherence to the ABL programme with 5-10% weight loss over 6-10 months, attendance at bariatric information sessions, passing a screening process (around suitability for surgery), and lifestyle factors.

It is therefore not necessary for a weight management service to be commissioned as an enhanced service by NHS Humber and North Yorkshire Integrated Care Board.

### **5.13 Clinical waste**

All pharmacies provide patients with a service to dispose of unwanted medicines as part of the contractual framework's Essential services, however this service does not cover the disposal of sharps generated by patients.

North East Lincolnshire Council does however commission a needle exchange service for the disposal of substance use sharps (see section 11.3.3), and also operates a free of charge weekly clinical waste collection service to registered addresses. This therefore reduces the need for a sharps collection and disposal service to be commissioned under pharmaceutical services.

Clinical waste collections are arranged by contacting North East Lincolnshire Council and registering as requiring a clinical waste collection (North East Lincolnshire Council, 2025). Surgical waste must be contained in the yellow clinical waste bags which can be obtained from GPs and Grimsby hospital. Sharps boxes are used for residents who self-medicate using needles. All syringes and sharps must be placed in the yellow sharps box supplied by the service and must be locked securely.

### **5.14 St Andrew's hospice**

St Andrew's is an independent Hospice charity located in the Fiveways locality that delivers its services to NHS patients in the local area, without charge. Funded principally by the local community it is also supported by the ICB. St Andrews Hospice offers a number of different services to provide care and support to people experiencing life-limiting conditions.

St Andrew's, the adult inpatient service, and the services offered to adults by the support and wellbeing team, delivers care to people aged 18 years and over.

Andy's is the children's and young person's service, which delivers care to those aged 0 to 25 years.

Progressive life-limiting conditions include cancer, Motor Neurone Disease, cardio-vascular diseases, Multiple Sclerosis and Parkinson's disease. Care is available in a range of settings, from overnight stays and respite to out-patient visits and home care.

The hospice has twelve en-suite adult rooms and four rooms for children for overnight stays, and there is accommodation available for families to stay in too. The hospice also offers symptom control, rehabilitation, and end of life care, as well as other services such as counselling, complementary therapies, lymphoedema clinics, physiotherapy, and bereavement support. (St Andrews Hospice, 2025).

Key figures for 2024/25 are presented in Table 12.

**Table 12 St Andrew’s Hospice, key figures, 2024/25**

15 days	average length of stay
252 patients	cared for by the wellbeing service
207 patients	cared for in the adult inpatient unit
1,204 appointments	number of lymphoedema treatment appointments
1,049 appointments	cared for as part of the Hospice at Home programme
190,000 medications	for both the adult and children’s hospice services (when at full capacity), an average of 518 medications are administered in a 24-hour period. This means there are approximately 190,000 medications administered each year.

(St Andrews Hospice, 2025).

St Andrew’s hospice along with St Hugh’s hospital and Navigo have a shared contract with Lincs Pharmacy (Littlecoates Road) for its pharmaceutical management as described in section 5.3.

### 5.15 Locally commissioned services

Further information on these services can be found in chapter 11, however their commissioning removes the need for them to be commissioned as pharmaceutical services.

# CHAPTER 6

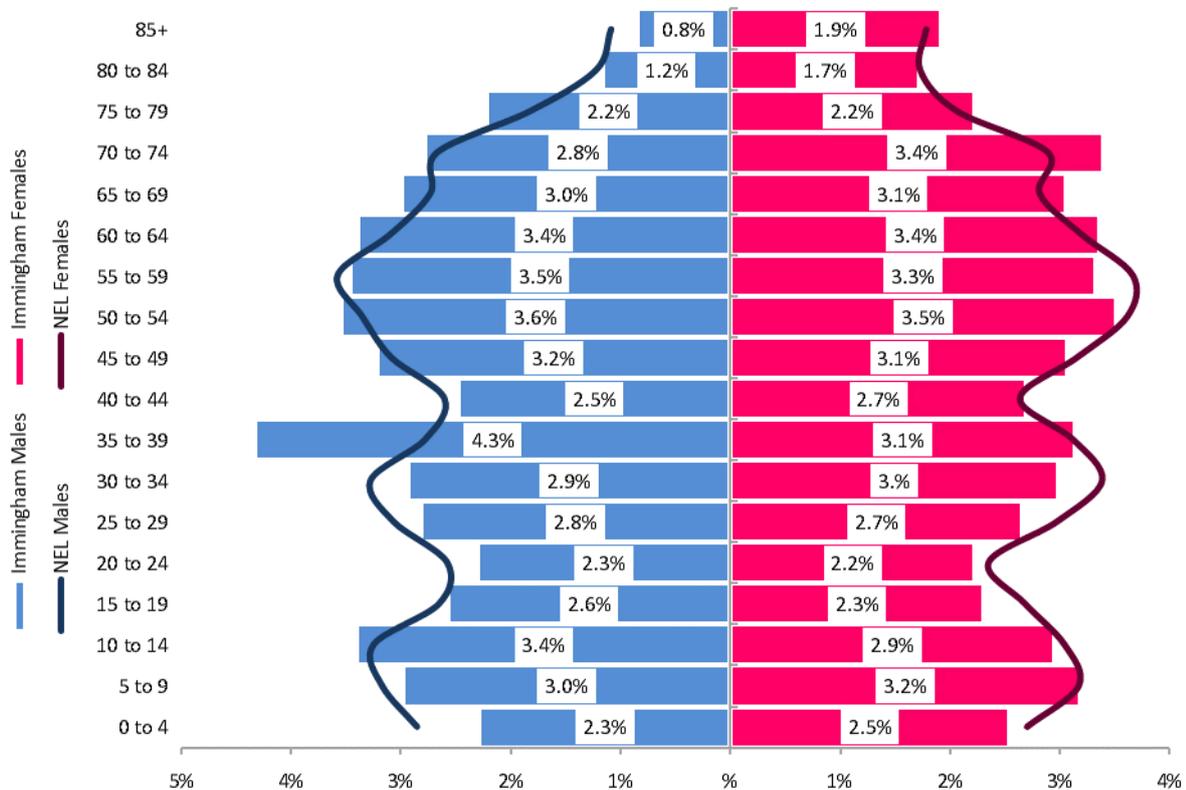
## Immingham Locality

### 6.1 Overview

The Immingham locality includes the port town of Immingham and surrounding villages along with agricultural and industrial land.

Figure 20 shows a population pyramid for Immingham locality residents.

**Figure 20 Immingham locality population pyramid, ONS population estimates**



Source: ONS

The population distribution of Immingham locality residents is in general similar to that of North East Lincolnshire overall. This locality is more rural than the localities that include the urban areas of Grimsby and Cleethorpes and has a lower population density than these localities. There are areas in this locality that are more than 1.6km from a pharmacy and some of the residents of these areas are likely to be dispensed to by the dispensing GP practice.

Table 13 presents key statistics for the Immingham locality.

**Table 13 Immingham locality – key statistics**

<b>Locality: Immingham</b>	<b>Immingham</b>	<b>North East Lincolnshire</b>
<b>Age Structure (2022)</b>		
0 to 19	2,583	36,222
20 to 64	6,504	88,079
65+	2,713	33,453
Total	11,826	157,754
<b>Ethnicity (2021)</b>		
Asian	85	2,444
Black	19	846
Mixed	76	1,618
White	11,438	151,032
Other	67	1,038
<b>Live births (2023)</b>		
	97	1,427
<b>Claimant count, age 16+ (Dec 2024)</b>		
Number	270	4,025
Proportion of residents aged 16-64	3.9	4.2
<b>Households (2021)</b>		
Number of All Households	5,038	69,844
<b>Access to Car or Van (2021)</b>		
No Cars or Vans in Household	1,010	18,794
1 Car or Van or more in Household	4,026	51,035
% of households with access to a Car or Van	79.9%	73.1%

Source: ONS mid-2022 population estimates, NOMIS, and Census 2021, ONS Crown Copyright.

The Indices of Deprivation is published at LSOA level and comprises several domains which encompass the wider determinants of health. The 106 LSOAs in North East Lincolnshire were ranked by deprivation, and then split into quintiles, with quintile 1 being the most deprived, and quintile 5 the least deprived. The quintiles are therefore five equal groups (fifths) into which the 106 North East Lincolnshire LSOAs have been divided according to deprivation distribution. Table 14 shows how the distribution of Immingham locality LSOAs by quintile, compares to that of North East Lincolnshire overall. A domain with a higher proportion of Immingham locality LSOAs in quintile 1 (most deprived) than there is for North East Lincolnshire overall, indicates relatively high deprivation for that domain in comparison to the local authority. Conversely, a domain with a higher proportion of Immingham locality LSOAs in quintile 5 (least deprived) than there is for North East Lincolnshire overall, indicates relatively low deprivation for that domain in comparison to the local authority.

**Table 14 Wider determinant of health indicators for Immingham locality compared to North East Lincolnshire overall**

Immingham Locality Deprivation type	→ Decreasing Deprivation → Quintiles				
	1	2	3	4	5
Overall	25%	0%	25%	50%	0%
Low income	25%	0%	38%	25%	13%
Unemployment	25%	0%	38%	25%	13%
Education overall	13%	25%	38%	13%	13%
Education - children's attainment	25%	13%	50%	0%	13%
Education - adult qualifications	13%	38%	25%	13%	13%
Health	13%	13%	25%	25%	25%
Crime	0%	0%	25%	38%	38%
Barriers to services and housing	50%	25%	25%	0%	0%
Barriers - physical proximity to services	50%	50%	0%	0%	0%
Barriers - access to housing	13%	25%	13%	50%	0%
Living - local environment	0%	0%	25%	63%	13%
Living - quality of housing	0%	0%	13%	63%	25%
Living - air quality and RTAs	0%	13%	38%	25%	25%
Children in income deprived families	13%	13%	38%	25%	13%
Older people - low income	13%	13%	38%	13%	25%
North East Lincolnshire	21%	20%	20%	20%	20%

Source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

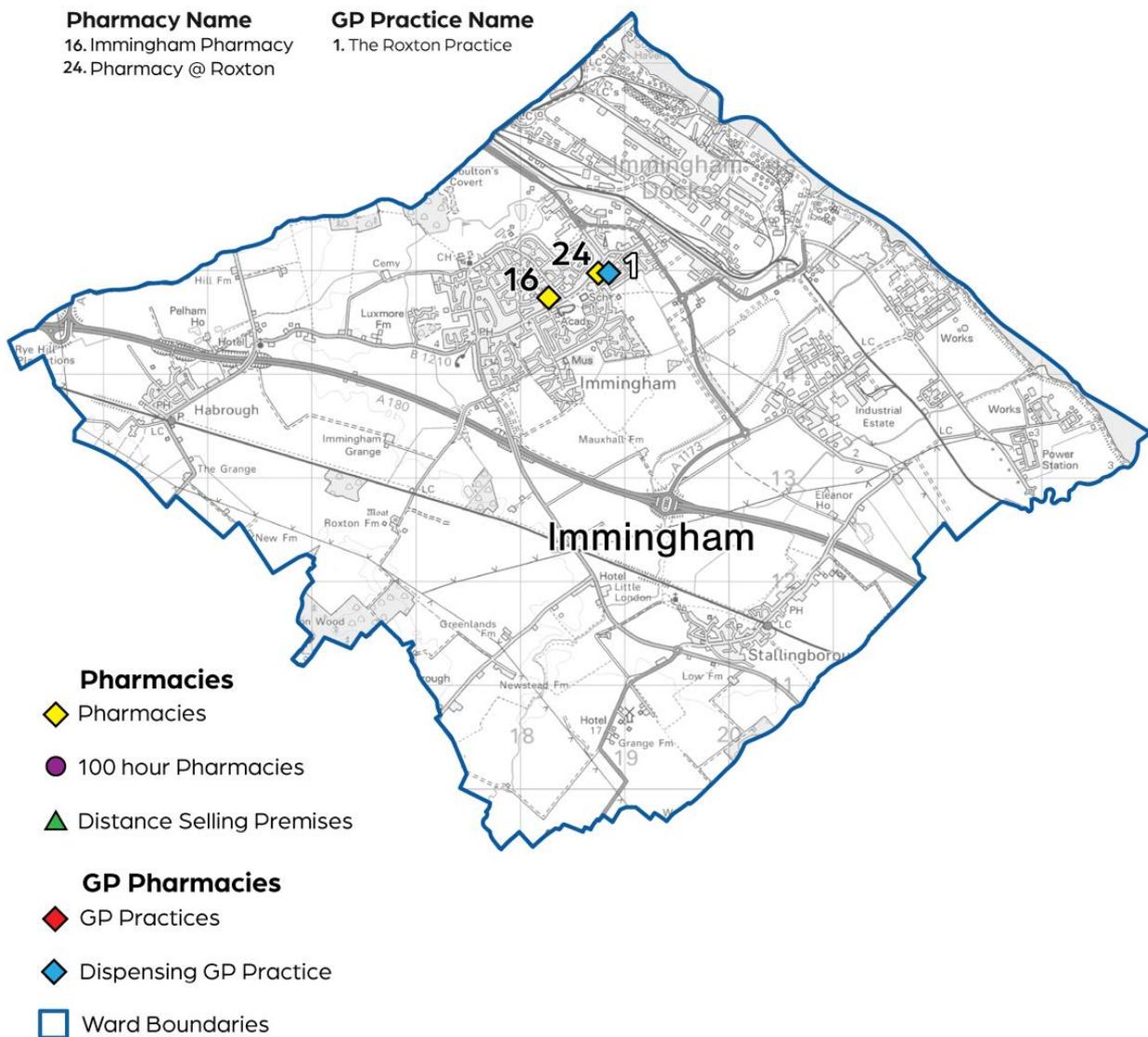
- Locality with a higher percentage of LSOAs in quintile than North East Lincolnshire overall
- Locality with a lower percentage of LSOAs in quintile than North East Lincolnshire overall

Wider determinant of health outcomes are mixed for Immingham locality. One quarter of Immingham locality LSOAs are in the most deprived North East Lincolnshire quintile for overall deprivation, and also one quarter of LSOAs for the low income and unemployment domains. Half of Immingham locality LSOAs are in the most deprived North East Lincolnshire quintile regarding the physical proximity to services, which reflects the more rural and industrial nature of this locality. Immingham locality has better outcomes for the health and crime domains, with a higher proportion of locality LSOAs within the least deprived North East Lincolnshire quintile than that of the local authority overall.

Figure 21 is a map of the locality which shows the locations of the two pharmacies and the dispensing GP practice operating within the locality.

**Figure 21** Immingham locality pharmacies and GP practices

## GP Practice and Pharmacy Locations in Immingham Locality



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## 6.2 Summary

There are two pharmacies in the Immingham locality (Table 15).

**Table 15 Immingham locality pharmacies overview**

Name	ODS Code	Address	Postcode	Main map ref
Immingham Pharmacy	FE564	18-20 Kennedy Way	DN40 2AE	16
Pharmacy @ Roxton	FPJ55	Pilgrim Primary Care Centre, Pelham Road	DN40 1JW	24

This locality has by far the smallest resident population out of the five North East Lincolnshire localities, and consequently has the fewest pharmacies. Pharmaceutical services for this locality are located centrally in the town of Immingham. One pharmacy is co-located with the Roxton GP practice at the primary care centre, and the other is located in the town shopping centre. Whilst there are no pharmacies in the villages of Habrough or Stallingborough, the Roxton GP practice in Immingham is a dispensing practice, as is the Roxton branch surgery in Keelby and the Killingholme GP practice, both of which are just across the boundary in Lincolnshire and North Lincolnshire respectively. The Roxton dispensing GP practice dispensed 154,488 items during 2024. All residents live within 1.6km (1 mile) in a straight line or within a 10-minute drive time of one of the pharmacies. Daytime opening hours are offered Monday to Friday (08:30 to 18:30), with only one of the pharmacies open on a Saturday. Neither of the pharmacies open on a Sunday, however the locality is within a 15-minute drive time of the pharmacy with extended opening of 78 hours per week. There is a choice of pharmacy contractor (JS Lloyds Pharma Ltd and Health Provision Ltd).

A total of 242,665 items were dispensed by the two pharmacies during 2024/25.

Pharmacy	Open Sat	Open Sun	Items	Pharmacy First	Hypertension Case Finding	Smoking Cessation	Lateral Flow Device Test Supply	Pharmacy Contraception
Immingham Pharmacy	AM	N	61,873	Yes	Yes	Yes	Yes	Yes
Pharmacy @ Roxton	N	N	180,792	Yes	Yes	No	Yes	Yes

\* Core opening hours; Number of items dispensed during 2024/25; Signed up to Advanced Services as of July 2025.

**Based upon the above information and the information in chapter 4, the health and wellbeing board concludes that there are no current or future needs for pharmaceutical services. It has also not identified any current or future improvements or better access to pharmaceutical services.**

# CHAPTER 7

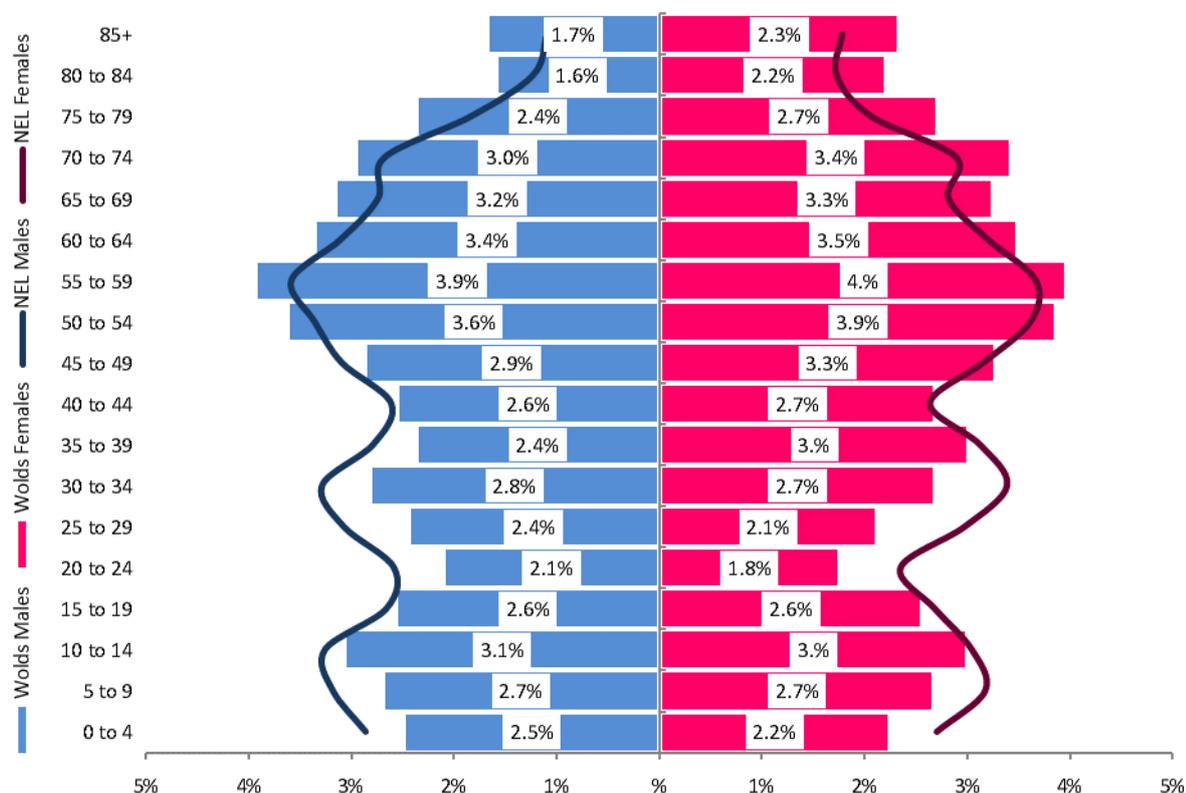
## Wolds Locality

### 7.1 Overview

The Wolds locality includes the villages of Scartho, Waltham, Laceby, Healing, Barnoldby-le-Beck, and surrounding smaller villages and agricultural land.

Figure 22 shows a population pyramid for Wolds locality residents.

**Figure 22** Wolds locality population pyramid, ONS population estimates



Source: ONS

The Wolds locality population is in general a much older population than that of North East Lincolnshire overall. This locality is more rural than the localities that include the urban areas of Grimsby and Cleethorpes and has a lower population density than these localities. Two of the pharmacies in the locality are revised pharmacy access scheme pharmacies (Laceby Village Pharmacy and Healing Pharmacy), and have lower levels of dispensing activity, much of which is due to the rural nature of the locality. There are areas in this locality that are more than 1.6km from a pharmacy and some of the residents of these areas are likely to be dispensed to by the dispensing GP practice.

Table 16 presents key statistics for the Wolds locality.

**Table 16 Wolds locality – key statistics**

<b>Locality: Wolds</b>	<b>Wolds</b>	<b>North East Lincolnshire</b>
<b>Age Structure (2022)</b>		
0 to 19	5,312	36,222
20 to 64	14,052	88,079
65+	6,855	33,453
Total	26,219	157,754
<b>Ethnicity (2021)</b>		
Asian	521	2,444
Black	132	846
Mixed	243	1,618
White	24,939	151,032
Other	107	1,038
<b>Live births (2023)</b>		
	187	1,427
<b>Claimant count, age 16+ (Dec 2024)</b>		
Number	255	4,025
Proportion of residents aged 16-64	1.7	4.2
<b>Households (2021)</b>		
Number of All Households	11,284	69,844
<b>Access to Car or Van (2021)</b>		
No Cars or Vans in Household	1,424	18,794
1 Car or Van or more in Household	9,856	51,035
% of households with access to a Car or Van	87.4%	73.1%

Source: ONS mid-2022 population estimates, NOMIS, and Census 2021, ONS Crown Copyright.

The Indices of Deprivation is published at LSOA level and comprises several domains which encompass the wider determinants of health. The 106 LSOAs in North East Lincolnshire were ranked by deprivation, and then split into quintiles, with quintile 1 being the most deprived, and quintile 5 the least deprived. The quintiles are therefore five equal groups (fifths) into which the 106 North East Lincolnshire LSOAs have been divided according to deprivation distribution. Table 17 shows how the distribution of Wolds locality LSOAs by quintile, compares to that of North East Lincolnshire overall. A domain with a higher proportion of Wolds locality LSOAs in quintile 1 (most deprived) than there is for North East Lincolnshire overall, indicates relatively high deprivation for that domain in comparison to the local authority. Conversely, a domain with a higher proportion of Wolds locality LSOAs in quintile 5 (least deprived) than there is for North East Lincolnshire overall, indicates relatively low deprivation for that domain in comparison to the local authority.

