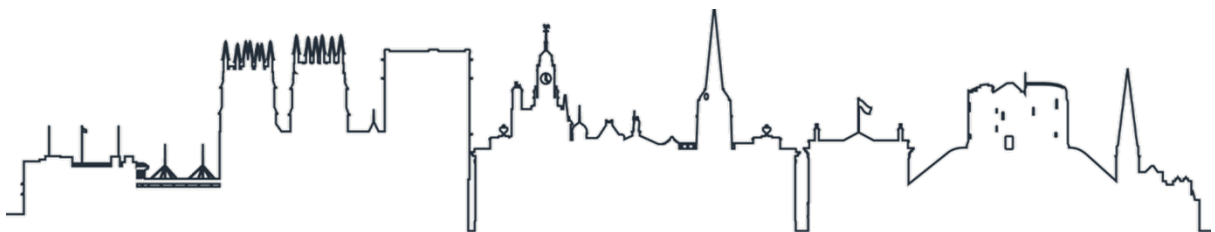




City of York Pharmaceutical Needs Assessment

2025-2028



Produced by: City of York Council Public Health team

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Executive Summary

Purpose of the PNA

The Pharmaceutical Needs Assessment (PNA) is a statutory requirement under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. It aims to assess whether the provision of pharmaceutical services in York meets the current and future needs of its population. The PNA is a comprehensive overview of current local pharmacy services, anticipated future need, and identification of any gaps or opportunities for improvements. This assessment supports the York Health & Wellbeing Board in commissioning services and making decisions about market entry for new providers.

The PNA aligns closely with the health needs identified in the Joint Strategic Needs Assessment (JSNA) for York, which may be found on the [JSNA website \(www.healthyyork.org\)](http://www.healthyyork.org).

To deliver the PNA, City of York Council and North Yorkshire Council have collaborated to share approaches and to facilitate partner involvement for those organisations that cover both Local Authority areas. This has worked well in the past and both PNAs have the same lifetime span. The different geographical boundaries mean City of York Council and North Yorkshire Council produce their own PNAs.

1. Introduction

A PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in relevant areas.

NHS England and NHS Improvement (NHSE/I) uses the PNA to:

- Inform decision regarding which NHS funded services needs to be provided by community pharmacies and dispensing appliance contractors in York

- Determine whether new or additional pharmaceutical services are required
- Inform decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- Inform the commissioning of Local Enhanced Services from pharmacies

How Gaps are Identified

Gaps in provision are defined as:

- Geographical gaps in the location of premises
- Geographical gaps in the provision of premises
- Gaps in times and/or days services are provided
- Gaps in accessible services e.g., for those with a disability

Future gaps consider developments such as residential planning, relocation of services, and regeneration projects

What is not Considered by PNAs

Performance aspects of pharmacies do not form part of the PNA. This may include:

- Staffing
- Overtime working
- Configuration of pharmacy space
- Waiting times
- Prescription delays

Should these arise, contact should be made with the NHSE/I or the specific pharmacy.

Health and Wellbeing Boards are not responsible for making decisions related to opening, consolidating or closing pharmacy services.

If a gap is not identified in the PNA, this does not prevent an application being made.

Where the PNA does not identify needs, improvements, or better access to pharmaceutical services within the PNA, the only types of application

for new premises that may be submitted are those offering unforeseen benefit or distance-selling premises.

The lifetime of this PNA is September 2025 to August 2028. It provides a descriptive overview of all pharmacy services in York which include opening hours, locations, and the services offered. It also assesses whether pharmaceutical services are sufficient to meet the needs of the population, or whether there is a 'gap' in provision.

There is no national standard for 'Good' access to pharmaceutical services or threshold based on population size or distance travelled. Therefore, assessment of service provision is based on professional judgement and knowledge of the local area. The previous PNA (2022-2025) concluded that on this basis, there were no gaps identified in pharmaceutical provision:

“There is adequate choice of pharmacies and a good geographic spread of pharmacies in York. The majority of people are within reasonable walking or travel distance of a pharmacy. Overall, there is good pharmaceutical service provision in most of York from Monday to Friday. In urban areas there is good provision of pharmaceutical services on Saturday and Sundays.”

1.1. Legal Requirements

Under NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, each Health and Wellbeing Board (HWB) is to produce a PNA every three years to determine the need for pharmaceutical services in their areas. The PNA must identify the local need for pharmaceutical services and determine whether current provision meets that need. It also must assess any future requirements based on anticipated population growth and demographic changes, health priorities, and gaps in service. The PNA also informs Integrated Care Boards (ICBs) in making decisions about applications for new pharmacy premises or services.

A legal requirement since *The Health Act 2009, the Health and Social Care Act 2012* made it the responsibility of each local authority Health & Wellbeing Board (HWB) to publish a PNA. This means that York's HWB

has a legal duty to ensure the production of a PNA for the City going forward.

In May 2021, the Department of Health and Social Care (DHSC) initially determined that the requirement to publish renewed PNAs would be suspended for a year (to April 2022) to reduce unnecessary extra pressure on Local Authorities, Local Pharmaceutical Committees, pharmacy contractors and other stakeholders during the COVID-19 pandemic response. As a result, the HWB published the previous PNA in October 2022.

1.2. Scope of the Assessment

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

- The health needs of the population
- Potential new services to meet the health needs and help achieve objectives of the *Joint Health & Wellbeing Strategy*¹
- Current provision of pharmaceutical services and any gaps in that provision

All pharmaceutical services provided within the City of York include:

- **Essential Services** provided by all community pharmacies
- **Advanced Services** such as the New Medicine Service (NMS) and Pharmacy First that Community Pharmacies can opt into
- **Enhanced Services** commissioned locally
- **Dispensing Services** provided by dispensing doctors

The PNA will also be used to:

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

¹[York Joint Health and Wellbeing Strategy 2022-2032](#)

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

The PNA looks at the provision of pharmaceutical services provided by pharmacies, dispensing doctors and appliance contractors. Hospital pharmacies do not provide services under the Community Pharmacy Contractual Framework and are therefore not in scope.

1.3. Methodology

The development of the PNA has involved:

- An overview of demographic and health data of York residents
- Mapping of pharmacy locations and analysis of accessibility
- Review of pharmacy services currently commissioned
- Engagement with residents and stakeholders via a survey and consultation
- Consideration of planned housing developments and population growth projections

A draft version is subject to a statutory 60-day consultation period. Feedback received during this period is reviewed and used to inform the final version.

City of York Council's Public Health team oversaw the development of this PNA on behalf of its Health & Wellbeing Board. The team established a joint multi-agency steering group in September 2024. Full membership is set out in appendix 1.

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings
- Process and content of questionnaire for engagement and consultation

- Timeline of the PNA process
- Structure of the PNA document
- Appropriate governance, including declaration of interests and reporting arrangements

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

1.4. National Context

In 2014, the NHS Five Year Forward View was published to set out a clear direction for the NHS up to 2020-21. This was followed in 2019 with the publication of the NHS Long-Term Plan which set out the ambition to accelerate the redesign of patient care to future-proof the NHS for the decade ahead.

The NHS Long-Term Plan acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy:

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

Pharmacy Services NHS Overview

The data below shows the numbers of community pharmacies and appliance contractors in England:

- There were 10,058 active community pharmacies and 111 active appliance contractors. This is a 15% decrease from the number recorded in the 2022-2025 PNA (n=11,600).²
- 1.1 billion prescription items were dispensed by community pharmacies- a 3% increase from 2022/23.³
- 12 million prescription items were dispensed by appliance contractors- a 5% increase from 2022/23.

² eDispensary: NHS Digital

³ [General Pharmaceutical Services in England 2015/16-2023/24](#) (accessed 21/04/25)

- 1.08 billion prescription items were dispensed via the Electronic Prescription Services (EPS)- a 96% of all items dispensed, and a small percentage increase from 2022/23.
- The cost of drugs and appliances reimbursed totalled £10 billion-a 5% increase from 2022/23.
- In 2023/24, 990 pharmacies opened, a significant increase from previous years, and a 233% increase from the number opened in 2022/23. However, in the same timeframe, 1512 pharmacies closed, 290% more than in 2022/23 and a significantly higher rate than in previous years. It is important to note that of the 990 pharmacies that opened, some were change of ownership from some of the 1512 closures, therefore not necessarily a loss of service.
- Additionally, almost 3.4 million hours of pharmacy access has been lost each year since September 2022.⁴

Community pharmacies in England provide a range of services including:

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

Over 95% of community pharmacies have private consultation rooms which allow pharmacists to offer advice to patients and a range of nationally commissioned services such as vaccine administrations and private, personal discussions regarding medicines. Many pharmacies are also commissioned to offer public health services by Local Authorities and the ICB.

Community Pharmacy Contractual Framework 2024/25 and 2025/26

On 31 March 2025, The Department of Health and Social Care (DHSC), NHS England, and Community Pharmacy England (CPE) reached an agreement on funding for the Community Pharmacy Contractual

⁴ [Company Chemists' Association Annual Report 2024](#)

Framework (CPCF) covering 2024/25 and 2025/26, alongside the ongoing delivery of Pharmacy First. The key outcomes are as follows:

CPCF Funding Uplift

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

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

Additional Services Funding

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

Strategic Goals

- Stabilise medicines supply, sustain core pharmacy operations, and strengthen clinical services like Pharmacy First which has already delivered over 1.9 million consultations
- Continued growth has also been seen in the Pharmacy Contraception Service with over 250,000 consultations and Hypertension Case Finding Service with over 2.5 million consultations in 2024 alone
- Dispensing volumes are rising, with over 1.2 billion prescriptions forecast for 2025-2026

Future Direction

- The Government has acknowledged ongoing economic pressures as evidenced in the Frontier Economics report⁵ published in March 2025.
- This agreement provides the highest NHS funding uplift to community pharmacy, reflecting a commitment to secure its long-term role

⁵ [Economic Analysis of NHS Pharmaceutical Services in England, Final Report \(March 2025\) \(accessed 07/05/25\)](#)

- The goal is to develop a sustainable contract model and define pharmacy's contribution to a modern, accessible NHS

Pharmacy First

On 31 January 2024, The NHS Pharmacy First service launched as a new advanced service of the community pharmacy contract.⁶ It replaces the Community Pharmacist Consultation Service (CPCS) and includes seven new clinical pathways. The full Pharmacy First service consists of three elements:

- Clinical pathways- a new element of the service
- Urgent repeat medicine supply- previously within CPCS
- NHS referrals for minor illness- previously within CPCS

Providing the service requires community pharmacies to hold consultations that give advice and NHS-funded treatment (via Patient Group Directions), where appropriate for seven common conditions (following clinical pathways), which are:

- Sinusitis
- Sore throat
- Acute otitis media
- Infected insect bite
- Impetigo
- Shingles
- Uncomplicated urinary tract infections in women

2. Pharmaceutical Needs Assessment Process

2.1. PNA Development Group

The Public Health Team within the City of York Council oversaw the development of this PNA on behalf of the York Health and Wellbeing Board. In the process of undertaking the PNA, a joint multi-agency steering group was established in June 2025. Full membership is set out in appendix 1.

⁶ [Centre for Pharmacy Postgraduate Education: NHS Pharmacy First Service \(accessed 27/03/25\)](#)

The steering group agreed the following:

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

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

2.2. Determination of Localities

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

In accordance with this, the steering group considered how to assess these different needs and concluded that as with the previous PNA the Local Authority boundary gave sufficient detail.

2.3. Assessing Health Needs

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

This PNA is directly aligned to the [York JSNA](#).

2.4. Future Provision

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2), had regard to:

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

2.5. Public and Stakeholder Engagement

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

6. Online survey, aimed at York residents:

- a. Paper copies of the residents' survey were available at York Explore Library, Tang Hall, and Clifton Explore
- b. Different formats were available on request i.e., easy read and large print.

7. Email survey and/or discussion with stakeholder organisations/groups

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

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

2.6. Statutory Consultation

The formal consultation on the draft PNA for York ran from 20th June to 19th August, in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012 which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

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

- Local Pharmaceutical Committee (Community Pharmacy North Yorkshire LPC)
- Local Medical Committee (YORLMC)
- All persons on the pharmaceutical lists and all dispensing doctors list in York
- NHS Humber & North Yorkshire Integrated Care Board
- Healthwatch
- Local Foundation Trusts:
 - Harrogate and District NHS Foundation Trust
 - York and Scarborough Teaching Hospitals NHS Foundation Trust
 - South Tees NHS Foundation Trust
 - Tees, Esk and Wear Valleys NHS Foundation Trust
- NHS England (NHSE)
- Neighbouring HWBs:
 - North Yorkshire Council
 - East Riding of Yorkshire Council

Emails were sent to all consultees informing them of the website address which contained the draft PNA document and inviting them to complete the consultation questionnaire. The draft PNA was also shared with the public through the same website address.

2.7. Recommendations and Updates from Previous PNA 2022-2025

The previous PNA (2022-2025) concluded that on this basis, there were no gaps identified in pharmaceutical provision:

“There is adequate choice of pharmacies and a good geographic spread of pharmacies in York. The majority of people are within reasonable walking or travel distance of a pharmacy. Overall, there is good pharmaceutical service provision in most of York from Monday to Friday. In urban areas there is good provision of pharmaceutical services on Saturday and Sundays.”

The following statements and recommendations were made to the York Health & Wellbeing Board:

- *Community pharmacy services play an important role of the landscape in supporting the services provided by GP practices/dispensing GP practices and the PCNs.*
- *Community pharmacies can support the wider health needs of their population by providing the essential, advanced, and locally commissioned services as described in this report.*
- *York Health and Wellbeing Board also wishes to acknowledge the contribution that Community pharmacy services have made to the recent COVID-19 pandemic response. Community pharmacies provided support to the local community both in terms of maintaining essential medicine services, and also in the delivery of medicines to those unable to leave their homes, supplying Lateral Flow Device testing kits and in the support and administration of the COVID-19 vaccination programme.*
- *There is adequate choice of pharmacies and a good geographic spread of pharmacies in York. The majority of people are within*

reasonable walking or travel distance of a pharmacy.

- *Overall, there is good pharmaceutical service provision in most of York from Monday to Friday. In urban areas there is good provision of pharmaceutical services on Saturday and Sundays.*
- *Community pharmacy opening hours in York are sufficient to meet need, and there is adequate provision in the evening and weekends. This is reflected in the survey results which identified that most people could find a pharmacy open in the evening or at weekends. There was one concern raised by a resident about the availability of pharmacies/opening hours on a bank holiday.*
- *The survey also identified that people in York value extended opening hours, and value the better access that this provides. Therefore, any applications to reduce pharmacy opening hours in York should be considered carefully, with appreciation of the importance to the public in this matter.*
- *Overall, the quantity of community pharmacies in York is good and appears sufficient to broadly meet the health needs of residents in York. The data suggests that a large proportion of the adult population of York use a pharmacy at least once a month and public satisfaction in community pharmacy services in York appears good.*
- *One respondent in the residents' survey felt there needs to be a pharmacy on the University site so that local people can have more access to the pharmacy services. Currently the University of York website directs students to the closest pharmacies - Missionstart Ltd on Fulford Road, Whitworth Chemists on Melrosegate and Badger Hill Pharmacy on Yarbrough Way (which is within a moderate walking distance for many students). Students on campus are supported by a regular bus route which allows them to access a choice of pharmacies nearer the centre of York. Additionally, many of the student areas are well served by bus routes allowing students to access pharmacies closer to where*

they live.

- *The population in York is growing and is getting older. Within the next three years it is that the population of York will include a greater number of people with long-term health conditions, this will rise faster than the total number of people. Overall, this means that the population need for community pharmacies in York may be expected to increase.*
- *There is good pharmacy coverage in the more deprived wards in York. This is partly because the more deprived wards of York tend to be the more urban wards nearer the city centre, where the majority of pharmacies are situated.*
- *Some population groups have more limited access to pharmacies. This includes residents living in the rural areas on the edge of the city boundaries. If community pharmacy services were not maintained, then travel time to the next available pharmacy would be significantly increased for some residents.*
- *Opening times are important to people and are an important element of the overall accessibility of that pharmacy, at present there appear to be a sufficient number of pharmacies open during evenings and weekends, most people report they can find a pharmacy when they need one. York has a high rate of employment and an overrepresentation of employment sectors that use shift work rotas. This means reduced flexibility to access pharmacy services during the working day. Therefore, any applications to reduce pharmacy opening hours in York should be considered carefully, with appreciation of the importance to the public in this matter.*
- *The residents of York currently have better health than their peers nationally and are a well skilled and well-educated group. This means that there will be opportunities for greater self-care and self-monitoring of conditions, some of which may be facilitated by community pharmacies.*

- *The current provision of “standard 40 hour” pharmacies should be maintained, especially in rural/outlying areas.*
- *Pharmacists can support the opportunistic delivery of consistent and concise healthy lifestyle information to individuals by using the MECC approach. MECC maximises the opportunity within routine health and care interactions for a brief or very brief discussion on health or wellbeing factors to take place.*
- *The HWB recognises the importance of the supplementary hour provision by pharmacies within the area and the possible impact a change of these hours of delivery could have on access to pharmacy provision in York. The HWB will continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers.*
- *The extended opening hours that are currently in place provide adequate access to both essential pharmaceutical services and locally commissioned services, however the HWB will continue to be vigilant in monitoring the impact of any changes to 100-hour provision or supplementary hours.*
- *There are proposed future housing developments across York which may mean that these areas will need to be reviewed on a regular basis to identify any significant increases or changes in pharmaceutical need. In the case of the very large developments individually, the developments may result in an increased need for community pharmacy services.*
- *The area is changing rapidly and as well as consulting this PNA, the Pharmaceutical Services Regulations Committee (PSRC) at NHS England should carry out a rapid review of any area where there is an application, to ensure that the needs of this area have not changed in the lifetime of the PNA. This could include review of rural and urban classification and should be published alongside the PNA in the supplementary statements.*

- *There is good awareness and uptake of both advanced services and locally commissioned services in York. There could also be better awareness and improved multi-agency working to significantly improve uptake of services in York.*
- *Promotion of the available community pharmacy services to both pharmacy contractors and the local community could be increased as feedback from both surveys identified there was a lack of service awareness. It is important for the pharmaceutical needs assessment to consider 'knowledge gaps' as well as 'service gaps;' if the public is not broadly aware of a service, then it will not be used to its fullest extent. In particular, there were knowledge gaps in the services offered beyond a pharmacies core contractual duty.*
- *The closure of the Lloyds pharmacy, 3 Intake Avenue, York, YO30 6HB, area indicates that there may be an increased walking distance of more than 1.2km for people to access pharmacy services. This will need to remain under review with consideration for the new homes planned for the Nestle South ST17 site.*
- *The response from the GP practice stating they are unaware about the Healthy Living Pharmacy (HLP) framework suggests that pharmaceutical services may still require regular promotion to stakeholders. The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. This is important to ensure that the available services are used to improve and protect health in primary care.*
- *Feedback from both the residents and pharmacy surveys indicates the provision of interpretation and translation services could be better promoted.*
- *Community pharmacists are keen to offer services to their*

community but may face barriers which are preventing them from provision of service. One contractor commented that “currently not having a blood pressure monitor is preventing us from starting the Hypertension Case-Finding Service. Likewise, a lack of scales and height measurement is preventing us from providing a useful weight loss service.”

