



West
Northamptonshire
Council

WEST NORTHANTS
Health and Wellbeing Board
live your best life

Health Needs Assessment

West Northamptonshire Health and Wellbeing Board - Pharmaceutical Needs Assessment

Final Draft: 28 May 2025



Acronyms/Glossary

GP	General Practitioner
ICB	Integrated Care Board
ICS	Integrated Care System
JSNA	Joint Strategic Needs Assessment
NHS	National Health Service
PNA	Pharmaceutical Needs Assessment
STIs	Sexually Transmitted Infections
WNC	West Northamptonshire Council

List Of Charts, maps and diagrams

Figure 1 West Northamptonshire population estimates mid-year 2023 by age and sex	20
Figure 2 Map West Northamptonshire lower super output areas by urban/rural classification	21
Figure 3 West Northamptonshire projected estimates, Census 2021 and mid-year 2023 estimates	23
Figure 4 West Northamptonshire population change over the next decade	24
Figure 5: Economically active and Economically inactive Census 2011 vs 2021 comparison	25
Figure 6 Car or van availability Census 2011 vs 2021 comparison	26
Figure 7 The seven domains of deprivation	27
Figure 8 West Northamptonshire Lower Super Output Area distribution by Index of Multiple Deprivation 2019	28
Figure 9 Locality Lower Super Output Area distribution by Index of Multiple Deprivation 2019	28
Figure 10 Map of the Index of Multiple Deprivation by Lower Super Output area	29
Figure 11 Trend of life expectancy at birth	32
Figure 12 Trend of life expectancy at 65	33
Figure 13 Trend of healthy life expectancy at birth	34
Figure 14 Trend of healthy life expectancy at age 65	35
Figure 15 Vaccination uptake of two or three doses in adults aged 18 years and over	38
Figure 16 All new STI diagnoses rate per 100,000 population at local, regional and national level	39
Figure 17 Diagram outlining some of the topics covered in the questionnaire	44
Figure 18 Age breakdown of female and male respondents	45
Figure 19 Disabilities reported	46
Figure 20 Pharmacy usage frequency	48
Figure 21 Methods of travel	50
Figure 22 How respondents find information about pharmacies	51
Figure 23 A map plotting the pharmacies that stated that they have sufficient capacity within their existing premises and staffing levels to meet the needs of residents moving into new developments	55
Figure 24 Location of pharmacies and dispensing practice premises compared to population density at LSOA level ..	57
Figure 25 location of pharmacies and dispensing practice premises compared to levels of deprivation	58



Figure 26 Time taken to access a pharmacy, by car, outside of peak times	59
Figure 27 Time taken to access a pharmacy, by car, at peak times	60
Figure 28 Time taken to access a pharmacy, by public transport	61

List of Tables

Table 1 West Northamptonshire population estimates mid-year 2023 by age and sex	20
Table 2 Tenure of households Census 2011 vs 2021 comparison	26
Table 3 Household composition Census 2011 vs 2021 comparison	26
Table 4 Number of planned developments.....	30
Table 5 West Northamptonshire Joint Core Strategy – Actual and Proposed Housing Delivery against Need	31
Table 6 2023/24 prevalence of diseases and chronic conditions	36
Table 7 Contribution to DALYs by cause for Northamptonshire in 2021 by gender and all ages	37
Table 8 West Northamptonshire Flu vaccine uptake (%) in selected groups	37
Table 9 Key sexual health indicators for West Northamptonshire	40
Table 10 Number of adults aged 18 and over in treatment	41
Table 11 Number of children and young people in treatment	41
Table 12 Smoking prevalence among adults aged 18 and over – current smokers (APS) at local, regional and national level	42
Table 13 Religion/beliefs of respondents	46
Table 14 Reasons why respondents visited a pharmacy in the last 12 months	47
Table 15 Preferred days and times to use a pharmacy.....	48
Table 16 Reasons for using their pharmacy of choice	49
Table 17 Travel times to a pharmacy by most popular methods of travel.....	51
Table 18 Number and rate of pharmacies	56
Table 19 Advanced and enhanced services breakdown	64
Table 20 Number of prescriptions dispensed	65

Contents

Acronyms/Glossary	2
List Of Charts, maps and diagrams	2
List of Tables	3
Executive Summary	9
Key Findings	10
Recommendations	10
1. Introduction.....	11
1.1 Purpose of a pharmaceutical needs assessment	11
1.2 Health and Wellbeing Board duties in respect of the pharmaceutical needs assessment.....	11
1.3 Pharmaceutical Services	12



1.3.1	Pharmaceutical services provided by pharmacy contractors.....	12
1.3.2	Pharmaceutical services provided by dispensing appliance contractors.....	15
1.3.3	Pharmaceutical services provided by doctors.....	16
1.3.4	Local Pharmaceutical Services	16
1.3.5	Locally commissioned services.....	16
1.3.6	Other NHS Services	17
1.4	How the assessment was undertaken.....	17
1.4.1	Pharmaceutical need assessment steering group	17
1.4.2	Pharmaceutical needs assessment localities.....	17
1.4.3	Other sources of information	17
1.4.4	Engagement.....	18
1.4.5	Consultation	18
2.	Overview of West Northamptonshire	19
2.1	Geography.....	19
2.2	Population	19
2.3	Equality characteristics	22
2.4	Languages.....	22
2.5	Gypsy, Roma and Traveller Communities (GRT).....	22
2.6	Carers	23
2.7	Projections	23
2.8	Economic activity	24
2.9	Households.....	26
2.10	Car ownership	26
2.11	Births.....	27
2.12	Deaths	27
2.13	Index of multiple deprivation.....	27
2.14	Homeless and rough sleepers.....	30
2.15	Planned development.....	30
2.16	Dwellings	30
3.	Health and Wellbeing of West Northamptonshire	32
3.1	Life expectancy.....	32
3.2	Healthy life expectancy.....	33
3.3	Prevalence of diseases and chronic conditions	35



3.4	Global burden of disease	36
3.5	Immunisation	37
3.6	Sexual health.....	39
3.7	Teenage conceptions.....	40
4.	Engagement	44
4.1	Patient and Public Engagement.....	44
4.2	Pharmacy usage	47
4.3	Contractor engagement.....	53
4.3.1	Pharmacy engagement	53
4.3.2	Dispensing practice engagement	55
5.	Provision of pharmaceutical services	56
5.1	Necessary Services: current provision within the Health and Wellbeing Board’s Area	56
5.2	Access to essential services and dispensing appliance contractor equivalent services.....	62
5.3	Access to the New Medicine Service	63
5.4	Access to NHS Community Pharmacist Consultation Service.....	63
5.4.1	Access to the national influenza adult vaccination services	64
5.4.2	Dispensing service provided by some GP practices.....	64
5.5	Access to pharmaceutical services on public and bank holidays.....	65
5.6	Necessary services: current provision outside the Health and Wellbeing Board’s area	65
5.6.1	Access to essential services and dispensing appliance contractor equivalent services	65
5.6.2	Access to New Medicine Service, NHS Community Pharmacist Consultation Service and flu vaccination	66
5.6.3	Dispensing service provided by some GP practices.....	66
5.7	Other relevant services within the Health and Wellbeing Board’s area	66
5.7.1	Access to appliance use reviews	66
5.7.2	Access to palliative care enhanced services	66
5.7.3	Other relevant services provided outside the Health and Wellbeing Board’s area	67
5.8	Choice with regard to obtaining pharmaceutical services	67
6	Other NHS services	68
6.1	Hospital pharmacies	68
6.2	Personal administration of items by GPs	69
6.3	GP out of hours service	69
6.4	Locally commissioned services – West Northamptonshire Council.....	70
6.5	Prison.....	70



6.6 Substance misuse service	71
7 Health needs that can be met by pharmaceutical services	72
7.1 Need for drugs and appliances.....	72
7.2 Alcohol and drug usage	72
7.3 Cancer	73
7.4 Long-term conditions	73
7.6 Sexual health.....	74
7.7 Teenage pregnancy.....	74
7.8 Smoking	75
7.9 Healthy Living Pharmacy	75
8 Conclusions for the purpose of the schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended	77
8.1 Current Provision – necessary services	78
8.2 Necessary services – gaps in provision	78
8.2.1 Access to essential services.....	78
8.2.2 Access to essential services outside normal working hours	79
8.2.3 Access to advanced services.....	79
8.2.4 Future provision of necessary services	80
8.2.5 Other relevant services: current provision	80
8.3 Improvements and better access – gaps in provision.....	80
8.3.1 Current and future access to essential services – present and future circumstances.....	80
8.3.2 Current and future access to advanced services	80
8.3.3 Current and future access to advanced and enhanced services.....	81
Appendix A- Policy context and background papers	145
Appendix B – essential services	150
1. Dispensing of prescriptions	150
2. Dispensing of repeatable prescriptions	150
3. Disposal of unwanted drugs.....	151
4. Promotion of healthy lifestyles	151
5. Signposting	152
6. Support for self-care	152
7. Home delivery service while a disease is or in anticipation of a disease being imminently pandemic.....	152
8. Discharge medicines services.....	153
Appendix C – advanced services.....	155

1. New medicine service.....	155
2. Stoma appliance customisation	155
3. Appliance use review.....	156
4. National influenza adult vaccination service	156
5. Home delivery services during a pandemic etc.....	156
Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:	157
• deliver the medicine themselves as part of this advanced service	157
• arrange for another pharmacy to deliver it on their behalf as part of this advanced service	157
• arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of this advanced service	157
The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.	157
6. NHS community pharmacist consultation service.....	157
7. Community pharmacy COVID-19 lateral flow device distribution service	158
Appendix D – enhanced services	160
Appendix E – terms of service for dispensing appliance contractors	164
1. Dispensing of prescriptions	164
2. Dispensing of repeatable prescriptions	164
3. Home delivery service	165
4. Supply of appropriate supplementary items	165
5. Provide expert clinical advice regarding the appliances	165
6. Signposting.....	166
Appendix F – stakeholder map	167
Appendix G – patient and public engagement survey	170
Overview.....	170
Background.....	170
How to give us your views.....	170
What happens next?	171
Give us your views.....	171
About you.....	171



Your use	171
Your choice of pharmacy	173
Travelling to a pharmacy.....	174
Pharmacy services	175
About you	175
Appendix H – full results of the patient and public engagement.....	179
Appendix I –contractors’ engagement.....	180
Appendix J – Pharmacy and Dispensing Practice.....	183
Appendix K – consultation report.....	186
Appendix L – Overview of the health and wellbeing of the population.....	190
Appendix M – pharmacy opening hours	191
Acknowledgements/Consultation/Co-Production	192
References.....	193



Executive Summary

- Since 1 April 2013, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment'. West Northamptonshire Health and Wellbeing Board was established with effect from 1st April 2021, and this is its second pharmaceutical needs assessment.

The pharmaceutical needs assessment will be used by NHS England when considering whether or not to grant applications to join the pharmaceutical list for the area of West Northamptonshire Health and Wellbeing Board under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. It may be used to inform commissioners such as NHS Northamptonshire Integrated Care Board and West Northamptonshire Council's public health team, of the current provision of pharmaceutical services and where locally commissioned services could help meet local health priorities.

Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, include those services commissioned by NHS England from pharmacies and dispensing appliance contractors and the dispensing service provided by some GP practices to eligible patients.

Following an overview of the demographic characteristics of the residents of West Northamptonshire in chapter 2, chapter 3 focusses on their health needs as identified predominantly from the following sources:

- 2021 Census
- The West Northamptonshire Joint Strategic Needs Assessment products and accompanying documents
- Fingertips Health Profiles
- Office for National Statistics

NHS Northamptonshire Integrated Care Board and NHS England have also provided information.

Chapter 4 details the engagement exercise which includes the views of the residents of West Northamptonshire and chapter 5 focus on the provision of pharmaceutical services. Services that which affect the need for pharmaceutical services either by increasing or reducing demand are identified in chapter 6. Such services include the hospital pharmacies, the GP out of hours service and the public health services commissioned from pharmacies by West Northamptonshire Council.

Having considered the general health needs of the population, chapter 7 focusses on those that can be met by pharmacies and dispensing appliance contractors.

The Health and Wellbeing Board has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the lifetime of the pharmaceutical needs assessment.



Key Findings

As of January 2025, there are 63 pharmacies, two of which are distance selling premises, and three appliance contractors all providing the full range of essential services. Although there are no 100-hour pharmacies, there is flexibility within the system to enable residents to access pharmacies every day of the week.

As well as accessing services from pharmacies and dispensing appliance contractors in West Northamptonshire, residents may also choose to access contractors in other parts of England. Access to pharmaceutical services for residents of West Northamptonshire is good and the main conclusion of this pharmaceutical needs assessment is that there are currently no gaps in provision of pharmaceutical services.

The pharmaceutical needs assessment also looks at changes which are anticipated within the lifetime of the document, for example the predicted population growth. Given the current population demographics, housing projections and the distribution of the service providers across the Health and Wellbeing Board's area, the document concludes that the current provision will be sufficient to meet the future needs of the residents during the three-year lifetime of this pharmaceutical needs assessment.

The Health and Wellbeing Board has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the lifetime of the pharmaceutical needs assessment.

Recommendations

The pharmaceutical needs assessment was carried out in line with national guidelines and included input from all key stakeholders. However, challenges in capacity across the system meant that it was not possible to secure sufficient responses from pharmacies, contractors, dispensing practices and distance selling pharmacies, leading to poor engagement and limited information.

It is a recommendation of the Health and Wellbeing Board that a comprehensive engagement strategy is developed before work commences in the next pharmaceutical needs assessment to ensure a more comprehensive engagement exercise.



1. Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of the West Northamptonshire Health and Wellbeing Board's area for a period of up to three years, linking closely to documents in the Joint Strategic Needs Assessment (JSNA). Whilst reports in the JSNA will focus on the general health needs of the population of West Northamptonshire, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England and the Integrated Care Board (ICB).

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the ICB to be included in the pharmaceutical list for the Health and Wellbeing Board's area in which they wish to have a premises. In general, their application must offer to meet a need that is set out in the PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, for example applications offering benefits that were not foreseen when the PNA was published, known as 'unforeseen benefits applications'.

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

Whilst the PNA is primarily a document for the ICB to make commissioning decisions, it may also be used by Local Authorities and NHS England. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors, target services to areas of health need and reduce the risk of overprovision in areas of less need.

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

Further information on the Health and Wellbeing Board's specific duties in relation to the PNA and the policy background can be found in Appendix A, however following publication of its first PNA, the Health and Wellbeing Board must, in summary:

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

1.3 Pharmaceutical Services

The services that a PNA must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013 as amended.

Pharmaceutic services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board
- A pharmacy contractor who is included in the Local Pharmaceutical Services list for the area of the Health and Wellbeing Board
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board
- A doctor or GP practice that is included in the dispensing doctor list health for the area of the Health and Wellbeing Board

NHS England and NHS Northamptonshire ICB are responsible for preparing, maintaining and publishing these lists. In West Northamptonshire there are 63 pharmacies, three dispensing appliance contractors and 16 dispensing practices, as of January 2025.

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

1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike GPs, dentists and optometrists, NHS England and ICB do not hold contracts with the majority of pharmacy contractors, however there is a delegated responsibility for the ICB with the East Midlands Pharmacy Team. Instead, they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in the schedule 4 of the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

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

- Essential services – all pharmacies must provide these services:
 - Discharge Medicines Services
 - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
 - Dispensing of repeat medication
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles



- Signposting
- Support for self-care
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements
 - New medicine service
 - Stoma appliance customisation
 - Appliance use review
 - Seasonal influenza adult vaccination service
 - Pharmacy First
 - Pharmacy contraception service
 - Hypertension case-finding service
 - Smoking cessation service
 - Lateral Flow Device (LFD) services for eligible patients
- Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs. This requires NHS England to consult with Community Pharmacy England on matters relating to the service specification and remuneration for the service. As of January 2025, COVID-19 Vaccination Service is the only National Enhanced Service.

Further information on the essential, advanced and enhanced services requirements can be found in the Community Pharmacy England [National Enhanced Services](#).

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

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

Pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as



supplementary opening hours. Previously, some contractors successfully applied to open new premises on the basis of being open for 100 core hours per week (referred to as 100 hours pharmacies), which means that they are required to be open for 100 core hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). It continues to be a condition that these 100-hour pharmacies remain open for 100 core hours per week, and they may open for longer hours. Since August 2012 some pharmacy contractors may have successfully applied to open a pharmacy with a different number of core opening hours in order to meet a need, improvements or better access identified in a PNA. With effect from 25 May 2023, the 2013 regulations were amended ([Guidance on amendments](#)) so that:

- A pharmacy contractor can apply to the relevant ICB to reduce the total core opening hours of their 100-hour pharmacy
- The ICB may agree to remove the 100 hours condition in respect of those premises and replace it with a direction which specifies a lower number of total core opening hours.

However, ICBs and contractors must note that the direction, and any subsequent direction that may be issued in respect of these pharmacy premises, must specify a total number of core opening hours of not less than 72 (regulation 65(3A)).

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens, then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours and the ICB will assess the application against the needs of the population of the Health and Wellbeing Board area as set out in the PNA to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to change their supplementary opening hours, they simply notify the ICB of the change, giving at least five weeks' notice (or less if the ICB consents).

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

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



1.3.2 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHS England and the ICB does not hold contracts with dispensing appliance contractors. Their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Unlike pharmacies, dispensing appliance contractors do not typically dispense medications. Instead, their focus is on providing various medical appliances that aid in the treatment and management of specific health issues, such as catheters and colostomy bags.

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

- Stoma appliance customisation
- Appliance use review

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

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

Further information on the requirements for these services can be found in Appendix E

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

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



1.3.3 Pharmaceutical services provided by doctors

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

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

There are some exceptions to this, for example patient who have satisfied NHS England that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

1.3.4 Local Pharmaceutical Services

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

1.3.5 Locally commissioned services

West Northamptonshire Council and the NHS Northamptonshire ICB may also commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services and include the following services which are commissioned by West Northamptonshire Council:

- Emergency hormonal contraception (under a contract with Northamptonshire Health NHS Foundation Trust)
- Chlamydia screening
- Needle exchange
- Smoking cessation
- Supervised consumption of methadone and buprenorphine

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



1.3.6 Other NHS Services

Other services which are commissioned or provided by NHS England, West Northamptonshire Council, ICB Northamptonshire, Northampton General Hospital NHS Trust, Kettering General Hospital NHS Hospital Foundation Trust and Northamptonshire Healthcare NHS Foundation Trust which affect the need for pharmaceutical services are also included within the pharmaceutical needs assessment. Examples include the hospital pharmacies.

1.4 How the assessment was undertaken

1.4.1 Pharmaceutical need assessment steering group

The Health and Wellbeing Board has overall responsibility for the publication of the pharmaceutical needs assessment, and the Director of Public Health is the Health and Wellbeing Board member who is accountable for its development. The Health and Wellbeing Board has established a pharmaceutical needs assessment steering group whose purpose is to ensure that the Health and Wellbeing Board develops a robust pharmaceutical needs assessment that complies with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and meets the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and can be found in Appendix F.

1.4.2 Pharmaceutical needs assessment localities

The localities that have been previously used for the pharmaceutical needs assessment match the boundaries of the former district and borough councils, namely:

- Daventry
- Northampton
- South Northamptonshire

However, since the introduction of West Northamptonshire unitary authority, the data available does not align with previous geographical boundaries, and as such, the locality of West Northamptonshire will be used as a whole.

1.4.3 Other sources of information

Information was gathered from NHS England, Northamptonshire ICB and West Northamptonshire Council regarding:

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



West Northamptonshire Joint Strategic Needs Assessment documents and the 2023 Director of Public Health Annual Report for West Northamptonshire, the [Northamptonshire Joint Health and Wellbeing Strategy 2023-2028](#) and the [Integrated Care Northamptonshire Strategy 2023](#) provided background information on the health needs of the population. provided background information on the health needs of the population.

1.4.4 Engagement

To gain the views of interested parties on pharmaceutical services, a comprehensive engagement exercise was carried out and included:

- Patients and residents
- Contractors
- Dispensing pharmacies and dispensing practices

The full results of the engagement exercise can be found on section 5.

1.4.5 Consultation

A report of the consultation including any changes to the pharmaceutical needs assessment can be found in Appendix K

2. Overview of West Northamptonshire

2.1 Geography

West Northamptonshire Council is a unitary authority located within the ceremonial county of Northamptonshire within the centre of England and sits between the key cities of Oxford, Cambridge and Leicester. Strategically well placed on key transport routes between London, Birmingham and Leeds, West Northamptonshire is located in the East Midlands region.

A largely rural county, with much of the land used for agricultural farming, around 70% of people in West Northamptonshire live in urban and town areas. The town of Northampton is the largest in West Northamptonshire along with the other large population centres of Daventry, Brackley and Towcester.

West Northamptonshire has an extensive network of rivers and canals, with the Nene Valley, lakes and wetland areas crossing large areas of the county. West Northamptonshire features picturesque rural landscapes, including farmland, villages, and open countryside. The rural areas contribute to the region's overall charm and diversity.

West Northamptonshire is well-connected by road and rail networks, facilitating travel and commerce within the region and beyond. Major roadways and rail links contribute to the accessibility and connectivity of the area. The region features historical and cultural landmarks, including churches, historic buildings, and areas of archaeological significance. These sites add to the richness of West Northamptonshire's heritage.

2.2 Population

The total population of West Northamptonshire in 2023 was estimated at 434,349¹ representing less than a 2% increase from the Census 2021 figure of 425,725. The population is quite evenly distributed across the 5-year age bands and sex (49.7% male and 50.7% females) with those aged 25-64 making up more than 50% of our total population. There is also a notable difference in the 85+ age group, with 2,119 more females than males which can likely be attributed to the impact of the 2nd World War and females having a longer life expectancy.

¹ [Population estimates for England and Wales: mid-2023 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)



Figure 1 West Northamptonshire population estimates mid-year 2023 by age and sex

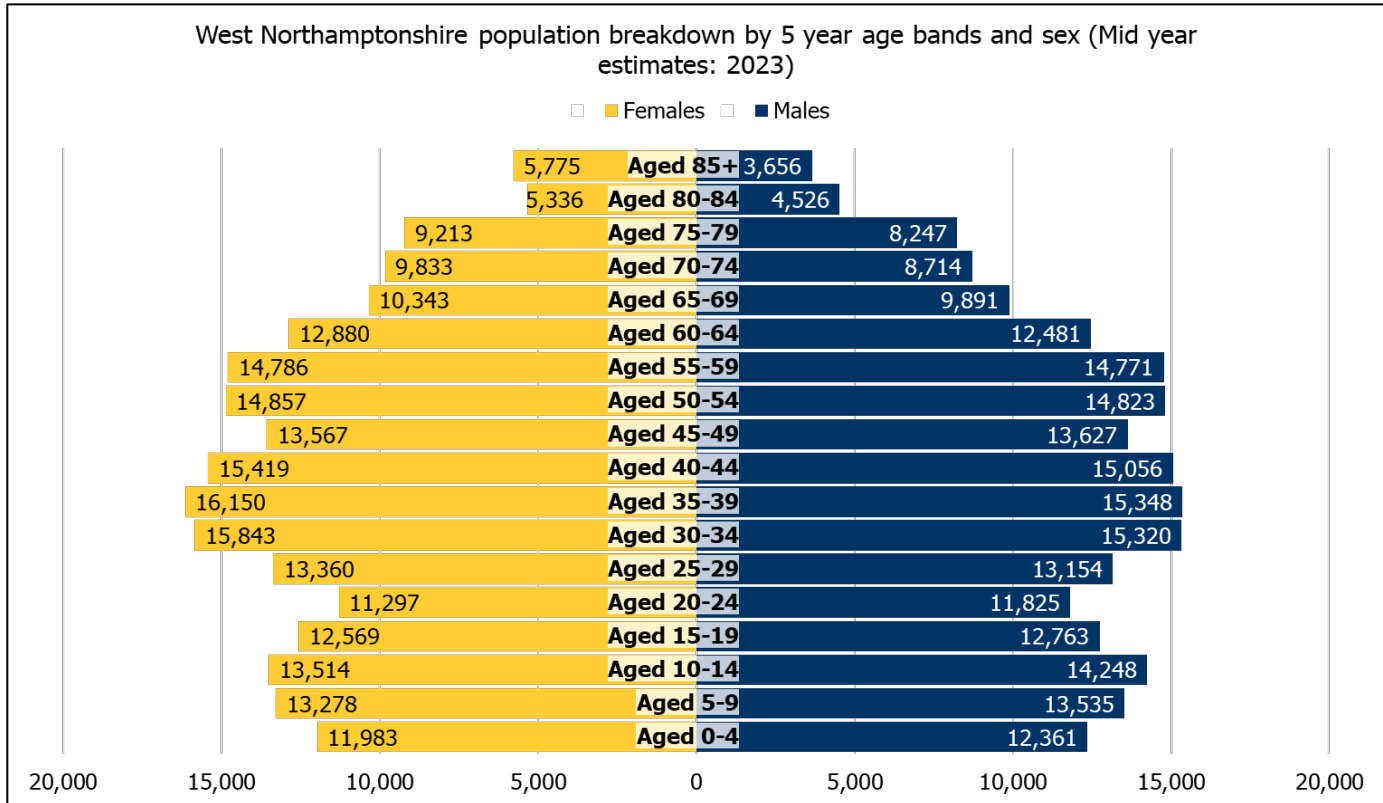


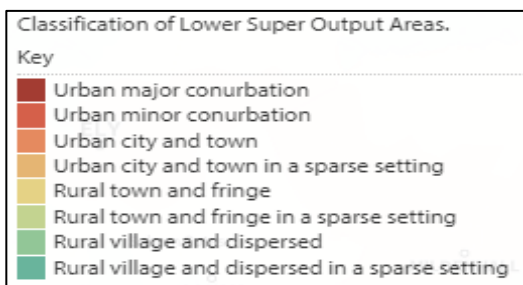
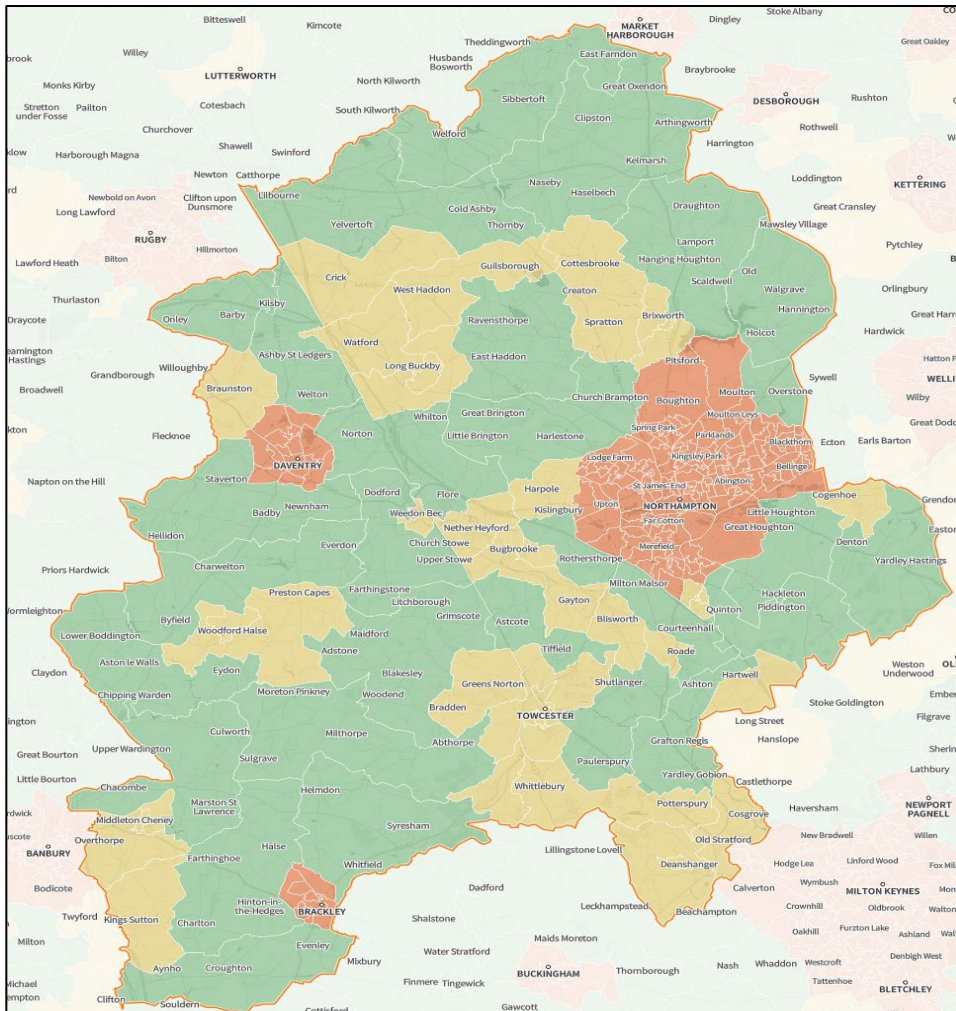
Table 1 West Northamptonshire population estimates mid-year 2023 by age and sex

Age band (years)	Female	Male
Aged 0 to 4	11,983	12,361
Aged 5 to 9	13,278	13,535
Aged 10 to 14	13,514	14,248
Aged 15 to 19	12,569	12,763
Aged 20 to 24	11,297	11,825
Aged 25 to 29	13,360	13,154
Aged 30 to 34	15,843	15,320
Aged 35 to 39	16,150	15,348
Aged 40 to 44	15,419	15,056
Aged 45 to 49	13,567	13,627
Aged 50 to 54	14,857	14,823
Aged 55 to 59	14,786	14,771
Aged 60 to 64	12,880	12,481
Aged 65 to 69	10,343	9,891
Aged 70 to 74	9,833	8,714
Aged 75 to 79	9,213	8,247
Aged 80 to 84	5,336	4,526
Aged 85 and over	5,775	3,656



Approximately 65% of the area's population live in 'urban city and town' areas, 24% in areas classified as 'rural town and fringe' and 11% in 'rural villages and dispersed'². A higher proportion of children live in the more urban areas than in the most rural areas. On the reverse, a higher proportion of people aged 65 and over live in the most rural areas compared to the most urban areas, which brings with it challenges in relation to access to services, delivery of services and dispersed populations.