**Table 17 Wider determinant of health indicators for Wolds locality compared to North East Lincolnshire overall**

Wolds Locality Deprivation type	→ Decreasing Deprivation → Quintiles				
	1	2	3	4	5
Overall	0%	0%	20%	20%	60%
Low income	0%	7%	7%	33%	53%
Unemployment	0%	7%	7%	33%	53%
Education overall	0%	0%	13%	20%	67%
Education - children's attainment	0%	7%	0%	33%	60%
Education - adult qualifications	0%	0%	7%	20%	73%
Health	0%	13%	7%	27%	53%
Crime	0%	0%	7%	40%	53%
Barriers to services and housing	40%	13%	13%	13%	20%
Barriers - physical proximity to services	47%	27%	13%	0%	13%
Barriers - access to housing	0%	13%	7%	13%	67%
Living - local environment	0%	7%	7%	27%	60%
Living - quality of housing	0%	7%	20%	40%	33%
Living - air quality and RTAs	0%	0%	13%	20%	67%
Children in income deprived families	0%	0%	13%	33%	53%
Older people - low income	0%	13%	7%	27%	53%
North East Lincolnshire	21%	20%	20%	20%	20%

Source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

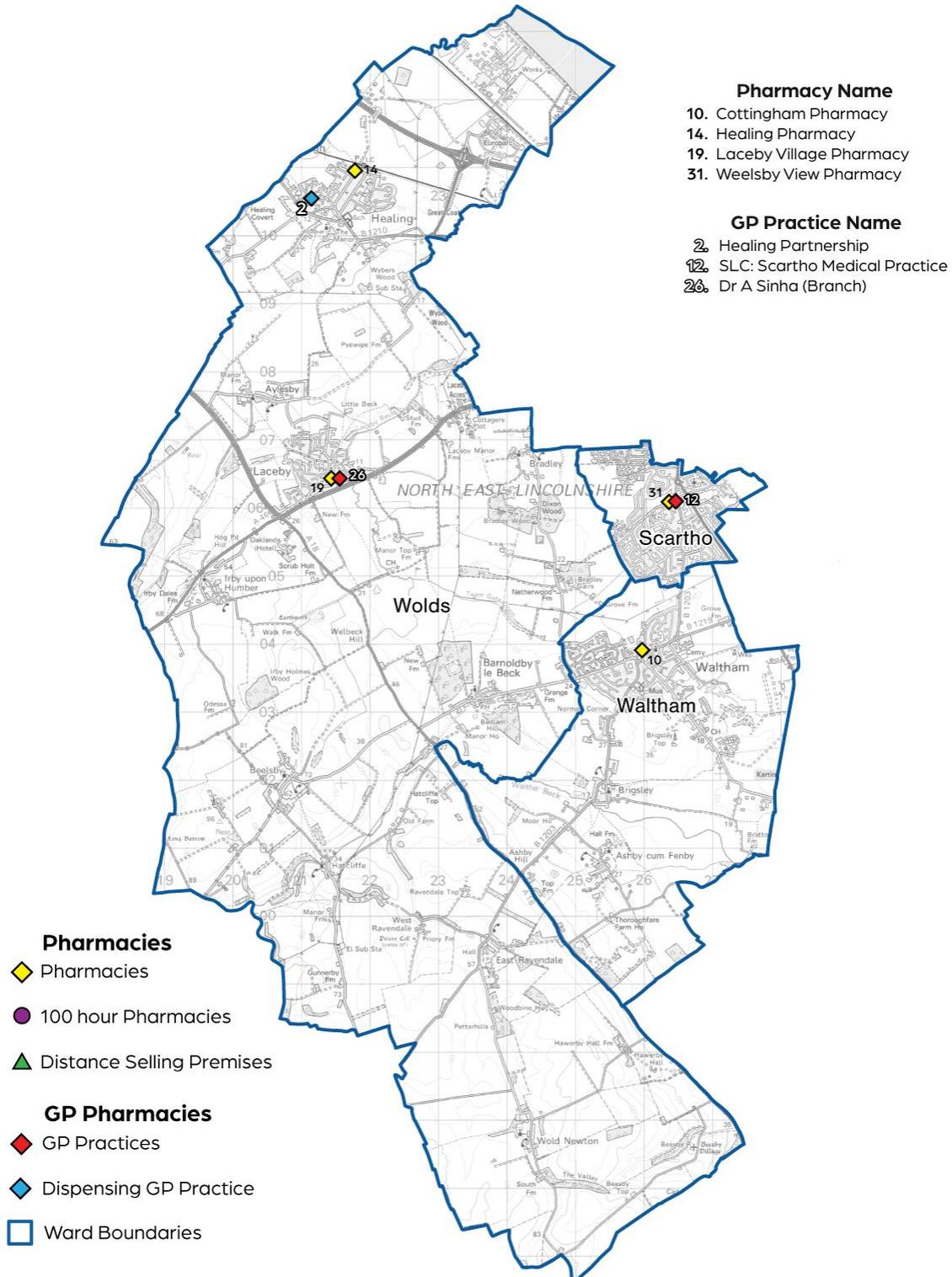
- Locality with a higher percentage of LSOAs in quintile than North East Lincolnshire overall
- Locality with a lower percentage of LSOAs in quintile than North East Lincolnshire overall

Wider determinant of health outcomes are good for Wolds locality. None of Wolds locality LSOAs are in the most deprived North East Lincolnshire quintile for any domain, the only exception being for the physical proximity to services which just reflects the rural nature of this locality. 60% of Wolds locality LSOAs are in the least deprived North East Lincolnshire quintile for the overall deprivation.

Figure 23 is a map of the locality which shows the locations of the four pharmacies and the two GP practices operating within the locality. The map also shows the branch surgery (Dr A Sinha) in Laceby.

**Figure 23** Wolds locality pharmacies and GP practices

## GP Practice and Pharmacy Locations in Wolds Locality



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## 7.2 Summary

There are four pharmacies in the Wolds locality (Table 18).

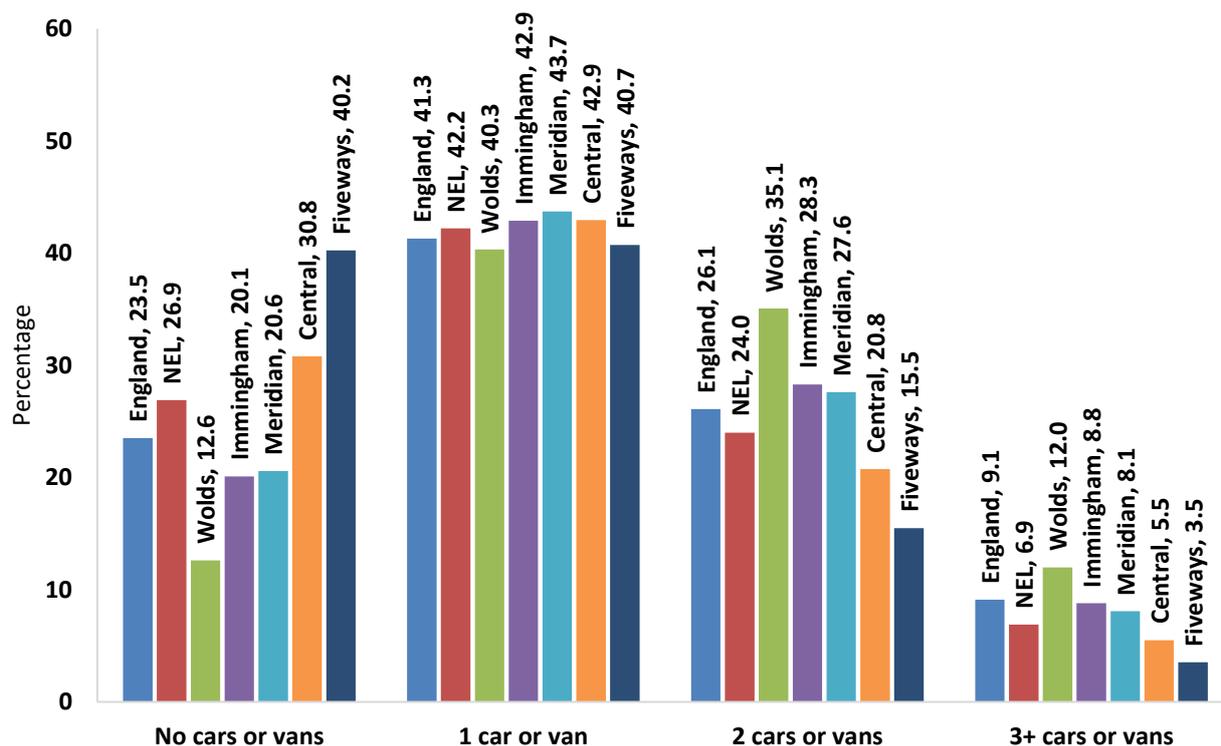
**Table 18** Wolds locality pharmacies overview

Name	ODS Code	Address	Postcode	Main map ref
Cottingham Pharmacy	FGW91	41 High Street, Waltham	DN37 0LJ	10
Healing Pharmacy	FW631	101-103 Station Road, Healing	DN41 7RB	14
Laceby Village Pharmacy	FV297	8 Caistor Road, Laceby	DN37 7HX	19
Weelsby View Pharmacy	FRM63	Scartho Medical Centre, Springfield Road	DN33 3JF	31

Pharmaceutical services for this locality are located within the main villages of Scartho, Waltham, Laceby, and Healing. The two GP surgeries and branch surgery in this locality have a pharmacy nearby, with the Scartho pharmacy being co-located in the medical centre. Whilst residents of some of the smaller villages within the locality have the furthest to travel out of all residents within North East Lincolnshire, and there are economic costs of travelling into the town centre from rural areas, all areas are within a 10-minute drive time of the nearest village pharmacy and within 20 minutes of the pharmacy with extended opening of 78 hours per week.

This is the most rural locality, there may be fewer transport services, and the locality also consists of a higher proportion of older residents than North East Lincolnshire overall. However, car ownership is considerably higher in this locality than for England overall as show in Figure 24, and this locality also has the highest levels of household car access of the five localities.

**Figure 24 Household car access levels for the localities, North East Lincolnshire, and England**



Source: ONS Census 2021

The Healing Partnership dispensing GP practice dispensed 717 items during 2024

Daytime opening hours are offered Monday to Friday (08:30/09:00 to 17:30/18:00). One pharmacy is open on a Saturday morning. None of the pharmacies have core opening hours at a weekend and this was a common concern highlighted by the user survey. As already stated, all areas of the locality are within a 20-minute drive time of the pharmacy with extended opening of 78 hours per week. There is a choice of pharmacy contractor (Bemsize Healthcare Ltd, Edunne Healthcare Ltd, Zimah Ltd, and Weelsby View Pharmacy Ltd).

Considerable new housing is anticipated during the lifetime of this pharmaceutical needs assessment with over 800 units predicted and this is more than any other locality. The biggest development is anticipated to be Scartho Top with 180 units predicted.

A total of 402,844 items were dispensed by the four pharmacies during 2024/25.

Pharmacy	Open Sat	Open Sun	Items	Pharmacy First	Hypertension Case Finding	Smoking Cessation	Lateral Flow Device Test Supply	Pharmacy Contraception
Cottingham Pharmacy	N	N	127,527	Yes	Yes	No	Yes	No
Healing Pharmacy	N	N	64,381	Yes	Yes	No	Yes	No
Lacey Village Pharmacy	N	N	56,972	Yes	Yes	Yes	Yes	No
Weelsby View Pharmacy	N	N	153,964	Yes	Yes	Yes	Yes	Yes

\* Core opening hours; Number of items dispensed during 2024/25; Signed up to Advanced Services as of July 2025.

**Based upon the above information and the information in chapter 4, the health and wellbeing board concludes that there are no current or future needs for pharmaceutical services. It has also not identified any current or future improvements or better access to pharmaceutical services.**

# CHAPTER 8

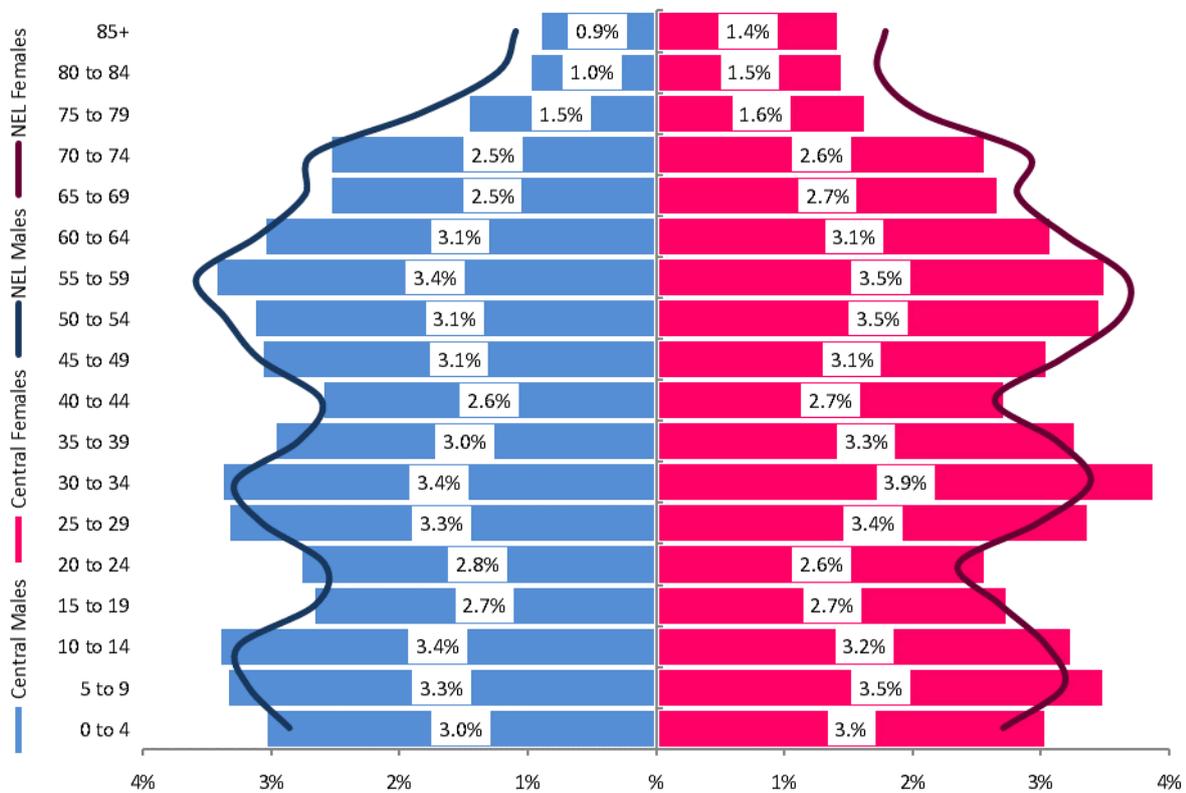
## Central Locality

### 8.1 Overview

The Central locality is the largest locality and is an urban area that includes a large proportion of the town of Grimsby.

Figure 25 shows a population pyramid for Central locality residents.

**Figure 25** Central locality population pyramid, ONS population estimates



Source: ONS

The Central locality population is in general a marginally younger population than that of North East Lincolnshire overall.

Table 19 presents key statistics for the Central locality.

**Table 19 Central locality – key statistics**

<b>Locality: Central</b>	<b>Central</b>	<b>North East Lincolnshire</b>
<b>Age Structure (2022)</b>		
0 to 19	12,808	36,222
20 to 64	30,168	88,079
65+	9,765	33,453
Total	52,741	157,754
<b>Ethnicity (2021)</b>		
Asian	857	2,444
Black	381	846
Mixed	585	1,618
White	50,464	151,032
Other	396	1,038
<b>Live births (2023)</b>		
	535	1,427
<b>Claimant count, age 16+ (Dec 2024)</b>		
Number	1,560	4,025
Proportion of residents aged 16-64	4.8	4.2
<b>Households (2021)</b>		
Number of All Households	23,221	69,844
<b>Access to Car or Van (2021)</b>		
No Cars or Vans in Household	7,149	18,794
1 Car or Van or more in Household	16,062	51,035
% of households with access to a Car or Van	69.2%	73.1%

Source: ONS mid-2022 population estimates, NOMIS, and Census 2021, ONS Crown Copyright

The Indices of Deprivation is published at LSOA level and comprises several domains which encompass the wider determinants of health. The 106 LSOAs in North East Lincolnshire were ranked by deprivation, and then split into quintiles, with quintile 1 being the most deprived, and quintile 5 the least deprived. The quintiles are therefore five equal groups (fifths) into which the 106 North East Lincolnshire LSOAs have been divided according to deprivation distribution. Table 20 shows how the distribution of Central locality LSOAs by quintile, compares to that of North East Lincolnshire overall. A domain with a higher proportion of Central locality LSOAs in quintile 1 (most deprived) than there is for North East Lincolnshire overall, indicates relatively high deprivation for that domain in comparison to the local authority. Conversely, a domain with a higher proportion of Central locality LSOAs in quintile 5 (least deprived) than there is for North East Lincolnshire overall, indicates relatively low deprivation for that domain in comparison to the local authority.

**Table 20 Wider determinant of health indicators for Central locality compared to North East Lincolnshire overall**

Central Locality Deprivation type	→ Decreasing Deprivation → Quintiles				
	1	2	3	4	5
Overall	28%	22%	22%	19%	8%
Low income	28%	19%	22%	17%	14%
Unemployment	28%	19%	22%	17%	14%
Education overall	31%	22%	19%	19%	8%
Education - children's attainment	31%	25%	19%	19%	6%
Education - adult qualifications	31%	17%	28%	14%	11%
Health	28%	19%	17%	25%	11%
Crime	22%	36%	17%	17%	8%
Barriers to services and housing	22%	22%	22%	19%	14%
Barriers - physical proximity to services	14%	19%	28%	33%	6%
Barriers - access to housing	31%	19%	19%	22%	8%
Living - local environment	17%	25%	39%	14%	6%
Living - quality of housing	14%	33%	28%	14%	11%
Living - air quality and RTAs	22%	28%	17%	31%	3%
Children in income deprived families	25%	25%	22%	19%	8%
Older people - low income	25%	22%	22%	14%	17%
North East Lincolnshire	21%	20%	20%	20%	20%

Source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

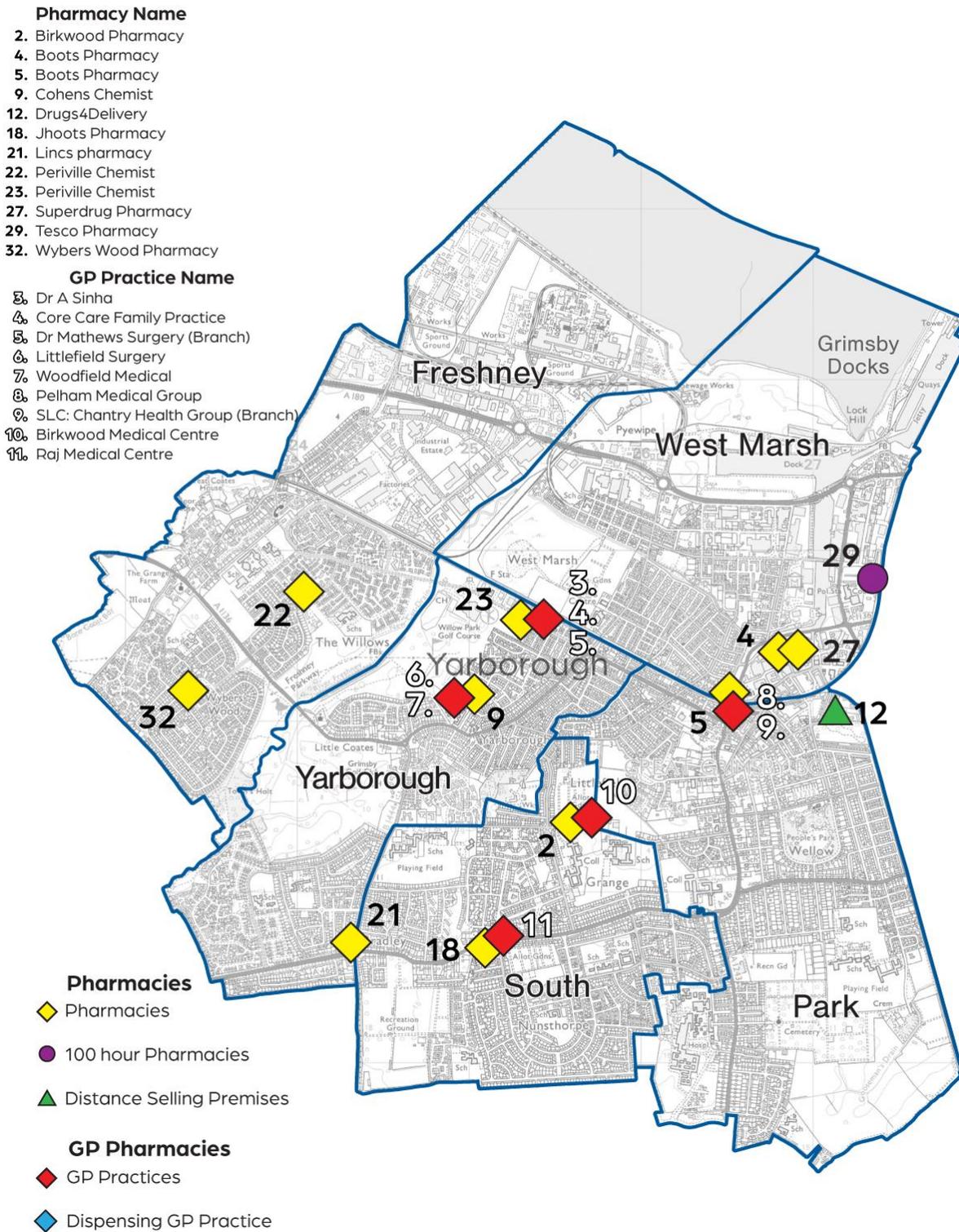
- Locality with a higher percentage of LSOAs in quintile than North East Lincolnshire overall
- Locality with a lower percentage of LSOAs in quintile than North East Lincolnshire overall

Wider determinant of health outcomes for Central locality are in general a little poorer than those of North East Lincolnshire overall. Around one quarter of Central locality LSOAs are in the most deprived North East Lincolnshire quintile for a number of domains, including for overall deprivation, health, and low income for both children and older people.

Figure 26 is a map of the locality which shows the locations of the twelve pharmacies and the seven GP practices operating within the locality. The map also shows the two branch surgeries.

**Figure 26** Central locality pharmacies and GP practices

## GP Practice and Pharmacy Locations in Central Locality



## 8.2 Summary

There are twelve pharmacies in the Central locality (Table 21).

**Table 21 Central locality pharmacies overview**

Name	ODS Code	Address	Postcode	Main map ref
Birkwood Pharmacy	FN341	Birkwood Medical Centre, Westward Ho	DN34 5EN	2
Boots Pharmacy	FD897	43 Friargate, Freshney Place	DN31 1EL	4
Boots Pharmacy	FLV73	Church View Health Centre, Cartergate	DN31 1QZ	5
Cohens Chemist	FA419	Freshney Green Primary Care Centre, Sorrell Road	DN34 4GB	9
Drugs4Delivery	FQN38	Unit 4, Acorn Business Park, Moss Road	DN32 0LT	12
Jhoots Pharmacy	FV263	Raj Medical Centre, Laceby Road	DN34 5LP	18
Lincs Pharmacy	FXH94	208 Littlecoates Road	DN34 5SU	21
Periville Chemist	FC797	9 Wingate Parade, The Willows	DN37 9DR	22
Periville Chemist	FF575	Cromwell Road Primary Care Centre	DN31 2BH	23
Superdrug Pharmacy	FXG65	55-56 Friargate, Freshney Place	DN31 1QR	27
Tesco Pharmacy	FGW79	Tesco, Market Street	DN31 1QS	29
Wybers Wood Pharmacy	FD190	324 St Nicholas Drive, Wybers Wood	DN37 9SF	32

This locality has the largest population of all the North East Lincolnshire localities, and includes pockets of considerable deprivation particularly in the South and West Marsh areas of the locality. This locality is served by the largest number of pharmacies and GP practices. Situated on the edge of the locality is Tesco Grimsby, which was previously subject to the 100 hours condition, but following an amendment to the regulations, Tesco successfully applied to reduce the pharmacy's total core opening hours to 78 hours per week. This pharmacy has the longest opening hours of any pharmacy in North East Lincolnshire. There are five primary care centres in the locality, each of which include a co-located pharmacy. This locality also includes two pharmacies located within the main shopping centre of North East Lincolnshire, and as detailed above, the pharmacy offering extended opening of 78 hours per week is located in a supermarket. There is a choice of pharmacy contractor (Warwick Healthcare Ltd, Boots UK Ltd, Gorgemead Ltd, Tatari Reality Company, LP SD Eighty Four Ltd, LP SD Seventy Nine Ltd, Periville Ltd, Superdrug stores plc, Tesco plc, and Lincolnshire Co-Op Chemist Ltd). Because this locality consists of the main urban area of North East Lincolnshire and the town centre, there are generally adequate transport links throughout. All residential areas are within 1.6km (1 mile) in a straight line of a pharmacy. Two pharmacies closed in this locality during the lifetime of the previous PNA (Lloyds in Sainsbury's in April 2023, and Chelmsford Pharmacy in October 2024). There is no pharmacy on the Nunsthorpe estate which has high levels of deprivation, a large child population, and a relatively high percentage of households with no car access,

however there is a Jhoots pharmacy co-located with Raj Medical Centre on the edge of the estate. There is no pharmacy in the centre of the Park area of the locality, however this area is within 1.6km (1 mile) in a straight line of pharmacies located either in the neighbouring Fiveways locality or in the town centre. Daytime opening hours are offered by all pharmacies Monday to Friday, with the pharmacy offering extended opening of 78 hours per week open until 21:00. Six pharmacies open on Saturday (three with core hours) whilst two open on Sunday (both with core hours). New housing is anticipated during the lifetime of this pharmaceutical needs assessment, with 446 units predicted. The largest development anticipated is the land of the former Western School, with 115 units predicted.

