

North Lincolnshire Health and Wellbeing Board

Pharmaceutical Needs Assessment

2025

Consultation Version

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Executive Summary

Since 1 April 2013, every health and well-being 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'. This is the fourth pharmaceutical needs assessment for North Lincolnshire.

The pharmaceutical needs assessment will be used by the Humber and North Yorkshire Integrated Care Board when considering whether or not to grant applications to join the pharmaceutical list for the area of North Lincolnshire Health and Wellbeing board under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, includes those services commissioned by NHS England from pharmacies and dispensing appliance contractors and the dispensing service provided by some GP practices to eligible patients. It also contains the views of residents in North Lincolnshire on their use of pharmacies and information provided by the pharmacy contractors which is not already in the public domain.

North Lincolnshire has a resident population of 170,087 (mid-year estimate, 2023), with a slightly higher proportion of females to males (50.7% and 49.3% respectively). The population continues to grow, although the projected growth will slow to just 1.9% between 2020 and 2030, with much of the growth accounted for by the growing retired population. 56% of the population lives in the urban areas principally in Scunthorpe but also part of Barton-upon-Humber. Just over a quarter (28%) live in 'rural town or fringe' areas such as Brigg, Burton-upon-Stather or Epworth, and almost one in six (16%) live in 'rural village or disperse' areas.

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

- 2021 Census,
- The North Lincolnshire Joint Strategic Needs Assessment and related documents,
- GP quality and outcomes framework data,
- Office for Health & Disparities health profiles, and
- NHS Digital publications.

North Lincolnshire Council, NHS England and the Humber and North Yorkshire Integrated Care Board also provided information.

In order to ensure that those sharing a protected characteristic and other patient groups are able to access pharmaceutical services, chapter 4 identifies the specific groups that are present in North Lincolnshire and their likely health needs.

Chapter 5 focusses on the provision of pharmaceutical services in North Lincolnshire and those providers who are located outside of the area but who provide services to residents of North Lincolnshire. Services which affect the need for pharmaceutical services either by increasing or reducing demand are identified in chapter 6. Such services include the hospital pharmacy departments, the GP out of hours service and the public health services commissioned from pharmacies by North Lincolnshire 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 divided North Lincolnshire into five localities based on clustering of wards. This is consistent with the previous pharmaceutical needs assessment and allows data to be easily collated. Each locality has a dedicated chapter which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether current pharmaceutical service provision meets the needs of those residents. Each chapter also considers whether there are any gaps in service delivery that may arise during the lifetime of the pharmaceutical needs assessment.

As of April 2025, there are 33 pharmacies, of which 4 operate with extended opening hours, in North Lincolnshire, all providing the full range of essential services. There are no distance selling premises or dispensing appliance contractors in the area. In 2023/24, 71.5% of all prescriptions written by the GP practices were dispensed by the pharmacies in North Lincolnshire (71.5% also in the first nine months of 2024/25). Some pharmacies provide advanced and enhanced services as commissioned by the Humber and North Yorkshire Integrated Care Board, and some provide services commissioned by North Lincolnshire Council. In addition, 11 GP practices dispense to eligible patients and in 2023/24 dispensed or personally administered 20.4% of all prescriptions (20.3% in the first nine months of 2024/25).

As well as accessing services from pharmacies and dispensing practices in North Lincolnshire, residents also choose to access contractors in other parts of England. In 2023/24, 7.9% of prescriptions were dispensed outside of the area. This increased slightly to 8.3% in the first nine months of 2024/25. Whilst many were dispensed by contractors just over the border, some were dispensed much further afield and reflect the fact that some residents prefer to use a distance selling premises, a specific dispensing appliance contractor or a specialist provider, with some prescriptions being dispensed whilst the person is on holiday or near to their place of work.

Access to pharmacies for the residents of North Lincolnshire is good, with the vast majority of the area within a 20-minute drive of a pharmacy. The four extended hours pharmacies ensure that there is provision of the essential services into the night Monday to Saturday, and all open on Sunday. In relation to the provision of the advanced and the enhanced services commissioned by the Humber and North Yorkshire Integrated Care Board, there is good access to the advanced services and the enhanced services are commissioned to meet the needs of residents.

The dispensing practices provide a dispensing service to eligible patients living in areas that have been determined to be rural in character by NHS England. The main conclusion of this pharmaceutical needs assessment is that there are currently no needs to be identified in the 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 which includes that generated by the building of new dwellings. Given the current population demographics, housing projections and the distribution of pharmacies and dispensing practices across the health and well-being boards 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.

Bases upon the information within the 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.

A draft of the pharmaceutical needs assessment was consulted upon between X and X 2025, and the statutory consultees were invited to answer a series of questions and provide any additional comments. A report on the consultation can be found at appendix L, but in summary....

1 Introduction

Purpose of a pharmaceutical needs assessment

The purpose of a pharmaceutical needs assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a health and wellbeing board's area for a period of up to three years, linking closely to reports in the joint strategic needs assessment. Whilst reports in the joint strategic needs assessment will focus on the general health needs of the population, the pharmaceutical needs assessment looks at how those health needs can be met by pharmaceutical services commissioned by the relevant integrated care board.

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

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

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

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

1.2 Health and wellbeing board duties in respect of the pharmaceutical needs assessment

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

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

1.3 Pharmaceutical services

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

Pharmaceutical services may be provided by:

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

The integrated care boards are responsible for preparing and maintaining these lists, and NHS England is responsible for publishing them. In North Lincolnshire there are 33 pharmacies, no dispensing appliance contractors and 11 dispensing practices (April 2025).

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

1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, the integrated care boards do not hold contracts with the majority of pharmacy contractors. Instead, contractors 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 schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

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

- Essential services – all pharmacies must provide these services.
 - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
 - Dispensing of repeatable prescriptions
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles
 - Signposting
 - Support for self-care
 - Home delivery service (during a declared pandemic only)
 - The discharge medicines service.
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements.
 - New medicine service
 - Stoma appliance customisation
 - Appliance use review
 - Community pharmacy seasonal influenza vaccine service
 - NHS community pharmacy hypertension case-finding service
 - NHS smoking cessation service
 - NHS pharmacy contraception service
 - NHS lateral flow device test supply service
 - NHS pharmacy first service
- Enhanced services – service specifications for this type of service are developed by NHS England or the integrated care boards and then commissioned to meet specific health needs.
 - Anticoagulation monitoring
 - Antiviral collection service
 - Care home service
 - Coronavirus vaccination service
 - Disease specific medicines management service
 - Gluten free food supply service
 - Independent prescribing service
 - Home delivery service
 - Language access service
 - Medication review service
 - Medicines assessment and compliance support service

- Minor ailment scheme
- Needle and syringe exchange*
- On demand availability of specialist drugs service
- Out of hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service*
- Supervised administration service*
- Supplementary prescribing service
- Emergency supply service.

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

Further information on the essential, advanced and enhanced services requirements can be found in appendices B, C and D respectively.

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 includes:

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

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

100 hour pharmacies to reduce their core opening hours where certain requirements are met.

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

At the time the previous pharmaceutical needs assessment was published there were five 100 hour pharmacies in North Lincolnshire. By the end of 2023 that number had fallen to four, and all have reduced their total number of core opening hours to between 77 and 88 hours per week.

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, or secure improvements or better access identified in a pharmaceutical needs assessment.

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

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

Distance selling premises are required to provide essential services and participate in the system of clinical governance and promotion of healthy living in the same way as other pharmacies; however, they must provide these services remotely. For example, a patient asks for their prescription to be sent to a distance selling premises via the Electronic Prescription Service and the contractor dispenses the item and then delivers it to the patient's preferred address. Distance selling premises

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

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

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

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

- stoma appliance customisation, and
- appliance use review.

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

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

Further information on the requirements for these services can be found in appendix 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. The integrated care board will assess the application against the needs of the population of the health and wellbeing board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours, they simply notify the integrated care board of the change, giving at least three months' notice.

1.3.3 Pharmaceutical services provided by doctors

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

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

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

1.3.4 Local pharmaceutical services

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

the integrated care board does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

1.4 Locally commissioned services

North Lincolnshire Council may also commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services and they include services commissioned from pharmacies by the integrated care board that are not an enhanced service.

The council commissions a needle exchange and supervised consumption service from the charity With You who in turn sub-contracts elements to the pharmacies.

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

1.5 Other NHS services

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

1.6 How the assessment was undertaken

1.6.1 Pharmaceutical needs assessment steering group

The health and wellbeing board has overall responsibility for the publication of the pharmaceutical needs assessment. The director of public health leads on its development, reporting back to the board. 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.

1.6.2 Pharmaceutical needs assessment localities

The health and wellbeing board has retained the use of localities, as used in the last three pharmaceutical needs assessments, as they are still relevant. Changes to Ward boundaries in 2023, mean there have also been some small changes to locality boundaries since the last pharmaceutical needs assessment. The localities are as follows:

- Isle - consists of the three wards Axholme North, Axholme Central and Axholme South.
- Barton and District - consists of the three wards Burton Upon Stather and Winterton, Barton and Ferry.
- Brigg and District - consists of the four wards Brigg and Wolds, Broughton and Scawby, Messingham and Ridge.
- Scunthorpe North - consists of the three wards Burringham and Gunness, Crosby and Park and Town.
- Scunthorpe South - consists of the six wards Ashby Central, Ashby Lakeside, Bottesford, Brumby, Frodingham and Kingsway with Lincoln Gardens.

1.6.3 Residents engagement

In order to gain the views of residents on pharmaceutical services, a questionnaire was developed and was available online from 20th November 2024 to 29th December 2024 and promoted by the council and Healthwatch North Lincolnshire. Pharmacies and GP practices were asked to display posters with a QR code on to facilitate access to the questionnaire. As well as being available online, hard copies were made available by Healthwatch who also helped residents complete it. The health and wellbeing board is grateful to Healthwatch North Lincolnshire for its support in publicising and encouraging completion of the questionnaire.

A copy, which shows the questions asked, can be found in appendix G. The full results can be found in appendix H.

207 people responded to the questionnaire, predominantly white females within the 46-55, 56-65 and 66-75 age ranges, below is a summary of the responses.

- Collecting prescription medicines is the most common reason to visit a pharmacy (28% said they collect dispensed medicines for themselves, and 19% for someone else), followed by buying non-prescription medicines for themselves (13%), and getting advice for themselves (13%). (Please note that more than one option could be selected.)
- 58% said they visit a pharmacy monthly/every four weeks with 16% visiting fortnightly and 12% responding that they visit weekly.
- 24% said they prefer to visit a pharmacy between 09:00 and 12:00, 19% said between 12:00 and 15:00, 19% said between 15:00 and 18:00, 19% said they do not have a preferred time and 12% said between 18:00 and 21:00.
- 44% said they don't have a preference for which day of the week they use a pharmacy, 33% said weekdays in general, and 8% said weekends in general.
- 69% of respondents always use the same pharmacy, with 28% using different pharmacies but preferring to visit one most often.

- The top five factors that influence the choice of pharmacy were close to home (13%), location is easy to get to (9%), close to the GP practice (9%), trust in the staff (7%) and the provision of good advice and information (6%). (Please note that more than one option could be selected.)
- 25% said there is more convenient and/or closer pharmacy that they don't use. The most common reasons for not using that pharmacy were slow service, had a bad experience in the past and that it is not open when they need it.
- The most common ways to travel to a pharmacy is by car (52%) and on foot (34%).
- With regard to the length of time it takes to travel to a pharmacy, 55% said between five and 15 minutes, 29% said less than five minutes, and 11% said more than 15 minutes but less than 20 minutes.

When asked if there was anything else that respondents wished to say about local pharmacy services there was a range of responses. Some were very satisfied with the service that they receive (for example "Amazing team", "The staff there are so helpful and friendly", "Good service, pleasant staff", "Friendly staff, fast and effective service", "Staff make time to give advice even when busy. I like that some of them recognise me and know my name"), whereas others weren't (for example "Always a queue as usually very busy", "Constant medicine shortages mean a two week lead time", "Limited hours for working people", "Do not always have all medication I have ordered", "Doesn't open at a weekend which isn't very convenient when you work Mon-Fri", "Extremely slow and no help at times").

1.6.4 Contractor engagement

An online questionnaire for pharmacies was undertaken and a copy can be found in appendix I.

The questionnaire was open in January and February 2025 and the results are summarised below. 10 of the pharmacies responded, a response rate of 30.3%. The health and wellbeing board is grateful for the support of Community Pharmacy Humber in promoting and encouraging the pharmacies to complete it.

For the purposes of this document the pharmacy opening hours relied upon are those provided by NHS Humber and North Yorkshire Integrated Care Board as these are the contractual hours that are included in the pharmaceutical list for the area of the 03K Health and Wellbeing Board.

With regard to collection and delivery facilities:

- None of the pharmacies have an automated collection point at their premises,
- Five provide a private, free of charge delivery service, and
- Four provide a private, chargeable, delivery service.

Of the five pharmacies that offer a private, free of charge, delivery service

- Four provide the service to everyone,
- One restricts the service to certain people [for example the elderly, housebound, disabled, those who are ill, a lack of mobility or if there is no-one to collect their medicines for them], and
- Four of the pharmacies provide a delivery service for a fee.

The pharmacies were asked what languages other than English are spoken in the pharmacy every day.

- Polish is spoken at three of the pharmacies,
- Bengali at one pharmacy,
- Spanish at one pharmacy,
- Punjabi at one pharmacy,
- Urdu at one pharmacy,
- Italian at one pharmacy, and
- Romanian at one pharmacy.

When asked about the current capacity of their premises to meet an increased demand for pharmaceutical services:

- Six said they have sufficient capacity to manage an increase in demand,
- None said they don't but could make adjustments, and
- One said they don't have sufficient capacity and would have difficulty meeting an increase in demand.

The same question was asked with regard to staffing levels.

- Four said they have sufficient capacity to manage an increase in demand,
- Three said they don't but could make adjustments, and
- None said they don't have sufficient capacity and would have difficulty meeting an increase in demand.

Seven of the pharmacies said they dispense all types of appliances at their premises, two of the pharmacies said they dispense all types of appliances excluding incontinence appliances, one only dispenses dressings and none of the pharmacies who responded said that they don't dispense appliances.

An online questionnaire for dispensing practices was also undertaken and was open during January and February 2025. A copy of the questionnaire can be found in appendix J. The results are summarised below.

Of the 11 dispensing practices five responded, a response rate of 45.4%.

Three practices dispense prescriptions for all types of appliances, one just dispenses dressings, and one dispenses all appliances excluding stoma and incontinence appliances.

With regard to the provision of a delivery service:

- Two practices provide a private free of charge delivery service to housebound and frail patients,
- Three practices offer a private free of charge delivery service to all dispensing patients.

Two practices confirmed that languages other than English were available to patients from staff but neither specified which languages were available.

When asked about the current capacity of their premises to meet an increased demand for the dispensing service:

- One said they have sufficient capacity to manage an increase in demand,
- Two said they don't but could make adjustments, and
- None said they don't have sufficient capacity and would have difficulty meeting an increase in demand.

The same question was asked with regard to staffing levels.

- Two said they have sufficient capacity to manage an increase in demand,
- One said they don't but could make adjustments, and
- None said they don't have sufficient capacity and would have difficulty meeting an increase in demand.

1.6.5 Other sources of information

Information was gathered from the integrated care board and the 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 board's area,
- changes to current service provision,
- future commissioning intentions,
- known housing developments within the lifetime of the pharmaceutical needs assessment, and
- any other developments which may affect the need for pharmaceutical services.

A variety of documents and websites were also used throughout the document and have been referenced accordingly.

1.6.6 Consultation

A report of the consultation including any changes to the pharmaceutical needs assessment will be added to appendix L in due course.

2 The people of North Lincolnshire

2.1 Introduction

North Lincolnshire covers an area of 846km². It is bordered to the north by the River Humber and to the east by the North Sea. To the south lie North East Lincolnshire and Lincolnshire, to the south-west is Nottinghamshire, to the west is South Yorkshire, and to the north-west is the East Riding of Yorkshire. The river Trent bisects the area, running southwards from the Humber Estuary.

It was historically a sparsely populated, agricultural area. However, the discovery of middle Lias ironstone east of Scunthorpe in the mid-19th century led to the development of the iron and steel industry, and the town of Scunthorpe. From the early 1910s to the 1930s the industry consolidated, with three main works under different ownerships. In 1967 all three works became part of the nationalised British Steel Corporation, however, Normanby Park and the Rebourn works were closed in the early 1980s.

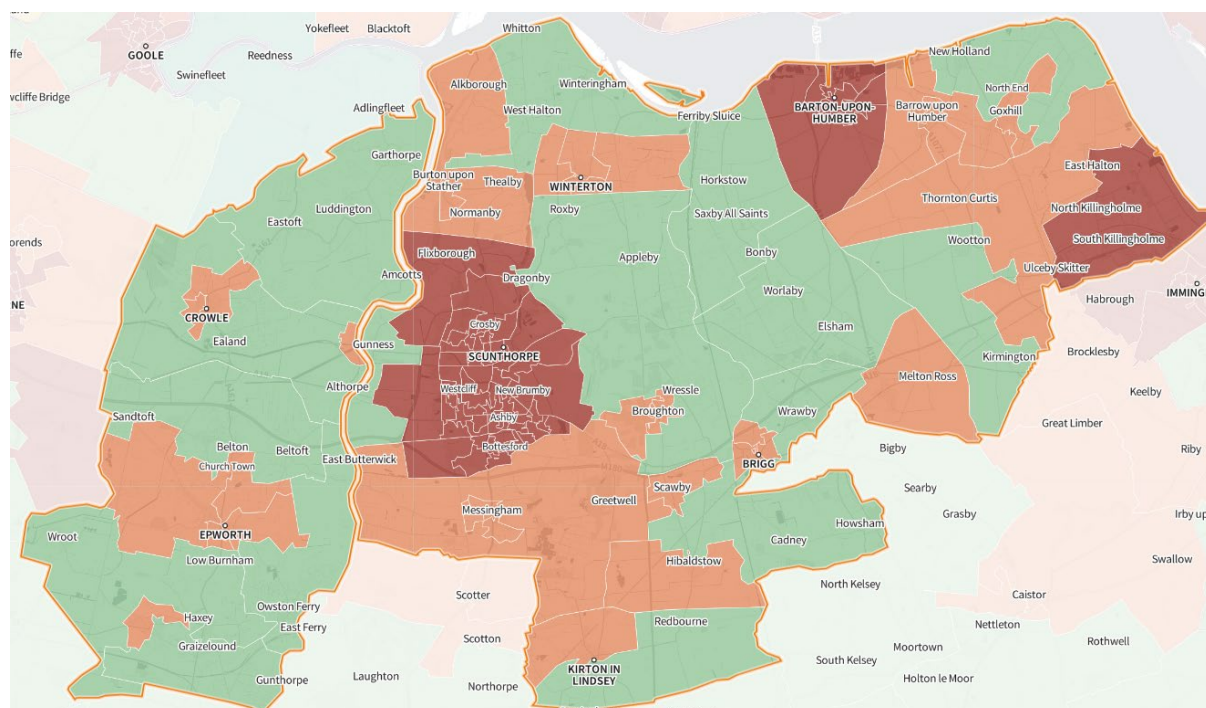
Following privatisation in 1988, the company became part of Corus (1999), later Tata Steel Europe (2007), before being sold to Greybull Capital and being renamed British Steel Ltd. In March 2020, Jingye Group acquired British Steel¹.

The Scunthorpe urban area is located centrally, surrounded by the market towns of Epworth, Brigg and Barton-upon-Humber, and a number of larger villages.

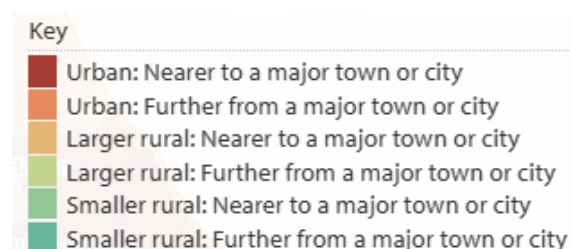
The map below shows that the urban/rural classification of the area. As can be seen North Lincolnshire is still predominantly rural. 56% of the population lives in the urban areas principally in Scunthorpe but also part of Barton-upon-Humber. Just over a quarter (28%) live in 'larger rural' areas such as Brigg, Burton-upon-Stather or Epworth, and almost one in six (16%) live in a 'smaller rural' area.

¹ [Where we've come from](#), British Steel, n.d.

Map 1 – North Lincolnshire lower super output areas by urban / rural classification²



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| [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors



At locality level:

- Scunthorpe South is classed as all urban with the highest population density in North Lincolnshire.
- Scunthorpe North has ten times the population density of the more rural localities with 94% of residents living in urban areas and the remaining 6% living in areas of Burringham and Gunness Ward.
- Just over a third (34%) of all Barton and District residents live in Barton-upon-Humber itself, which is classed as urban, over a third (35%) live in or larger rural areas and one in four (24%) live in smaller rural areas.
- Isle has the lowest population density in North Lincolnshire with over half (55%) of its residents living in larger rural areas and the remainder living in smaller rural areas.

² [SHAPE Place • Rural/Urban Classification](#)

- Brigg and District also has a low population density similar to Isle with over two thirds (72%) of residents living in larger rural areas and the remaining 28% living in smaller rural areas.

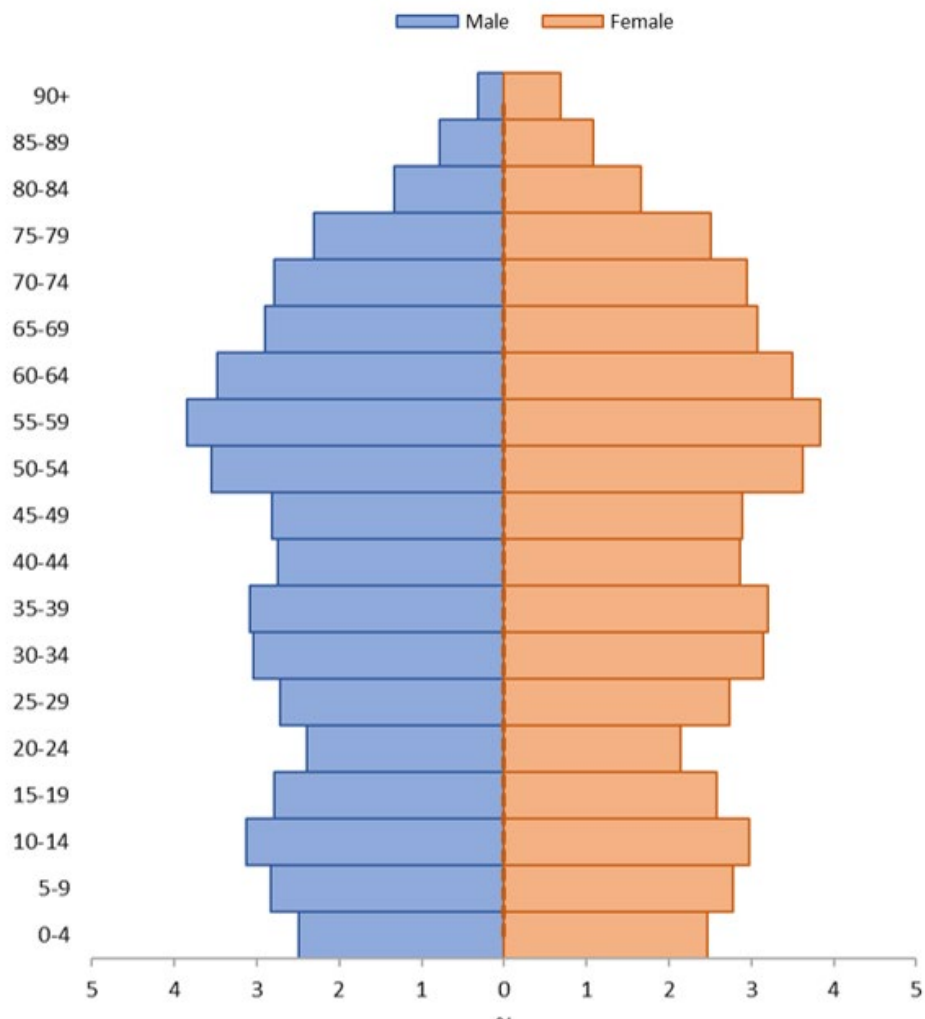
2.2 Population

The county had a total population of 169,680 at the 2021 Census, an increase of 1.3% from the previous census. The latest mid-year estimate (2023) for the area's resident population is 170,087³. This is an increase of 0.2% which is lower than the average for England (2.1%). It should be noted that this estimate only provides an indication of the size and age structure of the population if recent demographic trends in future fertility, mortality and migration continue. Mid-year estimates are not forecast and do not attempt to predict the impact that future government policies, changing economic circumstances or other factors might have on demographic behaviour.

The 2023 mid-year estimates split the population of North Lincolnshire as 49.3% male and 50.7% female which corresponds with the gender split of England, and as can be seen from the figure below, both follow a similar pattern though the five-year age groups.

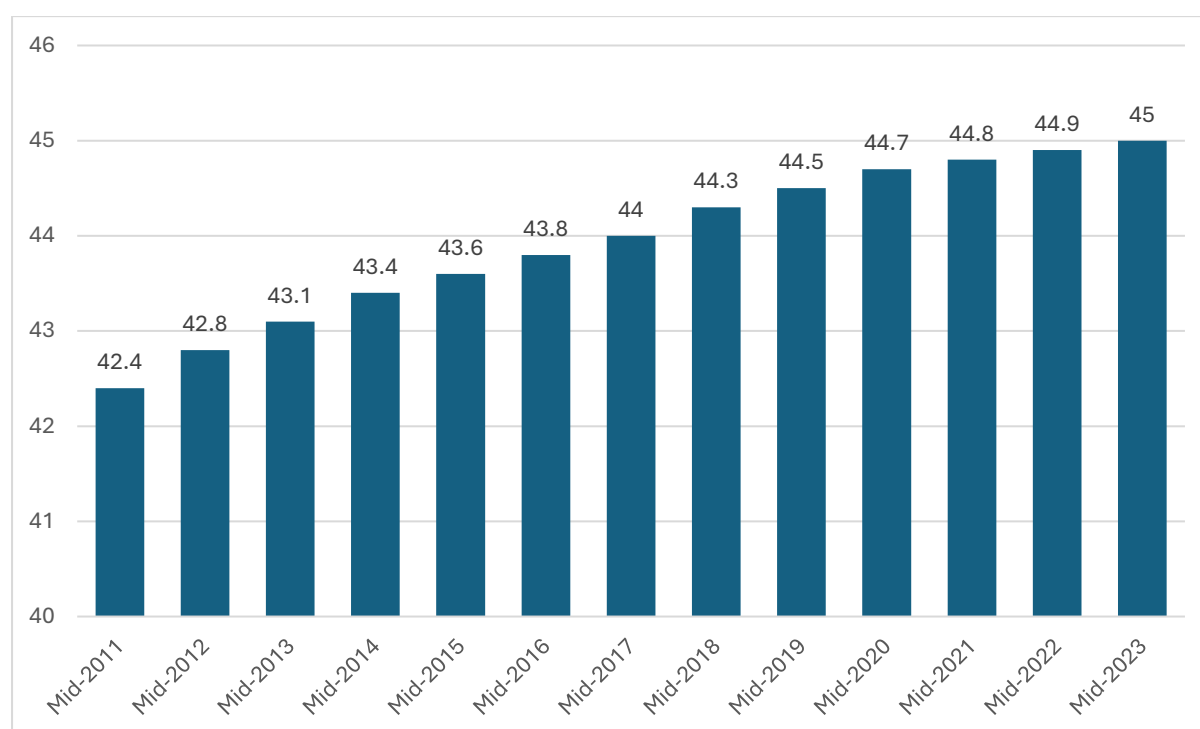
³ [Mid-year population estimates 2023 - Office for National Statistics](#) released October 2024

Figure 1 – Age and gender of the population in five-year age groups, 2022 mid-year estimates



As can be seen from the figure below, the median age of the population has continued to increase since 2011, and as of mid-2023 was 45 years.

Figure 2 – Median age of the population, mid-2011 to mid-2023



The Office for National Statistics forecasts that growth of the North Lincolnshire population will slow to just 1.9% between 2020 and 2030 (4.7% for England). However, there is a variation at locality level.

- Isle currently has 23,298 residents (13.5% of North Lincolnshire as a whole) forecast to grow by 2.4% by 2030.
- Barton and District currently has 34,498 residents (20% of North Lincolnshire as a whole) forecast to grow by 2.2% by 2030.
- Brigg and District has 30,952 residents (18% of North Lincolnshire as a whole) forecast to grow by 3.7% by 2030.
- Scunthorpe North has 28,106 residents (16% of North Lincolnshire as a whole) forecast to reduce by 1.7% by 2030.
- Scunthorpe South currently has 55,894 residents (32% of North Lincolnshire as a whole) forecast to grow by 2.4% by 2030.

There are some differences in the age and gender distribution of residents across the localities. In all cases there are more elderly women than men and generally, Scunthorpe has a younger than average population whilst the market towns and rural areas have older than average populations when compared to North Lincolnshire as a whole.

- Brigg and District and Isle localities have quite similar age and gender distributions with a higher proportion of residents between 50 and 84 years of age and a lower proportion of residents under 45 years of age.

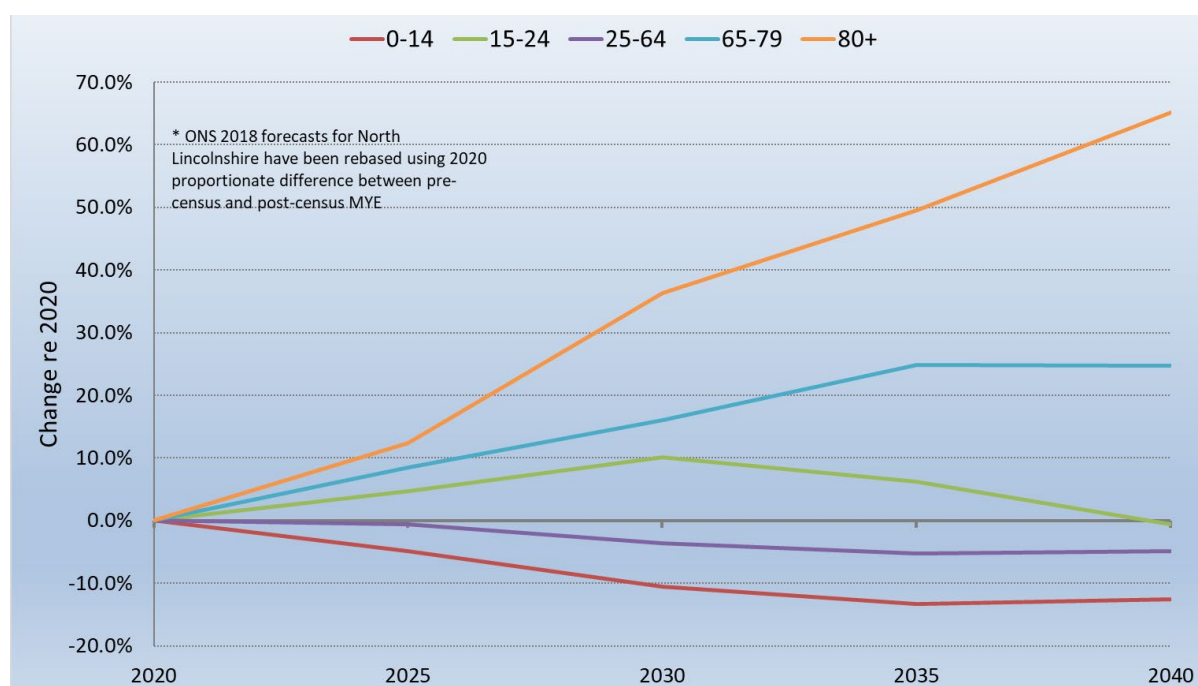
- Barton and District locality has a higher proportion of residents aged between 50 and 80 years of age and a lower proportion of younger residents between 20 and 40 and under 10 years of age, particularly men.
- By contrast, Scunthorpe North has a distinctly lower proportion of residents aged 55 and over and a pronounced higher proportion of 20- to 45-year-olds, particularly males, along with more children under 15.
- Scunthorpe South locality has a slightly lower proportion of older residents between 45 and 80 years of age, a higher proportion of residents under 20 and more women between 25 and 39 years.

It is possible to break down the overall population into constituent ages ranging from children, through working age adults to the oldest residents and predict how they will change in the future using Office for National Statistics data.

The figure below shows how North Lincolnshire's resident population in each age group is forecast to change over the next 20 years, showing the relative change as a proportion of the 2020 population for each group. When compared to this benchmark it is predicted that:

- By 2040, the number of children under 15 years of age will drop by about 3,600 (12.5%).
- The older children and young adult population (15–24-year-olds) will increase by about 1700 people (10%) during this decade and then fall again to current levels by 2040.
- Working age adults are expected to decrease in number by about 4,200 (5%) by 2040.
- By 2040, the number of older people aged 65-79 years will increase by some 6,700 which is equivalent to a 25% rise on current numbers.
- The oldest members of North Lincolnshire's population are predicted to show the biggest rise (65%) over the next 20 years, equivalence to approximately 6,300 people.

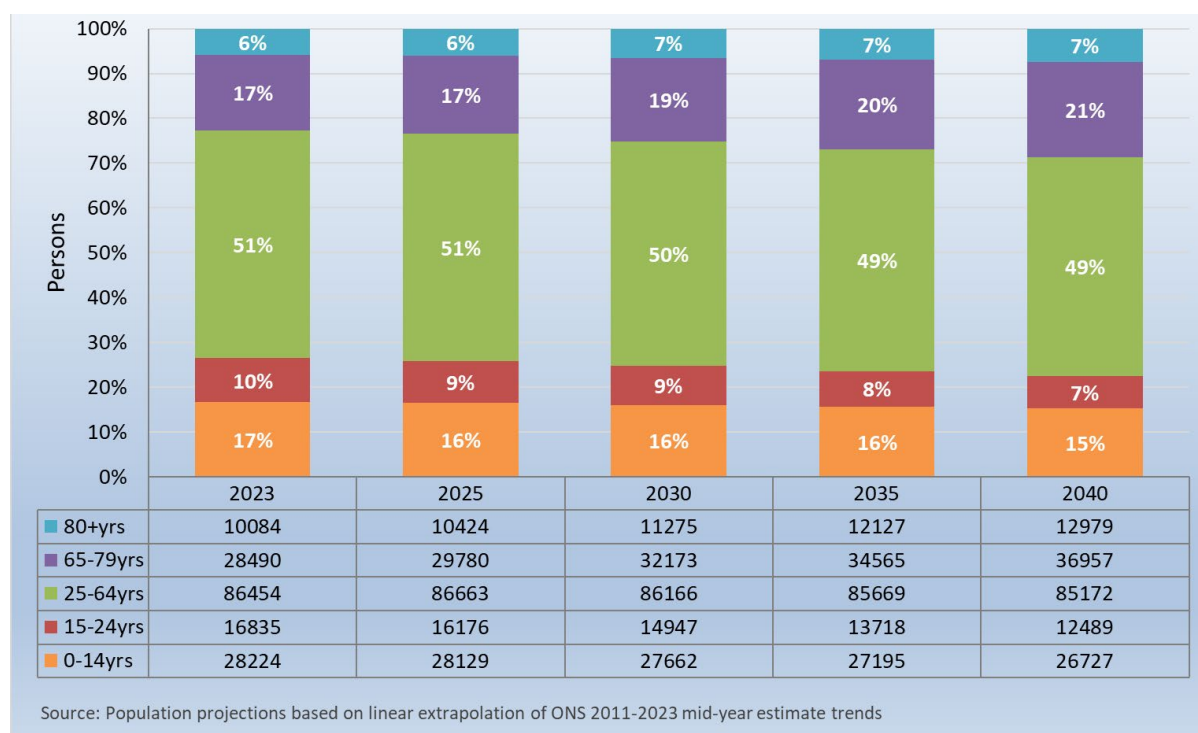
**Figure 3 – North Lincolnshire resident relative population change by age
(Office for National Statistics 2018 forecasts, rebased using post-census data)**



The figure below describes how the age composition of North Lincolnshire's resident population is forecast to change over the next 20 years, showing each age group as a proportion of the whole population. When compared to 2020 it is predicted that by 2040 proportions will:

- Drop by 2% for children under 15 years of age,
- Will remain fairly constant at 10% for older children and young adults (15-24yrs).
- Fall by 2% from just over a half of working age (25-64yrs) residents, and
- Increase by 5% for older residents of 65+ years with one in five of all residents aged 65-79 years of age and nearly one in ten aged 80+ years.

Figure 4 – Overall growth in North Lincolnshire population (persons)⁴



At locality level, it is forecast that the number of residents under 65 years of age will decrease overall by 3% and specifically will:

- Fall in every locality amongst children under 15 years of age with the largest drops (12-13%) in Scunthorpe North and South,
- Rise across North Lincolnshire amongst older children and young adults by 10-13% except in Scunthorpe North which will see a 3% increase,
- Fall across North Lincolnshire amongst working age adults by 1-3% except in Scunthorpe North with a 10% decrease.