- The Health and Wellbeing Board should note that opening hours of pharmacies alone is not an indicator of improved pharmaceutical services. Therefore, they should avoid identifying a need for, or improvement or better access to, opening hours. If there is a gap in the provision of services of certain times this would be articulated as an improvement or better access to specified services at specified times.*
- Any application must demonstrate that it is necessary, will provide value to the NHS and can improve on the availability of services across the specific area. Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.*
- The Health and Wellbeing Board has the responsibility for publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is the responsibility of the organisation managing the GMS contracts to inform NHS England when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area. It is the responsibility of NHS England to inform the HWB of any changes to pharmaceutical service provision, including dispensing services, so that a decision can be made as to whether this change will affect access. This is particularly important where pharmacies are closing or consolidating due to the impact of recent*

funding cuts. The HWB has a duty to respond to all notifications under Regulation 26A (consolidation of pharmacies). It is proposed that the supplementary statements are issued every 3 months by NHS England (a member of the Board) as they hold all the relevant data. They will be published on the City of York Council website alongside the PNA.

3. Demographics of York

3.1. City Overview

York is an ancient walled city located in North Yorkshire in the northeast of England. It is among the most visited cities in the United Kingdom outside of London. The city lies on the River Ouse and is renowned for its historical significance, architectural heritage, and cultural offerings. Its strategic position approximately two hours by direct rail from both London and Edinburgh enhances its accessibility and appeal as a domestic and international tourist destination.

York has a diverse array of tourist attractions, including medieval landmarks, museums, riverside walkways, and a vibrant hospitality sector. The city hosts numerous festivals and cultural events throughout the year, spanning music, theatre, gastronomy, and heritage. According to *Visit York* (2023), the city welcomed approximately 8 million visitors annually, with tourism-related expenditure contributing over £700 million to the local economy. These figures reflect a substantial increase from the 6.9 million visitors and £564 million reported in 2018, indicating continued growth in York's tourism sector. Peak periods include school holidays and the Christmas season

A small proportion of visitors to York may require access to pharmacy services during their stay, primarily for management of minor health conditions or for replacement medication. These healthcare needs, though typically low in clinical complexity, can contribute to increased presentations at hospital emergency departments and urgent care centres, particularly during peak tourist periods. Community pharmacies play a critical role in alleviating this burden by providing timely and accessible care. Their involvement is essential in reducing unnecessary use of emergency services and out-of-hours appointments, thereby enhancing the overall efficiency of healthcare delivery in the city.

In addition to its role as a tourist destination, York is a prominent centre for higher education, hosting two universities: the University of York and York St John University. The University of York features a main campus located within walking distance of the city centre, comprising ten colleges and the majority of academic departments, with additional facilities housed in the historic King's Manor. York St John University operates an 11-acre campus situated adjacent to the city walls and the historic urban core. As of the 2024/25 academic year, University of York had a combined total of 20,630 students across undergraduate and postgraduate courses.⁷ York St John University had a combined total of 7605 across all degree courses in the 2023/24 academic year, therefore the total student population likely exceeds 32000.

⁷ [University of York, Student Population Statistics](#) (accessed 16/04/25)

The population in the former Vale of York CCG area (including York, Ryedale, and south Hambleton) is forecast to rise by 7.6% to 388,500 by 2040, which will increase the number of expected deaths per year by around 300 people. In addition, the proportion of people across both York and North Yorkshire Local Authorities over the age of 75 is expected to increase; people are likely to be more elderly when they die and are therefore more likely to have multiple long-term conditions and need greater care and support. Using ONS population data based on 2018 projections, the over 65 population of York in 2021 was 18,810. This is set to rise to 20,075 by 2026 and by 2030 to increase to 21,376.

The population has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 7.3% (non-White British) compared to 5.7% in 2011.¹⁰

Population data for 2021 indicates that York has become a much more open and diverse culture in recent years with a wide range of families living in the city. There are currently 83,552 households and, of that number, only 26,903 claim that they are married. Cohabiting couples make up 9,173 of the total and there are 136 households with same sex marriage partnerships. One parent household are on the rise and currently make up 7,288 of all families in York. Other household types make up 7,455 of the total number of households. By 2025, it is estimated that:

- the population aged over 65 in York will have increased by 16%
- the population aged over 85 in York will have increased by 32%
- the population aged between 0-19 will have risen by about 9%

3.3. Population Projections and Housing Development

York's resident population is projected to grow by approximately 35,000 people between 2023 and 2033, with the most significant demographic shift occurring in the 65 and over age group, which is expected to increase by 13,800 individuals during this period. This aligns with national trends identified in the latest census data for England, which reported a 20.1% increase in residents aged 65 and over, compared to a

¹⁰ [Census 2021: How Life has Changed in York](#) (accessed 11/04/25)

3.6% increase in those aged 15–64 and a 5.0% increase in children under 15.

In contrast, York has experienced a 15.8% increase in the 65+ age group, a marginal 0.4% increase in the working-age population (15–64), and a 3.2% decline in the under-15 population. These figures support earlier projections in the 2019 population planning document and highlight the city's trajectory toward an older age profile.

While earlier modelling anticipated a 2% growth (~4,000 people), it did not account for the scale of planned housing developments and subsequent inward migration. Revised estimates that include housing-led growth suggest York's population could increase by up to 18%, necessitating a strategic review of pharmaceutical services and estate planning to ensure capacity meets future demand.

Table 1: Table showing population modelling predicted growth in York by age group.

Age	2023	2028	Numeric Change 2023-2028	% Change 23-28	2033	Numeric Change 2022-2033	% Change by 2023-2033 by Age Group
0-17	35,020	36,301	1,281	3.70%	37,169	2,149	6.10%
18-24	29,956	35,662	5,706	19.10%	39,217	9,261	30.90%
25-34	25,332	25,773	441	1.70%	27,165	1,833	7.20%
35-44	24,731	28,017	3,286	13.30%	29,378	4,647	18.80%
45-54	23,968	24,697	729	3.00%	26,548	2,580	10.80%
55-64	24,612	26,261	1,649	6.70%	25,535	923	3.70%
65-74	19,554	23,170	3,616	18.50%	26,449	6,895	35.30%
75-84	14,218	16,775	2,557	18.00%	18,055	3,837	27.00%
85 and over	5,761	7,061	1,300	22.60%	8,840	3,079	53.40%
Total	203,152	223,717	20,565	10.10%	238,356	35,204	17.30%

CYC's Local Plan for period 2017-2023¹¹ was adopted by Full Council on 27 February 2025. It sets out plans for the accommodation of new homes and jobs that are needed in the city. It also aims to facilitate new infrastructure to ensure the sustainability of developments which may include new transport measures, schools, shops, community facilities and public open space and sports facilities. It must ensure that the right type and mix of housing meets the city's needs in addition to the number of new houses. This includes affordable housing, specialist housing, homes for young people, older persons accommodation, student housing, accommodation for Gypsies, Travellers, and Travelling Show people communities, and houses of multiple occupancy (HMOs).

The Local Plan outlines development until 2028 will include the delivery of 20,000 new homes, 4000 of which will be designated as affordable. This includes a proposed 32-house development in Elvington, a village 7 miles South-East of York and in the Wheldrake ward. Elvington does have a dispensing GP Practice, dispensing prescriptions to patients living more than a mile from the nearest pharmacy, however for some residents, transport may be challenging, impacting on their ability to access medication. Despite the planned growth, there are currently no pharmacy services available within the ward which suggests an unmet need currently and in the future.

In July 2024, the Government implemented a revised methodology for assessing local housing need in England. This change reflects a recognition of the strong correlation between local housing targets, delivery rates, and the underlying need for housing. Under the new framework, housing need is calculated over a five-year period.

The previous methodology relied on household growth projections published by the Office for National Statistics (ONS) in 2014. However, this approach did not adequately consider local circumstances or existing housing stock. As a result, it often produced disproportionately low targets for larger urban areas, while some smaller rural communities were assigned housing targets that implied a near doubling of their housing stock—an outcome misaligned with local capacity and planning realities.

¹¹ [City of York Council Local Plan 2017-2023](#) (accessed 15/03/25)

A Housing Delivery Test in 2023 measured the delivery rates of every Local Authority in England. York's findings indicated that less than 85% (79%) of the total housing requirement was delivered over three years. Therefore a 20% buffer was added to housing supply target. Under the new methodology, York must increase housing provision by 23%.

A 23% increase in housing development in York will likely lead to a significant population growth, which could place added demand on existing community pharmacy services. As more residents move into the area, pharmacies may experience increased pressure to provide timely access to medications, health advice, and other essential services. This could necessitate the expansion of current pharmacy facilities, extended opening hours, or the establishment of new pharmacies to ensure adequate healthcare provision and maintain the quality of service within the growing community.

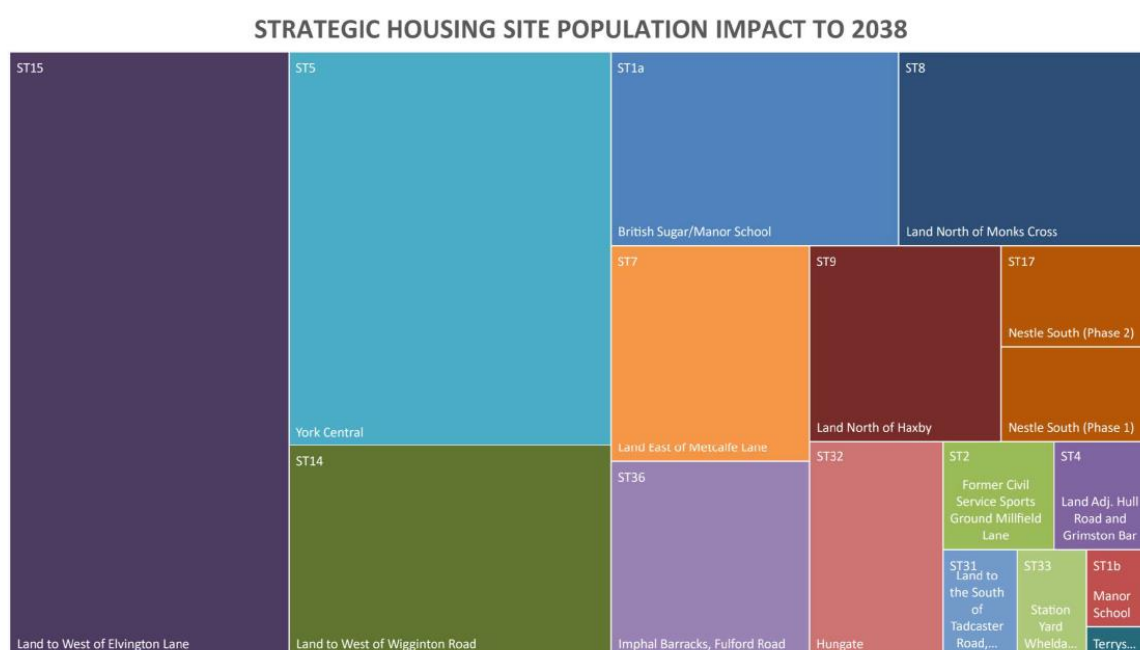


Figure 2: Strategic Housing Site Population Impact to 2038: York Local Plan 2025-2038

3.4. Car Ownership

Analysis of data from the 2021 Census reveals evolving patterns of work and travel across York. Among residents aged 16 and over, 41% reported commuting less than 10km to work, while 35.5% worked mainly at or from home. It is acknowledged that these figures may be skewed

due to the exceptional circumstances of the COVID-19 pandemic. Nevertheless, they provide a useful snapshot of how residents engage with their local geography.

The data further indicates that 36.6% of commuters travelled to work by driving a car or van. There is a clear socio-spatial pattern in car ownership: residents in less deprived wards are more likely to own one or more vehicles. By contrast, car or van non-ownership is more prevalent in central wards such as Guildhall and Micklegate. In these cases, proximity to York's city centre and the availability of public transport and amenities appear to reduce the necessity of car ownership

Table 2: Table showing car ownership rates by LSOA ward and IMD ranking- where 1 is most deprived and 21 is least deprived- per households. Crude rates are per 1000 households.
Data from Census 2021

Ward	IMD Ranking	No. of households	No Car Ownership	Rate/1000	1+ car	Rate/1000	2+ car	Rate/1000	3+ car	Rate/1000
Westfield	1	6198	1858	299.77	2730	440.46	1291	208.29	322	51.95
Clifton	2	4111	1364	331.79	1922	467.53	668	162.49	157	38.19
Guildhall	3	6356	3044	478.92	2680	421.65	522	82.13	110	17.31
Heworth	4	5717	1706	298.41	2688	470.18	1078	188.56	245	42.85
Holgate	5	5664	1626	287.08	2833	500.18	997	176.02	208	36.72
Huntington & New Earswick	6	5622	1136	202.06	2700	480.26	1398	248.67	386	68.66
Micklegate	7	6244	2127	340.65	3162	506.41	826	132.29	129	20.66
Acomb	8	3801	700	184.16	1780	468.30	1033	271.77	288	75.77
Hull Road	9	3583	1054	294.17	1556	434.27	734	204.86	239	66.70
Dringhouses & Woodthorpe	10	5117	852	166.50	2527	493.84	1434	280.24	304	59.41
Fishergate	11	3623	1263	348.61	1667	460.12	554	152.91	139	38.37
Rawcliffe & Clifton Without	12	5355	791	147.71	2616	488.52	1536	286.83	416	77.68
Strensall	13	3340	302	90.42	1293	387.13	1283	384.13	462	138.32
Osbalwick & Derwent	14	3530	501	141.93	1615	457.51	1060	300.28	354	100.28
Bishopthorpe	15	1818	211	116.06	877	482.40	581	319.58	151	83.06
Haxby & Wigginton	16	5255	301	57.28	2379	452.71	1671	317.98	423	80.49
Rural West York	17	3250	783	240.92	1292	397.54	1245	383.08	412	126.77
Heworth Without	18	1829	254	138.87	927	506.83	500	273.37	147	80.37
Fulford & Heslington	19	1635	312	190.83	793	485.02	413	252.60	114	69.72
Wheldrake	20	1648	107	64.93	549	333.13	714	433.25	278	168.69
Copmanthorpe	21	1762	176	99.89	726	412.03	654	371.17	205	116.35
Total		85458	20468	239.51	39312	460.02	20192	236.28	5489	64.23

The above table provides data on car ownership in various local authority wards, organised by Index of Multiple Deprivation (IMD) score (where 1 = most deprived), population, and rates of car ownership per 1,000 residents across different levels of car ownership (no car, 1+ car, 2+ cars, 3+ cars).

There is a clear inverse relationship between deprivation and car ownership. The most deprived wards show higher rates of no car ownership (e.g. Guildhall: 204.1/1000; Westfield: 131.9/1000) and lower rates of multiple car ownership (eg. Guildhall 3+ car rate: 7.38/1000 v. Wheldrake 3+ car rate: 65.75/1000). However, correlation can also be observed with car ownership much lower in wards that are more central than more rural areas (eg. Micklegate no car ownership: 170.27/1000 v. Wheldrake no car ownership: 25.31/1000).

Of note, Clifton ward records the third highest rate of no car ownership in York, reflecting an increased need for alternative access to amenities. With Clifton being more suburban, however, it has a lower amenity density meaning key services are not as easy to get to. With the absence of a pharmacy in Clifton, this demonstrates a need for this provision, especially where accessibility on foot or public transport may be difficult, eg. people with disabilities, or vulnerable people.

3.5. Life Expectancy

Using PHE profile data for 2023, York's life expectancy at birth for males is 80.2 years, compared with the England average of 79.3 years. For females, life expectancy at birth is 83.9 years compared with the England average of 83.2 years.¹² The number of years of healthy life expectancy- that is, the number of years living in good health- is very close for both females and males. Females can expect to live 62.7 years of their lives in good health compared to males who can expect to live 62.0 years free from ill health.

York is similar to most Local Authorities in that there is a gap in life expectancy between the affluent and those living in relative deprivation. There is generally an association between life expectancy at birth and deprivation across North Yorkshire, including York.

¹² [Fingertips Profiles: Life Expectancy](#)

3.6. Wider Determinants of Health

“The wider determinants of health are the social, economic and environmental conditions in which people live that can have an impact on health. They include income, education, access to green space and healthy food, the work people do and the homes they live in.”¹³

Also referred to as the social determinants of health, these determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. The Marmot review ‘Fair Society, Healthy Lives’¹⁴ written and published in 2010 by Sir Michael Marmot, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Addressing the wider determinants of health has a key role to play in reducing health inequalities.

3.7. Index of Multiple Deprivation (IMD)

The English Index of Multiple Deprivation (IMD) is a measure of area deprivation, based on 37 indicators, across seven domains of deprivation. IMD is a measure of the overall deprivation experienced by people living in a neighbourhood, although not everyone who lives in a deprived neighbourhood will be deprived themselves. The Index of Multiple Deprivation (IMD) 2019 measures socioeconomic disadvantage across seven domains:

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

¹³ [What are Health Inequalities? The King's Fund](#) (accessed 11/04/25)

¹⁴ [The Marmot Review 2010](#) (accessed 11/04/25)

The overall IMD 2019 is a weighted average of the indices for the seven domains. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas are small areas designed to be of similar population size, have an average population of 1500 and 650 households. Figure 3 indicates the local footprint for LSOAs in York.

The 32,844 LSOAs in England are divided into deprivation 'deciles' i.e., the most deprived 3,284 LSOAs form the most deprived national decile. The following table provides an indication of the 120 LSOAs in York which fall in relation to these national deciles.

Table 3- Local Footprint for LSOAs in York¹⁵

National Deprivation Decile	Number of York LSOAs	% of York LSOAs
Decile 1- most deprived	1	0.8%
Decile 2	5	4.2%
Decile 3	10	8.3%
Decile 4	4	3.3%
Decile 5	4	3.3%
Decile 6	9	7.5%
Decile 7	13	10.8%
Decile 8	12	10.0%
Decile 9	21	17.5%
Decile 10- Least Deprived	41	34.2%
Total	120	100%

In 2019 one decile in York - 18B in Westfield was ranked close to the threshold between 10% and 20% most deprived in England. In 2015 there were 32 LSOAs in the least deprived decile nationally, in 2019 there were 41.

¹⁵ [City of York Council Deprivation in York 2019](#)

Employment

In York, NOMIS labour market statistics data for 2024 indicates, there were 132,200 people of working age, i.e. aged between 16-64 years.¹⁷ 77.8% of this cohort were economically active, either as employees (70.9%), or self-employed (6.5%). 1.8% were unemployed. There was a marginal difference in employment rates between males and females with 80.1% of males in employment compared with 75.3% females.

Professional occupations ranked highest among all percentages of employment at 34.2% of the workforce. 9.4% fall into the managerial sector, and 15.1% are in the associate professional sector.

Administrative and secretarial work make up 8.4%, skilled trades are 7.3%, care services are 5.6%, sales are 6.3%, and process, plant and machinery workers make up the smallest section at 3.4%. Elementary occupations make up 10.2% of the total working population.

Employment for working-aged people can protect against social exclusion as well as impacting positively on health and wellbeing. There were 2634 out-of-work benefits claimants in April 2025 (2%) which is lower than the regional average 4.4% (Yorkshire and the Humber) and the Great Britain average of 4.1%.