A total of 1,610,674 items were dispensed by the twelve pharmacies during 2024/25.

Pharmacy	Open Sat	Open Sun	Items	Pharmacy First	Hypertension Case Finding	Smoking Cessation	Lateral Flow Device Test Supply	Pharmacy Contraception
Birkwood Pharmacy	No	No	307,440	Yes	Yes	No	No	Yes
Boots (Cartergate)	No	No	130,707	Yes	Yes	Yes	Yes	Yes
Boots (Friargate)	Yes	Yes	133,275	Yes	Yes	No	No	Yes
Cohens Chemist	No	No	229,915	Yes	Yes	Yes	Yes	Yes
Drugs4Delivery	No	No	184,069	Yes	Yes	Yes	Yes	Yes
Jhoots Pharmacy	No	No	62,277	Yes	Yes	Yes	Yes	Yes
Lincs Pharmacy	No	No	59,063	Yes	Yes	Yes	Yes	Yes
Periville (Cromwell Road)	No	No	178,698	Yes	Yes	Yes	Yes	Yes
Periville (Wingate Parade)	No	No	133,723	Yes	Yes	Yes	Yes	Yes
Superdrug Pharmacy	Yes	No	48,843	Yes	Yes	Yes	Yes	Yes
Tesco Pharmacy	Yes	Yes	55,810	Yes	Yes	No	Yes	Yes
Wybers Wood	No	No	86,854	Yes	Yes	No	Yes	Yes

\* Core opening hours; Number of items dispensed during 2024/25; Signed up to Advanced Services as of July 2025.

**Based upon the above information and the information in chapter 4, the health and wellbeing board concludes that there are no current or future needs for pharmaceutical services. It has also not identified any current or future improvements or better access to pharmaceutical services.**

# CHAPTER 9

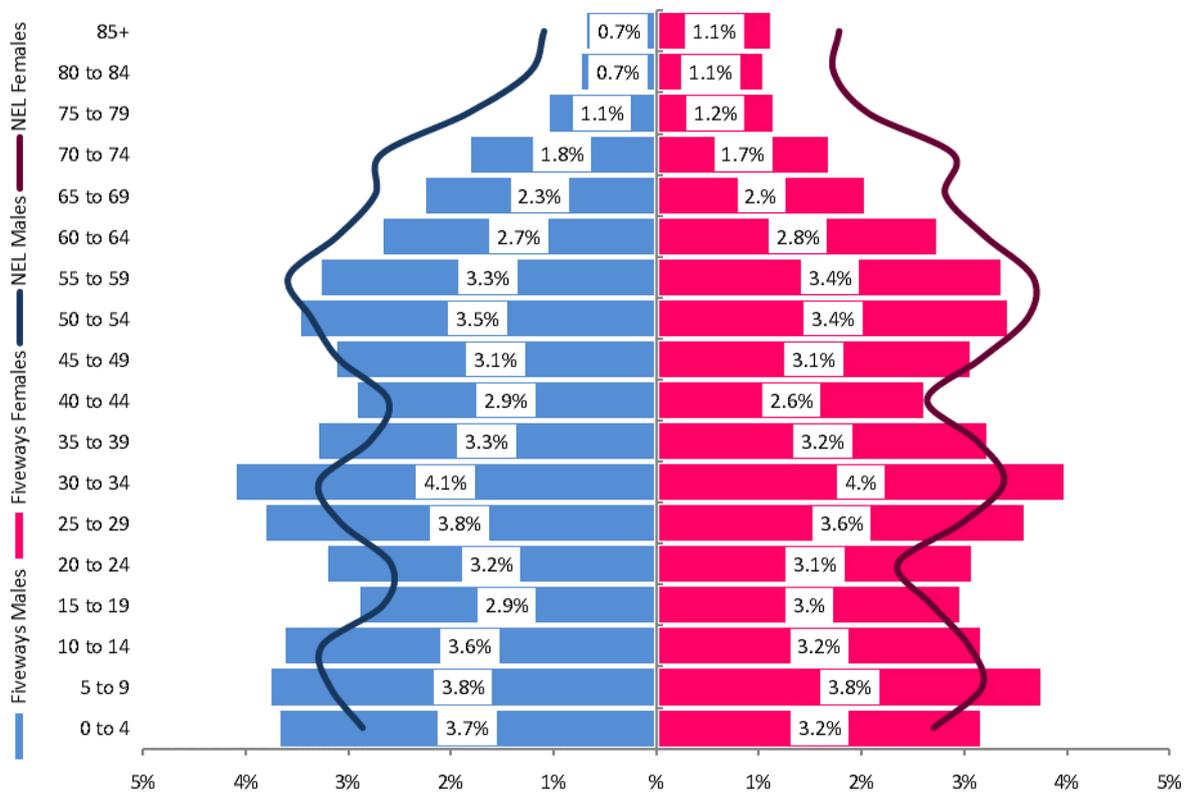
## Fiveways Locality

### 9.1 Overview

The Fiveways locality is an urban area that includes the most deprived areas of Grimsby and Cleethorpes, some of which are among the most deprived areas in England.

Figure 27 shows a population pyramid for Fiveways locality residents.

**Figure 27** Fiveways locality population pyramid, ONS mid 2020 population estimates



Source: ONS

The Fiveways locality population is in general a much younger population than that of North East Lincolnshire overall.

Table 22 presents key statistics for the Fiveways locality.

**Table 22 Fiveways locality – key statistics**

<b>Locality: Fiveways</b>	<b>Fiveways</b>	<b>North East Lincolnshire</b>
<b>Age Structure (2022)</b>		
0 to 19	9,165	36,222
20 to 64	20,137	88,079
65+	4,622	33,453
Total	33,924	157,754
<b>Ethnicity (2021)</b>		
Asian	477	2,444
Black	192	846
Mixed	402	1,618
White	32,740	151,032
Other	302	1,038
<b>Live births (2023)</b>	388	1,427
<b>Claimant count, age 16+ (Dec 2024)</b>		
Number	1,435	4,025
Proportion of residents aged 16-64	6.6	4.2
<b>Households (2021)</b>		
Number of All Households	15,114	69,844
<b>Access to Car or Van (2021)</b>		
No Cars or Vans in Household	6,083	18,794
1 Car or Van or more in Household	9,032	51,035
% of households with access to a Car or Van	59.8%	73.1%

Source: ONS mid-2022 population estimates, NOMIS, and Census 2021, ONS Crown Copyright.

The Indices of Deprivation is published at LSOA level and comprises several domains which encompass the wider determinants of health. The 106 LSOAs in North East Lincolnshire were ranked by deprivation, and then split into quintiles, with quintile 1 being the most deprived, and quintile 5 the least deprived. The quintiles are therefore five equal groups (fifths) into which the 106 North East Lincolnshire LSOAs have been divided according to deprivation distribution. Table 23 shows how the distribution of Fiveways locality LSOAs by quintile, compares to that of North East Lincolnshire overall. A domain with a higher proportion of Fiveways locality LSOAs in quintile 1 (most deprived) than there is for North East Lincolnshire overall, indicates relatively high deprivation for that domain in comparison to the local authority. Conversely, a domain with a higher proportion of Fiveways locality LSOAs in quintile 5 (least deprived) than there is for North East Lincolnshire overall, indicates relatively low deprivation for that domain in comparison to the local authority.

**Table 23 Wider determinant of health indicators for Fiveways locality compared to North East Lincolnshire overall**

Fiveways Locality Deprivation type	→ Decreasing Deprivation → Quintiles				
	1	2	3	4	5
Overall	40%	32%	16%	12%	0%
Low income	40%	28%	20%	12%	0%
Unemployment	40%	28%	24%	8%	0%
Education overall	40%	32%	16%	12%	0%
Education - children's attainment	36%	32%	12%	20%	0%
Education - adult qualifications	40%	40%	8%	12%	0%
Health	40%	24%	28%	8%	0%
Crime	48%	28%	24%	0%	0%
Barriers to services and housing	0%	24%	24%	28%	24%
Barriers - physical proximity to services	0%	12%	12%	20%	56%
Barriers - access to housing	40%	28%	20%	8%	4%
Living - local environment	52%	36%	8%	4%	0%
Living - quality of housing	52%	28%	12%	0%	8%
Living - air quality and RTAs	56%	24%	20%	0%	0%
Children in income deprived families	48%	20%	20%	8%	4%
Older people - low income	40%	28%	16%	16%	0%
North East Lincolnshire	21%	20%	20%	20%	20%

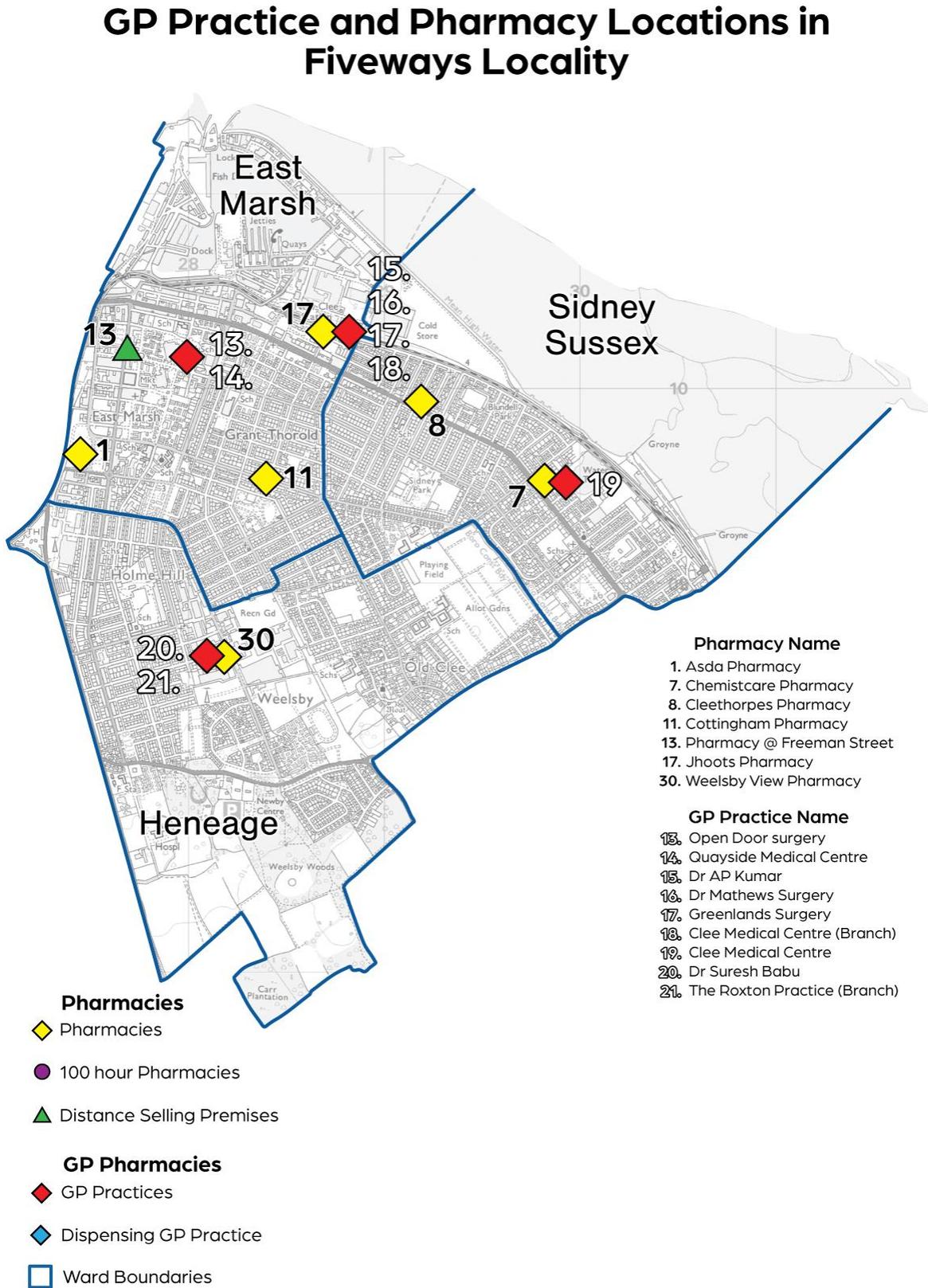
Source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

- Locality with a higher percentage of LSOAs in quintile than North East Lincolnshire overall
- Locality with a lower percentage of LSOAs in quintile than North East Lincolnshire overall

Wider determinant of health outcomes are poor for Fiveways locality. Forty per cent of Fiveways locality LSOAs are in the most deprived North East Lincolnshire quintile for overall deprivation, and also for the low income, unemployment, education, and health domains. Around half of Fiveways locality LSOAs are in the most deprived North East Lincolnshire quintile regarding crime, the living environment, and children in low income families. Most domains have no Fiveways LSOAs in the least deprived North East Lincolnshire quintile. The only exception is the physical proximity to services domain, which reflects the urban nature of this locality.

Figure 28 is a map of the locality which shows the locations of the seven pharmacies and the seven GP practices operating within the locality. The map also shows the two branch surgeries.

**Figure 28** Fiveways locality pharmacies and GP practices



## 9.2 Summary

There are seven pharmacies in the Fiveways locality (Table 24).

**Table 24 Fiveways locality pharmacies overview**

Name	ODS Code	Address	Postcode	Main map ref
Asda Pharmacy	FXC13	Asda, Holles Street	DN32 9DL	1
Chemistcare Pharmacy	FPF38	Clee Medical Centre, 323a Grimsby Road	DN35 7ES	7
Cleethorpes Pharmacy	FJX84	121 Grimsby Road	DN35 7DG	8
Cottingham Pharmacy	FQG15	342 Wellington Street	DN32 7JR	11
Pharmacy @ Freeman Street	FKK13	55 Freeman Street	DN32 7AE	13
Jhoots Pharmacy	FQT80	Stirling Street Medical Centre, Stirling Street	DN31 3AE	17
Weelsby View Pharmacy	FQV45	Weelsby View Health Centre, Ladysmith Rd	DN32 9SW	30

Fiveways locality is the most deprived within North East Lincolnshire and stark health inequalities are evident between this locality and that of North East Lincolnshire overall. The locality includes the areas with the lowest levels of car ownership in North East Lincolnshire, however all areas are within 1.6km (1 mile) in a straight line of a pharmacy. There are pharmacies co-located with GP Practices at Clee Medical Centre, Stirling Street Medical Centre, and Weelsby View Health Centre. Freeman Street Pharmacy is a distance selling premises. There is a choice of pharmacy contractor (Asda Stores Ltd, Karma Medical Solutions Ltd, Lincolnshire Co-Op Chemist Ltd, Sai Dutt Ltd, Health Provision Ltd, LP SD One Hundred Three Ltd, and Weelsby View Pharmacy Ltd). Daytime opening hours are offered by all pharmacies Monday to Friday, with Asda pharmacy open until 20:00. Only Asda pharmacy has core opening hours on Saturday (two additional pharmacies currently offer supplementary opening hours on Saturday). No pharmacy has core opening hours on Sunday (Asda pharmacy currently offer supplementary opening hours on Sunday). The health and wellbeing board notes the additional services provided by Open Door and Quayside GP practices.

A total of 1,610,674 items were dispensed by seven pharmacies during 2024/25.

Pharmacy	Open Sat	Open Sun	Items	Pharmacy First	Hypertension Case Finding	Smoking Cessation	Lateral Flow Device Test Supply	Pharmacy Contraception
Asda Pharmacy	Yes	No	81,352	Yes	Yes	Yes	Yes	Yes
Chemistcare Pharmacy	No	No	140,972	Yes	Yes	No	No	Yes
Cleethorpes Pharmacy	No	No	68,178	Yes	Yes	No	Yes	Yes
Cottingham Pharmacy	No	No	176,046	Yes	Yes	Yes	Yes	Yes
Pharmacy @ Freeman St	No	No	N/A	No	No	No	No	Yes
Jhoots Pharmacy	No	No	54,801	Yes	Yes	Yes	Yes	Yes
Weelsby View Pharmacy	No	No	297,996	Yes	Yes	Yes	Yes	Yes

\* Core opening hours; Number of items dispensed during 2024/25; Signed up to Advanced Services as of July 2025. Number of items dispensed includes 30 legacy items dispensed by Boots Freeman Street which closed early 2024. Note that Pharmacy @ Freeman Street (previously Freeman Street Pharmacy) did not open until after 2024/25.

**Based upon the above information and the information in chapter 4, the health and wellbeing board concludes that there are no current or future needs for pharmaceutical services. It has also not identified any current or future improvements or better access to pharmaceutical services.**

# CHAPTER 10

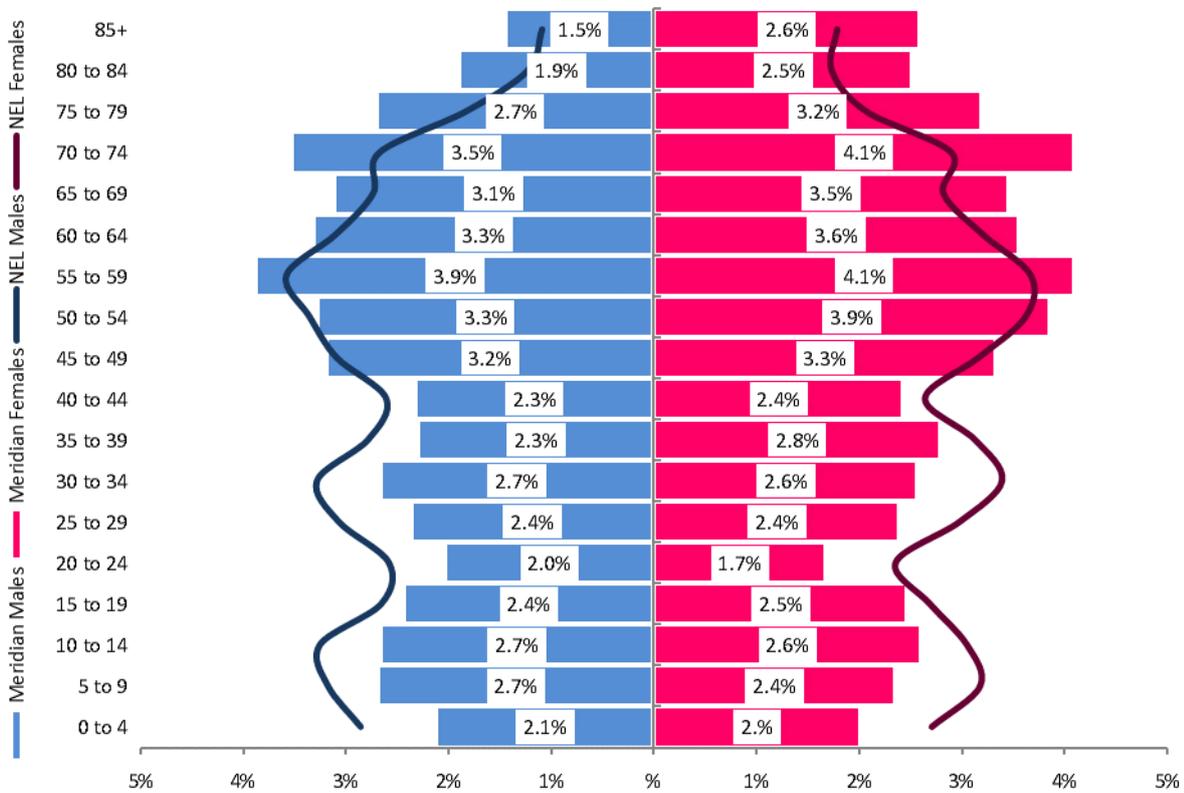
## Meridian Locality

### 10.1 Overview

The Meridian locality includes most of the town of Cleethorpes and the villages of Humberston and New Waltham.

Figure 29 shows a population pyramid for Meridian locality residents.

**Figure 29** Meridian locality population pyramid, ONS mid 2020 population estimates



Source: ONS

The Meridian locality population is in general a much older population than that of North East Lincolnshire overall.

Table 25 presents key statistics for the Meridian locality.

**Table 25 Meridian locality – key statistics**

<b>Locality: Meridian</b>	<b>Meridian</b>	<b>North East Lincolnshire</b>
<b>Age Structure (2022)</b>		
0 to 19	6,354	36,222
20 to 64	17,218	88,079
65+	9,498	33,453
Total	33,070	157,754
<b>Ethnicity (2021)</b>		
Asian	504	2,444
Black	122	846
Mixed	312	1,618
White	31,451	151,032
Other	166	1,038
<b>Live births (2023)</b>		
	220	1,427
<b>Claimant count, age 16+ (Dec 2024)</b>		
Number	510	4,025
Proportion of residents aged 16-64	2.8	4.2
<b>Households (2021)</b>		
Number of All Households	15,187	69,844
<b>Access to Car or Van (2021)</b>		
No Cars or Vans in Household	3,128	18,794
1 Car or Van or more in Household	12,059	51,035
% of households with access to a Car or Van	79.4%	73.1%

Source: ONS mid-2022 population estimates, NOMIS, and Census 2021, ONS Crown Copyright.