In contrast, it is forecast that the number of residents aged 65 and older will increase by 21% overall, although there is variation at locality level.

- The proportion of residents aged 65-79 years old will increase with the largest increase in Scunthorpe North (24%) and the lowest in Isle (12%).
- The proportion of residents aged 80 and older will increase in all localities with the largest increase in Scunthorpe South (27%) and the lowest in Barton and District and Idle localities (15% and 13% respectively).

2.3 Dwellings

As the population of North Lincolnshire had grown, so has the number of dwellings in which people live⁵.

⁴ [Nomis - Query Tool - Population projections - local authority based by single year of age](#)

⁵ [Live tables on dwelling stock \(including vacants\) - GOV.UK](#), Ministry of Housing, Communities and Local Government

- In 2013, there were an estimated 74,200 dwellings in North Lincolnshire rising to 77,200 by 2023; this is equivalent to an annual increase of 0.4% or 300 per year.
- 85% of North Lincolnshire's dwelling stock is privately owned with the remaining 15% owned by the public sector; housing associations own the bulk (>99%) of public sector stock in North Lincolnshire.
- All the growth in housing during the last decade was amongst privately owned property which showed a year-on-year increase amounting to 3,000 dwellings.
- The number of public sector owned dwellings in North Lincolnshire has remained fairly stable with 11,500 in 2013 and 11,600 in 2020.

The housing requirement for North Lincolnshire is 637 dwellings per annum, 1,911 dwellings during the lifetime of this pharmaceutical needs assessment. Working on an average of 2.4 people per dwelling this equates to 4,586 people.

The North Lincolnshire Council Five-year housing land supply statement 2024-2029⁶ identifies the number of houses that are likely to be built during the lifetime of this pharmaceutical needs assessment. During the four years 2025/26 to 2028/29, the sites listed for development will deliver a total of 3,130 homes. Those sites with a capacity of 100 houses or more are as follows.

Figure 5 – North Lincolnshire Five-year housing land supply: specific sites

Local Plan / Planning Application	Address	Settlement	Site Capacity	2025/26	2026/27	2027/28	2028/29
SCUH-1/ PA/2020/2049	Phoenix Parkway Phase 1	Scunthorpe	132	32	32	32	4
PA/2019/1782 and PA/2022/1628	Moorwell Road	Scunthorpe	200	20	30	30	30
PA/2020/1628	BARH-1 & BARH-2	Barton	317	30	30	30	30
PA/2022/628	Land off Station Road	Ulceby	117	15	15	15	15
PA/2015/1390 and PA/2019/1336	Land to the rear of North Street and Cemetery Road	Winterton	129	25	25	25	25
PA/2023/1124	West of Scunthorpe	Scunthorpe	599	25	50	50	100
PA/2020/1333	Land at Burringham Road	Scunthorpe	144	36	36	36	36

⁶ [Five-year housing land supply statement 2024-2029](#), North Lincolnshire Council

Local Plan / Planning Application	Address	Settlement	Site Capacity	2025/26	2026/27	2027/28	2028/29
PA/2023/1750	Land north of Burringham Road	Scunthorpe	158	0	0	30	30
SCUH-C7	Land at Former South Leys School Enderby Road Phase 1	Scunthorpe	120	0	30	30	30
PA/2021/2151	Land at Park Farm Road and Horkstow Road	Barton	390	15	35	35	35
BRIH-4 and BRIH-3 PA/2023/1236	Land off Wrawby Road	Brigg	290	20	40	40	40
BRIH-3 and BRIH-2 PA/2023/1425	Land North of Western Avenue and Wrawby Road	Brigg	266	0	16	40	40
BRIH-2 PA/2023/1912	Land to the east of Grammar School Road	Brigg	112	20	30	30	30
BRIH-1 and BRIH-5	Atherton Way	Brigg	149	0	28	45	45
PA/2023/823	Land at Former RAF	Kirton-in-Lindsey	350	0	0	30	30
Totals			3,473	238	397	498	520

The Lincolnshire Lakes Area Action Plan⁷ sets out the current planning policy framework to deliver six high quality, sustainable villages to be developed on land between the western edge of Scunthorpe and the River Trent. The area comprises of 2,063 hectares of land, with Scotter Road to the east, the River Trent to the west, the M180 to the south and the B1216 to the River Trent at Neap House to the north.

The strategic development requirements include:

- Approximately 6,000 houses in six waterside villages,
- Five lakes with opportunities for leisure and recreation,
- A centrally located mixed use area and adjacent district centre, with opportunities for the delivery of new employment, retail, sports/leisure and community facilities and services,
- A local centre in each village, and
- Three new primary schools (one in each of villages 3, 5 and 6) and consideration of secondary school provision.

⁷ [Planning policy - Local Development Framework - North Lincolnshire Council](#)

The council is preparing a new local plan which will replace the current Lincolnshire Lakes Area Action Plan once adopted. The emerging plan aims to deliver 2,150 dwellings within the Lincolnshire Lakes area between 2020-2038. The first phase of the Lincolnshire Lakes will create three sustainable villages on the eastern side of the M181 and a new 25 hectares strategic mixed-use development adjacent to the M181 Northern Junction.

2.4 Births and deaths

Population change can be attributed to two main components:

- Natural change resulting from the balance between births and deaths; and
- Migration (internal and international) which accounts for the flow of people into and out of an area.

Over the past decade there were 1,840 live births in 2013 and 1,501 in 2023 in North Lincolnshire with the trend declining by approximately 1.9% per year compared to a national reduction of 1.6%.

This decline is also reflected in the general fertility rates (the number of live births per 1,000 women of child-bearing age, 15-44 years old) with 61.5 in 2013 and 53.0 in 2023.

According to predictions made by the Office for National Statistics, this downward trend is expected to stabilise later this decade before starting to rise between 2030 and 2040.

It is not practical to forecast future births trends locally as Office for National Statistics predictions are not available below local authority level, however, it is possible to look at how local birth rates have changed during the last ten years which may indicate possible future trajectories:

- There has been a decline in Barton and District locality and Scunthorpe as a whole with Scunthorpe North showing the steepest reduction of 3% per year.
- Rates in Isle have declined very slightly at 0.3% per year.
- There has been a slight increase in fertility rate amongst residents of Brigg and District equivalent to 0.7% per year.

Over the past decade, including the impact of the Covid-19 Pandemic in 2020 with 1,940 deaths, there were 1,650 deaths of North Lincolnshire residents in 2014 and 2,070 in 2024 with the trend showing an annual increase of 2% per year; nationally, the equivalent increase was 2.1% per year and in Yorkshire and the Humber region it was 1.9%.

If the current rate of increase persists, North Lincolnshire could expect 2,250 deaths in 2030.

Equivalent crude death rates (where no allowance has been made for the age structure of the population) also increased, ranging from 980 per 100,000 in 2014 to 1,215 per 100,000 in 2024.

It is not practical to predict future death trends locally as the Office for National Statistics predictions are not available below local authority level, however, how local trends have changed during the last 10 years, may indicate possible future trajectories:

- Brigg and District locality is estimated to have consistently had the highest overall death rates, with Barton and District and the Isle having the lowest.
- There has been an increase in crude death rates in all localities with Barton and District showing the largest annual rise estimated at approximately 2.6% per year whilst Isle locality (1.3%) and Scunthorpe South locality (1.6%) have experienced the lowest annual increases since 2014.

2.5 Net migration

Migration describes the movement of people into and out of an area and is a major component of population change. It can generally be broken down into three types:

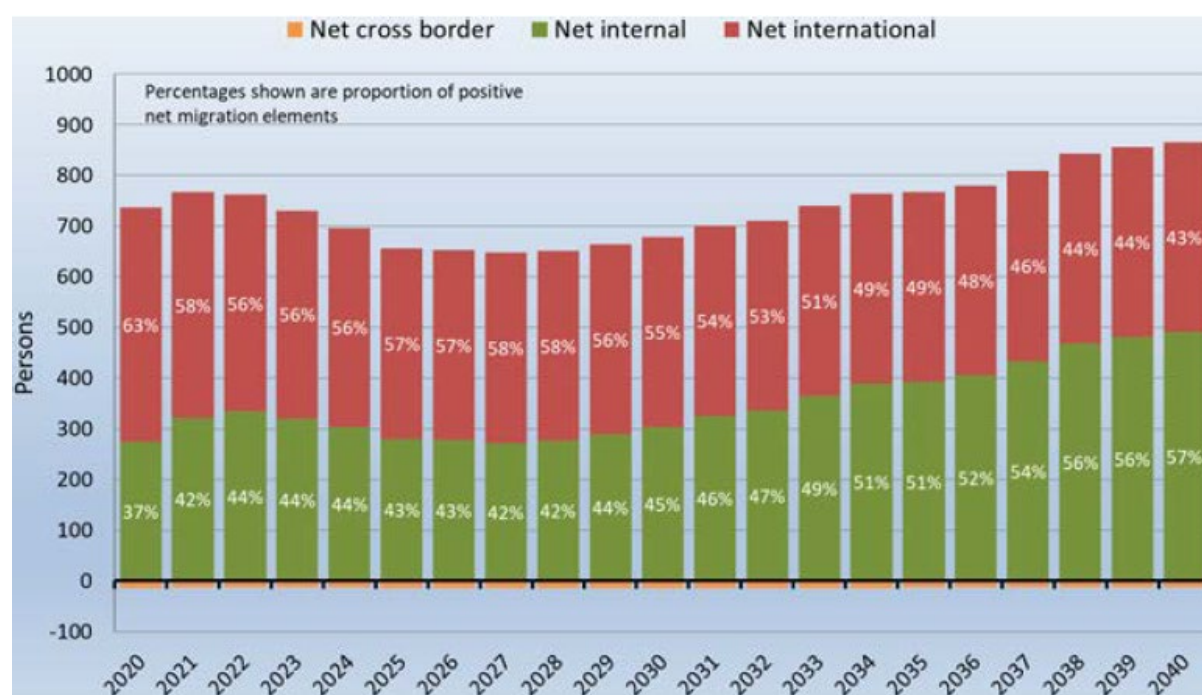
- Cross border: which describes the movement of people between England and the other component nations of the UK,
- Internal: where people move between local authorities in England; and
- International: where people move into England from another country outside of the UK.

As part of their population predictions, the Office for National Statistics also provide a breakdown of how these components may change in the future for North Lincolnshire.

The figure below describes how these three components are predicted to change over the next two decades. Between 2020 and 2040 it is predicted that:

- The predominant types of migration affecting population change in North Lincolnshire are internal and international migration with only very small numbers of cross border migration in an outward direction.
- In 2020, net migration into North Lincolnshire amounted to approximately 720 people and is forecast to fall to around 630 between 2025 and 2030 before rising again to 850 by 2040.
- In 2020, international migration was the predominantly movement comprising 460 people or two thirds (63%) of positive net migration into North Lincolnshire.
- According to the Office for National Statistics, by 2033/34 the number of internal migrants is forecast to equal those coming from international origins.
- By 2040 it is currently forecast that approximately three out of five migrants in North Lincolnshire will come from internal origins.

Figure 6 – Net-migration predications in North Lincolnshire (2020-2040, Office for National Statistics 2018 base)



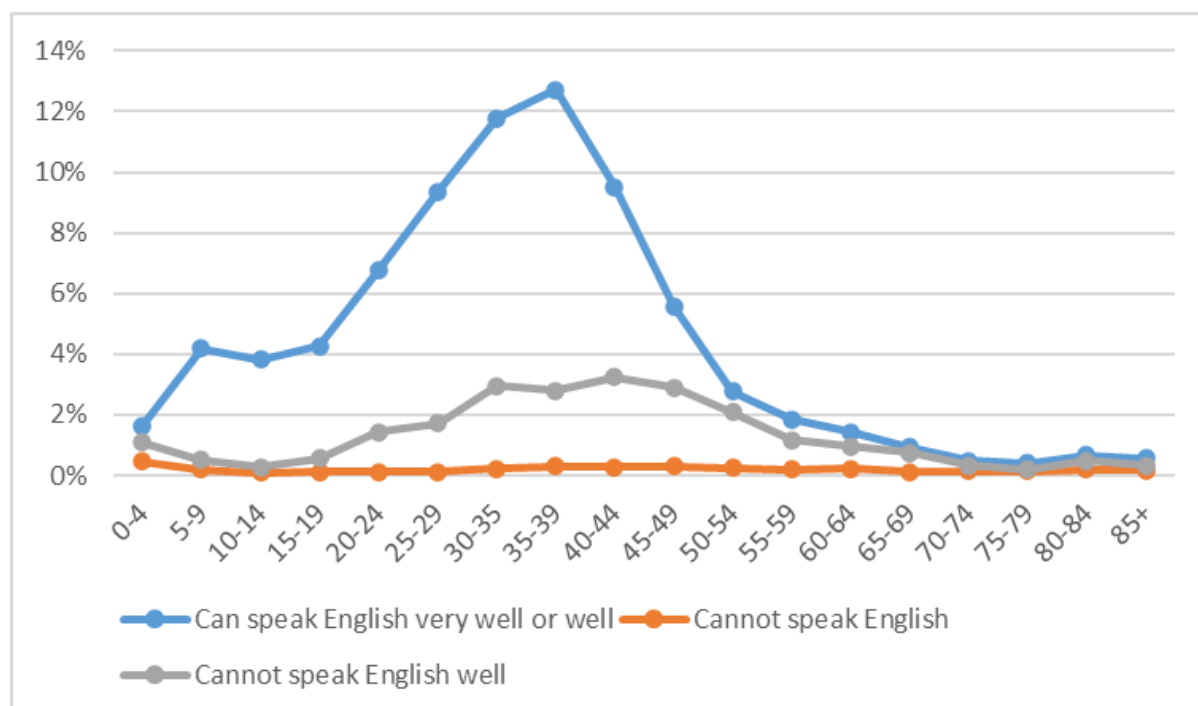
2.6 Household language

The number of residents in North Lincolnshire aged three and over for whom English is not their main language was 10,523 at the 2021 Census (6.4% of the total population aged three and over), with 2,396 not able to speak English well and 354 not able to speak English at all⁸.

As can be seen from the figure below, the ability to speak English, by those whose main language is not English, is greatest in the working age population.

⁸ [Age \(b\) and proficiency in english language - Office for National Statistics, Census 2021](#)

Figure 7 – Proficiency in English where English is not a person’s main language, by age



According to the 2021 Census, English was the main language of 93.6% of North Lincolnshire residents (adults and children aged three years of age and older)⁹. Polish was the main language of 2.0% of the population and the remainder of the main languages was:

- Romanian (1.0%),
- Lithuanian (0.9%),
- Portuguese (0.4%),
- Bengali with Sylheti and Chatgaya (0.3%),
- Panjabi (0.2%)
- Spanish, Italian, Slovak, Latvian, Russian, Turkish, Arabic, Kurdish, Urdu, Tamil, Malayalam, all other Chinese (0.1% each)

Scunthorpe North has the highest proportion of residents for whom English is not their main language (23.7%) whilst Isle has the smallest (1.0%).

2.7 Religion and belief¹⁰

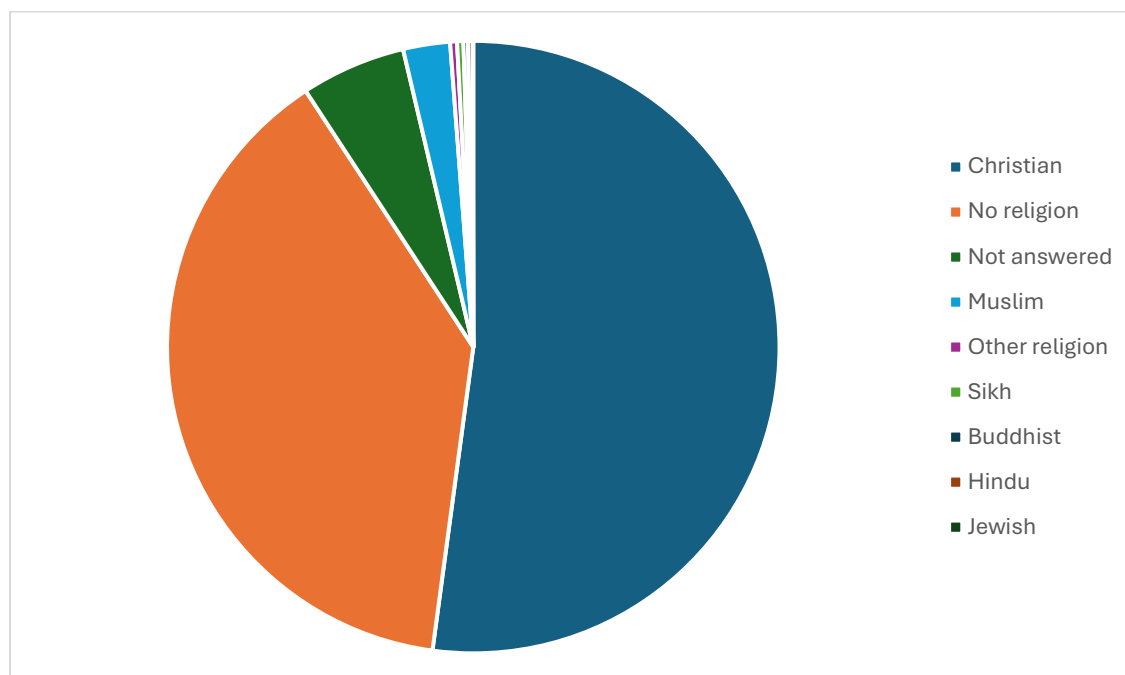
For the 2021 Census, the question relating to a person’s religion was a voluntary question. In North Lincolnshire over a third (44.1%) of the usual resident population either had no religion (38.6%) or did not give a response (5.5%). Of those residents who did state a religion:

⁹ [Nomis - Query Tool - TS024 - Main language \(detailed\)](#), Census 2021

¹⁰ [Nomis - Query Tool - TS030 - Religion](#), Census 2021

- 52.1% were Christian,
- 2.5% were Muslim,
- 0.4% said another religion,
- 0.3% were Sikh,
- 0.2% were Buddhist, and
- 0.2% were Hindu.

Figure 8 – Religion, 2021



2.8 Deprivation¹¹

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The indices of deprivation are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on, whereas deprivation refers to a general lack of resources and opportunities.

The English indices of deprivation 2019 were released by the Ministry of Housing, Communities & Local Government on 26 September 2019 and update the previous version released in 2015. It is important to note that these statistics are a measure of relative deprivation, not affluence, and to recognise that not every person in a highly deprived area will themselves be deprived. Likewise, there will be some deprived people living in the least deprived areas.

The indices of deprivation 2019 are based on 39 separate indicators, organised across seven district domains of deprivation where are combined using appropriate

¹¹ Information in this section is taken from the [English indices of deprivation 2019](#) as produced by the Ministry of Housing, Communities & Local Government

weights, to calculate the index of multiple deprivation 2019. The domains (and weights) are:

- Income deprivation (22.5%)
- Employment deprivation (22.5%)
- Health deprivation and disability (13.5%)
- Education, skills and training deprivation (13.5%)
- Crime (9.3%)
- Barriers to housing and services (9.3%)
- Living environment deprivation (9.3%)

The index of multiple deprivation is an overall measure of multiple deprivation experienced by people living in an area and is calculated for each of the 32,844 lower-layer super output areas, or neighbourhoods, in England. Every such neighbourhood in England is ranked according to its level of deprivation relative to that of other areas.

Lower-layer super output areas are designed to be a similar population size with an average of 1,500 residents each and are a standard way of dividing up the country.

It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10%, 20% or 30% of small areas in England (although there is no definitive cut-off at which an area is described as 'deprived'). The indices measure deprivation on a relative scale, rather than an absolute scale. This means that a neighbourhood ranked 100th is more deprived than a neighbourhood ranked 200th, but it does not mean that it is twice as deprived.

The index of multiple deprivation is designed to primarily to be a small-area measure of deprivation. But the indices are commonly used to describe deprivation for higher level geographies including local authority districts. A range of summary measures are available allowing you to see where, for example, a local authority district is ranked between 1 (the most deprived district in England) and 326 (the least deprived district in England).

In 2019, there were 151 upper tier local authorities in England and North Lincolnshire Council was ranked 79 on a scale where 1 is the most deprived and 151 the least deprived. The table below shows North Lincolnshire's rank on the index of multiple deprivation in 2015 and 2019 and the individual domains.

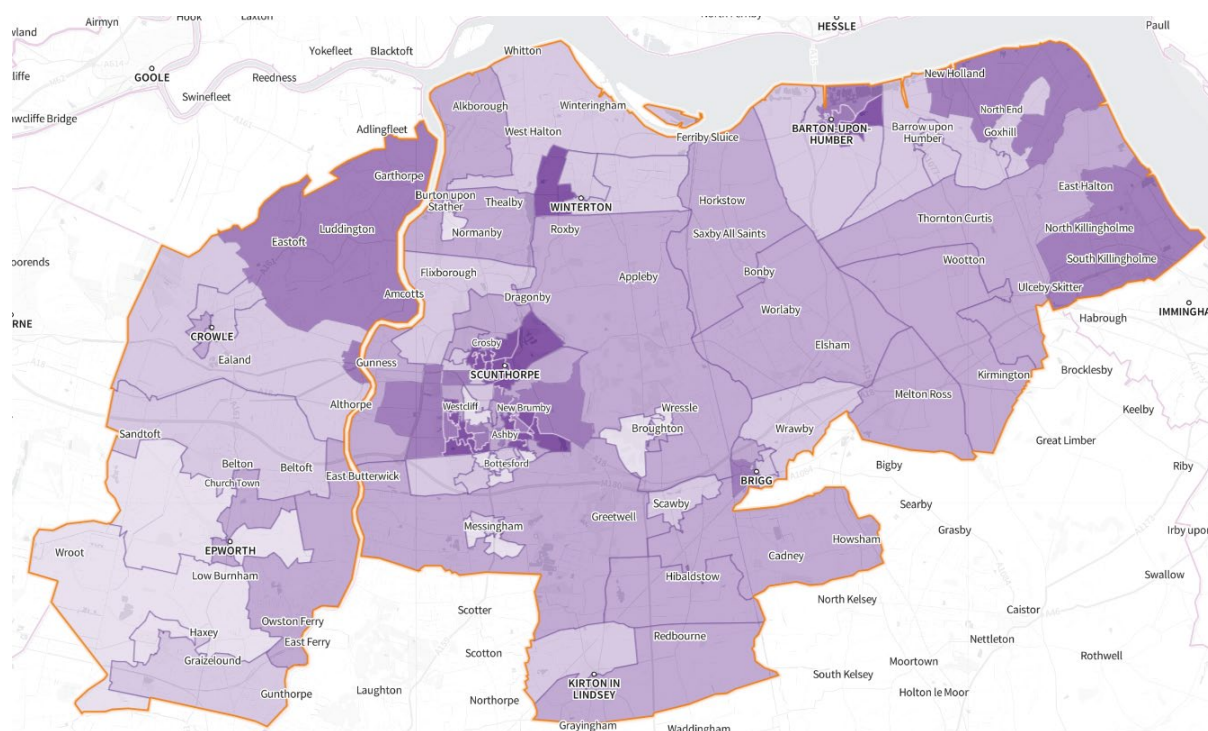
Figure 9 – Index of multiple deprivation 2019 rank for North Lincolnshire

Index of Multiple Deprivation	Income	Employment	Education, skills and training	Health and disability	Crime	Barriers to housing and services	Living Environment
120	108	80	76	96	118	280	201

There were 101 lower-layer output areas in the county and ranked in the index of multiple deprivation 2019. The map below collates the rank of each lower-layer

output area in relation to the index of multiple deprivation 2019, where the darker the colour, the higher the rank.

Map 2 – Index of multiple deprivation rank at lower-layer super output area¹²



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| [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors

There are 11 lower-layer super output areas within North Lincolnshire that fall within the top 10% most deprived, all of which are located within Scunthorpe. There are ten that fall within the second 10% most deprived, eight of which are in Scunthorpe, one is in Barton-upon-Humber, and one is in Winterton.

The figure below shows the number of lower-layer super output areas within each locality that fall into the top 10% most deprived areas in England, and the second 10% most deprived.

The least deprived areas can be found in South Axholme, Burton-upon-Stather, Broughton, Messingham and Bottesford.

Nearly half of Scunthorpe North and a third of Scunthorpe South residents live in England's 20% most deprived areas compared to 10% of Barton and District and none in Isle and Brigg and District.

Brumby and Bottesford wards are neighbours in Scunthorpe South and are the most and least deprived respectively.

¹² Office for Health Improvement and Disparities, [Strategic Health Asset Planning and Evaluation](#)

Figure 10 – Number of lower-layer super output areas that fall within the most deprived 10% and 20% in England by Ward 2023 and Locality 2023 based on LSOA 2011

Ward	Locality	10% most deprived	11 to 20% most deprived	Total number of lower-layer super output areas
Ashby Central	Scunthorpe South	0	3	6
Ashby Lakeside	Scunthorpe South	0	1	3
Axholme Central	Isle	0	0	4
Axholme North	Isle	0	0	5
Axholme South	Isle	0	0	4
Barton	Barton and District	0	1	6
Bottesford	Scunthorpe South	0	0	7
Brigg and Wolds	Brigg and District	0	0	8
Broughton and Scawby	Brigg and District	0	0	6
Brumby	Scunthorpe South	4	1	8
Burringham and Gunness	Scunthorpe North	0	0	2
Burton upon Stather and Winterton	Barton and District	0	1	7
Crosby and Park	Scunthorpe North	4	0	8
Ferry	Barton and District	0	0	7
Frodingham	Scunthorpe South	2	0	5
Kingsway with Lincoln Gardens	Scunthorpe South	0	0	5
Messingham	Brigg and District	0	0	2
Ridge	Brigg and District	0	0	3
Town	Scunthorpe North	1	2	5

2.9 Ethnicity¹³

At the time of the 2021 Census, the ethnicity of the North Lincolnshire population was recorded as:

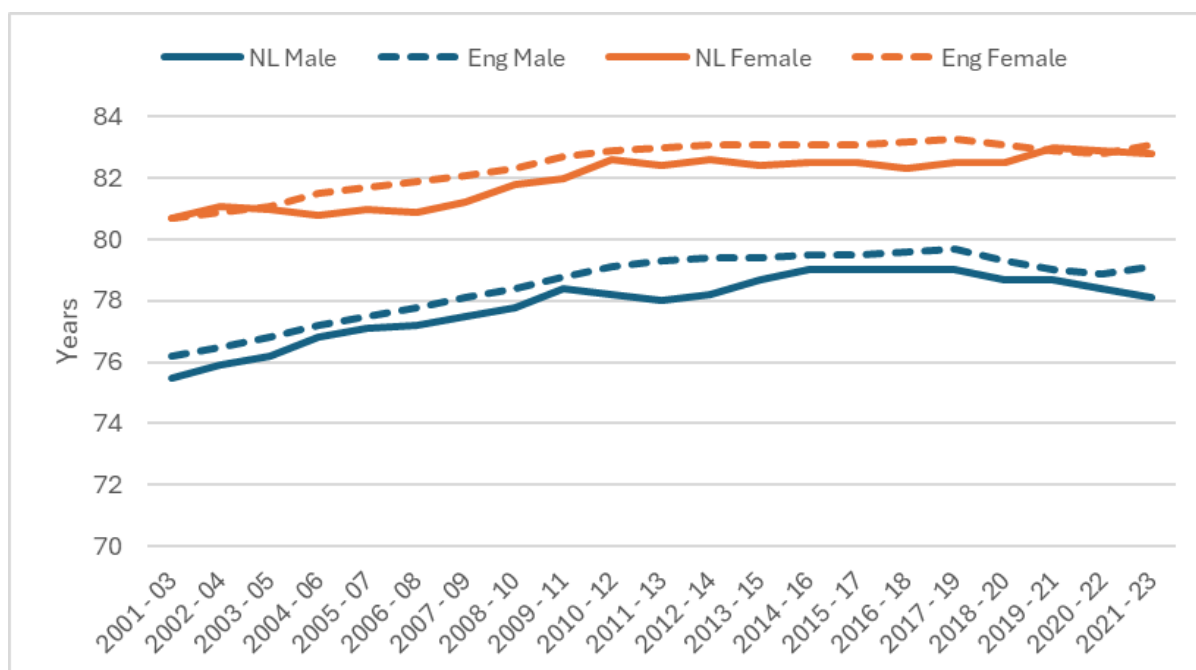
- 94.3% White,
- 3.3% Asian, Asian British or Asian Welsh
- 1.1% Mixed or Multiple ethnic groups
- 0.8% Other ethnic group
- 0.5% Black, Black British, Black Welsh, Caribbean or African.

Scunthorpe North had the highest proportion of minority ethnic residents at one in five (20.5%) compared to 4.2% in Scunthorpe South, 2.3% in Barton and District, 2.1% in Brigg and District and 1.9% in Isle.

2.10 Life expectancy

Life expectancy at birth is a measure used to indicate the average length of time a person might live given all the socio-economic, environmental and health conditions that prevail at birth. Whilst it has been increasing over the past 20 years nationally and locally for both males and females recently the rate of increase has been slowing at a national level. The figure below illustrates how it has changed in North Lincolnshire since the early 1990s.

Figure 11 – North Lincolnshire life expectancy at birth compared to England¹⁴

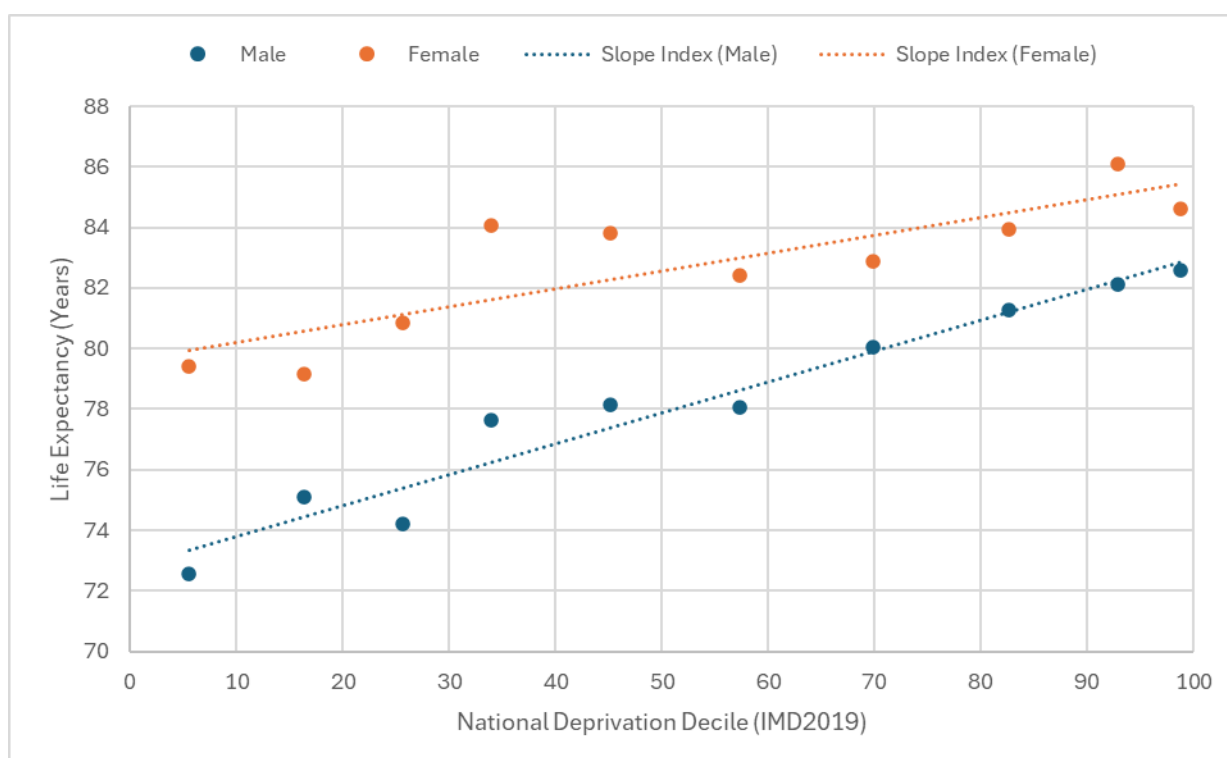


Life expectancy varies by area and follows the social gradient where it is worse in deprived areas as can be seen from the figure below.

¹³ [Nomis - Query Tool - TS021 - Ethnic group](#), Census 2021

¹⁴ [Fingertips | Department of Health and Social Care](#), Life Expectancy

Figure 12 – Slope index of inequality for life expectancy at birth, 2021-2023



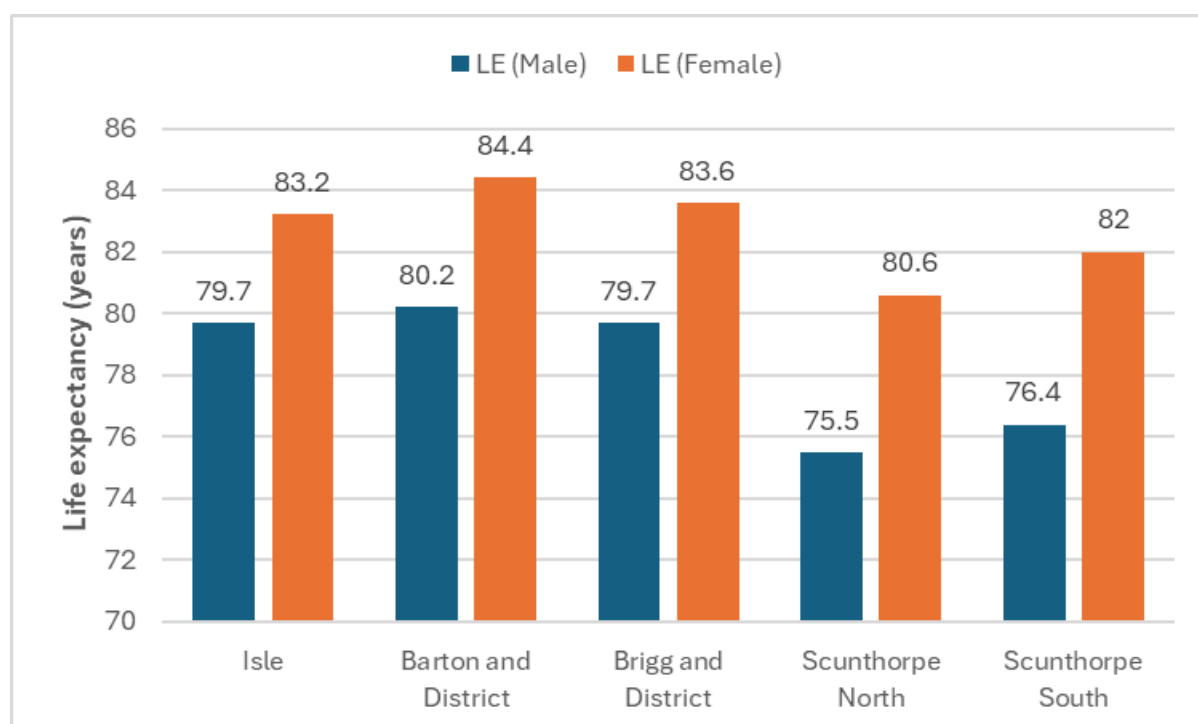
Men living in the most deprived areas of North Lincolnshire can expect to live 10 years less than those who live in the least deprived areas.

Women living in the most deprived areas of North Lincolnshire can expect to live nearly 5.8 years less than those who live in the least deprived areas.

The gender gap in the most deprived areas is 6.5 years compared with nearly 2.5 years in the least deprived areas.

As can be seen from the figures below, life expectancy at birth is lowest in Scunthorpe North for both males and females (75.5 and 80.6 years respectively). It is highest in Barton and District for both males and females (80.2 and 84.4 years respectively).