Education, Skills, Qualifications

In 2024 59.6% of 16–64-year-olds in York had attained at least a Regulated Qualifications Framework (RQF) 4.¹⁸ This was higher than the regional average of 40.0%, and the Great Britain average of 47.6%. RQF4 is equivalent to the first year of a bachelor's degree. Overall, 94.1% of the population are qualified to RQF1 and above- equivalent to GCSE grade 1-3.

Housing and Homelessness

The numbers of rough sleepers in York had declined steadily prior to COVID-19 and with a count of 3 in 2020. There is potential this data

¹⁷ [Labour Supply-Employment and Unemployment; NOMIS](#) (accessed 15/05/25)

¹⁸ Ibid

was skewed due to pandemic lockdown measures. At the last count in December 2024, there were 16 rough sleepers recorded¹⁹, following the current national trend. Support is also in place to offer emergency accommodation to people to address issues which may have led them to becoming homeless. This includes referral to services for mental health or substance use disorder, as well as training for work and how to manage a lasting tenancy.

The needs of people about to be made homeless in York are assessed by the Housing Options Team.

In 2018 - 19, 818 applications were assessed and formal decision made. In 2017 – 18, 166 presentations were made and 90 applications accepted as homeless. More recent data has been requested and will be made available in due course.

Priority need is assessed as:

- Households with children or pregnant
- 16- and 17-year-olds/vulnerable young people
- Old age households with physical illness or disabilities
- Households with mental health issues
- Domestic violence
- Emergency/other
- Asylum seekers

3.8. Crime

As of 2024, the crime rate in York is 15% lower than Yorkshire and the Humber, but 11% higher than the England, Wales & Northern Ireland overall figure.²⁰ York, however, is the most dangerous town in North Yorkshire with an overall crime rate of 96 crimes/1000 people in 2023. This is 14% higher than the North Yorkshire rate of 84/1000 people. For England, Wales and Northern Ireland as a whole, York is the 35th safest major town.

¹⁹ [Number of People Sleeping rough – Local Data \(Snapshot\)](#), data.gov.uk (accessed 16/06/25)

²⁰ [Crime and Safety in York; CrimeRate](#) (accessed 15/05/25)

The common crimes recorded in York relate to violence and sexual offences- 4,740 offences in 2023 or a rate of 39/1000 people. This has decreased by 6% since 2022 where there were 5045 offences or 42/1000 people. York's least common crime is robbery with just 77 offences recorded in 2023, a 4.9% decrease from 2022 which recorded 81 offences. The highest rates of crime are reported in Westfield (161/1000 people), Guildhall (123/1000 people, and Clifton (110/1000 people) wards where Violence and Sexual Offences were the most reported crimes. Shoplifting and criminal damage and arson were the second most-commonly reported crimes in these wards. Conversely, Heworth Without reported the fewest offences with a rate of 24/1000 people).

3.9. Health and Wellbeing Strategic Objectives²¹

City of York Council is following a sustainable approach to developing ambitions for the decade ahead. The goal of sustainability is to, “create and maintain conditions, under which humans and nature can exist in productive harmony, that permit fulfilling the social, economic, and other requirements of present and future generations.” This means that sustainable approaches consider the interdependencies between actions that might affect the environment, society, and the economy. To this end, three strategies have been developed to inform city-wide direction over the next decade. These strategies cover health and wellbeing, economic growth and climate change. They all work under 5 key principles:

1. increase collaboration and cooperation
2. adapt to change
3. build fair, healthy and sustainable communities
4. create new employment and investment opportunities
5. act under good governance and evidence-based planning Together, we now have the health, economic and environmental goals of the city aligned, and with them the building blocks for health.

²¹ [York Health & Wellbeing Strategy 2022-2032](#)

To drive the work of the Health & Wellbeing Board and its partners, six big ambitions have been developed:

Become a health-generating city: the approach is based on the principle that strong and supportive communities contribute significantly to better health outcomes. It focuses on leveraging existing community strengths and creating conditions that support health, particularly through three fundamental building blocks: good housing, employment, and education.

Make good health more equal across the city: data shows that individuals in the most deprived areas of York have a life expectancy up to ten years shorter than those in the most affluent areas. Addressing this disparity requires the delivery of services that are proportionate to varying levels of need, with the aim of reducing health inequalities across the population.

Prevent now to avoid later harm: two-thirds of the gap in healthy life expectancy in York is attributed to preventable diseases. Incorporating prevention as a core function across all health and care roles supports broader access to healthy lifestyle opportunities and helps to narrow health disparities over time.

Start good health and wellbeing young: the early years of life, including the maternal and preconception periods, are recognised as a critical window for shaping future health outcomes. Targeted investment during this stage helps to establish the conditions necessary for children, young people, and communities to achieve positive and sustainable health and wellbeing.

Work to make York a mentally healthy city: mental health and wellbeing should be prioritised on par with physical health. This involves investing in factors that promote social connection and emotional resilience, as well as establishing responsive systems that provide timely support when mental health needs arise.

Build a collaborative health and care system: reducing organisational boundaries supports the development of a locally integrated approach to health and care. This approach is characterised by coordinated services, inclusive engagement practices, and a focus

on accessibility, compassion, quality, and long-term financial and environmental sustainability.

4. Health Needs in York

York has a reputation for being an affluent city with residents enjoying good health. However, there are evident health inequalities: life expectancy is declining, levels of preventable disease are equivalent to other areas, and significant disparities between are less deprived and most deprived areas. The York Joint Strategic Needs Assessment identifies some of these key areas of health need. The recently published Health and Wellbeing Strategy 2022-2032²² sets a clear vision for York to become a health generating city. It aims to reduce the gap in healthy life expectancy over the next ten years by identifying and tackling the main causes of ill health in the city.

4.1. Demographics

York's population continues to grow, with 206,780 residents recorded in 2023 and a projected increase of 35,000 people by 2033. Despite its overall prosperity, the city faces notable pockets of deprivation, with nearly 10,000 individuals living in areas ranked among the 20% most deprived in England.

Demographically, York is experiencing a significant shift. Its population is aging rapidly, with the number of residents over the age of 85 expected to rise by 50% by 2040. The city also stands out for its unique demographic profile: it has the third lowest fertility rate in the country, and one in every six residents is a student. Additionally, York has the 14th most transient population in England, reflecting high turnover, and it attracts around nine million tourists each year, further influencing the city's dynamic and diverse character.

4.2. Strengths

York benefits from a vibrant and engaged community, supported by a strong voluntary and community sector that includes more than 350

²² [York Health & Wellbeing Strategy 2022-2032](#)

active charities. The city also enjoys a growing and resilient economy, underpinned by a robust local employment profile.

Access to nature is another of York's strengths, with residents enjoying better-than-average proximity to green spaces. In terms of education and skills, York boasts the most highly educated population in the region, reflecting strong local investment in learning and development.

The city is also becoming increasingly diverse, with a growing number of residents from minoritised ethnic backgrounds contributing to the cultural richness and social fabric of York.

4.3. Health Inequalities

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

The five key clinical areas prioritised in the NHS Long Term Plan ⁽⁸⁾, i.e., continuity of maternity care for women in the most deprived areas and those from Black, Asian and minority ethnic groups, annual health checks for those with serious mental illness, chronic obstructive pulmonary disease management (with a focus on Covid-19, flu and pneumonia vaccination uptake), early cancer diagnosis and hypertension case-finding.

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly. Making Every Contact Count (MECC) is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and people e.g. pharmacists have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations ⁽²⁷⁾.

4.4. Presenting Health Conditions

Smoking

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

Using PHE profile data for 2022/23, smoking prevalence in adults (18 years and over) in York is 8.1% which is lower than both the region (11.6%) and England 22.3%. Data for the same period indicates that 24.9% of adults are recorded as ex-smokers which is slightly lower than the region (25.1%) and significantly higher than England (9.4%).²³

Using PHE data for 2014 - 15, the modelled national estimates for smoking prevalence for 15-year-old regular smokers (defined as smoking at least one cigarette per week) nationally was 8.7%. In York this is 8.5% which is similar to the national average.²⁴

Smoking in early pregnancy using 2019 data is 10.8% which is lower than the region (17.4%). The national prevalence of smoking in pregnancy is 10.4%.

Smoking cessation services in York are run by York's Health Trainers.

Alcohol

In the 2022 Health Survey for England, 56% of adults reported drinking alcohol in the past week.²⁵ Men were more likely to drink than women- 61% v. 51% of women. A greater proportion of men (30%) exceeded the recommended weekly limit of 14 units compared to 15% of women.

²³ [Fingertips PHE Data on Smoking](#) (accessed 14/04/25)

²⁴ Ibid

²⁵ [Health Survey for England, 2022](#)

In the UK, there were 10,048 alcohol-specific deaths in 2022. Alcoholic liver disease was the most common cause accounting for 77% of alcohol-specific deaths.²⁶

Alcohol-related mortality in York was 39.3/100,000 persons in 2023. This is similar to both the regional rate of 40.7/100,000, and statistically similar to the England rate of 76.1/100,000.²⁷

Rates for hospital admissions for alcohol-specific conditions in under-18s are 29.9/100,000 persons between 2021/22-2023/24. This was marginally higher than the regional rate of 22.6/100,000 but lower than the England rate of 61.7/100,000 persons.

852 adults were in treatment at alcohol-specific services in York between March 2024 and February 2025.²⁸ Almost half of these were new presentations.

How pharmacies can support:

- NHS Health Checks
- Healthy Living advice
- Information about harmful drinking
- Signposting to services

Substance Use Disorder

Substance use disorder (SUD) is a medical condition characterised by the uncontrolled use of a substance (eg. Alcohol, drugs, medications, or poly-substance use) despite harmful consequences. Substance use impacts on crime, health, and social costs. Estimates of the prevalence of substance use in York

When engaged in effective treatment, people use fewer illicit drugs, commit less crime, improve their health, and manage their health better.

²⁶ [PHE Alcohol Profile](#) (accessed 15/04/25)

²⁷ Ibid

²⁸ NDTMS Community Adult Partnership Activity Report (restricted access)

Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

Estimates of the prevalence of opiate and/or crack cocaine in 2019-20 suggests that York had a rate of 9.6/1000 persons.²⁹ 6.6/1000 were recorded as opiate dependent, and 1.2/1000 had a crack cocaine dependency. The regional rates are opiate and/or crack cocaine = 12.0/1000; opiate dependency = 6.4/1000; crack cocaine dependency = 1.5/1000. The England rates are opiate and/or crack cocaine = 9.5/1000; opiate dependency = 4.6/1000; crack cocaine dependency = 1.3/1000.

How pharmacies can support:

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

Obesity

Nationally, over three quarters of adults (77.2%) are overweight or obese. Whilst York reports fewer overweight/obese adults, this proportion is still over 50% (60.1%). Regionally, 64.5% adults belong to the same cohort. By 2050 obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children. Over a fifth of children in Reception (4-5 years) are measured as having excess weight, increasing to 33.5% in Year 6 children (10-11 years).

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

²⁹ NDTMS (restricted access)

Overweight and obesity are terms that refer to having excess body fat, with a BMI of more than 30, which is related to a wide range of diseases, most commonly:

- Type 2 Diabetes
- Hypertension
- Some cancers
- Heart disease
- Stroke
- Liver disease

Demand for pre prescription weight loss medication has been unprecedented in recent years since the approval of drugs such as semaglutide (Wegovy, Ozempic) and Tirzepatide (Mounjaro). However, these are primarily only available via specialist T3 weight management services and when clinical indications mean the eligibility criteria is met for prescribing (Type 2 diabetes diagnosis and with a BMI of ≥ 30 . GPs are able to prescribe Orlistat, a lipase inhibitor. NHS Digital Data indicates that between April 2024 and February 2025, a total of 2530 prescriptions for Orlistat were made in the Vale of York Sub-ICB.³⁰

How pharmacies can support:

- Healthy Living Pharmacy - offering information, advice and support
- NHS Health Checks
- NHS Weight Management Programme referrals and provision
- Promotion of health lifestyles
- Hypertension Case-Finding service
- Supporting the annual public health campaign

Sexual Health

The health and economic wellbeing of any population and the wellbeing of individuals can be critically influenced by sexual health. The financial case for sexual health services has been made repeatedly; effective sexual health services and the prevention of sexually transmitted infections (STI) and unplanned conceptions are cost-saving. Health inequalities exist within sexual health and key population groups can be identified for whom there are greater risks of experiencing sexual ill

³⁰ [OpenPrescribing Analysis](#) (accessed 19/05/25)

health. These are as follows: young people; gay, bisexual or other men who have sex with men; black and minority ethnic groups; and women of reproductive age.

PHE data for 2023 in York, indicates that the incidence of all new STIs is 589/100,000 persons. This is lower than the regional rate of 704/100,000, but higher than the national rate of 289/100,000.³¹ There are 4.8% positive test rates for STIs excluding chlamydia in York against the region (7.3%) and England (3.9%).

Teenage Pregnancy

Areas of high social disadvantage and deprivation typically correlate with high teenage pregnancy rates for reasons such as low aspirations, poor uptake of services and the cyclical nature of teenage pregnancy. PHE data for York indicates that in 2021, there were 10.2 conceptions per 1000 females aged under 18. This is lower than both the regional (13.1) and national rate (31.5). The conception rate of under 16s is again lower in York with 1.7/1000 teenagers under 16 becoming pregnant compared to 2.1/1000 regionally, and 7/1000 nationally. Of all under 18 conceptions in York, 36.7% led to termination of the pregnancy. This was lower than regionally (53.4%) but higher than nationally (26.0%).

How pharmacies can support:

- C-card scheme
- Emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services

It is important to note that free emergency hormonal contraception is available through general practice or specialist sexual health services in York without appointment.

Cancers

³¹[PHE Fingertips Data on Sexual Health](#) (accessed 19/05/25)

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

In 2023, the mortality rate from cancer at all ages was 248.4/100,000. This is lower than the regional rate (258.1/100,000) but marginally higher than the England rate (246.7/100,000).

Over a three-year timescale, 2021-2023, the standardised mortality rate of cancer in people under 75 years that was considered preventable was 51.2/100,000 compared with 56.3/100,000 regionally, and 49.5/100,000 in England.

How pharmacies can support:

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

Long-Term Conditions

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

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

In 2019, 15.3% of people report that they are living with a long-term illness or disability, 11.1% have multiple long-term conditions as

recorded on more than one disease register. ONS Data for 2019/20 indicates that 12.0% with a long-term illness, disability or medical condition diagnosed at the age of 15. This is lower than the region 13.0% and England 14.1%.

Cardiovascular Disease

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

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

Cardiovascular disease is a cause of premature death and health inequalities with a mortality rate of 55.2 per 100,000 for persons aged 75 years and under in York (2023, 1-year range).³² This is the lowest rate across Yorkshire & Humber (88.1/100,000), and England (77.4/100,000).

How pharmacies can support:

- NHS Health Checks
- Education and support
- New medicine service
- Discharge medicine service
- Hypertension Case-Finding service

Diabetes

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

³² [Cardiovascular Disease Rates in York; PHE Fingertips](#) (accessed 12/05/25)

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

In York, PHE data for 2023/24 estimates that there is a prevalence of 5.6% as recorded on GP Practice Quality Outcome Framework (QOF) registers. This is lower than the regional prevalence of 8.1%, and England's at 7.7%.

How pharmacies can support:

- Lifestyle advice and support including low carb diet and exercise
- Healthy living advice
- Random blood glucose checks

Respiratory

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a wide variety of conditions, including common conditions such as asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and flu, and less common diseases such as interstitial lung disease and mesothelioma.

In York, respiratory diseases are contributor to premature death and health inequalities with a death rate of 31.6/100,000 persons aged under 75 years in 2023.³³ This is lower than the regionally (40.6/100,000) but only marginally lower than England (33.7/100,000). The rate of premature mortality from respiratory disease considered preventable is 15.2/100,000 in the population aged under 75 for 2021-2023. This is lower than both the regional (21.3) and England rate (18.0).

³³ <https://fingertips.phe.org.uk/search/respiratory>

How pharmacies can support:

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

Dementia

Dementia is a clinical syndrome characterised by a progressive decline in cognitive function that interferes with daily functioning and independence. Typically, it involves impairments in memory, language, executive function, visuospatial skills, and behaviour.

There are non-modifiable and modifiable factors that may increase the risk of developing dementia. Age is the biggest non-modifiable risk factor with disease incidence increasing significantly after 65 years. Dementia is not an inevitable part of ageing, however. Other non-modifiable factors include genetics and sex (women are at a higher risk, partly due to longer life expectancy and possible hormonal influences). Modifiable risk factors include medical history of long-term conditions such as hypertension, hyperlipidaemia (high cholesterol), diabetes, smoking, obesity, and lifestyle factors such as physical inactivity, and poor diet.

Dementia is an umbrella term for a number of different diseases. All are progressive and interfere with daily life. Alzheimer's disease and vascular dementia collectively make up the vast majority of cases. Whilst there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, and give time to prepare and plan for the future.

The estimated dementia diagnosis rate (aged 65 years and over) for York was 54.5% in 2024. This is the lowest diagnosis rate in other Yorkshire & Humber Local Authorities and significantly lower than the regional average at 66.5%, and the national average (64.8%).

Diagnosis rate is important enables access to support, treatment, and care at an earlier point which in turn improves quality of life, helping individuals maintain independence for longer.

How pharmacies can support:

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

Mental Health and Wellbeing

Mental health refers to a state of cognitive, emotional, and social wellbeing in which an individual realises their own abilities, is resilient to stressors, and can work productively. It encompasses the capacity to manage thoughts, emotions, behaviours, and relationships effectively and is therefore an integral component of overall health.

Wellbeing extends beyond the absence of mental illness and includes life satisfaction, a sense of purpose and individual experiencing positive emotions.

In recent years, there has been wider recognition of the importance of good mental health and wellbeing. People living with mental illness are more likely to experience an increased risk of chronic illness and weakened immune function due to long-term stress and possible unhealthy lifestyles. Higher mortality rates are also observed in individuals living with severe mental health conditions, partly due to comorbid physical illnesses, and higher rates of suicide. It is estimated that people living with severe mental illness may die up to 20 years earlier than the general population.

The estimated QOF prevalence of individuals of all ages living with mental ill health was 0.9% in 2023/24. This is equal to the regional prevalence and very similar to the England prevalence of 1%. Emergency hospital rates for intentional self-harm in the same timeframe were 91.8/100,000 persons. This is lower than the regional rate of 114.2/100,000, and in England (117.0/100,000). The suicide rate between 2021-2023 was 9.7/100,000. This is again lower than the regional rate (12.3/100,000) and in England (10.7/100,000).

Premature mortality of people with a severe mental illness is 113.5/100,000 persons, 120.5 regionally, and 110.8 in England.

How pharmacies can support:

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

5. York Local Commissioned Services

5.1. City Of York Council Public Health Commissioned Services

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

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

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

Healthy Start Service

This was a new service piloted in the City of York for a period of three years (start date 1 November 2019). Benefits to distributing the Healthy Start service via pharmacies include:

- Improved access to the vitamins (through location and opening hours)
- Pharmacies are best-placed to manage those aspects of storage and supply that are related to the Safe and Secure Handling of Medicines and client-specific eligibility criteria
- Pharmacies are a trusted and well-used resource within communities, particularly in relation to the supply of medicines and associated products

- Community Pharmacy staff are skilled at giving advice and guidance
- Potential frequency of opportunity to raise the issue of Healthy Start due to other Community Pharmacy attendances/potential purchases that are baby/child related
- Opportunity to collate routine performance and monitoring data electronically via PharmOutcomes.