The Indices of Deprivation is published at LSOA level and comprises several domains which encompass the wider determinants of health. The 106 LSOAs in North East Lincolnshire were ranked by deprivation, and then split into quintiles, with quintile 1 being the most deprived, and quintile 5 the least deprived. The quintiles are therefore five equal groups (fifths) into which the 106 North East Lincolnshire LSOAs have been divided according to deprivation distribution. Table 26 shows how the distribution of Meridian locality LSOAs by quintile, compares to that of North East Lincolnshire overall. A domain with a higher proportion of Meridian locality LSOAs in quintile 1 (most deprived) than there is for North East Lincolnshire overall, indicates relatively high deprivation for that domain in comparison to the local authority. Conversely, a domain with a higher proportion of Meridian locality LSOAs in quintile 5 (least deprived) than there is for North East Lincolnshire overall, indicates relatively low deprivation for that domain in comparison to the local authority

**Table 26 Wider determinant of health indicators for Meridian locality compared to North East Lincolnshire overall**

Meridian Locality Deprivation type	→ Decreasing Deprivation → Quintiles				
	1	2	3	4	5
Overall	0%	23%	18%	18%	41%
Low income	0%	27%	18%	23%	32%
Unemployment	0%	27%	14%	27%	32%
Education overall	0%	14%	23%	32%	32%
Education - children's attainment	0%	9%	32%	18%	41%
Education - adult qualifications	0%	9%	27%	41%	23%
Health	5%	23%	23%	18%	32%
Crime	9%	5%	27%	27%	32%
Barriers to services and housing	18%	14%	14%	23%	32%
Barriers - physical proximity to services	27%	14%	27%	18%	14%
Barriers - access to housing	0%	14%	32%	23%	32%
Living - local environment	14%	9%	9%	27%	41%
Living - quality of housing	18%	5%	18%	23%	36%
Living - air quality and RTAs	0%	18%	23%	23%	36%
Children in income deprived families	0%	27%	14%	23%	36%
Older people - low income	9%	14%	23%	32%	23%
North East Lincolnshire	21%	20%	20%	20%	20%

Source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

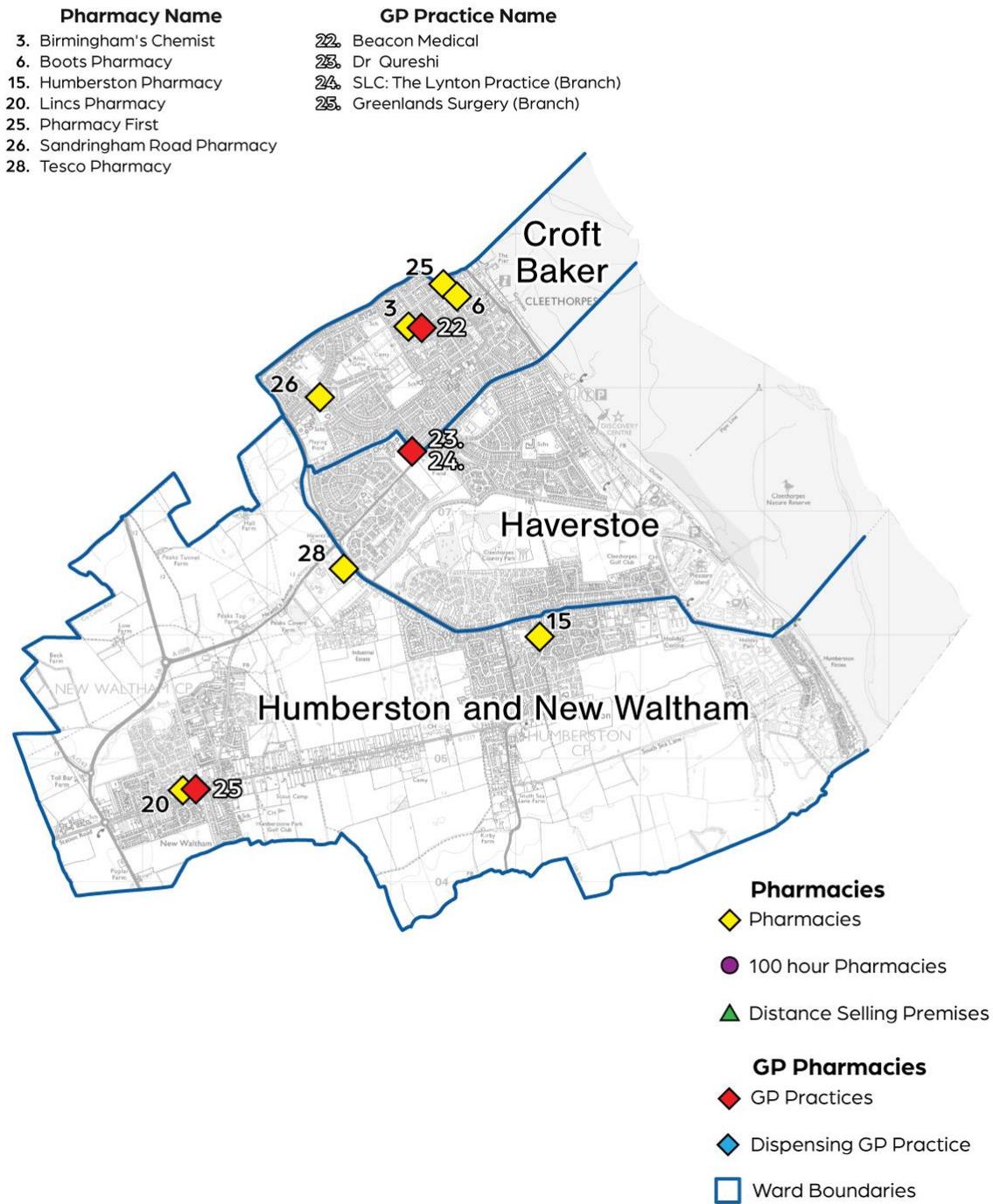
- Locality with a higher percentage of LSOAs in quintile than North East Lincolnshire overall
- Locality with a lower percentage of LSOAs in quintile than North East Lincolnshire overall

Wider determinant of health outcomes are good for Meridian locality. None of Meridian locality LSOAs are in the most deprived North East Lincolnshire quintile for overall deprivation, or the low income, unemployment, or education domains. For most domains, between thirty and forty per cent of Meridian locality LSOAs are in the least deprived North East Lincolnshire quintile.

Figure 30 is a map of the locality which shows the locations of the seven pharmacies and the four GP practices operating within the locality.

**Figure 30** Meridian locality pharmacies and GP practices

## GP Practice and Pharmacy Locations in Meridian Locality



## 10.2 Summary

There are seven pharmacies in the Meridian locality (Table 27).

**Table 27 Meridian locality pharmacies overview**

Name	ODS Code	Address	Postcode	Main map ref
Birmingham Chemist	FE995	Cleethorpes PCC, St Hughes Avenue	DN35 8EB	3
Boots Pharmacy	FX882	63-67 St Peter's Avenue	DN35 8HF	6
Humberston Pharmacy	FRN68	53-55 Fieldhouse Road, Humberston	DN36 4UJ	15
Lincs Pharmacy	FVH12	Unit 1-2 Greengables, New Waltham	DN36 4YE	20
Pharmacy First	FPM18	14-16 St Peter's Avenue	DN35 8HL	25
Sandringham Road Pharmacy	FQR49	36 Sandringham Road	DN35 9HB	26
Tesco Pharmacy	FGC04	Tesco, Hewitts Avenue	DN35 9QR	28

There is a pharmacy in both of the villages of Humberston and New Waltham, a choice of two pharmacy contractors is available in the main shopping area of Cleethorpes (St Peter's Avenue), a pharmacy is located in the Sandringham Road area, a pharmacy is co-located with the GP practice at Cleethorpes Primary Care Centre, and a pharmacy is also located in the largest supermarket in the locality. All areas are (except for the Humberston Fitties) within 1.6km (1 mile) in a straight line of a pharmacy.

There is a choice of pharmacy contractor (Birmingham's Chemist Ltd, Boots UK Ltd, A Karim Pharma Ltd, LP SD Eighty One Ltd, Thorpe Pharma Ltd, Sandringham Road Pharmacy Ltd, and Tesco plc). Daytime opening hours are offered by all pharmacies Monday to Friday, with two pharmacies having core opening hours until 18:00 (Tesco Pharmacy currently offer supplementary hour opening until 20:00). Five pharmacies have core opening hours on Saturday. No pharmacy has core opening hours on Sunday (Tesco Pharmacy currently offer supplementary hour opening on Sunday).

The Meridian locality includes the Cleethorpes coast and associated resort and seaside tourist attractions, and will likely experience a seasonal demand for pharmaceutical services particularly over the summer months from people who are not resident in North East Lincolnshire but who are tourists visiting Cleethorpes and the local seaside attractions. Due to the temporary and relatively short stay within the area by visitors, issues are likely to be regarding medication for acute conditions, the need for repeat medication, and support for self-care. The NHS Pharmacy First Service is an advanced service that has been commissioned by NHS England and is provided by all seven pharmacies in the locality, and during 2024/25 Tesco Pharmacy (Hewitts Circus) completed the most Pharmacy First Urgent Medicine Supply Consultations of any pharmacy in North East Lincolnshire.

New housing is anticipated during the lifetime of this pharmaceutical needs assessment with 393 units predicted. The largest development anticipated is the land of the former Matthew Humberston School, with 118 units predicted.

Three of the pharmacies are revised pharmacy access scheme pharmacies (Humberston Pharmacy, Lincs Pharmacy in New Waltham, and Tesco Pharmacy in Cleethorpes).

A total of 969,258 items were dispensed by the seven pharmacies during 2024/25.

Pharmacy	Open Sat	Open Sun	Items	Pharmacy First	Hypertension Case Finding	Smoking Cessation	Lateral Flow Device Test Supply	Pharmacy Contraception
Birmingham's Chemist	No	No	407,383	Yes	Yes	Yes	Yes	Yes
Boots Pharmacy	Yes	No	87,676	Yes	Yes	No	Yes	Yes
Humberston Pharmacy	No	No	104,953	Yes	Yes	No	No	Yes
Lincs Pharmacy	AM	No	62,504	Yes	Yes	Yes	Yes	Yes
Pharmacy First	AM	No	100,359	Yes	Yes	Yes	No	Yes
Sandringham Road	AM	No	103,576	Yes	Yes	Yes	Yes	No
Tesco Pharmacy	Yes	No	102,807	Yes	Yes	No	Yes	Yes

\* Core opening hours; Number of items dispensed during 2024/25; Signed up to Advanced Services as of July 2025.

**Based upon the above information and the information in chapter 4, the health and wellbeing board concludes that there are no current or future needs for pharmaceutical services. It has also not identified any current or future improvements or better access to pharmaceutical services.**

## **CHAPTER 11**

### **North East Lincolnshire Council Commissioned Services**

#### **11.1 Context**

Both the regulations and the NHS Act 2006 define 'pharmaceutical services' as those services commissioned by NHS England from pharmacies and dispensing appliance contractors, and the dispensing service provided by some GPs. As a result of the Health and Social Care Act 2012, many public health functions were transferred to local authorities (DH, 2012), and since April 2013, some of the public health services that were commissioned as local enhanced services by North East Lincolnshire Care Trust Plus (CTP), are now the responsibility of North East Lincolnshire Council as part of its public health responsibilities (Local Government Association, 2013). There is increasing recognition that pharmacies can make a considerable contribution to population health improvement (Public Health England, 2014), and the health and wellbeing board decided to include the services NELC commissions from pharmacies within the pharmaceutical needs assessment, however it should be noted that these are not 'pharmaceutical services' as defined by the regulations, but that these are known as locally commissioned services. These local services will however impact upon the need for other pharmaceutical services.

#### **11.2 Sexual health services locally commissioned by North East Lincolnshire Council and delivered through pharmacies**

##### **11.2.1 Background**

From April 2013, the commissioning of sexual health services changed and responsibility for commissioning most sexual health work was transferred to local authorities. Local authorities are now responsible for providing comprehensive, open access sexual health services, that include prevention, detection, and treatment. Reducing the burden of unplanned pregnancy (whether this leads to maternity, miscarriage, or abortion) requires a sustained public health response. This should be based around the following: marketing; easy access to high quality information for informed decision making; easy access to the full range of contraception (particularly the most effective long-acting reversible contraception (LARC), the implant, intrauterine systems (IUS) and intrauterine device (IUD)) for pregnancy prevention; and accessible pregnancy testing with rapid referral into abortion services for unwanted pregnancy. These services should be delivered alongside promotion of safer sexual and health care seeking behaviour. (Public Health England, 2018)

Local authorities are not responsible for the NHS England contracted element of sexual health services but can commission sexual health services in primary care. This includes services commissioned from general practice and pharmacy as 'locally commissioned services'. Several services for sexual health were originally in place as local enhanced services (LES), and when responsibility transferred to the local authority in April

2013, these LES arrangements also transferred. Sexual health commissioning responsibilities are detailed in Table 28.

**Table 28 Sexual health commissioning responsibilities**

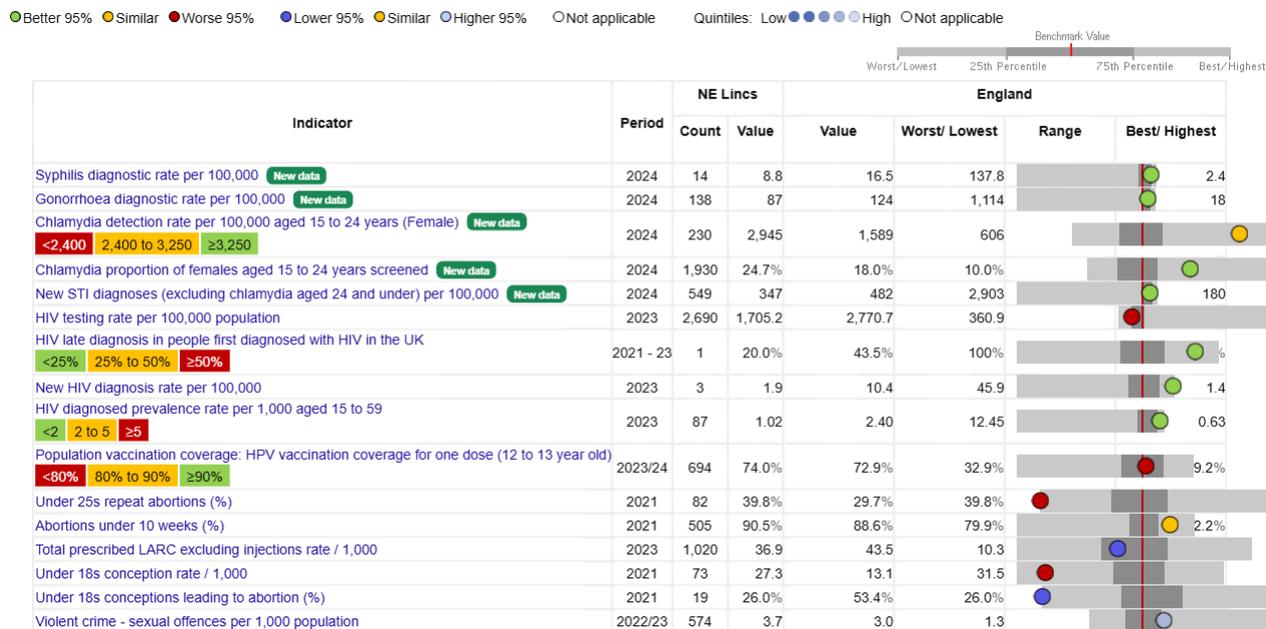
Local Authorities	Integrated Care Boards	NHS England
Comprehensive sexual health services including:	Most abortion services	Contraception provided as an additional service under the GP contract
Contraception including LESs (implants) and NESs (intra-uterine contraception) and all prescribing costs, excluding contraception provided as an additional service under the GP contract	Female sterilisation	
	Male sterilisation (vasectomy)	HIV treatment and care (including drug costs for post exposure prophylaxis after sexual exposure)
	Nonsexual health elements of psychosexual health services	Promotion of opportunistic testing and treatment for STIs and patient requested testing by GPs
Sexually transmitted infection (STI) testing and treatment, chlamydia screening as part of the National Chlamydia Screening Programme (NCSP), HIV testing and partner notification for STIs and HIV	Gynaecology, including any use of contraception for non-contraceptive purposes	All sexual health elements of healthcare in secure and detained settings
Sexual health aspects of psychosexual counselling		Sexual assault referral centres
Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention promotion, services in schools, colleges and pharmacies, advice, and sexual health promotion		Cervical screening
		Specialist foetal medicine services

Source: SHNA

The Office for Health Improvement & Disparities has published a detailed North East Lincolnshire sexual and reproductive health profile (Office for Health Improvement & Disparities, 2022), which provides a snapshot of sexual and reproductive health across a range of topics, and this profile should be referred to. Key indicators from this profile are shown in Figure 31.

Sexual health outcomes are mixed in North East Lincolnshire compared to England overall. Rates of many STIs are lower in North East Lincolnshire. Under 18 conception rate are a local area of concern.

**Figure 31 Key indicators from the OHID North East Lincolnshire sexual and reproductive health profile**



Source: Office for Health Improvement and Disparities, Public health profiles. Crown copyright 2025.

Contraceptive and sexual health services are provided by a combination of providers in North East Lincolnshire. Lincolnshire Community Health Service (LCHS) is the largest provider, providing the North East Lincolnshire Integrated Sexual Health Service (ISHS), having been the provider since April 2024, with the current contract extension running to 31 March 2029, however there is scope for a further extension of 24 months to 31 March 2031. LCHS operate a hub and spoke model, with the main hub situated at Quayside Medical Centre in the Fiveways locality, with a spoke outreach clinic in Immingham at the Roxton Practice. In addition to face-to-face services, LCHS offer a virtual hub which is an online service that provides online access to appointments 24/7 and advice on a wide range of sexual health services such as contraception and STI testing. They are also developing an app to make the digital offer even more accessible. All prescribing for the ISHS is undertaken in house and LCHS stock all medicines to issue patients onsite. LCHS have weekly medication audits and ordering processes in place, however in the event of any stock issues they have a “private” contractual agreement with Co-op pharmacy (Cleethorpes Pharmacy, Grimsby Road, Cleethorpes) to dispense on behalf of LCHS.

### 11.2.2 Pharmacy sexual health service

The pharmacy sexual health service is known as ACT (advice, contraception, and testing) in North East Lincolnshire and the initiative has been operating successfully since December 2009. This service transferred to North East Lincolnshire Council on 1 April 2013, and was reviewed during 2016 along with all sexual health commissioned services, and also again in 2024, and then relaunched from 1 November 2024, with updated contracts and locally agreed Patient Group Directions (PGDs) in place for pharmacists to supply Levonorgestrel or Ulipristal Acetate Emergency Hormonal Contraception (EHC). ACT offers free EHC, condoms, Chlamydia screening and pregnancy testing to all age groups. The C-Card scheme is also offered

which provides condoms and sexual health information for young people. All pharmacists and staff involved in the provision of ACT must have relevant knowledge, appropriate training, and appropriate current accreditation in the operation of the service, including sensitive, client centred communication skills. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. ACT pharmacies including those that provide the C-Card scheme are shown in Figure 32.

Payment reflects activity including the supply of EHC, C-Card, condoms, Chlamydia screening and pregnancy tests, and is administered through the PharmOutcomes platform. Payment for Chlamydia screening will be based on detection of the STI i.e. positive screens received by the lab and not on the number of screens undertaken.

Twenty of the thirty-two pharmacies in North East Lincolnshire have ACT contracts, resulting in extensive ACT coverage across North East Lincolnshire with reach into all local communities. Seventeen of these pharmacies also deliver the C-Card scheme.

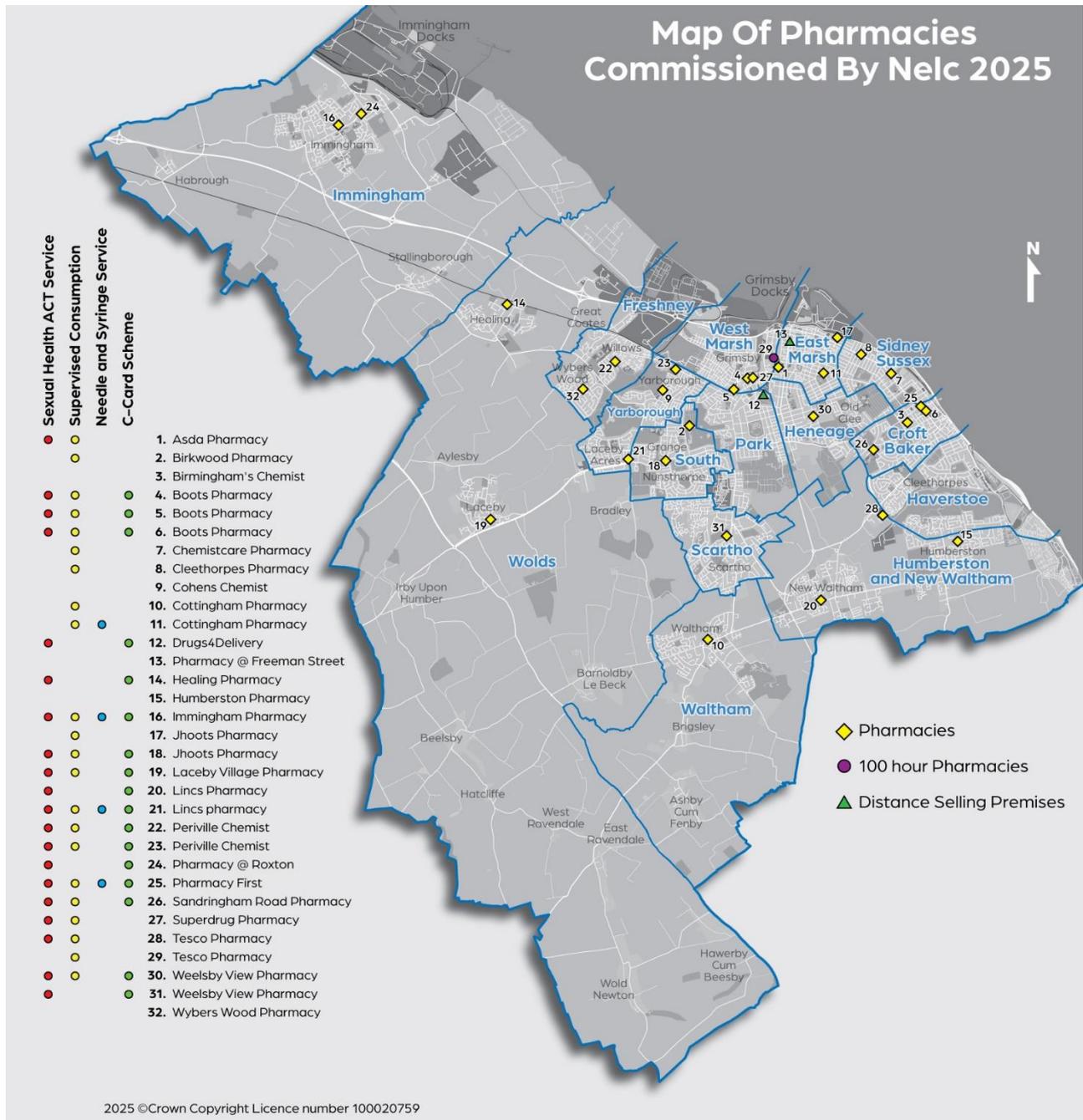
Pharmacies provide support (both verbal and written information) to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections through safer sex and condom use, information on the use of regular long term contraceptive methods, and provide onward signposting to services that provide long term contraceptive methods, diagnosis, and management of STIs.

Both the current Levonorgestrel PGD and the Ulipristal Acetate PGD run until 31 March 2026. Under the Human Medicines Regulations 2012, all medicines are assigned to one of three legal categories, which are prescription only medicines, pharmacy only medicines, and general sale list (NHS Business Services Authority, 2017). PGDs provide an exemption from these restrictions, which enable the supply or administration of medicines by named regulated healthcare professionals to groups of people who may not be individually identifiable before presentation (NHS Business Services Authority, 2017).

In summary, pharmacists will supply Levonorgestrel 1500mg or Ulipristal Acetate 30mg EHC free of charge when appropriate in line with the requirements of locally agreed Patient Group Directions (PGD). The Pharmacist will assess the need and suitability of the client to receive EHC, in line with the PGDs. Where appropriate a supply will be made. If supply is inappropriate, advice and referral to another source of assistance will be provided. All clients will be offered a referral to the sexual health service for alternative forms of contraception including Long Acting Reversible Contraception (LARC). The pharmacy should still supply EHC where clinically appropriate.

Figure 32

Sexual health, supervised consumption, and needle exchange services locally commissioned by North East Lincolnshire Council and delivered through pharmacies



## **11.3 Alcohol and other drug recovery services locally commissioned by North East Lincolnshire Council and delivered through pharmacies**

### **11.3.1 Background**

Alcohol and other drugs use, for some, can result in negative consequences for the individual and those around them. Problematic use can go hand in hand with poor health, homelessness, family breakdown, worklessness, and in some cases with involvement in crime. For those wanting to change/cease their substance use it is essential that there are effective and accessible treatment and recovery services available, as well as support with other 'life problems' that may be present, such as housing, employment, debt, poor health, trauma, adverse childhood experiences, etc.

Changes to the Health and Social Care Act 2012, resulted in the responsibility for commissioning drug and alcohol treatment services in North East Lincolnshire transferring to North East Lincolnshire Council in April 2013 (HM Government, 2012). In December 2021 the Government released "From Harm to Hope: a 10-year drugs plan to cut crime and save lives", the overall aims being to break drug supply chains, deliver a world class treatment and recovery system and reduce the demand for recreational drugs. (HM Government, 2021).

Part of the provision for those accessing services is opiate substitution treatment (OST). The supervised consumption of medication used in OST, and the provision of needle and syringe services for those who inject drugs, are provided locally through pharmacies. Young person and adult drug and alcohol services in North East Lincolnshire are provided by With You as part of an integrated service. There are non-medical prescribers within this service. Figures from the NHS Business Services Authority show that during 2024/25, 15,790 dispensed items were prescribed by With You North East Lincolnshire.