Figure 13 – Male and female life expectancy at birth at locality level, 2021-2023



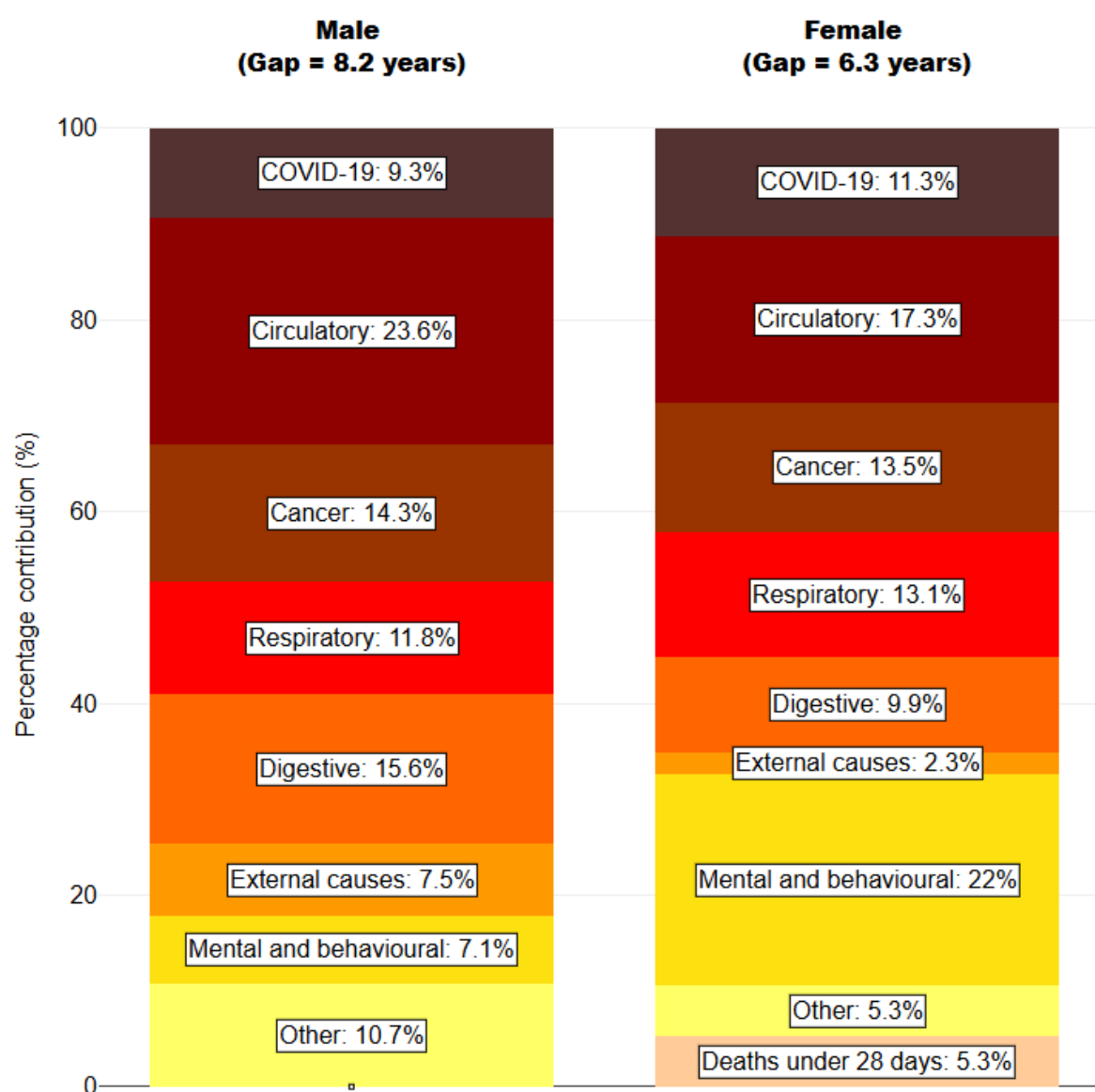
People do not usually expect to live their whole life in good health which is something that can be assessed using healthy life expectancy. The latest healthy life expectancy data is for 2021-2023 and in North Lincolnshire¹⁵:

- Males can be expected to live in good health for 60.4 years, similar to the average for England (61.5 years) and the Yorkshire and the Humber region (58.8). This means they could spend over 17 years in poorer health before they die, and
- Females can be expected to live in good health for 61.6 years, similar to the average for England (61.9 years) and the region (59.3). This means they could spend over 21 years in poorer health.

The broad causes of death which contribute to these gaps in life expectancy can be seen in the figure below. This shows that for males and females the top three causes (excluding Covid-19) are the same, namely circulatory (which includes coronary heart disease and stroke), cancer and respiratory. However, the proportion that each of these contributes to the gap in life expectancy varies between genders.

¹⁵ [Fingertips | Department of Health and Social Care](#), Healthy Life Expectancy, 2021-2023

Figure 14 – Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintiles of North Lincolnshire, by broad cause of death, 2020 to 2021¹⁶



2.11 Households

The total number of households in North Lincolnshire at the time of the 2021 Census was 73,172 of which:

- 67.5% were owned,
- 0.3% were in shared ownership,
- 15.0% were socially rented,
- 17.2% were privately rented, and

¹⁶ [Segment Tool](#), Public Health England

- 0.1% were living rent free i.e. living in a property owned by another party without paying rent ¹⁷.

Of these 73,172 households:

- 65.9% were occupied by a family,
- 29.2% were occupied by one person (on average 48.2% of these households were occupied by one person aged 66 years and over), and
- 4.9% were 'other households' ¹⁸.

At the time of the Census in 2021, there were 76,286 dwellings, an increase of 2,658 since 2011.

2.12 Car ownership¹⁹

As can be seen from the figure below, car ownership levels at the time of the 2021 Census were lowest in the urban localities of Scunthorpe South and Scunthorpe North. The ward of Axholme South had the fewest households with no car or van (9.0%) and Town had the most (36.1%).

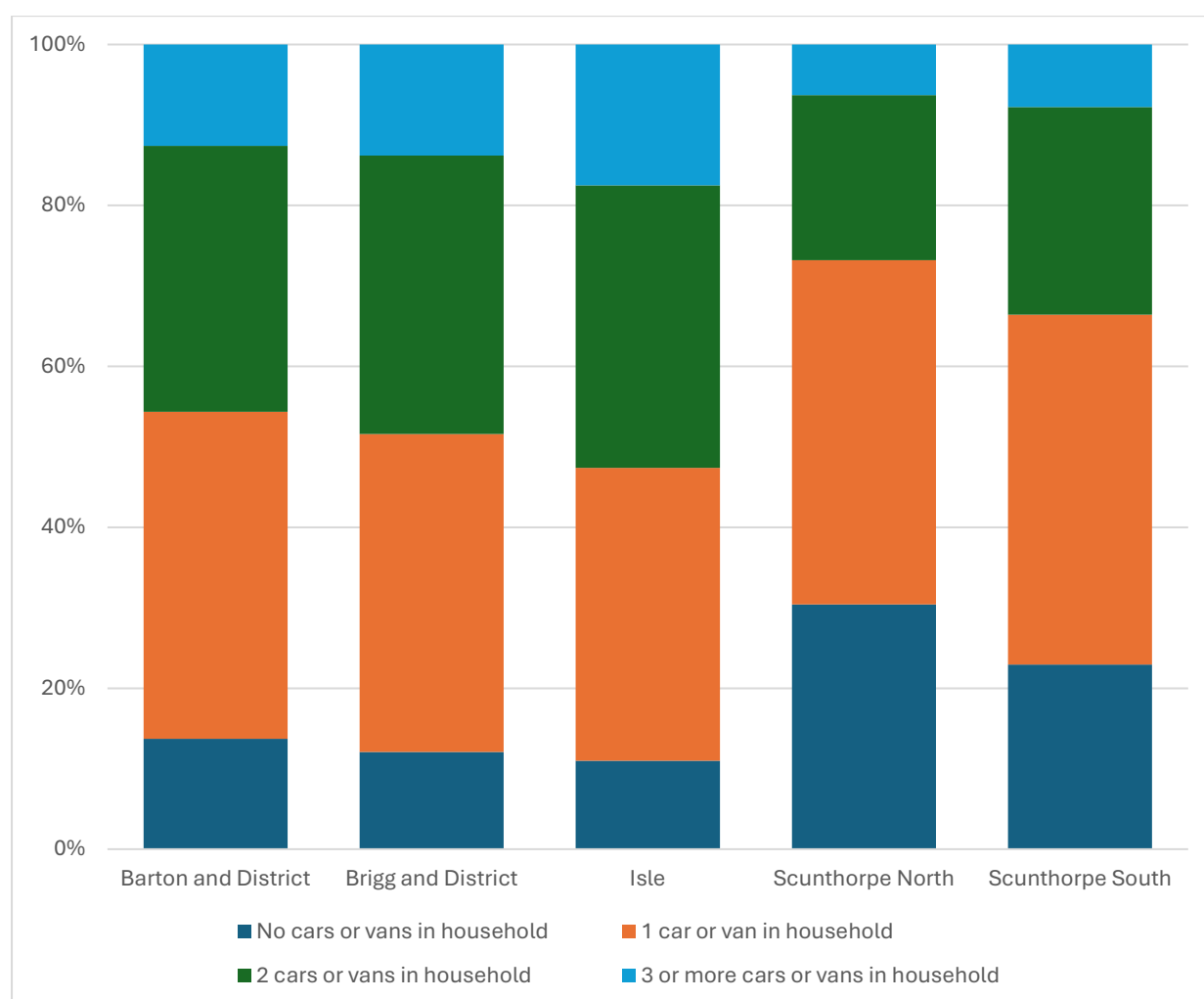
The more rural localities, as may be expected, have higher levels of car ownership. However, the figures for the Barton and District locality are affected by a higher percentage of households with no car or van in the ward of Barton (19.2%), compared with the wards of Ferry and Burton upon Stather and Winterton (10.1% and 12.1% respectively).

¹⁷ [Nomis - Query Tool - TS054 - Tenure](#), Census 2021

¹⁸ [Nomis - Query Tool - TS003 - Household composition](#), Census 2021

¹⁹ [Nomis - Query Tool - TS045 - Car or van availability](#), Census 2021

Figure 15 – Car ownership by locality, 2021 Census



2.13 Economic activity²⁰

The Annual Population Survey is a continuous household survey covering the UK which provides information on important social and socio-economic variables at a local level.

For the period July 2023 to June 2024, it shows the following for residents aged 16 to 64 years old.

- 63.7% were employees
- 9.3% were self-employed
- The unemployment rate was 3.2%
- 24.5% were economically inactive, with the majority being economically inactive and do not want a job (85.7%).

²⁰ [Nomis - Query Tool - annual population survey](#)

2.14 Gender identity²¹

Broadly speaking, transgender (trans) people are individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into. The word transgender is an umbrella term that is often used to describe a wide range of identities and experiences, including: transsexuals, cross-dressers, transvestites and many more.

Gender identity was a new variable added to the Census 2021 as a voluntary question and was only asked to people aged 16 years and over. The responses for North Lincolnshire were recorded as:

- 93.9% gender identity the same as sex registered at birth,
- 0.3% gender identity different from sex registered at birth but no specific identity given,
- 0.1% trans woman,
- 0.1% trans man,
- 0.1% all other gender identities,
- 5.6% not answered.

2.15 Carers

Over 4.6 million people reported that they provide unpaid care in England at the 2021 Census. For some, this can mean around-the-clock care, for others it may be a few hours a week; in the same house, or at a distance. Carers make an enormous contribution to society and save the economy billions of pounds.

The 2021 Census identified 15,431 residents in North Lincolnshire providing unpaid care²², of whom:

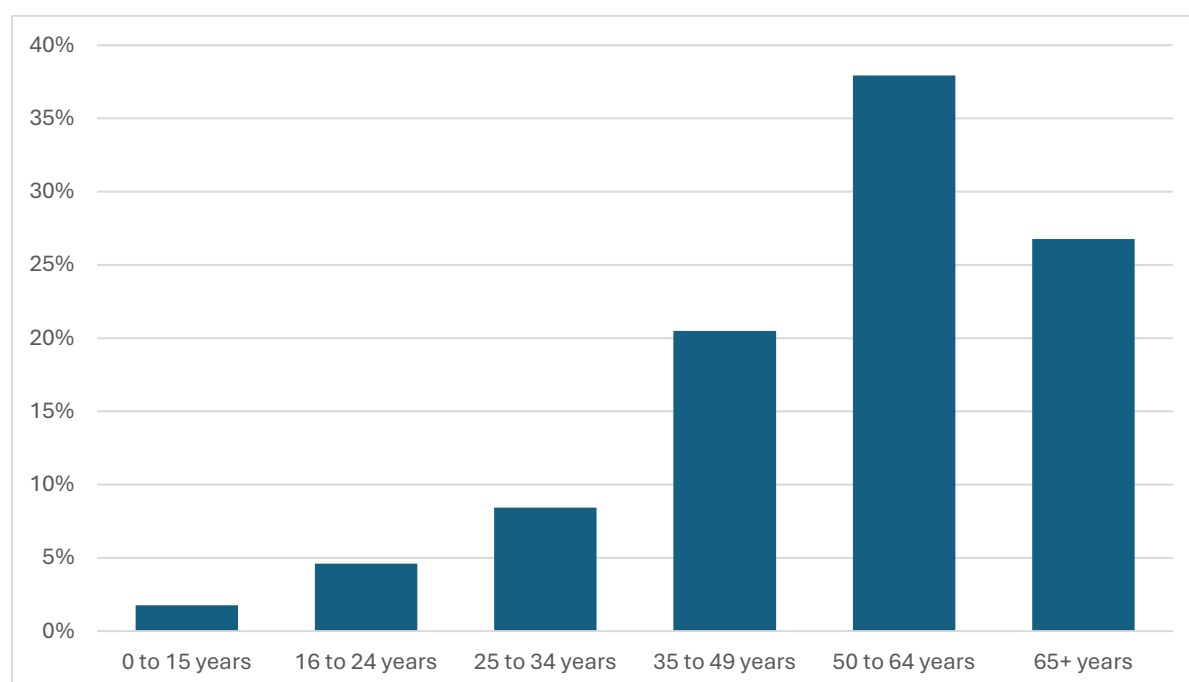
- 44.3% provide care for one to 19 hours per week,
- 22.1% for between 20 and 49 hours per week, and
- 33.6% for 50 or more hours per week.

The figure below shows the age breakdown of these residents.

²¹ [Nomis - Query Tool - TS078 - Gender identity](#), Census 2021

²² [Nomis - Query Tool - RM113 - Provision of unpaid care by age](#), Census 2021

Figure 16 – Age breakdown of North Lincolnshire residents providing unpaid care



At ward level²³:

- The highest proportion of young people aged 15-years and under providing unpaid care are in Ridge ward (2.3%).
- The highest proportion of 16- to 24-year-olds providing unpaid care are in Kingsway with Lincoln Gardens (5.9%).
- The highest proportion of 25- to 34-year-olds providing unpaid care are in Ashby Central (8.6%).
- The highest proportion of 35- to 49-year-olds providing unpaid care are in Burringham and Gunness (12.5%).
- The highest proportion of 50- to 64-year-olds providing unpaid care are in Axholme North (17.3%).
- Ridge has the highest proportion of 65-year-olds and over providing unpaid care (12.8%).

Caring for someone is hard and can have health and wellbeing consequences for those people providing care. The figure below compares the reported health of those who do and do not provide care, in North Lincolnshire²⁴.

²³ [Nomis - Query Tool - RM113 - Provision of unpaid care by age](#), Census 2021

²⁴ [General health and unpaid care - Office for National Statistics](#), Census 2021

Figure 17 – Health of those providing unpaid care compared to those who do not

	Very good or good health	Fair health	Bad or very bad health
Provides no unpaid care	78.9%	15.0%	6.1%
Provides 1 to 19 hours unpaid care a week	76.9%	18.7%	4.4%
Provides 20 to 49 hours unpaid care a week	67.2%	24.1%	8.7%
Provides 50 or more hours unpaid care a week	57.4%	29.8%	12.8%

2021 Census data also revealed that older carers who are caring for longer hours per week are also more likely to experience poorer health than other younger carers who are caring for fewer hours.

Young carers are very much hidden (i.e. unknown to service providers) and often taken on short-term caring responsibilities. Two thirds of young carers receive no formal or informal support. The 2021 Census evidenced that 1.2% of the 0-15-year-old population, in North Lincolnshire, was carrying out caring responsibilities for another person. Across the UK, 4% of children with caring responsibilities are aged 5-7, while around a third (31%) are aged 12-14 and another third (35%) are 16-17-year-olds. Young carers often find caring very rewarding, but it can also affect their physical and mental health and well-being and their ability to participate in education²⁵.

2.16 Gypsy, Roma and Irish Traveller community

The Gypsy, Roma and Irish Traveller community both nationally and in North Lincolnshire is a small group. Census data for 2021 states that the community is made up 0.2% of the area's population (394 people²⁶), with their living accommodation as follows:

- 74.7% live in a house or bungalow,
- 23.0% live in a flat, maisonette or apartment, and
- 2.3% live in a caravan or other mobile or temporary structure²⁷.

According to the Traveller caravan count²⁸ undertaken in July 2024, there was a total of 113 caravans in North Lincolnshire, of which:

- 84 caravans were on authorised privately funded sites with permanent planning,

²⁵ Cheesbrough, S. et al. The lives of young carers in England. 2017. Department for Education.

²⁶ [TS021 - Ethnic group - Nomis - Official Census and Labour Market Statistics](#), Census 2021

²⁷ [Accommodation type and ethnic group - Office for National Statistics](#), Census 2021

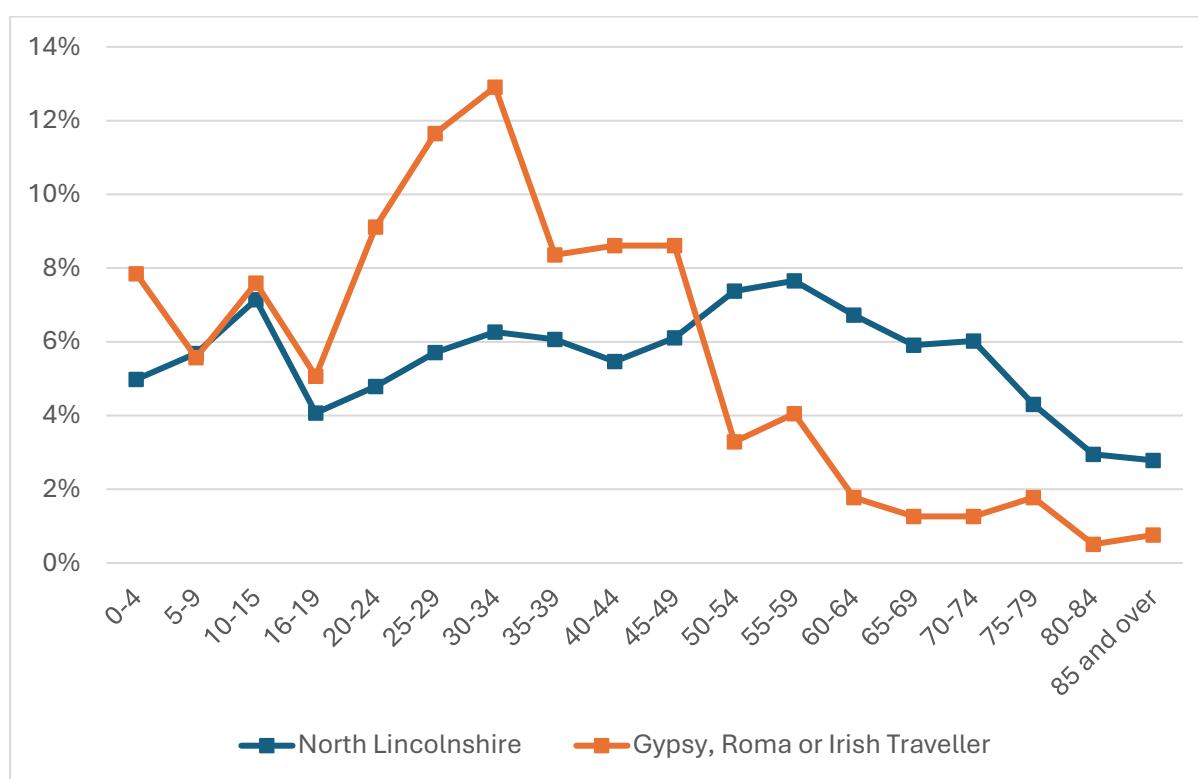
²⁸ [Traveller caravan count: July 2024 - GOV.UK](#), Ministry of Housing, Communities and Local Government, 2024

- 18 caravans were tolerated unauthorised caravans on land not owned by travellers, and
- 11 caravans were not tolerated unauthorised caravans on land not owned by travellers.

This is an increase on previous years (87 in July 2023, and 63 in July 2022).

The age profile of the community in North Lincolnshire illustrates the extent of the life expectancy issue for Travellers. In comparison to the general population for North Lincolnshire, the age structure is heavily concentrated in the lower age bands, generally running above figures for the North Lincolnshire population as a whole until the late-40s²⁹.

Figure 18 – Age profile for the North Lincolnshire population and Gypsy, Roma or Irish Traveller community 2021



North Lincolnshire Council produced a Gypsy and Travellers Accommodation Assessment in October 2021³⁰ which identified a need for 17 permanent residential pitches in North Lincolnshire between 2020-2038 in accordance with the planning definitions for Gypsy and Travellers.

2.17 Offenders

The population of those who are designated as offenders covers two specific groups.

²⁹ [Age and ethnic group - Office for National Statistics](#), Census 2021

³⁰ [Final Gypsy and Traveller Site Focused Consultation Document.pdf](#), North Lincolnshire Council, 2024

The first is the population that is in prison, however there are no prisons within North Lincolnshire.

The second group of offenders are those no longer serving prison terms; this may include those serving suspended sentences, those on probation, and those living in secure accommodation. At the time of writing, there are no figures available for this cohort of the population.

2.18 Homeless and rough sleepers

In 2023/24, 623 households in North Lincolnshire were assessed as owed a duty of relief or prevention in terms of statutory homelessness. For cases where prevention was owed, 34.2% were due to the end of a private tenancy agreement, 29% due to family or friends no longer willing or able to accommodate, and 19% due to domestic abuse³¹.

At the end of June 2024, there were 69 households in temporary accommodation in North Lincolnshire, including six children³².

The annual rough sleeping snapshot³³ shows a reduction in the number of people estimated to be sleeping rough on a single night in Autumn over the last five years:

- 2019 – ten
- 2020 – nine
- 2021 – six
- 2022 – five
- 2023 - one

Those sleeping rough tend to reside in disused buildings, parks or on the street. There are high levels of violence and anti-social behaviour towards those sleeping rough and this has resulted in A&E attendances or admissions.

³¹ [Statutory homelessness in England: financial year 2023-24 - GOV.UK](#), Ministry of Housing, Communities and Local Government

³² [Live Tables on Homelessness](#), Ministry of Housing, Communities and Local Government

³³ [Rough sleeping snapshot](#), England, 2023, Department for Levelling up, Housing and Communities

3 General health needs of North Lincolnshire

The joint strategic needs assessment is a local assessment of current and future health and social care needs. It aims to improve the health and wellbeing of the local community and reduce inequalities for all ages through ensuing commissioned services reflect need. It is used to help to determine what actions local authorities, the NHS, and other partners need to take to meet the health and social care needs and to address the wider determinants that impact on health and wellbeing. In North Lincolnshire, the assessment of health and wellbeing forms part of a suite of documents which together create an integrated intelligence base about the place of North Lincolnshire, summarised within the wider Integrated Strategic Assessment.

Reference to GP Quality and Outcomes Framework data in this chapter is taken from NHS Digital's website³⁴. Reference to the public health profiles is to those produced by the Office for Health Improvement and Disparities³⁵.

3.1 Cancer^{36 37}

Cancer is a disease caused by normal cells changing so that they grow in an uncontrolled way. There are more than 200 different types of cancer, and it is a complex disease. Cancer is one of the biggest health challenges in the UK with one in two people expected to develop some form of cancer in their lifetime.

According to Cancer Research UK using cancer incidence data for 2017-2019:

- There are around 385,000 new cancer cases in the UK every year.
- In females, there are more than 186,000 new cancer cases every year, and in males there are around 199,000 new cases every year.
- Breast, prostate, lung and bowel cancers together accounted for over half (53%) of all new cancer cases in the UK.
- Incidence rates for all cancers (excluding non-melanoma skin cancer) in the UK are highest in people aged 85 to 89.
- Each year 36% of all cancer cases in the UK are diagnosed in people aged 75 and over.
- Incidence rates for all cancers combined are lower in the Asian and Black ethnic groups, and in people of mixed or multiple ethnicity, compared with the White ethnic group, in England. However, incidence rates are higher compared with the White ethnic group in males in the Black ethnic group (2013-2017).

Medical developments along with an ageing population overall in the UK is resulting in an increasing number of cancer diagnoses.

³⁴ [Quality and Outcomes Framework, 2023-24 - NHS England Digital](#), NHS Digital

³⁵ [Fingertips | Department of Health and Social Care](#), Office for Health Improvement & Disparities

³⁶ [Cancer Statistics for the UK](#), Cancer Research UK

³⁷ [Cancer - NHS](#) – NHS cancer overview

GP Quality and Outcomes Framework data for 2023/24 reports a total of 7,218 people are included in their GP practice's cancer register in North Lincolnshire, an increase of 359 people from the previous year.

Turning to cancer mortality, Cancer Research UK reports:

- There are more than 167,000 cancer deaths in the UK every year (2017-2019).
- In females in the UK, there are around 78,000 cancer deaths every year (2017-2019).
- In males in the UK, there are around 89,200 cancer deaths every year (2017-2019).
- Every four minutes someone in the UK dies from cancer (2017-2019).
- Lung, bowel, breast and prostate cancers together accounted for almost half (45%) of all cancer deaths in the UK in 2017-2019.
- Around a fifth of all cancer deaths are from lung cancer.
- Mortality rates for all cancers combined in the UK are highest in people ages 90+ (2016-2018).

This is a disease that is largely related to ageing. When a cancer is identified in someone under the age of 75 years, it is considered 'premature' in the context of the nation's health overall. Premature death from cancer is an important marker of health inequality within and between communities.

Along with age, an individual's risk of developing cancer is linked with exposure to a breadth of factors, including lifestyle, socio-economic status, occupation and genetic make-up. An estimate is that four in every 10 cancers can be prevented by lifestyle.

- Smoking is the most important lifestyle risk factor for cancer in England and causes more than seven in ten lung cancer cases in the UK. However, the harmful chemicals in cigarette smoke affect the entire body, not just the lungs. Smoking causes at least 15 different cancer types, including two of the most common; lung and bowel cancer. Whilst reducing the number of cigarettes smoked will help, the number of years spent smoking affects the risk of someone developing cancer most strongly.
- Overweight and obesity is the second biggest cause of cancer – more than one in 20 cancer cases are caused by excess weight. Keeping a healthy weight reduces the risk of 13 different types of cancer.
- Too much ultraviolet radiation from the sun can damage the DNA in skin cells and cause skin cancer. Almost nine in ten cases of melanoma in the UK could be prevented by staying safe in the sun and avoiding sunbeds.
- Healthier diets could prevent around one in ten cancers. Certainty over which aspects of a diet can be protective is not fully understood, but the elements of fruit and vegetables and fibre are considered to have a protective influence, whilst processed and red meats, and salt have been identified as increasing the risk of a cancer.
- Alcohol can cause seven different types of cancer, irrespective of the type of alcohol which is drunk. Breast cancer is the most common cancer in the

UK and drinking alcohol is one of the biggest risk factors. Around 4,400 breast cancer cases each year are caused by drinking alcohol. The risk increases even at low levels of drinking.

- Being physically inactive is a risk factor for cancer. Keeping active can help to maintain a healthy weight, which reduces the risk of 13 different types of cancer.

Other vulnerabilities which people have no ability, or limited abilities, to address through lifestyle changes include exposure to certain infections, life course patterns and occupational exposure. Sex, genetics and geographic place of residence also all bring differences in risk exposure. Place differences are related to socio-economic status and experiences of poverty and culture. Ethnicity can impact on an individual's risk of a diagnosis.

In 2021 to 2023, the directly standardised rate of mortality from all cancers in persons aged less than 75 years per 100,000 population, was similar in North Lincolnshire at 129.8 compared to the average for England at 121.6. The percentage of adults (those aged 18 and older) who smoke was significantly worse, in 2023, in North Lincolnshire, compared to England (17.0% versus 11.6%). The percentage of physically active adults (those aged 19 and older) in 2022/23 was similar to the value for England (65.3% versus 67.1%). The percentage of adults (those aged 18 and older) in 2022/23 who were classified as overweight or obese was significantly worse in North Lincolnshire compared to England (71.1% versus 64.0%)³⁸.

Early detection is vital in optimising health and survivor outcomes. Nationally recognised initiatives for improving early diagnosis include public awareness raising of key signs and symptoms, facilitating access to GP surgeries and encouraging attendance for the NHS national cancer screening services. Screening uptake for breast, cervical and bowel cancer, in North Lincolnshire, are, with one exception, above the national average³⁹.

- 2024 cancer screening coverage – breast cancer – 75.5% compared to 69.9% for England (the recent trend has no significant change)
- 2024 cancer screening coverage – bowel cancer – 73.3% compared to 71.8% for England (the recent trend is increasing and getting better).
- 2024 cancer screening coverage – cervical cancer (aged 25 to 49 years old) – 68.4% compared to 66.1% for England (the recent trend is decreasing and getting worse).
- 2024 cancer screening coverage – cervical cancer (aged 50 to 64 years old) – 73.6% compared to 74.3% for England (the recent trend is decreasing and getting worse).

3.2 Cardiovascular disease

Cardiovascular disease is the general term for conditions affecting the heart or blood vessels and includes coronary heart disease, stroke and peripheral arterial

³⁸ [Fingertips | Department of Health and Social Care](#), Office for Health Improvement & Disparities

³⁹ [Fingertips | Department of Health and Social Care](#), Office for Health Improvement & Disparities

disease⁴⁰. These conditions are frequently brought about by the development of atheroma and thrombosis (blockages in the arteries). It has been identified by the NHS Long Term Plan⁴¹ as the single biggest condition where lives can be saved by the NHS over the next 10 years. There are around 6.4 million people living with cardiovascular disease in England⁴². This places a financial burden on the NHS of approximately £7.4 billion per year, with a further estimated cost of £15.8 billion to the wider economy⁴³.

Hypertension is the biggest risk factor for cardiovascular disease and is one of the top five risk factors for all premature death and disability in England. At least half of all heart attacks and strokes are caused by high blood pressure. It increases the risk of chronic kidney disease, heart failure and vascular dementia. It is estimated that in England, hypertension affects more than one in four adults. Residents of the most deprived areas are 30% more likely to have high blood pressure compared to those in the least deprived areas⁴⁴.

Hypertension generally has no symptoms, but early diagnosis and effective management can prevent progression to cardiovascular disease⁴⁵. Research has shown that a 10mmHg reduction in systolic blood pressure reduces the risk of major cardiovascular disease events by 20%, coronary heart disease by 17%, stroke by 27%, heart failure by 28%, and all-cause mortality by 13%⁴⁶.

Public Health England's 'Hypertension prevalence estimate in England, 2017' estimated that the prevalence of hypertension in North Lincolnshire at 28.8% - an estimated 40,170 people⁴⁷. This contrasts to the prevalence reported via the GP Quality and Outcomes Framework in 2020/21 – 16.9% (31,395 people), a reduction from 17.1% (31,577 people) in 2019/20. However, the report explains the difference may be due to two factors:

- The hypertension estimates only include adults aged 16 years and older, whilst quality and outcomes framework registers include adults and children.
- Quality and outcomes framework data is for patients registered with a practice within a clinical commissioning group's area, whilst the hypertension prevalence estimates are based on the number of people

⁴⁰ [Cardiovascular disease - NHS](#), NHS, 2022

⁴¹ [NHS Long Term Plan » Online version of the NHS Long Term Plan](#), NHS

⁴² [Socioeconomic Inequalities in Heart and Circulatory Diseases in England](#), British Heart Foundation, 2025

⁴³ [Health Matters: Preventing cardiovascular disease – UK Health Security Agency](#), UK Health Security Agency

⁴⁴ Public Health England, [Tackling High Blood Pressure](#)

⁴⁵ Public Health England (January 2017): Guidance Health matters: combatting high blood pressure [Health matters: combating high blood pressure - GOV.UK](#)

⁴⁶ Ettehad D. Emdin, CA, Kiran, A et al.; Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis; Lancet; 2016; 387(10022): 957-67 [Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis - PubMed](#)

⁴⁷ [Hypertension prevalence estimates for local populations - GOV.UK](#), Public Health England

living in a clinical commissioning group's area. In some instances, these two populations are very different.

Coronary heart disease prevalence has remained at 4.1% between 2022/23 and 2023/24 according to the GP Quality and Outcomes Framework (7,721 people were included in their GP practice's register in 2022/23, compared to 7,703 in 2023/24). The prevalence of stroke and transient ischaemic attack has increased from 2.2% in 2022/23 to 2.3% in 2023/24 (4,204 people included in their GP practice's register in 2022/23 compared to 4,347 in 2023/24).

Cardiovascular disease is responsible for one in four premature deaths in the UK and accounts for the largest gap in healthy life expectancy⁴⁸. Those in the most deprived 10% of the population are almost twice as likely to die as a result of cardiovascular disease than those in the least deprived 10% of the population⁴⁹. People with severe and enduring mental disorders are more at risk of having and dying from cardiovascular disease than the general population due to increased cardiovascular factors, poorer access to healthcare and the effect of antipsychotic medication on their metabolism⁵⁰.

In 2021 to 2023, the age standardised rate of mortality from all cardiovascular diseases in persons less than 75 years per 100,000 population, was significantly worse in North Lincolnshire at 98.0 compared to the average for England at 77.1. Rates were higher amongst men than women (141.8 and 55.6 respectively) in North Lincolnshire⁵¹.

3.3 Dementia⁵²

Dementia is an umbrella term for the range of progressive conditions of the brain that have in common a loss of brain function which is usually progressive and eventually severe. It is more common in people over the age of 65 but can affect a person at any age. There are over 200 subtypes of dementia, with the most common types of dementia being Alzheimer's disease, vascular dementia, Lewy body dementia, frontotemporal dementia and mixed dementia. Dementia is one of the main causes of disability in later life, and the number of people with dementia is rising yearly as the population ages. According to the NHS website⁵³, research shows there are more than 944,000 people in the UK who have dementia and one in 11 people over the age of 65 has the condition. It is estimated that by 2030, the number of people with dementia in the UK will be more than one million.

⁴⁸ NHS Health Education England, [Heart Disease - Executive Summary.pdf](#), Heart Disease: understanding the future service and workforce needs

⁴⁹ [Health Matters: NHS Health Check – A world leading CVD prevention programme – UK Health Security Agency](#), UK Health Security Agency

⁵⁰ Kings College London, [Severe mental illness linked to much higher risk for cardiovascular disease and associated early death | Website archive | King's College London](#)

⁵¹ [Fingertips | Department of Health and Social Care](#), Office for Health Improvement & Disparities

⁵² [About dementia - Dementia UK](#), Dementia UK

⁵³ NHS, [What is dementia - NHS](#)

Dementia prevalence is associated with a number of risk factors that cannot be modified.

- Age: people diagnosed with dementia tend to be over the age of 65. Above this age, a person's risk of developing Alzheimer's disease or vascular dementia doubles roughly every five years. Over the age of 80 there is a one in six chance of developing dementia.
- Ethnicity: certain ethnic communities appear to be at higher risk of dementia than others. For example, South Asian and African or African Caribbean people seem to develop dementia more often than White Europeans. Specific risk factors associated with these communities such as stroke, diabetes, hypertension and cardiovascular disease, as well as difference in diet, smoking exercise and genes, are thought to explain this.
- Gender: more women are affected by dementia than men. Worldwide women with dementia outnumber men two to one. Twice as many women over the age of 65 are diagnosed with Alzheimer's than men whereas vascular dementia is diagnosed in slightly more men than women.
- Genetics: in rare cases, Alzheimer's disease can be passed from one generation to another. This type of dementia usually affects people under the age of 65.

However, there are also some modifiable risk factors:

- Diabetes,
- Alcohol intake,
- High blood pressure,
- Lack of exercise,
- Low educational attainment,
- Obesity,
- Poor physical health, and
- Smoking.

Dementia places a particular burden on carers and family members. Timely diagnosis and intervention are helpful, as it enables the person with dementia and their carer/s to come to terms with the disease and make plans for the future.

Many of the carers of older people with dementia are themselves elderly and a large proportion are husbands or wives of the person with dementia⁵⁴. Carers of people with dementia generally experience greater stress than carers of people with other kinds of need; nearly half having some kind of mental health problem themselves. However, carer support and education can enable more people to live at home for longer and prevent carer breakdown, which is a major cause of people needing to move into long-term care⁵⁵.

⁵⁴ [The impact of the marital relationship on the experience of caring for an elderly spouse with dementia | Ageing & Society | Cambridge Core](#), Lewis

⁵⁵ [Help & Advice for Carers | Age UK](#)

According to the GP Quality and Outcomes Framework there were 1,453 people included in their GP practice's dementia register in 2022/23 increasing to 1,521 in 2023/24. This equates to a prevalence rate of 0.8%, the same as for England.

3.4 Diabetes

Diabetes mellitus is a group of disorders that results in the body's inability to control blood glucose levels. The raised blood glucose levels over time lead to damage to blood vessels and organs.

There are two main types of diabetes⁵⁶:

- Type 1 diabetes is an autoimmune disease which develops when the body is unable to produce any insulin.
- Type 2 diabetes develops when the body is unable to produce enough insulin or the body's cells don't react to insulin.

It is estimated that approximately 90% of diabetes is type 2. It is usually diagnosed in people over 40; however, as the symptoms often appear gradually, it can go unnoticed, and diagnosis can be delayed.