Figure 2 Map West Northamptonshire lower super output areas by urban/rural classification³



² [2011 rural/urban classification - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk) and mid-2018 population estimates

³ [SHAPE - Shape \(shapeatlas.net\)](https://shapeatlas.net)

2.3 Equality characteristics

As per the Census 2021, the majority of West Northamptonshire residents aged 16 and over identify as straight or heterosexual (89.8%), with small percentages identifying as gay or lesbian (1.2%), bisexual (1.2%), or other orientations⁴. Predominantly, all usual residents are White (85.9%), with smaller proportions of Asian (5.3%), Black (4.9%), Mixed ethnic groups (2.8%) and other ethnic group (1.1%)⁵. Nearly half of the total the population identifies as Christian (49.5%), while 38.1% have no religion⁶. Around 15.2% of all usual residents are disabled, and the majority (84.8%) are not disabled, though 7.1% have a non-limiting long-term condition⁷.

2.4 Languages

In 2021, the predominant language spoken in the area was English⁸, accounting for 89.1% of the population. The next two most spoken languages are Romanian (3.7%) and Polish (1.9%). Languages such as Russian, Turkish, Arabic, and various African languages collectively represented smaller percentages. Minor representation was also seen for languages like French, Portuguese, Spanish, and various European, Asian, and sign languages. The data indicates a diverse linguistic landscape with a strong predominance of English speakers.

2.5 Gypsy, Roma and Traveller Communities (GRT)

The ONS Census data shows that in 2011 there were 214 Gypsies and Travellers residing in the West Northamptonshire Council area representing around 0.06% of the usual population. This was lower than the average for England of 0.10%. In 2021 the population increased by 0.04% bringing the population to 0.1% of the total population in West Northants. For the first time the Roma population was included in the latest Census and showed a population of 1,409 in West Northants totalling 0.3% of the total population.

There are 175 patients registered at GPs in West Northamptonshire in 2023 with GRT as their ethnicity, with only 6 aged 18-24 years old and only 65 being male. This is significantly lower than the number of residents we expect to be registered with this ethnicity and across different age groups and gender.

These communities experience significant barriers in accessing healthcare services due to a lack of health literacy, general literacy, and lack of a permanent address. More detail can be found in a [West Northants Health Needs Assessment published in 2024 on Gypsy, Roma and Traveller communities](#).

⁴ [ONS Census 2021 TS077 - Sexual orientation](#)

⁵ [ONS Census 2021 TS021 - Ethnic group](#)

⁶ [ONS Census 2021 TS030 - Religion](#)

⁷ [ONS Census 2021 TS038 - Disability](#)

⁸ [ONS Census 2021 TS024 - Main language \(detailed\)](#)



2.6 Carers

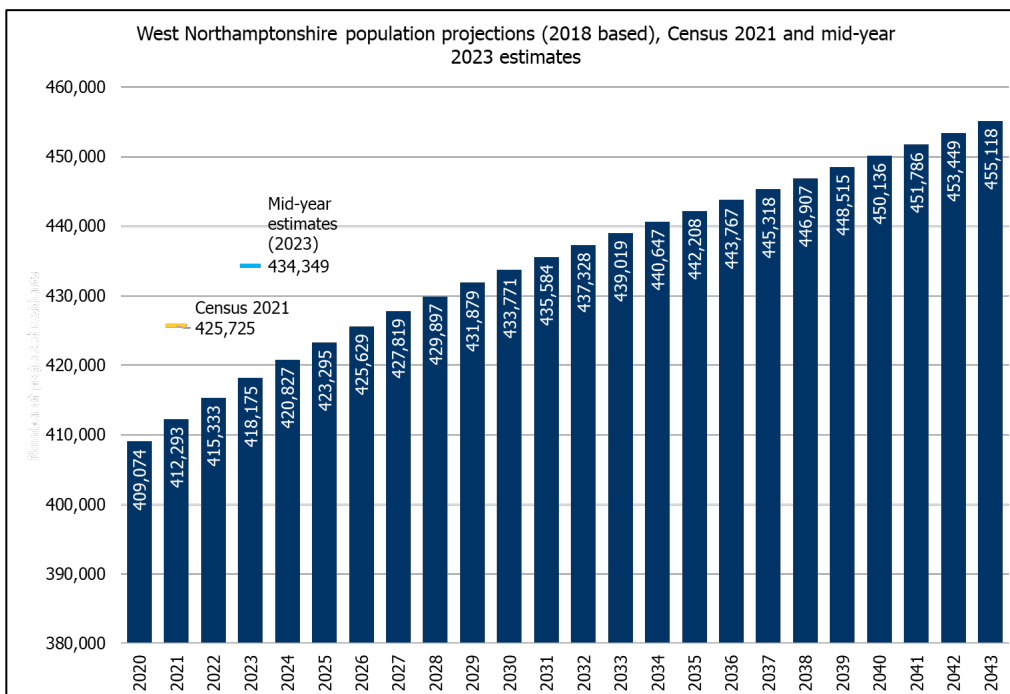
According to the Census 2021 data there are an estimated 31,766 unpaid carers in West Northamptonshire; a decrease of 5,123 when compared to the Census 2011. Of these 538 are 15 years old or younger and 7,291 are 65 years and over⁹.

If an individual cares for someone, and it has an impact on their life, they are entitled to have a free assessment of their needs as a carer. This applies whether the person they look after has had a needs assessment or not, and even if they have been assessed as not eligible for support. Further details on this can be found on our gov website: [Carer's assessment | West Northamptonshire Council](#).

2.7 Projections

The 2018 ONS population projections anticipated a steady increase in West Northamptonshire's population, with an expected annual growth of 1,500 to 3,000 residents¹⁰. However, data from the 2021 Census reveals that the population exceeded projections by 13,432 residents¹¹, aligning more closely with the population levels forecasted for 2026. Furthermore, the mid-year population estimates for 2023 approximate the numbers predicted for 2031¹². These findings indicate that West Northamptonshire's population is expanding at a significantly faster rate than originally predicted prior to the 2021 census data collection and ONS have not yet released any updated population projections since this census collection.

Figure 3 West Northamptonshire projected estimates, Census 2021 and mid-year 2023 estimates



⁹ [ONS Census 2021 RM113 - Provision of unpaid care by age](#)

¹⁰ [ONS Subnational population projections for England: 2018-based](#)

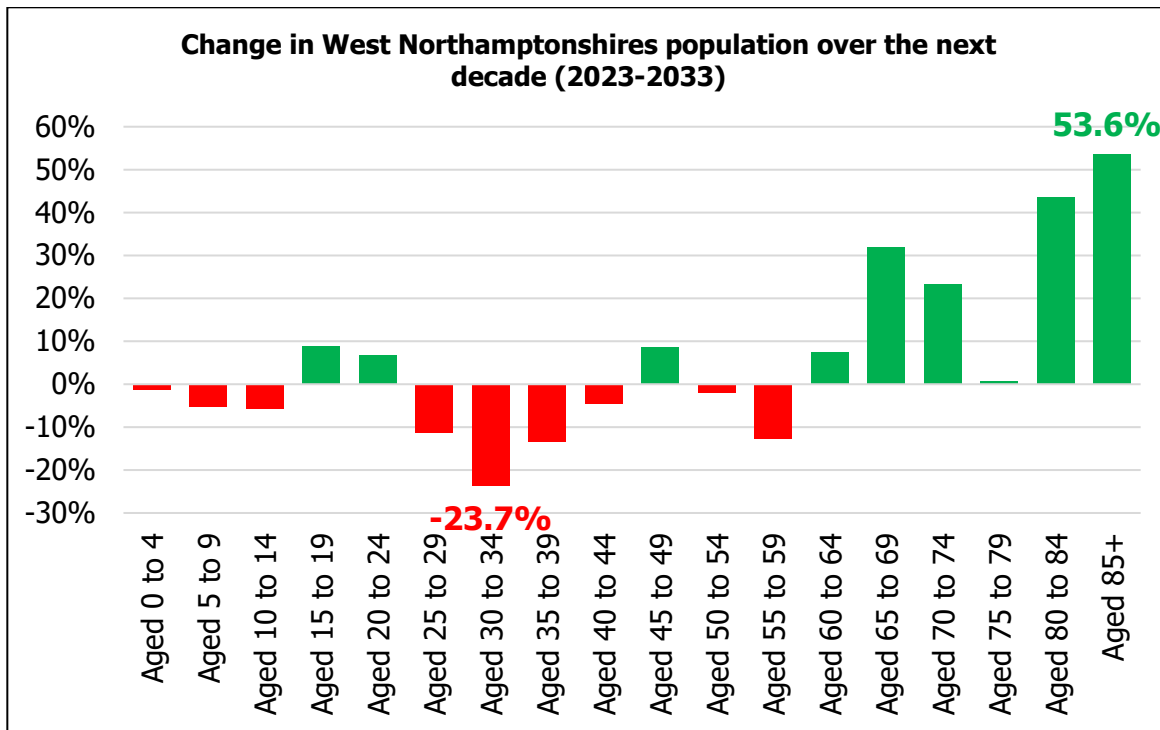
¹¹ [ONS Census 2021](#)

¹² [Mid-year 2023 estimates](#)



The bar chart below compares population estimates for 5-year age groups between mid-year population estimates 2023 and 2033 projected figures. Significant increases are projected for the older age groups, particularly those aged 85+ (53.4%) and 80-84 (43.1%). However, notable decreases are expected in younger age groups, especially those aged 30-34 (-23.9%), 35-39 (-13.7%), and 25-29 (-11.3%). The changes reflect an aging population with growth concentrated among older adults, while younger age groups are expected to decline.

Figure 4 West Northamptonshire population change over the next decade



2.8 Economic activity¹³

The proportion of those that reported themselves as economically active in the Census 2021 has decreased by 8.4% and in turn the economically inactive proportion has increased by the same amount when compared to the Census 2011 data.

From the 2011 to 2021 census data, there has been a notable shift in the economically active population. Full-time employment has seen a slight increase of 1.2%, indicating a rise in stable, full-time jobs. Self-employment has experienced a significant rise of 2.0%, suggesting a growing trend of entrepreneurial ventures or freelance work. Conversely, part-time employment has declined by 1.1%, and the number of full-time students has decreased by 0.7%. Unemployment has also reduced by 1.5%, reflecting an improvement in job availability or economic conditions over the period.

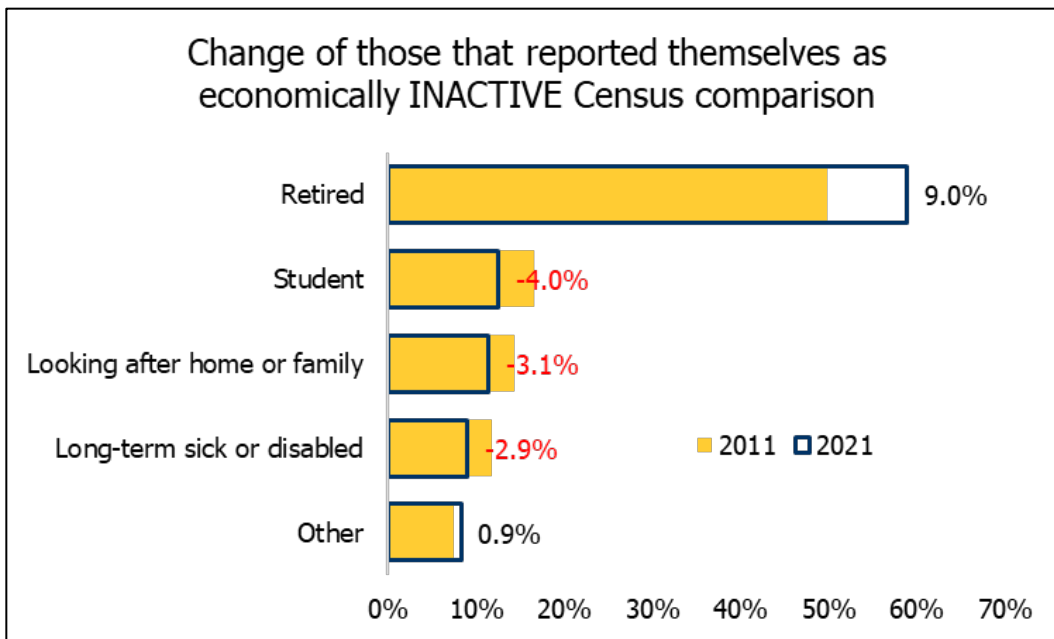
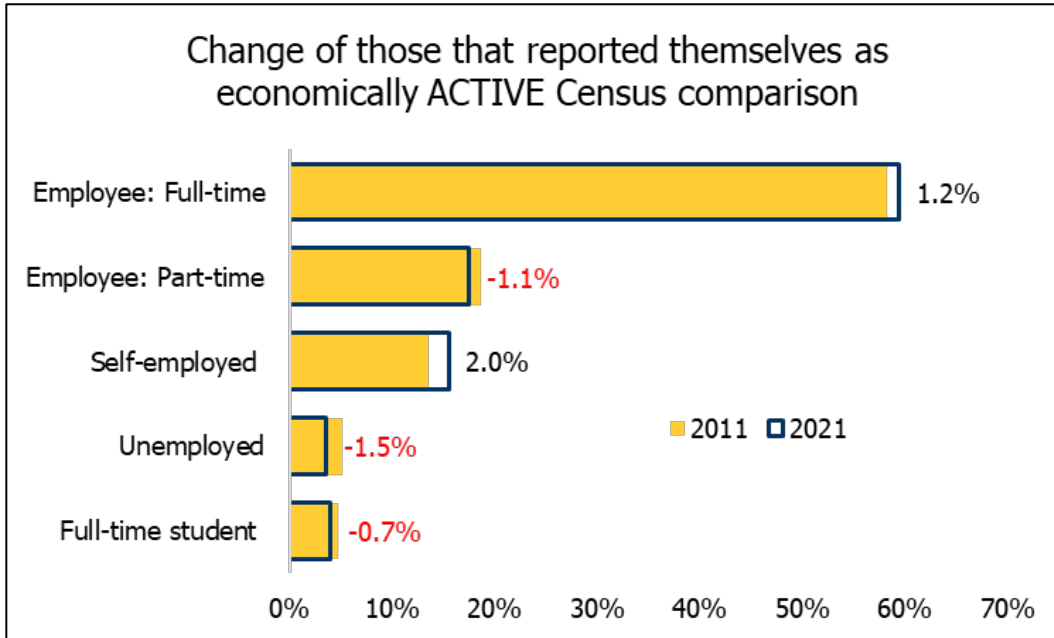
The economically inactive population has undergone significant changes from 2011 to 2021. The most pronounced change is a 9.0% increase in the retired population, which could be due to an aging

¹³ [ONS Census 2021 TS066 - Economic activity status](#)



population. In contrast, there have been decreases in several other categories: the number of students has dropped by 4.0%, those looking after home or family have decreased by 3.1%, and the long-term sick or disabled category has seen a reduction of 2.9%.

Figure 5: Economically active and Economically inactive Census 2011 vs 2021 comparison



2.9 Households

The total number of households in West Northamptonshire at 2021 Census was 172,639¹⁴(an increase of 17,544 when compared to Census 2011). The table below shows the tenure breakdown of the households in 2011 and 2021, and the change observed in the last decade.

Table 2 Tenure of households Census 2011 vs 2021 comparison

Tenure	2011	2021	Change
Owned	67.6%	64.9%	-2.7%
Privately rented	15.1%	19.1%	4.0%
Socially rented	14.8%	14.4%	-0.4%
Shared ownership	1.1%	1.5%	0.4%
Lives rent free	1.3%	0.1%	-1.2%

Of these 172,639 households the composition breakdown¹⁵ is as follows:

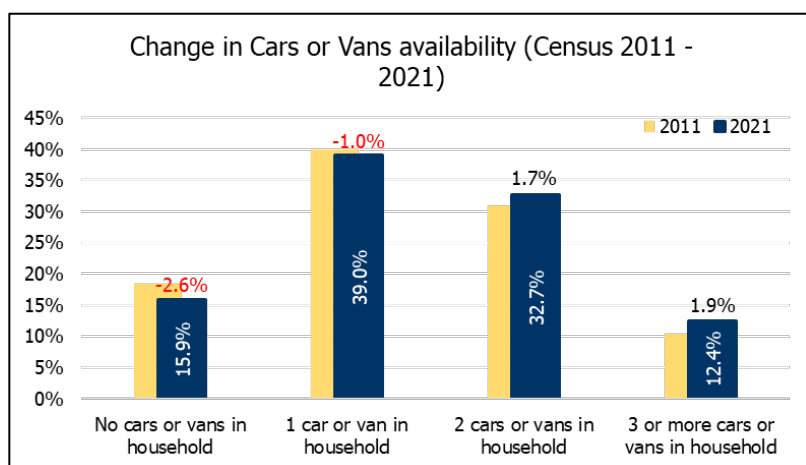
Table 3 Household composition Census 2011 vs 2021 comparison

Household composition	2011	2021	Change
One-person	28%	27%	-1%
Single family	65%	66%	1%
Other	7%	7%	-

2.10 Car ownership¹⁶

From Census 2011 to 2021, West Northamptonshire saw a shift in car ownership trends. Households without cars decreased from 18.5% to 15.9%, and those with one car slightly declined from 40% to 39%. Conversely, households with two cars rose from 31.0% to 32.7%, and those with three or more cars increased from 10.5% to 12.4%. This indicates a growing trend towards multiple vehicle ownership, reflecting increased mobility needs and possibly greater household affluence.

Figure 6 Car or van availability Census 2011 vs 2021 comparison



¹⁴ [ONS Census 2021 TS054 - Tenure](#)

¹⁵ [ONS Census 2021 TS003 - Household composition](#)

¹⁶ [ONS Census 2021 TS045 - Car or van availability](#)



2.11 Births¹⁷

There we 4,451 live births recorded in 2022 for West Northamptonshire which is higher than the number of deaths. This equates to a 10.4 rate of live births per 1,000 population which is statistically similar to the England rate of 10.1 per 1,000. The general fertility rate (GFR) for West Northamptonshire in 2022 was 53.8 which is higher than the England rate of 51.9.

2.12 Deaths¹⁸

In 2022, West Northamptonshire recorded 3,631 deaths, an increase of 72 compared to the previous year. The age-standardised mortality rate for all causes in the area was 951.74 per 100,000, which represents a slight decrease from the 2021 rate. Notably, this represents a significant decrease when compared to the 2020 rate of 1,046.62 (the spike in 2020 is mostly attributed to the COVID-19 pandemic).

Other key stats:

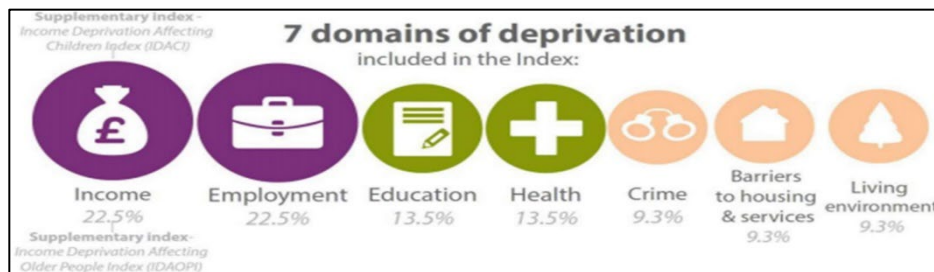
Explore more Census 2021 data for West Northamptonshire on the interactive map here: [Census Maps - Census 2021 data interactive, ONS](#)

2.13 Index of multiple deprivation

The Index of Multiple Deprivation is the main statistical overview of relative deprivation covering the whole of England. It is formatted using small geographical areas called Lower Super Output Areas, of which there are 228 within West Northamptonshire. At the time of the 2011 Census each Lower Super Output Area represented around 1,600 people.

The Index of Multiple Deprivation is constructed in hierarchical format using numerous national indicators to build up seven subject area 'domains' which then come together to create the overarching Index of Multiple Deprivation, using the weightings shown in the infographic below. These weightings are the same as in 2015. At the end of this process, each Lower Super Output Area geography is given a 'deprivation score'. To provide analysis of their relative levels of deprivation across the entire country, the individual Lower Super Output Area geographies are then sorted according to their deprivation score, given a national ranking and then divided into ten equal sections (deciles).

Figure 7 The seven domains of deprivation



¹⁷ [ONS Birth characteristics](#)

¹⁸ [ONS Mortality statistics - underlying cause, sex, and age](#)

Nationally, the Lower Super Output Area with a rank of 1 is the most deprived and that with a rank of 32,844 is the least deprived. Decile 1 is the top 10% most deprived and decile 10 is the least deprived 10%.

A key definition of deprivation used by local authorities is those areas (and their residents) which fall within the top 20% most deprived Lower Super Output Areas nationally (i.e. deciles 1 and 2 nationally). In the figures and map below, the most deprived Lower Super Output Areas are shown in hot colours (reds and oranges) while the least deprived are shown in cool colours (greens and blues).

There are 228 Lower Super Output Areas in West Northamptonshire. Of these, 13 Lower Super Output Areas are amongst the top 10% most deprived in England and 19 fall within decile 2 nationally. Thus, 32 (14%) of the Lower Super Output Areas in West Northamptonshire are amongst the top 20% most deprived nationally. 31 of the 2019 deprived Lower Super Output Areas are found in Northampton. Across England as a whole, the index will place 20% of Lower Super Output Areas within deciles 1 and 2. The bar graphs below shows the distribution of Lower Super Output Areas by Index of Multiple Deprivation national decile across West Northamptonshire and at locality level.