### **11.3.2 Supervised consumption service**

Local pharmacies play an important role in the care of people using substances in North East Lincolnshire. Since April 2018, North East Lincolnshire Council commissioned With You (formerly Addaction) to deliver and oversee the supervised consumption service within North East Lincolnshire working with community pharmacies.

Pharmacists supervise consumption of methadone or buprenorphine (brand name Subutex) by those receiving opiate substitution treatment for their substance use.

The aims of the service are:

- To deliver a high quality supervised methadone and buprenorphine scheme to North East Lincolnshire residents aged 18 years and over (except where indicated otherwise in the service specification) who are using substances
- To assist prescribing clinicians in the provision of community based prescribing
- To ensure that the patient takes the correct doses of medication as prescribed
- To prevent prescribed medication being diverted to the illegal market
- To reduce the possibility of accidental poisoning, particularly of children; and
- To reduce incidents of accidental death through overdose.

The service is delivered by twenty-two community pharmacies, giving good service reach throughout North East Lincolnshire (see Figure 32 for the participating pharmacies).

There are specific risks should there be disinvestment in supervised consumption services. There is definitive guidance in respect of managing supervised consumption which is ultimately a clinical decision that takes into consideration many aspects of an individual's circumstances (Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Group, 2017).

Following the introduction of supervised consumption in England and Scotland, methadone-related deaths reduced fourfold (Strang, et al., 2010).

If there is disinvestment in respect of supervised consumption the results could be:

- Fewer pharmacies providing this service therefore reduced geographical spread
- Less time for those pharmacies left to:
  - give appropriate time to the supervision of patients
  - give harm reduction and treatment advice
  - make observations on the patients presentation and communicate with prescribers if they have any concerns.

And as a result of the above:

- Diversion of controlled drugs
- Patients who do not have adequate storage facilities taking controlled drugs home therefore putting children at risk
- Risk of accidental or deliberate overdose for those patients who have a significant, unstable psychiatric illness or are threatening self-harm.

### **11.3.3 Needle and syringe services**

Since 2018, North East Lincolnshire Council commissioned With You (formerly Addaction) to deliver and oversee the needle and syringe service within North East Lincolnshire working with community pharmacies.

Needle and syringe programmes supply needles and syringes, and other preparation equipment, to people who inject drugs. The aim of needle and syringe programmes is to reduce sharing of needles (and equipment) which can consequently result in blood-borne viruses and other infections (such as HIV, hepatitis B and C) being transmitted. It is hoped that if there is a reduction in these infections being transmitted, via sharing of needles, then the prevalence of blood-borne viruses will reduce, also benefiting wider society (NICE, 2014). The service also provides harm reduction information signposting to treatment/recovery services, and helps to reduce/eliminate drug litter within North East Lincolnshire.

The service is delivered by four pharmacies (see Figure 32 for the participating pharmacies).

If there is disinvestment in respect of the provision of needle and syringe services from pharmacies, the results could be:

- A rise in drug related deaths including those who inject performance enhancing drugs and tanning products
- A rise in hepatitis infections
- A rise in HIV infection
- The resurgence in drug using related “litter” which after much effort has been virtually eradicated in North East Lincolnshire.

## **11.4 Stop smoking services locally commissioned by North East Lincolnshire Council**

### **11.4.1 Background**

Smoking is the most important cause of preventable ill health and premature mortality in the UK (UKHSA, 2025). Most of these deaths are from one of the three primary diseases associated with smoking, which are lung cancer, chronic obstructive lung disease (emphysema and bronchitis), and coronary heart disease (Richardson, 2001). Smoking is the biggest factor contributing to the gap in healthy life expectancy seen across the socioeconomic status gradient. There are considerable inequalities in smoking attributable deaths, as the areas with the highest smoking attributable mortality rates, have rates approximately three times those of the areas with the lowest smoking attributable mortality rates (UKHSA, 2025).

Smoking is a considerable public health issue for North East Lincolnshire. Figures sourced from the UK Health Security Agency (UKHSA, 2025) show that for 2023, North East Lincolnshire had the fourth highest adult smoking prevalence out of the 15 local authorities in the Yorkshire and the Humber region. The North East Lincolnshire smoking prevalence (16.6%) is statistically significantly higher than the England (11.6%) prevalence. Further figures sourced from the UK Health Security Agency (UKHSA, 2025), show that the North East Lincolnshire mortality rate from lung cancer for 2021-23 (68.5 per 100,000 population), is statistically significantly higher than the England (47.5) rate.

The North East Lincolnshire wellbeing service stop smoking program operates in line with the ‘Local Stop Smoking Services: Service and delivery guidance 2014’ (National Centre for Smoking Cessation and Training, 2014). These guidelines identify the principles, methodology, and quality standards to be followed for delivering stop smoking services, and are intended to inform the commissioning, delivery, and monitoring of the services. The wellbeing service stop smoking provision coordinates and provides high quality clinical stop smoking interventions. All interventions share common elements i.e. a pre-quit assessment, tailored delivery of a structured support programme, and an offer for the provision of approved pharmacotherapy and unlicensed nicotine products (inc. E-cig starter kits and liquids).

Depending on the treatment choice, interventions involve smokers attending on a weekly basis usually over a twelve-week period. A variety of intensive stop smoking interventions are offered from a variety of health and community settings.

The previous working arrangements and contracts with pharmacies ended 31 March 2025.

General prescribing of smoking cessation products - Not all smokers will use the local wellbeing service stop smoking provision to quit and pharmacological products may be provided on prescription from their GP.

#### **11.4.2 Local service provision involving the supply of stop smoking pharmacological products by pharmacies**

As of February 2025, the service moved to a model of direct supply of NRT products to their clients. These products are distributed direct to the clients from the community venues, the operational process following a robust clinical governance procedure. Risk assessments have been completed in all settings and the products are store in a locked cupboard at the Municipal Offices and designated community settings.

All NRT products should remain available for at least the duration recommended by the product specification (average 3 months), and patients should be able to access approved stop smoking medicines simply and easily. Products can be obtained at one of the drop-in sessions which are held at various times and locations in North East Lincolnshire.

The wellbeing service workers are not nurse prescribers. NRT can be purchased over the counter at supermarkets and chemists without a prescription, so the wellbeing workers do not need to be prescribers for NRT products.

A digital app has been commissioned and any NRT products are directed straight to the client's home.

A local PGD for medicines is currently being developed. At the time of writing, an expression of interest letter has been sent out to pharmacies.

## APPENDIX 1

### Policy context and background information

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 (PCT) 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 government (Department of Health, 2007), 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 get to a pharmacy within 20 minutes, including in deprived areas) (Department of Health, 2008), 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 services (Galbraith, 2007). 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 trust pharmaceutical needs assessments, required further review and strengthening, to ensure they were an effective and robust commissioning tool which supported primary care trust decisions.

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

“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 first North East Lincolnshire pharmaceutical needs assessment was produced by North East Lincolnshire Care Trust Plus.

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.

#### **Section 128A Pharmaceutical needs assessments**

- (1) Each Health and Well-being 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 2013 (HM Government, 2013), 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.
- 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. This deadline was met with the North East Lincolnshire health and wellbeing board publishing its first pharmaceutical needs assessment on 1 April 2015.

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 2017/18 (Department of Health and Social Care, 2018), the aim of which was 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.
- 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 1 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. North East Lincolnshire health and wellbeing board published its third pharmaceutical needs assessment on 1 October 2022.

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.

## APPENDIX 2

### 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.
- 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.
- 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 them to obtain their regular prescribed medicines and appliances directly from a community 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 waste 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 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.
- Be at risk of coronary heart disease, especially those with high blood pressure.
- Smoke.
- Be 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.
- 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.
- 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.
- 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 3

### Advanced Services

#### 1. New medicine service

##### Service description

The new medicine service (NMS) is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, with a view to improve 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 (SAC) 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 (AUR) is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

#### **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.
- To provide more opportunities and improve convenience for eligible patients to access seasonal influenza vaccinations.

### **5. 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 healthy 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.

## **6. NHS smoking cessation service**

### **Service description**

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

### **Aims and intended outcomes**

- 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.

## **7. NHS pharmacy contraception service**

### **Service description**

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

## **Aims and intended outcomes**

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. Pharmacies will be able to initiate a patient on oral contraception as part of an emergency contraception consultation.

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.
- 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.

## **8. NHS lateral flow device tests supply service**

### **Service description**

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.

### **Aims and intended outcomes**

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.

## **9. NHS Pharmacy first service**

### **Service description**

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.

The seven common conditions are:

- Sinusitis (12 years and over)
- Sore throat (5 years and over)
- Acute otitis media (1 to 17 years)
- Infected insect bite (1 year and over)
- Impetigo (1 year and over)
- Shingles (18 years and over)
- Uncomplicated UTI (Women 16 to 64 years)

### **Aims and intended outcomes**

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.
- 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.

## APPENDIX 4

### 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
  - 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 users
  - To receive from drug users used needles, syringes, and associated materials, and
  - To offer advice to drug users 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 school’s 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.
- The proper and effective administration and use of drugs and appliances in the school.
- 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.

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.
- To offer advice regarding testing for a specified disease or condition.
- To carry out such a test with the patient's consent, and
- To 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 are met (which relate to emergency sale etc. by a pharmacist either at a patient's request, or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health).

## APPENDIX 5

### 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
- 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 agreed 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 that 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**

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not, callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.

### **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 6

### Pharmaceutical Needs Assessment Steering Group

#### Terms of Reference

##### Purpose

The purpose of the group is to ensure that the North East Lincolnshire Health and Wellbeing Board (HWB) develops a robust Pharmaceutical Needs Assessment (PNA) by 1 October 2025 which complies with the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the needs of its population.

##### Objectives

The primary role of the group is to advise officers and develop processes to support the preparation of a comprehensive, well researched, considered, and robust PNA, building on expertise from across the local healthcare community.

In particular, the group will:

1. Ensure the PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
2. Develop a project plan and ensure representation of the full range of stakeholders.
3. Ensure that the PNA, although it is a separate document, aligns with the Joint Strategic Needs Assessment (JSNA).
4. Ensure the PNA is informed by a wide range of comprehensive data and work to resolve any data access issues.
5. Ensure a communications plan is developed to keep stakeholders updated on progress.
6. Ensure that the PNA links with both national and local priorities.
7. Ensure that the PNA reflects any current or future needs for pharmaceutical services, and improvements or better access to pharmaceutical services, as will be required by the population of North East Lincolnshire.
8. Ensure that the PNA informs the nature, location and duration of enhanced services that are to be commissioned by NHS Humber & North Yorkshire Integrated Care Board (ICB).
9. Ensure a robust and meaningful consultation is undertaken.
10. Develop the PNA so that it includes the public health services commissioned by North East Lincolnshire Council and the evidence base for the commissioning of these services by the Council.

## **Membership**

Membership of the group shall be:

- Healthwatch North East Lincolnshire
- Humber Local Pharmaceutical Committee (LPC)
- NHS Humber & North Yorkshire Integrated Care Board (ICB)
- North East Lincolnshire Council (NELC)

A deputy may be used where the regular member of the group is unable to attend.

Advice on the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 along with a range of associated support will be provided by an adviser from Primary Care Commissioning (PCC).

Other staff members/ stakeholders may be invited to attend meetings for the purpose of providing advice and/ or clarification to the group. The steering group may request via email, data and information from organisations for specific contributions to the PNA.

The group will be chaired by the North East Lincolnshire Council lead for public health intelligence.

Any potential conflicts of interest should be disclosed to the chair prior to meetings. In such circumstances the chair shall determine if such matters are to be disclosed.

## **Quorum**

For the purpose of decision making, a meeting of the group shall be regarded as quorate where all three of the four stakeholder groups are represented. If a meeting is not quorate it can still take place for the purpose of progressing already agreed actions and scheduled work.

## **Frequency of meetings**

The group will meet as required during the lifetime of the project. Meetings will be held on Microsoft Teams.

## **Accountability and reporting**

The Health and Wellbeing Board member responsible for development of the PNA is the Director of Public Health (DPH).

The PNA steering group will be accountable to the DPH.

## **Date agreed**

13 November 2024

## APPENDIX 7

### Pharmacy User Questionnaire

Pharmacies have an important role in providing quality healthcare. These questions are about pharmacies which some people call chemists, by which we mean places you would use to collect a prescription or buy medicines which you can only get from a pharmacy (this could be for yourself or for someone else and includes online pharmacies). We don't mean hospital pharmacies or the part of a pharmacy where you buy beauty or general products. We also don't mean general shops where you are able to buy common medicines such as paracetamol.

We are in the process of refreshing our pharmaceutical needs assessment which assesses how the provision of pharmaceutical services meets the health needs of local residents. We will use your views to help write our assessment.

This survey is intended to be anonymous. Please do not include any identifiable information in the free text boxes. Responses will be held securely by North East Lincolnshire Council for 12 months to allow time to publish the PNA.

#### 1. Do you? (tick one)

- Use the same pharmacy all the time
- Use different pharmacies but visit one most often
- Use different pharmacies and none more frequently than any other
- I do not use a pharmacy as someone else goes to the pharmacy for me (skip to Q8)
- I never use a pharmacy (skip to Q8)

#### 2. Why do you use a pharmacy? (tick all that apply)

- To collect a prescription
- To buy medicine
- To get health advice
- To dispose of unwanted or out of date medicines
- To receive a vaccine
- To use other pharmacy services, please tell us what these are ....

#### 3. What are the most important factors that influence the pharmacy you go to? (tick all that apply)

- Close to my home
- Close to my doctor
- Close to my work
- Close to my children's school or nursery
- Close to other shops
- The pharmacy is easy to get to
- Parking is easy at the pharmacy
- The service is quick

- The staff know me
- The staff do not know me
- The pharmacy has longer opening hours
- The pharmacy has an automated collection facility
- The pharmacy delivers my medicine
- The pharmacy usually have what I need in stock
- The pharmacy is accessible i.e. wheelchair / baby buggy
- There is a private area if I need to talk to the pharmacist
- I use an online pharmacy
- Other, please tell us ...

**4. If you go to the pharmacy by yourself or with someone, how do you usually get there? (tick all that apply)**

- On foot
- By bicycle
- By bus
- By car
- By taxi
- Other, please tell us ...

**5. When is it most convenient (day/time) for you to use a pharmacy? (tick all that apply)**

	<b>Weekday (Mon-Fri)</b>	<b>Saturday</b>	<b>Sunday</b>
Before 9am			
Between 9am and noon			
Between noon and 2pm			
Between 2pm and 6pm			
Between 6pm and 9pm			
After 9pm			

**6. Is there a more convenient and/or closer pharmacy that you don't use? (tick one)**

- Yes
- No (skip to Q8)

**7. Please tell us why you do not use that pharmacy? (tick all that apply)**

- It is not open when I need it
- It is not easy to park at the pharmacy
- I have had a bad experience in the past
- The service is too slow
- The staff are always changing
- The staff know me
- The staff don't know me
- They don't have what I need in stock
- The pharmacy doesn't deliver medicines
- The pharmacy doesn't have an automated collection facility
- The pharmacy is not accessible i.e. wheelchair / baby buggy
- There is not enough privacy
- Other, please tell us ...

**8. Is there anything else you would like to tell us about our local pharmacies?**

## APPENDIX 8

### Pharmacy User Survey – Press Release

#### **Tell us about your experiences of community pharmacies**

People in North East Lincolnshire have the opportunity to influence pharmacy services in the area.

The consultation, which is open until 28 February 2025, is asking people to share their experiences of the community pharmacy services that they have accessed in the area.

Councillor Margaret Cracknell, portfolio holder for health and wellbeing at North East Lincolnshire Council, said:

“There’s no question that pharmacies are a vital source of advice and support to people in our community, particularly for regular and ad hoc medicines.

“This survey is being carried out to inform what services are working well, what needs to be improved, and what we think may be needed in the future.”

“I’d encourage any residents who use their local pharmacy to get involved and give their views.”

The consultation is looking at places, often known as pharmacies or chemists, that you would use to get a prescription or buy medicines. This does not include the pharmacy at the hospital or the part of the pharmacy where you buy general or beauty products.

To have your say on the consultation, visit [www.nelincs.gov.uk/have-your-say](http://www.nelincs.gov.uk/have-your-say)

To complete this over the phone please contact Healthwatch North East Lincolnshire on 01472 361459.

The consultation closes to the public on 28 February 2025.

ENDS

## APPENDIX 9

### Pharmacy User Survey – Poster

#### Local Pharmacies – Meeting the needs of residents

People are being asked about pharmacy services in North East Lincolnshire to see if they meet the needs of local residents.

The results will be used to review our 'pharmaceutical needs assessment'.

The survey closes on 28 February 2025.

Please complete the short survey online at:

<https://tell-us.questionpro.eu/PNAUserSurvey25>



If you would like to take part in the survey but do not have access to the internet or would just like to speak to someone, then please contact Healthwatch North East Lincolnshire on 01472 361459.



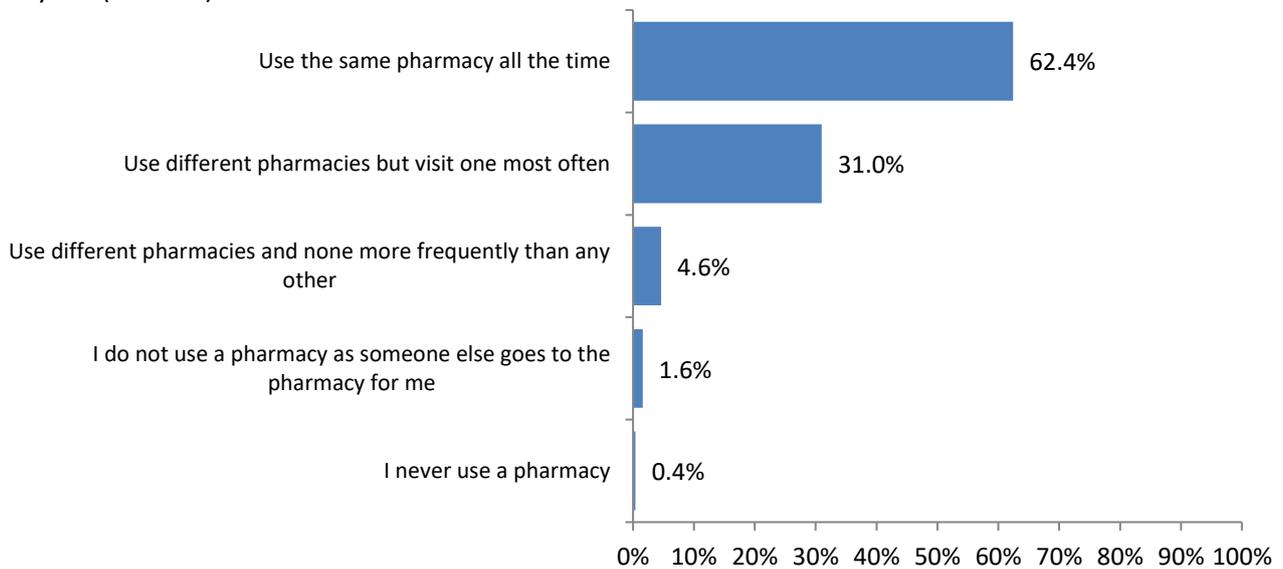
## Appendix 10

### Pharmacy User Survey - Results

Overall, there were just over 650 completed responses to the survey, however not all participants completed every question.

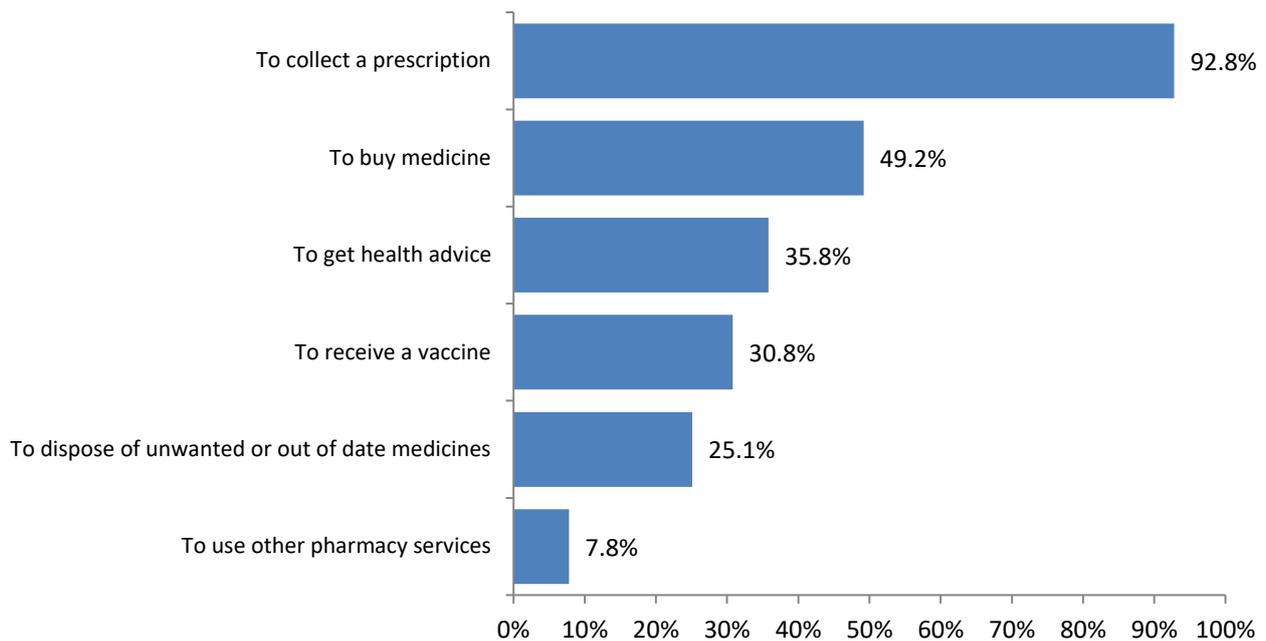
Regarding which pharmacy respondents used, 62% of respondents said they use the same pharmacy all of the time, and 31% said they use different pharmacies but visit one most often. Only 5% said they always use a different pharmacy and none more than another.

Do you? (tick one)



Regarding why respondents used pharmacies, almost all respondents (93%) use a pharmacy to collect a prescription, additionally 50% buy medicines, 36% get help and advice, 31% to receive a vaccine, and 25% dispose of unwanted or out of date medicines. Of those who said they use it for something else, a number responded saying to have a blood pressure check. Note that respondents could give more than one answer.