Diabetes UK ⁵⁷ estimates that more than 5.8 million people in the UK are living with diabetes, which is an all-time high. Early diagnosis is vital as complications can begin five to six years before some people actually find out they have type 2 diabetes. Complications can include:

- Eye problems – some people with diabetes can develop diabetic retinopathy which if left untreated can cause sight loss.
- Foot problems – nerve damage can affect the feeling in a person's feet and raised blood sugar can damage the circulation making it slower for sores and cuts to heal. If left untreated it can lead to amputation. Each week diabetes leads to 184 amputations.
- Heart attack and stroke – high blood sugar for a period of time can damage blood vessels which can sometimes lead to heart attacks and strokes. Each week diabetes contributes to more than 930 strokes, 660 heart attacks and 2,990 cases of heart failure.
- Kidney problems – high blood sugar and high blood pressure can damage a person's kidneys over time which makes it harder to clear extra fluid and waste from the body.
- Nerve damage – nerve damage complications can be caused by high blood sugar levels and make it harder for the nerves to carry messages between the brain and rest of the body, impacting how someone can see, hear, feel and move.
- Gum disease – too much sugar in the blood can lead to more sugar in the saliva, bringing acid producing bacteria which can attack tooth enamel and

⁵⁶ [Diabetes - NHS](#)

⁵⁷ [How many people in the UK have diabetes?](#), Diabetes UK

damage gums. The blood vessels in the gums can also become damaged and make gums more likely to become infected.

In England in 2023/2024, there were an estimated 3.9 million people aged 17 and over with diabetes mellitus recorded on practice disease registers as part of the GP Quality and Outcomes Framework. This is a prevalence rate of 7.7%. In North Lincolnshire there were 13,603 people included in their GP practice's register, a prevalence rate of 8.8%.

The main modifiable risk factors for type 2 diabetes are obesity, low physical activity levels, poor diet and nutrition. These risk factors are all associated with deprivation. Behavioural interventions such as supporting people to maintain a healthy weight, follow dietary recommendations and be more active, can significantly reduce the risk of developing type 2 diabetes and slow its progression.

Type 2 diabetes is a major cause of premature mortality, with around 22,000 people with diabetes dying early each year in England⁵⁸. It is often not type 2 diabetes itself that causes death, but complications of the disease. Recent research has shown that those with diabetes mellitus have an increased risk of dying from COVID-19.

3.5 Diet related ill health ⁵⁹

The terms overweight and obesity (together referred to as excess weight) refers to when weight gain, has reached a point which affects a person's health.

Nationally, diet related illness is estimated to cost the NHS £6.5 billion a year⁶⁰. The increasing cost of treating excess weight both nationally and locally is unsustainable. As a result, addressing all the causes of diet related ill health is critical in order to make a meaningful difference to the health and wellbeing of residents.

Extensive research evidences the impact that excess weight has on an adult's immediate and long-term physical, mental and social health outcomes. The effects of excess weight are far reaching, impacting not only on an individual's health but life chances relating to career and economic opportunities. Achieving and maintaining a healthy weight, therefore, provides health, social and economic benefits for an individual and wider society.

Nationally the evidence clearly indicates significant inequalities in obesity prevalence with higher rates amongst people who are:

- Older,
- Male,
- From an area of high deprivation,
- From a Black ethnic group, or

⁵⁸ [Management of adult diabetes services in the NHS: progress review inquiry - Committees - UK Parliament](#)

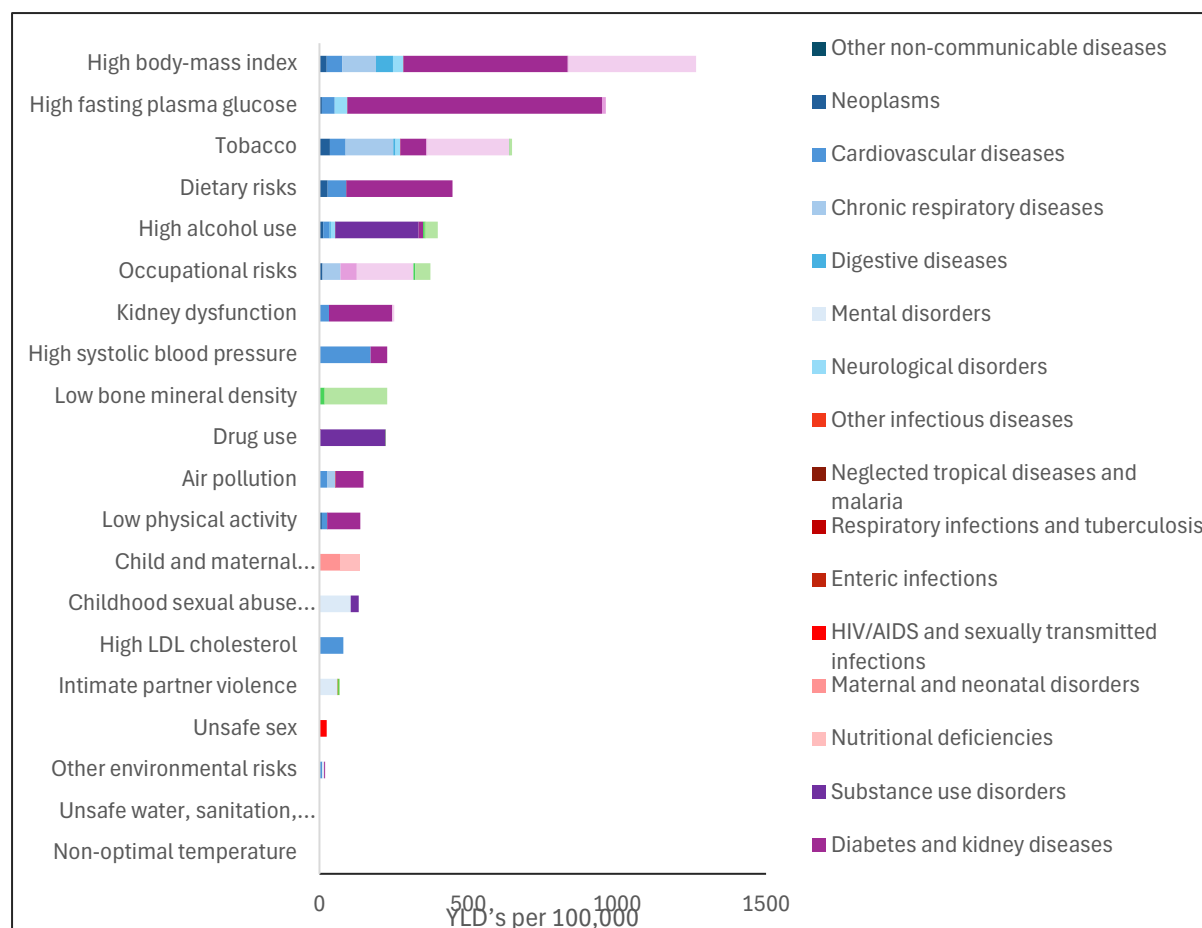
⁵⁹ [Public Health in North Lincolnshire - North Lincolnshire Council](#), North Lincolnshire Joint Strategic Assessment 2014-15 – adult obesity

⁶⁰ [Government plans to tackle obesity in England – Department of Health and Social Care Media Centre](#), Department of Health and Social Care, 2023

- Have a disability.

The chart below shows the top risk factors associated with morbidity in North Lincolnshire, using risk factor data from the Global Burden of Disease⁶¹. The risk factors making the biggest contribution to morbidity are high body mass index (often called obesity), high blood glucose, tobacco, dietary risks, alcohol, and occupational risks.

Figure 19 - All age morbidity attributed to risk factors, by cause of morbidity, North Lincolnshire 2021



According to the GP Quality and Outcomes Framework 2023/24, there were 20,295 people aged 18 and over in North Lincolnshire included in their GP practice's obesity register, a prevalence of 13.3%. However, it is estimated that the number of obese people aged 18 and over is much higher than those on GP practice registers as not all people will be measured, and there may be some obese people who have not recently visited their GP.

The percentage of reception-age (4–5-year-old) children in 2023/24 who were overweight (including obesity) was 22.8%, which was similar to the average for England of 22.1%, with the percentage who were obese (including severe obesity) being 10.8% (9.6% for England). For year 6 (10-11-year-old) children, 37.5% were

⁶¹ Global Burden of Disease, [VizHub - GBD Compare](#)

overweight (including obesity) and 22.9% who were obese (including severe obesity) compared to 35.8% and 22.1% for England⁶².

3.6 Mental health

Mental health is defined by the World Health Organisation (WHO)⁶³ as a “state of well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community”. Mental health is fundamental to our physical health, our relations, our education and our work. There is no health without mental health.

One in four adults nationally will experience mental health problems, ranging from common problems such as depression and anxiety, to rarer problems such as schizophrenia and bipolar disorder.⁶⁴ Mental health and physical health are interlinked, with people with mental illness experiencing higher rates of morbidity and a lower life expectancy, and people with chronic physical health problems are more likely to experience mental health issues. Giving equal value to mental and physical health is a key national and local priority and is described as ‘Parity of Esteem’⁶⁵.

The causes and influences of mental health problems are wide ranging and interacting. They are often associated with adverse events in our lives and other circumstances, such as poverty, unemployment, levels of supportive networks, levels of education and the broader social environment⁶⁶. These factors interact and affect how resilient we are in coping with these challenges.

Often mental health problems result in stigma and discrimination making it harder for those with mental health problems to live a normal life, including being less likely to find work, to be in a steady long-term relationship and to live in decent housing⁶⁷.

Mental health problems are classified as either common mental disorders or serious mental illness. Common mental health problems include conditions such as depression and anxiety⁶⁸.

The term severe mental illness is used to describe people with a group of conditions that are often chronic and so debilitating that their ability to engage in functional and occupational activities is severely impaired⁶⁹. Serious mental illness disrupts a person’s perception of reality, their thoughts and judgement and affects their ability to think clearly. People affected may see, hear, smell or feel things that nobody else can. It is sometimes referred to as a psychosis and includes conditions such as

⁶² [Fingertips | Department of Health and Social Care](#), Office for Health Improvement & Disparities

⁶³ [Mental health](#), World Health Organisation

⁶⁴ [Mental health facts and statistics - Mind](#), Mind

⁶⁵ [Mental health: Achieving 'parity of esteem'](#) House of Commons Library, Baker & Gheera, 2020

⁶⁶ [What causes mental health problems? - Mind](#), Mind

⁶⁷ [Stigma and discrimination | Mental Health Foundation](#), Mental Health Foundation

⁶⁸ [Common mental health problems: identification and pathways to care | Guidance | NICE](#), National Institute for Health and Care Excellence

⁶⁹ [Severe mental illness \(SMI\) and physical health inequalities: briefing - GOV.UK](#), Public Health England, 2018

schizophrenia and bipolar disorder (formerly known as manic depression), paranoia and hallucinations⁷⁰.

According to the Office for Health Improvement and Disparities⁷¹ people with severe mental illness often experience poor physical health as well as poor mental health. They often develop chronic physical health conditions at a younger age than people without severe mental illness. These chronic conditions include obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, heart failure and liver disease. People with severe mental illness are at an increased risk of developing more than one of these chronic conditions. These physical health problems increase the risk of premature death in people with severe mental illness. However, severe mental illness is rarely recorded as an underlying cause of death and indeed, is often not recorded on death certificates even as a contributory cause. It is estimated that for people with severe mental illness, two out of three deaths are from physical illnesses that can be prevented. Although people with severe mental illness die prematurely from physical conditions, their severe mental illness may still have been a significant feature in their lives, influencing both their risk of developing chronic health conditions and their access to health services.

In 2021/23, the directly standardised rate of premature mortality in adults with severe mental illness was 103.8 per 100,000, statistically similar to the England rate of 110.8 per 100,000⁷².

According to the GP Quality and Outcomes Framework there were 21,075 people aged 18 and over registered with a GP practice in North Lincolnshire with a diagnosis of depression in 2022/23, a prevalence rate of 16.0% (22,512 and 14.9% in 2021/22). The prevalence rate for England in 2021/22 was 12.7% and in 2021/23 it was 13.2%. The number of people included in their GP practice's mental health register decreased slightly between 2022/23 and 2023/24 from 1,540 to 1,521, although the prevalence rate remained the same at 0.8% (slightly lower than the prevalence rate for England, 1.00% and 0.96% respectively).

3.7 Respiratory disease⁷³

The most common chronic respiratory diseases are asthma, chronic obstructive pulmonary disease, pneumonia and lung cancer. Respiratory disease continues to be a major cause of disability and premature mortality in the United Kingdom. It affects one in five people and was the third leading cause of death in England, prior to the Coronavirus (COVID-19) pandemic, after cancer and cardiovascular disease.

Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally, and respiratory diseases are a major factor in winter pressures faced by the NHS. Most respiratory admissions are non-elective and during the winter period these double in number. The annual economic burden

⁷⁰ [What is serious mental illness? - Mental Health Wales](#), Mental Health Wales

⁷¹ [Premature mortality in adults with severe mental illness \(SMI\) - GOV.UK](#), Office for Health Improvement & Disparities, 2023

⁷² [Fingertips | Department of Health and Social Care](#), Office for Health Improvement & Disparities

⁷³ [NHS England » Respiratory disease](#), NHS England

of asthma and chronic obstructive pulmonary disease on the NHS in the UK is estimated as £3 billion and £1.9 billion respectively. In total, lung conditions (including lung cancer) directly cost the NHS in the UK £11 billion each year

Risk factors for respiratory disease include smoking, diet, physical activity, age, sex, genetic factors, education, the environment people live and work, culture and peer group influences. Smoking is the largest single modifiable risk factor for respiratory disease.

- 47% of all deaths from respiratory disease were estimated to be attributable to smoking.
- 38% of hospital admissions due to respiratory disease (excluding cancer) were estimated to be attributable to smoking⁷⁴.

Given the high proportion of these deaths that are due to smoking, a reduction in the prevalence of smoking would reduce the incidence of chronic obstructive pulmonary disease and lung cancer and extend the life of those with these illnesses. The need to tackle risk factors such as smoking, the promotion of early and accurate diagnosis, availability of pulmonary rehabilitation and correct use of inhaled asthma medications are highlighted as areas of importance in the NHS plan⁷⁵.

Respiratory disease can impair quality of life through symptoms such as breathlessness (especially during physical exercise), cough, fatigue, pain, and through the psychological impact of the disease and/or symptoms leading to anxiety and depression⁷⁶.

There are some specific groups in society who have poorer respiratory health generally or are at greater risk of specific respiratory conditions such as those with serious mental illness, the homeless, offenders, those with substance misuse disorders and those with learning or physical disabilities.

Incidence and mortality rates from respiratory disease are higher in disadvantaged groups and areas of social deprivation, with the gap widening and leading to worse health outcomes. The most deprived communities have a higher incidence of smoking rates, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards.

The GP Quality and Outcomes Framework 2023/24 shows the prevalence of asthma and chronic obstructive pulmonary disease is higher in North Lincolnshire compared to England (asthma prevalence 6.9% and 6.5% respectively, and chronic obstructive pulmonary disease prevalence 2.5% and 1.9% respectively).

Data in the following paragraphs is from the public health profiles. Between 2021 to 2023, the age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population in North Lincolnshire was 31.9, similar to the

⁷⁴ [Statistics on Public Health: Data Tables - NHS England Digital](#), NHS England Digital, Statistics on Smoking: Data Tables, 2019/20

⁷⁵ [NHS Long Term Plan » Respiratory disease](#), NHS Long Term Plan

⁷⁶ Booth, S. & Johnson, M. (2019). [Improving the quality of life of people with advanced respiratory disease and severe breathlessness - PMC](#), National Library of Medicine

average for England of 30.3. The preventable respiratory disease rate in persons less than 75 years per 100,000 population was 22.4 for 2021-2023 which was worse than the average for England (18.0). Research has shown that an access risk of premature mortality from respiratory disease is evident in communities living in area of greater socio-economic deprivation.

Lung cancer is the most common cause of cancer death in the UK. Mortality rates for lung cancer are highest in people aged 85 to 89, with around a half of all lung cancer deaths in people aged 75 and over. In 2021 to 2023, the directly standardised rate of deaths from lung cancer per 100,000 in North Lincolnshire was 53.7 (worse than the English average of 47.5). The mortality rate was higher in males (64.6) than females (41.9) for lung cancer.

3.8 Sexual health

Sexual health is defined by the World Health Organisation⁷⁷ as: “a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”.

Sexually transmitted infections are infections that are transferred from person to person predominantly by sexual contact but also through non-sexual means such as via blood or blood products and from mother to child during pregnancy and childbirth⁷⁸. Examples include chlamydia, gonorrhoea, primary hepatitis B, HIV, and syphilis. However, sexual health is a broader topic and includes areas such as contraception, abortion, sexual assault, healthy relationships and the wider reproductive health of men and women. Promoting good sexual and reproductive health, exploring healthy relationships, encouraging self-management and having the correct sexual health interventions can all have a positive effect on population health and wellbeing⁷⁹.

Some groups within the population are at higher risk of poor sexual health. A report by the Terrance Higgins Trust and the British Association for Sexual Health and HIV⁸⁰ identified these groups as:

- Older people – although rates of sexually transmitted infections among older people remain low, increases are being recorded in this population, particularly of gonorrhoea. In 2018, there was an 18% increase in new sexually transmitted infections diagnoses amongst older men (45-64) and a 4% increase among older women since 2014. For older people over the

⁷⁷ [Sexual health](#), World Health Organisation

⁷⁸ [Sexually transmitted infections \(STIs\)](#), World Health Organisation

⁷⁹ [Sexual health](#), World Health Organisation

⁸⁰ [State of the Nation | Terrence Higgins Trust](#), Terrence Higgins Trust and the British Association for Sexual Health and HIV.

age of 65, both men and women experience a 23% increase in new sexually transmitted infections diagnoses over this time period.

- Young people (15- to 24-year-olds) represented nearly half (48%) of all new sexually transmitted infections diagnoses in 2018. This group is disproportionately affected by chlamydia – seeing 61% of all chlamydia diagnoses and nearly half (43%) of genital warts diagnoses. Young people also saw roughly a third of all gonorrhoea diagnoses (36%), and herpes diagnoses (39%), as well as 14% of all syphilis diagnoses.
- People living with HIV – 3% of all sexually transmitted infections diagnoses in 2017 were within this group but are disproportionately affected with population rates much higher than in people who are not living with HIV. Gonorrhoea and syphilis are the most common sexually transmitted infections among people living with HIV. Men who have sex with men living with HIV accounted 88% of transmitted infections diagnoses in people living with HIV. Of men who have sex with men, men from Latin American and Caribbean ethnicities are most likely to have co-infection of HIV and one of the five main sexually transmitted infections.
- Men who have sex with men – this group is disproportionately affected by both syphilis and gonorrhoea. 75% of all new diagnoses of syphilis and 47% of gonorrhoea diagnoses in 2018 were in this group. In addition, 43% of new HIV diagnoses were in this group.
- Specific ethnic minority communities – individuals from ethnic minority communities account for one in every five of all sexually transmitted infections diagnoses. However, this masks variations between ethnic minority communities. For example, Black Caribbean individuals and Black non-Caribbean/non-African individuals generally see the highest rates of new diagnoses among many sexually transmitted infections, particularly gonorrhoea. Asian and Asian British individuals have the lowest diagnoses rate at half that of the general population.

The public health profiles for North Lincolnshire show the following for 2023.

- The rate of new sexually transmitted infections (excluding chlamydia diagnoses for those aged under 25) per 100,000 was 304 (better than the English average of 520).
- The sexually transmitted infections testing rate (excluding chlamydia diagnoses for those aged under 25) per 100,000 was 2,171.8 (worse than the English average of 4,110.7).
- The sexually transmitted infections positivity percentage (excluding chlamydia diagnoses for those aged under 25) was 6.1% (lower than the English average of 7.3% and decreasing).
- The chlamydia diagnostic rate per 100,000 was 364 (similar to the English rate of 341).
- The HIV diagnosed prevalence rate per 1,000 aged 15 to 59 was 0.94 (better than the English rate of 2.40).
- New HIV diagnosis rate per 100,000 was 3.5 (better than the English rate of 10.4).

The following are indicators of unmet need and inequalities in access to comprehensive contraception and sexual health advice:

- Total abortion rate per 1,000 – 19.6 in 2021, similar to the English rate of 19.2.
- Under 18s abortion rate per 1,000 – 4.6 in 2021, similar to the English rate of 6.5.
- Over 25s abortion rate per 1,000 – 17.7 in 2021, similar to the English rate of 17.9.

Teenage mothers are more likely to suffer from postnatal depression than older mothers and face a higher risk of poor mental health up to three years after the birth⁸¹. They are also more likely to struggle to continue in their education and may find it more difficult to gain employment. National research suggests that at age 30, those who have been teenage mothers suffered from higher levels of physical and mental ill health, with most of this difference being accounted for by higher levels of partnership breakdown post birth, and a greater risk of poverty and poor housing due to worklessness. Similar issues affect young father. These factors, combined with poor emotional support post birth can also contribute to higher levels of anxiety and depression amongst younger mums.

In turn, children born to teen mums are more likely to be born prematurely, and have a higher infant mortality risk, (60% above average)⁸². They are also more likely to live in poverty than children of parents aged 24 years and older, contributing to a cycle of disadvantage and health inequality⁸³. Research shows that mothers under the age of 20 are five times more likely than those aged 35 and over to smoke during pregnancy⁸⁴, and the least likely to breastfeed⁸⁵, leading to poorer health outcomes for themselves and their children. In addition to contraception being an avoidable experience, abortions, live births and miscarriages following unplanned pregnancies represent an avoidable cost to health and social care services.

The under 18s conception rate per 1,000 in 2021 was 18.2, worse than the English rate of 13.1 (and showing no significant change), whilst the rate for under 16s was 4.5, worse than the English rate of 2.1 (and also showing no significant change).

Human papilloma virus vaccination coverage is similar for one dose in 2022/23 to national coverage levels:

- 12- to 13-year-old males – 80.4% compared to England's 65.2%, and
- 12- to 13-year-old females – 80.6% compared to England's 71.3%.

Coverage for two doses in females is 80.3% compared to the English rate of 62.9%.

⁸¹ Boath, E., Henshaw, C. & Bradley, E. (2013). Meeting the challenges of teenage mothers with postpartum depression: overcoming stigma through support.
<https://doi.org/10.1080/02646838.2013.800635>

⁸² [Teenage pregnancy | Nuffield Trust](#), Nuffield Trust, 2023

⁸³ [Teenage Pregnancy Young Parents](#), Public Health England

⁸⁴ [Smoking in Pregnancy - Bracknell Forest Public Health Portal](#)

⁸⁵ [Barriers to breastfeeding for younger mothers - La Leche League GB](#)

3.9 Smoking⁸⁶

Tobacco use remains a significant public health challenge. The main method of tobacco consumption is through smoking which is still the leading cause of preventable illness and premature death in England. Every year around 78,000 people in the UK die from smoking, with many more living with debilitating smoking-related illness.

Smoking increases the risk of developing more than 50 serious health conditions including:

- Lung cancer - smoking causes around seven out of every 10 cases.
- Other cancers, including of the mouth, throat, larynx, oesophagus, bladder, bowel, cervix, kidney, liver, stomach and pancreas.
- Coronary heart disease, heart attack, stroke, peripheral vascular disease and cerebrovascular disease.
- Chronic obstructive pulmonary disease, including bronchitis and emphysema, and pneumonia.
- Asthma and respiratory tract infections.
- In men, smoking can cause impotence.

Passive smoking can also increase a person's risk of the same health conditions, with babies and children being particularly vulnerable to the effects of second-hand smoke for example chest infections, meningitis, a persistent cough and, if they have asthma can worsen their symptoms⁸⁷.

The Quality and Outcomes Framework reports that 17.1% of adults aged 15 and over smoked in North Lincolnshire in 2022/23, a level that is statistically significantly worse than England (14.7%).

Smoking prevalence is higher amongst certain groups, such as routine and manual workers, people with severe mental illness and contributes to social inequalities. In 2023, smoking prevalence among adults aged 18 to 64 in North Lincolnshire in routine and manual occupations was 27.5% compared to the English average of 19.5%.

North Lincolnshire also continues to have a higher rate of smoking during pregnancy than the England average in 2023/24 (12.1% vs 7.4%).

The directly standardised rate for smoking attributable mortality for 2017-2019 was 250.0 per 100,000 people in North Lincolnshire, which was worse than the English average of 202.2 per 100,000. Similarly, the directly standardised rate for smoking attributable hospital admissions for 2019/20 was higher at 2,009 per 100,000 compared to the England average of 1,398. In addition, the trend for this indicator is increasing and getting worse.

3.10 Substance misuse

⁸⁶ [Smoking](#), Southampton Data Observatory

⁸⁷ [Benefits of quitting smoking - Better Health - NHS](#), NHS Better Health

Substance misuse is defined by the World Health Organization⁸⁸ as: “the use of psychoactive substances in a way that is harmful or hazardous to health. This includes alcohol and illicit drugs. The use of such substances can lead to dependency where cognitive, behavioural and physiological problems develop which results in a strong desire to take the drug, difficulties in controlling use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increases tolerance, and sometimes a physical withdrawal state.”.

Psychoactive substances are those that change brain function and result in alterations in perception, mood, consciousness, cognition or behaviour⁸⁹.

There is no such thing as a ‘typical’ substance user as people experiment with or use substances at different points in their life for many different reasons. Everyone has the potential to misuse substances. However, certain populations are most at risk of substance misuse.

- Young people and troubled family history.
- Individuals living in deprived areas.
- Individuals with mental health issues.
- Offenders and ex-offenders.
- Individuals in substance misuse recovery.
- Those living with domestic violence.
- Men.
- Older people.
- Those from a mixed ethnic background.
- Lesbian, Gay, Bisexual and Transgender individuals.

Substance misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs. The harms arising from substance misuse are wide-ranging and vary depending on the substance used and the pattern and context of use, but it is well established that substance misuse represents a major public health burden. Substance misuse is linked to the development of a number of acute and chronic conditions, ranging from cancer to road traffic accidents. Substance misuse is known to have an impact on:

- Physical and mental health,
- Sexual health,
- Mortality rates,
- Relationships, and families, and
- Crime and anti-social behaviour.

According to Alcohol Change UK⁹⁰

⁸⁸ [Drugs and alcohol misuse - University Hospitals Sussex NHS Foundation Trust](#)

⁸⁹ [Psychoactive Substances | The Crown Prosecution Service](#), The Crown Prosecution Service, 2023

⁹⁰ [Alcohol statistics | Alcohol Change UK](#), Alcohol Change UK

- Alcohol alone contributes to more than 60 diseases including mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression.
- Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15- to 49-year-olds in the UK, and the fifth biggest risk factor across all ages.
- From 2009 to 2019, the price of alcohol decreased by 5% relative to retail prices and became 13% more affordable than in 2008. Alcohol is 74% more affordable than it was 1987.

Dame Carol Black's independent review of drugs informed the UK Government's 10-Year Drug Strategy (From Harm to Hope⁹¹), which aims to reduce drug-related harm, disrupt supply chains, and improve access to treatment and recovery services. The strategy is underpinned by three priorities: breaking drug supply chains, delivering a world-class treatment and recovery system, and reducing demand through prevention and early intervention. With a commitment of £780 million in funding, the strategy focuses on expanding drug and alcohol treatment services, particularly for those with complex needs, including people experiencing homelessness and those in the criminal justice system. Pharmacies play a crucial role in delivering harm reduction interventions, such as supervised consumption, needle and syringe programmes, and naloxone provision, ensuring that individuals affected by substance use have access to essential healthcare and support within their communities.

Public health profiles show that:

- The directly standardised rate of hospital admissions due to substance misuse for 15- to 24-year-olds for the period 2020/21 to 2022/23 in North Lincolnshire was similar to the average for England (64.7 and 58.3 per 100,000 respectively).
- The under 75 mortality rate from alcohol liver diseases for all persons in 2023 was similar to England's (14.9 and 12.0 per 100,000 respectively).
- Hospital admission rate for alcoholic liver disease in 2022/23 was similar to the England average (34.9 and 49.4 per 100,000 respectively).
- Alcohol-specific mortality for all persons in 2023 was also similar to the average for England (18.1 and 15.0 per 100,000).

⁹¹ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#), Department for Levelling Up, Housing and Communities

4 Identified patient groups – particular health issues

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

- Those sharing one or more of the following Equality Act 2010 protected characteristics:
 - Age
 - Disability, which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.
 - Pregnancy and maternity
 - Race, which includes colour, nationality, ethnic or national origin
 - Religion (including a lack of religion) or belief (any religious or philosophical belief)
 - Sex
 - Sexual orientation
 - Gender re-assignment
 - Marriage and civil partnership
- Students in higher education
- Ex-offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Visitors to the area for business or to visit friends and family or the sporting and leisure facilities in the area.

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

4.1 Age⁹²

Health issues tend to be greater amongst the very young and the very old. However, whilst it is clear that the number and proportion of people aged 65 and over is set to rise and the prevalence of nearly all chronic and long-term conditions increases with age, it is important to recognise that the older population is very diverse in nature with many people remaining fit and active. While it is indeed the case that a growing older population will lead to an increasing number of people living with complex health and care needs, there will also be growing numbers across all older age groups living without any significant needs for support.

Furthermore, acquiring a health condition or disability does not necessarily equate to high levels of demand for health and care services. Many people aged 75 and over will have one or more health conditions but may not consider that their health condition has, or conditions have, a significant impact on their life.

⁹² [Ageing and health](#), World Health Organisation, 2024

In addition, older people also provide a significant amount of their time and energy caring for others.

There are over 75,000 people in North Lincolnshire aged 50+ (over 40% of the population) and this is projected to rise to approximately 78,000 during the lifetime of this pharmaceutical needs assessment, an increase of 2.1%. The number aged 75 and older, however, is projected to increase by 9.9%.

Whilst poor health is not an inevitable part of ageing, the chances of developing at least one chronic condition increases steeply post 75 years, with multiple conditions being the norm amongst those aged 80 and over. In North Lincolnshire, men aged 65 years, can expect to live a further 18.2 years, of which ten years will be spent managing two or more diseases and 1.9 years managing four or more. Women can expect to live for a further 21 years, of which 12 years will be spent managing two or more chronic conditions and 2.2 years four or more.

The most common conditions in older age are arthritis, high blood pressure, diabetes, sensory impairments, respiratory conditions, cancer depression and heart disease.

Whilst the health of people aged 65-74 years is gradually improving, with support needs of this age group projected to remain relatively low over the next two decades, the number of dependent residents 85+ with complex needs is projected to almost double over the next 20 years. The largest increases in dependency are expected amongst older people living with dementia and other complex physical conditions⁹³.

Eating well and regularly is important to maintain health. Many older people find it challenging to eat regular healthy meals due to increased appetite, lack of transport to shops and living alone.

Depression is the most common mental health problem in older people and often co-exists with physical conditions. The proportion of people affected by depression is higher in older people than any other age group as they are more likely to experience events that trigger depression: retirement, bereavement, low levels of physical activity, poor diet and nutrition, social isolation, physical ill health and caring responsibilities.

The prevalence of dementia increases with age is therefore higher in women than men. Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. Dementia can affect people of any age but is most common in older people, particularly those aged over 65 years.

Falls are a significant health issue for older people, and they are a major cause of disability, impairment and loss of function. For older people the main cause of death from injury is due to a fall.

⁹³ [Public Health in North Lincolnshire - North Lincolnshire Council](#), North Lincolnshire Health and Wellbeing Board

4.2 Disability

According to The Missing Billion Report⁹⁴ one billion people around the world live with disabilities, and they are being left behind in the global community's work on health. Disability includes long-term physical, mental, intellectual, developmental, or sensory impairments. With an ageing population, the prevalence of disabilities will increase.

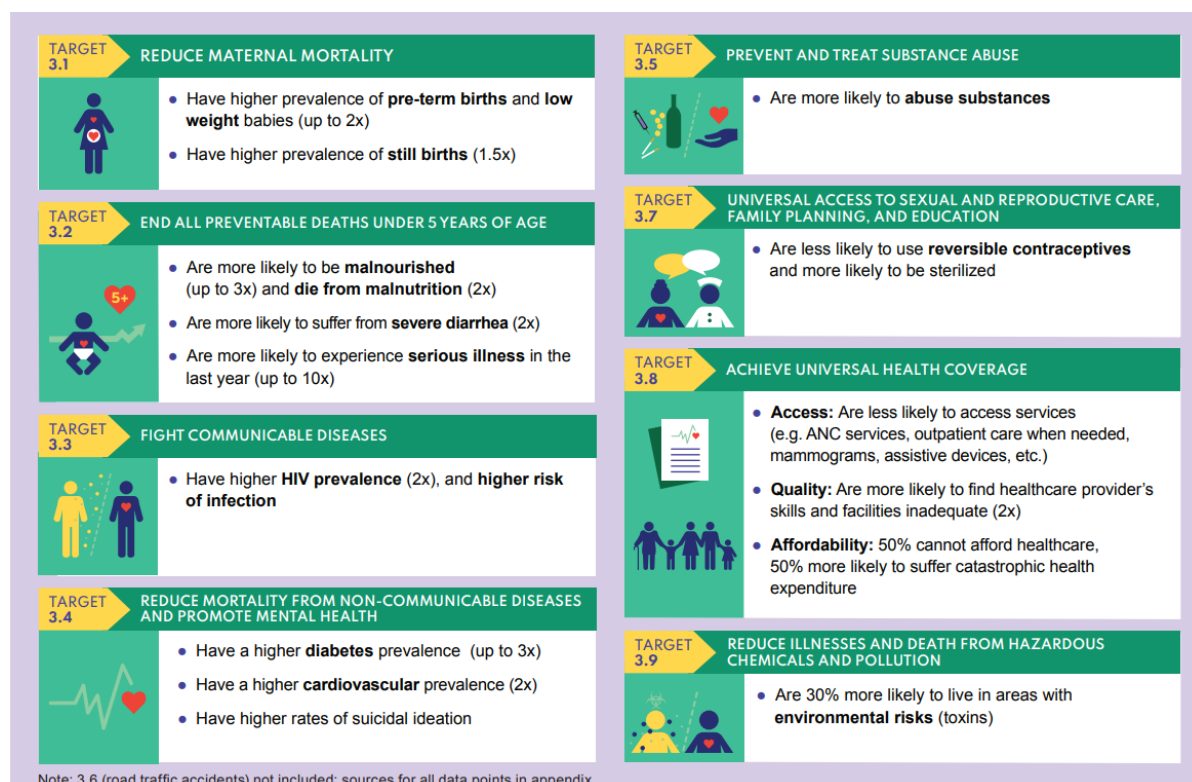
The report notes that there are three important points with respect to the need for healthcare for people with disabilities.

1. On average, people with disabilities are more likely to experience poor health. This is due to a variety of factors., for example the existence of an underlying health condition/impairment, higher levels of poverty stigma, discrimination, and barriers faced in accessing services.
2. People with disabilities have the same need for healthcare services such as promotion, prevention, diagnosis and treatment as the general population. However, because they are more likely to experience poor health, they will have an even greater need.
3. Certain impairments may also require specialised medical treatment or rehabilitation services.

The figure below summarises the report's review of the existing literature in relation to health and health outcomes in the context of the United Nation's Sustainable Development Goal 3, "to ensure healthy lives and promote well-being for all at all ages".

⁹⁴ [2019 MB report — Missing Billion Initiative](#), Missing Billion

Figure 20 – Health and health outcomes for people with disabilities from a literature review



People with disabilities are not a homogeneous group. They include people of different ages, genders and ethnicity which will influence their healthcare needs and access. For example, the report notes that children need early identification and additional support in their early years to allow them to maximise their development and functioning. Older adults are particularly likely to experience multiple impairments which makes seeking healthcare more difficult.

A 2010 study by the Improving Health and Lives Learning Disabilities Observatory⁹⁵ noted that people with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent, avoidable. It also noted that health inequalities faced by people with a learning disability began in childhood and that they were often caused as a result of lack of access to timely, appropriate and effective healthcare.

The outcomes for adults with disabilities compared to the wider population are poorer in almost every manner. People with learning disabilities have a shorter life expectancy and increased risk of early death when compared to the general population⁹⁶.

However, people with learning disabilities are living longer than in the past and as a result, the number of older people with a learning disability is increasing. This is despite the fact that people with learning disabilities are 58 times more likely to die

⁹⁵ The Learning Disabilities Public Health Observatory, [Improving Health and Lives - IHaL - NDTi](#), 2010

⁹⁶ [Prognosis | Background information | Learning disabilities | CKS | NICE](#), Learning disabilities: What is the prognosis? 2023

before the age of 50 than the rest of the population⁹⁷. Older people with a learning disability need more support to age well and to remain active and healthy for as long as possible. Research by Mencap⁹⁸ found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

- Approximately 1.5 million people in the UK have a learning disability, including approximately 349,000 children aged 0-19.
- On average, women with a learning disability die 23 years younger than women in the general population and men with a learning disability die 20 years younger than men in the general population.
- An inquiry into the premature deaths of people with a learning disability found that 38% of people with a learning disability dies from an avoidable cause compared to just 9% of people without a learning disability.
- Barriers to accessing healthcare include a lack of accessible transport, lack of involvement with carers, failure to correctly diagnose and staff having little understanding about the learning disability.
- Cancer screening uptake is less in people with a disability. Breast cancer screening in 2017/18 was 52.5% in women with a learning disability compared to 68% in women without. 31.2% of women with a learning disability had a cervical smear test compared to 73.2% without and 77.8% of women with a disability were screened for colorectal cancer compared to 83.7% without.
- Mencap's Big Learning Disability survey 2022, found that 27% of people with a learning disability were in paid work and that 37% of those not in paid would like to be⁹⁹.