Conclusions regarding Healthy Start Service

Healthy Start is a statutory UK-wide government means-tested scheme which aims to improve the health of pregnant women and young children on benefits or low incomes. Healthy Start supports eligible low-income families with young children on how to eat healthily, by providing digital Healthy Start card to spend on cow's milk, plain fresh or frozen fruit and vegetables, and infant formula milk. To receive vitamins, families need to present this card at participating pharmacies. Healthy Start vitamins are specifically designed for pregnant and breastfeeding women, and growing children. Healthy Start is a valuable service as it aims to improve and promote health in families which are most vulnerable to poor diets.

In the past few years, low uptake of the offer meant pharmacies had removed the service. There are now currently two pharmacies which have chosen to extend their contracts for an additional year. This extension has allowed a reliable outlet to be maintained for the repeat supply of vitamins within the city.

Both pharmacies are in Acomb ward. Health Visitors from the Healthy Child Service stated that this posed accessibility challenges for families living in other parts of York, either on foot or via public and private transport. Discussions for how best to promote the services are currently underway with CYC Public Health to improve uptake.

Needle Exchange Programme

The Service Specification relates to the provision of a community pharmacy needle and syringe programme. The Service provided will

include the distribution and collection of sterile injecting equipment and its safe disposal and the provision of a range of other harm reduction support and interventions.

There are 7 pharmacies signed up to provide this service. 15% of the pharmacies responding to the questionnaire are accredited to deliver the Needle and Syringe Exchange Service.

One pharmacy responding to the questionnaire stated there was a need for this service which demonstrates there is lack of awareness of the services that pharmacies can deliver.

Conclusions regarding Needle Exchange Programme

A needle exchange service is a valuable service in York as it reduces the use of contaminated needles and provides safe disposal of needles. The service makes it easy for users to get sterile equipment which reduces disease transmission.

Supervised Consumption Service

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

Conclusions regarding Supervised Consumption Service

A supervised consumption service is considered to be an important service in York. It is recommended that provision is reviewed on a regular basis to ensure that there is accessibility to meet need.

5.2. Non-Commissioned Services

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

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

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

It is worth noting that patients are often surprised to find that these are not NHS services.

5.3. Collection and Delivery Services

Delivery of medicines is not currently a commissioned service provided by pharmacies.

5.4. Monitored Dosage Systems

Pharmacies may make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens these are often seen as weekly or monthly cassettes with medication

placed in boxes relating to the day and time of the day that the medicine is to be taken.

This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

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

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

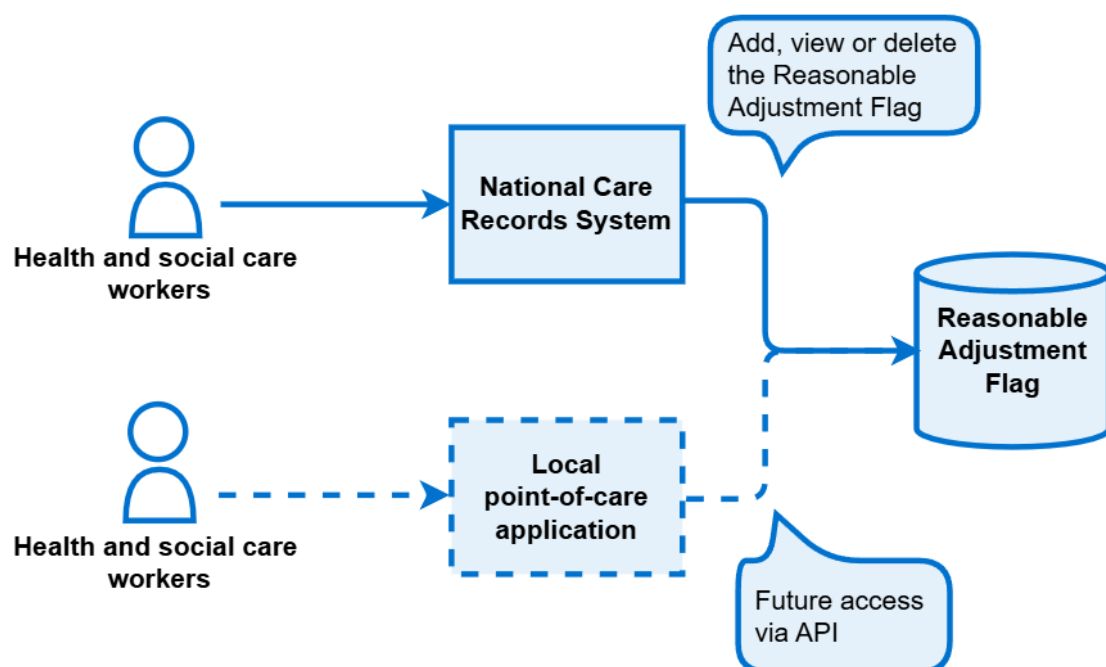


Figure 4: Flow Diagram showing the Reasonable Adjustment Flag (RAF) feature

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

6. Other NHS Services

The York Health and Wellbeing Board deems the following NHS Service to affect the need for pharmaceutical services within the city:

- Hospital Pharmacies
- GP Out of Hours Service
- Public Health services commissioned by City of York Council
- York Urgent Treatment Centre
- St. Leonard's Hospice
- Prison Pharmacies- Askham Grange is an open secure estate for females located in the West of York. It is the only prison in the York area. Its pharmacy reduces the demand for dispensing essential services as prescriptions written in prisons are dispensed by prison healthcare services.

The York Health System

GP Surgeries (including extended access)

There are 4 dispensing GP practices in York, details of their locations can be found in appendix 5.

Nimbuscare provides Extended Access hours in York weekday evenings 18.30 – 20.00, and weekends 08.30 – 12.30 alongside these member practices:

- Priory Medical Group
- York Medical Group
- Old School Medical Practice
- Front Street Surgery

- Haxby Group Practice
- Dalton Terrace Surgery
- Jorvik Gillygate
- Unity Health
- Elvington Medical Practice
- My Health

Nimbuscare offers appointments in the evenings, weekends and Bank Holidays. It has multiple practices which offer the following extended access for any patients registered at their member practices:

- Acomb Garth Community Care Centre, and various practices across the city

Additionally, Nimbuscare provides Operational Pressures Escalation Levels (OPEL) support its member practices when faced with increasing demand for their services.

York Medical Group provides extended access at evening and weekends in York and Pocklington.

Dalton Terrace Surgery offer appointments up to 21:00 on Wednesday evenings.

Jorvik Gillygate Practice – on Monday 18:00-20:00 on a rotational basis between the three practice branches.

Unity Health – Kimberlow Hill Surgery from Monday to Thursday up to 20:00, and Saturday 09.00 – 13.00.

Elvington Medical Practice – Weekdays from 18:30-20:00, and weekend mornings 08:30-12:30.

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

PCNs need to utilise population health management and capacity/demand tools as well as looking at local data together with seeking the views of patients as they develop their service.

In developing the service offer, PCNs needed to agree with the commissioner what service mix would best meet the needs of their patient population, and they should be able to show how recent patient engagement has informed their proposals.

These changes may have some future requirements on pharmacies and commissioners will need to consider the availability of pharmaceutical services to support enhanced access.

GP Enhanced Services

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

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

Service	Description
Health checks for people with a learning disability	<p>Allows GP practices to offer a medical to patients aged 14 years and over with a learning disability and produce a health action plan.</p> <p>Community pharmacies could help to deliver elements of individual patients’ health action plans by supporting behaviour change, providing advice and support about</p>

	prescribed medications, supporting the management of long-term conditions, help with self-care and signposting to other services.
Targeted immunisation programmes	<p>Allows GP practices to provide the following targeted immunisation programmes:</p> <ul style="list-style-type: none"> • childhood 'flu (2- and 3-year-olds) • meningitis ACWY (18-year-olds and University Freshers) • meningitis B (infants) • pertussis (pregnant women) • shingles (catch up) • seasonal 'flu and pneumococcal (adults aged 65 and over and clinical at-risk groups) <p>Community pharmacies already make a significant contribution to improving access to seasonal 'flu vaccine for adults aged 65 and over, adults in clinical at-risk groups, adult carers and adult household contacts of people with a compromised immune system. For other immunisation programmes, community pharmacies can support uptake by promoting the benefits of immunisation and providing accurate information and advice.</p>

Primary Care Networks

Primary Care Networks (PCNs) are geographically based teams, led by GP practices in the PCN area, delivering services to their registered population of between 30,000 and 50,000 patients. PCNs have a Clinical Director providing strategic leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system.

Every practice is a member of a PCN.

PCNs are expected to deliver the following NHS England specifications:

1. Extended Hours Access
2. Structured Medication Reviews and Optimisation
3. Enhanced Health in Care Homes
4. Anticipatory Care
5. Personalised Care
6. Supporting Early Cancer Diagnosis
7. CVD Prevention and Diagnosis
8. Tackling Neighbourhood Inequalities

The Primary Care Networks (PCNs) that cover York within the NHS Humber and North Yorkshire ICB are:

- Priory Medical Group
- West, Outer and North East York (WoNE York)
- York City Centre
- York East
- York Medical Group

GP Out of Hours

Urgent medical advice or help outside standard working hours can be access via 111 or 111.nhs.uk. Alternatively, patients can visit York Urgent Care Centre at York Hospital for minor ailments and injuries. Home visits are also provided where appropriate. Nimbuscare provides this service and whilst it can prescribe medication to patients, patients must use community pharmacy services when open to collect medication.

Urgent Treatment Centre

There is one urgent care centre in York located close to the Phlebotomy department in the main building of York Hospital. It is open 24 hours a day, 365 days a year and access are via the Emergency Department.

Hospital Services

There is one hospital in the York area, provided by York and Scarborough Teaching Hospital NHS Foundation Trust. Scarborough Hospital is also within this hospital group providing acute hospital care. Community hospitals within the area, are accessible for York residents and provide rehabilitation, palliative care, outpatient services and elective care following surgery. These include Malton Hospital, Bridlington Hospital, Nelsons Court, St Monica's, New Selby War Memorial Hospital and White Cross Court.

St. Leonard's Hospice

St. Leonard's Hospice is a dedicated independent charity offering specialist palliative and end-of-life care to people across York and North Yorkshire. It has an inpatient unit for respite, symptom control and end-of-life care as well as Hospice@Home and Day Services.

7. Pharmaceutical Services in York

7.1. Overview

This section sets out the provision and types of pharmacy in York including opening hours.

As of May 2025, there are 36 community pharmacies in the City of York:

- 4 100-hour pharmacies, operating up to 72 hours
- 31 standard-hour pharmacies
- 2 dispensing appliance contractors (DAC) that supply medical appliances and devices such as stoma bags and incontinence products.
- There are no distance-selling premises based in York.

The Health and Care Act 2022³⁴ delegated responsibility of commissioning pharmaceutical services from NHS England (NHSE) to Integrated Care Boards (ICBs), with NHSE retaining accountability. Humber & North Yorkshire ICB (HNY ICB) took over responsibility from 1 April 2023.

HNY ICB is responsible for administering pharmacy services, and for maintaining information regarding opening hours for all pharmacies

³⁴ [Health and Care Act 2022](#)

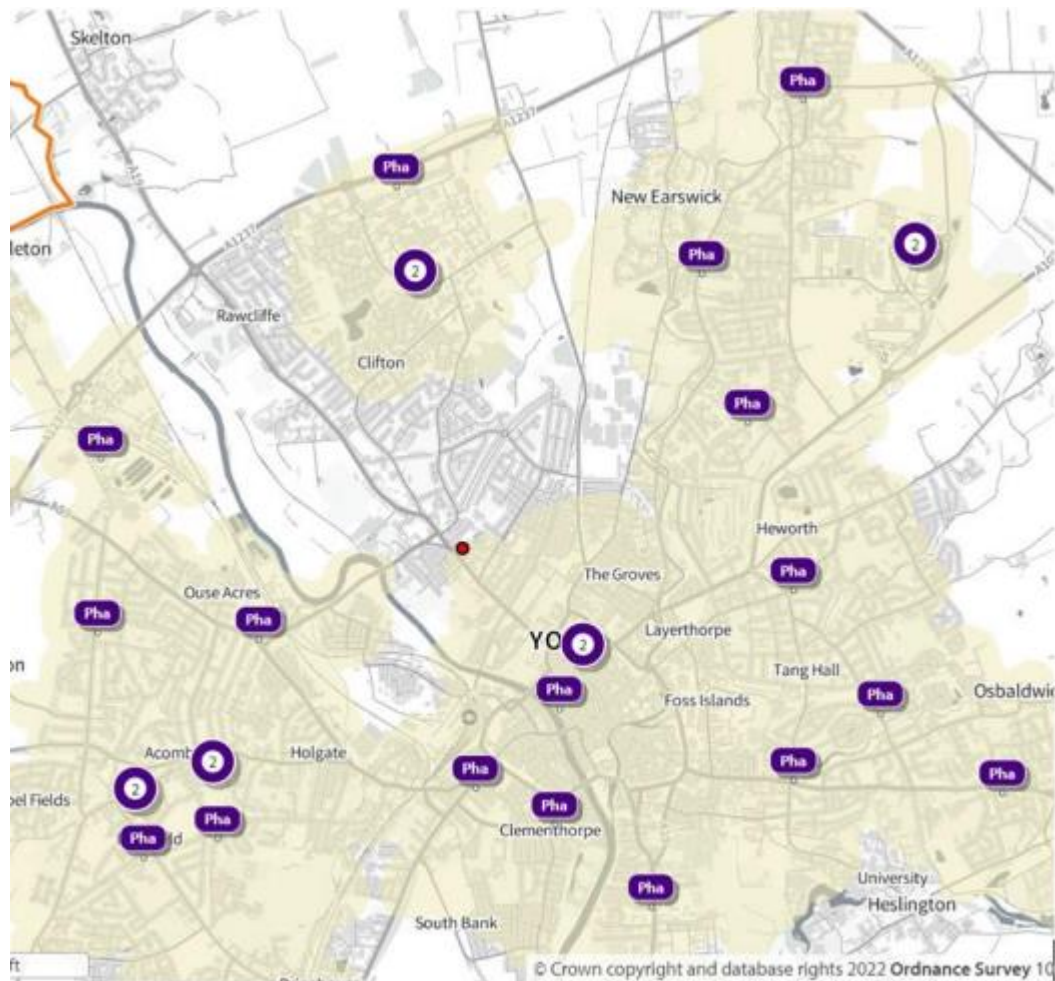
across its areas. The PNA will be used when the ICB receives applications to amend or enter the pharmaceutical list within the designated areas.

These pharmacies provide a range of NHS services, including essential services that every pharmacy must offer as part of their NHS contract. Community pharmacies are well distributed across the urban areas with reduced density in the more rural wards. Wards such as Wheldrake are not served by a community pharmacy or a GP Practice and must access services in nearby Elvington.

Since its publication, there have been two pharmacy closures on 17 February, and 9 March 2024 respectively:

- Boots on 86 Clifton (see map on next page). The red dot indicates where the pharmacy was. Yellow shading indicated locations within a 15-minute walk of a pharmacy. The non-shaded residential areas to the north of the red dot are the area now more than a 15 minute walk from a pharmacy.

Figure 5: map of pharmacy provision in York. The red dot highlights the site of the former Boots pharmacy



- Boots on 10 East Parade, Heworth (see map below). The red dot marks where the pharmacy was. The closure does not mean additional residents are more than a 15 minute's walk from a pharmacy.

Figure 6: Map of former site (red dot) of Boots Pharmacy in Heworth



Other applications for changes of pharmacy provision may be notifications that do not require comment from the HWBB Lead. In these instances, the ICB notifies public health. The following changes to provision were notified in 2024. It was decided that none of the changes resulted in a gap in provision:

- Four 100hr pharmacies have reduced their hours to between 72 and 82 hours during 2023. All four pharmacies still provide a seven-day service and remain open until 9pm on weekday nights.
- Lloyds pharmacy at Monks Cross closed on 23 April 2023. The nearest pharmacy is 0.2 miles away.
- Citywide 100hr pharmacy in Huntington closed on 27 May 2023.

There are 6 other pharmacies within a mile

- Boots pharmacy on Kings Square closed on 28 October 2023. There are 10 other pharmacies within a mile

In 2025, the following further changes to ownership have been notified:

- 3 Wains Grove, Dringhouses, YO24 2TU by Pharmacy Plus Health Ltd
- 57 Blossom St, YO24 1AZ by Presentornot Ltd
- 71 Monkton Road, YO31 9AL by AverageDream Ltd

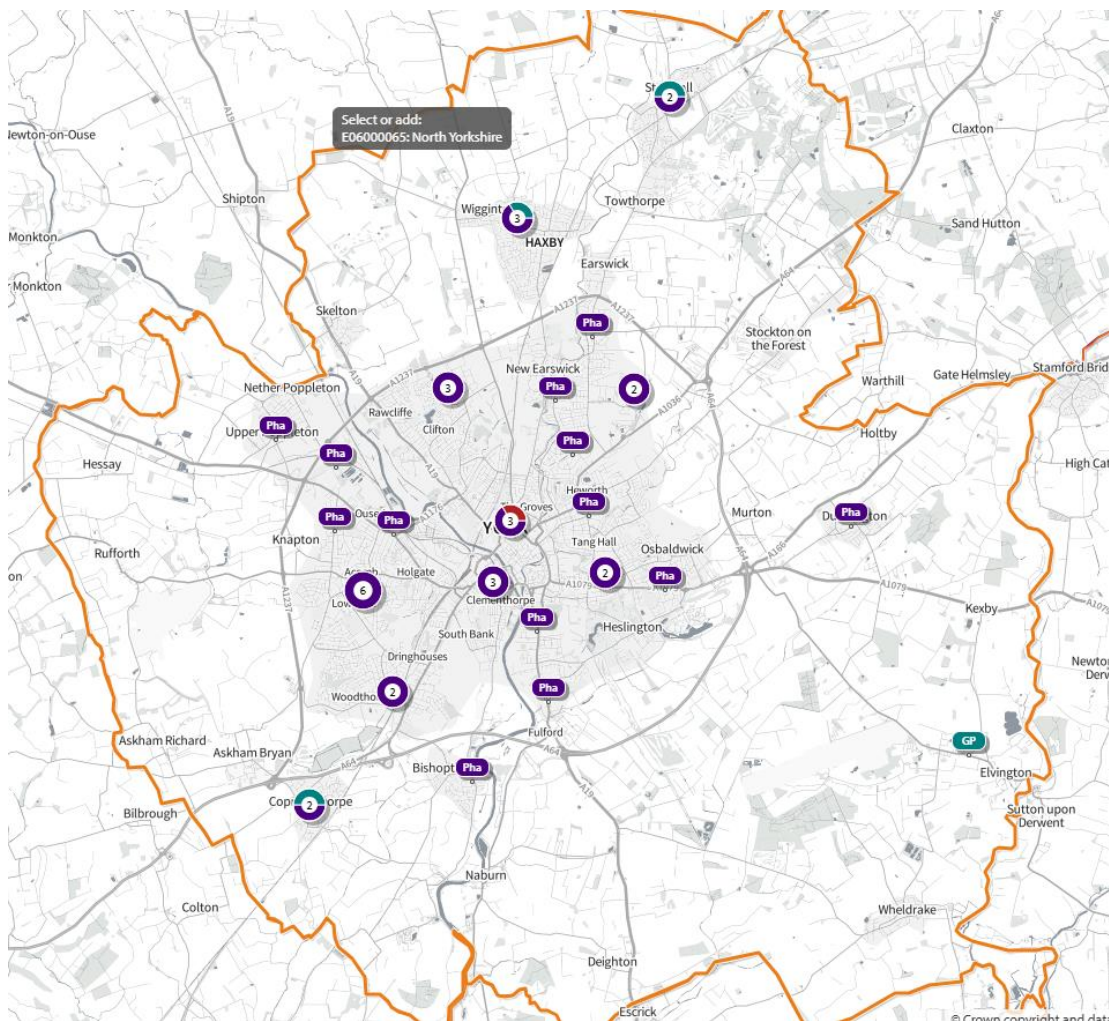
On 24 March, an application for a permanent decrease of supplementary dispensing hours was approved to take effect from **1 May 2025:**

Melrosegate, YO10 3SN by Trimdon Healthcare Ltd. Supplementary hours are now “nil” with core dispensing hours remaining Monday-Friday 09:00-13:00, and 14:00-18:00.