Why do you use a pharmacy? (tick all that apply)



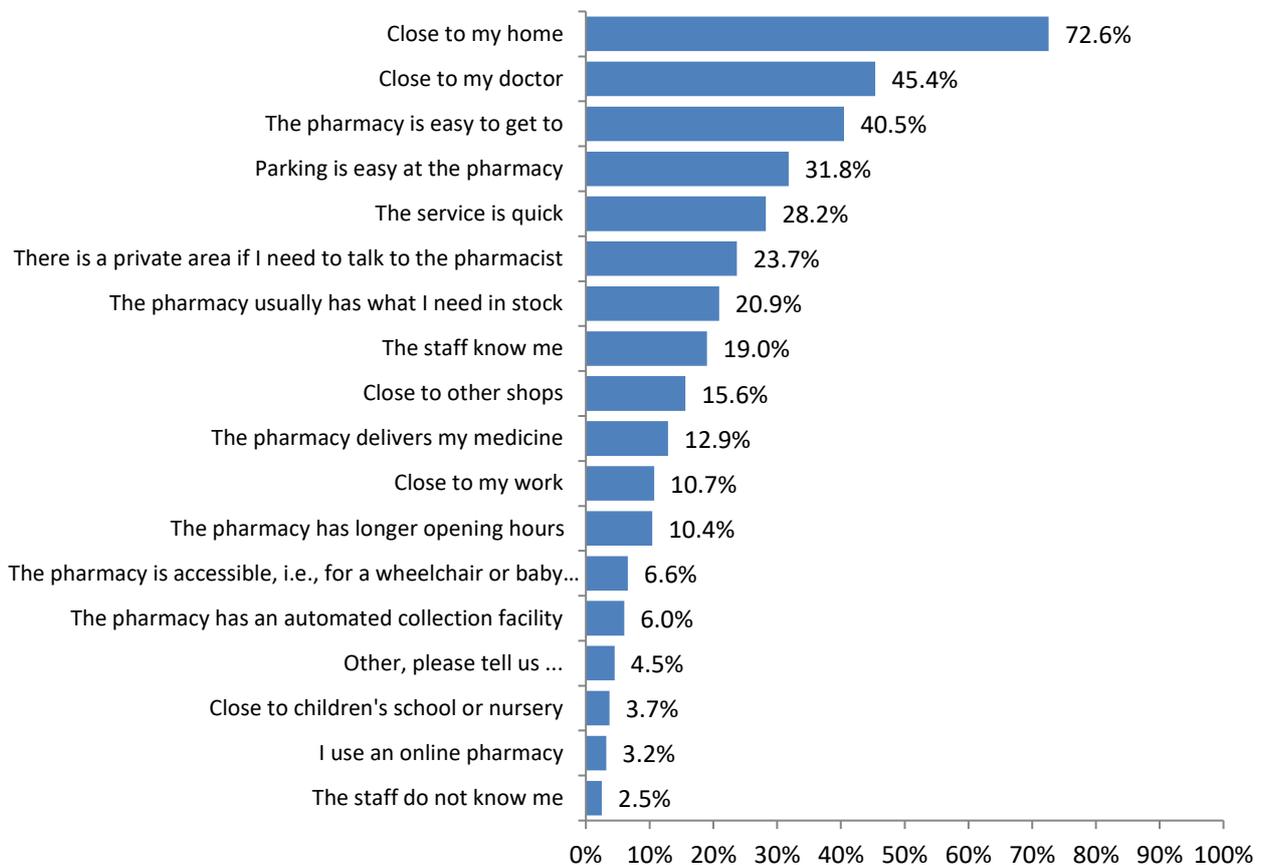
To use other pharmacy services, please tell us what these are ....

- All items sold in the pharmacy
- Blood pressure
- Blood pressure
- Blood Pressure
- Blood pressure check
- Blood pressure check
- Blood pressure check
- Blood pressure checks.
- Blood pressure test
- Buy reasonably priced vitamins
- Checking interactions of various prescribed meds. Buying fortified drinks for someone has a progressive disease. Getting advice on minor injuries, including insect bites etc. Our local pharmacy is excellent - we would be lost without it.
- Deliver repeat prescriptions
- Delivers weekly prescription.
- Delivery
- Discuss some medical issues
- Dropping off sharps bin for parent
- Flu vaccine and covid vaccine
- health advice for children
- Husband had ear wax removal
- I buy toiletries from the pharmacy
- I collect for my parents
- I get other products
- I have asked to see the Pharmacist regarding help with an ear problem.

- I have had medication reviews and BP check at mine.
- I purchase make up
- I use a home delivery service provided free by one pharmacy, on a regular basis for repeat prescriptions, which is very reliable.
- I use pharmacy to deliver prescriptions.
- Medication delivered.
- Medication is delivered.
- Medication is delivered.
- Pharmacy first service
- Pick up for my mother
- Stop smoking
- Take the children if they have a mild illness
- They deliver my prescriptions
- They delivery my prescription
- To buy toiletries
- To get advice on cream or medication.
- To get bits & bobs, nice shampoo if it is on offer
- To get prescriptions delivered
- Toiletries
- Toiletries etc, they have a good range and prices
- Took Grandchild into [pharmacy] for advice re Verruca.
- Use online pharmacies more and more for ease of access, free delivery, same price as prescription, sometimes cheaper, inhalers for example
- We often will use a pharmacy if we can't get a GP appointment and might require medicine that cannot be purchased. I've found this to be really helpful service, and where they are unable to offer prescribed medication, they have been able to advise on next steps to seek the required medical treatment within a suitable timeframe.

Regarding the factors that influence pharmacy choice, the most important factor in choosing a pharmacy is its location, with 73% saying they choose a pharmacy because it is close to home, 45% saying because it is close to their doctor, 41% saying because it is easy to get to, 32% saying because parking is easy, and 28% saying because the service is quick. Note that respondents could tick more than one answer.

What are the most important factors that influence the pharmacy you go to? (tick all that apply)



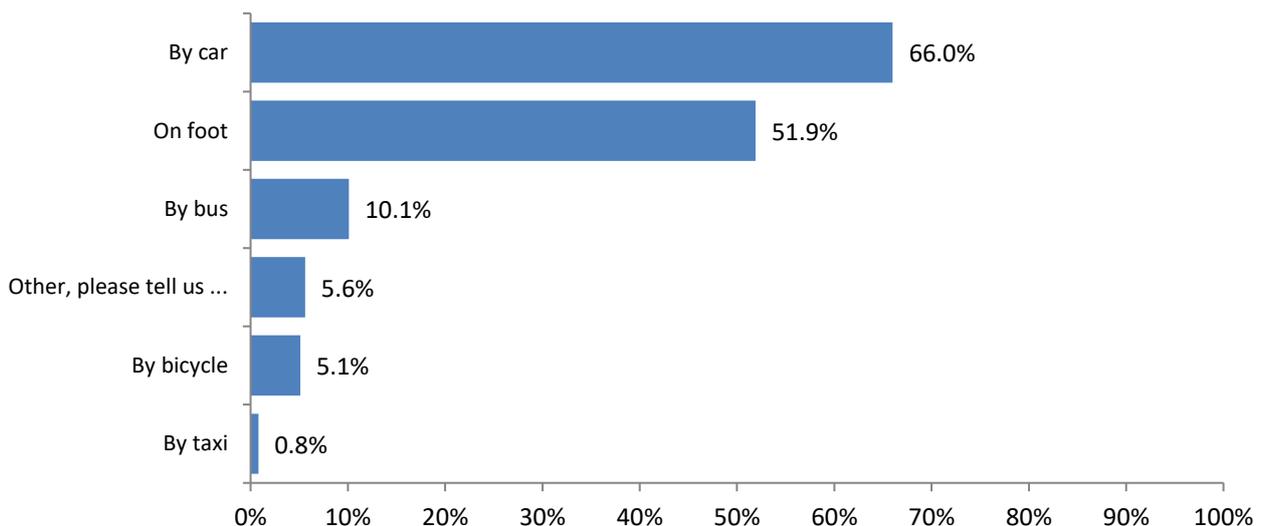
Other, please tell us ...

- Because my previous chemist waited until you called in before even starting to prepare your prescription even when you ordered it five days before you could be sat there one hour before it was ready, not good enough!!!
- Blood Pressure
- Can only use some pharmacies for some services like vaccinations. Try to avoid pharmacies that issue Methadone when I have children with me.
- Collecting a prescription for my son
- Doctor sends prescriptions to pharmacy to be collected
- Good service
- I always use this one.
- I prefer the nearby pharmacy in the part of [location] that I live in. I do not walk, I drive there or cycle in the summer
- I usually use the delivery service that does repeats, etc
- I want to support the pharmacy with my prescription. The pharmacy receives payment from NHS thus making the business more sustainable and keeping the shop front presence
- I've used the same service for a number of years due to the excellent service, that however has recently changed
- Inside supermarket so can collect while doing shopping

- It also has a post office in the pharmacy and the staff are incredibly efficient and friendly
- It is the pharmacy nominated by the NHS for collecting my regular monthly prescription which fortunately located in my village.
- Not very pleased though a lot of time they don't have what I need I have to go back the next day
- Opening hours
- Pharmacy connected to GP Practice surgery so if any issues I can go see GP reception and usually sort it
- Postal.
- Provide flu and covid jab
- Ring 111
- The pharmacies I use are easily accessible by local buses.
- The Pharmacist is approachable and willing to help.
- The pharmacist is really good and knowledgeable.
- The pharmacist, and all the staff, are knowledgeable, friendly, careful and trustworthy.
- The pharmacy is in a safe place. No worries of anti-social behaviour.
- the pharmacy is within my doctors surgery
- They are most helpful and very organised
- Within the supermarket

Regarding how respondents travel to pharmacies, a majority (66%) travel by car, followed by 52% on foot, and 10% on the bus. Only 5% go on their bicycle, and 1% travel by taxi. Of those who said they get to the pharmacy another way, a number responded saying they use their mobility scooter. Note that respondents could tick more than one answer.

If you go to the pharmacy by yourself or with someone, how do you usually get there? (tick all that apply)



Other, please tell us ...

- Buggy.
- By Car, but rarely just to visit the Pharmacy, it is usually part of other chores.
- By my scooter.

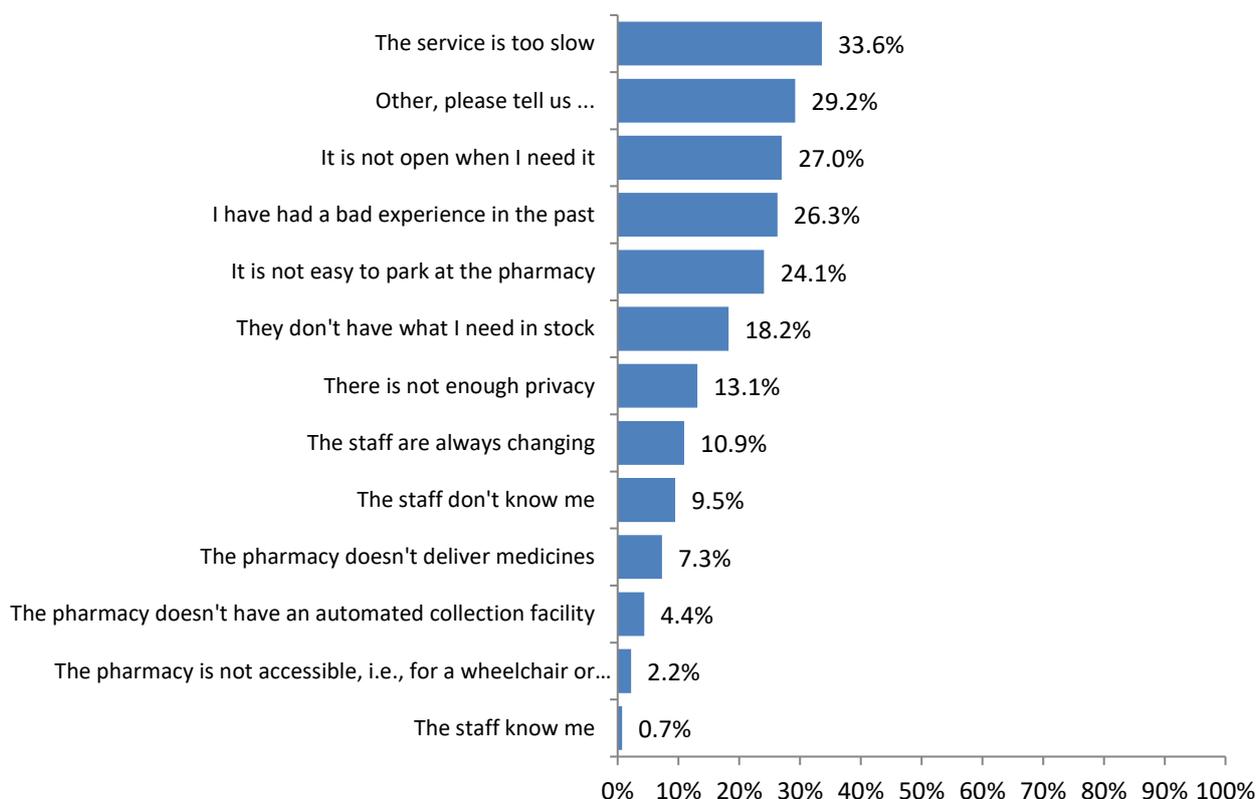


When is it most convenient (day/time) for you to use a pharmacy? (tick all that apply)

	Before 9am	Between 9am and noon	Between noon and 2pm	Between 2pm and 6pm	Between 6pm and 9pm	After 9pm
Weekdays	27%	<b>63%</b>	<b>49%</b>	<b>53%</b>	21%	6%
Saturday	11%	<b>36%</b>	<b>26%</b>	<b>24%</b>	10%	5%
Sunday	6%	14%	13%	12%	7%	4%

Regarding whether there is a more convenient and/or closer pharmacy that respondents don't use, 22% said there was and 78% said that there wasn't. Those that responded that there was a more convenient and/or closer pharmacy that they do not use, were then invited to say why they do not use that pharmacy. Reasons included the service being too slow (34%), the pharmacy not being open when needed (27%), having had a bad experience at the pharmacy (26%), and parking at the pharmacy not being easy (24%). Note that respondents could tick more than one answer.

Please tell us why you do not use that pharmacy? (tick all that apply)



Other, please tell us ...

- Always busy. Other pharmacy closing has created a huge demand of a single pharmacy
- Because when I go to the chemist between 1-2pm the pharmacist was always on lunch, so I had to make a second journey

- Do not like the shop it is located in
- Doctors send auto prescriptions to the pharmacy but not the one nearest me
- I have complicated medication it's easier to sort out if someone gets it wrong as it's next to my GP
- I have never used this pharmacy
- I like what I like. I will travel if I find somewhere I prefer
- I prefer the smaller and friendlier pharmacy that is equidistant from my house.
- I usually just stick with the same pharmacy
- I would rather combine a visit to the Doctor with a visit to the pharmacy
- I've used the pharmacy I use now for a few years. The next nearest pharmacy is about the same distance but I prefer the one I've always used
- If there is a problem with my prescription the doctors is next to it
- It is an in(super)store branded pharmacy, although it is a large carpark getting out is often horrendous.
- It is easier to use the one in the local group of shops as there is ample parking and I can pop to the other shops if needed
- It is not close to GP
- it is not next to my own Doctors.
- It is pushed in the corner of a busy shop and post office and was moved from the surgery which was convenient
- It's within my doctors and prescriptions are automated to go there for collection
- It's just not as convenient as the one near my work
- It's never open
- Lack of prescribed medicine. Misinformed and generally stressful experience
- Lies to you
- My experience of them over decades is not good, I can only ever count three
- Near to family
- Nearest pharmacy is remote from my Doctors
- Never have an issue and confident with my regular pharmacy.
- Never used
- Not close to the GP
- Prescription items often out of stock
- Sometimes they didn't have my medicine and I feel it's easier for them to post
- The majority of the staff are abrupt and at times rude, when in a pharmacy it usually relates to being unwell so being treated in a not very kind way can seem bigger than it is.
- The one I use is next to work so easier for me Monday - Friday
- The one I visit is next to GP Surgery if there is a problem
- The pharmacist is rude
- The pharmacy close to me is owned by the same company of the one I use , but I have used the one I use for 40 years. I pass it often and know the owners well.
- The pharmacy is next to my Doctors Surgery and also delivers
- They don't do the vaccinations I want. There are often other customers in there waiting for long periods of time that I don't want my children around.
- They lost my medication which they later found.
- Use pharmacy next to [GP Practice] Grimsby
- When queuing priority is given to local drug addicts over ill people or oap's.

A summary question asked if there is anything else that participants would like to tell us about our pharmacies. There were many positive responses, reporting good experiences, examples of good customer service, the recognition of staff expertise, and the appreciation and acknowledgement that pharmacies offer an important local service. A range of issues were raised however, with common themes being poor access, a lack of weekend opening, and service quality. Long wait times, poor stock availability, and examples of poor customer service were all reported. Many respondents had noticed a reduction in pharmacy opening hours, with out of hours provision, and the difficulty faced by people who work full-time Monday to Friday, and therefore unable to easily access a pharmacy due to many pharmacies not being open in the evening or at weekends, highlighted.

Is there anything else you would like to tell us about our local pharmacies?

- 1.They're not open weekends, usually not a problem as we're both retired. 2.We order prescriptions online from doctor and collect from nearby pharmacy
- A lot of them seem to have closed lately or reduced their opening hours so it can be a struggle to find one locally that's open when I need it. If I needed regular meds I'd opt to get them delivered but not all pharmacies offer this either.
- All the staff are friendly, helpful and knowledgeable; they deal with matters quickly and even offer to take my blood pressure on their super new machine.
- Always helpful and know patients
- Always satisfied with service from friendly and knowledgeable staff
- Always there when I need it, and very helpful
- Always very slow
- Better monitoring may help.
- [Pharmacy] at [GP practice] is amazing.
- [Pharmacy] have always been helpful and available to give advice.
- [Pharmacy] are very good. Independent pharmacies are not so good, such as [Pharmacy].
- Convenient and the staff are very friendly
- Do not allow them to shut down. Doctors are all hiding, A&E depts are all overflowing. Where else can one get health help quickly?
- Even though I use different pharmacies, I use the same one to collect prescriptions from
- Exceedingly busy, long wait for pre ordered prescription, lot of staff at busy times, but still struggling with not being able to fulfil the prescription ordered, due to shortages of drugs from suppliers, you need to call back, customers annoyed, take it out on staff. Government places more and more work on them without fully financing them. It's all a disaster waiting to happen.
- Excellent choice
- Excellent doing a great service
- Excellent service.
- [Pharmacy] staff have always been very friendly.
- Friendly, helpful staff and get to know local people
- Friendly, polite, courteous, efficient & nearby.
- Generally the service is good at the pharmacy that I mostly use. It is in [location] and I always walk there. The problem is that it is not open on a Saturday at all. The next closest pharmacy is in [location], and that's closed on a Saturday too. I choose not to use a car so a 20 minute walk is acceptable. For very many years, there was a pharmacy open on a Saturday morning in both [location] and [location] - but not anymore. I am tempted to try an internet pharmacy for my

prescriptions to avoid this issue but it's not something that I really want to do. I'm sure I'm not the only person that thinks that pharmacies as a rule should provide a Saturday morning service. I will add that [facility] is open on a Saturday morning and this is exactly the sort of place people who use pharmacies also go to.

- Generally, they do a difficult job under increasingly difficult circumstances and with increased pressure. Personally, I am very frustrated that I am not able to specific a particular brand for my breast cancer medication - hormone therapy. One brand gives me no side-effects at all whilst other brands give me some side-effects. My GP has requested that particular brand but I get a different one each month. I am told that this is purely due to which one is easiest for the pharmacist to get. This is not satisfactory.
- Getting busier so it takes more days to make up a prescription.
- Getting my blood pressure checked at my local pharmacy and immediate referral to my doctor had a significant benefit to my health
- Good service
- Great place. Staff friendly, always get advice.
- Great service. Great people
- Great that we can get vaccines and be given antibiotics
- Have pharmacist open on Saturdays as in the past
- Having to wait 48 hours for the prescription to get to the pharmacy from the GP
- Helpful on most occasions
- Helpful staff
- helpful staff - they know my daughter who collects for me
- I am happy with mine. [Pharmacy] [location].
- I am very happy with the two I use. One for most needs and the other for their bigger stock of other items.
- I believe it would be useful to have my local pharmacy open on Saturday. It is only open Monday-Fri.
- I collect repeat prescriptions from the pharmacy near my GP, they are very reliable. For occasional medications not on supermarket shelf, I usually call at [pharmacy]
- I feel confident using the pharmacy, they are very helpful, I use for my vaccinations, they know me. I feel safe.
- I feel much more comfortable in many instances in consulting a pharmacist than my doctors, who are very hard to access appointments with the telephone booking system.
- I feel that they have been given too much to do and this is a reflection of the slowing service.
- I have always found them v helpful and pleasant and the pharmacists have extensive medical knowledge which is under used
- I have found from time to time that some medicines are not available at a particular chemist and have had to ring round to find a chemist with it in stock
- I have moved to an on line pharmacy, prescribing time and wait time is too long at local pharmacy
- I live in a village with a lot of elderly people. Our pharmacy is a lifeline for them as many don't drive and would have difficulty accessing a pharmacy elsewhere.
- I think it's great that Pharmacists are performing more duties and not just dispensing medicines.
- I think most pharmacies could deal with more things relieving doctors surgeries for more major things
- I think that they should be open 7 days a week and for longer hours, to try and stop so many people using A&E for things that the pharmacies could address.

- I think the opening hours are too restrictive.
- I use the pharmacy next to my doctors practice usually to pick up my prescription. But the other one is in the shopping centre so use that for other items
- I use the pharmacy when the Doctors is open so when the Doctor is open is the best time for me
- I use them for advice before bothering my GP
- I used to use the one in [location] but time and again they didn't have the extra drugs needed if it was a new drug prescribed by the GP. [Pharmacy] are excellent customer service etc.
- I want it open when the doctor is
- I was pleased to be asked about if I would like a blood pressure check, it was high and it was followed up with having a monitor on and then returning to have the results downloaded and explained. I think pharmacies are underused as is Pharmacists knowledge and expertise is excellent.
- I would like my local pharmacy in [location] to open on Saturday mornings. They used to but stopped. This can be quite frustrating
- I would like the vaccine service to be more widespread.
- In a Supermarket so we can do a weekly shop and get the prescription at the same time.
- Insulin and Inhalers take too long to be delivered.
- It is a fantastic pharmacy but due to being situated in a shop can get crowd and needs to be larger for the size of village now
- It is a local independent pharmacy I've used for over 30 years.
- It is difficult to get a prescription dispensed in the evening as most close early
- It no longer opens on Saturdays
- It normally takes between 5 & 7 days from requesting to getting a repeat prescription available.
- It opens at 8.30 so I go before work
- It seems that the working hours of local pharmacies have been reduced. They used to be open longer weekdays and at weekends. They are now closed much earlier weekdays and some not open weekends at all now.
- It's usually very busy and can be a long wait for a prescription and it is shut at the weekend
- just use the same one
- Local pharmacies are a vital part of the community. They provide excellent services and are reliable sources of help and support. My household would struggle a lot without our local village pharmacy - they are an essential component in the wider structure of the NHS and need to stay.
- Local pharmacies need to be open at weekends. I have been unable to obtain important medication and advice because my local pharmacy does not open Saturdays or Sundays.
- Long wait for medication to be dispensed
- Lots don't open at weekends and don't open after work hours in the week
- Love the minor ailment scheme. Wish there was a place you could see all the services offered and all the opening times and parking facilities in one place.
- Medication is delivered due to old age.
- Medication is never in stock
- Medicine brand availability. Some brands of medication I cannot take as they disagree with me. I put in a request for another brand, my GP wrote it on my prescription yet still one pharmacy prescribed the brand I could not take. This is why I have to use two pharmacies. I wish you could order by brand.
- More controlled by the authorities, audits to check how they performing, would improve the system.
- More of them should open at weekends.

- More people need to know about the minor ailment scheme and certain pharmacies decline people on the minor ailment scheme, which is a shame.
- Most Pharmacies don't seem to be able to cope with the capacity of customers they get.
- Most Pharmacies locally seem to be good, but there are certainly not as many of them as there used to be. It was much better when there were pharmacies in local areas, such as the ones in Legsby Avenue, Nunsthorpe, etc., these pharmacies were not just more easily accessible to people who lived nearby but for anyone who had to drive to them as you park round outside and nip. Now they are all inside supermarkets or attached to doctor's surgeries.
- My daughter and husband use [pharmacy] is a life line to the village - the doctors surgery is next door - it opens late on weekdays with 1/2 day closing on Wednesdays - I also use [pharmacy] for myself as my doctors is [medical centre] this is also a very good pharmacy and I can get my prescription if I am ill - I do order my repeat prescription online and have these delivered to my home address
- My local pharmacy does not open on a weekend anymore. I'm not sure where the nearest one would be but in any case, my regular prescriptions automatically go there from my GP surgery. The pharmacy also closed for lunch between 2 and 3pm which isn't a big deal for me as I would tend to go for a walk in my work lunchbreak at 12 pm. I would like it to be open on a weekend though.
- My local pharmacy has changed hands and has started delivering our medicines. This is very helpful to us. He also mentioned about being able to get some items free if needed minor ailments, that we were not aware of when we used the previous pharmacy.
- My local pharmacy has closed
- My Local pharmacy is always fully staffed and they work flat out. They have closed their Saturday opening due to cost of living/employing staff and they provide a welcome and warm occupancy on the [street name] in [location]. Our 'village' is about to double its population once the new-builds are occupied and their presence is more vital than ever.
- My local pharmacy is only open Monday to Friday which is very inconvenient. We need it to be open six days a week.
- My local pharmacy knows me and makes me feel at ease
- My new Pharmacy is much better than the disorganised [pharmacy] at [location].
- My partner is on weekly meds. I work 25 miles away from my chemist and collect these between 8-9pm. The opening hours are important to me. Weekly meds have to be collected in person. No deliveries are an option due to overdose risk.
- My pharmacy is a valuable asset to our village and is seen as very important by most of the people in our village.
- My pharmacy offers a very good service and explain my medication needs. I have never had any type of problems with this service
- My regular pharmacy – [pharmacy] is not open at weekends which is hugely inconvenient for those of us who work weekdays
- Need more staff. They don't always have my medication in.
- Need to check you have all your medications. I have to check before I leave every time.
- Need to keep them going especially for the older generation
- Needs to be more availability for medication to be blister packed. At the moment you have to wait until someone dies before you can get medication blister packed
- Needs to be open on Saturdays
- Never have prescription ready even when you've waited 2-3 days before collecting. Staff are often rude.