People with a learning disability are ten times more likely than other adults to have a serious sight problem and children with learning disabilities are 28 times more likely¹⁰⁰.

4.3 Pregnancy and maternity

Pregnancy is a critical period during which the physical and mental well-being of the mother can have lifelong impacts on the child. Maternal stress, diet, and alcohol or drug misuse can place a child's future development at risk.

4.3.1 Mental health¹⁰¹

Guidance issued by the National Institute for Health and Care Excellence on states the depression and anxiety are the most common mental health problems

⁹⁷ [People with learning disabilities who have cancer: an ethnographic study](#), Tuffrey-Wijne et al. British Journal of General Practice, 2009

⁹⁸ <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics>, Mencap, n.d.

⁹⁹ [Learning disability and work - final report 31.10.22\[77\] \(2\) \(1\).pdf](#), Mencap 2022

¹⁰⁰ [A review of the evidence that people with learning disabilities experience eye health inequalities: what policies can better ensure an equal right to sight?](#) British Journal of Learning Disabilities, Donaldson et al. 2024

¹⁰¹ [Overview | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE](#), 2020, National Institute for Health and Care Excellence

experienced during pregnancy, with around 12% of pregnant women experiencing depression and 13% anxiety at some point, with many experiencing both. Both can continue to affect women for up to a year after their child's birth.

During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder and tokophobia (an extreme fear of childbirth), can occur on their own or can co-exist with depression. Psychosis can re-emerge or be exacerbated during pregnancy and the postnatal period. Postpartum psychosis affects between 1 and 2 in 1,000 women who have given birth. Women with bipolar disorder are at particular risk, but postpartum psychosis can occur in women with no previous psychiatric history.

Changes to body shape, including weight gain, in pregnancy and after childbirth may be a concern for women with an eating disorder. Although the prevalence of anorexia nervosa and bulimia nervosa is lower in pregnant women, the prevalence of binge eating disorder is higher.

4.3.2 Smoking¹⁰²

Smoking during pregnancy is the leading modifiable risk factor for poor birth outcomes, including stillbirth, miscarriage, and pre-term birth. Encouraging pregnant women to stop smoking before and during pregnancy is the best thing they can do; stopping smoking before 16 weeks of pregnancy suggests showing no impact to the baby after this point. There is no safe level of carbon monoxide to for babies so cutting down does not reduce any of the risk factors. Smoking during pregnancy also leads to an increased risk of children developing several respiratory conditions, attention and hyperactivity difficulties, learning difficulties, problems of the ear, nose and throat, obesity, and diabetes and an increased risk of exposure to second-hand smoke.

Whilst smoking rates have fallen amongst young people in the last decade, rates of smoking amongst adults have been slower to decline than nationally, and throughout pregnancy, smoking rates have remained particularly high in North Lincolnshire. According to the latest published data, the rate of smoking at time of delivery in North Lincolnshire is 12.1% (2023/24), which is significantly higher than the national average of 7.4%.

4.3.3 Substance and alcohol use

Maternal misuse of drugs during pregnancy increases the risk of low birth weight, premature delivery, perinatal mortality and sudden unexpected death in infancy (sometimes known as cot death).

A number of risks are associated with drinking alcohol during pregnancy, including¹⁰³:

¹⁰² [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#), Office for Health Improvement and Disparities

¹⁰³ [Drinking alcohol while pregnant - NHS](#), NHS, 2023

- Increased risk of miscarriage,
- Risk of Foetal Alcohol Syndrome, which can include poor growth for height and weight, a pattern of facial features and physical characteristics. And problems with the central nervous system,
- Risk of Foetal Alcohol Spectrum Disorders, which develop at lower levels of drinking and have some characteristics of Foetal Alcohol Syndrome, and
- Increased risk of learning disability.

Parental drug dependence is generally associated with some degree of child neglect or emotional abuse as parents will have difficulty in organising their own or their children's lives, they may have difficulty meeting children's needs for safety and basic care and may be emotionally unavailable¹⁰⁴.

4.3.4 Healthy weight and nutrition¹⁰⁵

Being overweight whilst pregnant increases the chances of complications for the mother for example miscarriage, gestational diabetes, high blood pressure and pre-eclampsia and blood clots. For the baby, being overweight can lead to the baby being born early (before 37 weeks) and an increased chance of stillbirth. Most pregnancies will result in a healthy baby, however, there is also a higher chance of the baby having a health condition, such as a neural tube defect like spina bifida.

4.3.5 General health needs

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

- Urinating a lot,
- Pelvic pain,
- Piles (haemorrhoids),
- Skin and hair changes,
- Sleeplessness,
- Stretch marks,
- Swollen ankles, feet and fingers,
- Swollen and sore gums, which may bleed,
- Tiredness,
- Vaginal discharge,
- Vaginal bleeding, and
- Varicose veins.

4.4 Race¹⁰⁶

Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to

¹⁰⁴ [Parental substance misuse | NSPCC Learning](#), NSPCC, 2023

¹⁰⁵ [Overweight and pregnant - NHS](#), NHS, 2023

¹⁰⁶ [NHS England » Ethnicity health](#), NHS England

report worse health than the general population and evidence of increased prevalence of some specific life-threatening illnesses.

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

4.5 Religion or belief

It should never be assumed that an individual belonging to a specific religious group will necessarily be compliant with or completely observant of all the views and practices of that group¹⁰⁷. Individual patients' reactions to a particular clinical situation can be influenced by a number of factors, including what branch of a particular religion or belief they belong to, and how strong their religious beliefs are (for example, orthodox or reformed, moderate or fundamentalist). For this reason, each person should be treated as an individual.

- Possible link with 'honour-based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals¹⁰⁸.
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is an illegal practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and belief.

4.6 Sex

- Average male life expectancy in North Lincolnshire (2021-2023) is 78.1 years, with a range of 75.5 years in Scunthorpe North to 80.2 years in Barton and District For females the figure is 82.8 years, with a range of 80.6 years in Scunthorpe North and 84.4 in Barton and District.
- Healthy life expectancy in North Lincolnshire (2018-2020) for men is 58.7 years and for women it is 56.4 years.
- Men tend to use health services less and women and present later with diseases than women do. Consumer research by the Department of Health and Social Care¹⁰⁹ into the use of pharmacies in 2009 showed men

¹⁰⁷ [Culture, spirituality and religion: migrant health guide - GOV.UK](#), Office for Health Improvement and Disparities, 2021

¹⁰⁸ [So called 'honour'-based abuse, Forced Marriage & FGM | Equation](#), Equation

¹⁰⁹ [Pharmacy Consumer Research](#), Pharmacy Usage and Communications Mapping, Executive summary

aged 16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised / for older people / lacking privacy and of customer service being indiscreet.

- The mortality rate for coronary heart disease is much higher in men, and men are more likely to die from coronary heart disease prematurely. Men are also more likely to die during a sudden cardiac event¹¹⁰. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The proportion of men and women who are obese is roughly the same although men are markedly more likely to be overweight than women, and present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese¹¹¹.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse¹¹².
- Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women. Among older people, the gap between men and women is less marked¹¹³.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women¹¹⁴.

4.7 Sexual orientation

A survey of lesbian health¹¹⁵ shows that:

- 66% of lesbian and bisexual women have smoked compared to 50% of women in general. Just over a quarter currently smoke.
- 90% of lesbian and bisexual women drink and 40% drink three times a week compared to a quarter of women in general.
- Lesbian and bisexual women are five times more likely to have taken drugs. Over 10% have taken cocaine, compared to 3% of women in general.
- Less than 50% of lesbian and bisexual women have ever been screened for sexually transmitted infections.

¹¹⁰ [BHF UK CVD Factsheet](#), British Heart Foundation, 2025

¹¹¹ [Fingertips | Department of Health and Social Care](#), Overweight (including obesity) prevalence in adults and Obesity prevalence in adults

¹¹² [Men and women: statistics | Mental Health Foundation](#)

¹¹³ [Adult drinking - NHS England Digital](#), Health Survey for England 2022

¹¹⁴ Department of Health and Social Care, [The Gender and Access to Health Services Study - Final Report](#), 2008

¹¹⁵ [Prescription for change: Lesbian and bisexual women's health check](#). Stonewall, Hunt & Fish, 2008

- 50% of those who have been screened has a sexually transmitted infection and 25% of those with sexually transmitted infections have only had sex with women in the last five years.
- 15% of lesbian and bisexual women over the age of 25 have never had a cervical smear test, compared to 7% of women in general. 20% who have not had a test have been told they are not at risk. 2% have been refused a test.
- 8% of lesbian and bisexual women aged between 50 and 79 have been diagnosed with breast cancer, compared to one in twenty women in general.
- 20% of lesbian and bisexual women have deliberately harmed themselves in the last year, compared to 0.4% of the general population. 50% of women under the age of 20 have self-harmed compared to 6.7% of teenagers generally.
- 5% have attempted to take their own life in the last year and 16% of women under the age of 20 have attempted to take their life. ChildLine estimates that 0.12% of people under 18 have attempted suicide.
- 20% say they have an eating disorder, compared to 5% of the general population.
- 25% of lesbian and bisexual women have experienced domestic violence, the same as women in general. In 66% of cases the perpetrator was another woman. 80% have not reported incidents of domestic violence to the police and those that did only 50% were happy with their response.

A survey of gay and bisexual men's health needs¹¹⁶ revealed:

- 66% of gay and bisexual men have smoked at some time in their life compared to half of men in general. 25% of gay and bisexual men currently smoke compared to 22% of men in general.
- 42% of gay and bisexual men drink alcohol on three or more days a week compared to 35% of men in general.
- 50% of gay and bisexual men have taken drugs in the last year compared to just 12.5% of men in general.
- Over 50% of gay and bisexual men have a normal body mass index compared to fewer than 33% of men in general. Just 44% of gay and bisexual men are overweight or obese compared to 70% of men in general.
- In the previous year, 3% of gay men and 5% of bisexual men have attempted to take their own life. Just 0.4% of men in general attempted to take their own life in the same period.
- 6% of gay and bisexual men aged 16 to 24 have attempted to take their own life in the last year. Less than 1% of men in general aged 16 to 24 have attempted to take their own life in the same period.

¹¹⁶ [Gay and Bisexual Men's Health Survey](#), Stonewall, Guasp, 2013

- 7% of gay and bisexual men deliberately harmed themselves in the last year compared to just 3% of men in general who have ever harmed themselves.
- 15% of gay and bisexual men aged 16 to 24 have harmed themselves in the last year compared to 7% of men in general aged 16 to 24 who have deliberately harmed themselves.
- 50% of gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 17% of men in general. More than 33% of gay and bisexual men have experienced at least one incident of domestic abuse in a relationship with a man.
- Almost 25% of gay and bisexual have experienced domestic abuse from a family member, for example mother or father, since the age of 16. 80% of gay and bisexual men who have experienced domestic abuse have never reported incidents to the police. Of those who did report, more than 50% were not happy with how the police dealt with the situation.
- 25% of gay and bisexual men have never been tested for any sexually transmitted infection. 30% of gay and bisexual men have never had a HIV test despite early diagnosis now being a public health priority.

4.8 Gender re-assignment¹¹⁷

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication.
- Transgender people face a number of barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.
- Gender dysphoria is the medical term used to describe this discomfort¹¹⁸. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

¹¹⁷ [Trans Health Factsheets – Gender Identity Research & Education Society](#)

¹¹⁸ [Gender dysphoria - NHS](#), 2020

4.9 Students in higher education

The University Campus North Lincolnshire is located in Scunthorpe. Whilst there is a common view that students are a relatively healthy population, there are characteristics of student life in particular that may have a hidden impact on long-term health outcomes if not managed appropriately.

Their health needs include the following:

- Screening for, and treatment of, sexually transmitted diseases.
- Smoking cessation.
- Meningitis vaccination.
- Contraception, including emergency hormonal contraception, provision.
- Mental health problems are increasing within the student population. 94% of universities in the UK have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase¹¹⁹.
- A 2023 survey of 4,000 UK students by The Tab and Campaign Against Living Miserably (CALM), found that 69% of students suffered with a mental health illness at some point during their studies, with 61% saying they had suffered from anxiety¹²⁰.

4.10 Ex-offenders

NHS England's 'Strategic direction for health service in the criminal justice system: 2016-2020'¹²¹ reveals that people who are in contact with the criminal justice system have higher rates of the following than the general population:

- Hepatitis B and C,
- HIV,
- Musculoskeletal complaints, and
- Respiratory conditions.

They are also more likely to smoke, have learning disabilities and difficulties, and have poor mental health. Levels of drug dependence and hazardous drinking are also higher than in the general population.

Drug related deaths (rates per 100,000 population) are higher in released prisoners than in the general population, and the accidental, suicide and all deaths standardised mortality ratios are also higher in offenders supervised by probation in the community.

Young people aged 10 to 17 who find themselves in contact with the Youth Justice Service and accessing Youth Offending Services are known to experience poorer health and consequent increased complex health needs than young people in the general population. With far more unmet needs, often compounded by a range of

¹¹⁹ [not-by-degrees-summary-sept-2017-1.pdf](#), Institute for Public Policy Research, Craig Thorley, 2017

¹²⁰ [Student mental health in England: Statistics, policy, and guidance - House of Commons Library](#), 2024

¹²¹ [NHS commissioning » Health and justice](#), NHS England, 2016

entrenched difficulties including school exclusion, social exclusion and unstable living conditions, offenders and reoffenders are at greater risk of not achieving good health outcomes and future economic stability. Poor self-reported health, low body mass index, and mental health disorder co-morbidities are much more common amongst this cohort, and medical interventions are vital to mitigate against worsening health outcomes.

Common physical health problems include:

- A high prevalence of smoking leading to respiratory problems,
- A high proportion are not up to date with their vaccinations,
- High rates of sexually transmitted infections and early pregnancy amongst offending females,
- High rates of drug and alcohol dependence.

Common physical health issues therefore include those related to a lack of exercise, poor diet, drug and alcohol use, smoking and sexual health, whilst there are also high levels of accident and emergency admissions, as individuals in the cohort often experience little previous interaction with universal services, therefore failing to manage their own health and presenting when in crisis.

The incidence of mental ill health amongst young offenders is common, and they are identified as a key group at risk of developing mental health difficulties in adulthood.

4.11 Homeless and rough sleepers

People who have experienced homelessness are more likely to have poorer physical and mental health than the general population, with chronic and multiple health needs being common and often going untreated.

- Homeless Link reported in 2022¹²² that almost all long-term physical health problems were more prevalent in the homeless population than in the general population. 63% of the homeless population experienced long-term physical health problems compared to 22% of the general population. 82% had been diagnosed with a mental health problem and 54% had used drugs in the past twelve months.
- A high prevalence of communicable diseases such as tuberculosis, hepatitis and bacterial infections such as streptococcal and staphylococcal infections can be found among those living on the streets or in hostels.
- Poor nutrition was reported with respondents commonly experiencing food insecurity and lack of access to quality nutritious food with many eating one or fewer portions of fruit or veg per day.
- Cancer prevalence, risks and uptake of cancer screening remains understudied in the homeless population. However, access to screening can be largely dependent on a person being registered with a GP and population groups without a postal address may also face challenges in

¹²² [The Unhealthy State of Homelessness 2022](#), Homeless Link

accessing health services, including screening, as they have no address to which information about appointments can be sent.

- Groundswell's study *Healthy Mouths*¹²³ reveals that homeless people suffer extremely poor oral health compared to the general population.
 - 90% have had issues with their mouth since becoming homeless. Particularly common were bleeding gums (56%), holes in teeth (46%) and dental abscesses (26%).
 - Many participants have experienced considerable dental pain. 60% had experienced pain from their mouths since they had been homeless. 30% were currently experiencing dental pain.
 - 70% reported having lost teeth since they have been homeless and 7% had no teeth at all. 35% had teeth removed by a medical professional, 17% lost teeth following acts of violence and 15% of participants pulled out their own teeth.
- The report identified some key factors underlying poor oral health in homeless people.
 - High levels of sugar consumption.
 - High rates of drug and alcohol misuse and smoking tobacco.
 - Rates of cleaning teeth were significantly lower than the advised minimum levels
 - Rates of attendance and "sign up" at dentists were far lower than in the general population
- Alcohol and drugs were commonly used in an attempt to manage oral health issues. 27% of participants have used alcohol to help them deal with dental pain and 28% have used drugs.
- National and local research indicates high prevalence of usage of illegal and prescribed drugs, and tobacco and alcohol.
- A review of research studies of street homeless people's diet found a recurrent theme of high levels of saturated fat, low fruit and vegetable intake and numerous micronutrient deficiencies, thus highlighting the presence of malnutrition.

According to a report by Centrepoin¹²⁴, young people are amongst the most socially disadvantaged in society. Previous research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events. Over half (54.1%) of homeless young people reported to experience mental health issues, with three quarters of these suffering from two or more issues: including 34.3% often feeling anxious, 14.2% having difficulty sleeping, 13.9% experiencing suicidal thoughts and 12.6% self-harming. Substance misuse is also a concern with drug needs reported in over a quarter (26.6%) of homeless young people and alcohol needs in nearly one in ten (9.3%).

4.12 Traveller and gypsy communities

¹²³ [Healthy Mouths | Groundswell](#), Martin Burrows, Groundswell, 2017

¹²⁴ [The mental health needs of homeless young people | Centrepoin](#), 2023

Gypsies and Traveller share significantly poorer health outcomes compared with the general population and are frequently subject to racial abuse and discrimination¹²⁵. They have the lowest life expectancy of any ethnic group in the UK and experience:

- High infant mortality rates,
- High maternal mortality rates,
- Low child immunisation levels, and
- High rates of mental health issues including suicide, substance misuse and diabetes, as well as high rates of heart disease and premature morbidity and mortality.

Gypsies and Travellers have high levels of unmet need, low rates of registration with a dentist and very little use of preventative service.

Despite experiencing worse health and having significant health needs, travellers are less likely to receive effective, continuous healthcare. Identified barriers to healthcare access¹²⁶ include:

- Inequalities in registration with GPs (due to discrimination, mismatch in expectations, the perception that they will be “expensive patients”, and the reluctance of GPs to visit sites),
- Poor literacy, and
- Lack of “cultural awareness / competence” amongst service providers.

The same barriers exist when it comes to accessing dental services.

Factors that contribute to the high rate of premature mortality include missed opportunities for preventative healthcare, particularly amongst Gypsy and Traveller men, and effective treatment for pre-existing conditions.

4.13 Refugees and asylum seekers¹²⁷

Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied children and people with significant mental ill health. Whilst many asylum seekers arrive in relatively good physical health some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

The most common physical health problems affecting asylum seekers include:

- Communicable diseases – immunisation coverage level may be poor or non-existent for asylum seekers from countries where healthcare facilities are lacking,

¹²⁵ [The health of Gypsies and Travellers in the UK - Race Equality Foundation](#), Matthews, Z. 2008.

¹²⁶ [Inequalities experienced by gypsy and traveller communities: A review. Cemlyn, S. et al. 2009.](#)

¹²⁷ [Public health aspects of migrant health: a review of the evidence on health status for refugees and asylum seekers in the European Region](#), Bradby et al. 2015.

- Sexual health needs – UK surveillance programmes of sexually transmitted diseases (except Human Immunodeficiency Virus) do not routinely collect data on country of origin. Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women,
- Chronic diseases such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to a lack of healthcare services,
- Dental disorders – dental problems are commonly reported amongst refugees and asylum seekers, and
- Consequences of injury and torture.

With regards to women's health:

- Poor antenatal care and pregnancy outcomes,
- Asylum seeking, pregnant women are seven times more likely to develop complications during childbirth and three times more likely to die than the general population,
- Uptake rates for cervical and breast cancer screening are typically very poor,
- Other concerns include female genital mutilation and domestic violence, although there is a lack of prevalence data.

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

Some asylum seekers will have been subjected to torture, as well as witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill-health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals. Children are particularly neglected in this area.

4.14 Visitors to sporting and leisure facilities in the area¹²⁸

Tourism is a growth industry, which contributes £167 million to the North Lincolnshire economy. Over 4,000 people are employed locally in the industry and there are over 40 visitor attractions. Day visits are the main income for tourism sector businesses.

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of North Lincolnshire. As they are only in the country for a short while, their health needs are likely to be:

¹²⁸ [Visit North Lincolnshire - North Lincolnshire Council](#)

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

5 Provision of pharmaceutical services

All data in this chapter is from the NHS Business Services Authority's website¹²⁹ unless otherwise stated.

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 which are provided:

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

For the purpose of this pharmaceutical needs assessment, the health and wellbeing board has agreed that necessary services are:

- Essential services provided at the premises included in the pharmaceutical lists,
- The advanced services of new medicine service, pharmacy first, hypertension case-finding service, and flu vaccination.
- The dispensing service provided by some GP practices.

There were 33 pharmacies included in the pharmaceutical list for the area of the health and wellbeing board as of February 2025, operated by 22 different contractors. Of these 33 pharmacies, four provide services for least 72 hours per week (100-hour pharmacies). There are no pharmacies providing local pharmaceutical services, distance selling premises or dispensing appliance contractors in the health and wellbeing board's area.

The following applications for inclusions in the pharmaceutical list had been received as of April 2025.

- A change of ownership application has been granted for a pharmacy in Scunthorpe, and they have submitted their notice of commencement.
- A change of ownership application has also been granted for a pharmacy in Brigg but has not yet commenced.

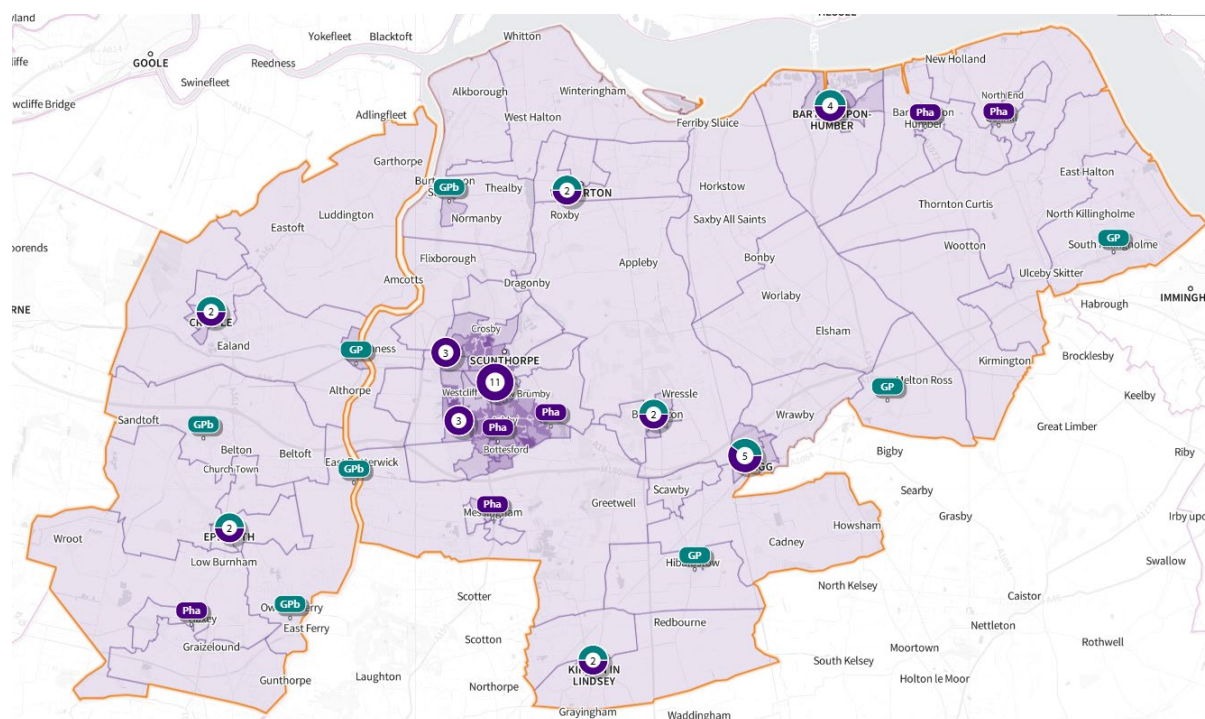
Of the 20 GP practices in the health and wellbeing board's area, 11 dispense to eligible patients from 17 sites within the health and wellbeing board's area. As of January 2025, the GP practices dispensed to 37,993 of their registered patients (40.4% of the total list size for all 11 practices). The percentage of dispensing patients at practice level varied between 14.8 and 99.0% of registered patients.

¹²⁹ [Dispensing contractors' data | NHSBSA](#), Information Services, NHS Business Services Authority website

The map below shows the location of the pharmacy and dispensing practice premises within the health and wellbeing board's area compared to the population density (the darker the colour, the greater the density). Due to the size of the health and wellbeing board's area many of the premises are not shown individually, however more detailed maps can be found in the locality chapters.

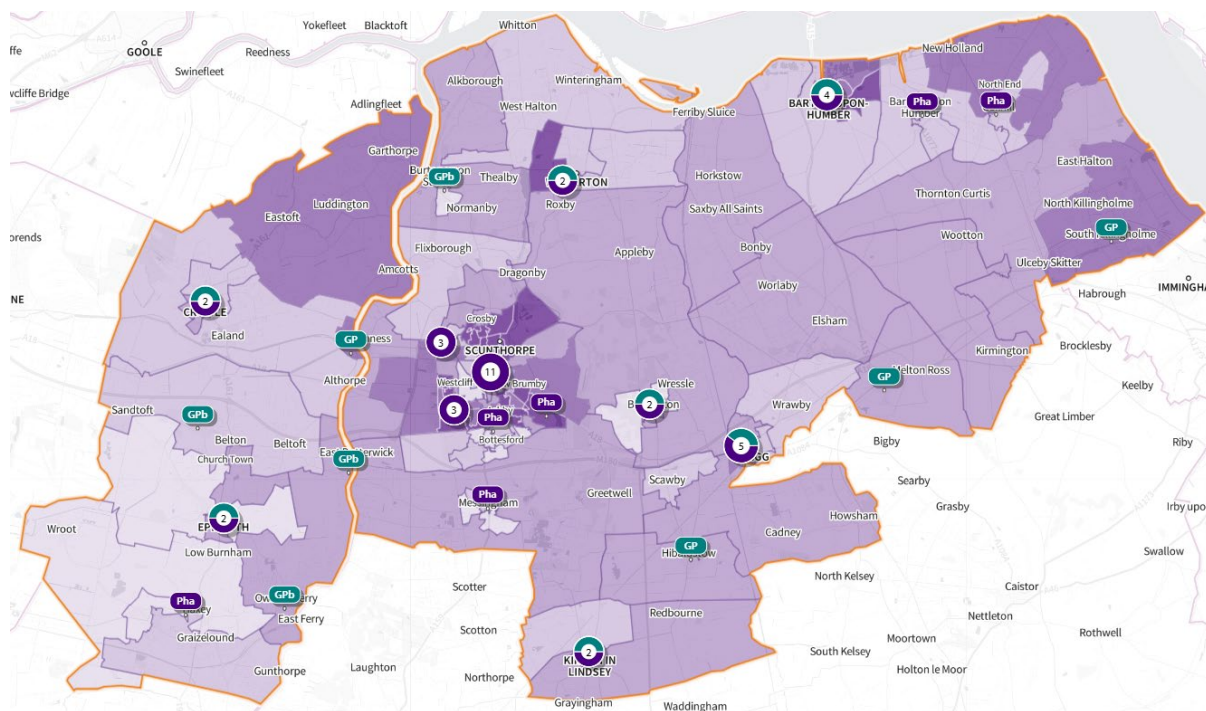
In general, the pharmacies are located in areas of greater population density and the dispensing practice premises are in areas of lower population density.

Map 3 – Location of pharmacies and dispensing practice premises compared to population density



There is less correlation looking at the location of pharmacies and dispensing practice premises compared to levels of deprivation as can be seen from the map below. In this map, the darker the shading, the greater the level of deprivation.

Map 4 – Location of pharmacies and dispensing practice premises compared to levels of deprivation



In 2023/24, 71.5% of items prescribed by GP practices in North Lincolnshire were dispensed by pharmacies within the area (71.5% also in the first nine months of 2024/25) and 20.4% were dispensed or personally administered by the GP practices (20.3% in the first nine months of 2024/25).

5.1.1 Access to premises

Nationally, standards for access to a pharmacy are quoted as 99% of the population, even those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport¹³⁰. In September 2016, the Department for Health and Social Care undertook a mapping exercise which confirmed that 88% of the population was within a 20-minute walk of a pharmacy. This data also demonstrated that 40% of all community pharmacies were within a ten-minute walk of two or more other community pharmacies¹³¹.

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.

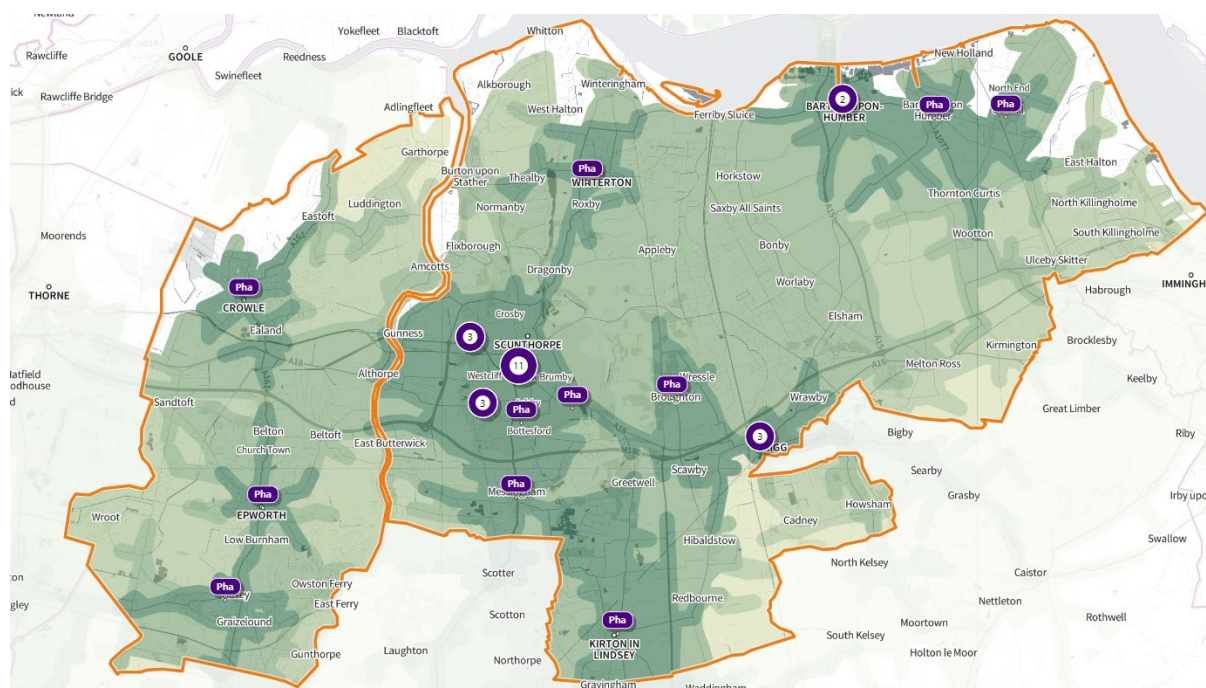
In order to assess whether residents are able to access a pharmacy in line with this travel standard, travel times were analysed and using the Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation tool.

¹³⁰ [Pharmacy in England: building on strengths - delivering the future - GOV.UK](#), Department of Health and Social Care, 2008

¹³¹ [Pharmaceutical and local pharmaceutical services: regulations review - GOV.UK](#), Department of Health and Social Care, 2018

The map below shows the vast majority of the health and wellbeing board's area is within a 20-minute drive of a pharmacy outside of rush hour times.

Map 5 – Time taken to access a pharmacy, by car, outside of peak times



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| [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors



Travel time in minutes

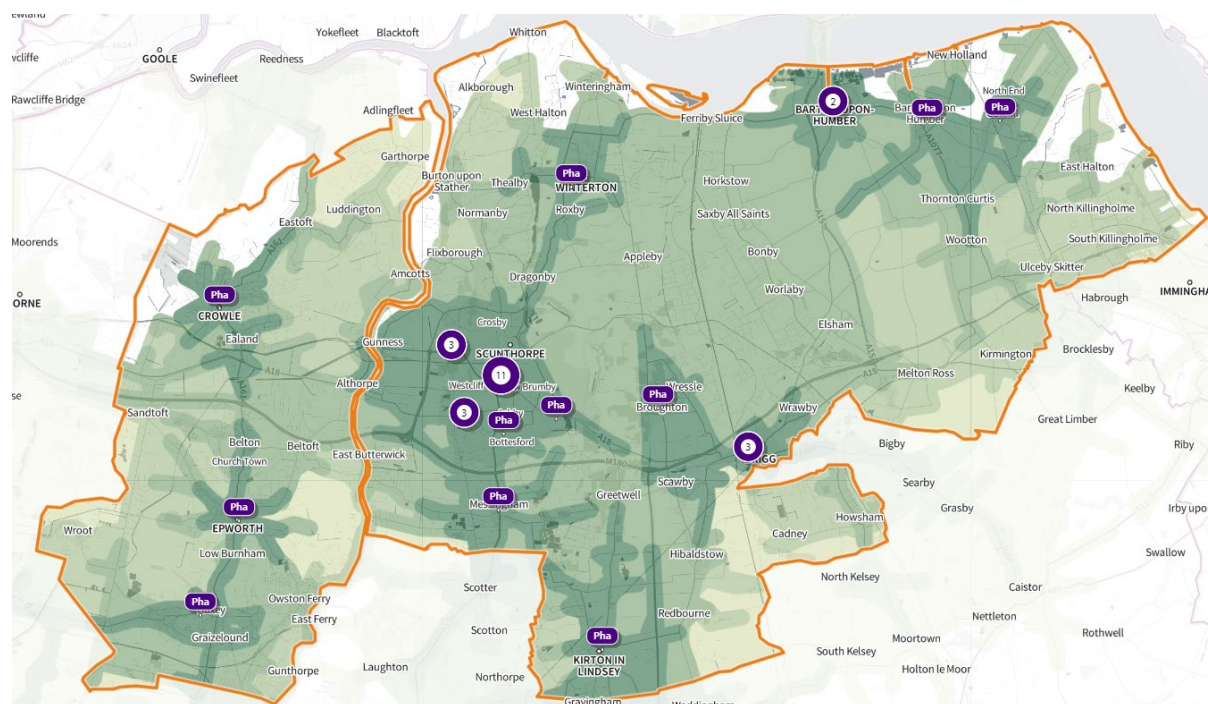
For those areas that are not within a 20-minute drive, the Strategic Health Asset Planning and Evaluation tool states that there is no resident population. Each area has been looked at using Google Maps.

- Area to the south-west of Haxey (south-west corner). This is an area of arable fields and trees.
- Area to the south-west, west and north of Crowle. This is an area of arable fields and two nature reserves – Thorne and Hatfield Moors and Crowle Moors.
- Areas to the west and east of the River Trent. RSPB Blacktoft Sands and Alkborough Flats are at the mouth of the river, where it joins the River Ouse. There is no resident population in either reserve. Further south, the area consists of arable fields. Whilst there appears to be some scattered buildings, it is not clear if they are houses or farm buildings.
- Arable fields occupy the area around Winterton.
- The area to the west and east of Barton-upon-Humber, and along the river contains arable fields, wooded areas and a country park.
- The area along the Humber estuary is predominantly arable fields, with the Humber Sea Terminal in the south-east corner.

The picture remains approximately the same when considering travel times during the rush hour.

The health and wellbeing board is therefore satisfied that all residents can access a pharmacy within 20 minutes by private transport.