Essential services are provided by all pharmacies and include:

- Dispensing of prescriptions
- Repeat dispensing
- Disposal of unwanted medicines
- Public health promotion
- Signposting to other services
- Support for self-care

Figure 7: Map of pharmacies, dispensing GP practices, urgent treatment centres and hospitals in York



7.2. Necessary Services

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as those provided:

- Within the Health & Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area
- Outside the Health & Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area

In this PNA, the Health & Wellbeing Board has agreed that necessary services are essential services provided at all 36 pharmacies in York.

With 36 community pharmacy services in York, and a population of x (based on ONS 2023 mid-year population estimates), the average number of community pharmacies is x per 100,000 persons. This equates to one pharmacy per x persons and is therefore slightly higher/lower than the national average.

Pharmacy First	Number of Pharmacies
Hypertension Case-Finding	34 (97%)
Pharmacy Contraception	35 (100%)
Screening Services	33 (94%)
Flu Vaccination	29 (83%)
Lateral Flow Device Service	20 (57%)

Prescribing and data reports (ePACT2) published by NHS Business Services Authority (NHSBSA) in (date) indicated that a total of x items were prescribed by GPs in the York area in (dates).

Information from NHS England indicates that there has been a decrease of three 40-hour pharmacies in the York HWB area since the last PNA was published. Further information regarding these changes and access to pharmacy services is described in section x.

7.3. Advanced Services

Advanced services are those in addition to essential services that pharmacy contractors may choose to provide if the required standards are met. The following services may be provided, as of May 2025:

- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Appliance Use Review (AUR)
- Flu Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Service (LFD service)
- Contraception Service
- Pharmacy First

- Screening

Smoking cessation services are provided by City of York Council's Health Trainer Service.

Table X lists the number of pharmacies in York (n=35, excluding DACs) that have signed up to deliver Pharmacy First, Hypertension Case-Finding, Pharmacy Contraception, Screening or Lateral Flow Services.

Table 4: Advanced Services in York (NHS Digital)

7.4. Enhanced (Local) Services

Pharmacy Enhanced services provide pharmacist-led care that is designed to improve patient outcomes, enhance medication use, and support broader public health goals. At the time of writing, the only enhanced services available in York are needle exchange and palliative care.

- Supervised consumption of medicines for substance use disorder
- Emergency hormonal contraception
- Needle exchange services
- Palliative care drug access schemes

Pharmacy Enhanced services provide pharmacist-led care that is designed to improve patient outcomes, enhance medication use, and support broader public health goals. At the time of writing, the only enhanced services available in York are the Needle and Syringe Programme (NSP) commissioned by York's Drug & Alcohol provider Change Grow Live (CGL), and palliative care commissioned by HNY ICB.

7.5. Pharmacy Access Scheme

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

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

- Boots Pharmacy, 25b The Village, Strensall, York
- Day Lewis Pharmacy, 5 York Street, Dunnington, York
- Bishopthorpe Pharmacy, 22-24 Acaster Lane, Bishopthorpe, York
- Copmanthorpe Pharmacy, Unit 8 The Shopping Centre, Main Street, Copmanthorpe, York
- Citywide Health - Poppleton Pharmacy, The Pharmacy, The Green, Upper Poppleton, York
- Fulford- Pharmacy+Health- 210 Fulford Road, York

7.6. Opening Hours and Out-of-Hours Services

Pharmacy opening hours in York as of April 2025 are as follows:

York Pharmacies Total Hours	Total Hours	Average Hours	No. of pharmacies open	% of pharmacies open	No. open <09:00	% open <09:00	No. open >17:30	% open >17:30	No. lunchtime closures	% lunchtime closures
Monday	326.75	9.08	36	100%	6	16.7%	7	19.4%	10	27.8%
Tuesday	326	9.05	36	100%	6	16.7%	7	19.4%	10	27.8%
Wednesday	322	8.9	36	100%	6	16.7%	7	19.4%	10	27.8%
Thursday	327	9.08	36	100%	6	16.7%	7	19.4%	10	27.8%
Friday	327	9.08	36	100%	6	16.7%	7	19.4%	10	27.8%
Saturday	133	7	19	52.8%	2	10.5%	6	31.6%	3	15.7%
Sunday	52	7.4	7	19.4%	1	14.3%	3	32.9%	1	14.3%
Weekly	1819.75	50.5	36	100%						

Pharmacy Weekly Hours	N=	%=
<35 hours	1	2.8%
36-39 hours	0	0%
40-49 hours	26	72.2%
50-59 hours	1	2.8%
60-69 hours	2	5.6%
70-79 hours	3	8.3%
≤ 80 hours	3	8.3%
Total	36	100%

Opening Hours	% Pharmacies open	% open <09:00	% open >17:30	% closed at lunch
Weekday	100%	16.7%	19.4%	27.8%
Saturday	52.8%	10.5%	31.6%	15.8%
Sunday	19.4%	14.3%	42.9%	14.3%

In York, 97.2% of pharmacies are open for more than the core contracted 40 hours indicating that there is a stable and consistent provision of pharmacy services throughout the week. Weekend availability is significantly reduced, particularly on Sundays. However, a relatively high percentage of open pharmacies extend their hours beyond 17:30 at weekends.

Weekdays show identical patterns that indicate a well-structured weekly schedule. A notable proportion of pharmacies stay open past 17:30 to meet out-of-hours demand.

7.7. Standard Contract (40 hours)

Figure x shows the current provision of essential pharmaceutical services within the York Local Authority boundary.

Core Hours

Community pharmacy contractors provide Essential Services (see section 6.3) as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Most community pharmacies provide a core of 40 hours per week, although some pharmacies may be contracted to provide a 100-hour pharmacy service, and some may offer less than 40 hours. Pharmacies that operate below 40 hours are approved by the ICB Pharmacy Committee.

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

Supplementary Hours

These are provided on a voluntary basis by the pharmacy contractor, often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving HNY ICB five weeks' notice (previously 90 days) of the intended change but would not be expected to fall unless there had been prior reduction in demand.

In York, a number of community pharmacies provide extended opening with the provision of supplementary hours, including 3 that provide services between 60 - 80 hours per week, 2 that provide between 80 and 100 hours (detailed in section 6). Provision of supplementary hours enables patients to access pharmacies for minor ailments, palliative care medicines and services e.g., CPCS.

100-hour Pharmacies

Under [new regulations](#) introduced by the Department of Health and Social Care (DHSC) and NHS England (NHSE), from 25th May 2023, these pharmacies are now able to give notification to reduce their core hours to a minimum of 72 hours per week. These changes in regulations aim to give contractors greater control and flexibility over their opening hours and reduce the impact of rising business costs. As part of the reduction, they are not allowed to reduce their hours between 5pm and 9pm, Monday to Saturday, or reduce their overall opening hours on a Sunday.

Information from NHS England indicates that there are currently five 100-hour pharmacies within the York area.

7.8. Dispensing Appliance Contractors (DAC)

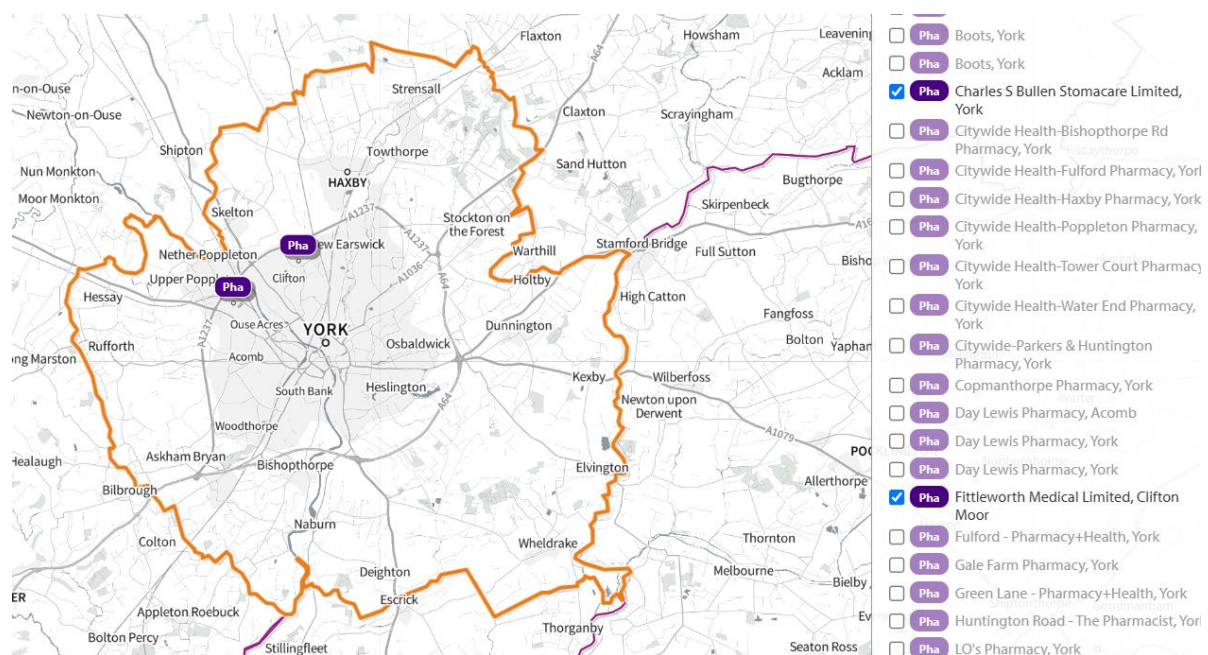
Dispensing appliance contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical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

Dispensing appliance contractors are required to open for a minimum of 30 core hours per week.³⁵ There are two appliance contractors in York that supply products such as stoma and incontinence appliances. They are less commonly used than community pharmacies but remain a critical service for those requiring specialist items. Services are often provided remotely.

³⁵ [Schedule 5: Terms of Service of NHS Appliance Contractors](#) (accessed 16/05/25)

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

Figure 8: Map of DACs in York



7.9. Distance-Selling Premises

A distance-selling premise (DSP) is a registered pharmacy that provides services over the internet. Distance selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They must provide services via mail or delivery and are not permitted to offer face-to-face dispensing services from their premises. DSPs increase accessibility and convenience, especially for housebound or remote residents. However, they are not suitable for urgent prescriptions and for residents who struggle with technology, digital exclusion is a barrier. They must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced services, but when doing so must ensure that they do not provide any

essential or advanced services whilst the patient is at the pharmacy premises.

In 2023, there were approximately 400 DSPs in England³⁶, based in 115 health and wellbeing board areas. There are no DSPs operating out of York, and their locations nationally mean they fall out of scope of the PNA, however ICB patient data below (see Figure X) indicates that approximately 2% of residents registered with a York GP Practice use DSPs for their prescription services.

7.10. Dispensing Doctors

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

Based on data from NHS England there are there are 4 dispensing doctors in York:³⁷

- Haxby Group Practice
- Old School Medical Practice
- MyHealth Group
- Elvington Medical Practice

Prescribing and data reports (ePACT2) published by NHS Business Services Authority (NHSBSA) in May 2022 indicated dispensing by these practices accounted for 7% (approximately 255,930) of the dispensed items in 2020 – 21⁽³⁸⁾. These services provide additional access to dispensing services for the population of York. Primary care services are being delivered for the population of Wheldrake through

³⁶ [Number of Distance Selling Pharmacies in England from 2008/09 to 2023/24; Statista](#) (accessed 14/05/25)

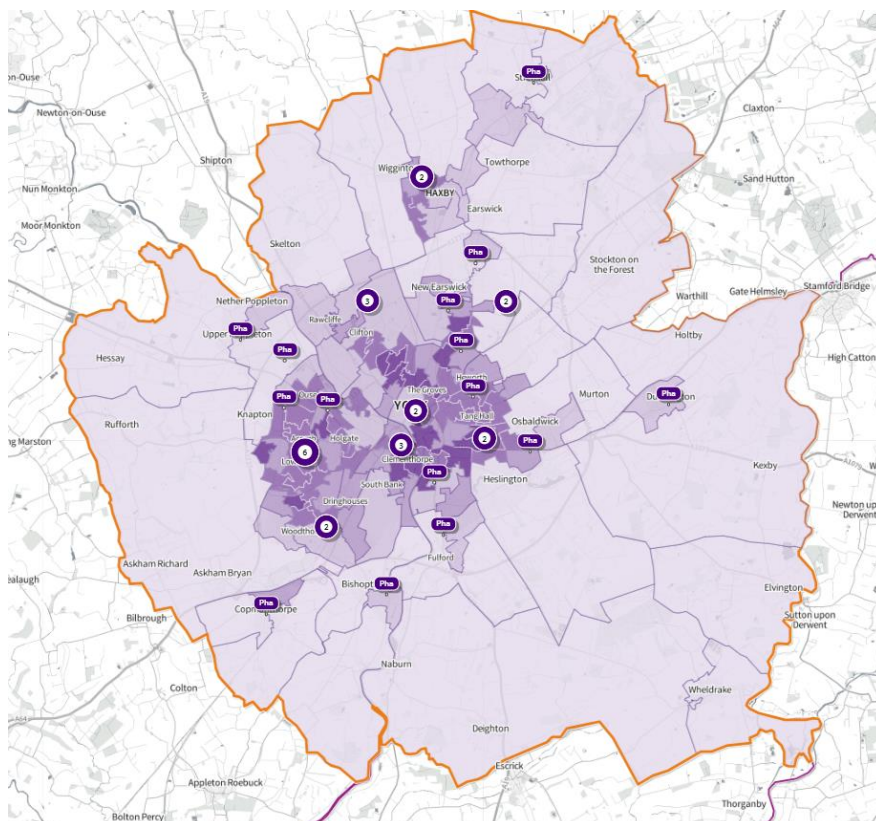
³⁷ [NHSBSA, Dispensing Practice Name and Address](#) (accessed 11/04/25)

the main Elvington surgery site, but it is a significant distance away from where many Wheldrake patients live with poor public transport links. Elvington Medical Practice dispensary remains open for collection of medication. The Wheldrake branch closed due to health and safety reasons, however prescriptions may be collected on Fridays between 14:00-16:00 from the cottage in the grounds of Wheldrake Church.

7.11. Hospital Pharmacy Services

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

8. Accessibility of Pharmaceutical Services



aim
the population to be able to access pharmacy services within 20

There is a
national
for 99% of

Figure 9: Map of community pharmacies in York by population density. The darker purple represents more dense areas.

minutes, whether by walking, driving, public transport, or a combination.³⁸ In 2018, the Department of Health and Social Care (DHSC) undertook a mapping exercise that demonstrated that 88% of the population were able to access pharmacy services within a 20-minute walk. Additionally, 40% of all community pharmacies were found to be within a ten-minute walk or at least two community pharmacies.³⁹

In this PNA, a walk time of up to 15 minutes and a drive time of up to 10 minutes have been considered. This is not a strict target and should be considered a guide for analysing need. Public transport has been considered by examining availability of bus stops across the city. In York, some rural wards have relatively low levels of deprivation which may impact on car ownership. That has been considered in the analysis. Accessibility by both private and public transport was looked at using the above criteria. All travel times were analysed using ShapeAtlas.

In the residents survey, almost half of respondents (47.3%) said it took them up to 10 minutes to access their local pharmacy. Only 5% said it took them over 30 minutes. Over half of respondents (57.9%) said they walked to their pharmacy whilst just over a quarter (26.4%) drove their own vehicle. It is worth highlighting that for some respondents, they used more than one mode of transport. Public transport accounted for only 4.2% of respondents' mode of transport.

8.1. Geographical Distribution

The majority of York's population lives within a 15-minute walk or short drive of a community pharmacy. Pharmacies are concentrated in densely populated areas such as the city centre, Acomb, and Heworth. Rural villages and outer suburban developments—such as Haxby, Copmanthorpe, and Strensall—are served either by local pharmacies, dispensing GP practices, or via delivery services.

A mapping analysis shows that:

- Over 90% of York's population is within 1.6 km of a pharmacy

³⁸ [Pharmacy in England: Building on Strengths- Delivering the Future \(03/04/2008\) \(Accessed 06/05/2025\)](#)

³⁹ [Post-Implementation Report on the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013, Department of Health and Social Care, March 2018 \(accessed 06/05/25\)](#)

- Most underserved areas are rural or recently developed housing sites where growth may outpace service provision
- Public transport links are generally good within the city but more limited in rural zone

8.2. Access On Foot

Figure 5 shows how many pharmacies are within a 15-minute walk:

Figure 10: Map showing pharmacies within a 15-minute walk

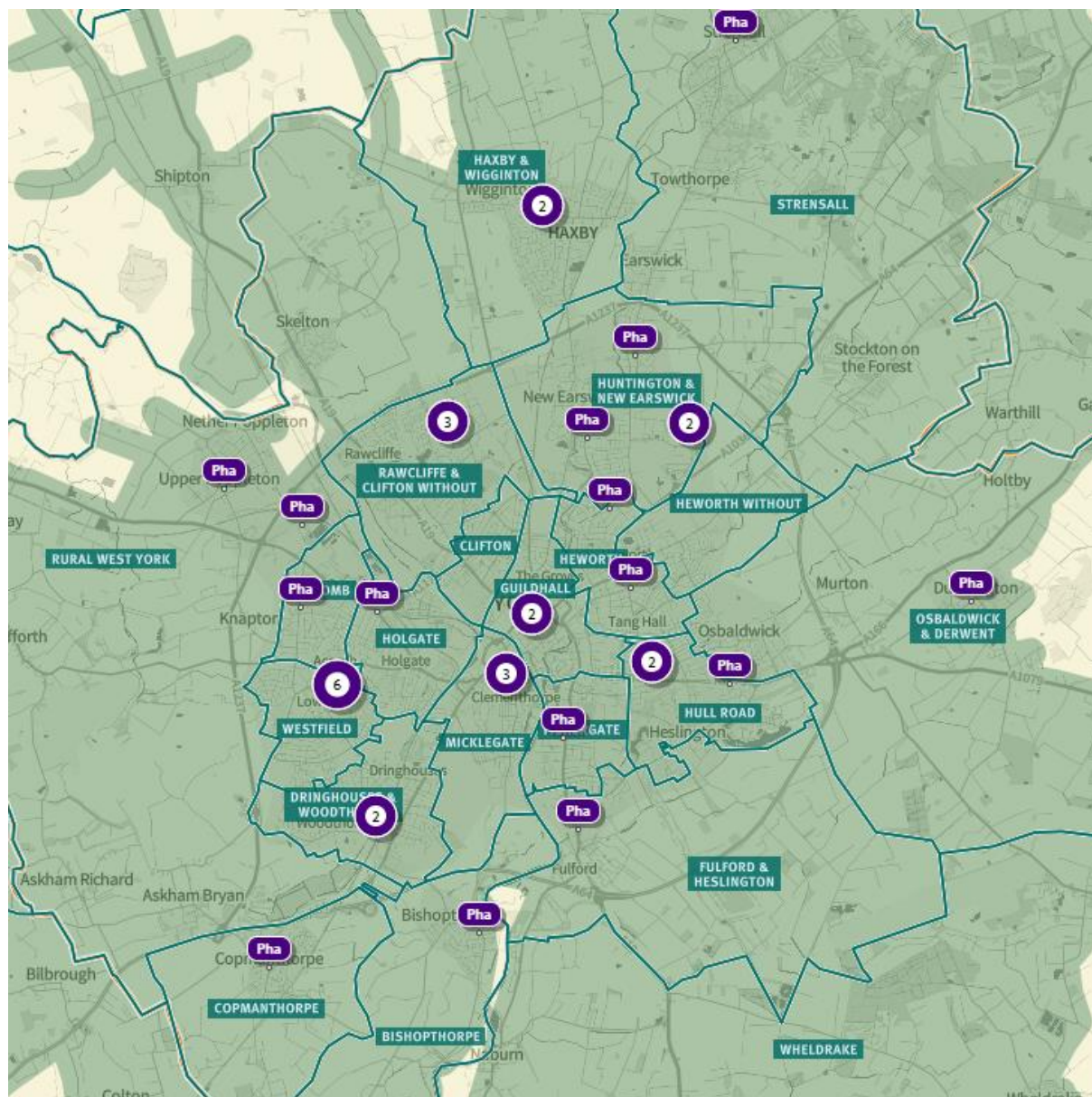


There is generally good pedestrian access to services, however there are residential areas where access on foot will take longer than 15

minutes or where accessibility on foot is more difficult. These include the more rural outer areas, however the inner-city residential areas of Rawcliffe and Clifton are also included. Other areas outside scope are industrial areas such as Fulford & Heslington beyond the A64.