- No, very happy with the service they provide.
- No. Since the GP Surgery took it over it has been more efficient. Staff seem less stressed.
- Normally good service
- Not enough of them - particularly if home pharmacy is unable to provide drugs requested by doctor
- Not really- Most staff ok- some days service quick but varies.
- Often understocked. The one on [location] is shockingly unprofessional and I changed due to that, they kept my son waiting for essential medicated drinks and I got different promises from different members of staff. These smaller pharmacies are fine but it would great to have a large decently stocked one to get hold of unusual medication.
- One I use is slow and I'm thinking of changing
- Only that we get excellent service from them
- Opening hours have reduced over the last few years, linked to the availability of pharmacists.
- Opening times have changed of the pharmacy nearest to my home. I work 9-5 Mon to Fri so times outside of those hours or Sat/Sun but they no longer open in the evenings or weekends. I struggle to find a pharmacy outside standard hours and occasionally I need an emergency pharmacy.
- Other Pharmacy is not close to my home.
- Our local pharmacy doesn't open on a Saturday which is inconvenient as work during day Mon to Fri.
- Our local village pharmacy is excellent and needs support
- Our Pharmacy is extremely important to us older residents. They willingly deliver your script without asking why you cannot collect it yourself. The staff all know you by name, although with a rapidly advancing population, this may not always be the case and they instantly know your meds, should you have a query. It also provides full and part time work for people in the village.
- Ours is particularly good pharmacy, renowned and revered for decades. It is great that the staff know me it helps with them knowing what I am on and therefore are better placed to give me help and advice.
- Parking is bad
- People who have mobility restrictions would find it difficult to get to the next closest pharmacy. Parents who have small children need access to a local pharmacy that is within walking distance/ near their primary school. Local pharmacies are a vital link for the latter groups. Our local pharmacy staff are welcoming, friendly and supportive. A great loss to our community if it closes.
- [Pharmacy] is good ay delivering medication but often medication is missing from the delivery and will have to ring them up to make sure they re-deliver or it never arrives.
- Pharmacies offer a great service and what they can support or provide without the need to see a GP/Nurse is not always well promoted.
- Pharmacists are very important to use for minor illnesses
- Pharmacists now tend to use different source of supply all the time so packaging and colour codes change frequently which can be confusing to recipients. Pharmacists now look to seek cheapest sources for supplies leading to changing packaging and colour codes from week to week. So confusing at times.
- Pharmacy Is very busy and medication never ready.
- Pharmacy running out of tablets. Delivering medication late.
- Poor out of hours provision. Pointless having a GP out of hours service if cannot get your prescription dispensed!
- Prescription medication stocks are erratic, sometimes cannot find medication even though prescription has been made up. Staff pleasant, helpful, nice

- Problems with shortage of tablets.
- Recently, the pharmacy can be closed due to shortage of chemist, for ex. between 12-1pm. 'It is illegal to open when there is no chemist on site' the staff say
- [Pharmacy] is closer to me
- Rude slow service, little knowledge or lack of interest in customers
- Saturday opening would be good
- Service of late has been poor having to chase up medication.
- Should let people know what services there are.
- Since I now use a mobility scooter, I use an online pharmacy for prescriptions (they deliver by post) and a local pharmacy for one off items.
- So often they don't have the stock available and needs a return visit. Additionally customer service is poor. Very few are friendly
- Some are excellent in service, delivery and professional whereas others are lacking to say the least
- Some I've used are not well organised or efficient and do not provide good customer service. Particularly ones attached to GP practices.
- Some of the pharmacies do not open on Saturdays.
- Staff are very friendly and we can get advice when we need it. Medicines are usually available when we call in.
- The chemist in [location] is closed Saturday and Sunday. Not ideal if you work.
- The [pharmacy] on [road name] is the perfect pharmacy, the staff are first class and very helpful, If they don't have the item people require they will do their best to obtain it as quickly as possible.
- The focus seems to be shifting to services rather than caring if they can fulfil your prescription. I believe this is down to funding. The prescription part of pharmacy seems to be less important so may as well use an online pharmacy.
- The issue I have is prescriptions are not being signed off until late afternoon by Dr's even though the request was sent in at 8am on the morning. Then you have to go to the pharmacy and they haven't got your prescription ready you have to wait further sometimes 20-30 minutes to acquire your prescription. It is not time effective and pharmacies should be packing prescriptions when they first arrives having them ready for customers to collect this would help with wait times and not have 15 people waiting inside a small pharmacy waiting to collect.
- The level of service varies enormously between pharmacies locally
- The one I go to are great!! Helpful staff. Always have what I need
- The one I use is busy but efficient. The staff are friendly, caring and knowledgeable.
- The ones I use are friendly and give good advice when I need it.
- The opening times could be any as I fit around when they are open
- [Pharmacy] is great. the staff are lovely and helpful, they always seem to have the best stock out of other pharmacies that are closer to me. The parking is great
- The pharmacy is very busy at times and can become overwhelming, especially when you give out personal information.
- The pharmacy we use are very friendly, very helpful nothing too much trouble. always a positive experience
- The pharmacy we use is well staffed and efficient. There is another one at our GP surgery but they are not as efficient and sometimes you have to wait for them to get medication. If we are not going to the GP then parking is also a problem. That is why we use the other pharmacy.

- The prescription email for my GP is too difficult to remember, mixture of letters and numbers. it would be better if it was a better email address. A text would also be helpful to let me know when it's ready to collect – [pharmacy]
- The services in [location] are crap
- The staff are extremely helpful and will always go the extra mile
- The staff are helpful to the person who collects my prescriptions
- The staff are rude and discuss your business in a loud voice inappropriately including discussing my personal issue and the medication for it. Also, making the comment - Wow - you have a lot of prescriptions. It is none of their business!!!
- The staff at my local pharmacy are polite and very helpful, if they don't have what I am asking for they will either suggest an alternative. Otherwise they will order it in for me for the next day and deliver it too. All in all it is a pleasure to go into the shop where they know you by name and go that little bit extra to help.
- The staff at the pharmacy make such a difference. My local pharmacy recently changed ownership. Instead of dreading going there and doing battle because of issues with the prescription it is now a pleasure!! The script is always waiting to be collected, the staff are cheery, friendly and helpful.
- The village pharmacy is only open on weekdays. It would be useful to extend it to Saturdays
- The way general practice is going the pharmacy is more approachable and accessible than GP surgeries - each time a new GP contract is introduced the GP practice seem to provide less and less services which burden our local pharmacies.
- There is room for IMPROVEMENT the service at lots of them is poor to say the least at others BAD the odd one very good.
- There seems to be quite a delay between doctors issuing prescription and availability of products for collection at pharmacy
- They are helpful and give advice if you need it and has outside parking were you can find a place to park.
- They all work incredibly hard and are valued. I believe that closing independent pharmacies is criminal, especially in a time when doctors are not always accessible.
- They are both busy stores, but do offer efficient service.
- They are generally helpful and friendly just the opening times that are a challenge because of working hours.
- They are helpful, usually recognises me in my 80s. they answer any queries when I attend
- They are not very efficient. Often don't have the medicine in stock or can't locate the prescription despite being told on the phone it's there
- They are valuable
- They are vital to our village. Always busy when I go which is good. Very friendly service and easy to get vaccinations I need every year
- They carry out an essential service and should be prioritised for the community
- They don't fit the needs of working people, I need regular medication but working 8-5 makes it harder to pick up prescriptions
- They give you a personal touch but are always extremely busy and long waits occur
- They have reduced opening hours now closing at 5pm and don't open Saturdays and Sundays now. Not a good service.
- They need to have better systems in place. after visiting the doctors (which attached to our pharmacy) and being issued with a prescription it took 50 mins for me to receive my medication. there seems to be lots of staff but no system in place to ensure prescriptions are filled in a timely

manner. People who had ordered prescriptions the requisite 48 hours prior were arriving to collect and were still having to wait for the prescription to be filled or told to come back the next day.

- They never have enough staff on at lunchtimes, and often the staff member is missing
- They often don't have the prescription for things like antibiotics in stock (so starts the ring around to all pharmacies to get a prescription filled, which is the last thing you want to do when your ill), a prescription issued at 8am by Gp is never ready before 3pm, there's often a long queue to collect
- They should be open at the weekend, at least on a Saturday morning for customers who are at work all week.
- They should be open longer hours and 7 days a week
- They should not close at lunchtime
- They struggle to get prescriptions sent through from my doctor for a permanent life prescription for several items. The pharmacy services are brilliant with helpful staff.
- They used to have late night openings and be open at the weekend but it isn't now which must be awkward for some people
- They're under pressure with increased workloads. Most seem to do a good job under difficult circumstances
- This is a vital service and needs to be easily accessible for local residents - not all people have access to cars to get to them
- Told they don't do online private prescriptions.
- Too many customers, not enough medicines. Expecting sick customers to travel around trying to fill prescriptions - this happens a lot. No compassion or respect since covid - just overrun
- Usually busy but I don't mind waiting as a good service.
- Very friendly and helpful
- Very helpful
- very helpful
- Very helpful staff, can't fault the service
- Very helpful staff. I now know that there are more services available at pharmacies, but it wasn't until a friend told me that I realised this.
- Very helpful, always get a smile
- [Pharmacy] is closed on Saturday all day which is not convenient
- We use the pharmacy in [location] & over the last months have improved from the people who ran it previously. This new people are very helpful, chatty & make you feel better. Cannot say enough good things about the service
- We were using our nearest pharmacy but then were told some of the medication needed was not available. Checked with another pharmacy they had the medication in stock hence we swapped
- [Pharmacy] I use one locker
- [Pharmacy] is extremely busy therefore up to 40 mins to collect
- Went over Christmas and pharmacy could not give any anti biotics as they could not give them so sent to A and E
- Why do I have to use a different pharmacy for different medications. I have to travel to the hospital to get my foster child's meds
- Why has the chemist stopped doing the free minor ailments for children
- Will always go beyond to accommodate my individual needs. Staff are extremely kind and helpful.
- Wish they would do prescriptions quicker rather than offer blood pressure checks and vaccinations every time I go in at least once a week

- Would be handy for prescription collection to open on a Saturday as often difficult to collect during Monday to Friday opening hours due to own working hours
- Would be nice if my local pharmacy was open on Saturday mornings.
- Would like to see more opening hours during the weekends and after 6pm please
- Yes my pharmacy is rubbish they do not have good staff they do not remember you even though you go every month, they are never friendly or polite and not even helpful so I only collect my prescriptions from there and even then they cannot always find them stuff is regularly out of stock and they do not go out of their way to try and get it in for you before your medication you have runs out causing a lot of problem's. I only use them because they are adjacent to my doctors and local a short drive with ample parking.
- Yes would like mine to open on a Saturday

The basic demographic information of respondents was asked for although not all respondents supplied this information. 52% of respondents were aged 65+ years. 58% of respondents were female and 42% male.

Regarding whether respondents have had any interaction with a pharmacy that has been positively or negatively affected because of a protected characteristic, or any other aspect of their identity which might mean they were part of a vulnerable group, 8% reported that they had.

If you are able to do so, please share details of your experience ...

- Age and Mobility.
- Always friendly and helpful when needing advice
- As someone with autism I have found some pharmacies don't have the patience to allow me processing time or rush me when I'm trying to verbalise what I need. Better training would be great.
- Bad service!
- Being a small pharmacy there are very few spaces for customers, with numerous drug users pacing the shop floor, feels uncomfortable.
- Can contact the pharmacy a lot easier than the GP surgeries and are very helpful elevating some of our worries
- Got help with my daughters bad cough and they explained how to use her inhaler for the first time she was given it to use
- I am a 90 year old carer for my wife 91 years. Unable to obtain important prescription medication at a weekend
- I have a disability, however they cannot deliver my medication in time which means I have to try to get to the pharmacy and sometimes they do not have what I need in stock.
- I have had to contact 111 to request a prescription. The pharmacist staff at times will tell me it is not urgent but to call 111, it is. This is an ongoing theme. I may attend the chemist 4 times in that day. I feel staff don't take weekly meds seriously. At times there is a shortage of specific meds. Again, I will call 111 to find another chemist or contact GP to change tablet form. At times my partner will go without meds because of the battle between pharmacy and GP.
- I have to take quite a lot of medication that I need so as to have relief from pain and I am regularly left without certain things (not always the same) the staff are not polite or helpful and don't seem to care about the customers or their care
- I saw a woman pharmacist because it was a woman's problem

- If you want some advice, they take you in a private room and listen to your questions.
- I'm disabled, no one cares how challenging it is searching for a pharmacist to fill a prescription or one with parking
- Invisible disability - expectation that everyone has multiple family members to advocate / travel / collect prescriptions whenever
- My pharmacy knows my little girl is special needs and always tries to not keep us waiting as it makes her upset
- My spouse has a progressive, degenerative, disease and I am the carer. I have been helped enormously by our local village pharmacy, with advice, information etc, all delivered with professionalism, patience and a smile.
- My wife does not drive due to illness went to a pharmacy to collect urgent meds and couldn't get them for two days but would not deliver.
- Pharmacist took time to help diagnose a problem and advise me
- Positively because I was older so they asked about my blood pressure and if I would like it checking
- Sort advice over taking over counter medication so it did not effect current medication
- Staff lying, can't find medication, seems to me there's no control of the drugs, and there's no coordination between doctors and pharmacies
- Talk re medication re disabled son and mixed medicines
- The staff at the Pharmacy I use seem interested and you don't feel like just a number.
- They are too busy trying to get quota of blood pressures and vaccinations which I get at my doctors surgery they seem to think a week to do prescription (their job) is acceptable
- They know that we have a carer and are happy to send messages with them, if needed. This happens quite a lot as our meds frequently change.
- Unpaid carer, special guardian for two grandchildren. One has quadriplegic cerebral
- When I had some business issues in 1990 the owner supported me, also when my late wife had problems with her health the owner and staff were supportive and helped her manage the condition

## APPENDIX 11

### Pharmacy Contractor - Questionnaire

North East Lincolnshire Council has commenced work on preparing the new pharmaceutical needs assessment which is due to be published by 1 October 2025. We need your help to gather/confirm important information to support the development of the PNA which:

- May identify unmet needs for, or improvements or better access to pharmaceutical services for the population of North East Lincolnshire. This questionnaire will confirm/tell us where community pharmacies and dispensing appliance contractors are already contributing to meeting these needs, and may be able to help us and other commissioners meet the needs of the population in the future, and
- Will be the basis for market entry applications to open new premises and may inform relocations of existing premises, applications to change core opening hours or to provide additional pharmaceutical services. NHS Humber and North Yorkshire Integrated Care Board will use the PNA to make decisions regarding these matters.

We have developed a questionnaire with the support of the pharmaceutical needs assessment steering group of which Community Pharmacy Humber is a member. In developing the questionnaire, we are only asking for information that is needed and is not routinely held elsewhere, or for information which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take no more than five minutes to complete.

While available until 31 March 2025, we would appreciate it if you could complete the questionnaire at your earliest convenience.

For more information regarding PNAs we would recommend you go to:

<http://psnc.org.uk/contract-it/market-entry-regulations/pharmaceutical-needs-assessment/>

The responses you provide will be collected by North East Lincolnshire Council and will only be used for the purpose of this survey and developing the pharmaceutical needs assessment. Any personal data will be held in accordance with the Data Protection Act.

Please insert the ODS code (also known as the F code or pharmacy code and starts with the letter F) of the pharmacy or dispensing appliance contractor premises you are completing the questionnaire on behalf of:

Please insert the address of the pharmacy/dispensing appliance contractor premises you are completing the questionnaire on behalf of:

## 1 Hours of opening

NHS Humber and North Yorkshire Integrated Care Board has provided us with the opening hours for the pharmacies and dispensing appliance contractor premises in North East Lincolnshire, and a copy was attached to the email inviting you to complete this questionnaire. Please review the recorded opening hours for the premises you are completing the questionnaire on behalf of.

<b>Are the opening hours recorded by NHS Humber and North Yorkshire Integrated Care Board correct?</b>	<b>YES</b>	<b>NO</b>
--	------------	-----------

If not, please inform NHS Humber and North Yorkshire Integrated Care Board directly and indicate the discrepancy/discrepancies below:

--

Please note that we will use the opening hours held by NHS Humber and North Yorkshire Integrated Care Board for the purposes of the pharmaceutical needs assessment.

## 2 Appliances

**Are prescriptions for appliances dispensed at the premises?**

	<b>Please tick one box</b>
Yes, all types	
Yes, excluding stoma appliances	
Yes, excluding incontinence appliances	
Yes, excluding stoma and incontinence appliances	
Yes, just dressings	
No - appliances are not dispensed	

**3 Other facilities**

**3.1 Please tick whether you currently provide any or all of the delivery services (non-commissioned) below.**

<b>Delivery:</b>	<b>YES</b>	<b>NO</b>
Private, free of charge delivery service		
Is this service available to all patients?		
Private, chargeable delivery service		
Is the service available to all patients?		

If the delivery service is restricted, please confirm the patient groups who may use the service.

**3.2 Does your pharmacy/dispensing appliance contractor premises have an automated prescription collection facility?**

- Yes
- No

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

**4 Housing developments**

There are currently a number of housing and other developments taking place across North East Lincolnshire, with more planned, and the pharmaceutical needs assessment will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacy and dispensing appliance contractor premises. With this in mind, please select the options that best reflect your situation at the moment with regard to your premises and staffing levels.

	<b>Premises</b>	<b>Staffing levels</b>
We have sufficient capacity to manage the increase in demand in our area.		
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.		
We don't have sufficient capacity and would have difficulty in managing an increase in demand.		

**5 Please provide us with your contact details.**

**Name:**

**Job title:**

**Contractor:**

**Email:**

## Appendix 12

### Pharmacy Contractor Survey - Accompanying Email

This email is being sent on behalf of North East Lincolnshire Health and Wellbeing Board who is currently drafting its next pharmaceutical needs assessment which is due to be published by 1<sup>st</sup> October 2025. As part of this we would appreciate your help and support to gather / confirm important information to support the development of this document and invite you to complete the questionnaire linked below.

The pharmaceutical needs assessment may identify unmet needs for improvements or better access to services for the North East Lincolnshire population and will be the basis for decisions regarding, for example, applications to open new premises, relocation of current premises, applications to change core opening hours or to provide additional pharmaceutical services.

With the support of the pharmaceutical needs assessment steering group, of which Community Pharmacy Humber is a member, we have developed a questionnaire to collect information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take no more than 5 minutes to complete.

The questionnaire is available here: <https://tell-us.questionpro.eu/PNAContractorSurvey25>

Attached to this email you will find a copy of the opening hours for the pharmacies and dispensing appliance contractor premises in North East Lincolnshire which have been provided to us by the NHS Humber and North Yorkshire Integrated Care Board. Page 2 of the questionnaire will ask you to please review the recorded opening hours for the premises you are completing the questionnaire on behalf of and gives space for feedback on this matter.

For more information regarding PNAs we would recommend you go to: <https://cpe.org.uk/quality-and-regulations/market-entry/pharmaceutical-needs-assessment/>

If you have any queries, please email Glyn who will be able to help [Glyn.Thompson@nelincs.gov.uk](mailto:Glyn.Thompson@nelincs.gov.uk)

We fully understand how busy you are and would like to thank you for any support which you can offer.

Kind regards

Hayley Patterson

Primary Care Programme Lead – Pharmacy

NHS Humber & North Yorkshire Integrated Care Board (ICB)

Humber & North Yorkshire Health & Care Partnership

## APPENDIX 13

### Pharmacy Contractor Survey - Results

Four of the thirty-two North East Lincolnshire pharmacies completed the questionnaire. It cannot therefore be assumed that the responses of these four pharmacies are necessarily representative of all pharmacies in North East Lincolnshire. The four pharmacies that completed the survey and which the health and wellbeing board thanks were:

- Immingham Pharmacy
- Lincolnshire Co-Op Chemist
  - Cleethorpes Pharmacy
  - Wybers Wood Pharmacy
- Sandringham Road Pharmacy

#### Opening Hours

The contractor questionnaire was an opportunity for the contractors to confirm that their opening hours as recorded by NHS Humber and North Yorkshire Integrated Care Board are correct. All four pharmacies responded that their hours were correct.

#### Appliances

- All four pharmacies reported that they dispense all types of appliances.

#### Other facilities (non-commissioned delivery services)

- All four pharmacies reported that they provide a free of charge delivery service.
- All four pharmacies confirmed that their delivery service is available to all patients.

#### Other facilities (automated prescription collection facility)

- One pharmacy reported that there is an automated prescription collection facility at their premises.

#### Languages

- Three pharmacies reported languages other than English are spoken in the pharmacy. Two pharmacies reported multiple languages.
- The languages reported were Hindi, Urdu, Telugu, Polish, Romanian, and Iranian.

#### Housing developments

- Regarding their premises, three pharmacies reported that they have sufficient capacity to manage the increase in demand in their area. One pharmacy reported that they do not have sufficient capacity and would have difficulty in managing an increase in demand.
- Regarding staffing levels, all four pharmacies reported that they have sufficient capacity to manage the increase in demand in their area.

## APPENDIX 14

### Dental dispensing by North East Lincolnshire pharmacies, 2023/24

Code	Pharmacy	Locality	Number of items
FXC13	Asda Pharmacy	Fiveways	1163
FN341	Birkwood Pharmacy	Central	327
FE995	Birmingham's Chemist	Meridian	351
FD897	Boots (Friargate)	Central	1023
FLV73	Boots (Church View)	Central	171
FX882	Boots (St Peter's)	Meridian	252
PPF38	Chemistcare Pharmacy	Fiveways	71
FJX84	Cleethorpes Pharmacy	Fiveways	263
FA419	Cohens Chemist	Central	906
FGW91	Cottingham Pharmacy (Waltham)	Wolds	286
FQG15	Cottingham Pharmacy (Wellington St)	Fiveways	235
FQN38	Drugs4Delivery	Central	1
FVX89	Freeman Street Pharmacy	Fiveways	N/A
FW631	Healing Pharmacy	Wolds	92
FRN68	Humberston Pharmacy	Meridian	157
FE564	Immingham Pharmacy	Immingham	580
FQT80	Jhoots Pharmacy (Stirling Medical)	Fiveways	49
FV263	Jhoots Pharmacy (Raj Medical)	Central	119
FV297	Laceyby Village Pharmacy	Wolds	77
FVH12	Lincs Pharmacy (New Waltham)	Meridian	146
FXH94	Lincs pharmacy (Littlecoates Road)	Central	261
FC797	Periville Chemist (Willows)	Central	112
FF575	Periville Chemist (Cromwell PCC)	Central	352
FPJ55	Pharmacy @ Roxton	Immingham	286
FPM18	Pharmacy First	Meridian	109
FQR49	Sandringham Road Pharmacy	Meridian	103
FXG65	Superdrug Pharmacy	Central	171
FGC04	Tesco Pharmacy (Cleethorpes)	Meridian	632
FGW79	Tesco Pharmacy (Grimsby)	Central	808
FQV45	Weelsby View Pharmacy (Weelsby View)	Fiveways	244
FRM63	Weelsby View Pharmacy (Scartho Medical)	Wolds	254
FD190	Wybers Wood Pharmacy	Central	186
Total			9,787

Number of items dispensed by North East Lincolnshire pharmacies from dental FP10 prescriptions. Prescriptions could be raised anywhere in England, however all dispensing within North East Lincolnshire. Includes items dispensed under previous ownerships. Also 100 items dispensed by Boots (Freeman Street), 26 items dispensed by Chelmsford Pharmacy, and 1 item dispensed by Sainsbury's Pharmacy. Also 13 items dispensed by Roxton dispensing practice.