Figure 8 West Northamptonshire Lower Super Output Area distribution by Index of Multiple Deprivation 2019

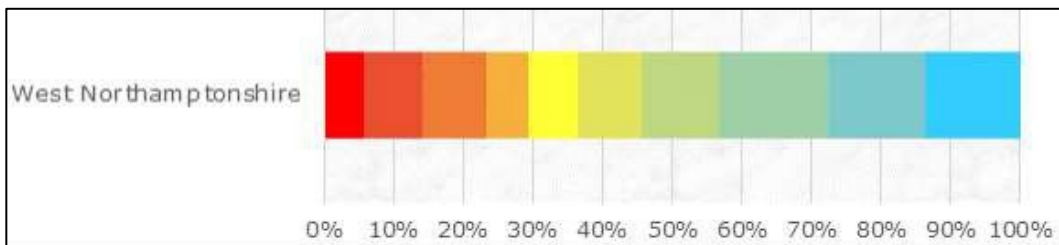
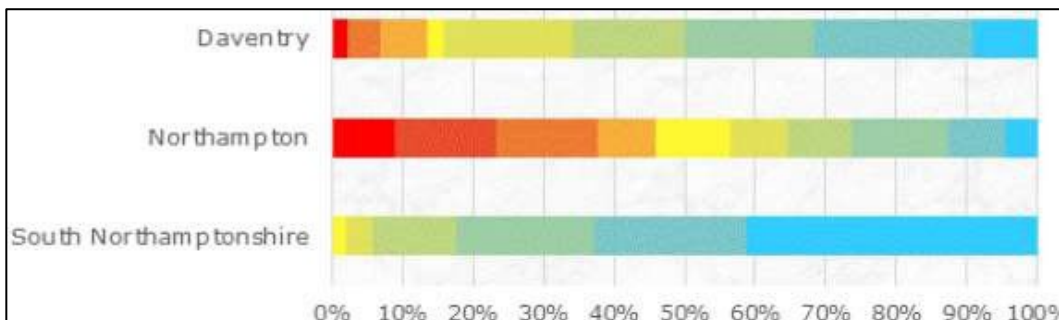


Figure 9 Locality Lower Super Output Area distribution by Index of Multiple Deprivation 2019

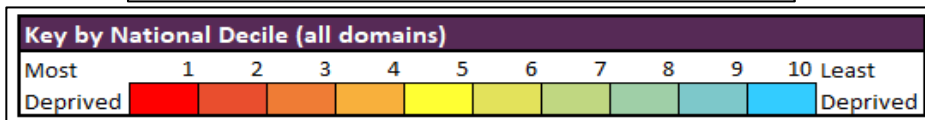
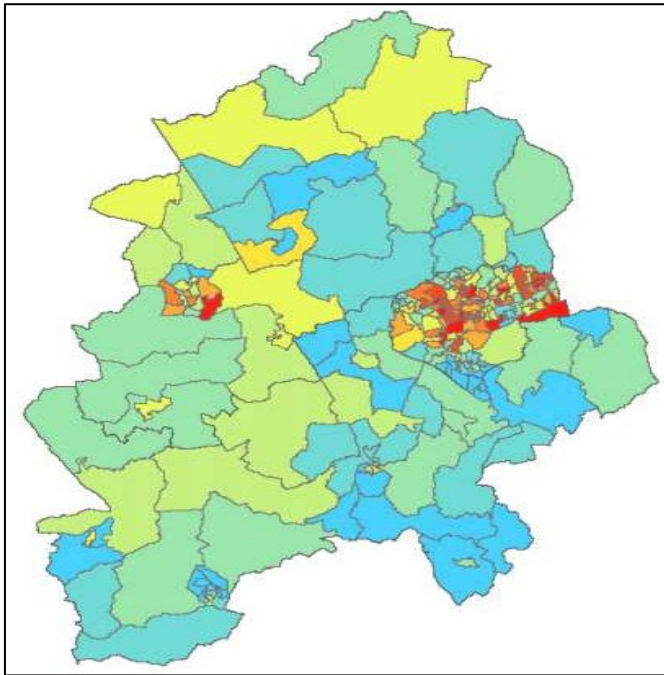


It is clear that Northampton contains a greater proportion (23.3%) of deprived Lower Super Output Areas (deciles 1 and 2) than the 20% national division. The only other Lower Super Output Area falling within deciles 1 and 2 can be found in Daventry.

The map of West Northamptonshire by Lower Super Output Area (below) shows the spread of deprivation by Index of Multiple Deprivation 2019 national decile (where decile 1 is the most deprived and decile 10 is the least deprived).



Figure 10 Map of the Index of Multiple Deprivation by Lower Super Output area



© Crown copyright and database rights 2018 Ordnance Survey licence no. 1000193331

On comparing the decile each Lower Super Output Area fell in the 2015 and 2019 Index of Multiple Deprivation, 26 worsened by one decile and two worsened by two or more deciles. However, only one Lower Super Output Area moved from decile 2 to decile 1:

- Northampton – St Andrews Hospital, Rushmere Road

No Lower Super Output Area moved into deciles 1 and 2 from a less deprived area. The two Lower Super Output Areas which have worsened by two or more deciles:

- Northampton – Boothville: Lumertubs Land, Queenswood Avenue – moved from decile 8 to decile 5
- Northampton – St Crispins, Berrywood – moved from decile 8 to 6

It should however be noted that a change in decile does not necessarily mean that actual deprivation in a Lower Super Output Area has worsened or improved, but that it is now in a worse or better place compared to the country as a whole. House building may affect individual Lower Super Output Areas by changing the demographic balance of the population.

There are a higher proportion of children and young people living in deprived areas than in non-deprived areas. Conversely, there is a lower proportion of older people living in deprived areas than in non-deprived areas.

2.14 Homeless and rough sleepers

In recent years West Northamptonshire has seen significant increases in homelessness as statutory homelessness data showing a growing number of people rough sleeping or with no fixed abode at the time of their application.

Almost 5,000 homelessness approaches (4951) were made to the Housing Options Service in 2022/23. An increase of 14% (599 additional approaches) on the previous year. Our annual rough sleeping estimate and count recorded 36 people sleeping rough on a single night in November 2023. This rose from 25 people in 2022 and 15 people in 2021. More information can be found here: [Homelessness and Rough Sleeping Strategy | West Northamptonshire Council \(westnorthants.gov.uk\)](#) and [Joint Strategic Needs Assessment \(JSNA\) | West Northamptonshire Council](#)

2.15 Planned development

West Northamptonshire Council produces a [Housing Land Supply Assessment](#) each year as is required by the National Planning Policy Framework. The assessment includes reports for the Daventry and South Northamptonshire areas as well as the Northampton Related Development area.

The below table outlines the planned developments that have land available and have a reasonable prospect of delivery in the 5 years of the assessment period. The most significant developments in terms of units in Daventry are in and around the Daventry Town area (1,976). In Northampton larger developments include, Overstone (1,181), Dallington (760), Sixfields (528), and Railway Station (425). In South Northamptonshire half of the overall development units are focussed in the Towcester area (934 units).

Table 4 Number of planned developments

Area	No of Units (2024-29)
Daventry Area	2,373
South Northamptonshire Area	1,818
Northampton Area	8,834
Total	13,025

2.16 Dwellings¹⁹

Looking back over the three-year period from 2018/19 to 2020/21 the adopted trajectory anticipated the delivery of 9,566 dwellings. Actual delivery during this period equates to 5,862 dwellings which represents a shortfall of 3,704 dwellings or 39%. From the start of the plan period in 2011/12 the trajectory anticipated there would be 22,326 dwelling completions by the end of 2020/21. Actual completions during this period stand at 17,234 dwellings which is just over 5,000 dwellings or 22% below the trajectory figure. Dwelling delivery in the Northampton Related Development Areas remains the key challenge.

¹⁹ [West Northamptonshire Joint Authorities Monitoring Report 2020-2021](#)



Table 5 West Northamptonshire Joint Core Strategy – Actual and Proposed Housing Delivery against Need

Year	Trajectory Need (Dwellings)	Delivery/Actual planned (Dwellings)	Difference
2011/12	872	872	0
2012/13	840	840	0
2013/14	1,434	1,432	-2
2014/15	1,864	1,599	-265
2015/16	2,239	1,831	-408
2016/17	2,593	2,326	-267
2017/18	2,928	2,562	-366
2018/19	3,095	2,248	-847
2019/20	3,349	1,617	-1,732
2020/21	3,112	1,997	-1,115
2021/22	2,931	3,379	448
2022/23	2,924	3,394	470
2023/24	2,656	3,179	523
2024/25	2,511	2,945	434
2025/26	2,276	2,786	510
2026/27	2,216	2,509	293
2027/28	2,031	2,229	198
2028/29	1,905	1,928	23
Total	41,776	39,673	-2,103



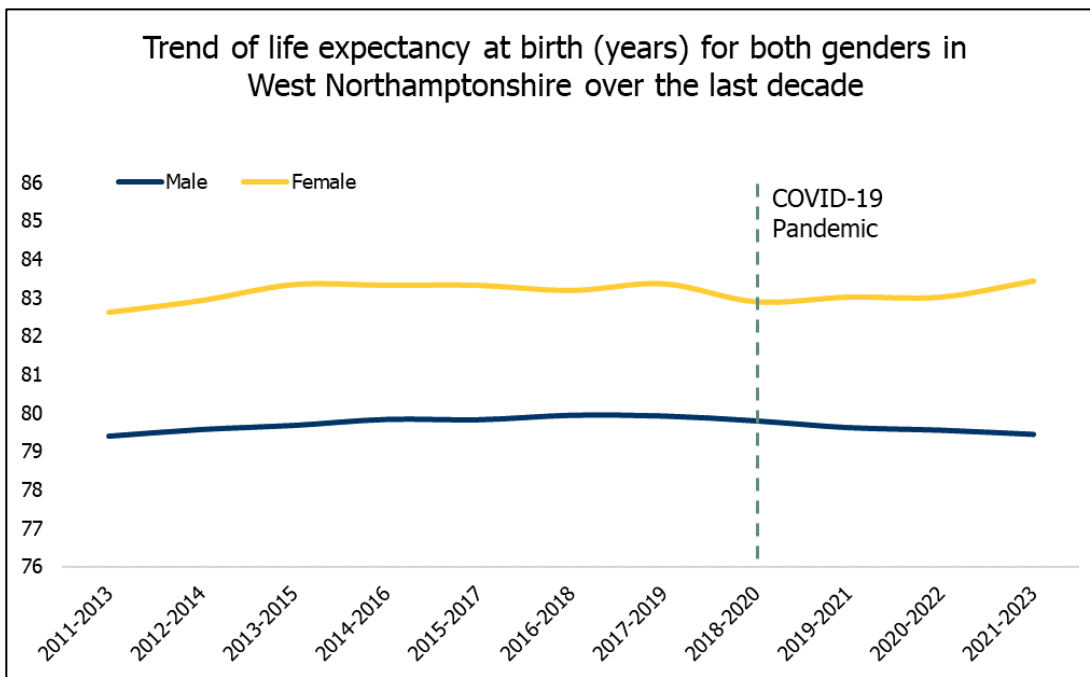
3. Health and Wellbeing of West Northamptonshire

3.1 Life expectancy

Life expectancy can be defined as the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby or a person at age 65 would survive if he or she experienced the age specific mortality rates for that area and time period throughout his or her life after that age. Data has been aggregated over a 3-year period.

Over the last decade, male life expectancy at birth in West Northamptonshire showed steady improvements, peaking at 80 years in 2016-2018 before declining during the pandemic. The most recent data for 2021-2023 shows male life expectancy at birth at 79.4 years, the same as a decade ago, and it has yet to recover to its pre-pandemic peak. A similar trend was observed for females; however, they demonstrated a stronger post-pandemic recovery, returning to their pre-pandemic peak of 83.4 years in 2021-2023.

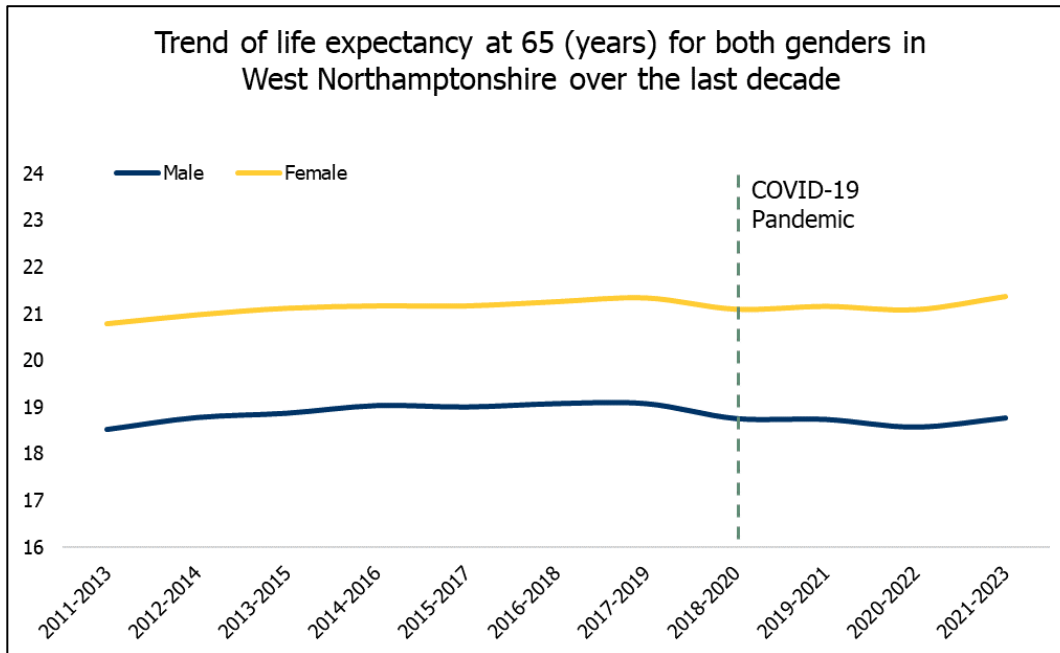
Figure 11 Trend of life expectancy at birth



A comparable pattern emerged when examining life expectancy at age 65. Life expectancy steadily increased before experiencing a decline during the pandemic years. Females again displayed a stronger recovery, reaching their highest level in the past decade at 21.4 years in 2021-2023, while males have not fully rebounded, with the most recent figure showing 18.8 years compared to a pre-pandemic peak of 19.1 years.



Figure 12 Trend of life expectancy at 65



Throughout the last decade, both males and females performed similar to or better than the regional and national averages. Consistent with broader national trends, females maintain a longevity advantage over males, with a gap of approximately 4 years at birth and 2.6 years at age 65.

3.2 Healthy life expectancy

Healthy life expectancy (HLE)²⁰ can be defined as 'a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health'. Data has been aggregated over a 3-year period.

A detailed explanation of how healthy life expectancy is calculated can be found on the Office for National Statistics website (see footnote)²¹.

Healthy life expectancy at birth²² for both males and females has fluctuated over the years, showing periods of both increase and decrease, with an overall slight downward trend for each. Despite this, they have consistently remained above the averages for regional and national levels. However, in recent years, the gap between these figures has narrowed significantly for both genders.

Between 2021 and 2023, males in West Northamptonshire could expect to live 62.4 years in good health, slightly less than the 62.7 years expected for females. Since the pre-coronavirus (COVID-19) period (2017 to 2019), healthy life expectancy at birth has declined by 2.9 years for males and 3.1

²⁰ [Understanding the drivers of healthy life expectancy: report - GOV.UK](#)

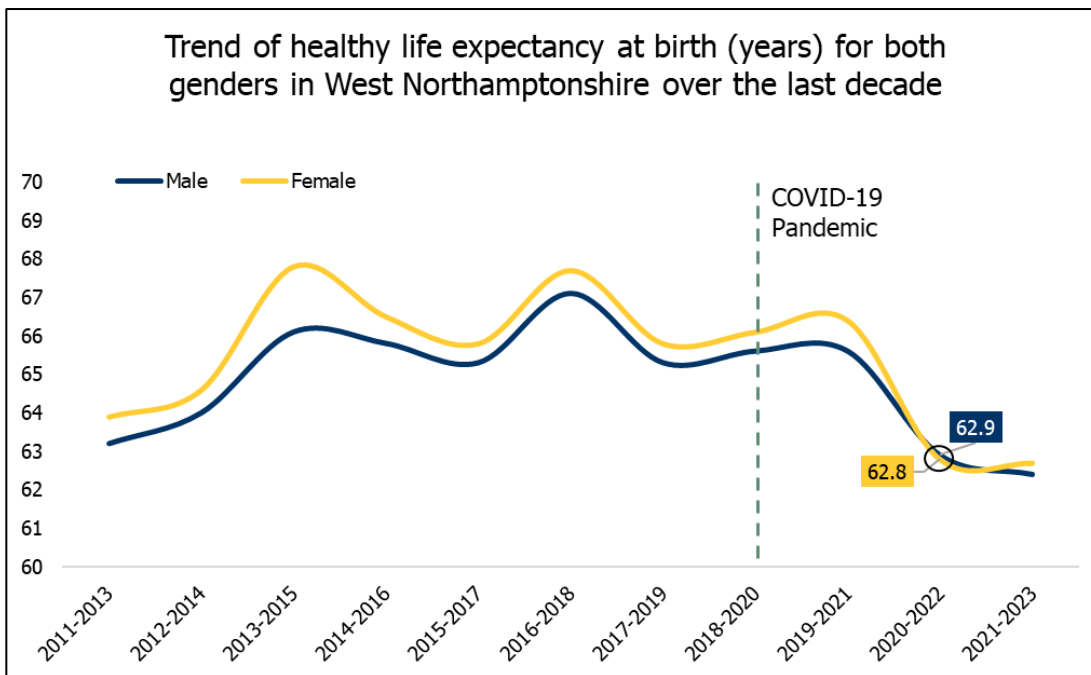
²¹ [A new way to measure healthy life expectancy | National Statistical](#)

²² ONS - [Healthy life expectancy in England and Wales - Office for National Statistics](#)

years for females in the area. For both genders, healthy life expectancy is now at its lowest point in the last decade, further highlighting the impact of the pandemic.

Females have historically had a higher healthy life expectancy than males. However, during 2020 to 2022 in West Northamptonshire, female healthy life expectancy briefly fell below that of males, albeit by only 0.1 years but it is a notable shift from the usual trend. While this could suggest that COVID-19 impacted females slightly more, research published by Kawther Zaher et al in 2023 on National Library of Medicine (NIS) found that males had a more significant hospitalisation and mortality rate than women while women had a higher COVID-19 risk over the long term²³. More recent data, however, indicates that females have regained their higher healthy life expectancy.

Figure 13 Trend of healthy life expectancy at birth

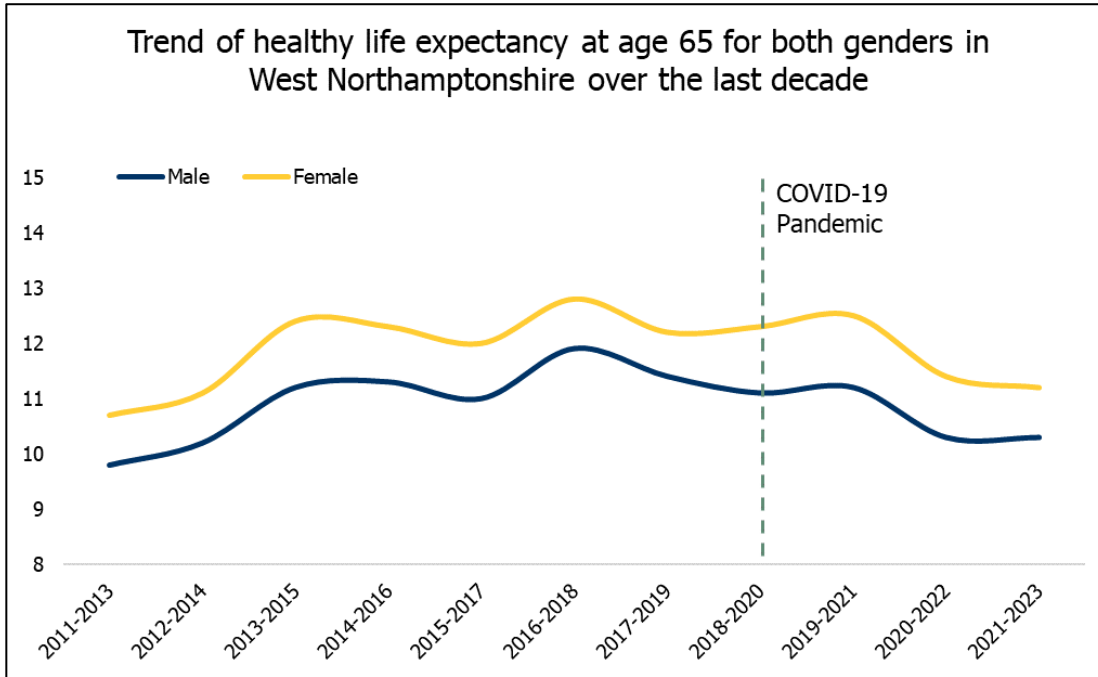


Similar to healthy life expectancy at birth, healthy life expectancy at age 65 in both males and females has also fluctuated over the years, showing periods of both increase and decrease but differs in trend which is slightly upward. Between 2021 and 2023, males in West Northamptonshire could expect to live 10.3 years in good health, slightly less than the 11.2 years expected for females. Since the pre-coronavirus (COVID-19) period (2017 to 2019), healthy life expectancy at age 65 has declined by 1.1 years for males and 1 year for females in the area. However, it is worth noting that this decline was not as steep as the decline observed in life expectancy at birth.

²³NIH - [Gender Differences in Response to COVID-19 Infection and Vaccination - PMC](#)



Figure 14 Trend of healthy life expectancy at age 65



3.3 Prevalence of diseases and chronic conditions

In 2023/24, West Northamptonshire recorded prevalence rates were below national averages (where lower rates indicate better outcomes) for all diseases except chronic kidney disease. However, challenges persist across the historic district areas of Daventry, Northampton, and South Northamptonshire, where rates for certain conditions exceed national benchmarks. These are highlighted in red in the table below.

The table highlights that Daventry and South Northamptonshire have higher prevalence of atrial fibrillation, asthma, cancer, and chronic kidney disease, with depression also being a concern for South Northamptonshire. Meanwhile, Northampton faces challenges with learning disabilities and diabetes. These figures represent recorded prevalence rather than true population prevalence and are not age-standardised, meaning demographic factors such as age distribution may influence how they appear geographically. These are highlighted in the table below in red. While overall performance is encouraging, focused efforts are needed to tackle these specific areas and bridge the gaps across the district areas.



Table 6 2023/24 prevalence of diseases and chronic conditions²⁴

Diseases and chronic conditions	Daventry	Northampton	South Northamptonshire	West Northamptonshire	England
Coronary Heart Disease	2.74%	2.30%	2.91%	2.52%	2.97%
Stroke	1.74%	1.40%	1.80%	1.56%	1.86%
Atrial fibrillation	2.49%	1.75%	2.61%	2.09%	2.18%
Heart failure	0.93%	0.75%	0.88%	0.82%	1.06%
COPD	1.47%	1.51%	1.59%	1.52%	1.86%
Asthma	6.98%	5.73%	7.28%	6.32%	6.53%
Cancer	4.06%	2.63%	4.41%	3.30%	3.64%
Chronic kidney disease	5.13%	4.18%	4.48%	4.43%	4.41%
Diabetes	7.23%	7.87%	6.97%	7.54%	7.66%
Palliative care	0.28%	0.21%	0.30%	0.25%	0.55%
Dementia	0.70%	0.65%	0.64%	0.66%	0.76%
Depression	1.12%	1.15%	1.56%	1.24%	1.48%
Mental health	0.64%	0.91%	0.61%	0.79%	0.96%
Epilepsy	0.67%	0.74%	0.75%	0.73%	0.81%
Learning disabilities	0.41%	0.60%	0.33%	0.51%	0.58%

3.4 Global burden of disease

The Global Burden of Disease (GBD) study measures the impact of diseases, injuries, and risk factors on health worldwide, helping identify which conditions cause the most illness, disability, and death.

This is captured using Disability Adjusted Life Years (DALYs), a measure that combines Years of Life Lost (YLL) due to early death and Years Lived with Disability (YLD) due to illness or injury. YLL represents the years cut short when a person dies earlier than expected, while YLD reflects the years spent living with reduced quality of life due to a health condition. By combining these, DALYs provide a clear picture of the total health burden in a population.

Neoplasms were the leading contributors to DALYs for both males and females in Northamptonshire in 2021, though their contribution varied by percentage. Males experienced higher DALYs attributable from cardiovascular diseases, respiratory infections and tuberculosis, injuries, and substance use disorders, whereas females had a greater burden from musculoskeletal diseases, mental disorders, neurological disorders, and other non-communicable diseases. This pattern aligns with regional and national picture, though the proportions of contribution to DALYs vary.

²⁴ [Quality and Outcomes Framework, 2023-24 - NHS England Digital](#)



Table 7 Contribution to DALYs by cause for Northamptonshire in 2021 by gender and all ages²⁵

Cause	Male	Female	Cause
Neoplasms	16.65%	15.73%	Neoplasms
Cardiovascular diseases	12.58%	10.87%	Musculoskeletal disorders
Other COVID Outcomes	12.27%	9.57%	Cardiovascular diseases
Respiratory infections and tuberculosis	10.23%	8.55%	Mental disorders
Musculoskeletal disorders	6.87%	7.77%	Neurological disorders
Mental disorders	6.33%	7.40%	Other COVID Outcomes
Injuries	5.72%	7.40%	Respiratory infections and tuberculosis
Chronic respiratory diseases	5.35%	6.12%	Other non-communicable diseases
Neurological disorders	5.00%	5.71%	Chronic respiratory diseases
Diabetes and kidney diseases	4.63%	4.43%	Injuries
Digestive diseases	3.35%	4.23%	Diabetes and kidney diseases
Substance use disorders	3.14%	3.54%	Digestive diseases
Other non-communicable diseases	2.51%	3.00%	Sense organ diseases
Sense organ diseases	2.24%	2.09%	Skin and subcutaneous diseases
Skin and subcutaneous diseases	1.62%	1.63%	Substance use disorders
Maternal and neonatal disorders	1.02%	1.00%	Maternal and neonatal disorders
Other infectious diseases	0.17%	0.45%	Nutritional deficiencies
Enteric infections	0.13%	0.21%	Other infectious diseases
HIV/AIDS and sexually transmitted infections	0.10%	0.16%	Enteric infections
Nutritional deficiencies	0.07%	0.13%	HIV/AIDS and sexually transmitted infections
Neglected tropical diseases and malaria	0.00%	0.03%	Neglected tropical diseases and malaria

3.5 Immunisation

Vaccination acts as the primary layer of defence against infectious diseases, safeguarding individuals from illness, reducing the risk of transmission and helping to develop personal immunity. Recent data reveal a decline in vaccination uptake across most age groups when compared to the previous year. Notably, all groups experienced reductions except for the 2 to 3 year old cohort, which maintained stable rates. However, uptake among at risk individuals declined sharply, showing a significant drop of 8.4%, highlighting the need for targeted interventions to address vaccine hesitancy and improve accessibility.

Table 8 West Northamptonshire Flu vaccine uptake (%) in selected groups

Flu Vaccination (%) in:	2022/23	2023/24	Change
65 and over	80.4	78.2	-2.2
At risk individuals	50.1	41.7	-8.4
2 to 3 years old	40	41	1
Primary School aged children *	52.7	52.5	-0.2

*Data for primary school aged children is reported for a single year so 2022/23 represents 2022 and 2023/24 represents 2023 data for this group.