8.3. Access by Private Transport

The following figure shows demonstrates that all pharmacies are accessible inside of a 10-minute drive. It is worth noting that the mapping was adjusted to include rush hour given York has areas of high congestions at peak times.



The Census 2021 states that York has a slightly higher rate of car ownership than the national average. Just over 70% of households own

at least one car (1.27 cars per house in York compared to 1.23 cars per household nationally).⁴⁰ However, 20% of residents stated they did not own a car. Inner city wards have the highest proportion of people with no cars. This does not necessarily imply deprivation and points more to limitations of parking availability either at a residence, or costs of parking in a car park.

8.4. Access by Public Transport

York is served by a network of buses that serves the city centre and the surrounding areas. First York is the primary operator and manages a network centring the city centre and serving outer wards. The company also operates a network of Park & Ride services at six sites around the city boundaries. As of June 2024, First York fleet consists of 86 battery electric buses.⁴¹ Times differ by service but generally run from 05:00 to 22:00 on weekdays and Saturdays, and 09:30-18:00 on Sundays. (expand on this).

Public transport has been looked at via availability of bus stops and at different points in time in a week to and from sites. For this purposes, [ShapeAtlas](#)⁴² was used as a mapping tool.

⁴⁰ Census 2021: Car Ownership (to insert)

⁴¹ Insert reference source via Wikipedia article

⁴²

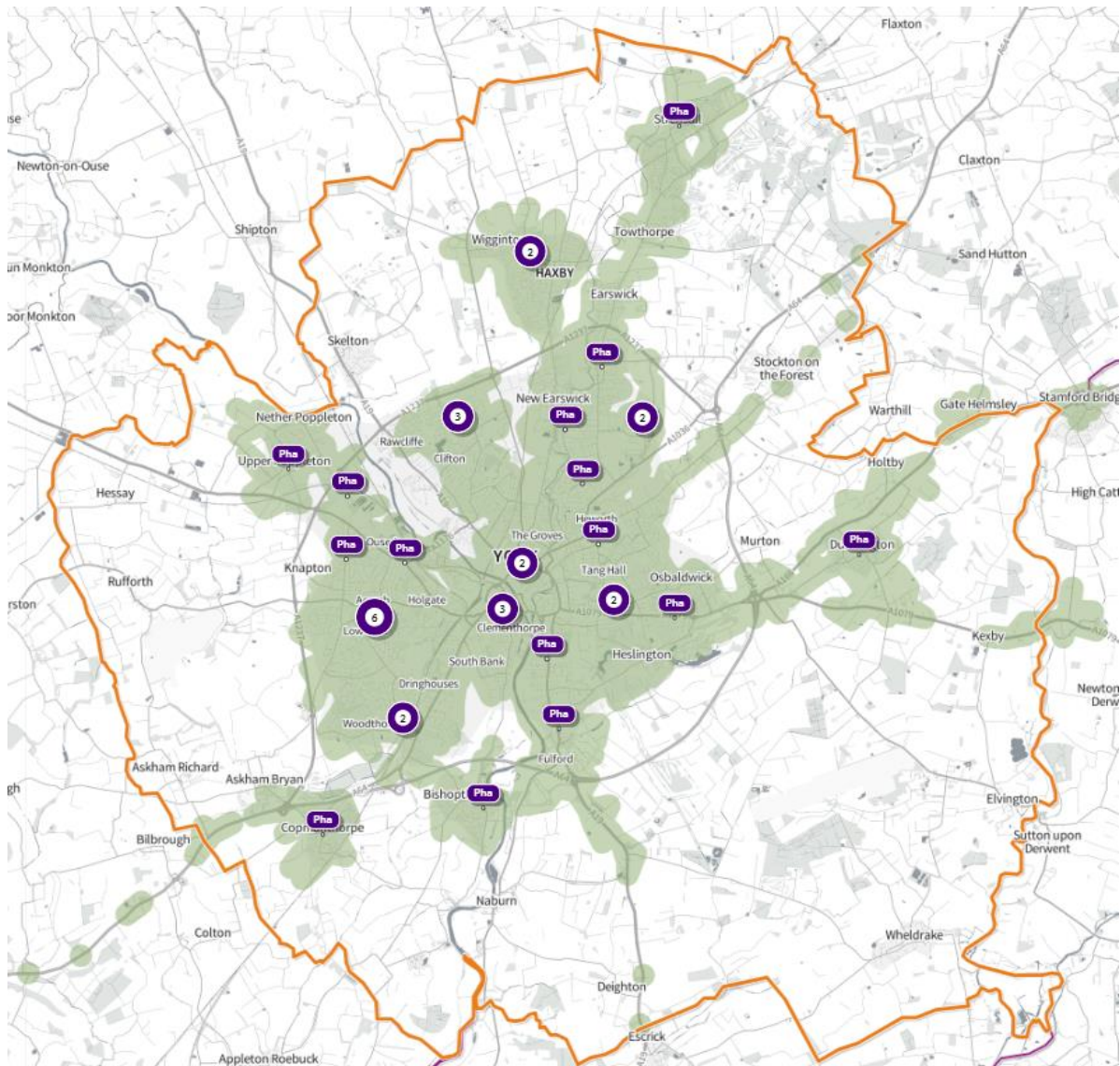


Figure 11: Map showing access to community pharmacies by public transport on a typical morning

Accessibility by public transport is good with many people able to access a community pharmacy within a 15-minute journey. However, this cannot be applied to residents in more rural areas, such as those in the south-East of York (Elvington and Wheldrake), and villages in Rural West York where travel by public transport may exceed 30 minutes:

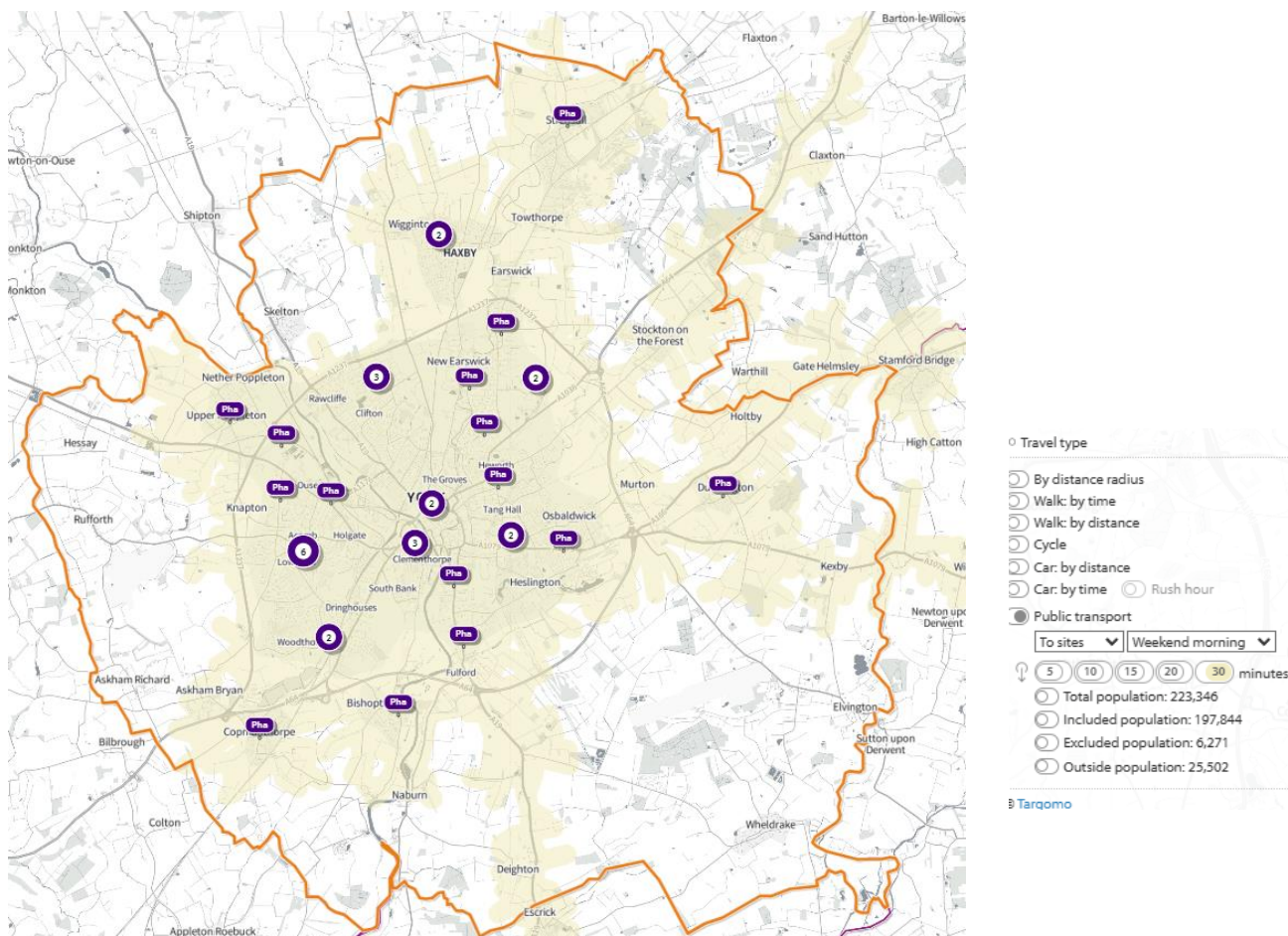


Figure 12: Map showing access to community pharmacies via public transport where travel time may take up to 30 minutes. Note the unshaded areas around Hessay and Rufforth in the west, and Wheldrake, Elvigton et al. in the South-West.

8.5. Access for People with Disabilities

To comply with the Equality Act 2010⁴³, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider reasonable adjustments that may help overcome that obstacle.

Common adjustments in community pharmacies may include:

⁴³ [PSNC Briefing 60/17: Equality Act 2010- A Quick Reference Guide](#) (accessed 16/05/25)

- Easy open containers
- Large print labels
- Reminder chart, showing the times of day medications needs to be taken

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

The requirements for the consultation room are that it is:

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

Discuss residents' survey findings around consultation rooms

The majority of York pharmacies meet minimum accessibility standards, with step-free access, automatic doors, and appropriate signage. However, older premises in some neighbourhoods present challenges, such as narrow entrances or limited space for wheelchair users.

Key findings include:

- Most pharmacies provide private consultation rooms suitable for confidential discussions
- Several pharmacies offer home delivery services, especially for housebound or vulnerable patients
- Interpretation and translation services are available via NHS support systems, though not all staff are trained in their use

The table below indicates the number of pharmacies which have stated they accessible facilities. These include accessible toilets, disabled parking, step-free access, and wheelchair access:

Facilities	Number of Pharmacies
Braille translation	1 (3%)
Disabled parking	11 (30%)
Disabled toilet	8 (22%)
Induction loop	16 (43%)
BSL Service	1 (3%)
Step-free access	26 (70%)
Text relay	3 (8%)
Wheelchair access	30 (81%)
Private consultation room	33 (89%)

AccessAble

AccessAble (www.accessable.co.uk) is a York-based Charity which provide Detailed Access Guides that lets people know the accessibility of various places and the surrounding routes. At present, only three pharmacy locations in York have signed up for a guide:

Lloyds Pharmacy (York Hospital)
 Gale Farm Surgery⁴⁴
 Haxby & Wigginton Health Centre

8.6. Public and Patient Feedback

To gather views on current pharmacy provision, a residents' survey was published. This was hosted online, with paper copy and easy-read versions available on request. The survey went live on Monday 20 January and ran for six weeks ending on Sunday 2 March. It was promoted through the Local Authority social media accounts and through signage in local pharmacies and GP Practices.

413 York residents in total completed the 25-question survey. This was a significant increase (570%) from the previous PNA which received 62 responses. The full results of the survey can be found in appendix 3.

⁴⁴ [Accessable Guide to Gale Farm Surgery](#)

There was a good response rate across the survey with 95-99% of respondents answering each question.

Key headlines from the survey

Most respondents rated availability as “excellent” or “very good”, indicating general satisfaction. However, a notable number rated as either “poor” or “very poor” suggesting gaps in access in certain areas.

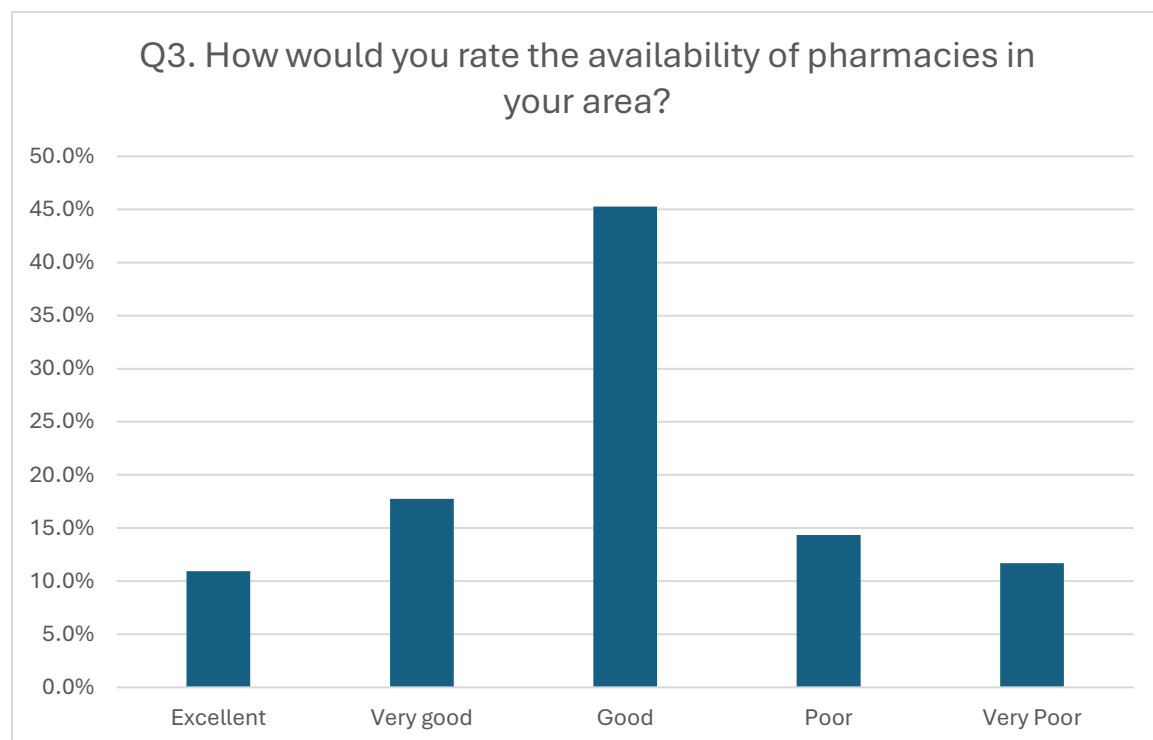


Figure 13: A bar chart showing the proportion of people that rated pharmacies provision in York from Excellent to Very Poor

The majority of respondents visited a pharmacy either “once a month” or “a few times a month,” indicating that pharmacies were considered a regular part of healthcare routines for respondents. A smaller group stated their visits were more frequent.

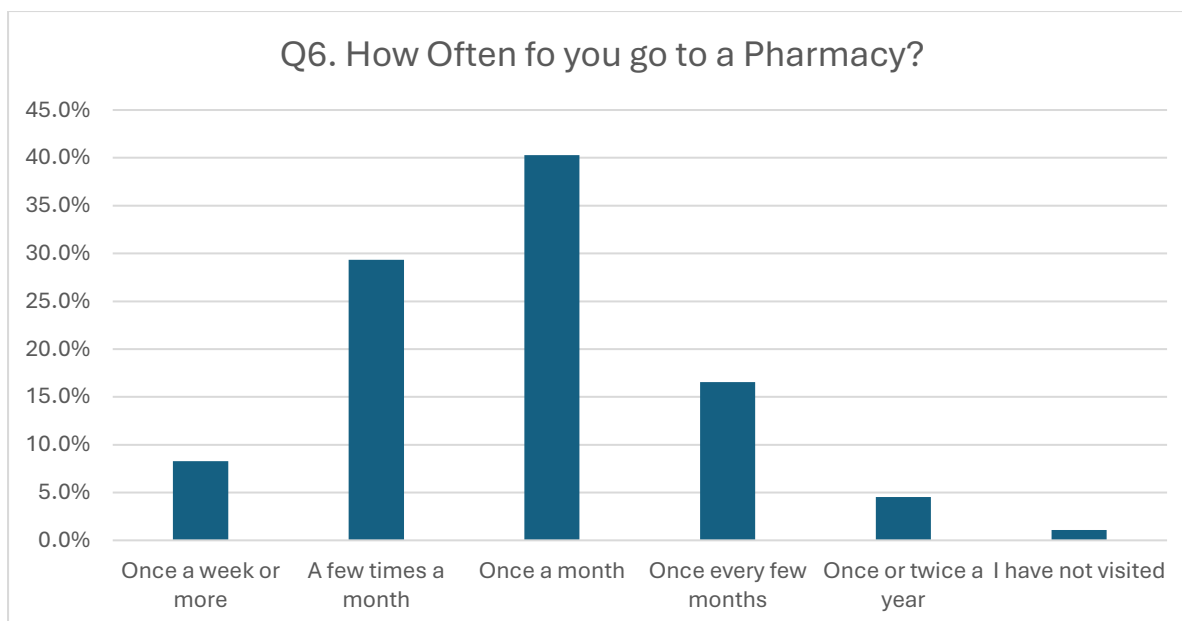


Figure 14: A bar chart showing the frequency of pharmacy attendance by York residents

Local high street pharmacies were the most preferred type of pharmacy to visit followed by those in GP Practices and supermarkets. This highlights the importance of convenience, community-based access.