## APPENDIX 15

### North East Lincolnshire prescriptions dispensed and/or personally administered by dispensing doctor practices, or personally administered by prescribing doctor practices, 2024

Dispenser code	Dispenser name	Number of items
B81003	BEACON MEDICAL	4,932
B81012	DR AP KUMAR	716
B81015	CLEE MEDICAL CENTRE	8,235
B81016	PELHAM MEDICAL GROUP	2,446
B81030	SLC MEDICAL GROUP	8,738
B81031	WOODFIELD MEDICAL	7,669
B81039	THE ROXTON PRACTICE	154,488
B81087	BIRKWOOD MEDICAL CENTRE	3,629
B81091	LITTLEFIELD SURGERY	2,828
B81108	DR A SINHA	0
B81606	DR MATHEWS STIRLING MEDICAL	1,309
B81642	DR OZ QURESHI	1,799
B81655	GREENLANDS SURGERY	1,134
B81656	RAJ MEDICAL CENTRE	1,644
B81663	CORE CARE FAMILY PRACTICE	1,450
B81665	HEALING PARTNERSHIP	717
B81697	DR P SURESH BABU	632
Y01948	OPEN DOOR	336
Y02684	QUAYSIDE MEDICAL CENTRE	369
<b>Total</b>		<b>203,071</b>

Source: NHSBSA

## APPENDIX 16

### Advanced Services Activity – 2024/25

Pharmacy	Locality	NMS (1)	AUR (2)	SAC (3)	HCF (BP) (4)	HCF (ABPM) (5)	Smoking (6)	Flu (7)	OC Initiation (8)	OC Ongoing (9)	LFD (10)	Pharmacy First (11)
Asda Pharmacy (Holles Street)	Fiveways	128	0	0	268	0	0	112	0	0	8	614
Birkwood Pharmacy (Westward Ho)	Central	1,843	0	0	458	45	0	880	0	1	16	647
Birmingham's Chemist (St Hugh's Ave)	Meridian	2,198	0	0	996	454	0	0	5	343	86	418
Boots Pharmacy (Cartergate)	Central	467	0	0	528	34	0	109	6	17	7	420
Boots Pharmacy (Friargate)	Central	290	0	0	761	39	0	853	34	78	0	648
Boots Pharmacy (St Peters Avenue)	Meridian	166	0	0	168	37	0	170	6	48	24	390
Chemistcare Pharmacy (Grimsby Rd)	Fiveways	1,010	0	0	1,438	154	0	282	0	5	0	75
Cleethorpes Pharmacy (Grimsby Rd)	Fiveways	236	0	0	174	29	0	83	0	0	0	131
Cohens Chemist (Sorrell Road)	Central	2,087	0	0	1,056	93	0	1,636	0	13	2	359
Cottingham Pharmacy (High Street)	Wolds	1,151	0	0	295	36	0	644	0	0	12	271
Cottingham Pharmacy (Wellington St)	Fiveways	262	0	0	0	0	0	476	0	0	0	356
Drugs4Delivery (Moss Road)	Central	450	0	0	189	1	0	1,200	0	0	0	75
Healing Pharmacy (Station Road)	Wolds	582	0	0	53	9	0	107	0	0	5	92
Humberston Pharmacy (Fieldhouse Rd)	Meridian	970	0	0	1,543	105	0	939	1	117	0	530
Immingham Pharmacy (Kennedy Way)	Immingham	202	0	0	254	41	0	174	2	38	4	408
Jhoots Pharmacy (Laceby Road)	Central	590	0	0	24	0	0	0	0	0	0	218
Jhoots Pharmacy (Stirling Street)	Fiveways	530	0	0	6	0	0	40	0	1	0	55
Laceby Village Pharmacy (Caistor Rd)	Wolds	543	0	0	88	1	0	296	0	0	8	70
Lincs Pharmacy (Littlecoates Road)	Central	376	0	0	36	0	0	178	0	1	0	259
Lincs Pharmacy (Station Road)	Meridian	427	0	0	127	19	0	280	0	0	0	288
Periville Chemist (Cromwell Road)	Central	1,305	0	0	1,418	71	0	1,544	2	8	1,573	650
Periville Chemist (Wingate Parade)	Central	1,050	0	0	1,123	61	0	1,103	0	4	1,831	524
Pharmacy @ Roxton (Pelham Road)	Immingham	1,438	0	0	1,176	122	0	4,642	1	91	4	1,114
Pharmacy First (St Peter's Avenue)	Meridian	195	0	0	96	36	0	161	5	52	0	134
Sandringham Road Pharmacy	Meridian	240	0	0	12	63	0	279	0	0	28	112
Superdrug Pharmacy (Friargate)	Central	226	0	0	647	17	0	139	15	44	23	263
Tesco Pharmacy (Hewitts Circus)	Meridian	425	0	0	319	73	0	216	13	37	14	841
Tesco Pharmacy (Market Street)	Central	144	0	0	184	0	0	58	0	0	0	436
Weelsby View Pharmacy (Ladysmith Rd)	Fiveways	1,879	0	0	613	263	0	1,491	0	0	1098	1045
Weelsby View Pharmacy (Springfield Rd)	Wolds	994	0	0	424	117	1	1,081	0	0	1,603	366
Wybers Wood Pharmacy (St Nicholas Dr)	Central	445	0	0	125	25	0	169	0	0	13	183
<b>Total</b>		<b>22,849</b>	<b>0</b>	<b>0</b>	<b>14,599</b>	<b>1,945</b>	<b>1</b>	<b>19,342</b>	<b>90</b>	<b>898</b>	<b>6,359</b>	<b>11,992</b>

Source: NHSBSA

- (1) Number of New Medicine Service (NMS) interventions declared.
  - (2) Number of Appliance Use Reviews (AURs) conducted.
  - (3) Number of Stoma Customisation Fees
  - (4) Number of Hypertension Case Finding Blood Pressure checks
  - (5) Number of Hypertension Case Finding Ambulatory Blood Pressure Monitoring (ABPM) instances
  - (6) Number of Smoking Cessation Consultations
  - (7) Number of Fees for Influenza Vaccinations administered (September to March)
  - (8) Number of Contraceptive Initiation Consultations
  - (9) Number of Contraceptive Ongoing Consultations
  - (10) Number of Lateral Flow Device (LFD) Test Supply Service Fees
  - (11) Number of Pharmacy First Consultations (Total for all seven conditions, plus minor illness conditions and the supply of urgent medicines). Pharmacy First advanced service activity split by condition and service element are detailed in Appendix 17.
- Note - Where a pharmacy changed ownership during 2024/25, the figures include all advanced services activity at that site during the year i.e. they include the previous ownership.

## APPENDIX 17

### Pharmacy First Advanced Service Activity – 2024/25

Pharmacy	Locality	Ottis Media (1)	Sore Throat (2)	Impetigo (3)	Insect Bite (4)	Shingles (5)	Sinusitis (6)	UTI (7)	Urgent Supply (8)	Minor Illness (9)	Pharmacy First Total (10)
Asda Pharmacy (Holles Street)	Fiveways	36	108	22	38	3	24	110	215	58	614
Birkwood Pharmacy (Westward Ho)	Central	37	163	14	70	4	29	83	185	62	647
Birmingham's Chemist (St Hugh's Ave)	Meridian	10	101	10	44	6	95	60	19	73	418
Boots Pharmacy (Cartergate)	Central	28	105	16	25	2	20	62	54	108	420
Boots Pharmacy (Friargate)	Central	33	131	16	57	17	72	122	153	47	648
Boots Pharmacy (St Peters Avenue)	Meridian	26	60	18	62	7	14	62	99	42	390
Chemistcare Pharmacy (Grimsby Rd)	Fiveways	2	8	1	6	9	2	10	15	22	75
Cleethorpes Pharmacy (Grimsby Rd)	Fiveways	10	31	1	19	2	6	28	20	14	131
Cohens Chemist (Sorrell Road)	Central	25	93	28	38	9	66	58	12	30	359
Cottingham Pharmacy (High Street)	Wolds	33	32	4	41	7	30	39	13	72	271
Cottingham Pharmacy (Wellington St)	Fiveways	49	66	30	6	12	16	80	58	39	356
Drugs4Delivery (Moss Road)	Central	0	23	1	27	2	8	6	4	4	75
Healing Pharmacy (Station Road)	Wolds	4	20	1	12	0	5	14	26	10	92
Humberston Pharmacy (Fieldhouse Rd)	Meridian	30	95	12	65	10	62	58	64	134	530
Immingham Pharmacy (Kennedy Way)	Immingham	35	87	22	40	6	58	47	79	34	408
Jhoots Pharmacy (Laceby Road)	Central	13	41	15	18	3	13	35	11	69	218
Jhoots Pharmacy (Stirling Street)	Fiveways	0	10	3	12	1	3	1	2	23	55
Laceby Village Pharmacy (Caistor Rd)	Wolds	8	22	3	4	1	0	16	4	12	70
Lincs Pharmacy (Littlecoates Road)	Central	21	86	13	27	2	20	43	21	26	259
Lincs Pharmacy (Station Road)	Meridian	30	61	12	24	9	27	39	63	23	288
Periville Chemist (Cromwell Road)	Central	41	127	8	47	15	37	105	207	63	650
Periville Chemist (Wingate Parade)	Central	13	104	6	72	7	21	42	215	44	524
Pharmacy @ Roxton (Pelham Road)	Immingham	62	324	27	88	25	90	176	26	296	1,114
Pharmacy First (St Peter's Avenue)	Meridian	9	21	10	18	3	10	31	20	12	134
Sandringham Road Pharmacy	Meridian	1	5	4	5	6	5	17	26	43	112
Superdrug Pharmacy (Friargate)	Central	20	85	8	18	3	27	63	22	17	263
Tesco Pharmacy (Hewitts Circus)	Meridian	70	89	20	52	13	36	115	321	125	841
Tesco Pharmacy (Market Street)	Central	21	68	19	32	12	16	70	164	34	436
Weelsby View Pharmacy (Ladysmith Rd)	Fiveways	56	299	22	63	10	71	170	40	314	1,045
Weelsby View Pharmacy (Springfield Rd)	Wolds	30	79	12	20	11	38	74	16	86	366
Wybers Wood Pharmacy (St Nicholas Dr)	Central	5	36	8	16	3	10	44	18	43	183
<b>Total</b>		<b>758</b>	<b>2,580</b>	<b>386</b>	<b>1,066</b>	<b>220</b>	<b>931</b>	<b>1,880</b>	<b>2,192</b>	<b>1,979</b>	<b>11,992</b>

Source: NHSBSA

- (1) Number of Pharmacy First Clinical Pathway Consultations for Acute Otitis Media (1 to 17 years)
- (2) Number of Pharmacy First Clinical Pathway Consultations for Acute Sore Throat (5 years and over)
- (3) Number of Pharmacy First Clinical Pathway Consultations for Impetigo (1 year and over)
- (4) Number of Pharmacy First Clinical Pathway Consultations for Infected Insect Bite (1 year and over)
- (5) Number of Pharmacy First Clinical Pathway Consultations for Shingles (18 years and over)
- (6) Number of Pharmacy First Clinical Pathway Consultations for Sinusitis (12 years and over)
- (7) Number of Pharmacy First Clinical Pathway Consultations for Uncomplicated UTI (Women 16 to 64 years)
- (8) Number of Pharmacy First Urgent Medicine Supply Consultations
- (9) Number of Pharmacy First Minor Illness Referral Consultations
- (10) Total number of Pharmacy First Consultations

Note - Where a pharmacy changed ownership during 2024/25, the figures include all pharmacy first activity at that site during the year i.e. they include the previous ownership.

# APPENDIX 18

## PNA Consultation Report

### 1 Introduction

As part of the pharmaceutical needs assessment process, the health and wellbeing board was required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation was to establish if the pharmaceutical providers and services supporting the population of the health and wellbeing board's area, are accurately reflected in the final pharmaceutical needs assessment document. The report detailed in this appendix presents the responses to the consultation and describes the process of how the consultation was undertaken.

### 2 Consultation process

To complete this process, the health and wellbeing board consulted with those parties listed in regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, to establish if the draft pharmaceutical needs assessment addresses the issues that they consider are relevant to the provision of pharmaceutical services. Those consulted were:

- Humber Local Pharmaceutical Committee (Community Pharmacy Humber)
- Humberside Local Medical Committee
- Pharmacy contractors included in the pharmaceutical list for the NEL HWB area
- Dispensing doctors included in the dispensing doctor list for the NEL HWB area
- Healthwatch North East Lincolnshire
- Northern Lincolnshire and Goole NHS Foundation Trust
- NHS Humber and North Yorkshire Integrated Care Board
- NHS England - North East and Yorkshire
- North Lincolnshire Health and Wellbeing Board
- Lincolnshire Health and Wellbeing Board

All the above organisations were invited to submit their views on the draft pharmaceutical needs assessment, and weblinks to the draft pharmaceutical needs assessment and the consultation questionnaire were provided. A number of additional relevant partners were also invited to participate.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. They were able to do this by completing the questions online.

The questions were designed to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change, and identify any current and/or future gaps in pharmaceutical services.

The consultation ran from 22 September to 21 November 2025.

The report below outlines the considerations and responses to the consultation. It should be noted that consultation participants were not required to complete every question.

The consultation received 15 responses, which identified as follows.

Response type	Response count
On behalf of an organisation	5
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	10
Other	0
	15

### 3 Summary of online questions, responses and the health and wellbeing board's considerations

All comments made as part of the consultation are included verbatim, although where contractors are identified, their names have been removed.

**Q1** - With reference to "Was the purpose and background of the draft PNA clear to you", the health and wellbeing board is pleased to note that all 15 respondents said "Yes".

**Q2** - With reference to "Was the information in the draft PNA easy to understand", the health and wellbeing board is pleased to note that all 15 respondents said "Yes".

**Q3** - With reference to "Do you feel the draft PNA accurately shows what pharmaceutical provision is currently in place in North East Lincolnshire", the health and wellbeing board is pleased to note that all 15 respondents said "Yes".

**Q4** - With reference to "Do you feel that the draft PNA reflects the needs of the North East Lincolnshire Council population", the health and wellbeing board is pleased to note that 13 respondents said "Yes".

The two respondents that said "No" expanded upon their response.

"The GP Out of Hours is located at Raj Medical Centre, Laceby Road, Grimsby, DN34 5LP - not Ladysmith road as the document states and our evening pharmacy is Tesco which is quite a distance and no clear bus route for patients to attend."

The street name of the GP Out of Hours service was a typographical error, and this has been amended.

Tesco Pharmacy Grimsby was previously subject to the 100 hours condition (i.e. it was required to open for 100 hours per week), but following an amendment to the regulations, Tesco successfully applied to reduce the pharmacy's total core opening hours to 78 per week. It is the latest opening pharmacy in North East Lincolnshire, opening until 21.00 Monday to Saturday and until 17:00 on Sunday. Victoria Street is close to Grimsby Town Centre and is served by bus routes although with reduced frequency in the evening.

The distance between the GP Out of Hours service and Tesco Grimsby is less than three miles which may be considered reasonable within the context of an out of hours service provision. The health and wellbeing board has no evidence to quantify a dispensing need after 21:00. The number of patients who travel by bus to the GP Out of Hours service and subsequently attend a pharmacy using the same mode of transport is

unknown. It may be that in the late evening; patients are more likely to use private transport or a taxi. The number of patients requiring dispensing services after 21:00 - when the GP Out of Hours service is unable to dispense medication, and the patient cannot wait until the following morning – is undetermined. There is extended opening until 23:30 each night in Scunthorpe.

“we wish to raise a significant concern regarding the new regulations that prevent DSPs from providing face-to-face advanced services. We are particularly concerned about the impact of these restrictions in areas of high deprivation, such as [location], where [pharmacy] is based. According to the latest data, [location] is among the most deprived areas in England, with an Index of Multiple Deprivation (IMD) decile of 1 (the most deprived 10% nationally). In the 2021 Census, 78.6% of households in [location] and [location] were deprived in at least one dimension, and the area is ranked as the 25th most deprived out of 32,844 wards in the UK. Many of the local residents face significant barriers to accessing healthcare, including limited mobility, lack of transport, and digital exclusion (including use of telephone, mobile). The ability to offer face-to-face advanced services is a vital support for these individuals, ensuring they receive the care and advice they need. [Organisation] work in collaboration with local GP practices including [GP practice] and [GP practice] to help free up GP and nurse appointments. It is also important to note that until [date], [pharmacy] provided face to face services from [location]. Preventing DSPs from delivering these services in person risks widening health inequalities and may leave some of the most vulnerable patients without adequate access to essential pharmaceutical care. We urge the Health and Wellbeing Board and wider system partners to review this decision and consider mechanisms that would enable DSPs to continue providing face-to-face advanced services, particularly for patients who struggle to access care through other means. Thank you for considering our feedback. We would welcome further discussion on how best to support equitable access to pharmaceutical services in North East Lincolnshire.”

The health and wellbeing board has noted this comment but is of the opinion that the matter raised is outside of the scope of the pharmaceutical needs assessment. Following agreement between the Department of Health, NHS England, and Community Pharmacy England, the regulations, relating to Distance Selling Premises (DSPs), were amended from 1 October 2025 with the effect being that contractors may no longer provide advanced and/or enhanced services to persons present at, or in the vicinity of, their DSP pharmacy. An exception to this is those DSP pharmacies that were included in a pharmaceutical list on or before 30 September 2025 and who had signed up to provide the flu vaccination advanced service or were commissioned to provide the COVID-19 vaccination enhanced service. In that instance those DSP pharmacies may continue to provide the COVID-19 and flu vaccination services to persons present at their DSP pharmacy until 31 March 2026. Whilst the health and wellbeing board is sympathetic to the issues raised, they are not something that it can address, and it recommends that the respondent raises the matter with Community Pharmacy England directly. The health and wellbeing board would like to see all providers of health and care services working collaboratively to reduce local health inequalities in deprived areas in line with the regulations.

**Q5** - With reference to “Has the draft PNA provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises”, the health and wellbeing board is pleased to note that 14 respondents said “Yes” with one respondent not answering this question.

**Q6** - With reference to “Do you feel there are any gaps or additional information that should be included in the draft PNA”, the health and wellbeing board is pleased to note that 11 respondents said “No”.

Three respondents that said “Yes” expanded upon their response with one respondent providing no additional comment.

“Given the upcoming change in the healthcare landscape, include Single Neighbourhood Providers (SNPs) and Multi-Neighbourhood Providers) and the involvement/affect that this will have on community pharmacies both in service provision and collaborative working within these neighbourhood structure, does mention need to be made of them to outline possible challenges/opportunities?”

The health and wellbeing board notes this comment and acknowledges that the government is beginning to roll out new neighbourhood health services. North East Lincolnshire is one of 43 wave 1 sites with the programme commencing in September 2025. The programme will draw together a range of professions to develop a neighbourhood health team. This is initially focussed on supporting people with certain long-term conditions and in North East Lincolnshire this is being piloted by Meridian. Whilst acknowledging there may be an impact on the provision of pharmaceutical services, the health and wellbeing board is of the opinion that at the current time there is much still to be determined, and it is too early to adequately assess the implications for the pharmaceutical needs assessment. Whilst the Medicine Act 1968 controls who can operate a retail pharmacy business, it may be that additional commissioning of services from pharmacy contractors is considered along with greater integrated working arrangements, and this will become clearer in time.

“Out of Hours service provision - Pharmacy quite a distance from the Out of Hours.”

The health and wellbeing board has responded to this matter above.

“we wish to raise a significant concern regarding the new regulations that prevent DSPs from providing face-to-face advanced services. We are particularly concerned about the impact of these restrictions in areas of high deprivation, such as [location], where [pharmacy] is based. According to the latest data, [location] is among the most deprived areas in England, with an Index of Multiple Deprivation (IMD) decile of 1 (the most deprived 10% nationally). In the 2021 Census, 78.6% of households in [location] and [location] were deprived in at least one dimension, and the area is ranked as the 25th most deprived out of 32,844 wards in the UK. Many of the local residents face significant barriers to accessing healthcare, including limited mobility, lack of transport, and digital exclusion (including use of telephone, mobile). The ability to offer face-to-face advanced services is a vital support for these individuals, ensuring they receive the care and advice they need. [Organisation] work in collaboration with local GP practices including [GP practice] and [GP practice] to help free up GP and nurse appointments. It is also important to note that until [date], [pharmacy] provided face to face services from [location]. Preventing DSPs from delivering these services in person risks widening health inequalities and may leave some of the most vulnerable patients without adequate access to essential pharmaceutical care. We urge the Health and Wellbeing Board and wider system partners to review this decision and consider mechanisms that would enable DSPs to continue providing face-to-face advanced services, particularly for patients who struggle to access care through other means. Thank you for considering our feedback. We would welcome further

discussion on how best to support equitable access to pharmaceutical services in North East Lincolnshire.”

The health and wellbeing board has responded to this matter above.

**Q7** - With reference to “Do you agree with the overall findings of the draft PNA”, the health and wellbeing board is pleased to note that 13 respondents said “Yes”.

The two respondents that said “No” expanded upon their response.

“As above.”

The health and wellbeing board has responded to this matter above.

“Additional access in deprived areas (see above)”

The health and wellbeing board has responded to this matter above.

**Q8** - With reference to “If you have any further comments or suggestions regarding the draft PNA, please tell us”, the health and wellbeing notes that three respondents provided further comments or suggestions, which are detailed below.

“Would it be possible to change any reference to substance misuse to substance use please.”

This is possible and references have been changed as requested.

“page 55 Direction to Open when feel necessary...is this realistic and we don't believe that existing pharmacies can be directed above their contracted hours except as a Bank Holiday Direction to Open.”

The health and wellbeing board is of the opinion that the integrated care board can direct a pharmacy to open for more than 40 core opening hours either on one specific week or on an ongoing basis. There are two provisions that allow this – regulation 65(5) and paragraph 25, Schedule 4 in particular paragraph 25(4)(a).

“we just note the mention of 100hrs which no longer exists and could cause confusion or unmet expectations if not altered to something like extended opening? Covid CMSS is mentioned on page 71, it closed in the summer. But apart from tweaks it's a thorough piece of work, well done.”

The health and wellbeing board is pleased that the respondent considers the PNA to be a thorough document. References to local 100 hours provision have either been amended to ‘extended opening’ or an explanatory note has been added to this effect. For context, there is one pharmacy offering extended opening of 78 hours per week in North East Lincolnshire. This pharmacy was previously subject to the 100 hours condition, but following an amendment to the regulations, successfully applied to reduce its total core opening hours to 78 hours per week. The paragraph detailing the COVID-19 medicines supply service (CMSS) has been deleted.

#### **4 Summary conclusions**

The health and wellbeing board is pleased to note that the response to the consultation has been very positive. Overall, no concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed, and there has been a majority agreeing with the overall findings of the PNA.

#### **5 Amendments**

The following amendments have been made to the pharmaceutical needs assessment:

- Typographical errors have been corrected.
- The acknowledgements section has been updated.
- References to local 100 hours provision have been amended.
- Deletion of the paragraph regarding the COVID-19 medicines supply service (CMSS).
- Amended the address of the GP Out of Hours service.
- Amended any references of substance misuse to substance use.

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