²⁵ [VizHub - GBD Compare](#)

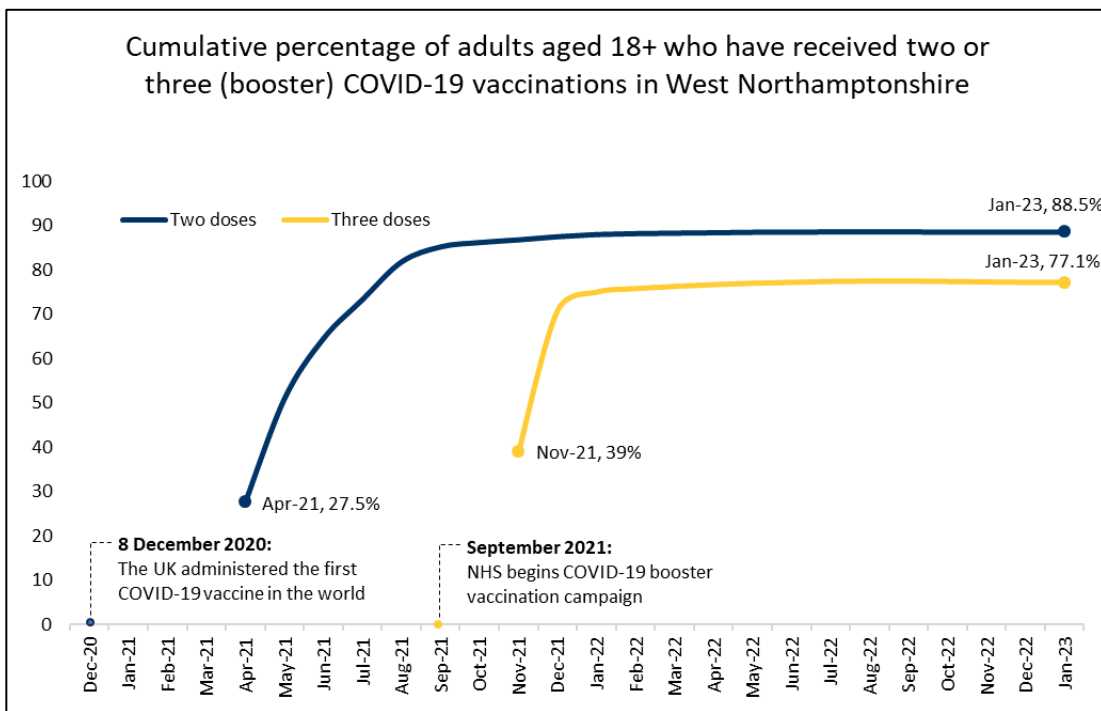
The COVID-19 pandemic presented significant challenges for us as a local authority, requiring us to protect individuals from the virus while working to contain its spread. The COVID-19 vaccination programme operated alongside routine, nationally led immunisation efforts to address these challenges effectively.

As of January 2023, 88.5% of the population aged 18 years and over had received at least two doses of the COVID-19 vaccine, while 77.1% had received three doses. These figures indicate a stronger performance compared to the national average and are comparable to rates observed across the East Midlands region.

The proportion of individuals who had not received any COVID-19 vaccinations by this point is also captured in the data. Notably, these statistics include vaccinations administered as early as December 2020, when the UK became the first country in the world to roll out a COVID-19 vaccine outside of clinical trials.

For further details on the methodology used to calculate these percentages, please refer to the footnotes provided.

Figure 15 Vaccination uptake of two or three doses in adults aged 18 years and over²⁶



²⁶ [Coronavirus and vaccination rates in people aged 18 years and over by socio-demographic characteristic, region and local authority, England - Office for National Statistics](#)

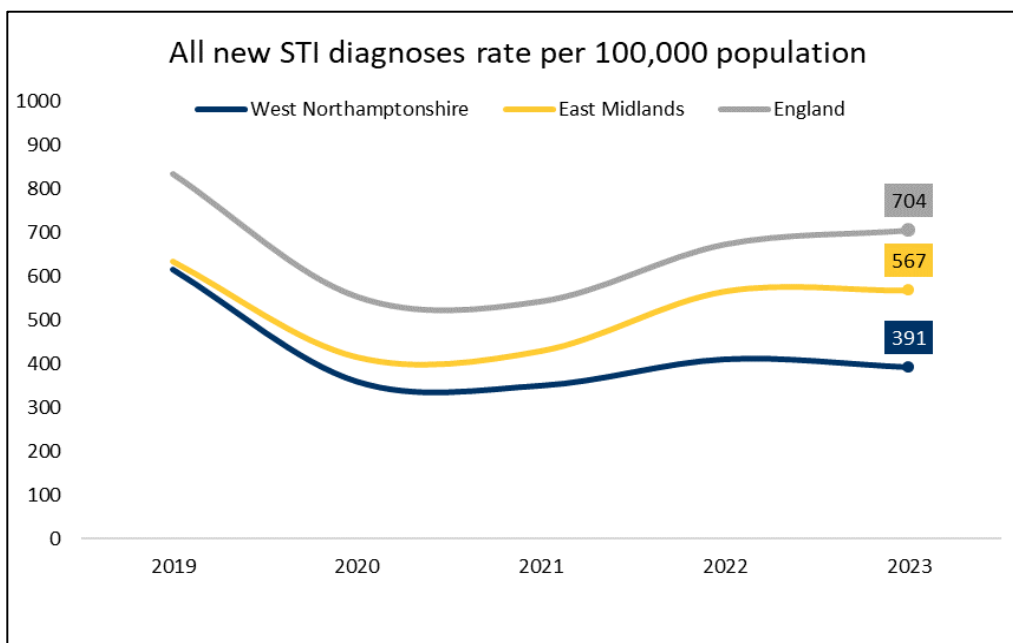


3.6 Sexual health

All new Sexually Transmitted infections (STIs) diagnosis rates in West Northamptonshire experienced a significant decline in 2020, dropping to nearly half the rates observed in the previous year. This was a clear consequence of the COVID-19 lockdowns, which limited social interactions and mobility, leading to fewer opportunities for STI transmission and testing.

In 2022, the rates showed an increase but slightly declined again in the most recent figure in 2023, reaching 391 per 100,000 population: substantially lower than the regional and national averages. The overall trend remains downward, and West Northamptonshire has consistently had rates below the regional and national benchmarks.

Figure 16 All new STI diagnoses rate per 100,000 population at local, regional and national level



The table below highlights other key sexual health indicators and their trends over the last five years. A common trend is evident across many indicators, showing a significant drop in 2020, followed by increases in 2022 and either further increases or decreases in 2023. A lower number is better in most indicators with the exception of HIV testing rate where higher is better.

Performance in West Northamptonshire was mixed, with some indicators performing better than the regional and national averages, while others performed worse. Notably, there was a substantial spike in the new HIV diagnosis rate in 2023, reaching 16.3 per 100,000. This increase occurred despite a reduction in HIV testing rates compared to the previous year.

Another key observation is the consistently higher Chlamydia detection rates in females aged to 24 years old compared to males of the same age band over the past five years, often double or more. However, this discrepancy should be interpreted with caution, as it may be influenced by a higher proportion of females being screened compared to their male counterparts



Table 9 Key sexual health indicators for West Northamptonshire

Indicator	2019	2020	2021	2022	2023
Chlamydia diagnostic rate per 100,000 population (all ages)	329	206	198	243	219
Chlamydia detection rate (15-24 years old), Persons	2145	1435	1278	1582	1284
Chlamydia detection rate (15-24 years old), Male	1385	863	701	895	774
Chlamydia detection rate (15-24 years old), Female	2925	1903	1504	2050	1779
Syphilis diagnostic rate per 100,000	5.7	3.5	5.6	6.5	7.5
Gonorrhoea diagnostic rate per 100,000	72	36	33	41	48
Genital warts diagnostic rate per 100,000	68.9	33.6	32.1	41.3	40.8
Genital herpes diagnosis rate per 100,000	51.4	30.8	29.1	28.9	30.5
Mycoplasma genitalium diagnostic rate per 100,000	4.5	7.6	3.7	1.9	2.1
Trichomoniasis diagnostic rate per 100,000	12.8	6.9	16.2	12.1	10.3
HIV testing rate per 100,000 population	1538	522	562	797	740
New HIV diagnosis rate per 100,000	5.9	5.2	3.8	9.3	16.3

3.7 Teenage conceptions

In 2021, the under 18 conception rate in West Northamptonshire was 10.1 per 1,000 females, reflecting a continued downward trend and a significant decrease from 29.5 per 1,000 in 2011. This reduction highlights notable progress over the past decade.

West Northamptonshire recorded the second lowest under 18 conception rate in the East Midlands region, surpassed only by Rutland. Additionally, the area performed significantly better than both the regional and national averages, reinforcing the positive trend in reducing teenage pregnancies.

More than half (57.3%) of teenage conceptions in West Northamptonshire resulted in abortion, suggesting a need for continued focus on sexual health education, access to contraception, and support services for young people.

3.8 Substance misuse

Substance misuse is the harmful or hazardous use of alcohol, prescription medications, and illicit drugs. It poses significant risks to physical and mental health, often leading to addiction, chronic diseases, and social or legal problems. Substance misuse can impact individuals of all ages and backgrounds often contributing to family breakdowns, unemployment, and homelessness.

Supervised consumption and needled exchanges services are provided by all pharmacies in West Northamptonshire however not all have services users attending.



3.9 Adults

The number of adults aged 18 years and over in treatment for 2023/24 was 1,826, reflecting a 10% increase from the previous year. This percentage increase was notably higher than the increases observed in the East Midlands (6.3%) and across England (7.5%).

Table 10 Number of adults aged 18 and over in treatment

Area	2023/24	2022/23	2021/22
West Northamptonshire	1,826	1,660	1,759
East Midlands	25,980	24,434	23,250
England	310,863	289,215	270,705

Opiate and alcohol use have consistently been the primary reasons adults seek treatment, a trend observed not only locally but also across the East Midlands and England. According to the most recent data, the number of adults in treatment for opiates decreased by 4.8% compared to the previous year, while those in treatment for alcohol-only issues saw a 1.8% increase.

3.10 Children and Young people (CYP)

The number of CYP in treatment for 2023/24 was 213, reflecting a steep 60.2% increase from the previous year. This percentage increase was notably higher than the increases observed in the East Midlands (24.6%) and across England (17.5%).

Table 11 Number of children and young people in treatment

Area	2023/24	2022/23	2021/22
West Northamptonshire	213	133	102
East Midlands	1,770	1,421	1,076
England	26,339	22,415	20,236

Cannabis and alcohol have consistently been the primary reasons children and young people (CYP) seek treatment over the past three years, a trend that mirrors patterns observed in the East Midlands and across England. Of the total in treatment in 2023/24, 36.2% were receiving support for cannabis use, while 22.1% were in treatment for alcohol-related issues. According to the most recent data, the number of CYP in treatment for cannabis decreased by 4.4% compared to the previous year, continuing a downward trend observed since at least 2021/22. In contrast, those seeking treatment for alcohol related issues increased by 2.6%.

Hospital admissions due to substance misuse among 15- to 24-year-olds have been on a steady decline since 2016/17, reflecting positive progress and the impact of ongoing efforts to address this issue. Despite these improvements, West Northamptonshire has consistently performed worse than both regional and national averages.

The most recent data, covering the period from 2020/21 to 2022/23, reports a directly standardised rate of 87 per 100,000, making it the highest in the region. While the downward trend is encouraging, these figures highlight that more targeted interventions, prevention strategies, and support services are urgently needed to improve outcomes and address substance misuse in CYP in West Northamptonshire.

3.11 Smoking

Smoking prevalence among adults (aged 18 and over) – current smokers (APS)²⁷ in West Northamptonshire has shown a concerning upward trend in recent years. After a decline in 2021, rates began to rise again, reaching a rate of 13.8% in 2023. This contrasts with the national trend in England, where smoking prevalence steadily declined from 13.8% in 2020 to 11.6% in 2023. While the East Midlands experienced fluctuations, culminating in a drop to 12.5% in 2023, West Northamptonshire's increase highlights a growing challenge in tackling smoking rates locally.

Table 12 Smoking prevalence among adults aged 18 and over – current smokers (APS) at local, regional and national level

Area	2020	2021	2022	2023
West Northamptonshire	12.6%	11.5%	12.0%	13.8%
East Midlands	13.7%	13.4%	14.0%	12.5%
England	13.8%	13.0%	12.7%	11.6%

Additional smoking related indicators are available on Fingertips. For more detailed information, please visit [Fingertips | Department of Health and Social Care](#).

To help reduce smoking rates, West Northamptonshire has a dedicated Stop Smoking Service. This service provides one to one support from dedicated advisors and offers a range of medications to assist with the quitting process, including patches, gum, lozenges, e-cigarettes, and mouth spray.

For the financial year 2024/25, the service has received 1,635 referrals (as of December 2024) through various channels, including self-referrals, hospital referrals, GP referrals, and others.

3.12 Obesity²⁸

In West Northamptonshire, obesity prevalence has fluctuated over the years for adults. The latest data for 2022/23 indicates an improvement from the previous year, with obesity prevalence in adults (18+ years) dropping to 27.0% from 29.2% in 2021/22. The local prevalence rate of 27.0% is slightly below the regional average of 28.4% in 2022/23. A sharp increase was observed in 2020/21 with rose to 29% from the previous prevalence of 24.4%.

Among children, the prevalence of overweight (including obesity) in reception year (ages 4-5) has also varied over time. The most recent data for 2023/24 shows a prevalence of 20.9%, slightly lower than

²⁷ [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)

²⁸ [Fingertips | Department of Health and Social Care](#)



both the regional (22%) and national averages (22.1%). In Year 6 children (ages 10-11), the prevalence of overweight (including obesity) over the last decade has ranged from 28.8% to a peak of 35.9% in 2021/22. Since then, rates have begun to decline, with the latest data for 2023/24 indicating a prevalence of 33.9%, which is lower than the regional and national averages.

Sharp increases in obesity rates were observed during the COVID-19 pandemic years among reception and year 6 age children at both the regional and national levels, highlighting the broader impacts of the pandemic on weight trends. However, in West Northamptonshire, this sharp increase was only evident among Year 6 children, while reception year children did not experience the same rise but in fact a slight dip.

3.13 Identified patient groups - particular health needs

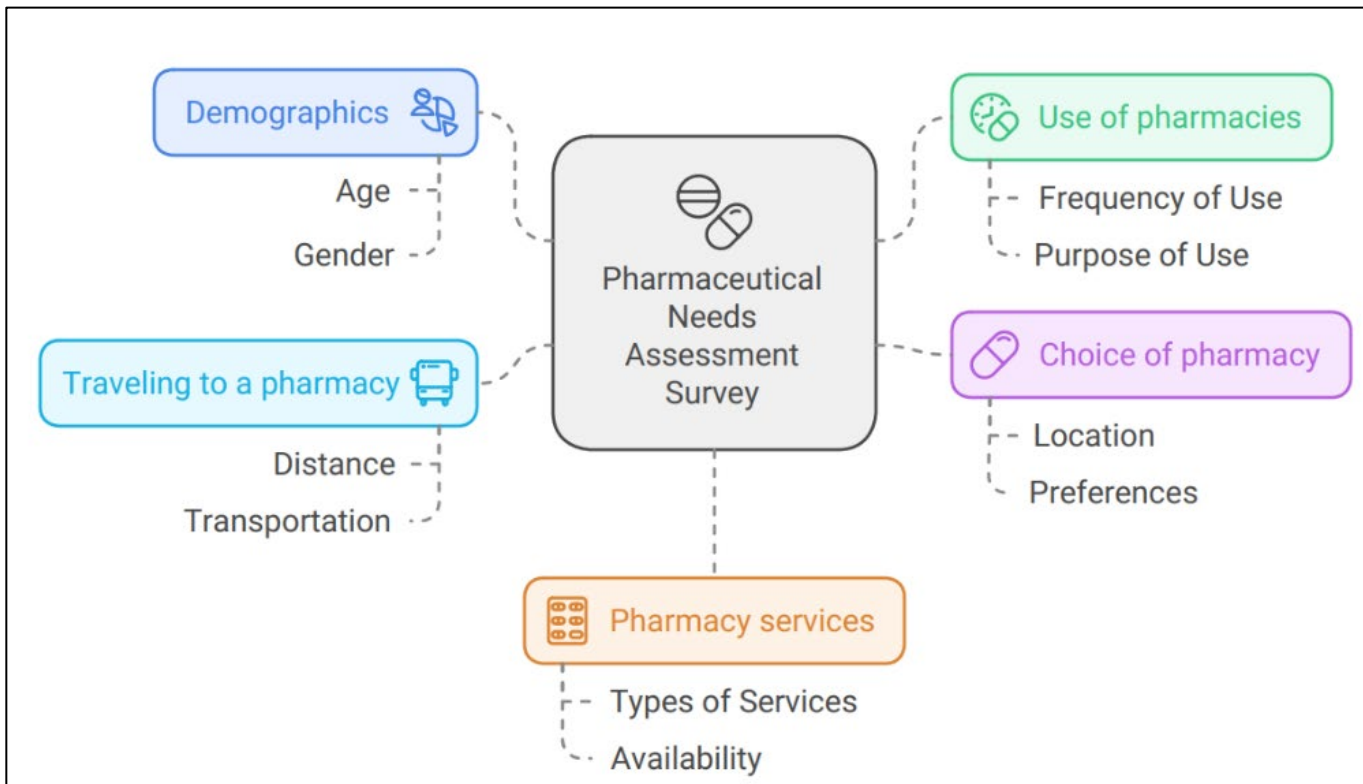
West Northamptonshire Council is working on a robust suite of joint strategic needs assessment and information on the particular health needs can be assess from the [West Northamptonshire Health and Wellbeing Board website](#).

4. Engagement

4.1 Patient and Public Engagement

To gather insights from patients and the public on pharmaceutical services, a questionnaire was created and published on West Northamptonshire Council’s consultation webpage from 5 August to 6 October 2024. To maximise engagement and reach a broader audience, additional efforts were made to actively promote the questionnaire. The diagram below outlines some of the topics covered in the questionnaire, with a complete list of questions available in Appendix G.

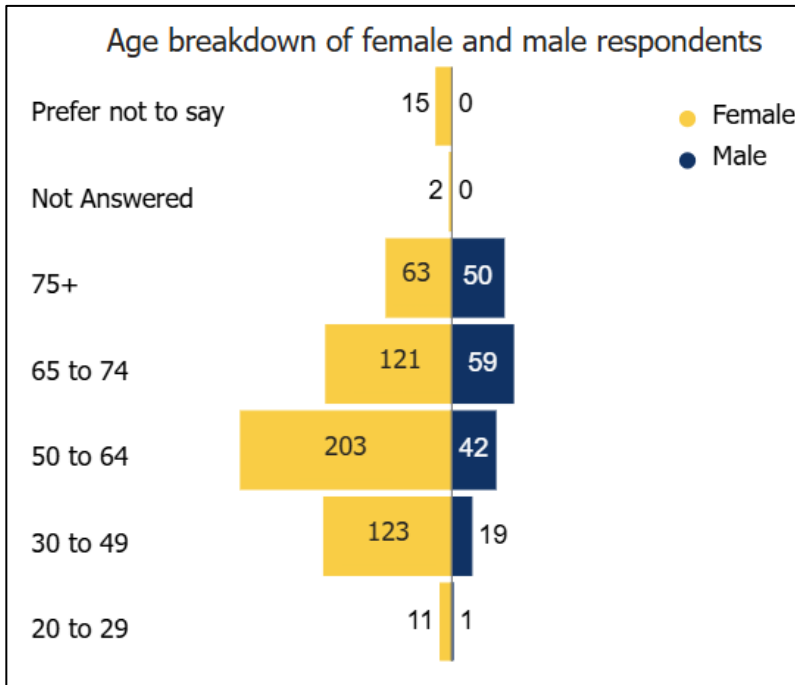
Figure 17 Diagram outlining some of the topics covered in the questionnaire



A total of 543 respondents either completed (449) or partially completed (94) the questionnaire. "Completed" refers to those who finished and submitted their responses, while "partially completed" includes respondents who began the questionnaire but did not finish and/or submit their responses for unknown reasons. For a comprehensive analysis, responses from both groups have been combined. Of these respondents, 323 (59%) were female and 118 (22%) were male. The remaining respondents either did not answer, chose not to disclose, or did not specify their gender. The age distribution by gender is displayed in Chart 1 below.



Figure 18 Age breakdown of female and male respondents



Whilst this reflects a disproportionate representation between males and females, we should acknowledge that men generally tend to engage less with medical services. A study was conducted in 2013 by Dr YingYing Wang et al who analysed routinely collected primary care consultation data (published on BMJopen)¹. The study found that men had a 32% lower crude consultation rate than women, with the largest gender gap observed among those aged 16–60 years. Gender differences were more noticeable in deprived areas than in affluent ones. However, when comparing men and women with similar underlying health conditions, as indicated by medication receipt, the gender gap narrowed significantly. Men using antidepressants were only 8% less likely to consult than women, and men on cardiovascular medications were 5% less likely to consult. These small gender differences diminished further, particularly for depression, after also taking account of reproductive consultations.

357 (66%) identified as heterosexual, while a very small proportion identified as gay men, gay women/lesbians, or bisexual (18 combined total). The remaining respondents either chose not to disclose their sexuality, selected other or did not answer the question. 3 respondents reported being pregnant at the time of the survey. In terms of marital status, the largest group, 270 respondents, identified as married, with another significant portion (101) who did not answering this question. Single individuals accounted for 65 responses, while 36 identified as widowed. An additional 29 respondents were cohabiting or living together, followed by 25 who preferred not to say. The "other" category included 11 responses, while the smallest group, with only 6 respondents, identified as being in a civil partnership. This breakdown underscores that marriage was the predominant status among respondents, with a diverse range of other categories also represented.



In terms of ethnicity, the majority of respondents, 396 (72.9%), identified as White British. The next largest group was those who left the question unanswered (18.8%). There was minimal representation from Asian (1.8%), Black (0.2%), other White (3.1%), and other ethnic groups (0.6%) and 2.6% chose to not disclose their ethnicity.

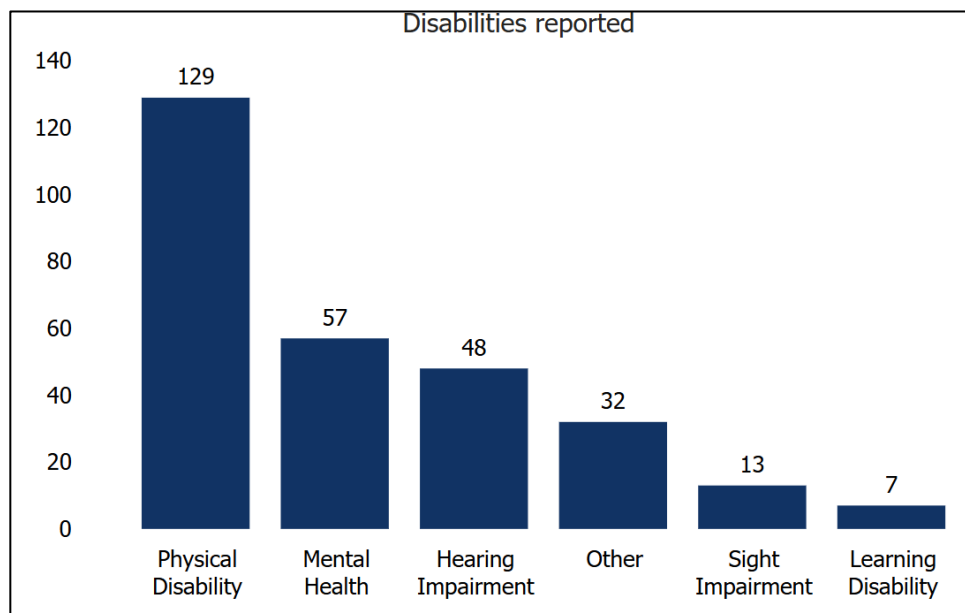
The table below breaks down the religion or beliefs of respondents. This data highlights Christianity and lack of religious affiliation as the primary belief categories among respondents, with limited but notable representation of diverse beliefs. In the free text field, some respondents specified alternative beliefs, including Spiritualist (10), Humanist (2), Methodist (1), and Pagan (2).

Table 13 Religion/beliefs of respondents

Religion/Belief	Count
Christian	242
None	143
Not Answered	107
Prefer not to say	44
Muslim	3
Hindu	2
Buddhist	1
Sikh	1
Total	543

Among the 543 respondents, 115 (21%) reported having a disability. The chart below provides a breakdown of the types of disabilities reported, with physical disabilities being the most common across all age groups and genders, except for those aged 20-29 (1 person with mental health). Respondents could select multiple types of disabilities for this question.

Figure 19 Disabilities reported



4.2 Pharmacy usage

Of those that visited a pharmacy in the last 12 months the most common reason was for a prescription collection for themselves, and the least common reason was for buying plasters, bandages, or dressings for someone else and with 6 respondents stating that they had not visited a pharmacy in the last 12 months due to doing things online or their GP dispensing their medication. Other reasons included vaccinations (Flu and COVID-19), for work, ear cleaning and assistance with elderly family member.

Respondents could select multiple answers for this question.

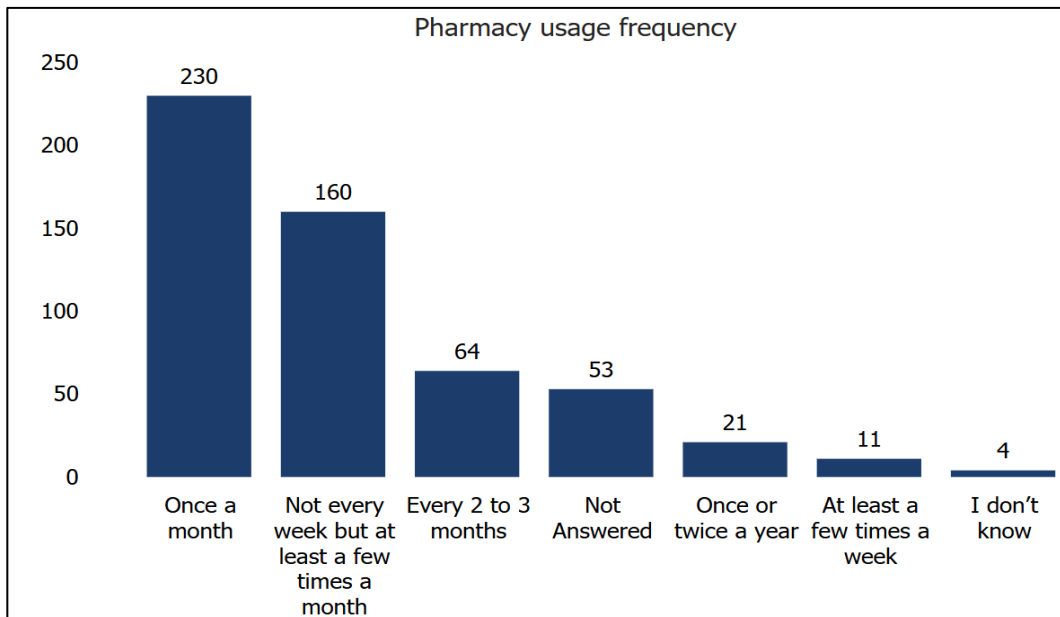
Table 14 Reasons why respondents visited a pharmacy in the last 12 months

Reason	Count
To collect a prescription for myself	454
To collect a prescription for someone else	323
To buy medicines for myself	289
To buy medicines for someone else	191
To get advice for myself	174
To buy plasters, bandages or dressings for myself	96
To receive a pharmacist consultation instead of going to a GP (for minor illness, blood pressure or contraception) for myself	96
To get advice for someone else	79
Other (Please state below)	54
To buy plasters, bandages or dressings for someone else	53

In terms of pharmacy usage frequency, 230 respondents (42%) reported visiting a pharmacy at least once a month, making it the most common response, followed by 160 respondents (30%) who used the pharmacy a few times a month. These were the most common answers across different age groups and genders. Notably, 11 respondents (2%) indicated they visited a pharmacy multiple times per week over the past year.