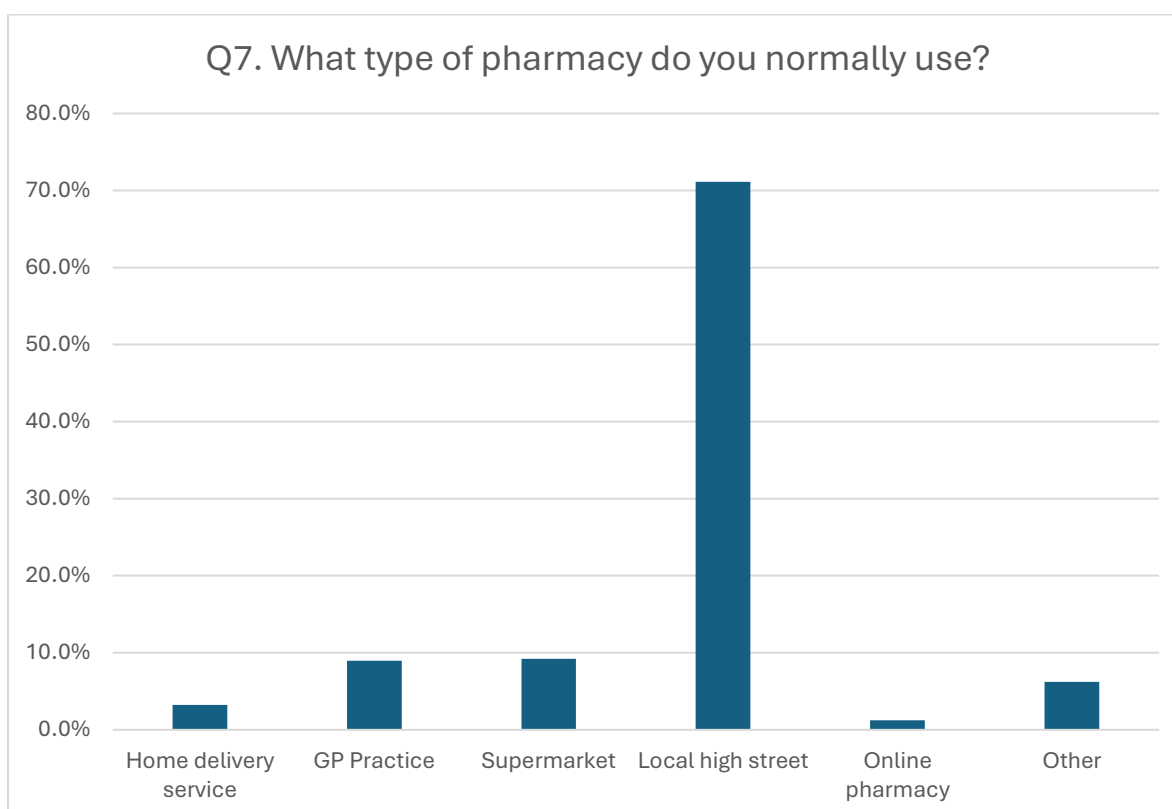


Figure 15: A bar chart showing the types of pharmacies used by York residents

Over a quarter of respondents felt more availability at weekends and bank holidays would make pharmacy provision excellent. A fifth felt more pharmacies needed to offer evening services, and 17% wanted greater clarity on the type of services pharmacies provide.

Modes of Access to Pharmacies

Walking/on Foot: Several respondents mentioned walking, though in some instances this was difficult due to distance or mobility issues

Mobility Aids: A few respondents used mobility scooters. At least one respondent used a wheelchair

Driving or Being Driven: Some respondents drove themselves or were driven by a family member or friend. Parking was noted as a challenge.

Delivery Services: These were frequently used, especially by those with limited mobility

Cycling: Was mentioned by a few respondents

Housebound Individuals: Relied on others (family or carers) to collect prescriptions on their behalf.

It is worth noting that whilst the survey asked people to select one option, many took the opportunity to state they used more than one mode of transport. For example, many drove to a location near to a community pharmacy and walked the remainder of the journey.

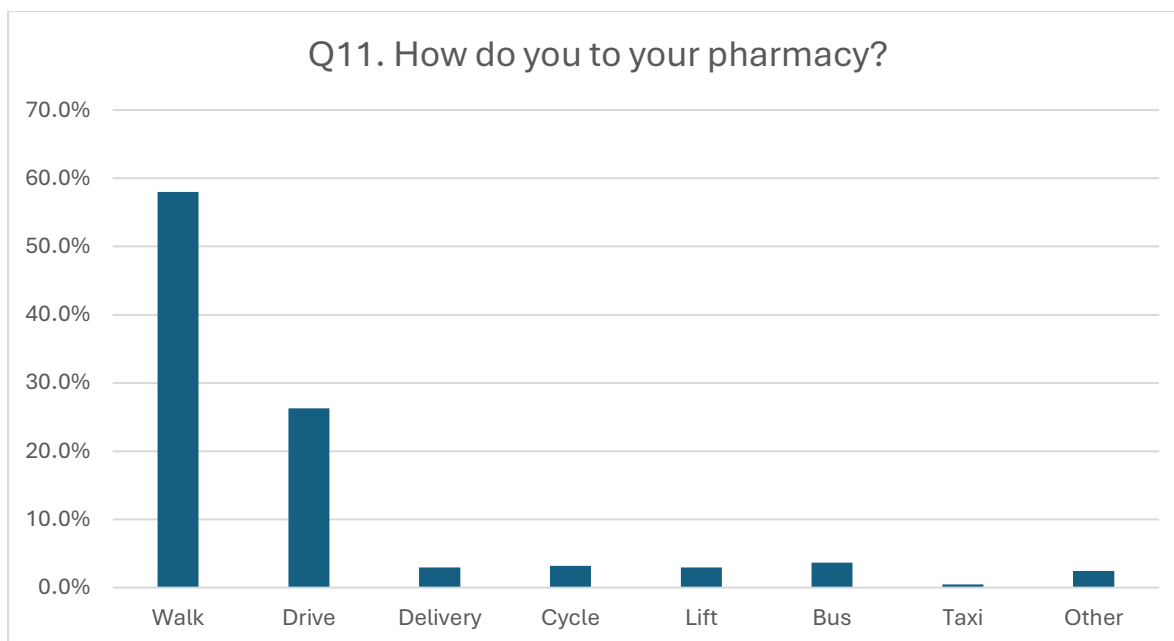


Figure 16: A bar chart showing the modes of transports used by York residents when accessing community pharmacies

Key Issues Highlighted

Lack of a Local Pharmacy: Residents in Clifton stated they did not have a local pharmacy, following the closure of the Boots branch. It was forcing people to travel long distances to the next nearest pharmacy (e.g., to Clifton Moor or city centre).

Overwhelmed City Centre Pharmacies: Respondents stated long waits (up to and over 7 days) for prescriptions. In some cases, this meant missing days of vital medication. There was a strong demand for local, accessible pharmacy services where urgent prescriptions had been issued (e.g., following out of hours consultation).

Summary of Key Concerns

Limited Opening Hours: Many respondents highlighted that their local pharmacies were only open Monday to Friday, 9am–5pm, with no evening or weekend availability. This made it difficult for those who work full-time or need urgent medication outside those hours.

Pharmacy Closures: The closure of Boots in Clifton was repeatedly mentioned as a major issue. Residents now faced longer travel

times (e.g., 30-minute walks or bus rides) to access a pharmacy. There was a strong sense of frustration and abandonment, especially among the elderly and those with mobility issues.

Emergency Access Issues: Several people reported delays in accessing urgent prescriptions, leading to worsened health outcomes or hospital readmissions. Some had to drive to distant towns like Knaresborough or wait until the next day to get medication.

Medication Availability: Respondents noted frequent stock shortages, especially for essential or specialist medications (e.g., diabetic sensors, antibiotics). Some pharmacies were described as unresponsive or unhelpful in sourcing needed items.

Systemic and Communication Failures: Issues with electronic prescriptions not arriving on time from GPs. Poor communication between services (e.g., 111, GPs, and pharmacies). Reports of rude or dismissive staff and lack of understanding of urgent needs.

Accessibility Challenges: Some respondents were housebound, unable to drive, or caring for vulnerable family members. The lack of a nearby pharmacy creates significant barriers to timely care.

Summary of Key Suggestions

Prescription Delays and Processing Issues: Many respondents reported long waits (up to 2 weeks) for prescriptions. Electronic prescription systems were considered often unreliable or slow. Calls for faster processing, better coordination with GPs, and timely notifications (e.g., text alerts).

Pharmacy Closures and Access: Strong concern over the closure of local pharmacies, especially in Clifton. Many now faced long walks, travel across the city, or inaccessible locations. There were repeated calls to reopen local branches and increase the number of pharmacies.

Accessibility & Location: Requests for pharmacies to be within walking distance, especially for the elderly and disabled. Issues

with parking, wheelchair access, and inconvenient layouts (e.g., counters too high, cramped spaces).

Delivery Services: There was high demand for free or reliable home delivery, especially for those with mobility issues or no transport. Some pharmacies charge for delivery or don't offer it at all.

Staffing and Customer Service: Reports of overworked staff, rude or unhelpful service, and lack of communication. There were suggestions for better training, friendlier service, and more staff to reduce waiting times.

Expanded Services: There was a desire for more health checks (e.g., blood pressure, cholesterol, diabetes). There were also requests for vaccinations, female health consultations, and mental health support. Interest in diet, nutrition, and wellbeing advice.

Digital Improvements: There were frustrations with online systems (e.g., login issues, poor integration with GPs). Suggestions for email ordering, better online interfaces, and automated updates.

Premises and Environment: There were calls for larger, cleaner, and more welcoming spaces. There were also concerns about privacy, waiting areas, and child-friendly environments.

Public Awareness & Education: Some respondents did not know pharmacies could offer advice or services beyond dispensing. Suggestions for better advertising of available services and public education on pharmacy roles.

Service Importance

Respondents highlighted the following as the most valued pharmacy services:

Prescription Dispensing: Universally seen as essential

Medication Reviews: Important for managing ongoing health conditions

Health Advice: Trusted source of guidance for minor ailments

Vaccinations: Increasingly expected as part of pharmacy offerings

Overall, people wanted pharmacies to be reliable, informative, and proactive in supporting their health.

Accessibility Challenges

Key barriers to accessing pharmacy services include:

Distance to Pharmacy: Especially problematic in areas where local branches have closed

Mobility Issues: Affecting elderly and disabled individuals

Transport Limitations: Lack of public transport or personal vehicles

Parking Difficulties: Especially near high street locations

These findings stress the need for more local and accessible pharmacy options.

Suggestions for Improvement

Respondents proposed several ideas for improvement:

Extended Opening Hours: Including evenings and weekends

Home Delivery Services: Especially for those with mobility or transport issues

Increased Staffing: To reduce waiting times and improve service quality

Expanded Health Services: Such as health checks, consultations, and vaccinations

8.7. Stakeholder Engagement

Stakeholders were approached directly with a semi-structured series of questions. Stakeholders included Healthwatch York, GP Practices, York's Drug & Alcohol provider Change, Grow, Live (CGL) amongst others. The key themes highlighted from these findings are:

Pharmacy Access and Location: There were numerous concerns raised regarding the closure of local pharmacies, such as those on Clifton Green and Burton Stone Lane. Residents expressed that these closures have led to significant inconvenience, including long walks, difficult travel arrangements, and an increased reliance on large supermarkets like Tesco for pharmaceutical needs. Many called for the reopening of these local pharmacies or the establishment of new ones, particularly in underserved areas such as Clifton and the YO30 postcode.

A strong emphasis was placed on the importance of having pharmacies within walking distance, especially for elderly residents and those with disabilities, for whom accessibility is crucial. There was also notable frustration over the use of outdated reviews and assessments by health authorities, which residents felt did not accurately reflect the community's current needs.

In addition to concerns about location and access, residents highlighted the need for improved parking facilities, better wheelchair accessibility, and clearer, more visible pharmacy entrances to ensure that these essential services are truly accessible to all.

Prescription Services and Delays: There were numerous complaints about long delays in receiving prescriptions, with wait times sometimes stretching from five to fourteen days. Many prescriptions were being sent to central offices, which only added to the delays. Residents called for faster processing, improved stock availability, and better communication regarding when medicines were ready—such as SMS alerts. Users also reported difficulties with electronic repeat prescriptions, citing login problems and system glitches. There was a clear desire for better management of methadone dispensing and improvements to waiting areas in pharmacies.

Staffing & Service Quality: A strong demand emerged for home delivery services, particularly for individuals with mobility challenges. Requests included free or affordable delivery options, the use of blister packs to help older patients manage their medications, and consistent

delivery charges. Some suggested the introduction of postal delivery options or even combining pharmacy deliveries with supermarket services.

Additional Services: stakeholders wished to see included vaccinations, female wellbeing consultations, menopause support, and blood tests.

Impact on Vulnerable Populations: Elderly individuals without internet access or nearby support faced particular difficulties in accessing prescriptions and pharmacy services. There were concerns about their reliance on others to order or pick up medications on their behalf. Furthermore, delivery options were often unclear, with uncertainty around potential charges, and many felt that home delivery could not fully replace the value of in-person advice from pharmacists.

Overall, views from stakeholders were that pharmacies play an important role in the community, actively engaging with services such as Pharmacy First, hypertension case-finding, and contraception services, which greatly benefit patients. Despite facing significant workloads and pressures themselves, pharmacies remain supportive and committed to providing these essential services. However, opinions on Pharmacy First are mixed. Some patients are referred back to their general practice because their conditions do not meet the criteria, ie: more complex condition, or an illness not covered by Pharmacy First.

The Out-of-hours (OOH) service availability presents further challenges. While late-night pharmacy access is better than in other areas, many pharmacies close after 9:00 PM, and Sunday closing times are earlier, making it difficult for patients to get their medications dispensed during these times. These closures particularly impact housebound and vulnerable patients, who rely heavily on convenient access to pharmacy services. There is a need to identify whether any changes to pharmacy provision result in a gap whereby some

residents are no longer able to easily access services, Additionally, improved provision of needle-exchange and supervised consumption services is necessary to better support those who need them. Patients also face difficulties accessing Healthy Start vitamins and prescription formulas, highlighting a pressing need for greater provision of these services. Stakeholders also acknowledged the usefulness of pharmacies accessing Summary Care Records; access would enhance the ability of pharmacies to provide timely and informed care. Overall, while pharmacies are crucial and well-engaged, there remain areas for improvement to ensure equitable and effective healthcare support for all patients.

8.8. Formal Consultation

In line with the regulations, York Health and Wellbeing Board consulted for a minimum of 60 days with the following statutory consultees about the contents of this PNA:

Stakeholders were asked to respond to any or all of the following specific consultation questions:

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

Findings to be added in August

9. Summary of Findings

This Pharmaceutical Needs Assessment has reviewed the current and projected provision of pharmaceutical services in the City of York and concludes the following:

- Although York is one of the least deprived cities in England, there are stark inequalities. The life expectancy gap between the most deprived and least deprived wards is 10.1 years in males, and 6.7 in females, 2021-2023.
- Specific resident cohorts are more likely to experience poorer health outcomes and greater difficulties in accessing services. They may have a greater level of health and pharmaceutical needs.
- Overall, there is sufficient pharmaceutical provision in York on a weekly basis. The majority of residents can access a pharmacy within a 15-minute walking distance, and there is an adequate choice.
- A small number of current geographical gaps in pharmacy provision have been identified in the City of York which are considered to generate need for the population. This conclusion draws on several factors including driving and walking time, gaps in 'after hours' provision, and rural journey times:
 - Within the Clifton and Rawcliffe wards where population density is one of the highest in the city
 - On the east side of the city covering the villages of Deighton, Wheldrake and Escrick. In particular, this need will grow with the strategic site at Elvington within the local plan.
 - Other sizeable villages such as Naburn, Stockton on the Forest, Skelton and Rufforth

- Community pharmacy services continue to play an important role in the local community. They support the services provided by GP practices, dispensing practices and the PCNs.
- Community pharmacies offer support to the wider health needs of the population by providing the essential, advanced and locally commissioned services as described in this report.
- In central York, there is good provision of pharmaceutical services on Saturday mornings, Saturday afternoons and Sundays. However, provision needs to be available at opening hours and days that meet the needs of different cohorts, e.g., full-time workers.
- There are dispensing practices in outer wards to provide pharmaceutical services Monday to Friday. Most of the patients who live in these areas, plus North Yorkshire residents registered to York Practices can access a community pharmacy within a 20-minute car drive if necessary. Whilst evening opening during this time within the outer wards would improve access and choice, no specific need for additional pharmacies to open has been identified.
- The current provision of 'standard' 40-hour pharmacies should be maintained.
- The HWB recognises the importance of the 100-hour provision and of the supplementary hour provision by pharmacies within the area and the possible impact a change of these hours of delivery could have on access to pharmacy provision in York. The HWB will continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers.
- The extended opening hours that are currently in place provide adequate access to both essential pharmaceutical services and locally commissioned services, however the HWB will continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers.
- The new housing targets for development are significantly

higher than previous, meaning any proposed future housing developments should be reviewed on a regular basis to identify any significant increases in pharmaceutical need. The impact of the occupants of these new developments will need to be taken into account in informing need assessments for future health facilities of York residents. Cumulatively, and in the case of very large developments individually, the developments may result in an increased need for community pharmacy services.

- The area is changing rapidly and as well as consulting this PNA, the Pharmaceutical Services Regulations Committee (PSRC) at NHS England should carry out a rapid review of any area where there is an application, to ensure that the needs of this area have not changed in the lifetime of the PNA. This could include review of rural and urban classification and should be published alongside the PNA in the supplementary statements.
- There is adequate uptake of both advanced services and locally commissioned services in York, however, there could be better awareness and improved multi-agency working to significantly improve uptake of services in York, especially schemes like Healthy Start. The HWB could also encourage pharmacies to deliver new services to meet the health needs of their population.
- The Health and Wellbeing Board should note that opening hours of pharmacies alone is not an indicator of improved pharmaceutical services. Therefore, they should avoid identifying a need for, or improvement or better access to, opening hours. If there is a gap in the provision of services of certain times this would be articulated as an improvement or better access to specified services at specified times.
- Any application to open a new pharmacy must demonstrate that it is necessary, will provide value to the NHS, and can improve on the availability of services across the specific area.
- Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross

border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

- The Health and Wellbeing Board has the responsibility for publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is the responsibility of the organisation managing the GMS contracts to inform the ICB when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area. It is the responsibility of the ICB to inform the HWB of any changes to pharmaceutical service provision, including dispensing services, so that a decision can be made as to whether this change will affect access. This is particularly important where pharmacies are closing or consolidating due to the impact of recent funding cuts. The HWB has a duty to respond to all notifications under Regulation 26A (consolidation of pharmacies).