Map 6 – Time taken to access a pharmacy, by car, peak times



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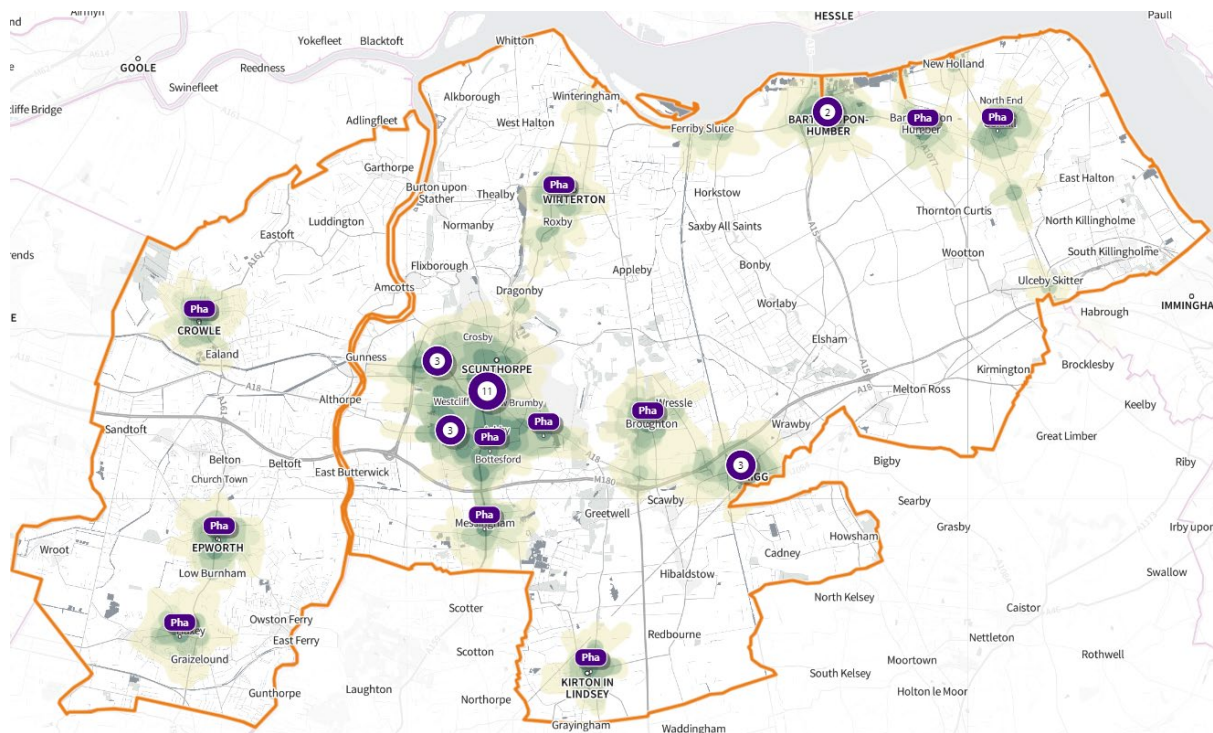


Travel time in minutes

As noted from the patient and public engagement questionnaire, people also choose to walk to a pharmacy or use public transport. However, as may be expected for those living in the rural areas and villages, public transport is not a realistic option for those wishing to access a pharmacy. The map below shows those area that are within 30 minutes of a pharmacy by public transport.

According to the Strategic Health Asset Planning and Evaluation tool, approximately 12,100 residents are not within a 30-minute journey of a pharmacy by public transport.

Map 7 – Time taken to access a pharmacy, by public transport



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Travel time in minutes

However, car ownership is higher in those wards that are predominantly rural and in addition, residents of those areas are likely to be dispensed to by their practice and therefore do not need to access a pharmacy for the dispensing service. If their practice dispenses prescriptions for appliances, they will not access the appliance use review and stoma appliance consultation service. However, it is possible that their practice or the stoma nurses will provide similar services or support.

Responses to the resident's questionnaire provide the following insights into accessing pharmacies:

- 69% always use the same pharmacy, while 28% use different premises but prefer to visit one most often.
- The top five reasons for using a particular pharmacy are because it is close to home, the location is easy to get to, is close to the GP practice, trust in the staff who work there and that it provides good advice and information.
- 52% of people drive to a pharmacy and 34% walk.
- 95% of respondents said they could get to a pharmacy within 20 minutes (29% said it is less than five minutes, 55% said between five and 15 minutes, and 11% said more than 15 minutes but less than 20)
- The most convenient times to visit a pharmacy are 09:00 to 12:00 (24%), 12:00 to 15:00 (19%), 15:00 to 18:00 (19%) and 18:00 to 21:00 (12%), however, 19% of respondents said they didn't have a preferred time.

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.

5.1.2 Access to essential services

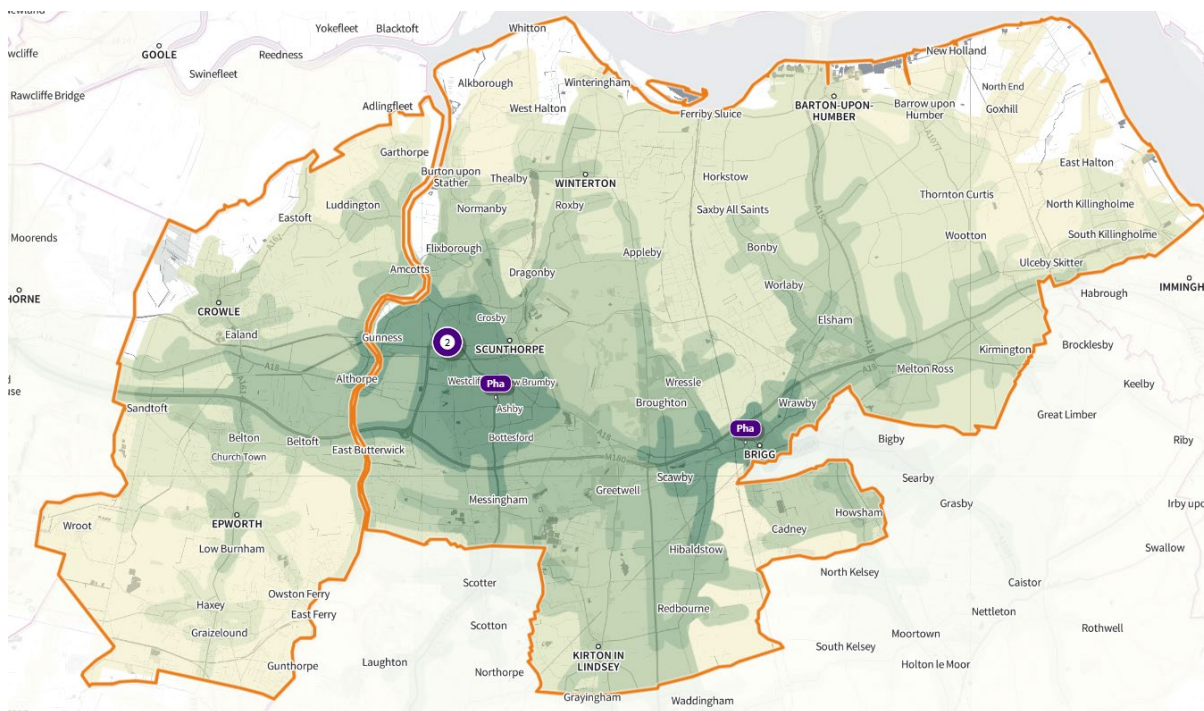
Whilst the majority of people will visit a pharmacy during the 08:30 to 18:00 period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need or choose to access a pharmacy outside of those times. This may be to have a prescription 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 residents' questionnaire showed that for those with a preference the period 09:00 to 12:00 is the most convenient time to visit a pharmacy followed by 12:00 to 15:00 and 15:00 to 18:00.

Appendix K provides information on the pharmacies' opening hours as of February 2025 and at that point in time there were:

- Six pharmacies open seven days a week (including the four 100-hour pharmacies),
- Five pharmacies open Monday to Saturday (closing 15:00 or later on a Saturday),
- Six pharmacies open Monday to Friday, and Saturday (closing 14:00 or earlier on a Saturday), and
- 16 pharmacies that open Monday to Friday.

The map below shows the population within a 30-minute drive of a 100-hour pharmacy. Those areas that aren't, are the same as those what aren't within a 20-minute drive of a pharmacy within the locality.

Map 8 – Time taken to access a 100-hour pharmacy, by car



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GP practices are contracted to provide services between 08:00 and 18:30, Monday to Friday, excluding bank and public holidays. There is also an extended hours service operating across the health and wellbeing board's area which offers appointments outside of these times. Information on this can be found in Chapter 6.

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, as it assumes that residents are able to access premises at which pharmaceutical services are provided, which may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.3 Access to the new medicine service

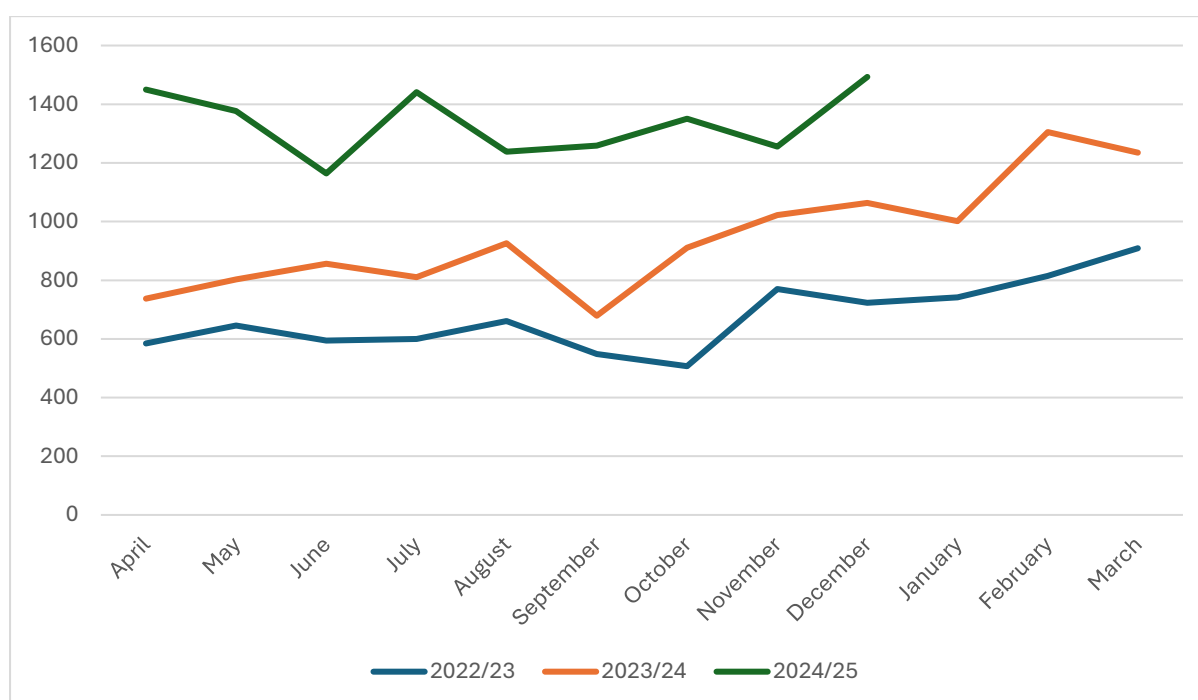
35 of the pharmacies provided this service in 2022/23, completing 8,101 full-service interventions. The range at pharmacy level was two to 821.

In 2023/24, 34 pharmacies provided the service completing a total of 11,348 full-service interventions with a range at pharmacy level of 21 to 1,190.

In the first nine months of 2024/25, all 33 pharmacies provided the service completing a total of 12,028 full-service interventions. The range at pharmacy level was 21 to 1,379.

The figure below shows the pattern of claiming each month for the financial years 2022/23, 2023/24 and 2024/25 by those pharmacies providing the service.

Figure 21 – Number of full-service interventions claimed by the pharmacies April 2022 to December 2024.



There is a 1% of monthly items cap set nationally on the maximum number of new medicine service interventions that may be provided by a pharmacy in a year. 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.

The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

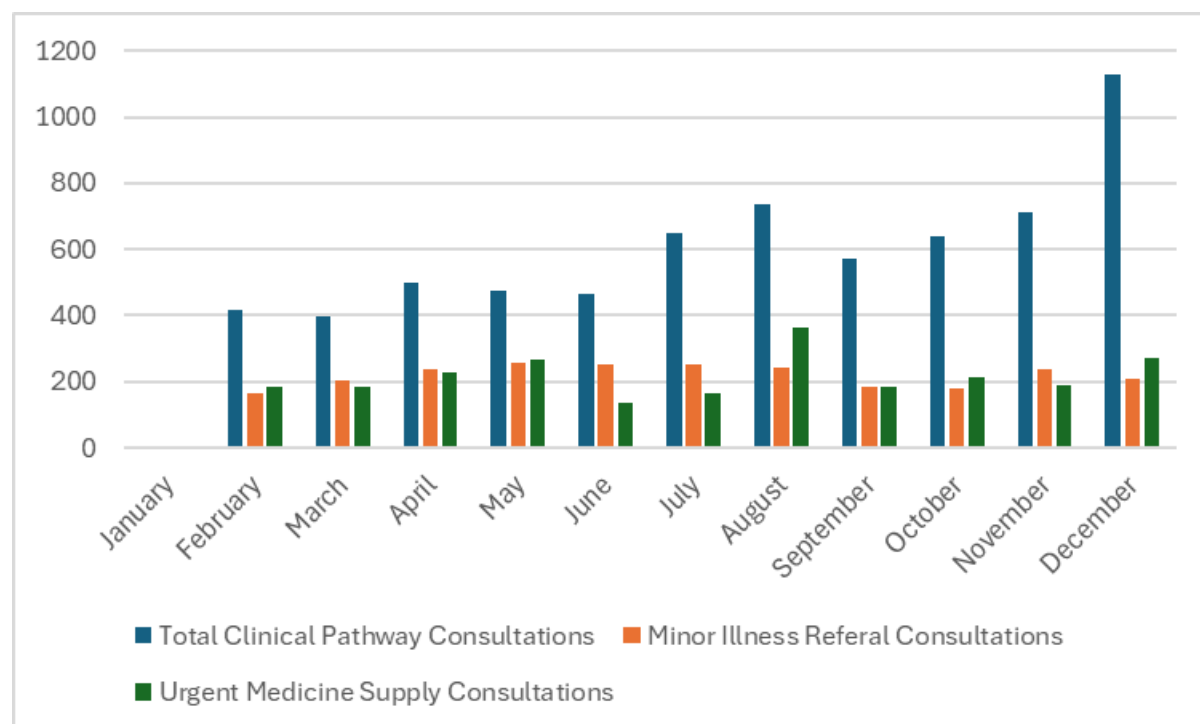
5.1.4 Access to the pharmacy first advanced service

The service commenced on 31st January 2024, replacing the community pharmacist consultation service which ceased on 30th January 2024. Between 31st January 2024 and 31st December 2024, 32 of the pharmacies completed a total of 6,688 pharmacy first clinical pathway consultations, 2,420 pharmacy first minor illness referral consultations and 2,381 pharmacy first urgent medicine supply consultations. Pharmacy first clinical pathway consultations included consultations for uncomplicated urinary tract infections (1,473), sinusitis (748), shingles (201), infected

insect bites (719), impetigo (639), acute sore throat (1,983), and acute otitis media (925).

The graph below shows the total number of consultations by type completed between January 2024 and December 2024.

Figure 22 – Number of pharmacy first consultations by type completed between January 2024 and December 2024



The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken in the locality chapters.

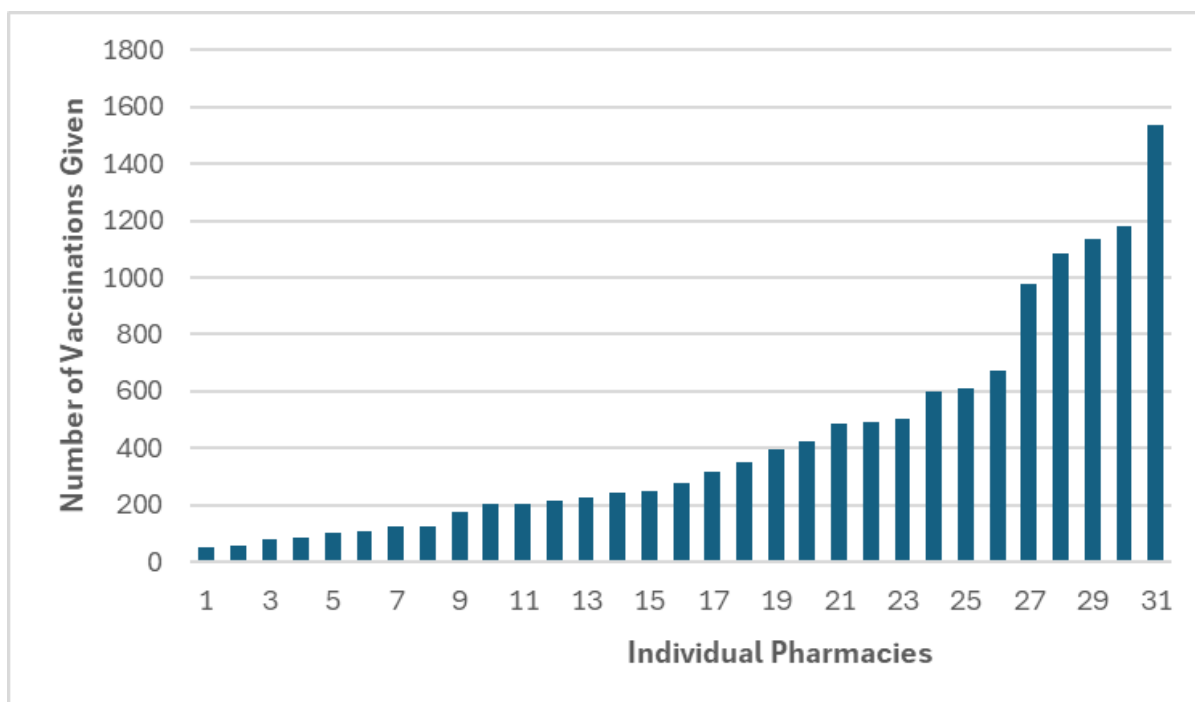
5.1.5 Access to the national influenza adult vaccination service

During the 2022/23 flu season 32 pharmacies provided a total of 15,544 vaccinations. The number given at pharmacy level varied from 17 vaccinations to 1,621.

32 of the pharmacies provided a total of 13,582 flu vaccinations between September 2023 and March 2024. At pharmacy level there was a range from three vaccinations to 2,159.

Between September 2024 and the end of December 2024, 31 pharmacies administered a total of 13,265 flu vaccinations. There was a range from 49 to 1,539 at pharmacy level, as can be seen from the graph below.

Figure 23 – Number of flu vaccinations given by individual pharmacies, September 2024 to December 2024



The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.6 Hypertension case-finding service

As of April 2025, 32 pharmacies had signed up to provide the hypertension case-finding advanced service. This service is made up of two stages. The first stage is where people at risk of hypertension are identified and offered a blood pressure measurement in the form of a 'clinic check'. Where clinically indicated, people may then be offered stage two of the service, in the form of ambulatory blood pressure monitoring, with test results also being shared with the patient's GP

In 2022/23, 18 pharmacies completed a total of 1,717 clinic blood pressure checks, with a range at pharmacy level of one to 595, and in 2023/24, 29 pharmacies completed 4,110 clinic blood pressure checks, with a range at pharmacy level of four to 494. In the first 9 months of 2024/25, 32 pharmacies completed 6,928 clinic blood pressure checks, with a range at pharmacy level of one to 1,336.

In 2022/23, 14 pharmacies completed ambulatory blood pressure monitoring on 169 occasions and in 2023/24, 18 pharmacies completed ambulatory blood pressure monitoring on 478 occasions. From March 2024 to December 2024, 24 pharmacies completed ambulatory blood pressure monitoring on 639 occasions, with a range at pharmacy level of one to 124.

The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to

access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.7 Dispensing service provided by some GP practices

Dispensing GP practice will provide the dispensing service during their core hours which are usually 08:00 to 18:30 from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices.

As of January 2025, 34,482 people were registered as a dispensing patient with their practice.

5.1.8 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHS England has a duty to ensure that residents of the health and wellbeing board's area 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.

Pharmacy contractors are required to advise NHS England of their opening hours on these days, and where necessary it will direct a contractor or contractors to open for all or part of these days to ensure adequate access. The health and wellbeing board is therefore satisfied that there is a process to ensure patients are able to access pharmaceutical services on these days.

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

5.2.1 Access to essential services and dispensing appliance contractor equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of North Lincolnshire are dispensed within the area although as noted in the previous section, the vast majority of items are.

The table below shows where prescriptions written by the GP practices in 2023/24 and 2024/25 were dispensed, and the number of contractors that dispensed the prescriptions.

Figure 24 – Location of where prescriptions were dispensed in 2023/24 and 2024/25

Type of Contractor	Number of Items		Percentage of Items		Number of Contractors	
	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
In area – pharmacy	3,438,767	2,984,508	71.5%	71.5%	35	33

In area – GP practice	981,777	845,768	20.4%	20.3%	11	11
Out of area – distance selling premises	237,711	214,152	4.9%	5.1%	42	50
Out of area - pharmacy	111,551	98,542	2.3%	2.4%	1007	1026
Out of area – dispensing appliance contractor	34,625	32,099	0.7%	0.8%	70	60
Totals	4,804,431	4,175,069	99.9%	100.0%	1165	1,180

For those prescriptions which are dispensed by a pharmacy or dispensing appliance contractor that is outside of North Lincolnshire, the majority are located in the following health and wellbeing board areas:

- Lincolnshire (predominantly one pharmacy in Scotter),
- Leeds (predominantly one distance selling premises),
- Doncaster (predominantly one distance selling premises),
- Bradford and Airedale (predominantly one distance selling premises),
- Ealing (predominantly one distance selling premises), and
- Hull (predominantly one distance selling premises).

Six contractors accounted for 73.3% of the items dispensed out of area in 2024/25. Of these:

- Five are distance selling premises, and
- One is a pharmacy.

The same pattern was seen in relation to items dispensed in 2023/24.

However, prescriptions were dispensed by pharmacies as far away as West Sussex, York, Worcestershire, Bristol, Norfolk, Buckinghamshire, Liverpool and Somerset, suggesting that people are taking their prescriptions with them when they go on holiday or to work.

5.2.2 Access to new medicine service, pharmacy first, flu vaccination and hypertension case-finding service

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

residents of the health and wellbeing board's area will access these services from contractors outside of North Lincolnshire.

5.2.3 Dispensing service provided by some GP practices

Some residents of the health and wellbeing board's area will choose to register with a GP practice outside of the county and will access the dispensing service offered by their practice.

5.3 Other relevant services

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

- Appliance use reviews.
- Stoma appliance customisations,
- NHS smoking cessation service,
- NHS pharmacy contraception service,
- NHS lateral flow device tests supply service,
- Minor ailments enhanced service, and
- Palliative care enhanced service.

5.3.1 Other relevant services within the health and wellbeing board's area

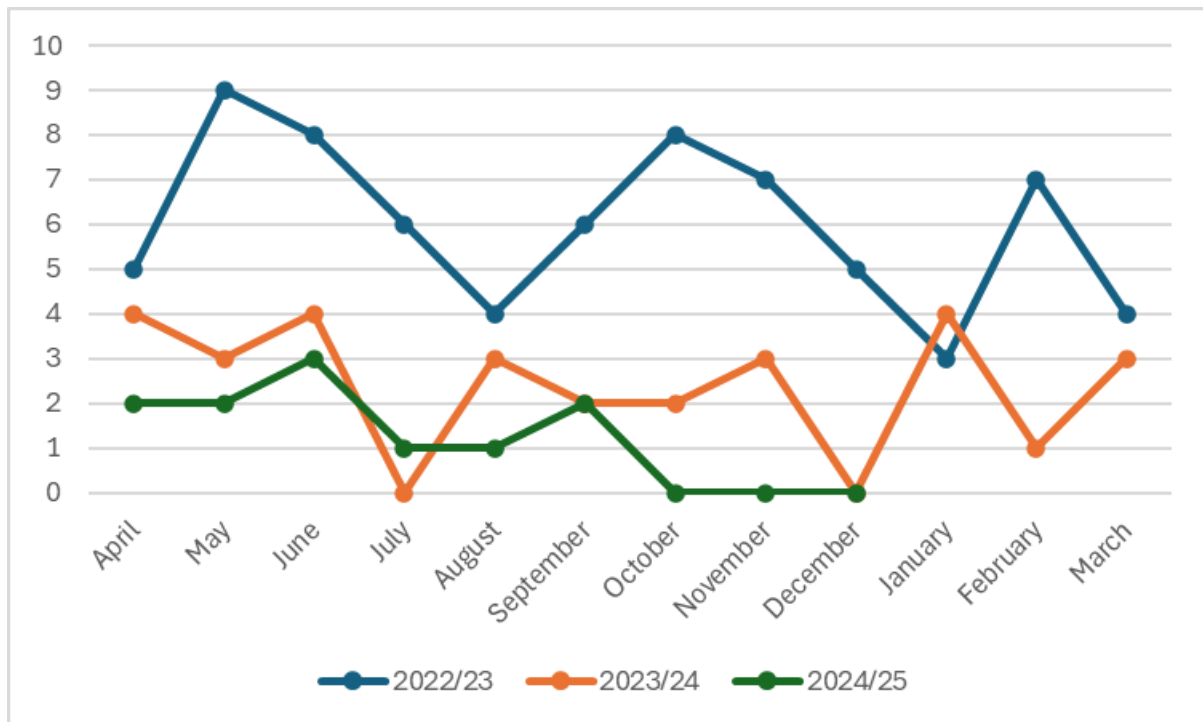
5.3.1.1 Access to appliance use reviews

None of the pharmacies carried out any appliance use reviews between April 2022 and December 2024. However, it is noted that prescriptions written by the GP practices are dispensed by dispensing appliance contractors outside of North Lincolnshire. It is therefore likely that they are providing this service to residents. In addition, stoma nurses employed by dispensing appliance contractors will provide the service at the patient's home and the stoma care department at the hospitals may provide a similar service.

5.3.1.2 Access to stoma appliance customisations

Eight pharmacies customised a total of 72 stoma appliances in 2022/23, and seven customised a total of 29 in 2023/24. In the first nine months of 2024/25, four pharmacies customised a total of 11 stoma appliances.

Figure 25 – Number of stoma appliance customisation provided by pharmacies, by month and year



It is noted that:

- Not all stoma appliances need to be customised, and
- Prescriptions written by the GP practices are dispensed by dispensing appliance contractors outside of North Lincolnshire.

The health and wellbeing board is therefore satisfied that this service is also be provide by contractors based outside of its area.

5.3.1.3 Lateral flow device test supply service

As of April 2025, 20 pharmacies were signed up to supply Covid-19 lateral flow test devices and supplied 873 between April 2024 and December 2024, with a range at pharmacy level of one to 553.

The health and wellbeing board has noted that this service is for a specific cohort of people and is satisfied that there are no gaps in the provision of this service.

5.3.1.4 Community pharmacy smoking service

As of April 2025, 15 of the pharmacies had signed up to provide the service, however no consultations were carried out between April 2022 and December 2024 were carried out in either 2022/23 or 2023/24.

The health and wellbeing board has noted that that the hospital trusts have existing ways of referring people for ongoing support in relation to giving up smoking. It has therefore not identified any gaps in the provision of this service.

5.3.1.5 Access to the pharmacy contraception service

As of April 2025, 30 of the pharmacies had signed up to provide the service. In 2023/24 three pharmacies provided 60 consultations for ongoing contraceptives and

four pharmacies provided 13 consultations for initiation of contraceptives. From April 2024 to December 2024, 19 pharmacies provided 905 consultations for ongoing contraceptives, with a range at pharmacy level of one to 191 and 169 consultations for initiation of contraceptives, with a range at pharmacy level of one to 32.

The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area.

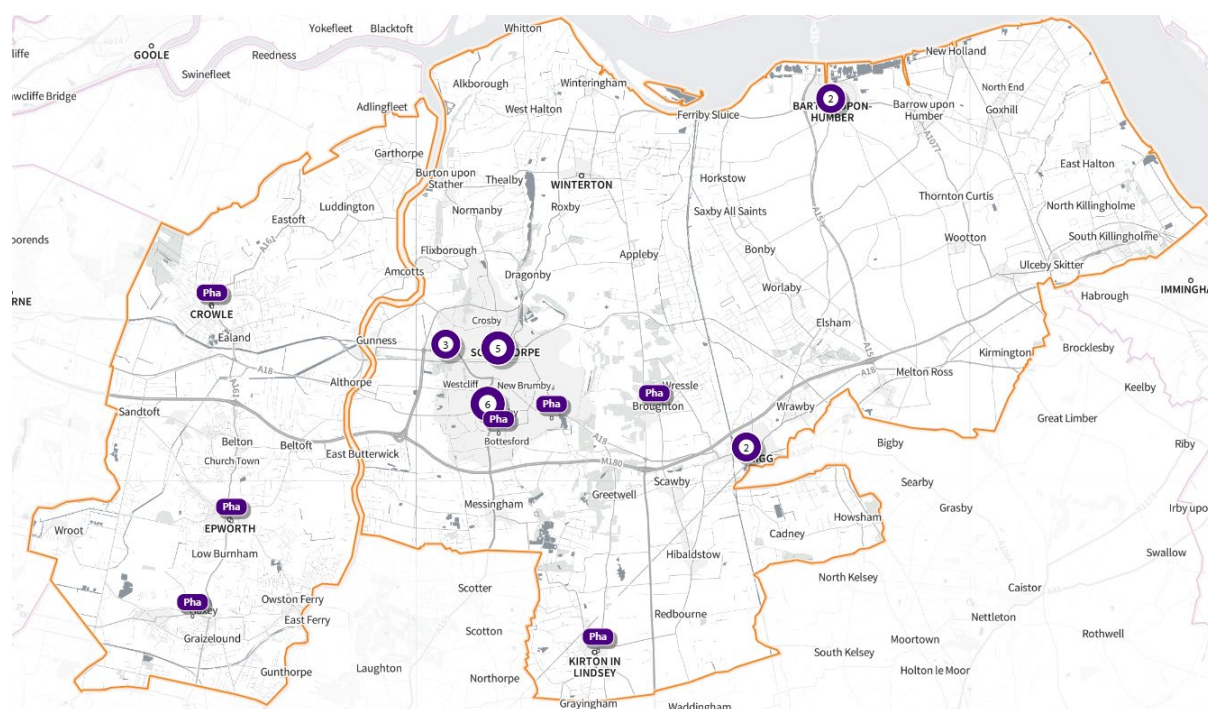
5.3.1.6 Access to the minor ailments enhanced service

This service is commissioned by NHS England on behalf of NHS Humber and North Yorkshire Integrated Care Board. Under the service GP practices can refer people with a specified minor ailment to a pharmacy for consultation with a pharmacist who will advise on the management and treatment of the ailment. People can also self-refer into the service.

As of February 2025, 25 of the pharmacies were commissioned to provide the service.

The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

Map 9 – Pharmacies providing the minor ailments enhanced service



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The health and wellbeing board has noted the location of the providers of this service and is satisfied that there are no gaps in provisions.

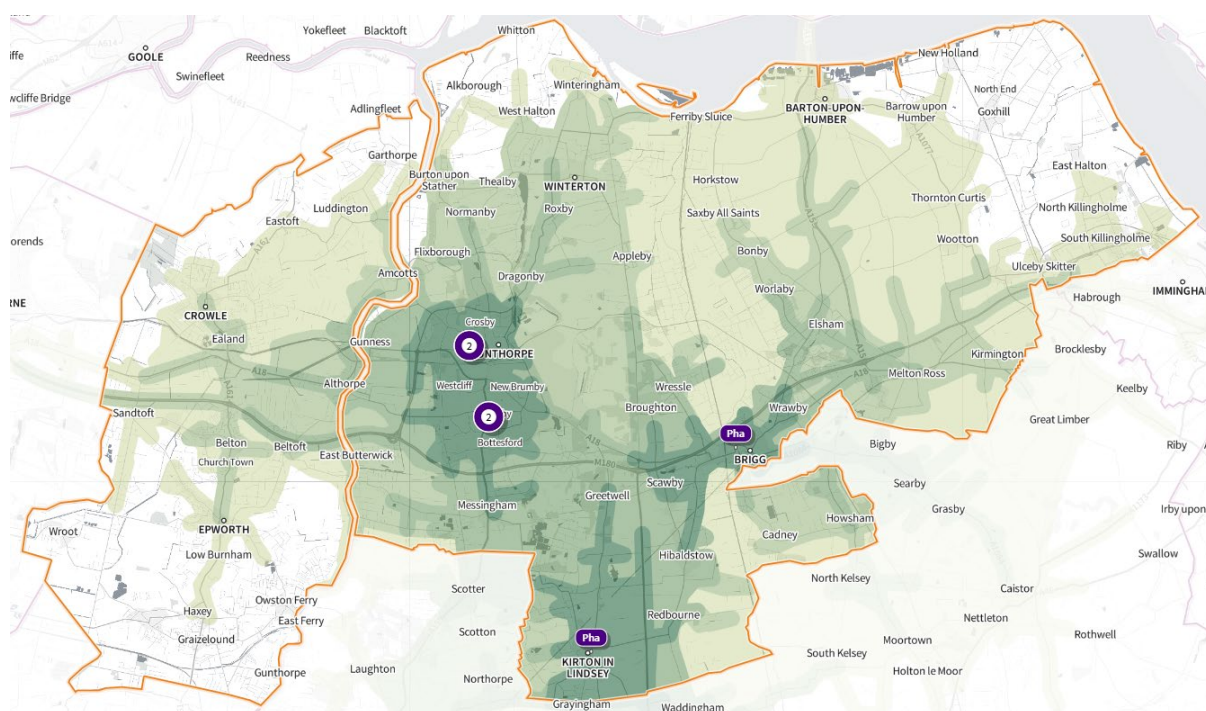
5.3.1.7 Access to palliative care enhanced service

This service is commissioned by NHS England on behalf of NHS Humber and North Yorkshire Integrated Care Board to ensure access to palliative care drugs. Six pharmacies are commissioned to hold a specified range of palliative care drugs.

In addition, one pharmacy is commissioned to hold a wider range of palliative care drugs and to provide them as required during the out of hours period.

The map below shows the location of these six pharmacies.

Map 10 – Location of and access to the pharmacies that are commissioned to provide the palliative care enhanced service



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The health and wellbeing board has noted the locations of the providers of this service and that the majority of the population can access one of these pharmacies within 20 minutes. Three of the pharmacies are extended hours pharmacies (previously 100-hour pharmacies) and therefore provide access to these medicines during the evening and at weekends. It is therefore satisfied that there are no gaps in provision of the service.

5.3.2 Other relevant services provided outside the health and wellbeing board's area

Information on the appliance use review, stoma appliance customisation, smoking cessation services and contraceptive services provided by pharmacies and dispensing appliance contractors outside the health and wellbeing board's area to

residents of North Lincolnshire is not available due to the way contractors claim. It can be assumed however that residents of the health and wellbeing board's area will access these services from pharmacies and dispensing appliance contractors outside of North Lincolnshire.

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

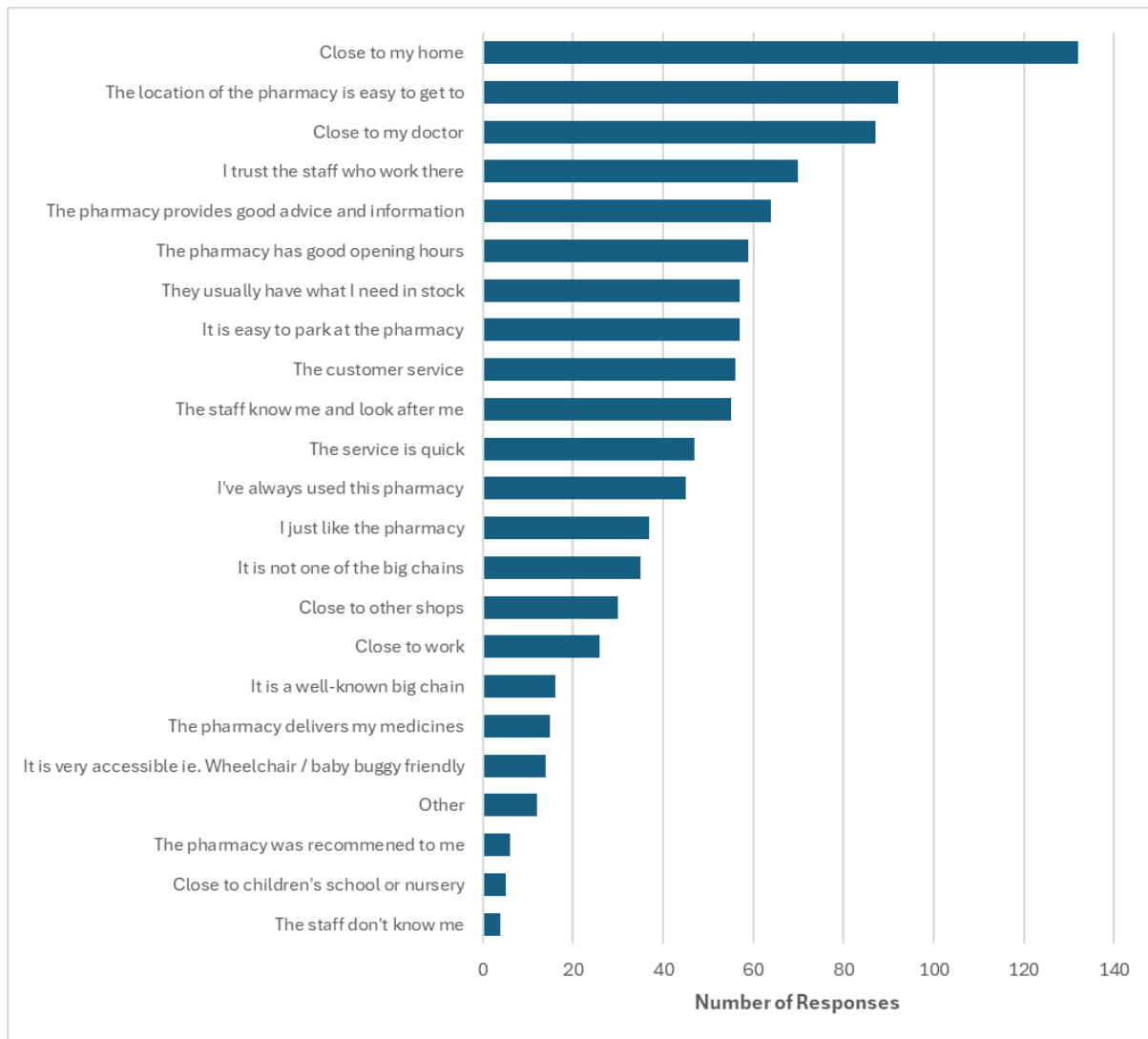
5.4 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 5.1 and 5.2, the residents of the health and wellbeing board's area are currently exercising 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 33 pharmacies, operated by 22 different contractors. Outside of the health and wellbeing board's area residents chose to access a further 1,271 premises in 2023/24 and 1,183 in the first nine months of 2024/25, although many were not used on a regular basis.