Figure 20 Pharmacy usage frequency



When analysing preferred days and times, Monday emerged as the most popular day for pharmacy visits, with 558 responses, while Sunday was the least popular, with 441 responses. Excluding "no preference," responses the most preferred time slot was between 9am and 12 noon, and the least preferred was between 12noon and 2pm. Specifically, Saturday mornings (9am to 12 noon) was the most popular combination of both time and day, receiving 126 responses, whereas Sunday evenings (5:30pm to 9am) were the least preferred, with only 35 votes.

Respondents could select multiple answers for this question.

Table 15 Preferred days and times to use a pharmacy

Day	Between 9am and 12noon	After 12noon and before 2pm	After 2pm and before 5:30pm	Between 5:30pm and 9am (for example: out of hours services)	No preference	Total
Monday	108	54	90	67	239	558
Tuesday	95	47	81	66	243	532
Wednesday	92	48	80	66	242	528
Thursday	95	50	78	64	243	530
Friday	93	53	85	64	245	540
Saturday	126	60	64	41	240	531
Sunday	68	44	39	35	255	441
Total	677	356	517	403	1,707	3,660

Further analysis explored differences in pharmacy usage by gender and age. For both males and females, Monday was the most preferred day for visiting a pharmacy, particularly between 9am and 12 noon. Most age groups also favoured weekdays and mornings for their visits, with one exception:

those aged 30 to 49 most preferred day was Saturdays (morning) with evenings being the preferred time (weekdays) which is likely due to work commitments.

Over the past 12 months, 423 respondents (78%) reported being unable to use their usual pharmacy due to unavailability. The most common response in these situations was to visit an alternative pharmacy, though some chose to wait until their regular pharmacy reopened. When asked to give reasons for not using their usual pharmacy, respondents highlighted dissatisfaction with limited access, stock shortages, long wait times, inadequate staffing, and poor organisational practices were the primary reasons respondents cited for avoiding their preferred pharmacy.

The majority of respondents, regardless of age or gender, demonstrate strong loyalty to a single pharmacy, with 317 always using the same location. Another 131 respondents primarily use one pharmacy but occasionally visit others, while only a small fraction, 8, frequently switch pharmacies. This trend underscores a tendency toward consistency and routine in pharmacy choice.

Respondents cited several reasons for their pharmacy preference as highlighted in the table below. Respondents could select multiple answers for this question.

Table 16 Reasons for using their pharmacy of choice

Why do you use this pharmacy:	Count
It is in reasonable distance from my home or workplace	351
The pharmacy is linked to my GP practice	235
I can order my repeat medicines for this pharmacy using the NHS app	175
They usually have what I need in stock	157
The pharmacy provides good advice and information	150
The pharmacy is easy to access and offers face to face consultations	142
The pharmacy has good opening hours	141
There is a private area if I need to talk to the pharmacist	116
The pharmacy collects my prescriptions or delivers my medicines	78
It's not one of the big chains	68
It is very accessible, for example it's wheelchair or baby buggy friendly	44
The pharmacy delivers other extra clinical services which I can use instead of going to a GP	44
Other (Please state below)	32
It's a well-known big chain	25
It is in reasonable distance from my school, college or university	11

These top 3 reasons, proximity, GP linkage, and NHS app compatibility were consistent across gender and age groups, with variations in the prioritisation of other features. Convenience seems to be a core factor in pharmacy selection for most respondents.

However, 118 (22%) stated that there is a more convenient or closer pharmacy that they do not use and some of the common themes from the free text are highlighted below.

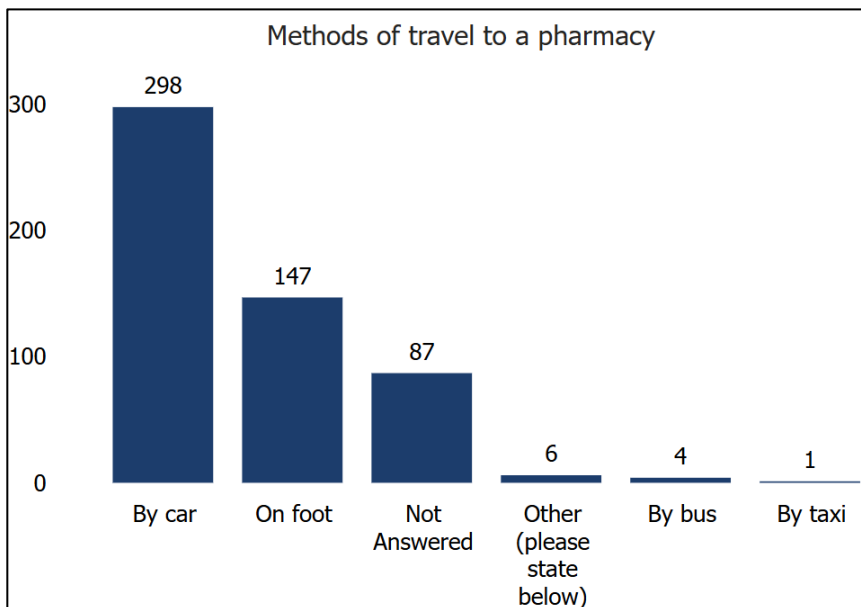
Many respondents avoid their nearest pharmacy due to accessibility issues, with parking difficulties at busy shopping centres and medical centres being common complaints. Negative experiences with

staff, including rudeness and inattentiveness, also deter usage, as do long wait times and delays in processing prescriptions. Stock shortages and unreliable medication availability add to the frustration, pushing people to seek out pharmacies where they can consistently receive their medications without delays.

Additionally, many prefer pharmacies linked to their GP surgery for convenience, allowing them to pick up prescriptions immediately after appointments. Limited opening hours also discourage use of some nearby pharmacies. Past negative experiences, such as dispensing errors, have led people to establish trust with specific pharmacies, even if they're farther away, highlighting the importance of reliable service, convenience, and positive customer experiences over mere proximity.

Regarding transportation to a pharmacy, driving (55%) and walking (27%) were the most common methods, with these preferences consistent across different genders and age groups.

Figure 21 Methods of travel



When it came to travel times to their pharmacy, 246 respondents travel between 5 and 15 minutes, while 143 can reach a pharmacy in under 5 minutes. A smaller group, 55 respondents, reported travel times of more than 15 but less than 30 minutes, and only 11 respondents have travel times exceeding 30 minutes. Overall, this data suggests that pharmacy access is generally quick and accessible for most individuals. Interestingly a good proportion of respondents are using car as a mean of travel to a pharmacy that's less than 5 minutes away and 3 individuals are walking more than 30 minutes to get to their pharmacy.



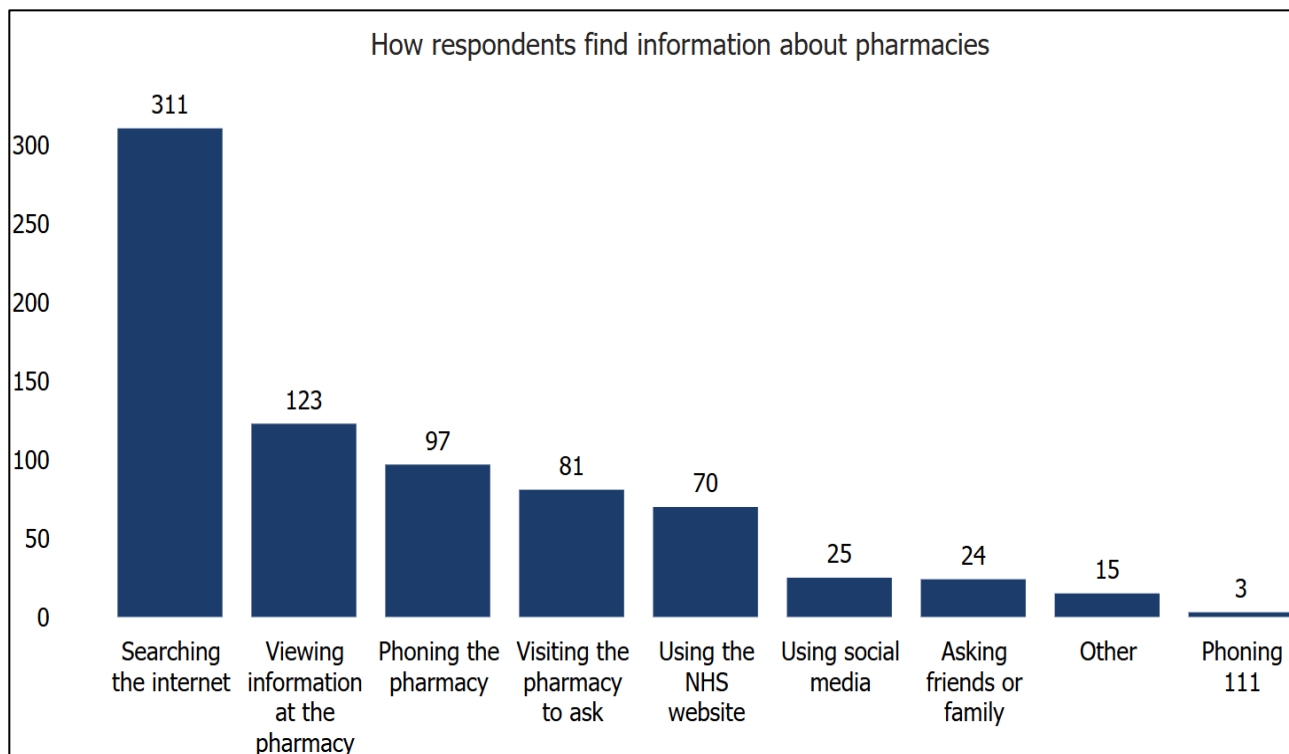
Table 17 Travel times to a pharmacy by most popular methods of travel

Travel times to a pharmacy	By car	By foot
Between 5 and 15 minutes	174	68
Less than 5 minutes	89	53
More than 15 minutes but less than 30 minutes	28	23
More than 30 minutes	6	3
Not Answered	1	0

Searching the internet was the most common method for finding information about a pharmacy, reflecting our increasingly digital world. Pharmacies, however, were a close second when combining various forms of access such as in person visits, phone calls, and browsing. This highlights the important role that pharmacies continue to play as a source of information.

Respondents could select multiple answers for this question.

Figure 22 How respondents find information about pharmacies



The follow up question to this was how comfortable respondents speaking to pharmacists about discussing medication and treatments, illnesses and related problems and sensitive or private issues about their health.

The data indicates that respondents that do speak to a pharmacist when they visit generally feel comfortable discussing health topics with pharmacists, particularly regarding medications and treatments. A significant number of people reported feeling "very comfortable" or "comfortable" when

discussing medications, with only a small group expressing discomfort. Comfort levels remain relatively high for conversations about illnesses and related problems, though slightly lower than for medications; fewer respondents felt "very comfortable", while a small but notable portion expressed discomfort. Discussing sensitive or private health issues with pharmacists elicited the lowest comfort levels among respondents feeling "very comfortable" and a larger portion indicating discomfort. Overall, while most respondents are open to discussing general health matters with pharmacists, they show some hesitation when it comes to more personal or sensitive health topics.

We finally asked respondents to leave any final comments, and these have been grouped by positive, negative and neutral and/or feedback comments. We had 159 respondents leave comments and the themes for each are outlined below.

Positive Comments

Emphasise reliable service, friendly and helpful staff, and efficient processes in some pharmacies. Many respondents appreciate receiving text notifications when prescriptions are ready, which saves them from unnecessary trips. Pharmacies that are integrated with GP practices or located conveniently in communities are often valued for ease of access. In smaller towns and villages, pharmacies are seen as essential services, particularly for elderly or mobility limited residents who rely on nearby access to medications and health advice. Additionally, personalised care and familiarity with staff enhance the sense of trust and satisfaction for many respondents.

Negative Comments

Highlight several recurring issues, particularly around long wait times, lack of privacy, and inconsistent stock availability. Many respondents express frustration with the need to wait for repeat prescriptions despite placing orders well in advance, and some complain about inadequate communication regarding medication delays. Privacy is a significant concern, with several comments noting that sensitive information is often discussed openly in the presence of other customers. A lack of 24-hour or late-night service is also cited, especially in emergencies when pharmacy options are limited. Some respondents find certain pharmacies disorganised, with reports of unhelpful or inattentive staff and errors in dispensing medications.

Neutral Comments or General Feedback

Neutral comments and general feedback focus on logistical aspects of pharmacy service, such as the convenience of online services for delivery, the impact of pharmacy location on choice, and the use of notifications for prescription readiness. Many respondents comment on delays due to staff shortages or high demand, which they recognise as common challenges faced by pharmacies. There are also suggestions for improvements, like expanding opening hours to accommodate working individuals and providing more private areas for discussing health issues.

In summary, positive themes reflect satisfaction with service quality and convenience, while negative themes centre on privacy issues, service delays, and limited availability of stock and extended hours. Neutral comments suggest areas for operational improvements to better meet customer needs.



4.3 Contractor engagement

4.3.1 Pharmacy engagement

An initial questionnaire for pharmacies and dispensing appliance contractors was developed and published on West Northamptonshire Council's consultation webpage from 05 August to 6 October 2024. During the initial outreach, we received a very low response rate, with only one pharmacy beginning the questionnaire but not providing any substantive answers.

In response to this, the initial questionnaire was reviewed and streamlined to make it more user-friendly and encourage higher participation. Additionally, stakeholders with connections to pharmacies focused their efforts on actively promoting the revised questionnaire which ran from 6 October to 3 November 2024.

The second outreach effort yielded better results, with four pharmacies fully completing the questionnaire. However, it is important to note that this represents only 6% of the total 63 pharmacies in the area and is therefore not fully representative of all pharmacies in West Northamptonshire. As the initial attempt did not provide usable data beyond confirming the location of the pharmacy being in West Northamptonshire, our analysis is based solely on the responses from the four pharmacies that completed the revised questionnaire.

Our first question looked at the consultation facilities within the pharmacies. The responses were as follows:

- Three pharmacies stated that they have an available consultation area on the premises that is wheelchair accessible
- One pharmacy did not provide a response to the question

Since April 2005, consultation rooms have become a standard feature in pharmacies, as they are essential for delivering advanced services. These rooms also enable pharmacies to offer a broader range of services that may be commissioned by NHS England, ICBs, and local authorities. Since 1 January 2021, with three exceptions, it has been a mandatory requirement for pharmacies to have a consultation room that meets the following criteria:

- Clearly designated as a space for confidential conversations
- Separate from the general public areas within the pharmacy premises
- A space where individuals accessing pharmaceutical services and pharmacy staff can sit together and communicate confidentially



Exceptions to this requirement include:

1. Distance selling pharmacies (internet pharmacies): These are required to provide arrangements for confidential virtual consultations instead of a physical consultation room.
2. Small pharmacies: If deemed too small by NHS England, they must also provide arrangements for confidential virtual consultations.
3. Pharmacies without advanced services: Those that have not provided any advanced services in the 12 months ending 31 December 2020 are required to have a consultation room in place by 1 April 2023.

For the pharmacies in West Northamptonshire there is one distance selling premises and potentially only one pharmacy who has provided no advanced services. It has therefore been concluded that the vast majority of pharmacies should have a consultation room.

Pharmacies were then asked whether they offer any provisions to assist individuals with specific needs. The responses were as follows:

- One pharmacy indicated they provide a language interpretation service for Gujarati, Hindi, Romanian, and Russian speakers
- Three pharmacies did not provide a response to the question

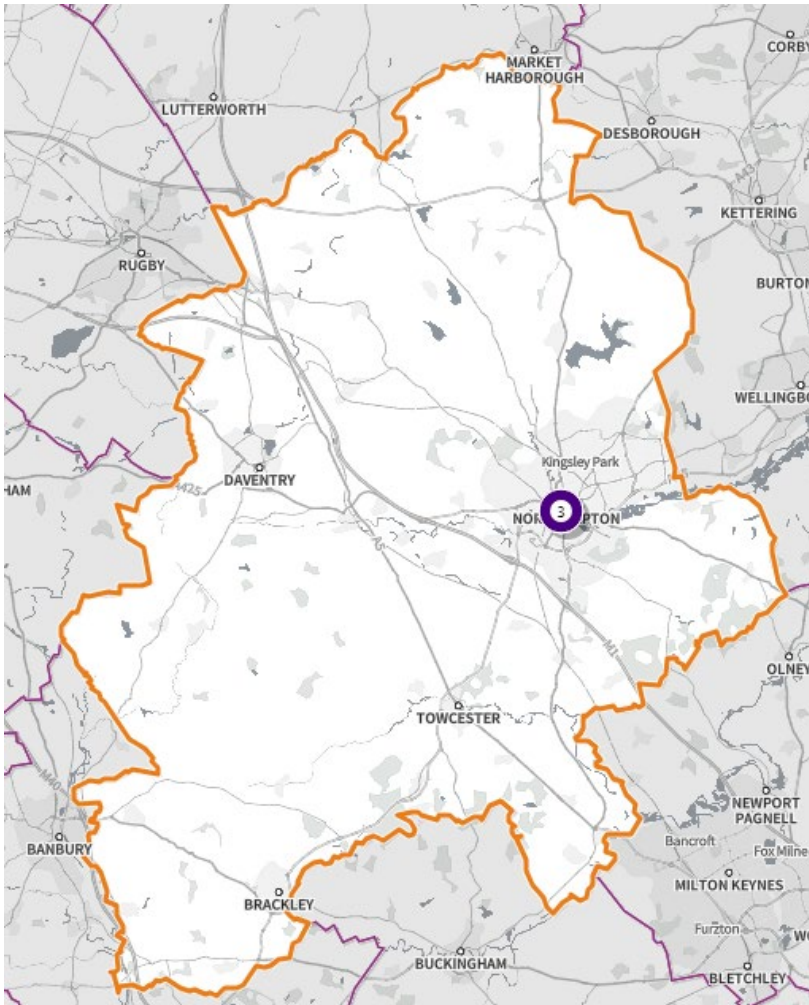
When asked about participation in the Pharmacy First programme, three pharmacies confirmed their involvement, while one did not provide a response.

West Northamptonshire is experiencing significant growth, with numerous housing and other developments underway and more planned for the future. As part of our consultation, pharmacies were asked about their capacity to meet the needs of residents moving into these new developments of which:

- Three pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels (location of these are highlighted in the map below)
- One pharmacy did not provide a response to the question



Figure 23 A map plotting the pharmacies that stated that they have sufficient capacity within their existing premises and staffing levels to meet the needs of residents moving into new developments



© Crown copyright and database rights 2020 Ordnance Survey 100016969 | parallel | Mapbox | OpenStreetMap contributors

4.3.2 Dispensing practice engagement

A questionnaire for dispensing practices was developed and published on West Northamptonshire Council’s consultation webpage from 05 August to 6 October 2024. This was also sent to the Local Medical Council for distribution. Unfortunately, no responses were received from dispensing practices. This is a likely reflection on the capacity issues faced by many practices across the county.

Further work is required to improve engagement and yield better response rate at the next PNA.

5. Provision of pharmaceutical services

5.1 Necessary Services: current provision within the Health and Wellbeing Board's Area

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

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

For the purpose of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of New Medicine Service, Community Pharmacist Consultation Service and flu vaccination and
- The dispensing service provided by some GP practices

There are 63 pharmacies included in the pharmaceutical list for the area of the Health and Wellbeing Board, operated by different contractors. Of these 63 pharmacies, none provide services for 100 hours per week. There are two distance selling premises and no pharmacies providing Local Pharmaceutical Services (LPS).

Table 18 Number and rate of pharmacies

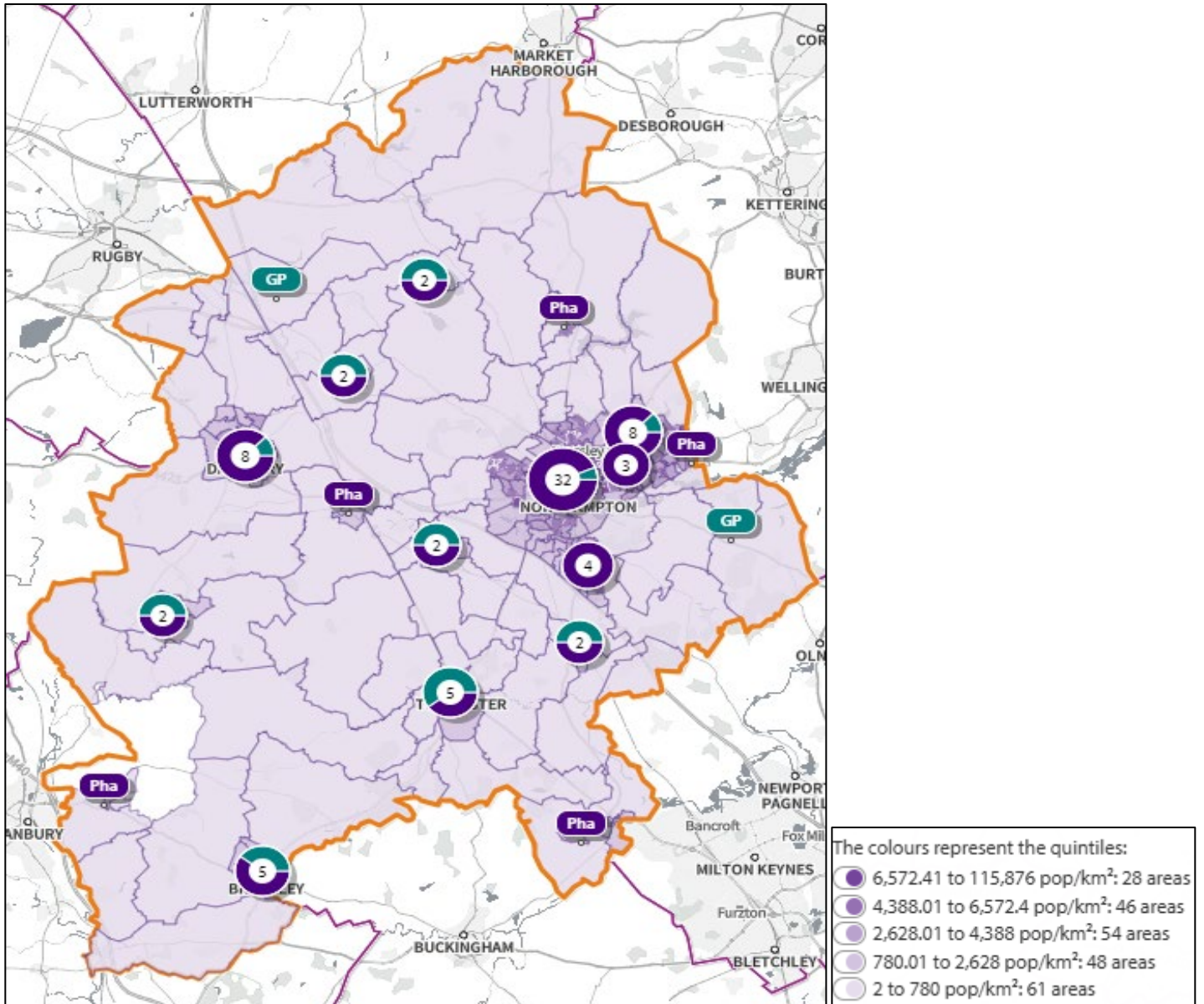
Locality	Number of pharmacies	Rate per 100,000 population
West Northamptonshire	63	14.5
Northamptonshire	125	15.6
England	10,659	18.5

There are three dispensing appliance contractors providing services within the Health and Wellbeing Board's area. Of the 54 GP practices in the Health and Wellbeing Board area, 16 of these dispense to eligible patients.

The map below shows the location of the pharmacy and dispensing practice premises within West Northamptonshire. Due to the size of West Northamptonshire many of the premises are not shown individually. As can be seen, premises are generally located in areas of higher population density (those areas shaded in a darker colour).