Impact of Population Growth on Community Pharmacy Provision

The projected population growth and demographic shifts in York will have several key implications for community pharmacy services:

1. Increased Demand for Medicines and Services for Older Adults

The growing proportion of residents aged 65 and over is likely to drive increased demand for prescription medicines, especially for managing long-term conditions such as hypertension, diabetes, COPD, and arthritis.

There will be greater need for medicines use reviews (MURs), structured medication reviews (SMRs), New Medicine Service (NMS) support, and compliance aids (e.g., monitored dosage systems).

2. Pressure on Workforce and Capacity

The ageing population may place additional pressure on pharmacy staff for longer consultations, home delivery services, and support for carers.

Pharmacies may require extended opening hours, additional consultation rooms, or investment in automation/technology to manage workload efficiently.

3. Demand for Preventative and Public Health Services

With increased life expectancy comes a higher demand for preventative services, such as vaccinations, healthy living advice, screening, and smoking cessation support—services community pharmacies are well placed to deliver.

4. Access and Geographical Equity

Housing developments may shift population centres, highlighting the need to review the spatial distribution of community pharmacies to ensure equitable access, particularly in newly developed or expanding developments like Elvington

5. Considerations of Future Gaps in Pharmacy Provision

When considering what may constitute future need, the following areas much be considered should there be any changes to the community pharmacy landscape:

Opening Hours

With York pharmacies currently offering a maximum of 72 operational hours per week, consideration must be given whether a need is generated should one or more pharmacies reduce their hours. Reduced hours may limit accessibility for people in full-time employment or study, or accessibility of the next nearest availability pharmacy should this mobility or transport issues.

Specific Services

Enhanced services are a cost-effective, accessible way to address public health needs and reduce system-wide healthcare burden. Standardisation of such services which are tailored to York's health needs, will significantly improve health outcomes and equity across the city.

Geographical Distribution

In a compact city such as York where some wards have low car ownership, and travel times are constrained by traffic, a walking distance of 15 minutes and reasonable travel time on public transport should be preserved for residents. If a significant number of the population (500+ residents) suffer a detriment in this area, this would constitute a need.

Future Housing Developments

With Government guidelines advising 30,000 homes to be built over the next five years, failure to provide pharmacy provision in line with the above travel times would constitute a 'need.'

Accessibility

With a number of accessibility challenges, a reduction in the number of pharmacies providing inductions loops, stepped access, BSL interpretation, and braille amongst others, would constitute a 'need,'

Acknowledgements

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Sincere thanks to all members of the PNA Steering Group, for whom their input and oversight has ensured the quality and relevance of this report.

Particular acknowledgement goes to the valuable contributions from stakeholders, local healthcare providers, commissioners who shared their knowledge and perspectives.

Finally, an especial thanks to the residents of York who generously contributed their views in the survey and for whom their insights have helped to shape the PNA.

Abbreviations

A&E	Accident and Emergency
ABPM	Ambulatory blood pressure monitoring
AUR	Appliance Use Review
BM	Blood glucose monitoring
BP	Blood pressure
CCA	Company Chemists' Association
CCG	Clinical Commissioning Group
COPD	Chronic obstructive pulmonary disease
COVID-19	Coronavirus-19
CoY	City of York
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CSU	Commissioning Support Unit
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care

EHC	Emergency Hormonal Contraception
ePACT2	Prescribing data
EPS	Electronic Prescription Service
eRD	Electronic Repeat Dispensing
GP	General Practitioner
Hep C	Hepatitis C
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD 2019	Index of Multiple Deprivation 2019
JSNA	Joint Strategic Needs Assessment
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTC	Long-term condition
MDS	Monitored Dose Systems
MECC	Making Every Contact Count
MUR	Medicines Use Review
NECS	North of England Commissioning Support
NES	National Enhanced Services
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHS E/I	NHS England and NHS Improvement

NMP	Non-medical prescribing
NMS	New Medicine Service
NUMSAS	NHS Urgent Medicine Supply
NYC	North Yorkshire Council
ONS	Office for National Statistics
OOH	Out of Hours
PCN	Primary Care Network
PCT	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PHiF	Pharmacy Integration Fund
PNA	Pharmaceutical Needs Assessment
POCT	Point of care testing
POP	Progestogen-only oral contraceptive pill
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PSRC	Pharmaceutical Services Regulations Committee
PWIDs	People who inject drugs
QOF	Quality and Outcomes Framework
RAF	Reasonable adjustment flag
RPS	Royal Pharmaceutical Society
SAC	Stoma Appliance Customisation Service
SCR	Summary Care Record

SHAPE	Department of Health and Social Care Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation application
UTI	Urinary tract infection
WoNE	West, Outer and North East

Appendices

Appendix 1: Membership of the Steering Group

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

Christine Philipson

Democratic Services, NYC

David Smith

Democratic Services, NYC

Appendix 2: Equality Impact Assessment

To be added post-consultation

Appendix 3: Residents' Survey Results

When We Consulted

Six-week period over January and March 2025

How We Consulted and Who Responded

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

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

413 people provided complete survey responses. This was higher than the last PNA when 62 responses were received. Although the number of responses only represents a small percentage of the York population, they do provide a useful indication of how people use and their views about pharmacy services in York.

A large proportion (68.2%) of respondents to the survey were female. More than 75% of responses came from people aged 50 - 84 years who are potentially more likely to utilise pharmacy services due to long-term health conditions or to be carers and therefore well informed about pharmacy provision. People from ethnic minority backgrounds were under-represented in the survey.

Pharmaceutical Needs Assessment (PNA) – Residents' Survey

Which area do you live in?

North Yorkshire

City of York

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

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

Very poor

Poor

Good

Very good

Excellent

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

1

2

3

4

5

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

Good accessibility for wheelchairs and pushchairs

Opening times during the daytime

Opening times during the evening

Opening times on weekends and bank holidays

Option to have a private consultation

To have more information about the services the pharmacy provides

How often do you go to a pharmacy?

Once a week or more

A few times a month

Once a month

Once every few months

Once or twice a year

I have not visited or contacted a pharmacy in the last year

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

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

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

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

Very low importance
Low importance
Neutral importance
High importance
Very high importance

Prescription collection service

Very low importance
Low importance
Neutral importance
High importance
Very high importance

Medicine delivery service

Very low importance
Low importance
Neutral importance
High importance
Very high importance

Clean and pleasant environment

Very low importance
Low importance
Neutral importance
High importance
Very high importance

Good customer care or friendly staff

Very low importance
Low importance
Neutral importance
High importance
Very high importance

Trusted advice

Very low importance
Low importance
Neutral importance
High importance
Very high importance

Convenient opening times to use on an evening or weekend

Very low importance
Low importance
Neutral importance
High importance
Very high importance

**How easy is it to access your pharmacy in the following ways?
Wheelchair users, pushchairs, other mobility aids**

Very difficult
Difficult
Neutral

Easy
Very easy

People who have sight or hearing loss

Very difficult
Difficult
Neutral
Easy
Very easy

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

Very difficult
Difficult
Neutral
Easy
Very easy

People who are neurodivergent and may need additional support

Very difficult
Difficult
Neutral
Easy
Very easy

People who require a private consultation room

Very difficult
Difficult
Neutral
Easy
Very easy

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

Up to 10 minutes

10-20 minutes

20-30 minutes

Over 30 minutes

I use the pharmacy delivery service

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

I use the bus

I use the train

I use a taxi service

I drive my own vehicle

I walk

I cycle

I have a lift in somebody else's car

I use the pharmacy delivery service

Other, please specify below

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

Yes

No

Not applicable

If you ticked 'No', please explain why:

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

Under 5 minutes

5-10 minutes

Over 10 minutes

I use the pharmacy delivery service

Do you have medication on a repeat prescription?

Yes

No

Prefer not to say

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

Yes, full price

Yes, pre-payment certificate

No, I am eligible for free prescriptions

Prefer not to say

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

Diet and nutrition

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

Smoking cessation

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

Drug and alcohol awareness

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

Sexual health

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

Physical activity

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

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

Medication availability

Better waiting times

More staffing

Communication

Product availability

Increased opening times

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

Other, please state below

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

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

Which age category are you in?

16-19

20-29

30-39

40-49

50-64

65-74

75-84

85 or more
Prefer not to say

Are you...?

Female

Male

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

Prefer not to say

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

White

Mixed or multiple ethnic groups

Asian

Black or African or Caribbean

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

Prefer not to say

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

Very good

Good

Fair

Bad

Very bad

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

Yes

No

Prefer not to say

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

Yes

No

Prefer not to say

What is your main language?

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

Working full-time

Working part-time

Zero-hour contract

Self-employed

Apprenticeship or training

Student

Retired

Unemployed

Full-time carer

Part-time carer

Other, please state below

Residents' Survey Results

Which area do you live in?	Number of People	%
York	413	100%
Grand Total	413	100%

How would you rate the availability of pharmacies in your area?	Number of People	%
Excellent	43	10.4%
Very Good	48	11.6%
Good	59	14.3%
Poor	73	17.7%
Very Poor	186	45.0%
Blank	4	1.0%
Grand Total	413	100%

On a scale of 1 to 5, how well does your local community pharmacy meet your needs? Please use the scale where 1=Extremely poorly to 5=Extremely well	Number of People	%
1	43	10.4%
2	32	7.7%
3	83	20.1%
4	125	30.3%
5	128	31.0%
Blank	2	0.5%
Grand Total	413	100%

In your opinion, what would make the service excellent? (please select all that apply)	Number of People	%
Good accessibility for wheelchairs and pushchairs	118	12.1%
Opening times during the daytime	128	13.2%
Opening times on weekends and bank holidays	251	25.8%
Option to have a private consultation	114	11.7%
To have more information about the services the pharmacy provides	166	17.1%
Opening times during the evening	196	20.1%
Grand Total	978	100%

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

How often do you go to a pharmacy?	Number of People	%
Once a week or more	31	7.5%%
A few times a month	110	26.6%
Once a month	151	36.6%
Once every few months	61	14.8%
Once or twice a year	17	4.1%
I have not visited	4	1.0%
Blank	39	9.4%
Grand Total	375	100%

What type of pharmacy do you normally use? (please select one of the following)	Number of People	%
Home Delivery Service	13	3.1%
GP Practice	36	8.7%
Supermarket	37	9.0%
Local High Street	288	69.7%
Online Pharmacy	5	1.2%
Other	25	6.2%
Blank	9	2.2%
Grand Total	402	100%

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

Convenience	Number of People	%
Very high importance	188	45.5%

High importance	149	36.0%
Neutral importance	55	13.3%
Low importance	4	1.0%
Very low importance	7	1.7%
Blank	10	2.4%
Grand Total	413	100.0%

Delivery Service	Number of People	%
Very high importance	42	10.2%
High importance	55	13.3%
Neutral importance	148	35.8%
Low importance	81	19.6%
Very low importance	65	15.7%
Blank	22	5.3%
Grand Total	413	100.0%

Collection Service	Number of People	%
Very high importance	171	41.4%
High importance	120	29.1%
Neutral importance	68	16.5%
Low importance	23	5.6%
Very low importance	21	5.1%
Blank	10	2.4%

Grand Total		

Good customer care/friendly staff	Number of People	%
Very high importance	206	49.9%
High importance	177	42.9%
Neutral importance	21	5.1%
Low importance	0	0.0%
Very low importance	3	0.7%
Blank	6	1.5%
Grand Total	413	100.0%

Convenient opening times on evenings/weekends	Number of People	%
Very high importance	188	45.5%
High importance	149	36.1%
Neutral importance	55	13.3%
Low importance	4	1.0%
Very low importance	7	1.7%
Blank	10	2.4%
Grand Total	413	100.0%

Clean and pleasant environment	Number of People	%
Very high importance	123	29.8%

High importance	203	49.2%
Neutral importance	68	16.5%
Low importance	7	1.7%
Very low importance	4	1.0%
Blank	8	1.9%
Grand Total	413	100.0%

Trusted advice	Number of People	%
Very high importance	253	61.3%
High importance	124	30.0%
Neutral importance	22	5.3%
Low importance	2	0.5%
Very low importance	4	1.0%
Blank	8	1.9%
Grand Total	413	100.0%

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

Wheelchair users, pushchairs, other mobility aids	Number of People	%
Very easy	26	6.3%
Easy	42	10.2%
Neutral	86	20.8%
Difficult	153	37.0%

Very difficult	73	17.7%
Blank	33	8.0%
Grand Total	413	100.0%

People who have sight or hearing loss	Number of People	%
Very easy	18	4.4%
Easy	63	15.3%
Neutral	228	55.2%
Difficult	50	12.1%
Very difficult	15	3.6%
Blank	39	9.4%
Grand Total	413	100.0%

People who are neurodivergent and may need additional support	Number of People	%
Very easy	9	2.2%
Easy	26	6.3%
Neutral	278	67.3%
Difficult	40	9.7%
Very difficult	15	3.6%
Blank	45	10.9%
Grand Total	413	100.0%

People who need translation services such as British Sign Language or another language	Number of People	%
Very easy	6	1.5%
Easy	13	3.1%
Neutral	291	70.5%
Difficult	37	9.0%
Very difficult	18	4.4%
Blank	48	11.6%
Grand Total	413	100.0%

People who require a private consultation room	Number of People	%
Very easy	81	19.6%
Easy	140	33.9%
Neutral	126	30.5%
Difficult	27	6.5%
Very difficult	10	2.4%
blank	29	7.0%
Grand Total	413	100.0%

How long does it take you to get to your pharmacy?	Number of People	%
Up to 10 minutes	191	46.2%
10 to 20 minutes	123	29.8%

20 to 30 minutes	59	14.3%
Over 30 minutes	21	5.1%
I use the pharmacy delivery service	11	2.7%
Blank	8	1.9%
Grand Total	413	100.0%

How do you get to your pharmacy?	Number of People	%
Walk	236	57.1%
Cycle	13	3.1%
Drive own vehicle	107	25.9%
Bus	15	3.6%
Taxi	2	0.5%
Get a lift from someone	12	2.9%
Use the pharmacy delivery service	12	2.9%
Other	10	2.4%
Blank	6	1.5%
Grand Total	413	100.0%

Has a pharmacy been available to you when you have required it for more urgent reasons, such as for emergency prescriptions or help with treating a medical condition?	Number of People	%
Yes	190	46.0%
No	71	17.2%

n/a	146	35.4%
Blank	6	1.5%
Grand Total	413	100.0%

How long do you usually have to wait to be served in your pharmacy?	Number of People	%
Under 5 minutes	161	39.0%
5 to 10 minutes	181	43.8%
Over 10 minutes	52	12.6%
I use the pharmacy delivery service	12	2.9%
Blank	7	1.7%
Grand Total	413	100.0%

Do you have medication on a repeat prescription?	Number of People	%
Yes	337	81.6%
No	54	13.1%
Prefer not to say	4	1.0%
Blank	18	4.4%
Grand Total	413	100.0%

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

232 (73.7%) said they were eligible for free prescriptions

37 (11.7%) said they paid full price

43 (13.7%) said they had a pre-payment certificate

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

Diet and nutrition	Number of People	%
Very aware	33	8.0%
Somewhat aware	85	20.6%
Neither	63	15.3%
Somewhat unaware	95	23.0%
Very unaware	124	30.0%
Blank	13	3.1%
Grand Total	413	100.0%

Drugs and Alcohol Awareness	Number of People	%
Very aware	54	13.1%
Somewhat aware	90	21.8%
Neither	98	23.7%
Somewhat unaware	70	16.9%
Very unaware	87	21.1%
Blank	14	3.4%
Grand Total	413	100.0%

Physical Activity	Number of People	%
Very aware	27	6.5%
Somewhat aware	70	16.9%
Neither	97	23.5%
Somewhat unaware	94	22.8%
Very unaware	111	26.9%
Blank	14	3.4%

Grand Total	413	100.0%
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Smoking cessation	Number of People	%
Very aware	73	17.7%
Somewhat aware	129	31.2%
Neither	70	16.9%
Somewhat unaware	51	12.3%
Very unaware	72	17.4%
Blank	18	4.4%
Grand Total	413	100.0%

Sexual Health	Number of People	%
Very aware	41	9.9%
Somewhat aware	112	27.1%
Neither	96	23.2%
Somewhat unaware	66	16.0%
Very unaware	85	20.6%
Blank	13	3.1%
Grand Total	413	100.0%

How do you think the service your pharmacy providers could be improved?	Number of People	%
Better waiting times	65	7.8%
Communication	59	7.1%
Increased opening times	210	25.1%
Medication availability	131	15.7%
More staffing	106	12.7%
Offer more services	38	4.5%

Product availability	94	11.2%
Other	133	15.9%
Grand Total	836	100.0%

* please note – multiple responses possible therefore this number is greater than the number of participants in the survey (n=413)

Other suggestions include:

What age category are you in?	Number of People	%
20 to 29	11	2.7%
30 to 39	23	5.6%
40 to 49	44	10.7%
50 to 64	127	30.8%
65 to 74	101	24.5%
65 to 84	83	20.1%
85 or more	15	3.6%
Prefer not to say	8	1.9%
Blank	1	0.2%
Grand Total	413	100.0%

Are you...?	Number of People	%
Female	277	67.1%
Male	118	28.6%
Identify in another way	0	0.0%
Prefer not to say	11	2.7%
Blank	7	1.7%
Grand Total	413	100.0%

What is your ethnic group?	Number of People	%
White	381	92.3%

Mixed or multiple ethnic groups	3	0.7%
Asian	3	0.7%
Black or African or Caribbean	0	0.0%
Other	1	0.2%
Prefer not to say	21	5.1%
Blank	4	1.0%
Grand Total	413	100.0%

Over the last 12 months, how would you say your health has been?	Number of People	%
Very good	51	12.3%
Good	152	36.8%
Fair	132	32.0%
Bad	66	16.0%
Very Bad	8	1.9%
Blank	4	1.0%
Grand Total	413	100.0%

Do you consider yourself to be a disabled person or to have a long-term, limiting condition?	Number of People	%
Yes	139	33.7%
No	258	62.5%
Prefer not to say	12	2.9%
Blank	4	1.0%
Grand Total	413	100.0%

Do you consider yourself to be a carer?	Number of People	%
Yes	76	18.4%
No	331	80.1%
Prefer not to say	3	0.7%
Blank	3	0.7%
Grand Total	413	100.0%

What is your main language?	Number of People	%
English	372	90.1%
BSL	1	0.2%
Cantonese	1	0.2%
Dutch	1	0.2%
Polish	1	0.2%
Blank	37	9.0%
Grand Total	413	100.0%

What is your employment status? (please select all that apply)	Number of People	%
Working full-time	94	21.8%
Working part-time	80	18.5%
Zero-hour contract	2	0.5%
Self-employed	13	3.0%
Apprenticeship or training	0	0.0%
Student	4	0.9%
Retired	207	47.9%
Unemployed	7	1.6%
Full-time carer	5	1.2%
Part-time carer	8	1.9%
Other	12	2.8%
Grand Total	432	100.0%

* please note – multiple responses possible therefore this number is greater than the number of participants in the survey (n=413)

Appendix 4: Pharmacy Addresses and Opening Times

Data provided by the ICB in

To be added post-consultation

Appendix 5: Dispensing GP Practices and Addresses

To be added post-consultation

Appendix 6: Consultation Results

To be added post-consultation