When asked what influences their choice of pharmacy the top five responses in the residents' questionnaire were:

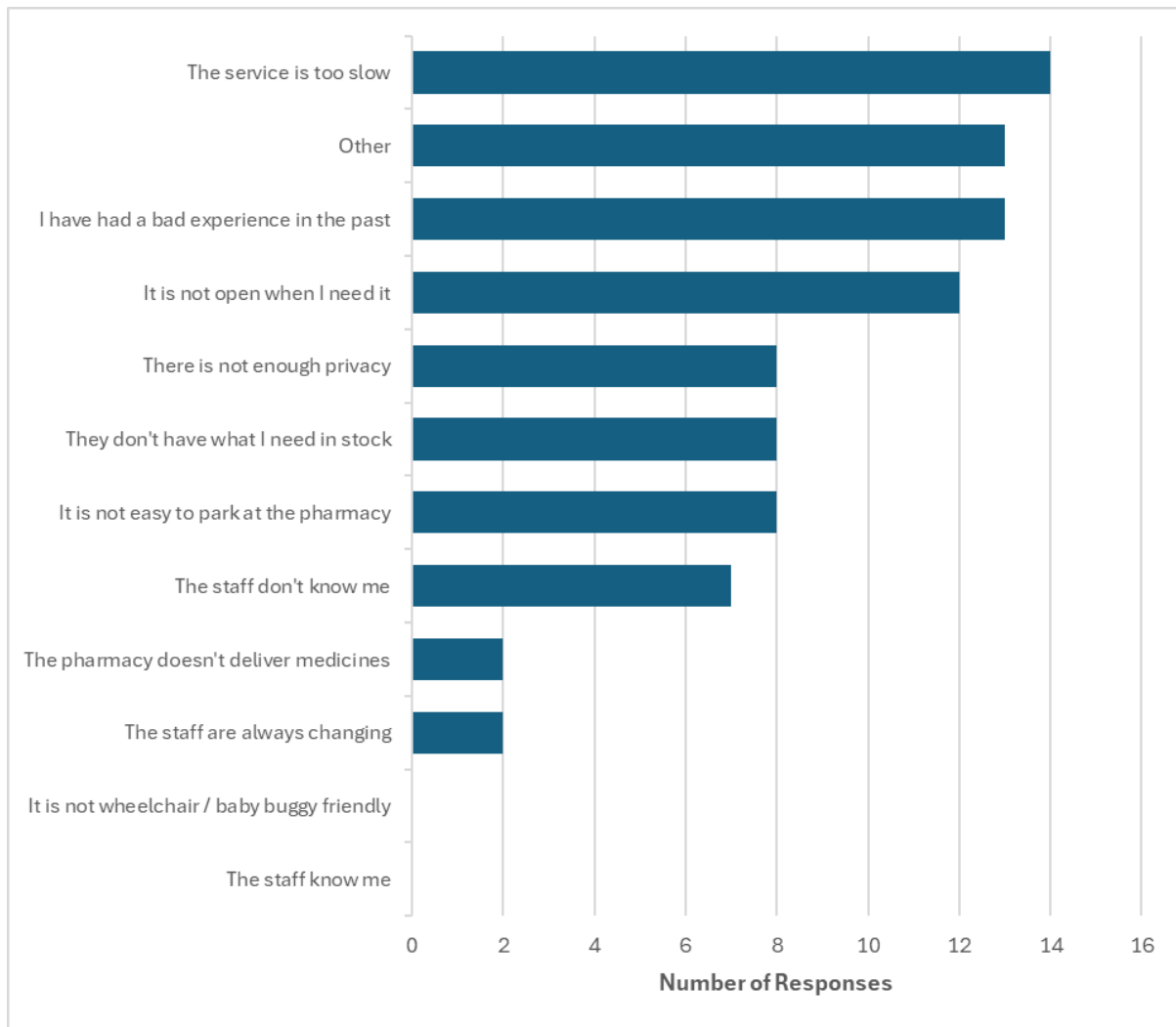
- 'Close to my home',
- 'The location of the pharmacy is easy to get to',
- 'Close to my GP doctor',
- 'I trust the staff who work there', and
- 'The pharmacy provides good advice and information'.

Figure 26 – We would like to know what influences your choice of pharmacy. Please tick all that apply.



When asked if there is a more convenient and/or closer pharmacy that respondents choose not to use 69% replied no, 25% replied yes and 6% said that they didn't know. The figure below shows the responses as to why that more convenient and/or closer pharmacy is not used.

Figure 27 – Please could you tell us why you do not use that pharmacy?



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 pharmacy departments – reduce the demand for the dispensing essential service, as prescriptions written in hospitals are dispensed by the 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 order to then 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.
- Community nurse prescribers - generate prescriptions which affects the need for the dispensing essential service.
- Community pharmacy independent prescribing – generates prescriptions which affects the need for the dispensing essential service.
- Primary dental services – dentists will issue prescriptions which affect the need for the dispensing essential service.
- Substance misuse services - generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire mental health service – generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire dermatology service – generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire extended access service – generates prescriptions which affects the need for the dispensing essential service.
- Safecare network – generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire memory service – generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire 0-19 health and wellbeing service - generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire sexual health service - generates prescriptions which affects the need for the dispensing essential service.
- Smoking cessation service - generates prescriptions which affects the need for the dispensing essential service.

It is anticipated that there will be some changes in pharmacy provision after summer 2026, and as a result of this new services are envisaged.

6.1 Hospital pharmacy departments

Scunthorpe Hospital is an acute hospital with a 24-hour emergency department, hyperacute stroke unit, state-of-the-art diagnostic facilities and all the major specialities expected from a district general hospital. The hospital has a pharmacy team and dispensing robot but also works with the onsite Rowlands pharmacy.

6.2 Personal administration of items by GPs

Under their primary medical services contract with NHS England there will be occasions where a GP or other healthcare professional 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 applies 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 a 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 Services 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 the county as the published figures include items which have been either personally administered or dispensed by dispensing practices. However, the nine practices that do not dispense personally administered a total of 26,788 items in 2023/24 (23,731 items in the first nine months of 2024/25).

6.3 GP out of hours service

The GP out of hours service provide services on weekday evenings and overnight from 18:30 to 08:00 and 24 hours a day at weekends and on public and bank holidays. It is accessed via the NHS 111 telephone service and is based at Scunthorpe General Hospital.

The service prescribed 16,982 items, in 2023/24, which were dispensed by 116 different pharmacies / dispensing appliance contractors as follows.

- North Lincolnshire – 43 contractors dispensed 96.9% of the items,
- Lincolnshire – eight contractors dispensed 1.5%,
- Hull – eight contractors dispensed 0.6%, and
- Bradford and Airedale – one contractor dispensed 0.4%.

The remaining 0.7% was dispensed by 56 other contractors in 18 different health and wellbeing board areas.

In the first nine months of 2024/25, 7,914 items were dispensed by 79 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – 34 contractors dispensed 97.8% of the items,
- Lincolnshire – six contractors dispensed 0.7%,
- Hull – five contractors dispensed 0.5%, and
- North East Lincolnshire – eight contractors dispensed 0.3%.

The remaining 0.7% were dispensed by 26 other contractors in 14 different health and wellbeing board areas.

6.4 Community nurse prescribers

North Lincolnshire and Goole community services teams have a number of clinicians who are able to prescribe. This includes community (district) nurses, emergency care practitioners and other community-based services such as musculoskeletal, pain and respiratory services.

The service prescribed 40,650 items, in 2023/24, which were dispensed by 90 different pharmacies / dispensing appliance contractors as follows.

- Salford – one contractor dispensed 46.1% of the items,
- North Lincolnshire – 46 contractors dispensed 32.2%,
- Stoke-on-Trent – one contractor dispensed 14.2%,
- Doncaster – four contractors dispensed 4.8%,
- Hull – two contractors dispensed 0.8%,
- Bradford and Airedale – one contractor dispensed 0.5%,
- West Sussex – two contractors dispensed 0.5%, and
- Lincolnshire – six contractors dispensed 0.4%.

The remaining 0.5% was dispensed by 27 other contractors in 21 different health and wellbeing board areas.

In the first nine months of 2024/25, 34,978 items were dispensed by 70 different pharmacies / dispensing appliance contractors as follows:

- Salford – one contractor dispensed 41.3% of the items,
- North Lincolnshire – 35 contractors dispensed 41.2%,
- Stoke-on-Trent – one contractor dispensed 10.6%,
- Doncaster – two contractors dispensed 3.9%,
- Lincolnshire – three contractors dispensed 0.6%,
- Bradford and Airedale – two contractors dispensed 0.5%,
- Hull – three contractors dispensed 0.5%
- West Sussex – two contractors dispensed 0.4%, and
- North East Lincolnshire – three contractors dispensed 0.3%.

The remaining 0.7% were dispensed by 18 other contractors in 14 different health and wellbeing board areas.

6.5 Primary dental services

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by

the dental practices in North Lincolnshire. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies and dispensing doctors in North Lincolnshire.

In 2023/24, a total of 9,498 items were dispensed by the pharmacies in North Lincolnshire.

Between April 2024 and January 2025, a total of 8,253 items were dispensed by the pharmacies in North Lincolnshire.

6.6 Substance misuse services

Substance misuse services are commissioned by the council from With You in North Lincolnshire for residents aged 18 or over who live in North Lincolnshire and are worried about their own drug or alcohol use or someone else's. In turn, With You commissions needle exchange and supervised consumption services from some pharmacies.

The service prescribed 13,607 items, in 2023/24, which were dispensed by 103 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – 40 contractors dispensed 97.7% of the items,
- Lincolnshire – eight contractors dispensed 0.8%,
- North East Lincolnshire – nine contractors dispensed 0.3%,
- Doncaster – four contractors dispensed 0.3%, and
- Shropshire – ten contractors dispensed 0.3%.

The remaining 0.7% was dispensed by 29 other contractors in 23 different health and wellbeing board areas.

In the first nine months of 2024/25, 10,321 items were dispensed by 72 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – 30 contractors dispensed 98.3% of the items,
- Lincolnshire – eight contractors dispensed 0.8%, and
- North East Lincolnshire – nine contractors dispensed 0.3%.

The remaining 0.7% were dispensed by 25 other contractors in 17 different health and wellbeing board areas.

6.7 North Lincolnshire mental health service

The community mental health team helps people who have serious mental health problems and are sometimes a risk to themselves or others. The team will assess, agree a plan of care and provide a range of psychological and pharmacological interventions.

The team helps people manage their illness with help from others and may refer onto other specialists for their assistance. They are supported by a mental health team in primary care to support people back into primary care services as part of their recovery or ongoing care management.

The service prescribed 7,228 items, in 2023/24, which were dispensed by 120 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – 42 contractors dispensed 92.4% of the items,
- North East Lincolnshire – 11 contractors dispensed 2.0%,
- Lincolnshire – nine contractors dispensed 1.3%,
- Leeds – four contractors dispensed 1.0%,
- Bradford and Airedale – one contractor dispensed 0.9%,
- Doncaster – 11 contractors dispensed 0.5%, and
- Hull – five contractors dispensed 0.5%.

The remaining 1.4% was dispensed by 37 other contractors in 22 different health and wellbeing board areas.

In the first nine months of 2024/25, 6,044 items were dispensed by 92 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – 34 contractors dispensed 92.7% of the items,
- Lincolnshire – ten contractors dispensed 2.7%,
- Leeds – two contractors dispensed 1.1%,
- Bradford and Airedale – two contractors dispensed 0.8%,
- North East Lincolnshire – five contractors dispensed 0.4%,
- Doncaster – seven contractors dispensed 0.3%,
- Ealing – one contractors dispensed 0.3%,
- Lancashire – two contractors dispensed 0.3%, and
- Hull – three contractors dispensed 0.3%.

The remaining 1.0% were dispensed by 26 other contractors in 19 different health and wellbeing board areas.

6.8 North Lincolnshire dermatology service

This service covers the management of a range of dermatological conditions, to include all benign and cancerous skin conditions (specified within the contract), suitable for management within outpatient and day-case facilities. Paediatric services include both consultation and minor surgical diagnostic interventions. The service is clinically led by a consultant dermatologist and is responsible for the local cancer multidisciplinary team for North and North East Lincolnshire.

It provides a full range of dermatology services, including the assessment and treatment of benign skin conditions, and diagnosis and management of skin cancer (including rapid access), and ensures timely and flexible access to a range of specialist dermatology services within a community setting, closer to people's homes.

The service prescribed 7,558 items, in 2023/24, which were dispensed by 132 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – 43 contractors dispensed 86.6% of the items,
- North East Lincolnshire – 35 contractors dispensed 8.5%,

- Lincolnshire – 20 contractors dispensed 3.2%, and
- Salford– one contractor dispensed 0.4%.

The remaining 1.3% was dispensed by 33 other contractors in 19 different health and wellbeing board areas.

In the first nine months of 2024/25, 5,900 items were dispensed by 120 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – 36 contractors dispensed 78.6% of the items,
- North East Lincolnshire – 34 contractors dispensed 17.0%,
- Lincolnshire – 18 contractors dispensed 2.9%,
- Doncaster – eight contractors dispensed 0.4%,
- Salford – two contractors dispensed 0.3%, and
- East Riding of Yorkshire – six contractors dispensed 0.3%.

The remaining 0.5% were dispensed by 16 other contractors in 11 different health and wellbeing board areas.

6.9 North Lincolnshire extended hours

As part of the primary care network directed enhanced service, GP practices provide an additional 60 minutes per 1,000 patients of clinical appointments, outside of practices' core opening hours, for example after 18:30 weekdays and at weekends. The service is spread across North Lincolnshire at various practice sites to ensure good access, and offers a mixture of face to face, telephone and video consultations.

Data currently being queried: If you would like an update on this before the end of the consultation period, please contact april.glenn@northlincs.gov.uk.

Number of Items prescribed by the service by financial year.

	2022/23	2023/24	2024/25
April	301	75	1
May	330	368	0
June	301	666	0
July	76	590	0
August	60	0	0
September	11	14	0
October	6	7	0
November	0	5	0
December	692	3	0
January	976	0	0
February	989	6	0
March	984	0	NA
Annual Total	4,726	1,734	1

6.10 Safecare Network

Safecare Network is a not-for profit federation of the GP practices within North Lincolnshire. The federation provides various short- and long-term services including:

- Specialist assessment for frail and elderly service – a service to improve the wellbeing of North Lincolnshire's elderly and frail residents by reviewing their physical, psychological, social and environmental needs holistically. Assessments are conducted by a GP or a geriatrician and care plans are made for each patient based on their needs and preferences. Multidisciplinary team meetings are held with community nurses, physiotherapy, occupational therapy and social services to enable the outcomes to be achieved in a coordinated manner and to encourage the sharing of expertise within the team. Care homes are encouraged to directly refer new residents who show signs of frailty so that they can have their needs addressed both rapidly and effectively.
- Urgent care service – a GP-led service that is open 08.00 to 20.00 and is based in the emergency department at Scunthorpe General Hospital. People may be referred into the service by NHS 111 or by a GP.
- GP out of hours service – provides urgent medical care between 18.30 and 00.00 on weekdays and 08.00 to 00.00 at weekends and bank holidays. It is for people residing in, or visiting, North Lincolnshire who are experiencing a medical problem and cannot reasonably be expected to wait for the next opportunity to contact their own GP practice. The service is currently delivered from the dermatology department at Scunthorpe General Hospital.

The service prescribed 236 items, in 2023/24, which were dispensed by 23 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – 20 contractors dispensed 98.3% of the items,
- North East Lincolnshire – one contractor dispensed 0.8%, and
- Lincolnshire – two contractors dispensed 0.8%.

In the first nine months of 2024/25, 222 items were dispensed by 20 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – 16 contractors dispensed 95.9% of the items,
- Lincolnshire – one contractor dispensed 2.3%,
- Leeds – one contractor dispensed 0.9%,
- Derbyshire – one contractor dispensed 0.5%, and
- Kirklees – one contractor dispensed 0.5%.

6.11 North Lincolnshire memory service

The memory service provides an integrated care pathway for people over the age of 65 with cognitive impairment/suspected dementia. They will assess and diagnose for

dementia, provide interventions to promote cognition and provide pharmacological interventions.

The service prescribed 15 items, in 2023/24, which were dispensed by 9 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – eight contractors dispensed 86.7% of the items, and
- Lincolnshire – one contractor dispensed 13.3%.

In the first nine months of 2024/25, 6 items were dispensed by 5 different pharmacies / dispensing appliance contractors as follows:

- North Lincolnshire – five contractors dispensed 100% of the items.

6.12 North Lincolnshire 0-19 health and wellbeing service

This service provides health visiting and school nursing services across the health and wellbeing board's area. Prescriptions may be written by health visitors for items to treat oral thrush, emollients for skin conditions etc.

In 2023/24, three items were prescribed by the service, which were dispensed by three pharmacies in the health and wellbeing board's area.

In the first nine months of 2024/25, no items were prescribed by the service.

6.13 North Lincolnshire sexual health service

Sexual health services are currently commissioned by the council from Lincolnshire Community Health Services (LCHS) Trust who in turn sub-contract some services from some pharmacies. LCHS Trust provide sexual health services across the whole of Greater Lincolnshire and have been the provider in Lincolnshire for a number of years with a contract commencing in North Lincolnshire and North East Lincolnshire from 1 April 2024. Prior to this HCRG Care Group provided the service in North Lincolnshire.

The service provides information and advice on all types of contraception (including emergency contraception) and testing and treatment for sexually transmitted infections to residents of North Lincolnshire aged 18 and over.

In 2023/24, no items were prescribed by the service.

In the first nine months of 2024/25 a total of 6,124 items were prescribed by LCHS Trust across the whole of Greater Lincolnshire. It is not possible to identify which items were prescribed in North Lincolnshire, but it possible to show the proportion of items dispensed in each Health and Wellbeing Board area. Items were dispensed as follows.

- Lincolnshire – 114 contractors dispensed 93.1% of the items
- Derbyshire – One contractor dispensed 2.6%
- Salford – One contractor dispensed 1.5%

The remaining 2.8% was dispensed by 116 other contractors in 23 different health and wellbeing board areas. No items were dispensed by any providers in North Lincolnshire.

6.14 Smoking cessation service

The North Lincolnshire Health Lifestyle Service provides support to those who wish to stop smoking. After an initial one-to-one assessment with one of the healthy lifestyle facilitators, a person may receive help to access nicotine replacement, set a quit date and be supported in their journey to become smoke free. The Health Lifestyle Service is provided at local venues such as leisure centres, community hubs and some GP practices.

7 Health needs that can be met by pharmaceutical services

In 2008 it was estimated that there were 1.6million visits to a pharmacy every day, of which 1.2million are for health-related reasons¹³² and these provide a valuable opportunity to support behaviour change through making every one of these contacts count. 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 healthy choices as part of the provision of pharmaceutical services and services commissioned by the council and the integrated care board.

A report by Community Pharmacy England in 2024¹³³ estimated that there are approximately 1.3 million consultations with members of the public every week, or just over 69 million per year. It noted that this is significantly higher than the first audit which was undertaken during the COVID-19 pandemic when results showed 48 million consultations per year.

As can be seen from this section, it is important that the integrated care board and the public health team at North Lincolnshire Council work together to maximise the local impact of health communications, messages, and opportunities.

Promotion of the services that pharmacies provide is undertaken in a number of ways including pharmacies ensuring that their NHS website¹³⁴ and Directory of Services¹³⁵ profiles are up to date, which is now a contractual requirement.

7.1 Need for drugs and appliances

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in chapter four, as prescribed medicines are one of the most common interventions in health care. This may be for a one-off course of antibiotics or for medications 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 long-term 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 the integrated care board 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.

¹³² [Pharmacy in England: building on strengths - delivering the future - GOV.UK](#). Department of Health and Social Care (2008)

¹³³ [Pharmacy Advice Audit - Community Pharmacy England](#). Community Pharmacy England (2024)

¹³⁴ [NHS website for England - NHS](#)

¹³⁵ [Directory of Services \(DoS\) - NHS England Digital](#)

Distance selling premises are required to deliver all dispensed items to anyone, anywhere in England who asks for a prescription to be dispensed. This will clearly be of benefits to people who are unable to access a pharmacy, and as of February 2025 there are just over 400 distance selling premises in England meaning that everyone has a choice of at least 400 pharmacies when it comes to the dispensing and delivery of their prescribed drugs. In addition, dispensing appliance contractors deliver the majority, if not all, of the items they dispense, and pharmacies are required to offer delivery of certain appliances.

The discharge medicines service must be provided by all pharmacies and was established to ensure better communication of changes to a person's medication when they leave hospital, and to reduce incidences of avoidable harm caused by medicines. People leaving hospital after a stay are referred to a pharmacy when they are discharged with information about medication changes made in hospital. The pharmacy can then support them to improve outcomes, prevent harm and reduce re-admissions.

There may be occasions where a person runs out of their regular medication and is unable to request a prescription as their GP practice is closed, for example. Under the Pharmacy First service, they are able to access urgently needed medicines by being referred to a pharmacy by, for example, NHS 111. If the pharmacy is able to download a prescription from the electronic prescription service, then this can be dispensed for the person. Alternatively, the pharmacy can make an emergency supply where the pharmacist has satisfied themselves that there is an immediate need for the supply, and it is impractical for the person to obtain a prescription without undue delay.

The optimal use of appropriately prescribed medicines is vital to the self-management of most long-term conditions, but reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50% of prescribed medicines are not taken as recommended¹³⁶. However, research¹³⁷ has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow-up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

The new medicine service provides support to people who are newly prescribed one of a specified list of medicines to manage a long-term condition which will generally help them to appropriately improve their medication adherence and self-manage their condition. The list of medicines covered by the new medicine service covers sixteen conditions, including asthma, chronic obstructive pulmonary disease, type 2 diabetes, hypertension, epilepsy, heart failure, hypercholesterolemia, coronary heart disease and atrial fibrillation.

¹³⁶ [NHS England » Advanced Service Specification – NHS New Medicine Service \(NMS\)](#). NHS England 2021

¹³⁷ [Supporting adherence for people starting a new medication for a long-term condition through community pharmacies: a pragmatic randomised controlled trial of the New Medicine Service | BMJ Quality & Safety](#). Elliott R, Boyd M, Salema Nde, et al (2011).

For those who have an appliance, the appliance use review service will help improve their knowledge and use of it. The service aims to ensure people get the maximum benefit from the use of their appliance and improve their experience of its usage.

For those with a stoma appliance that requires customisation, the stoma appliance customisation service will ensure the proper use and comfortable fitting of the appliance and improve the duration of its usage thereby reducing waste.

7.2 Advice in relation to low acuity, minor illnesses

As an alternative to making an appointment at their GP practice, a person can be referred by their GP practice to a pharmacy in order to be seen under the Pharmacy First service. As part of this service the person may be:

- Provided with self-care advice (which may or may not involve the sale of an over-the-counter medicine),
- Treated under one of the seven clinical pathways,
- Be treated under another service provided by the pharmacy,
- Referred to their GP practice or relevant out of hours service for an urgent appointment, or
- Provided with a routine referral to other appropriate service.

The seven clinical pathways covered by the Pharmacy First service include:

- Uncomplicated urinary tract infections in women,
- Shingles,
- Impetigo,
- Infected insect bites,
- Sinusitis,
- Sore throat, and
- Acute otitis media.

People may be referred to this service or could be offered it by the pharmacy when seeking advice on one of the seven common conditions.

7.3 Support for self-care

As part of essential services, pharmacies are required to provide advice to people to help them manage a medical condition, or, where they are a carer, to help them manage another person's medical condition. This service requires the provision of advice on:

- Treatment options, including advice on the selection and use of appropriate drugs which are not prescription only medicines, and
- Changes to their lifestyle.

7.4 Healthy living and promotion of healthy lifestyles

Several elements of the essential services require pharmacies to promote healthy lifestyles to users of their services.

- Providing advice to those who collect their dispensed drugs and appliances, who appear to have diabetes, be at risk of coronary heart disease especially high blood pressure, or who smoke or are overweight with the aim of increasing that person's knowledge of the health issues that are relevant to their personal circumstances. Advice given may be backed up, as appropriate, the provision of written material and referring them to other sources of information or advice.
- Participating in two national health campaigns chosen by NHS England and two chosen by the integrated care board each financial year in order to promote health messages to users of their pharmacy. The public health team should work with the integrated care board to choose the topics of the local health campaigns.
- Distance selling premises are required to have a website on which there is an interactive page, clearly promoted to any user of the website when they first access it, which provides public access to a reasonable range of up-to-date materials that promote healthy lifestyles by addressing a reasonable range of health issues.
- For pharmacies that members of the public are able to access in order to receive essential service, literature on health and social care issues is to be up to date.
- Undertake a community engagement exercise each financial year in relation to the promotion of healthy living. As part of these exercises, pharmacies must actively work in collaboration with other organisations to deliver pharmacy outreach and any locally commissioned services and take prevention and health promotion services beyond the pharmacy premises. Pharmacy outreach may be face-to-face or virtual and take services to where people live or spend time.

Cardiovascular disease is one of the leading causes of premature death in England¹³⁸ and accounts for 1.6million disability adjusted life years¹³⁹. Hypertension is the biggest risk factor for cardiovascular disease and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

The hypertension case-finding advanced service seeks to identify people age 40 years or older with high blood pressure (who have previously not has a confirmed diagnosis of hypertension) and refer them to their GP practice for confirmation and appropriate management. In addition, GP practices can ask pharmacies to undertake ad hoc clinic and ambulatory blood pressure measurements. At the discretion of the pharmacist, the service can be provided to those under the age of 40.

¹³⁸ [The epidemiology of cardiovascular disease in the UK 2014 - PMC](#). Bhatnagar P, Wickramasinghe K, Williams J, et al

¹³⁹ [Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013 - The Lancet](#)

7.5 Alcohol and drug use

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 the provision of essential services which will help address this health need.

- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the integrated care board 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 medication for opioid substitution therapy and detoxification, signposting people using the pharmacy to other providers of the services.
- 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 people 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.

7.6 Cancer

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to cancer care 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 heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give the appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Disposal of unwanted drugs, including controlled drugs.
- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the integrated care board and could include cancer awareness and/or screening.

- Signposting people using the pharmacy to other providers of services or support, for example providers of smoking cessation services.

7.7 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 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.
- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the integrated care board and could include long-term conditions.
- Signposting people using the pharmacy to other providers of services or support, for example providers of smoking cessation services,
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

Provision of the new medicine service, appliance use review, stoma appliance customisation, new medicine service, influenza vaccination, hypertension case-finding, and smoking cessation advanced services will also assist people to manage their long-term conditions in order to maximise their quality of life.

7.8 Obesity

Four 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 of increasing the person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the integrated care board and could include obesity.
- Signposting people using the pharmacy to other providers of services or support. This may include referring people to the NHS Digital Weight Management programme¹⁴⁰.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

¹⁴⁰ [NHS England » The NHS Digital Weight Management Programme](#)

7.9 Sexual health

There are elements of essential service provision which will health address this health need.

- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the integrated care board and could include sexual transmitted infections and HIV.
- Signposting people using the pharmacy to Lincolnshire Community Health Services as required.
- Where the pharmacy does not provide the contraception advanced service, signposting people using the pharmacy to other providers of the service.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

Under the pharmacy contraception advanced service pharmacies can initiate provision of oral contraception and continue provisions of oral contraception supplies initiated in primary care (including general practice and pharmacies) or sexual clinics and equivalent. It aims to establish an integrated pathway between existing services and pharmacies, which provides people with greater choice and access when considering starting or continuing their current form of oral contraception.

As chlamydia screening and emergency hormonal contraception services 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 other sexual services to be commissioned as part of pharmaceutical services.

7.10 Teenage pregnancy

There are elements of essential service provision which will help address this health need.

- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the integrated care board and could include teenage pregnancy.
- Where the pharmacy does not provide the contraception advanced service or where the person seeking oral contraception is under 16 years of age and assessed as not competent or lacking capacity to consent, signposting them to other providers of the service.

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 the pharmaceutical services.

7.11 Smoking

Whilst smoking rates have fallen, it still accounts for more years of life lost than any other modifiable risk factor. The NHS smoking cessation advanced service has been

designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients to a pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required.

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 the person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the integrated care board 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 smoking when selling relevant over the counter medicines.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

As smoking cessation is commissioned by the council, it is therefore not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for smoking cessation services to be commissioned as part of pharmaceutical services, other than as the advanced service.

7.12 Vaccination against infectious diseases

Vaccines are the most effective way to prevent many infectious diseases and prevent millions of deaths worldwide each year.

Influenza is a key factor in NHS resilience. It impacts on those who become ill, the NHS services that provide direct care as a result, and on the wider health and social care system. The annual immunisation programme helps to reduce unplanned hospital admissions and pressures on A&E. To improve access to NHS seasonal influenza vaccination for eligible people, NHS England has commissioned an advanced service for pharmacies to provide seasonal vaccinations since 2015. The service is now commissioned by the integrated care board.

The COVID-19 vaccine helps protect those who are at increased risk of getting seriously ill from COVID-19 and as with influenza vaccinations helps to reduce unplanned hospital admissions and pressures on A&E. The service is commissioned as an enhanced service from pharmacies and on 30 May 2024, NHS England opened a new expression of interest process for pharmacies that wished to take part in future vaccination service campaigns between September 2024 and March 2026.

Respiratory syncytial virus is an enveloped ribonucleic acid virus, in the same family as the human parainfluenza viruses and mumps and measles viruses. Respiratory syncytial virus is one of the common viruses that causes coughs and colds in winter. Respiratory syncytial virus is transmitted by large droplets and by secretions from contact with an infected person. All adults who turned 75 years old on or after 1 September 2024 were eligible for the routine vaccination programme as well as women who were at least 28 weeks pregnant on 1 September 2024. Initially offered through GP practices, 50 early adopter pharmacies in the East of England region also offered the vaccination as an enhanced service.

Pertussis (whooping cough) is a respiratory disease that is caused by the *Bordetella pertussis* bacterium. Pertussis can cause serious and life-threatening complications including pneumonia, difficulty breathing (apnoea) and seizures. Pertussis most commonly affects infants, and very young infants are at highest risk of serious complications, of needing admission to hospital or of dying.

In March 2025 NHS England published an invitation to tender inviting pharmacies interested in providing a pharmacy respiratory syncytial virus and pertussis vaccination enhanced service, to complement the provision of these vaccinations by GP practices and NHS trusts. The service is to be provided in three specified integrated care board areas in the Midlands region.

8 Isle locality

The locality consists of the three wards Axholme North, Axholme Central and Axholme South.






8.1 Key facts

Indicator	Period	North Lincolnshire	Isle
Total resident population (%)	2022	100.0	13.5
Population density (per km ²)	2022	193.5	97.5
Resident population 0-19 years (%)	2022	22.0	19.9
Resident population 20-64 years (%)	2022	55.6	53.9
Resident population 65+ years (%)	2022	22.4	26.2
Proportion of population living in 20% most deprived lower super output areas (%)	2022	21.4	0.0
All police recorded crime (rate per 1,000)	2022/23	98.7	59.0
Violent crime recorded by police (rate per 1,000)	2022/23	35.7	21.8
Antisocial behaviour recorded by police (rate per 1,000)	2022/23	12.8	10.0
Children, aged under 16, living in Relative Low Income (%)	2022/23	21.8	16.7
Claimant Count (rate per 1,000)	March 2023	34.7	21.5
Over 65s in receipt of Pension Credit (%)	August 2023	10.2	7.3
Resident school age children of minority ethnic groups (%)	January 2023	17.6	5.8
Live births (general fertility rate) (Fertility rate per 1,000 women of childbearing age)	2022	54.7	48.1
Breastfeeding initiation (%)	2022/23	64.7	66.0
Readiness for school at 5 years of age (%)	2022/23	67.0	73.2
Children (aged under 16) in receipt of Disability Living Allowance (%)	November 2023	5.6	5.5
Children with excess weight at 5 years of age (%)	2022/23	21.8	22.5
Children with excess weight at 11 years of age (%)	2022/23	36.6	33.3
GCSE attainment (4-9) in English and Maths (%)	2022/23	63.1	69.0
Children in need aged 0-10 years (rate per 10,000)	End March 2023	182.2	125.5
Admissions for avoidable injury (under 15s) (rate per 10,000)	2021/22-2023/24	95.9	78.2

Indicator	Period	North Lincolnshire	Isle
Emergency admissions for intentional self-harm, 10-24 years (per 100,000)	2021/22-2023/24	202.2	95.8
Smoking at delivery (%)	2021/22-2023/24	15.6	10.6
Admissions for avoidable injury (15-24 year olds) (rate per 10,000)	2021/22-2023/24	122.8	89.3
Persons in receipt of Employment and Support Allowance (20-64 year olds) (%)	November 2023	3.9	3.4
Admission for coronary heart disease (all ages) (directly standardised rate per 100,000)	2023/24	555.6	455.2
Admission episodes for alcohol specific conditions (directly standardised rate per 100,000)	2021/22-2023/24	546.8	387.1
Emergency admissions for intentional self-harm (directly standardised rate per 100,000)	2021/22-2023/24	105.2	72.2
Emergency hospital admissions (18-64 year olds) (rate per 10,000)	2023/24	1248.5	1069.9
Emergency hospital admissions (65+ year olds) (rate per 10,000)	2023/24	2885.6	2216.5
Over 65s in receipt of attendance allowance (%)	August 2023	12.5	10.6
Emergency admissions for falls 65+ (directly standardised rate per 100,000)	2023/24	1726.1	1603
Emergency admissions for hip fracture 65+ (directly standardised rate per 100,000)	2021/22-2023/24	590.0	505.6
Male life expectancy at birth (years)	2021-2023	78.1	79.7
Female life expectancy at birth (years)	2021-2023	82.8	83.2
All cause mortality (all ages) (directly standardised rate per 100,000)	2021-2023	1035.2	866.3
Deaths from causes considered preventable (2024 definition, under 75 years) (directly standardised rate per 100,000)	2021-2023	183.1	136.6
Premature (under 75 years) deaths from cancer (directly standardised rate per 100,000)	2021-2023	130.4	95.3
Premature (under 75 years) deaths from coronary heart disease	2021-2023	54.7	35.1

Indicator	Period	North Lincolnshire	Isle
(directly standardised rate per 100,000)			
Premature (under 75 years) deaths from respiratory disease (directly standardised rate per 100,000)	2021-2023	32.1	21.9
Percentage of deaths in usual place of residence (65+ years) (%)	2023	49.6	47.8

Key – statistical significance relative to North Lincolnshire (95% confidence interval).

 Similar	 Better	 Worse
	 Lower	 Higher

- Described as predominantly rural, although there are some areas defined as rural town and fringe.
- Has the lowest population density in North Lincolnshire with 98 residents per square meter.
- Half (52%) of its residents live in or on the fringe of a rural town and the remainder live in villages and dispersed surroundings areas.
- Has a higher proportion of residents between 50 and 80 years of age and a lower proportion of residents under 50 years of age than the North Lincolnshire average.
- Over the last decade the older component of the population in North Lincolnshire has grown at a faster rate than the younger component with the number of over 65s forecast to increase by as much as 37% over the next 20 years.
- 10.3% of the population provides unpaid care, compared to 9.6% for North Lincolnshire as a whole.
- English was the main language spoken by 98.98% of residents in the locality's households at the 2021 census. 0.16% of residents responded that they could not speak English well or at all.
- The figure below compares car ownership levels in the locality to North Lincolnshire and shows car ownership is much higher than the average for North Lincolnshire with more than 50% of households having two or more cars or vans.