Figure 24 Location of pharmacies and dispensing practice premises compared to population density at LSOA level



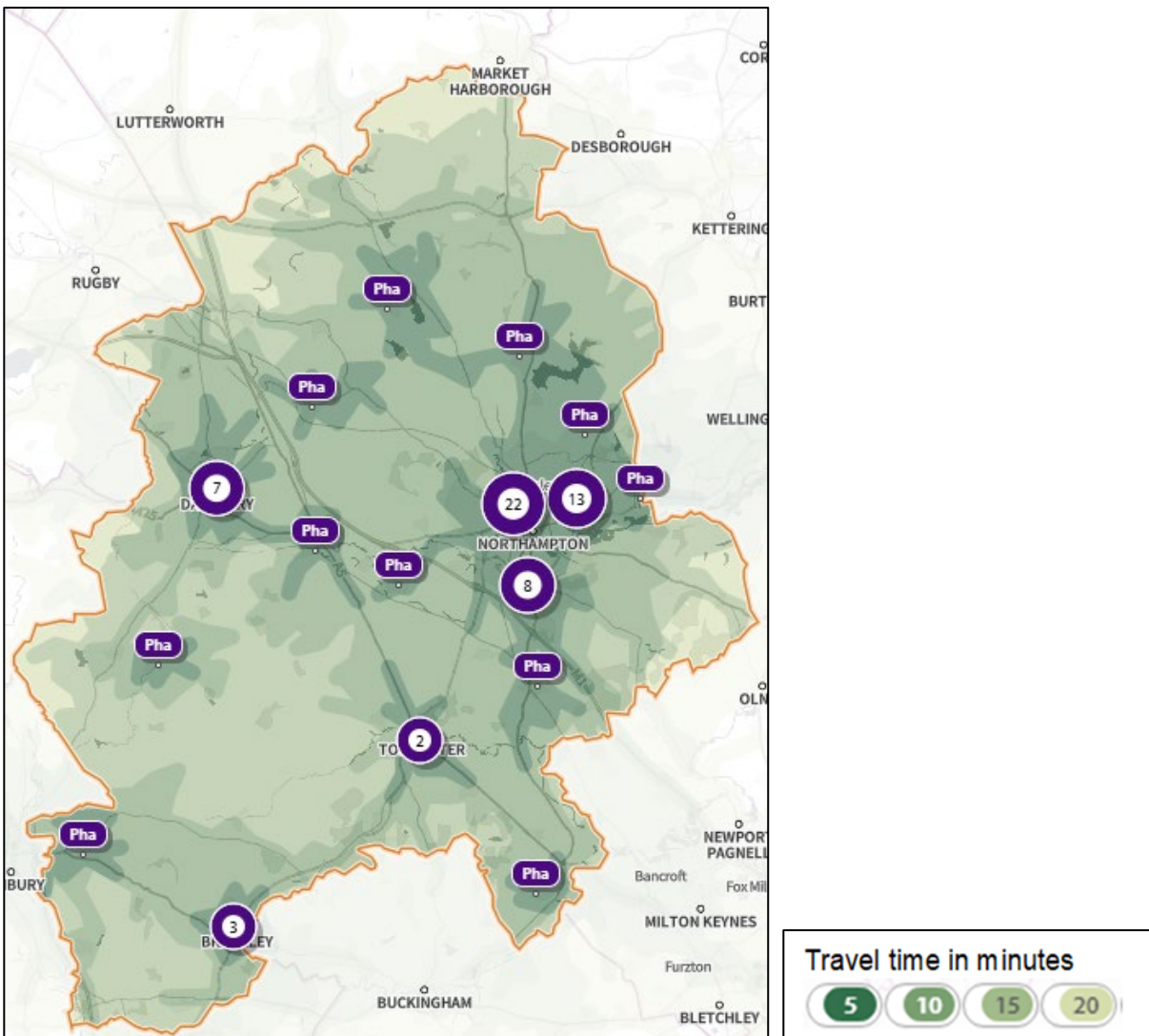
pharmacy. This data also demonstrated that 40% of all community pharmacies were within a ten-minute walk of two or more other community pharmacies.

In line with the national access standards and taking into account the urban-rural split of the county, the Health and Wellbeing Board has chosen 20 minutes by car as a reasonable time for residents to take to access a pharmacy.

In order to assess whether residents are able to access a pharmacy in line with this travel standard travel times were analysed using Public Health England’s Strategic Health Asset Planning and Evaluation tool.

The map below shows that the vast majority of residents are able to access a pharmacy within the Health and Wellbeing Board’s area within a 20-minute drive outside of rush hour times.

Figure 26 Time taken to access a pharmacy, by car, outside of peak times

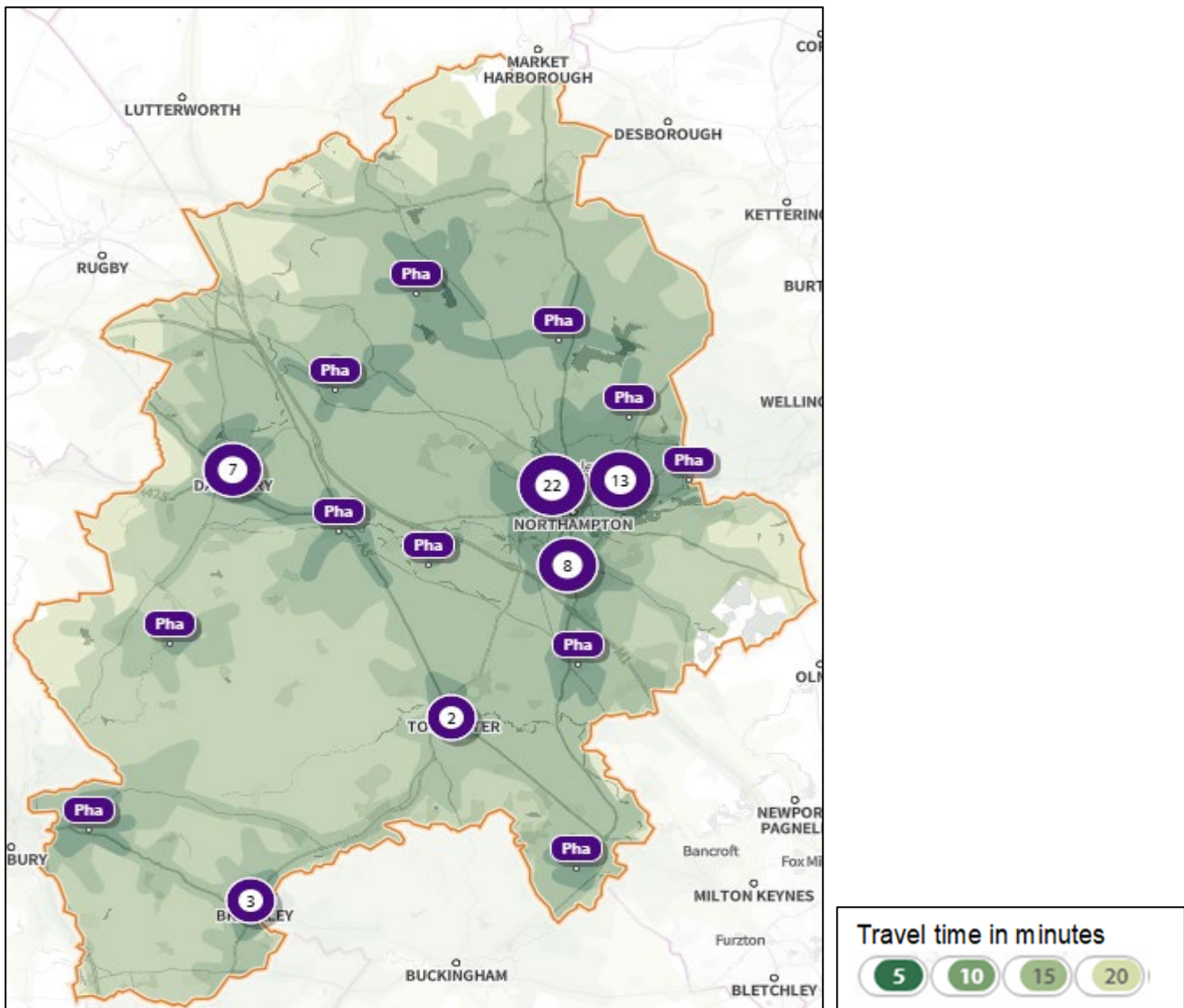




The picture changes slightly during rush hour times so that the following fall outside the 20 minutes standard:

1. To the northwest of Upper Boddington
2. To the west of East Farndon
3. To the southwest of Yardley Hasting
4. To the southwest of Aynho

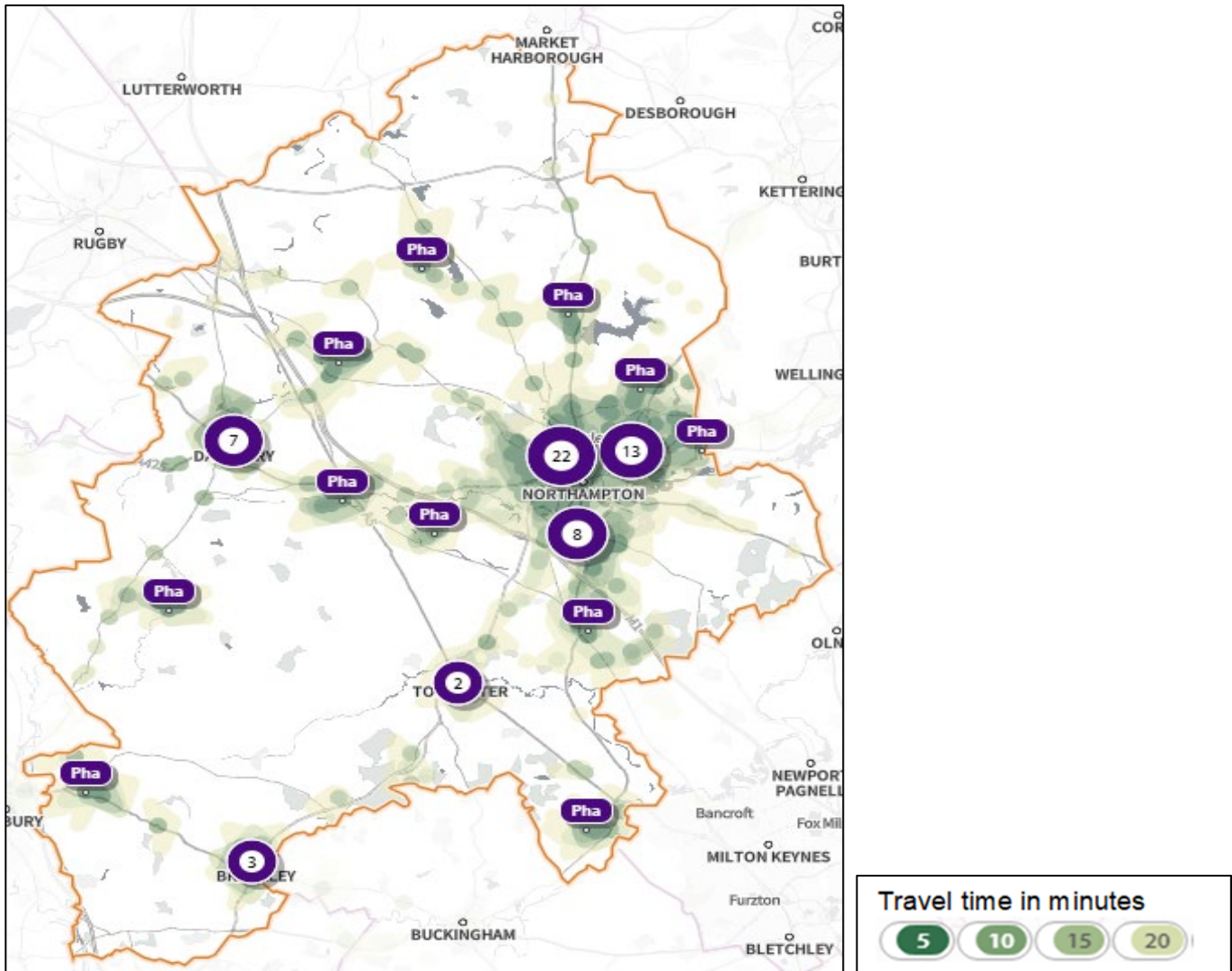
Figure 27 Time taken to access a pharmacy, by car, at peak times





As noted from the patient and public engagement questionnaire people also choose to walk to a pharmacy with one person using public transport. As may be expected for those living in the rural areas and villages public transport is not an option for those wishing to access a pharmacy. The map below shows those areas that are within 20 minutes of a pharmacy by public transport.

Figure 28 Time taken to access a pharmacy, by public transport



© Crown copyright and database rights 2020 Ordnance Survey 100016969 | parallel | Mapbox | OpenStreetMap contributors

In rural areas residents are more likely to be dispensed to by their practice and therefore do not need to access a pharmacy for the dispensing service. In addition, as dispensing patients they are not eligible to access the New Medicine Service, and if their practice dispenses prescriptions for appliances, they will not access the Appliance Use Review and stoma appliance customisation service. However, it is possible that their practice or the stoma nurses will provide similar services or support.

Responses to the public and patient questionnaire provide the following insights into accessing pharmacies:

- 58% use the same pharmacy while 24% use different premises but visit one most often
- The top reason for using a particular pharmacy was because it is in a reasonable distance from home or workplace
- 55% of people drive to a pharmacy and 27% walk
- 71% of respondents said they could get to a pharmacy within 15 minutes (26% said it is less than five minutes and 45% said between five and 15 minutes) and 10% more than 15 minutes but less than 30 minutes

Based on the information available to it the Health and Wellbeing Board is satisfied that across its patch there is good access to premises, however this may not be the case at locality level.

5.2 Access to essential services and dispensing appliance contractor equivalent services

Whilst the majority of people will visit a pharmacy during the 8.30am to 6.30pm period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need or choose to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or to collect dispensed items on their way to or from work or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day. The patient and public engagement survey for West Northamptonshire showed that for those with a preference the period 9.00am to 6.00pm is the most convenient time to visit a pharmacy.

Appendix M provides information on the pharmacies and dispensing appliance contractor opening hours as of December 2024 and at that point in time there were:

- 11 pharmacies open seven days a week (includes the seven 100-hour pharmacies)
- 10 pharmacies open Monday to Saturday
- 26 pharmacies open Monday to Friday, and Saturday until lunchtime
- 16 pharmacies that open Monday to Friday

GP practices are contracted to provide services between 8.00am and 6.30pm, Monday to Friday, excluding bank and public holidays. Extended access hubs operate across the Health and Wellbeing Board's area offering bookable routine appointments with GPs and other health care professionals making it easier for patients to get an appointment at a time that suits them, including evenings and weekends.

The two extended access hubs are:

- Northampton – available to patients registered with a GP practice in Northampton. Located at Highfield Clinical Care Centre in Northampton
- South Northants – available to patients registered with a GP practice in South Northants and Daventry. Located primarily at Brackley Medical Centre, Brackley with appointments also available at practices in Daventry, Greens Norton, Guilsborough and Towcester.

There are no confirmed plans for GP practice mergers or relocations that may affect access to pharmaceutical services during the lifetime of this pharmaceutical needs assessment.

Based on the information available to it the Health and Wellbeing Board is satisfied that across its patch there is good access to premises, however this may not be the case at locality level.

5.3 Access to the New Medicine Service

During 2022-2024, a total of 294,021 full consultations forms were submitted with 646,932 total items covering all pharmacies in West Northamptonshire. Breakdown data per financial year is not available.

There is no nationally set maximum number of New Medicine Service interventions that may be provided in a year. However, the service is limited to a specific range of drugs and can only be provided in certain circumstances, and this therefore limits the total number of eligible patients.

Based upon the level of provision in previous years, the Health and Wellbeing Board is satisfied that there is sufficient capacity within existing contractors to provide more full-service interventions.

5.4 Access to NHS Community Pharmacist Consultation Service

Available data confirms that the whole range of services are being delivered across West Northamptonshire. The Health and Wellbeing Board is satisfied that there is sufficient capacity within existing contractors to provide this service.



Table 19 Advanced and enhanced services breakdown

Service group	Service name	West Northamptonshire count	West Northamptonshire %	Northamptonshire count	Northamptonshire %
Advanced services	Appliance Use Review	0	0.0%	0	0.0%
	Pharmacy First Service	63	100.0%	122	97.6%
	Flu Vaccination Service	54	85.7%	106	84.8%
	Pharmacy Contraception Service	39	61.9%	73	58.4%
	Hypertension Case Finding Service	56	88.9%	111	88.8%
	New Medicine Service	59	93.7%	120	96.0%
	Smoking Cessation Service	15	23.8%	38	30.4%
	Lateral Flow Device Service	49	77.8%	100	80.0%
	Stoma Appliance Customisation	0	0.0%	3	2.4%
Enhanced services	COVID-19 Vaccination Service	20	31.7%	50	40.0%
	Palliative Care End of Life – Emergency Stock Service	7	11.1%	17	13.6%
	Covid Medicines Delivery Unit (CMDU) Triage and Treatment service	3	4.8%	7	5.6%
Bank Holiday opening	Good Friday	6	9.5%	8	6.4%
	Easter Monday	6	9.5%	8	6.4%
	Early May Bank Holiday	5	7.9%	7	5.6%
	Spring Bank Holiday	6	9.5%	8	6.4%
	Summer Bank Holiday	4	6.3%	6	4.8%
	Christmas Day 2025	5	7.9%	6	4.8%
	Boxing Day 2025	6	9.5%	8	6.4%

5.4.1 Access to the national influenza adult vaccination services

54 pharmacies provided the adult flu vaccination services, however the number of vaccines administered is not available. The Health and Wellbeing Board is satisfied that there is sufficient capacity within existing contractors to provide this service.

5.4.2 Dispensing service provided by some GP practices

Dispensing GP practices will provide the dispensing service during their core hours which are 8.00am to 6.30pm from Monday to Friday excluding public and Bank Holidays. The service may also be provided during any extended opening hours provided by the services. As of January 2025, there are 16 GP practices registered to dispense in West Northamptonshire.

5.5 Access to pharmaceutical services on public and bank holidays

NHS England has a duty to ensure that residents of the Health and Wellbeing Board's area are able to access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and Bank Holidays or Easter Sunday, although some choose to do so, NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractor to confirm their intentions regarding these days to ensure adequate access. The Health and Wellbeing Board is therefore satisfied that there is a process in place to ensure patients are able to access pharmaceutical services on these days.

5.6 Necessary services: current provision outside the Health and Wellbeing Board's area

5.6.1 Access to essential services and dispensing appliance contractor equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational activities or other reasons. Consequently, not all the prescription written for residents of West Northamptonshire are dispensed within the area although as noted previously, the vast majority of items are. The breakdown data of where prescriptions were written and dispensed were not available at the time of writing the PNA.

For the prescriptions which are dispensed by a pharmacy that is outside of West Northamptonshire, it can be assumed that the majority will be located in North Northamptonshire or over the border into Bedfordshire, Leicestershire, Milton Keynes, Oxfordshire and Warwickshire. In the past, prescriptions were dispensed by pharmacies as far away as Dorset, Hertfordshire, Lancashire, London, Somerset and Suffolk, suggesting that people are taking their prescription with them when they go on holiday or work.

In 2023/24 there were 646,932 prescriptions dispensed in West Northamptonshire with the majority being in the Northampton area.

Table 20 Number of prescriptions dispensed

Locality	Pharmacy count	Number of Forms	Number of Items
Daventry	13	54,182	115,653
Northampton	40	196,160	440,361
South Northamptonshire	10	43,679	90,918
West Northamptonshire	63	294,021	646,932
Northamptonshire	125	585,021	1,285,209



5.6.2 Access to New Medicine Service, NHS Community Pharmacist Consultation Service and flu vaccination

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

5.6.3 Dispensing service provided by some GP practices

Some residents of the Health and Wellbeing Board's area will choose to register with a GP practice outside of the county and will access the dispensing services offered by their practice. For example, the village of Aynho is covered by practices in Oxfordshire and West Northamptonshire, and Naseby is covered by practices in Leicestershire and West Northamptonshire.

5.7 Other relevant services within the Health and Wellbeing Board's area

'Other relevant services' are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as services that are provided in and/or outside the Health and Wellbeing Board's area which are not necessary to meet the need for pharmaceutical services but have secured improvements or better access to pharmaceutical services in its area.

For the purpose of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that other relevant services are Appliance Use Review, Stoma Appliance Customisation and enhanced services.

5.7.1 Access to appliance use reviews

No pharmacies in the Health and Wellbeing Board's area provide this service.

5.7.2 Access to palliative care enhanced services

NHS England commissions an enhanced service for the provision of palliative care drugs as ordered via a valid NHS prescription from seven pharmacies across West Northamptonshire:

- Daventry locality – one pharmacy
- Northampton locality – five pharmacies
- South Northampton – one pharmacy

NHS England ensures that there is good geographical spread of pharmacies providing this service. Based on this, the Health and Wellbeing Board is satisfied that there is no gap in the provision of this service.



5.7.3 Other relevant services provided outside the Health and Wellbeing Board's area

Information on the Appliance Use Review and stoma appliance customisation services provided by pharmacies and dispensing appliance contractors outside the Health and Wellbeing Board's area to residents of West Northamptonshire is not available due to the way contractors claim. It can be assumed however that residents of the Health and Wellbeing Board's area will access these two services from pharmacies and dispensing appliance contractors outside of West Northamptonshire.

5.8 Choice with regard to obtaining pharmaceutical services

As can be seen from the sections above, the residents of the Health and Wellbeing Board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the Health and Wellbeing Board's area they have a choice of 63 pharmacies operated by 44 different contractors, and three dispensing appliance contractors as of January 2025. Residents also have the option to access contractors outside the Health and Wellbeing Board's area.

When asked what influences their choice of pharmacy the most common responses in the patient and public questionnaire were location, linkage to GP practice and NHS app compatibility. Please note that more than one option could be ticked.

6 Other NHS services

The following NHS services are deemed, by the Health and Wellbeing Board, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies: reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by hospital pharmacy service.
- Personal administration of items by GPs: similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in other to then to return with the vaccine to the practice so that it may be administered.
- GP out of hours service: whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.
- Public health services commissioned by West Northamptonshire Council (drugs and alcohol services, needle exchange, smoking cessation and sexual health) – all of these services remove the need for them to be commissioned as enhanced services by NHS England from pharmacies.
- Prison pharmacies: these reduce the demand for the dispensing essential service as prescriptions written in prisons will not be dispensed by pharmacies or dispensing appliance contractors.
- Substance misuse service generates prescriptions which affects the need for the dispensing essential service.
- End of life service generates prescriptions which affects the need for the dispensing essential service.

6.1 Hospital pharmacies

The following hospitals are located in West Northamptonshire:

- Northampton General Hospital NHS Trust
- St Andrew's Healthcare – St Andrew's Hospital
- Northamptonshire Healthcare NHS Foundation Trust – Berrywood Hospital and Danetre Hospital

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed.

Since 2015 Northampton General Hospital NHS Trust has worked in partnership with Boots UK to deliver pharmacy services at Berrywood Hospital. Unlike other Lloyds Pharmacies, this one is unable to dispense prescriptions written outside of the hospital.

There is a Boots pharmacy on the site of Danetre Hospital.



Pharmacy services to St Andrew's Hospital are provided by an in-house pharmacy operated by St Andrew's Healthcare.

Should services be moved out of the hospitals and into the primary care setting then it is likely that this would lead to more prescriptions needing to be dispensed by pharmacies in primary care. However, at the time of drafting there are no firm plans to do this.

Increasingly GPs are being asked to take on the prescribing of hospital-initiated medication. At this point in time, it is not possible to quantify the level of demand for pharmaceutical services that this may create.

6.2 Personal administration of items by GPs

Under their primary medical service contract with NHS England and NHS Northamptonshire ICB there will be occasion where a GP or other healthcare profession at the practice personally administers an item to a patient.

Generally, when a patient requires a medicine or appliance their GP will give them a prescription which is dispensed by their preferred pharmacy or dispensing appliance contractor. In some instances, however, the GP or other healthcare professional will supply the item against a prescription, and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or the nurse. This is different to the dispensing of prescriptions and only applied to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to the pharmacy, have it dispensed and then return to the practice for it to be administered. Instead, the practice will retain the prescription and submit it for reimbursement to the NHS Business Service Authority at the end of the month.

It is not possible to quantify the number of items that were personally administered by GP practices in West Northamptonshire as the published figures include items which have been either personally administered or dispensed by dispensing practices.

6.3 GP out of hours service

The GP out of hours services is provided across West Northamptonshire at:

- Danetre Hospital for Daventry and the surrounding area, and
- Northampton General Hospital for Northampton and surrounding area

However, it is recognised that West Northamptonshire residents may also access the out of hours service based at Kettering General Hospital and Isebrook Hospital.

The service is available Mondays to Fridays between 6.30pm and 8.00am, and 24 hours a day on weekends and public Bank Holidays. People contacting the out of hours service will initially be triaged by the national NHS 111 call line. They will ask a set of questions to decide if:

- The problem can wait until their surgery next opens
- The problem can be deal with over the phone by a nurse or doctor
- The patient needs an emergency ambulance

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

Most cases can be dealt with over the phone and the patient's call will be passed to either a nurse or doctor for advice. If the problem cannot be resolved over the phone, then the patient will be invited to attend one of the clinical bases.

Depending on the nature of the patient's condition they will either be given:

- A full course of treatment, for example antibiotics for an infection or
- Sufficient medication to tide them over until a prescription can be dispensed, for example pain relief

Prescription data for the different settings is not available.

6.4 Locally commissioned services – West Northamptonshire Council

West Northamptonshire Council is responsible for commissioning the following services that are provided by pharmacies:

- Emergency hormonal contraception (under a contract with Northamptonshire Healthcare NHS Foundation Trust)
- Chlamydia screening
- Needle exchange
- Smoking cessation
- Supervised consumption of methadone and buprenorphine

6.5 Prison

- HMP Onley: all healthcare service is provided by Practice Plus
- HMP Rye Hill: all healthcare service is provided by G4S

Prescription data was not available at the time of writing the PNA.



6.6 Substance misuse service

With a base in Northampton, Substance to Solution is available to provide support for adults (over 18) with substance misuse issues within West Northamptonshire area.

Dedicated staff are available for anyone requiring support around their recovery. The service offers support to the individual in sustaining recovery. Working with the individual, the recovery worker will offer information, advice and guidance, with links to the local community. Groups and activities are also available to assist service users in their recovery journey as well as links to mutual aid groups and longer-term recovery support options.

Data on items prescribed by the service was not available at the time of writing the PNA.



7 Health needs that can be met by pharmaceutical services

In England, there are an estimated 1.6 million health related visits to a pharmacyⁱⁱ every day and these provide a valuable opportunity to support behaviour change through making every one of these contact counts. Making healthy choices such as stopping smoking improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these health choices as part of the provision of pharmaceutical services and services commissioned by the Council the ICB.

As can be seen from this section, it is important that NHS England, NHS Northamptonshire ICB and the Public Health Team at West Northamptonshire Council work together to maximise the local impact of health communications, messages and opportunities.

Promoting the services that pharmacies provide will improve access for those wanting to improve their health and this can be done in a number of ways, including pharmacies ensuring their NHS website profile is up to date, which is a contractual requirement.

7.1 Need for drugs and appliances

Everyone will at some stage require prescriptions to be dispensed irrespective of their health status. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long-term condition. This health need can only be met within primary care by the provision of pharmaceutical services be that by pharmacies, dispensing appliance contractors or dispensing doctors.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHS England and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out-of-date dispensed drugs for their safe disposal.

Distance selling premises will receive prescriptions remotely (either via the Electronic Prescription Service, post or fax) and are required to deliver all dispensed items. This will clearly be of benefit to people who are unable to access a pharmacy. In addition, dispensing appliance contractors deliver the majority, if not all, of the items they dispense.

7.2 Alcohol and drug usage

As needle exchange and the supervised consumption of substance misuse medicines are commissioned by the Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for either service to be commissioned as part of pharmaceutical services.



However, there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to two health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include drug and alcohol abuse. Health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials.
- Where the pharmacy does not provide the locally commissioned services of needle exchange and the supervised consumption of substance misuse medicines, signposting people using the pharmacy to other providers of the service.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- Using the opportunity presented when people attend the pharmacy to discuss the risks of alcohol consumption and in particular, during health campaigns or in discussion with customers requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.3 Cancer

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to long-term conditions as part of the essential services they provide:

- Disposal of unwanted drugs, including controlled drugs.
- Pharmacies are required to participate in up to two health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include cancer awareness and/or screening.
- Signposting people using the pharmacy to other providers of services or support.

7.4 Long-term conditions

- In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to long-term conditions as part of the essential services they provide:
- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary health disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to two health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include long-term conditions.
- Signposting people using the pharmacy to other providers of service or support



- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

Provision of the Discharge Medicine Service, Community Pharmacist Consultation Service, Appliance Use Review, stoma appliance customisation, New Medicine Service and flu vaccination advanced services will also assist people to manage their long-term conditions in order to maximise their quality of life.

7.5 Obesity

Three elements of the essential services will address this health need:

- Where a person presents a prescription, and they are overweight, the pharmacy is required to give appropriate advice with the aim to increasing the person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to two health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include obesity/overweight.
- Signposting people using the pharmacy to other providers of services or support.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.6 Sexual health

As chlamydia screening is commissioned by the Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

However, there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to two health campaigns each calendar year by promoting public health messages to users. The topics of these campaigns are selected by NHS England and could include sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV).
- Where the pharmacy does not provide the locally commissioned service for chlamydia screening, signposting people using the pharmacy to other providers of this service.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.7 Teenage pregnancy

As emergency hormonal contraception provision is commissioned by the Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services; however recent national commissioning changes will result in an amendment in existing contract. Currently, this is provided by five community pharmacies.



However, there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to two health campaigns each calendar year by promoting public health messages to users. The topics of these campaigns are selected by NHS England and could include teenage pregnancy.
- Where the pharmacy does not provide the locally commissioned service of emergency hormonal contraception provision, signposting people using the pharmacy to other providers of the service.

7.8 Smoking

As smoking cessation is commissioned by the Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services. However, there are elements of essential service provision which will help address this health need:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Patients may be referred through national service of referrals from hospitals.
- Pharmacies are required to participate in up to two health campaigns each calendar year by promoting public health messages to users. The topics of these campaigns are selected by NHS England and could include smoking.
- Where the pharmacy does not provide the locally commissioned service of smoking cessation, signposting people using the pharmacy to other providers of the service.
- Routinely discussing stopping when selling relevant over the counter medicines.
- Providing health living advice during consultations and engagement with people attending the pharmacy.

7.9 Healthy Living Pharmacy

Following agreement between the Department of Health and Social Care, NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) all pharmacies, as part of essential services, are required to promote healthy living by being Healthy Living Pharmacies. The aim of this is to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. The Healthy Living Pharmacy concept is designed to develop (in respect of health and wellbeing services):

- The community pharmacy workforce
- Community pharmacy engagement with the general public (including 'Making Every Contact Count')



- Community pharmacy engagement with local stakeholder such as local authorities, voluntary organisations and other health and social care professionals and
- The environment in which health and wellbeing services are delivered.

First piloted in Portsmouth in 2009, the objective of Healthy Living Pharmacies is to create teams that are aware of local health issues and are consistently demonstrating they are promoting healthy lifestyles by tackling the health problems their populations face head on.

7.10 Pharmacy First

The Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2009. It enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. The new Pharmacy First service, launched in January 2024, adds to the existing consultation service and enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways.



8 Conclusions for the purpose of the schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

The pharmaceutical needs assessment has considered the current provision of pharmaceutical service across West Northamptonshire and specifically the demography and health needs of the population. It has been analysed whether current provision meets the needs of the population of West Northamptonshire and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

As of January 2025, West Northamptonshire has 63 pharmacies, of which two are distance selling pharmacies, and three dispensing appliance contractors all providing the full range of essential services. Many provide advanced and enhanced services as commissioned by NHS England, and some provide services commissioned by West Northamptonshire Council. There are no Local Pharmaceutical Services contractors. 16 of the GP practices dispense to eligible patients, one of which is located over the border in Buckinghamshire.

Overall, access to pharmaceutical services in West Northamptonshire is good due to the spread of premises across the area and the times at which they are open.

Redistribution of premises, for example the clustering of pharmacies around GP practices, may impact negatively on the arrangements that are currently in place which in turn may lead to access being worsened, however this will very much depend on the local situation. The Health and Wellbeing Board notes that when considering relocation applications from pharmacies NHS England and the ICB are required to have regard to, amongst other factors:

- Whether “the location of the new premises is not significantly less accessible” for the patient groups that use the existing premises and
- Whether the relocation would “result in a significant change to the arrangements that are in place for the provision of” pharmaceutical services.

If NHS England and Northamptonshire ICB are satisfied that the location of new premises is significantly less accessible, or the relocation would result in significant change, then it can refuse the application.

West Northamptonshire has a population of approximately 435,028. The projected population changes and housing developments identified may consequently impact on the type of services required and the number of people accessing pharmaceutical services within the county. However, given the current population demographics, housing projections, the distribution of pharmacies across West Northamptonshire and their capacity to meet increases in demand, it is anticipated that the current pharmaceutical service providers will be sufficient to meet local needs.



8.1 Current Provision – necessary services

West Northamptonshire Health and Wellbeing Board has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of New Medicine Service, NHS Pharmacy and Flu Vaccination
- The dispensing services provided by some GP Practice

Preceding sections of this document have set out the provision of these services in the county.

8.2 Necessary services – gaps in provision

8.2.1 Access to essential services

In order to assess the provision of essential services against the needs of the population the Health and Wellbeing Board considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

Access to essential services during normal working hours

The Health and Wellbeing Board has identified that most of the population is able to access a pharmacy during normal working hours within 20 minutes by car. For the areas where it takes more than 20 minutes by car outside of the rush hour, the Health and Wellbeing Board is satisfied that there is not a current need for a pharmacy in those areas due to:

- There is no resident population in this area, just fields, woods and a nature reserve
- The area contains the M40, two railway lines, fields and no residential population and
- The area contains Yardley Chase (a 357.6-hectare Biological Site of Special Interest, a horse stud and a handful of scattered houses/farms).

The picture changes slightly during rush hour times so that the following fall outside the 20 minutes standard:

- A large area to the west of Woodford Halse on the border with Warwickshire. Google Maps reveals approximately six houses/farm in the area
- A larger area to the southwest of Aynho. Google Maps reveals one farm in this area and
- To the southwest of Yardley Hastings

However, taking into account the provision of pharmaceutical services in the areas surrounding West Northamptonshire, for example North Northamptonshire, Bedfordshire, Leicestershire, Milton Keynes, Oxfordshire and Warwickshire everyone living within West Northamptonshire can access a pharmacy by car within 20 minutes both within rush hour and outside of it.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services during normal working hours have been identified in any of the other localities.



8.2.2 Access to essential services outside normal working hours

There is good access to essential services outside normal working hours, even though there are no 100-hour pharmacies. The provision is met by a range of flexible opening hours including:

- 44 pharmacies opening hours which include evenings
- 44 pharmacies opening hours which include Saturdays
- 11 pharmacies opening hours which include Sundays

Outside normal working hours the GP out of hours service will provide courses of treatment where appropriate. Although there may be limited access to the other pharmaceutical services, for example medicines support, signposting or self-care, the 2010 Office of Fair-Trading report on the previous 'control of entry' regulations and retail pharmacy services in the UK found there was a lack of published evidence for consumer demand for extended opening hours. The patient and public questionnaire showed that the majority of respondents did not have a preference as to the most convenient time to use a pharmacy, and equally, there isn't a least preferred day nor time to use a pharmacy.

It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances as permitted within the terms of service where this based upon a change in patient need.

The Health and Wellbeing Board is mindful that the GP extended access hubs may amend their opening hours. However, it would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or NHS England will direct pharmacies to open to meet any differences in opening hours.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services outside normal working hours have been identified in any of the localities.

8.2.3 Access to advanced services

The Health and Wellbeing Board deemed the following advanced services to be necessary:

- New Medicine Service
- Pharmacy First
- Flu Vaccination

The Health and Wellbeing Board noted the number and distribution of pharmacies providing these services, and activity levels since April 2018. Based on the data available the Health and Wellbeing Board is satisfied that there is sufficient capacity to meet the demand for these advanced services.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the New Medicine Service, Pharmacy First Consultation Service and Flu Vaccination advanced services have been identified in any of the localities.



8.2.4 Future provision of necessary services

The Health and Wellbeing Board has taken into account the forecasted population growth. It has not identified any necessary services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet the anticipated increased need for pharmaceutical services due to the forecasted population.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities.

8.2.5 Other relevant services: current provision

West Northamptonshire Wellbeing Board identified appliance use reviews, stoma appliance customisation, smoking cessation services and Treatment Service, whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities.

8.3 Improvements and better access – gaps in provision

8.3.1 Current and future access to essential services – present and future circumstances

West Northamptonshire Health and Wellbeing Board considered the conclusion in respect of current provision as set out at in this document and has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services I any of the localities.

8.3.2 Current and future access to advanced services

For the data available not all pharmacies are providing all the advanced services, although activity level varies across the health and Wellbeing Board’s area.

Demand for the appliance advanced services will be lower than for the other advanced services due to much smaller proportion of the population that may require these services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in the provision of advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services in any of the localities.



8.3.3 Current and future access to advanced and enhanced services

West Northamptonshire Health and Wellbeing has not identified any advanced or enhanced services that are not currently provided but that will, in specified future circumstances, need to be provided in order to secure improvements or better access to pharmaceutical services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances have been identified in any of the localities.



Appendix A- Policy context and background papers

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

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the 'necessary or expedient' test was introduced – namely 100-hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies.

In January 2007 a review of the system was published by the government⁸⁶ and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could get to a pharmacy within 20 minutes, including in deprived areas⁸⁷), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process.

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

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services⁸⁸. One of the recommendations of this second review was that Primary Care Trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow Primary Care Trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

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



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

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

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

The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established Health and Wellbeing Boards and transferred responsibility to develop and update PNAs from Primary Care Trusts to Health and Wellbeing Boards. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from Primary Care Trusts to NHS England from 1 April 2013.

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for Health and Wellbeing Boards to develop and update PNAs and gives the Department of Health and Social Care powers to make regulations.



Section 128A Pharmaceutical needs

- (1) Each Health and Wellbeing Board must in accordance with regulations--
 - (a) assess needs for pharmaceutical services in its area, and
- (2) The regulations must make provision--
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs; specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
 - (c) as to the manner in which an assessment is to be made;
- (3) The regulations may in particular make provision--
 - (a) as to the pharmaceutical services to which an assessment must relate; requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
 - (b) as to the manner in which an assessment is to be made;

Pharmaceutical Services) Regulations 2013⁸⁹, as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

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

Matters the Health and Wellbeing Board is to have regard to when producing its pharmaceutical needs assessment

Each Health and Wellbeing Board was under a duty to publish its first PNA by 1 April 2015. In the meantime, the PNA produced by the preceding Primary Care Trust remained in existence and was



used by NHS England, now NHS England and NHS Improvement, to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

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

In addition, a Health and Wellbeing Board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate:

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

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended are subject to a post implementation review by the Department of Health and Social Care in 2017/18 the aim of which is to determine whether they have met their intended objectives. The review determined that:

- the 2013 Regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand
- there is flexibility within the system where an unforeseen benefit is identified
- access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services and
- there remains a degree of 'clustering'

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

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended are subject to a post implementation review by the Department of Health and Social Care in 2017/18 the aim of which is to determine whether they have met their intended objectives. The review determined that:

- the 2013 Regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand
- there is flexibility within the system where an unforeseen benefit is identified
- access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services and
- there remains a degree of 'clustering'

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

With effect from 1 October 2020 the regulations were amended to delay the requirement on Health and Wellbeing Boards to publish their third PNA by 1 April 2021. Health and Wellbeing Boards now have until 1 April 2025, although may choose to publish their next pharmaceutical needs assessment sooner should they so wish.



Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

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

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

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

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

2. Dispensing of repeatable prescriptions

Service description

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

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

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient

- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England and NHS Improvement is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

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

4. Promotion of healthy lifestyles

Service description

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

- Have diabetes or
- Be at risk of coronary heart disease, especially those with high blood pressure or
- Who smoke or
- Are overweight

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

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

5. Signposting

Service description

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

Aims and intended outcomes

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

6. Support for self-care

Service description

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

Aims and intended outcomes

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

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

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS

England and NHS Improvement, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

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

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

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

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

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

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

Aims and intended outcomes

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

8. Discharge medicines services

Service description

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

Aims and intended outcomes

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

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions; and
- Support the development of effective team-working across hospital, community and PCN pharmacy teams and general practice teams and provide clarity about respective roles



Appendix C – advanced services

1. New medicine service

Service description

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

Aims and intended outcomes

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

- As regards the long-term condition:
 - To help reduce symptoms and long-term complications and
 - In particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support and
- To help the patients:
 - Make informed choices about their care
 - Self-manage their long-term conditions
 - Adhere to agreed treatment programmes and
 - Make appropriate lifestyle changes

2. Stoma appliance customisation

Service description

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

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

Aims and intended outcomes

The underlying purpose of the service is to:

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

3. Appliance use review

Service description

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

Aims and intended outcomes

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

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

4. National influenza adult vaccination service

Service description

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who fall in one of the national at-risk groups. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England and NHS Improvement patient group direction.

Aims and intended outcomes

The aims of this service are to:

- Sustain uptake of flu vaccination by building the capacity of community pharmacies as an alternative to general practice
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations and
- Reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

5. Home delivery services during a pandemic etc

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England and NHS

Improvement, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

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

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

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

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

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

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

Aims and intended outcomes

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

6. NHS community pharmacist consultation service

Service description

Under the NHS community pharmacist consultation service patients who urgently need medicines or who have symptoms of a minor illness and contact either NHS 111 or an Integrated Urgent Care Clinical Assessment Service are referred to a community pharmacist for a consultation, thereby releasing capacity in other areas of the urgent care system such as accident and emergency (A&E) and general practices and improving access for patients.

Aims and intended outcomes

The aims of this service are to:

- Support the integration of community pharmacy into the urgent care system, and to appropriately refer patients with lower acuity conditions or who require urgent prescriptions, releasing capacity in other areas of the urgent care system
- Offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 Online service
- Reduce demand on integrated urgent care services, urgent treatment centres, Emergency Departments, walk in centres, other primary care urgent care services and GP Out of Hours (OOH) services, and free up capacity for the treatment of patients with higher acuity conditions within these settings
- Appropriately manage patient requests for urgent supply of medicines and appliances
- Enable convenient and easy access for patients and for NHS 111 call advisor referral
- Reduce the use of primary medical services for the referral of low acuity conditions, (i.e. minor illnesses), from NHS 111 and the need to generate urgent prescriptions
- Identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent use of Urgent and Emergency Care services in the future
- Ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine or appliance requested
- Increase patient awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions and for medicines access and advice
- Be cost effective for the NHS when supporting patients with low acuity conditions

7. Community pharmacy COVID-19 lateral flow device distribution service

Service description



COVID-19 lateral flow antigen tests allow the detection of people with high levels of the COVID-19 virus, making them effective in identifying individuals who are most likely to transmit the virus, including those not showing symptoms. With up to a third of infected individuals not displaying symptoms, broadening asymptomatic testing is essential. Increased use of lateral flow devices can help identify more people who are highly likely to spread the virus, and therefore break the chain of transmission. This service allows people to collect lateral flow devices from a pharmacy.

Aims and intended outcomes

The purpose of the service is to improve access to testing by making lateral flow device test kits readily available at pharmacies for asymptomatic people, to identify positive cases in the community and break the chain of transmission.

Tests are administered away from the pharmacy. The pharmacy will not be involved in the generation or communication of results. Pharmacy teams will not be required to support the communication of results or next steps to the person taking the test.



Appendix D – enhanced services

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



- Their health and
 - General health matters relevant to them, and where appropriate referral to another health care professional
9. A medication review service, the underlying purpose of which is for a registered pharmacist—
- To conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient
 - To advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs and
 - Where appropriate, to refer the patient to another health care professional
10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —
- To assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs and
 - To offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens
11. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.
12. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist—
- To provide sterile needles, syringes and associated materials to drug misusers
 - To receive from drug misusers used needles, syringes and associated materials and
 - To offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre.
13. An on-demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
14. Out of hours services, the underlying purpose of which is for the pharmacy



contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

15. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.
16. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
 - The clinical and cost-effective use of drugs
 - Prescribing policies and guidelines and
 - Repeat prescribing
17. A school's service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—
 - The clinical and cost-effective use of drugs in the school
 - The proper and effective administration and use of drugs and appliances in the school
 - The safe and appropriate storage and handling of drugs and appliances and
 - The recording of drugs and appliances ordered, handled, administered, stored or disposed of
18. A screening service, the underlying purpose of which is for a registered pharmacist—
 - To identify patients at risk of developing a specified disease or condition
 - To offer advice regarding testing for a specified disease or condition
 - To carry out such a test with the patient's consent and
 - To offer advice following a test and refer to another health care professional as appropriate
19. A stop smoking service, the underlying purpose of which is for the pharmacy contractor —
 - To advise and support patients wishing to give up smoking and
 - Where appropriate, to supply appropriate drugs and aids
20. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.
21. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient's agreement.



22. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances-

- Which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription and
- Where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health).

Appendix E – terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

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

Aims and intended outcomes

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

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

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

2. Dispensing of repeatable prescriptions

Service description

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

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

Aims and intended outcomes

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

managing repeat prescriptions

3. Home delivery service

Service description

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

Aims and intended outcomes

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

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

4. Supply of appropriate supplementary items

Service description

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

Aims and intended outcomes

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

5. Provide expert clinical advice regarding the appliances

Service description

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

Aims and intended outcomes

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

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

Service description

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



Aims and intended outcomes

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

6. Signposting

Service description

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

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

Aims and intended outcomes

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

Appendix F – stakeholder map

Pharmaceutical Needs Assessment 16/09/2024

West – Internal	North – Internal
<p>Public Health Team: Roberta Borges-Stewart - Public Health Principal – PNA Lead and Lead Author Chloe Gay – Consultant in Public Health (engage and consult) Sally Burns – DPH – Keep informed Richard Corless – Intelligence & Partnerships Manager (engage and consult) Elton Myftari – Analytics and Policy Specialist (engage and consult)</p>	<p>Public Health Team: Pippa Williams – Acting Consultant in Public Health - Lead Amy Pownall – Public Health Practitioner Gareth Knight – Public Health Intelligence Manger Helene Denness (DDPH)/Jane Bethea (DPH) - keep Informed</p>
<p>Other internal teams - West</p> <p>Public Health Team – Keep informed Annapurna Sen - Health Protection Specialist – (for information) Councillor Golby – keep informed Catherine Day – Consultation and Engagement Specialist (Engage and consult) Bethany Longhurst – Communication and Engagement Business Partner</p>	<p>Other internal teams - North</p> <p>Public Health Team – Keep informed Councillor Gill Mercer - keep informed Elaine Davies – Participation and Development Officer</p>
External Stakeholders	External Stakeholders
<p>Health and Wellbeing Boards (engage and consult)</p>	<p>Community Pharmacy BLMK and Northamptonshire: Anne-Marie King – Chief Officer Northamptonshire and Milton Keynes Local Pharmaceutical Committee (engage and consult)</p>

West – Internal	North – Internal
<p>Integrated Care Board: Giles Owen – Pharmacy Lead (Consult) – Represented by Mini Satheesh Mini Satheesh – Community Pharmacy Clinical Lead (engage and consult) Naomi Caldwell – (consult)</p>	<p>Lead trust pharmacists: Kettering General Hospital Trust: Mala Khiroya (keep informed) Northampton General Hospital Trust: Rachel Westwood Northampton Health Foundation Trust: Michaela Cox</p>
<p>Healthwatch: Gabriella Van Beek – Healthwatch Manager (consult)</p>	<p>Residents (engage)</p>

Core Steering Group

Organisation	Name	Title
West Northamptonshire Council	Roberta Borges-Stewart	Healthcare Public Health Principal
	Chloe Gay	Consultant in Public Health
	Richard Corless	Intelligence and Partnerships Manager
North Northamptonshire Council	Pippa Williams	Acting Public Health Consultant
	Amy Pownall	Public Health Practitioner and Peer Support
	Gareth Knight	Public Health Intelligence Manager
Integrated Care Board	Mini Satheesh	Community Pharmacy Lead
	Giles Owen	Pharmacy Lead
	Naomi Caldwell	Lead GP
Community Pharmacy BLMK and Northamptonshire	Anne-Marie King	Chief Officer Local Pharmaceutical Committee
Northamptonshire Local Medical Council	Dr Jonathan Cox	Chairman
	Colin Smith	Chief Executive Officer

Co-opted Members

NHS England	Dianne Wells	Senior Commissioner Manager – Pharmacy, Optometry and Dental. East Midlands Primary Care.
NHS England	Sidiqa Lobin	Contract Manager – Pharmacy, Optometry and Dental. East Midlands Primary Care.
Northampton General Hospital	Rachel Westwood	Head of Clinical Pharmacy
Kettering General Hospital	Mala Khiroya	Chief Pharmacist
Northamptonshire Healthcare NHS Foundation Trust	Michaela Cox	Chief Pharmacist

Appendix G – patient and public engagement survey

Give us your views on Pharmaceutical Needs

Overview

North Northamptonshire Council and West Northamptonshire Council Public Health teams are completing some important research on how you feel about pharmacy services.

What are pharmacy services?

A pharmacy, also known as a chemist, is a place you would go to:

- To collect a prescription
- To buy medicines
- To talk to a pharmacist for advice about your illnesses or medication

We do not mean any pharmacy in a hospital, or somewhere you shop to buy anything other than medicine, for example, beauty products.

Background

We would like to understand how people feel about the current services they receive from local pharmacies in Northamptonshire.

The purpose of this survey is to review services that are available, what services people need, and to identify what might need improving. This process is called a pharmaceutical needs assessment (PNA) which is a vital part of how we go about understanding needs, issues, and ways to make improvements.

More about pharmaceutical needs assessments.

A PNA is a legal requirement and must be updated every three years. It is the responsibility of the local authority and its public health and wellbeing boards to develop by looking at local needs and identify gaps so that it can then be used as a tool to commission other services where they are needed.

We understand that visits to pharmacies may often be quite personal, however this survey does not take any personal or personally identifiable information.

We value your feedback and encourage everyone that uses pharmaceutical services to give us their views.

How to give us your views

This survey is aimed at Northamptonshire residents. You can complete the online survey using the Give us your views link below.

Contractors and dispensing pharmacies are also invited to take part (contractors and dispensing pharmacies, please see the related activities at the bottom of this page to re-direct you to the appropriate page)

If you have any questions or require the survey in a different format, please contact ph.healthprotection@westnorthants.gov.uk

This survey closes on Sunday 1 September 2024

For information about how your responses are managed please see the appropriate privacy notice for your local area:

- North Northamptonshire consultation and engagement privacy notice
- West Northamptonshire consultation and engagement privacy notice

What happens next?

We will consider all feedback which will then be placed into a final report. The final report will be published in Spring 2025 and will be available on the appropriate website:

- North Northamptonshire Reports and Assessments
- West Northamptonshire Joint Strategic Needs Assessments

Give us your views

Online survey

About you

We collect information about the people that take part in our surveys to help us gather detail about who is responding to make sure we are reaching as many people as we can.

1. How are you responding to this questionnaire (please select one answer):

- Resident in North Northamptonshire
- Resident in West Northamptonshire

2. What is the first part of your postcode?

In order to help us more precisely map the results of the survey, please could you provide the first part of your postcode only (e.g., NN1, NN11, NN12, etc).

By providing us with this, you are consenting for us to use this information to understand roughly where you live. **If you do not wish for us to use this information in this way, please leave the below space blank.**

First part of your postcode: [Free text]

Your use

We would like to know how you use your pharmacy - either in person or by having someone else go there for you.

Did you know: Pharmacists can offer advice and over the counter medication to help with a range of common conditions and some minor injuries. You can read more about this from the [NHS](#) – how pharmacies can help

3. During the last 12 months; for what reason would you have used a pharmacy? Select all that apply.

- To collect a prescription for myself [SKIP to Q6]
 - To collect a prescription for someone else [SKIP to Q6]
 - To buy medicines for myself [SKIP to Q6]
 - To buy medicines for someone else [SKIP to Q6]
 - To buy plasters, bandages or dressings for myself [SKIP to Q6]
 - To buy plasters, bandages or dressings for someone else [SKIP to Q6]
 - To get advice for myself [SKIP to Q6]
 - To get advice for someone else [SKIP to Q6]
 - To receive a pharmacist consultation instead of going to a GP (for minor illness, blood pressure or contraception) for myself

 - Other (please state below) [SKIP to Q6]
-

I do not use a pharmacy

4. Why don't you visit a pharmacy?

- I use an online service or internet pharmacy
- My GP dispenses my medication
- I have no need to visit a pharmacy

[Skip to About you]

5. How often do you usually use a pharmacy?

- At least a few times a week
- Not every week but at least a few times a month
- Once a month
- Every 2 to 3 months
- Once or twice a year
- I don't know

6. When do you prefer to use a pharmacy? Select all that apply

	Between 9am and 12noon	After 12noon and before 2pm	After 2pm and before 5:30pm	Between 5:30pm and 9am (for example: out of hours services)	No preference
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. During the last 12 months; If you have not been able to use the pharmacy you usually use, for example because it was closed or the service you needed was not available, what did you do instead?

- I went to another pharmacy
- I waited until the pharmacy was open
- I went to my GP
- I went to the general hospital
- I went to a Walk In Centre
- I called 111
- Other (please state below)

[Free text]

8. Use the following space if you would like to tell us the reason for not using your usual pharmacy:

[Free text]

Your choice of pharmacy

9. About the pharmacy you usually use

Name of pharmacy: [Free text]

Location (name of town or village): [Free text]

10. Please could you tell us whether you:

- Always use the same pharmacy
- Use different pharmacies but prefer to visit one most often
- Always use different pharmacies

11. Why do you use this pharmacy? Select all that apply.

- It is in reasonable distance from my home or workplace
- It is in reasonable distance from my school, colleague or university
- The pharmacy collects my prescriptions or delivers my medicines
- The pharmacy is easy to access and offers face to face consultations
- They usually have what I need in stock
- The pharmacy has good opening hours
- The pharmacy is linked to my GP practice
- The pharmacy provides good advice & information
- It is very accessible for example it's wheelchair/baby buggy friendly
- It's a well-known big chain
- It's not one of the big chains
- There is a private area if I need to talk to the pharmacist
- I can order my repeat medicines for this pharmacy using the NHS app
- The pharmacy delivers other extra clinical services which I can use instead of going to a GP
- Other (please state below)

12. Is there a more convenient or closer pharmacy that you do not use?

- Yes
- No

13. If you have answered yes to the above, tell us why you do not use the more convenient or closest pharmacy: [Free text]

Travelling to a pharmacy

14. If you go to the pharmacy by yourself or with someone, how do you usually get there?

- On foot
- By bus
- By car
- By bike
- By taxi
- Other (please state below)

15. How long does it usually take to get to the pharmacy you usually use?

- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes but less than 30 minutes
- More than 30 minutes

Pharmacy services

16. We would like to know how you find out information about a pharmacy such as opening times or services being offered. Select all that apply.

- Phoning the pharmacy
- Phoning 111
- Using the NHS website
- Searching the internet
- Using social media
- Asking friends or family
- Visiting the pharmacy to ask
- Viewing information at the pharmacy
- Other (please state below)

[Free text]

17. When using the pharmacy, you tend to use normally, and speaking to a pharmacist, to what extent do you feel comfortable with the following?

	Very comfortable	Comfortable	Neither comfortable nor uncomfortable	Uncomfortable	Very uncomfortable	Would rather not say
Discussing medication and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing illnesses and related problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing sensitive or private issues about my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I do not talk to a pharmacist when I visit

18. Let us know if there is anything else you would like to tell us about your local pharmacy services

[Free text]

About you

We collect certain information from the people who take part in surveys to understand who we are reaching and ensure that everybody has an opportunity to have their voice heard. Please feel free to leave any questions which you do not wish to answer.

Any information you chose to provide will be treated confidentially and in accordance with data protection legislation.

19. Are you:

- Male
- Female
- Prefer not to say
- Other (please specify below)

20. Are you currently pregnant or have you had a baby in the last 6 months?

- Yes
- No
- Prefer not to say

21. How old are you?

- 0 to 9
- 10 to 19
- 20 to 29
- 30 to 49
- 50 to 64
- 65 to 74
- 75+
- Prefer not to say

22. Do you have a disability?

- Yes
- No
- Prefer not to say

23. If 'Yes,' please select the appropriate box(es) which best describes your disability:

- Mental health
- Physical disability
- Hearing impairment
- Sight impairment
- Learning Disability
- Other

24. What is your religion or belief?

- None
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Buddhist

- Prefer not to say
- Any other religion (please state below)

25. How would you describe your ethnic origin?

- White British
- White Irish
- White Gypsy or Irish Traveller
- Other white background
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background
- White and Black Caribbean
- White and Black African
- Caribbean
- African
- White and Asian
- Other mixed or multiple
- Other Black background
- Arab
- Prefer not to say
- Other ethnic group (please state below)

26. If you are 16 or over which of the following options best describes how you think of yourself?

- Bisexual
- Gay Man
- Gay Woman / Lesbian
- Heterosexual
- Prefer not to say

27. Is your gender identity the same as the sex you were registered with at birth?

- Yes
- No
- Prefer not to say

28. Are you:

- Married
- Single
- Civil Partnership
- Co-habiting / living together
- Widow / Widower
- Prefer not to say

Other

Thank you for your response

Appendix H – full results of the patient and public engagement

Available on request.

Appendix I –contractors’ engagement

Give us your views on Pharmaceutical Needs – Dispensing Appliance Contractors*

North Northamptonshire Council and West Northamptonshire Council Public Health teams are completing some important research and gathering information to support the development of Pharmaceutical Needs Assessments (PNAs).

The PNAs can help to identify unmet needs, improvements, or better access to, pharmaceutical services. As part of this work, we are gathering feedback from Dispensing Appliance Contractors which will tell us where community pharmacies and dispensing appliance contractors are already contributing to meeting people’s needs and can help us and other commissioners meet the needs of the population in the future.

***What is a Dispensing Appliance Contractor?**

A Dispensing Appliance Contractor (DAC) is a specialised supplier of medical appliances and devices, particularly those used in the treatment of long-term medical conditions or disabilities. Unlike pharmacies, DACs do not typically dispense medications.

The PNAs will:

- Be the basis for market entry applications to open new premises,
- Inform relocations of existing premises,
- Inform applications to change core opening hours or to provide additional pharmaceutical services and,
- Be used by NHS England and NHS Improvement – Midlands to make decisions regarding these matters.

We have developed this questionnaire with the support of the PNA project group of which the Community Pharmacy BLMK and Northamptonshire and the Integrated Care Board (ICB) Chief Medical Officer are members.

In developing the questionnaire, we are only asking for information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take around five minutes to complete.

This survey closes midnight on Sunday 1 September 2024, but we would urge you to complete it as soon as possible.

You can visit the Community Pharmacy England website for further information about PNAs.

The responses you provide will be used to develop an analysis report and will only be used for the purpose of this survey and developing the PNA. Any data will be held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice.

For queries relating to the information requested or the answers required please email ph.healthprotection@westnorthants.gov.uk

For information about how your responses are managed please see the appropriate privacy notice for your local area:

- [North Northamptonshire consultation and engagement privacy notice](#)
- [West Northamptonshire consultation and engagement privacy notice](#)

What happens next?

We will consider all feedback which will then be placed into a final report. The final report will be published in Spring 2025 and will be available on the appropriate website:

- [North Northamptonshire Reports and Assessments](#)
- [West Northamptonshire Joint Strategic Needs Assessments](#)

Contractor details

Please provide the following

1. Name of the organisation/business you are completing the questionnaire on behalf of:
2. Address or addresses of the premises for which the practice has premises approval to dispense from:

Delivery of dispensed items

3. What appliances, devices or dressings do you dispense from the pharmacy?

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

4. Apart from English are there any other languages available to patients from staff at the premises?

Yes

No

If you have selected yes, please tell us what languages

Housing developments

As new housing and other developments coming forward can impact some services, the PNA will need to identify whether people's needs can be met by the existing spread of pharmacies and dispensing appliance contractor premises.

5. Should there be an increase in demand due to the above, which of the below statements best reflects how you feel:

Answer choice	Select one option
We have sufficient capacity within our existing premises and staffing levels	<input type="checkbox"/>
We do not have sufficient premises and staffing capacity at present but could make adjustments to manage	<input type="checkbox"/>
We do not have sufficient premises and staffing capacity and would have difficulty managing	<input type="checkbox"/>

Provision of services post COVID-19

6. We recognise that you will have made changes to how your pharmaceutical service is provided as a result of Covid-19. Please can you give us information on those changes that you have taken into the 'new normal'?

[Free text]

Further information and recommendations

7. Using the space below, let us know if you feel there are any gaps in service provision and any ideas or recommendations you have to close the gaps

[Free text]

8. If you wish to receive a copy of the final report (this will be via a link to our website), please provide the following below:

Your name:

Your role/position:

Your email:

Appendix J – Pharmacy and Dispensing Practice

This includes the redacted elements from the revised questionnaire that was opened for a second time.

Calling all Northamptonshire Pharmacies – we need your views

North Northamptonshire Council and West Northamptonshire Council Public Health teams are completing some important research and gathering information to support the development of Pharmaceutical Needs Assessments (PNAs). This will

help to identify unmet needs, improvements, or better access to pharmaceutical services. Your feedback will tell us where community pharmacies and dispensing appliance contractors are already contributing to meeting people's needs and can help us and other commissioners meet the needs of the population in the future.

We would like to hear from all Dispensing Pharmacies in Northamptonshire.

You can read more about PNA's here

The PNAs will:

- Be the basis for market entry applications to open new premises,
- Inform relocations of existing premises,
- Inform applications to change core opening hours or to provide additional pharmaceutical services and,
- Be used by NHS England and NHS Improvement – Midlands to make decisions regarding these matters.

[You can visit the Community Pharmacy England website for further information about PNAs](#)

This questionnaire is produced with support from the PNA project group where the Community Pharmacy BLMK, Northamptonshire and the Integrated Care Board (ICB) Chief Medical Officer are members.

This short questionnaire consists of just eight questions.

This survey closes midnight on Sunday 3 November 2024, but we would urge you to complete it as soon as possible.

If you have any queries or require the survey in another format please email:

ph.healthprotection@westnorthants.gov.uk

For information about how your responses are managed please see the appropriate privacy notice for your local area:

- [North Northamptonshire consultation and engagement privacy notice](#)
- [West Northamptonshire consultation and engagement privacy notice](#)

What happens next?

The feedback will be used for a report and only for the purpose of this survey and developing the PNA. Any data will be held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice. The final report will be published in Spring 2025 and will be available on the appropriate website:

- [North Northamptonshire Reports and Assessments](#)
- [West Northamptonshire Joint Strategic Needs Assessments](#)

Give us your views

The Pharmacy

1. Pharmacy location: (required)

- North Northamptonshire
- West Northamptonshire

2. Pharmacy ODS code of the pharmacy you are completing the questionnaire on behalf of:

The ODS code is also known as the F code or pharmacy code and starts with the letter F.

[Free text]

3. Please supply the following

Name of the pharmacy/dispensing appliance contractor premises/GP practice you are completing the questionnaire on behalf of: [Free text]

Address of the pharmacy/dispensing appliance contractor premises you are completing the questionnaire on behalf of: [Free text]

Consultation facilities and other assistance

4. Which of the following consultation facilities do you have (select all that apply):

Answer choice	Select all that apply
Available consultation area on the premises that is wheelchair accessible	<input type="checkbox"/>
Available consultant area on the premises (without wheelchair access)	<input type="checkbox"/>
No consultation area on the premises but there is one planned to be delivered within next 12 months	<input type="checkbox"/>
No consultation area available	<input type="checkbox"/>
No consultation area but alternative area available	<input type="checkbox"/>

5. If the pharmacy has any provision to aid those with particular needs, please select what is available from the options below: (select all that apply)

- Hearing loop
- Brail signage

- Staff that use British sign language
- Language interpreter (please specify below which language's)
- Other (please state)

Other: [Free text]

If you have selected language interpreter, please tell us what languages: [Free text]

Pharmacy First

6. Is your pharmacy participating in the Pharmacy First programme?

- Yes
- no

Housing developments

As new housing and other developments coming forward can impact some services, the PNA will need to identify whether people's needs can be met by the existing spread of pharmacies and dispensing appliance contractor premises.

7. Should there be an increase in demand due to the above, which of the below statements best reflects how you feel:

Answer choice	Select one answer
We have sufficient capacity within our existing premises and staffing levels	<input type="checkbox"/>
We do not have sufficient premises and staffing capacity at present but could make adjustments to manage	<input type="checkbox"/>
We do not have sufficient premises and staffing capacity and would have difficulty managing	<input type="checkbox"/>

Appendix K – consultation report

West Northamptonshire Council
Pharmaceutical Needs Assessment Consultation Report
May 2025
Roberta Borges-Stewart, Public Health Principal
Elton Myftari, Analytics and Policy Specialist

The Pharmaceutical Needs Assessment consultation survey ran from 3rd March to 1st May 2025. A total of 18 respondents fully completed the questionnaire.

Respondents profile

Half of the respondents identified as female (50%), while 22% identified as male. The remaining respondents either preferred not to say or did not answer the question.

Age responses varied, with the largest group (33.3%) aged between 50 and 64. The next largest group was those aged 65 to 74 (22.2%), followed by 16.7% aged 75 and over. One respondent was aged between 30 and 49, while the rest either preferred not to say or did not provide an answer.

The majority of respondents (77.8%) identified as White British. The rest either preferred not to disclose their ethnicity or did not answer. This pattern was mirrored in gender identity, with the majority stating their gender identity matched the sex registered at birth.

Regarding sexual orientation, 72.2% identified as heterosexual. The remaining respondents either preferred not to say or did not answer.

No respondents reported being pregnant. Four individuals (22.2%) identified as having a disability, with conditions mentioned including mental health issues, physical disabilities, hearing and sight impairments, and other types of disabilities.

Christianity was the most commonly reported religion (38.9%). The rest of the respondents either reported no religion or belief, preferred not to say, or did not answer.

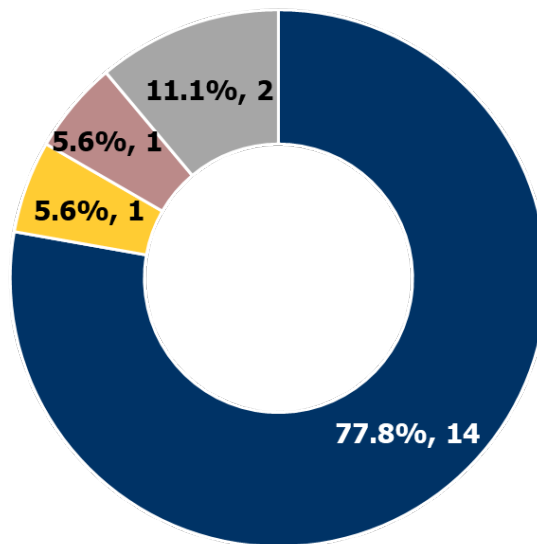
More than half of the respondents (61.1%) were married. One respondent each identified as single, in another type of relationship, or as a widow/widower. The remaining respondents preferred not to say or did not provide a response.

The majority of consultation survey respondents were residents of West Northamptonshire (77.8%). One respondent identified as a visitor to the area, and another responded on behalf of a health partner organisation (Towcester Medical Centre). Two respondents selected "other", one representing Boots UK Limited and the other identifying as the Chair of a Patient Participation Group at Abbey House GP Practice in Daventry.

Additionally, only six respondents (33.3%) confirmed they had taken part in the previous year's Pharmaceutical Needs Assessment engagement exercise.

Chart 1 – Who responded to the consultation survey

- Resident in West Northamptonshire
- A visitor to West Northamptonshire
- On behalf of a health partner organisation
- Other (please state below)



Views on the Pharmaceutical Needs Assessment

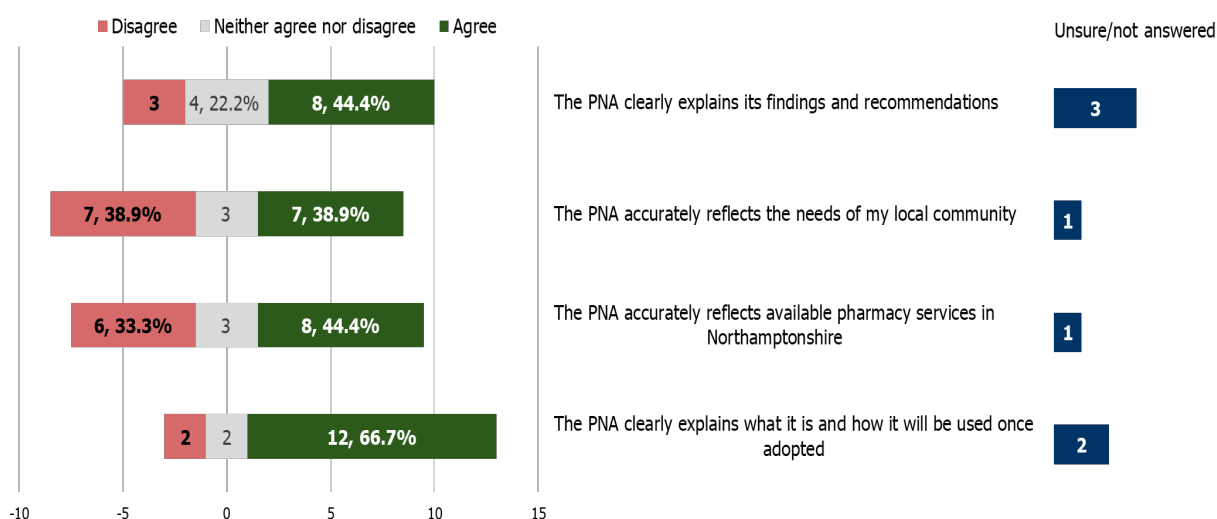
Respondents were asked whether they agreed or disagreed with the following statements:

- The PNA clearly explains what it is and how it will be used once adopted.
- The PNA provides an accurate overview of pharmacy services available in West Northamptonshire.
- The PNA accurately reflects the needs of the local community where you live.
- The PNA clearly explains its findings and recommendations.

Most respondents (66.7%) agreed that the Pharmaceutical Needs Assessment (PNA) clearly explains its purpose and how it will be used. However, fewer respondents felt it accurately reflects local pharmacy services (44.4%) or the needs of their community (38.9%), with 33–39% disagreeing with these statements. Regarding the clarity of findings and recommendations, 44.4% agreed, 22.2% were neutral, and 16.7% disagreed.

In summary, while the PNA's purpose is generally well understood, perceptions of its accuracy and relevance to local community needs are more divided.

Chart 2 - Respondent Agreement with Key Statements in the PNA



Respondents were then asked to provide reasons for their answers, whether they agreed, neither agreed nor disagreed, or disagreed. In addition, they were invited to share any further thoughts on the draft Pharmaceutical Needs Assessment (PNA) and to highlight any perceived gaps as part of the survey’s closing section. The key themes that emerged from these free text responses are summarised below.

Respondents raised a range of concerns regarding both the content of the document and the provision of pharmacy services in their area. Many found the document overly long and complex, with suggestions to provide a plain English summary and key questions to guide engagement.

While the document's intentions were seen as clear, participants felt it lacked sufficient detail on implementation and was not accessible to non-technical audiences.

A recurring issue was the low number of responses, which some viewed as evidence of poor communication or awareness, particularly among key stakeholders such as Patient Participation Groups (PPGs), who reported being unaware of the consultation entirely.

Concerns about pharmacy services in the Towcester and Silverstone areas featured prominently. Respondents described long queues, extended delays in obtaining medication, stock shortages, and operational challenges such as pharmacist absences and prescription errors. Many felt that existing pharmacy facilities were no longer fit for purpose given the area’s growing population.

Additionally, there were critical comments about the presentation of data, particularly maps. These were seen as difficult to interpret, with unclear segmentations and a lack of supporting information such as a list of pharmacy locations. Respondents also noted that

space was taken up by lengthy definitions, which could have been better placed in a glossary.

Finally, factual inaccuracies and omissions in the document were flagged. These have been reviewed and amended as appropriate. Respondents also expressed disappointment that the important and growing issue of medicine shortages was not adequately addressed.

Four questions were included in the survey, but the majority of respondents (94.4%) chose not to answer them. As a result, these questions have been excluded from the analysis, as the lack of responses prevents any meaningful interpretation or conclusions. The excluded questions were:

- Do you agree or disagree that there is enough information to help NHS leaders, such as the NHS Integrated Care Board and NHS England, make decisions about opening new practices or pharmacy-related services in the area?
- Do you agree or disagree that there is sufficient information for NHS leaders to determine the appropriate types of pharmaceutical services needed based on community assessments?
- Do you agree or disagree that the pharmaceutical needs assessment provides adequate information to guide future pharmaceutical service provision and planning for pharmacies and dispensing appliance contractors?
- Use the space below if you would like to provide any additional comments on the draft Pharmaceutical Needs Assessment (PNA).

Response following consultation

Following from the responses received during the formal consultation, the Health and Wellbeing board have agreed the following steps for the next PNA:











- a) To produce an easy read version for publishing alongside the main document
- b) To produce a concise definitions glossary
- c) To review how the maps are currently present and explore a clearer alternative

The Steering Group will review the issues raised around pharmacy provision in the Towcester and Silverstone and issue a supplementary statement if necessary.

Appendix L – Overview of the health and wellbeing of the population


















Health and Wellbeing in West Northamptonshire, August 2022

Start Well




-  4,647 babies were born in 2021.
-  12.3% of mothers smoked at the time of birth in 2020/21. This is worse than the England average.
-  The population of West Northamptonshire was 425,700 in 2021.
-  72% of children achieved a good level of development at the end of reception class in 2019.
-  14% of children aged under 16 lived in low income families in 2020/21. This is better than the England average.
-  21% of children in reception class were overweight or obese in 2019/20. This is better than the England average.*
-  30% of children in Year 6 were overweight or obese in 2019/20. This is better than the England average.*
-  73% of young people gained a standard pass (4) in English and Maths GCSEs in 2021.
-  The Chlamydia detection rate was 1,417 per 100,000 in 15 to 24 year olds in 2020. This is below the national target range.
-  There were 10 pregnancies in females aged under 18 per 1,000 girls aged 15 to 17, in 2020. This is lower than the England average.

* Please note that figures on childhood excess weight should be interpreted with caution due to low 2019/20 NCMP participation.

Live Well

-  A 2018 based projection estimated there were 170,103 households in West Northamptonshire in 2021.
-  The average salary (persons) in 2020 was £32,467. This was an increase of 2% compared to 2019.
-  78% of adults were employed in 2020/21. This is similar to the England average.
-  9% of households experienced fuel poverty in 2018.
-  There were 374 new sexually transmitted infections per 100,000 population in 2020. This is lower than the England average.
-  63% of adults were physically active in 2020/21. This is worse than the England average.
-  52% of the population aged 16+ ate their "5-a-day" in 2019/20. This is worse than the England average.
-  69% of adults were overweight or obese in 2020/21. This is worse than the England average.
-  There were 467 alcohol related hospital admissions per 100,000 population in 2020/21. This is similar to the England average.
-  15% of adults smoked in 2019. This is similar to the England average.
-  There were 8 suicides per 100,000 population in 2018-2020. This is lower than the England average.
-  There were 297 hospital admissions for self-harm per 100,000 population in 2020/21. This is worse than the England average.
-  There were 3 deaths from drug misuse per 100,000 population in 2018-2020. This is lower than the England average.
-  42 people were killed or seriously injured on roads per 100,000 population in the 2016-2018. This is similar to the England average.
-  There were 26 deaths from preventable cardiovascular diseases per 100,000 population in 2017-2019. This is similar to the England average.
-  There were 20 deaths in under 75s from preventable respiratory diseases per 100,000 population in 2017-2019. This is similar to the England average.
-  There were 54 deaths from preventable cancers per 100,000 population in 2017-2019. This is similar to the England average.

Age Well

-  There were 2,727 hospital admissions due to falls in people aged 65+ per 100,000 65+ population in 2020/21. This is worse than the England average.
-  The average male life expectancy was 79.8 in 2018-2020. This is better than the England average.
-  The average female life expectancy was 82.8 in 2018-2020. This is worse than the England average.

Appendix M – pharmacy opening hours

For opening hours visit [Find a pharmacy - NHS](#)

Acknowledgements/Consultation/Co-Production

Officer	Organisation	Detail
Roberta Borges-Stewart Public Health Principal Healthcare Public Health	West Northamptonshire Council	Lead Author and PNA Lead
Chloe Gay Public Health Consultant	West Northamptonshire Council	Supervisor
Elton Myftari Analytics and Policy Specialist	West Northamptonshire Council	Data Analyst
Richard Corless Intelligence and Partnership Manager	West Northamptonshire Council	Business Intelligence
Cheryl Bird Health and Wellbeing Board Manager	West Northamptonshire Council	Researcher
Annapurna Sen	West Northamptonshire Council	Specialist Advice
Catherine Day Consultation and Engagement Specialist	West Northamptonshire Council	Specialist Advice
Amy Pownall Public Health Practitioner	North Northamptonshire Council	Researcher and Peer Support
Anne-Marie King Chief Officer	Community Pharmacy BLMK and Northamptonshire	Specialist Advice
Caroline Thickers Head of Population Health	NHS Northamptonshire Integrated Care Board	Specialist Advice
Mini Satheesh Health of Pharmacy Integration and Workforce	NHS Northamptonshire Integrated Care Board	Specialist Advice
Sidiqa Lobin Contract Manager East Midlands Primary Care	NHS Northamptonshire Integrated Care Board	Specialist Advice

References

1. Wang et al., 2013. Do men consult less than women? An analysis of routinely collected UK general practice data. *BMJ Open* 2013; 3(8) Available online [Do men consult less than women? An analysis of routinely collected UK general practice data - PMC](#) Accessed on 27 November 2024.
2. Community Pharmacy England, 2022. About Community Pharmacy. Available online [About Community Pharmacy](#) Accessed on 23 January 2025.
3. [Population estimates for England and Wales: mid-2023 - Office for National Statistics \(ons.gov.uk\)](#)
4. [2011 rural/urban classification - Office for National Statistics \(ons.gov.uk\) and mid-2018 population estimates](#)
5. [SHAPE - Shape \(shapeatlas.net\)](#)
6. [ONS Census 2021 TS077 - Sexual orientation](#)
7. [ONS Census 2021 TS021 - Ethnic group](#)
8. [ONS Census 2021 TS030 – Religion](#)
9. [ONS Census 2021 TS038 - Disability](#)
10. [ONS Census 2021 TS024 - Main language \(detailed\)](#)
11. [ONS Census 2021 RM113 - Provision of unpaid care by age](#)
12. [ONS Subnational population projections for England: 2018-based](#)
13. [ONS Census 2021](#)
14. [Mid-year 2023 estimates](#)
15. [ONS Census 2021 TS066 - Economic activity status](#)
16. [ONS Census 2021 TS054 – Tenure](#)
17. [ONS Census 2021 TS003 - Household composition](#)
18. [ONS Census 2021 TS045 - Car or van availability](#)
19. [ONS Birth characteristics](#)
20. [ONS Mortality statistics - underlying cause, sex, and age](#)
21. [West Northamptonshire Joint Authorities Monitoring Report 2020-2021](#)
22. Office for Health Improvement & Disparities (OHID) - [Understanding the drivers of healthy life expectancy: report - GOV.UK](#)
23. Office for National Statistics (ONS) - [A new way to measure healthy life expectancy | National Statistical](#)
24. ONS - [Healthy life expectancy in England and Wales - Office for National Statistics](#)
25. NIH - [Gender Differences in Response to COVID-19 Infection and Vaccination - PMC](#)
26. [Quality and Outcomes Framework, 2023-24 - NHS England Digital](#)
27. [Global Burden of Disease - VizHub - GBD Compare](#)
28. [Coronavirus and vaccination rates in people aged 18 years and over by socio-demographic characteristic, region and local authority, England - Office for National Statistics](#)
29. [Fingertips - Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)
30. [Fingertips | Department of Health and Social Care](#)

-
31. Review of progress on reforms in England to the "Control of Entry" system for NHS pharmaceutical contractors. Department of Health 2007
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.DepartmentofHealth.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DEPARTMENT_OF_HEALTH_063460
 32. Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf
 33. Review of NHS pharmaceutical contractual arrangements. Anne Galbraith 2007
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.DepartmentofHealth.gov.uk/prod_consum_DepartmentofHealth/groups/DepartmentofHealth_digitalassets/@DepartmentofHealth/@en/documents/digitalasset/DepartmentofHealth_083871.pdf
 34. <http://www.legislation.gov.uk/uksi/2013/349/contents/made>