Figure 28 – Car ownership in Isle compared to North Lincolnshire

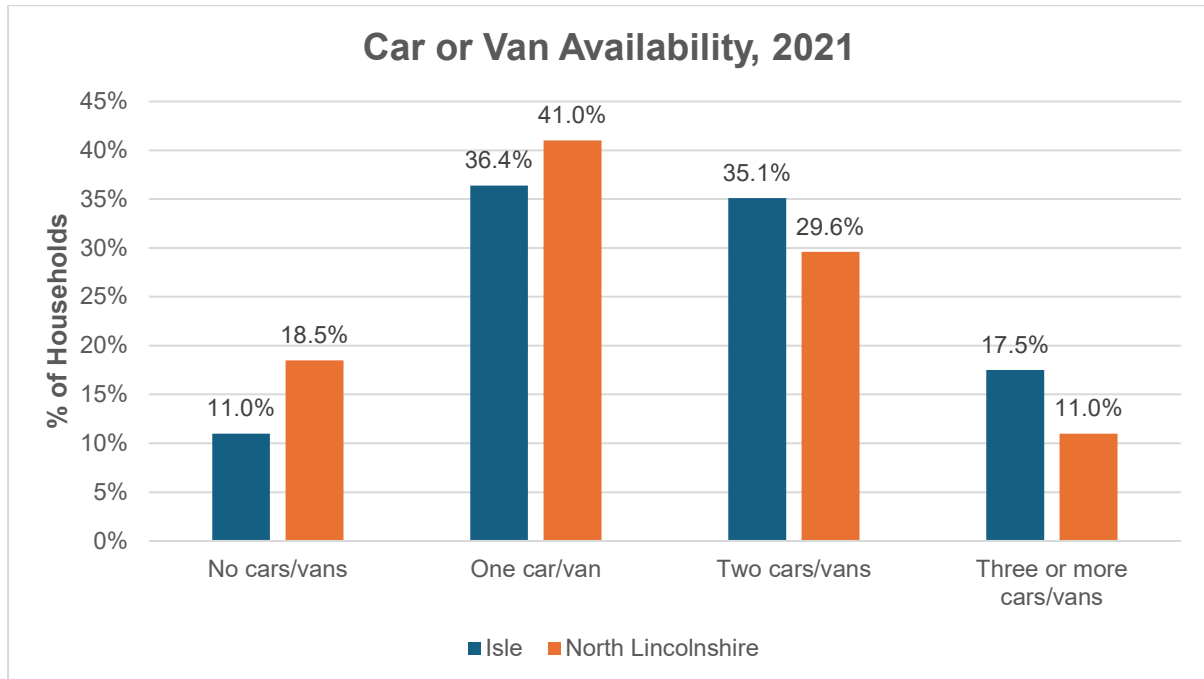
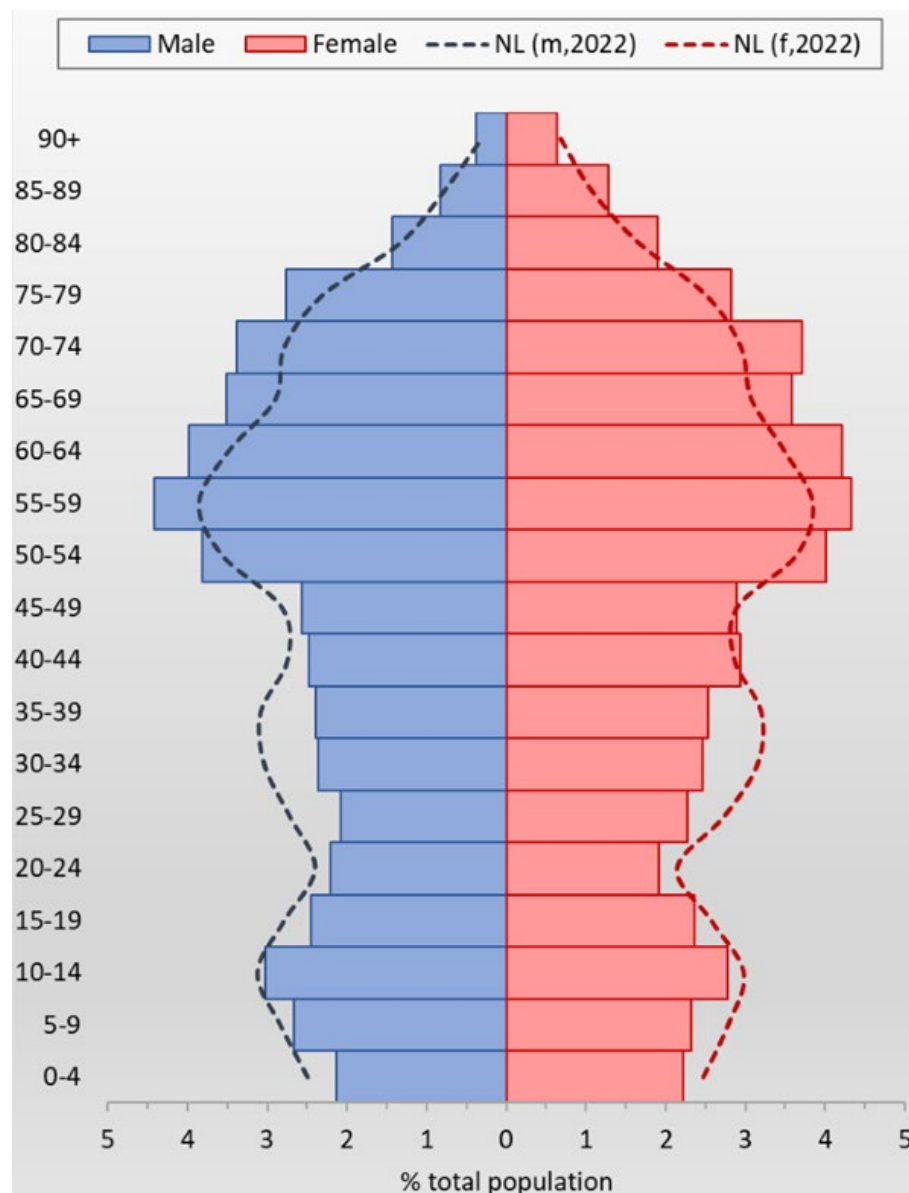
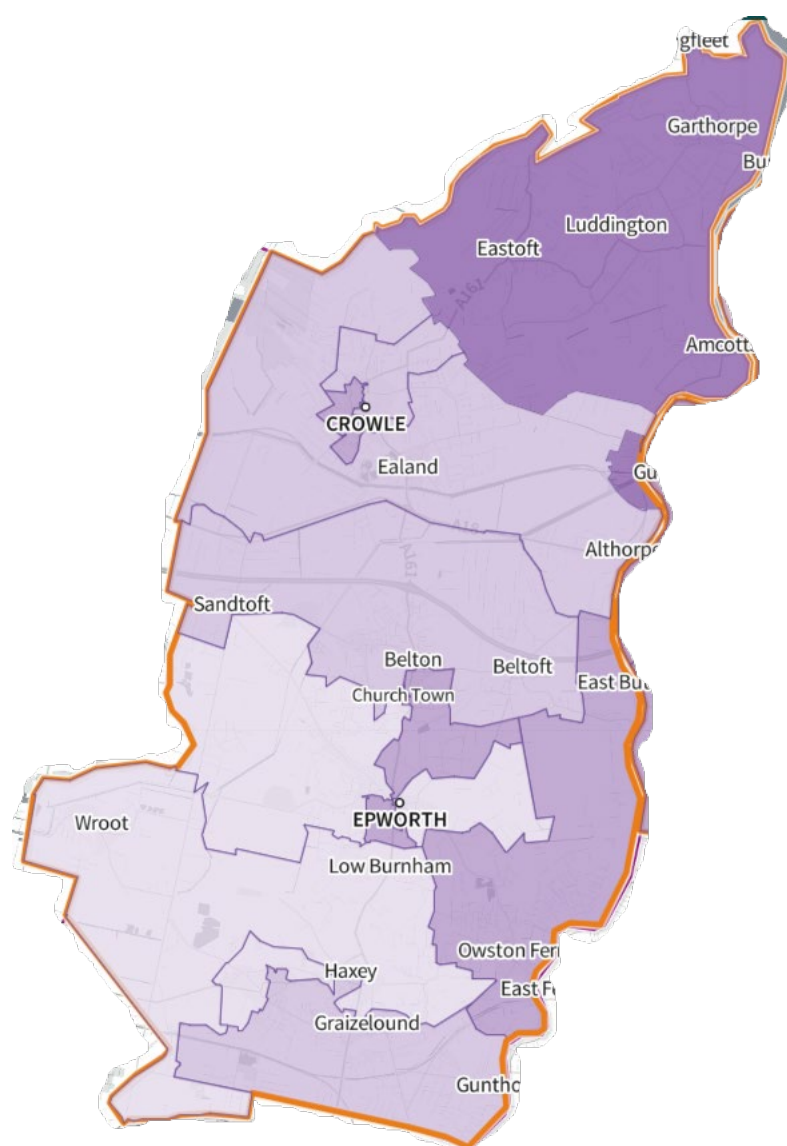


Figure 29 – Isle population by gender and age as compared to North Lincolnshire as a whole, 2022



The map below shows the level of deprivation across the locality where the darker the purple, the greater the level of deprivation.

Map 11 – Isle spread of deprivation¹⁴¹



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The Five-year housing land supply statement estimates that the following number of homes will be built in the locality between April 2025 and March 2029.

- Althorpe – 27 homes
- Belton – 29 homes
- Crowle - 105 homes
- Ealand – 41 homes
- Epworth – seven homes
- Graizelound – six homes
- Luddington – nine homes.

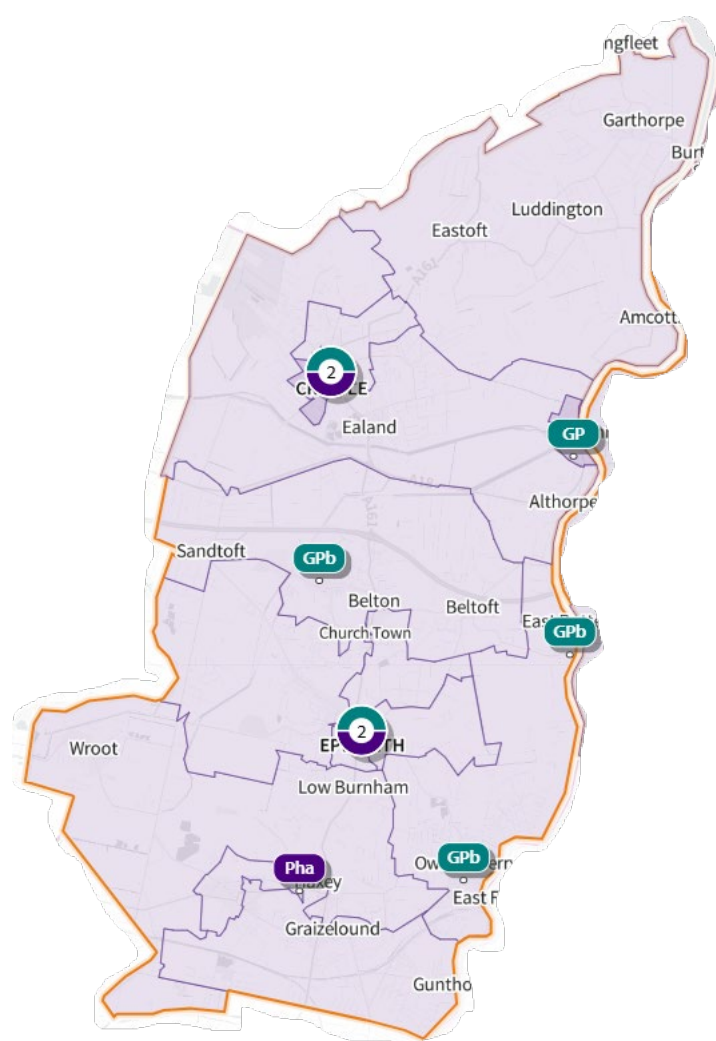
¹⁴¹ [SHAPE Place • Deprivation •](#)

8.2 Necessary services: current provision within the locality's area

There are three pharmacies in the locality operated by the same contractor. The two GP practices dispense from six premises, with one practice dispensing to 51.7% of its registered population and the other dispensing to 32.7%.

As can be seen from the map below, the population density of the locality is low, with the pharmacies located in the towns of Crowle, Epworth and Haxey. Please note that the darker the shading, the greater the population density.

Map 12 – Location of pharmacies and dispensing practice premises in Isle compared to population density



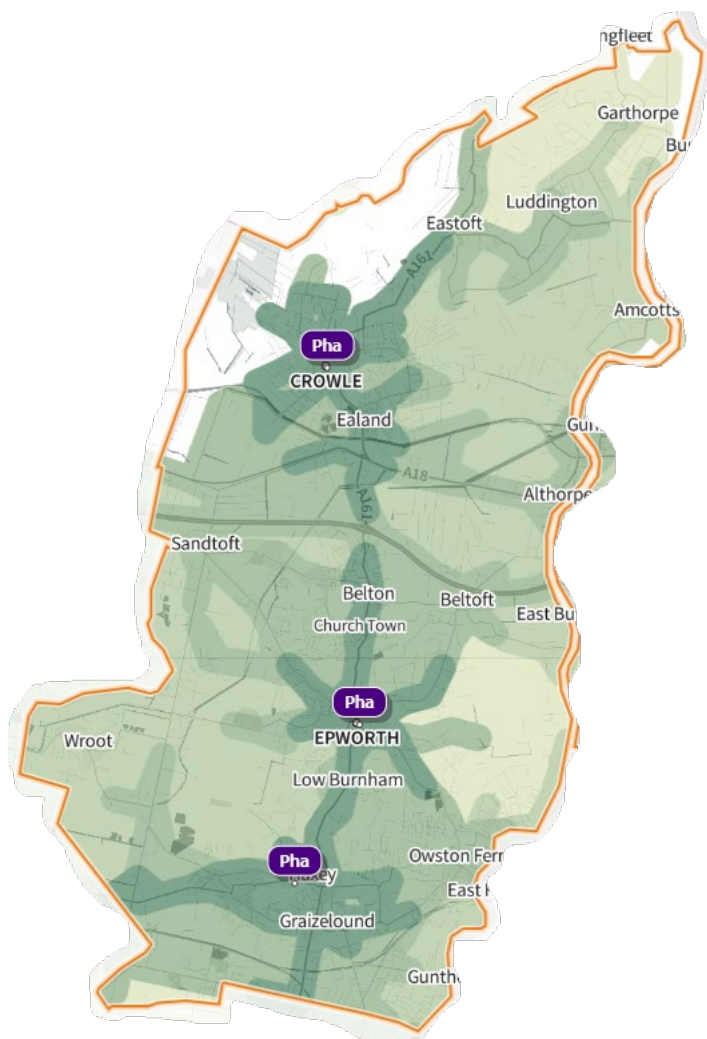
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In 2023/24, 35.8% of prescriptions written by the GP practices in the locality were dispensed, within Isle locality by one of the pharmacies, and 38.7% by the dispensing practices. (Please note this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed.) In the first nine months of 2024/25, these figures were 34.7% and 37.8% respectively.

As can be seen from the maps below, most of the locality is within 20 minutes, by car, of a pharmacy located in the locality, both during and outside the rush hour periods. Looking at the three areas that are not within 20 minutes by car:

- Area to the south-west of Haxey (south-west corner). This is an area of arable fields and trees.
- Area to the south-west, west and north of Crowle. This is an area of arable fields and two nature reserves – Thorne and Hatfield Moors and Crowle Moors.
- Area to the north of Garthorpe. This is an area of arable fields and RSPB Blacktoft Sands.

Map 13 – Access to pharmacies in Isle outside of rush hour times

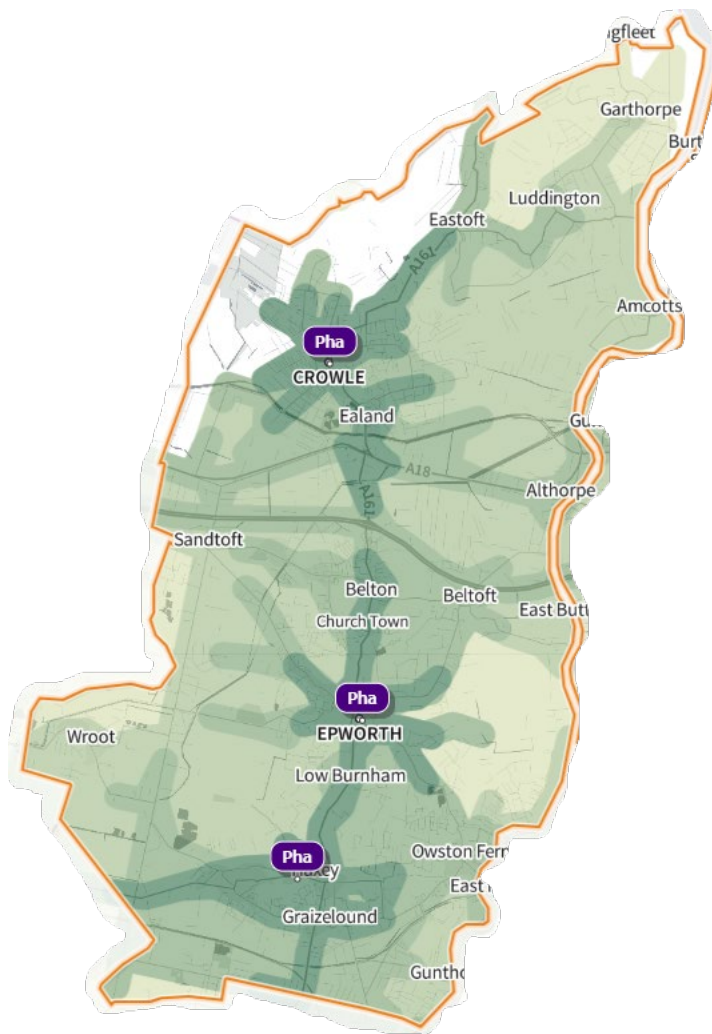


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Travel time in minutes

Map 14 – Access to pharmacies in Isle during rush hour times



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Travel time in minutes

Being a predominantly rural area, access to the pharmacies using public transport is limited outside of the towns and is not a realistic method of transport for parts of the locality.

The three pharmacies are open as follows:

- One opens Monday to Friday, and
- Two open Monday to Friday and Saturday morning.

With regard to the times at which the pharmacies are open between Monday and Friday:

- Two open at 08:30 and one at 09:00.
- One closes at 17:30 (Epworth), one at 18:00 (Haxey, although it closes at 17:00 on Thursday and Friday), and one at 18:30 (Crowle).

The pharmacies in Crowle and Epworth open 09:00 to 12:00 on Saturdays. None of the pharmacies are open on Sundays.

The dispensaries with dispensing practices, will generally open in line with the opening hours for the premises, usually 08:00 to 18:30 Monday to Friday.

Both dispensing practices responded to dispensing doctor questionnaire. One confirmed that it dispenses all types of appliances at their premises (Trent View) and the other confirmed that it just dispenses dressings (South Axholme).

The three pharmacies provided the new medicine service in 2023/24 completing a total of 1,440 full-service interventions. The range at pharmacy level was 282 to 712. In the first nine months of 2024/25, the three pharmacies provided a total of 1,029 full-service interventions. The range at pharmacy level was 328 to 351.

The three pharmacies provided flu vaccinations under the advanced service in 2022/23, vaccinating a total of 880 people, with a range at pharmacy level of 96 to 501. Between September 2023 and March 2024, two pharmacies administered 535 vaccinations, with one providing 249 and the other 286. In the first part of the 2024/25 season between September 2024 and December 2024, two pharmacies provided 400 vaccinations, with one providing 124 and the other 276. The pharmacy located in Haxey did not administer any flu vaccinations in either 2023/24 or so far in 2024/25.

Two pharmacies are all registered to provide the pharmacy first advanced service which commenced on 31st January 2024, replacing the community pharmacist consultation service which ceased on 30th January 2024. Between 31st January 2024 and 31st December 2024, two of the pharmacies in the locality completed a total of 494 pharmacy first clinical pathway consultations, 74 pharmacy first minor illness referral consultations and 102 pharmacy first urgent medicine supply consultations. Pharmacy first clinical pathway consultations included consultations for uncomplicated urinary tract infections (89), sinusitis (73), shingles (19), infected insect bites (55), impetigo (31), acute sore throat (142), and acute otitis media (85).

As of February 2025, all three pharmacies have signed up to provide the hypertension case-finding advanced service. This service is made up of two stages. The first stage is where people at risk of hypertension are identified and offered a blood pressure measurement in the form of a 'clinic check'. Where clinically indicated, people may then be offered stage two of the service, in the form of ambulatory blood pressure monitoring, with test results also being shared with the patient's GP. In 2023/24, the three pharmacies completed a total of 442 clinic blood pressure checks, with a range at pharmacy level of 24 to 294. In the first nine months of 2024/25, the three pharmacies completed 456 clinic blood pressure checks, with a range at pharmacy level of 87 to 204.

In 2023/24, two pharmacies completed ambulatory blood pressure monitoring on 25 occasions and in the first nine months of 2024/25, all three pharmacies completed ambulatory blood pressure monitoring on 27 occasions.

8.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices in 2023/24 that were not dispensed by a pharmacy or dispensing practice in the locality:

- 15.6% were dispensed by the other pharmacies in North Lincolnshire,
- 6.0% by 48 contractors in Doncaster,
- 1.3% by eight contractors in Leeds,
- 0.8% by 19 contractors in Nottinghamshire,
- 0.4% by two contractors in Bradford and Airedale,
- 0.3% by two contractors in Ealing, and
- 0.2% by two contractors in Stoke-on-Trent.

The remaining 0.9% was dispensed by 245 contractors in 82 different health and wellbeing board areas

Whilst the majority of items were dispensed by a 'bricks and mortar' pharmacy, 8.4% was dispensed by 26 distance selling premises. 0.5% was dispensed by 34 dispensing appliance contractor premises.

A similar pattern was seen in the first nine months of 2024/25.

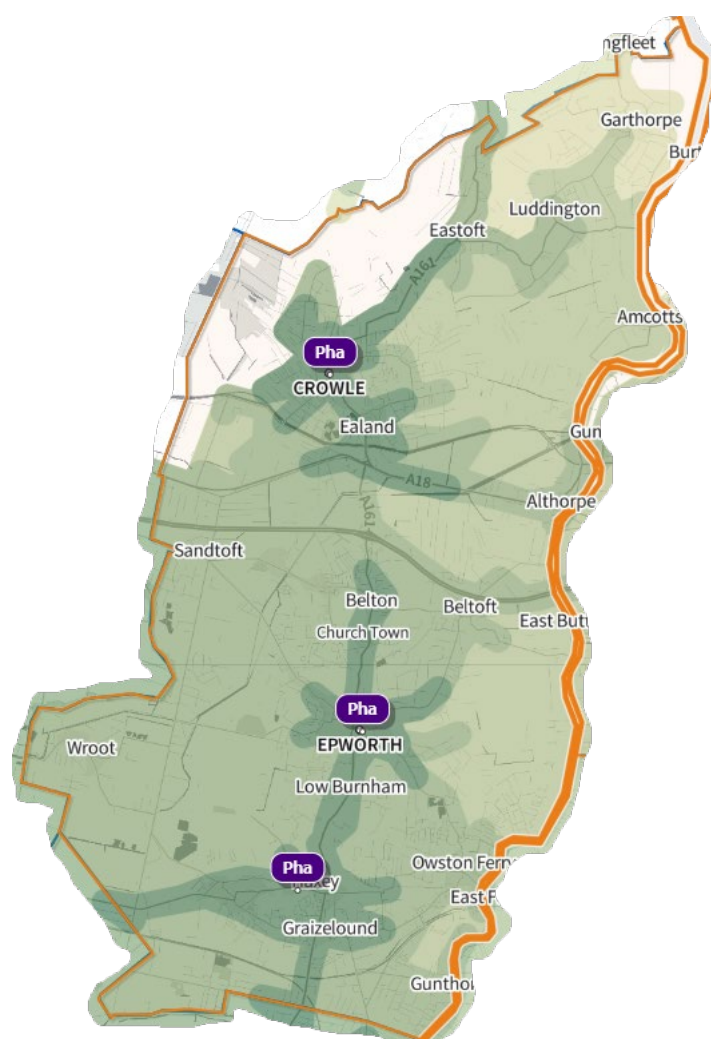
- 17.8% were dispensed by the 29 other pharmacies in North Lincolnshire,
- 5.2% by 48 contractors in Doncaster,
- 1.7% by four contractors in Leeds,
- 0.6% by 19 contractors in Nottinghamshire,
- 0.6% by three contractors in Bradford and Airedale,
- 0.2% by two contractors in Ealing, and
- 0.2% by three contractors in West Sussex.

The remaining 1.2% was dispensed by 257 contractors in 84 different health and wellbeing board areas.

Whilst the majority of items were dispensed by a 'bricks and mortar' pharmacy, 8.2% was dispensed by 32 distance selling premises. 0.6% was dispensed by 28 dispensing appliance contractor premises.

When taking into account the provision of necessary services outside of the locality, most of the whole locality is within 20 minutes of a pharmacy, both during and outside the rush hour periods, with much within a 15-minute drive.

Map 15 – Travel times to pharmacies in Isle and to neighbouring localities and health and wellbeing board areas by car, during rush hour



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5 10 15 20 Travel time in minutes

In addition, dispensing practices in neighbouring health and wellbeing board areas may provide a dispensary service to residents of the locality.

8.4 Other relevant services: current provision

None of the pharmacies conducted appliance use reviews at premises or in user's homes in 2023/24 or the first nine months of 2024/25.

The three pharmacies customised a total of 21 stoma appliances in 2023/24 and 10 in the first nine months of 2024/25.

As of April 2025, none of the pharmacies in the locality were signed up to the lateral flow device test supply service and no tests were supplied in 2023/24 or the first nine months of 2024/25.

As of February 2025, two pharmacies in the locality (Epworth and Crowle) had registered to provide the smoking cessation advanced service. No smoking cessation consultations took place in any of the pharmacies in the locality in 2023/24 or the during the first nine months of 2024/25.

As of April 2025, two of the pharmacies in the locality had signed up to provide the combined pharmacy contraceptive service. No consultations took place in the locality in 2023/24. During the first nine months of 2024/25, 14 consultations took place for ongoing contraception and nine consultations for initiation of contraception.

All three pharmacies are signed up to provide the minor ailments enhanced service, but none are commissioned to provide either of the palliative care enhanced services. The Humber and North Yorkshire Integrated Care Board are currently reviewing the commissioning of the advanced services.

8.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of oral contraception and emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks,
- NHS health checks, and
- Advice and treatment for common ailments.

In 2024/25, the two GP practices will have personally administered some items, however, it is not possible to identify the number of items personally administered by the dispensing practices as they are not recorded separately to those that are dispensed.

Residents will access the other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services including:

- Hospital services,
- The GP out of hours service,
- Community nurse prescribers,
- Dental practices,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality, and which affect the need for pharmaceutical services.

8.6 Choice with regard to obtaining pharmaceutical services

As can be seen from the sections 8.2 and 8.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2023/24, a total of 370 pharmacies or dispensing practices dispensed items written by one of the GP practices, of which 326 were outside of North Lincolnshire. Some were quite a distance from the area, for example Ealing, West Sussex, Bristol and Gloucestershire.

In the first nine months of 2024/25, a total of 370 pharmacies or dispensing practices dispensed items written by one of the GP practices in Isle, of which 334 were outside of North Lincolnshire.

8.7 Necessary services: gaps in provision

Both of the dispensing practices confirmed that they provide a private, free of charge delivery service to those who are housebound, with one also delivering to people who are frail.

One pharmacy has been confirmed as too small by Humber and North Yorkshire Integrated Care Board to have a consultation room.

One of the dispensing practices confirmed that it does not have sufficient capacity at present, but it could make adjustments, to manage the increase in demand in their area with regards to their staffing levels

The health and wellbeing board had noted the dispensing services provided by some of the GP practices to their eligible patients, and that for these residents there is no need to access a pharmacy for the dispensing service.

The health and wellbeing board has noted that there may be some residents in the locality both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and

- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The health and wellbeing board has noted that most of the locality is within 20 minutes of a pharmacy, both during and outside the rush hour periods, with much within a 15-minute drive. That part that is not within a 20-minute drive does not have a resident population. It has also noted that the GP practices dispense to eligible patients, and that more than 50% of households have access to two or more cars or vans with only 11% without access to a car or van. It is not known where that 11% live but it is anticipated that all or most will live in a built-up area and will therefore be able to access a pharmacy by public transport or on foot.

Whilst GP extended opening hours may change during the lifetime of this pharmaceutical needs assessment, the health and wellbeing board is of the opinion that pharmacies may change their opening hours in order to meet a demand for the dispensing service, or Humber and North Yorkshire Integrated Care Board can direct a pharmacy or pharmacies to open at such times as may be required.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board has noted the projected number of houses to be built during the lifetime of this pharmaceutical needs assessment and is of the opinion that the existing pharmacies will be able to meet the needs of those moving into these houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Pharmacy first,
- Hypertension case-finding service, and
- Flu vaccination.

However, if there were to be a total and permanent loss of essential service provision at one of the three sites, there would be a future need for a pharmacy in that settlement, providing all of the necessary services, and open Monday to Friday, as a minimum.

8.8 Improvements or better access: gaps in provision

None of the pharmacies provided the appliance use review service but all three of the pharmacies provided the stoma appliance customisation service in 2023/24 and 2024/25. It is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor.

Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services. It is also noted that not all stoma appliances require customisation. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

As of April 2025, two of the pharmacies were signed up to provide the smoking cessation advanced service but neither had carried out any consultations in 2023/24 or 2024/25. It is noted that there is already an existing service for hospitals to refer people to who wish to stop smoking. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

In relation to the enhanced services, the health and wellbeing board has noted that:

- All three pharmacies provide the minor ailment enhanced services, and
- None provide either of the palliative care enhanced services.

The health and wellbeing board has not identified any current or future improvements or better access to the minor ailment service.

The health and wellbeing board has noted that the palliative care enhanced services are commissioned on a North Lincolnshire-wide basis. The majority of residents are within a 20-minute drive of a pharmacy providing the in-hours service, and all are within a 30-minute drive. The vast majority of residents are within a 30-minute drive of the pharmacy providing the out of hours service. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

9 Barton and District Locality

The locality consists of the three wards Burton Upon Stather and Winterton, Barton and Ferry.






9.1 Key facts

Indicator	Period	North Lincolnshire	Barton and District
Total resident population (%)	2022	100.0	20.9
Population density (per km ²)	2022	193.5	112.4
Resident population 0-19 years (%)	2022	22.0	20.0
Resident population 20-64 years (%)	2022	55.6	55.6
Resident population 65+ years (%)	2022	22.4	24.4
Proportion of population living in 20% most deprived lower super output areas (%)	2022	21.4	10.2
All police recorded crime (rate per 1,000)	2022/23	98.7	62.9
Violent crime recorded by police (rate per 1,000)	2022/23	35.7	24.6
Antisocial behaviour recorded by police (rate per 1,000)	2022/23	12.8	8.2
Children, aged under 16, living in Relative Low Income (%)	2022/23	21.8	16.7
Claimant Count (rate per 1,000)	March 2023	34.7	22.9
Over 65s in receipt of Pension Credit (%)	August 2023	10.2	9.0
Resident school age children of minority ethnic groups (%)	January 2023	17.6	5.9
Live births (general fertility rate) (Fertility rate per 1,000 women of childbearing age)	2022	54.7	46.1
Breastfeeding initiation (%)	2022/23	64.7	63.3
Readiness for school at 5 years of age (%)	2022/23	67.0	74.8
Children (aged under 16) in receipt of Disability Living Allowance (%)	November 2023	5.6	5.1
Children with excess weight at 5 years of age (%)	2022/23	21.8	19.7
Children with excess weight at 11 years of age (%)	2022/23	36.6	34.6
GCSE attainment (4-9) in English and Maths (%)	2022/23	63.1	67.7
Children in need aged 0-10 years (rate per 10,000)	End March 2023	182.2	107.8
Admissions for avoidable injury (under 15s) (rate per 10,000)	2021/22-2023/24	95.9	78.1

Indicator	Period	North Lincolnshire	Barton and District
Emergency admissions for intentional self-harm 10-24 years (per 100,000)	2021/22-2023/24	202.2	127.9
Smoking at delivery (%)	2021/22-2023/24	15.6	10.8
Admissions for avoidable injury (15-24 year olds) (rate per 10,000)	2021/22-2023/24	122.8	116.4
Persons in receipt of Employment and Support Allowance (20-64 year olds) (%)	November 2023	3.9	4.0
Admission for coronary heart disease (all ages) (directly standardised rate per 100,000)	2023/24	555.6	394.1
Admission episodes for alcohol specific conditions (directly standardised rate per 100,000)	2021/22-2023/24	546.8	414
Emergency admissions for intentional self-harm (directly standardised rate per 100,000)	2021/22-2023/24	105.2	82.4
Emergency hospital admissions (18-64 year olds) (rate per 10,000)	2023/24	1248.5	1122.9
Emergency hospital admissions (65+ year olds) (rate per 10,000)	2023/24	2885.6	2364.5
Over 65s in receipt of attendance allowance (%)	August 2023	12.5	11.8
Emergency admissions for falls 65+ (directly standardised rate per 100,000)	2023/24	1726.1	1510.9
Emergency admissions for hip fracture 65+ (directly standardised rate per 100,000)	2021/22-2023/24	590	551.8
Male life expectancy at birth (years)	2021-2023	78.1	80.2
Female life expectancy at birth (years)	2021-2023	82.8	84.4
All cause mortality (all ages) (directly standardised rate per 100,000)	2021-2023	1035.2	928.5
Deaths from causes considered preventable (2024 definition, under 75 years) (directly standardised rate per 100,000)	2021-2023	183.1	168.8
Premature (under 75 years) deaths from cancer (directly standardised rate per 100,000)	2021-2023	130.4	127.0
Premature (under 75 years) deaths from coronary heart disease	2021-2023	54.7	54.4

Indicator	Period	North Lincolnshire	Barton and District
(directly standardised rate per 100,000)			
Premature (under 75 years) deaths from respiratory disease (directly standardised rate per 100,000)	2021-2023	32.1	19.0
Percentage of deaths in usual place of residence (65+ years) (%)	2023	49.6	45.8

Key – statistical significance relative to North Lincolnshire (95% confidence interval).

 Similar	 Better	 Worse
	 Lower	 Higher

- Described as predominantly rural town and fringe and urban city and town.
- Nearly half (45%) of the population lives in Barton-upon-Humber itself, which is classed as urban, two out of five (42%) live in or close to smaller rural towns and one in eight (13%) live in a village or surrounding countryside.
- Geographically, it is the largest locality with the second largest population of 35,530 residents and, with 112 residents per square kilometre.
- Has a higher proportion of residents aged between 50 and 80 years of age and a lower proportion of younger residents between 20-40 and under 10 years of age, particularly men.
- Has the highest life expectancy at birth for males (80.2 years) and females (84.4 years).
- 10.1% of the population provides unpaid care, compared to 9.6% for North Lincolnshire as a whole.
- English was the main language spoken by 98.23% of residents in the locality's households at the 2021 census. 0.4% of residents responded that they could not speak English well or at all.
- The figure below compares car ownership levels in the locality to North Lincolnshire and shows car ownership is higher than the average for North Lincolnshire with 45% of households having two or more cars or vans.

Figure 30 – Car ownership in Barton and District compared to North Lincolnshire

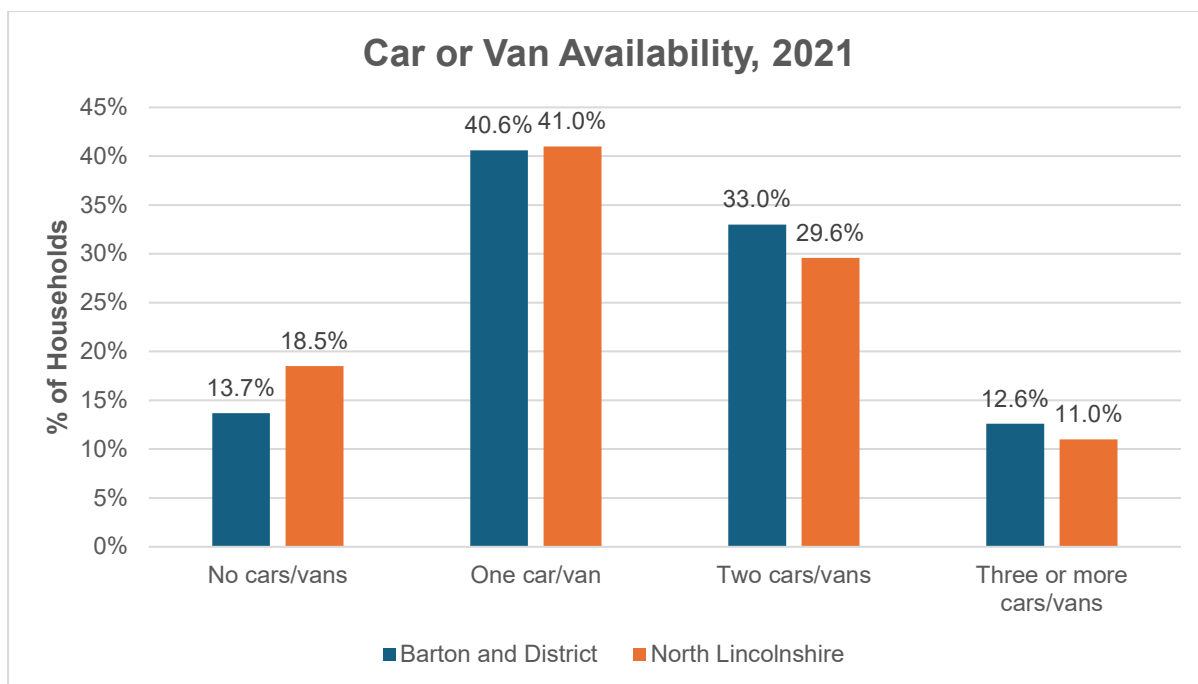
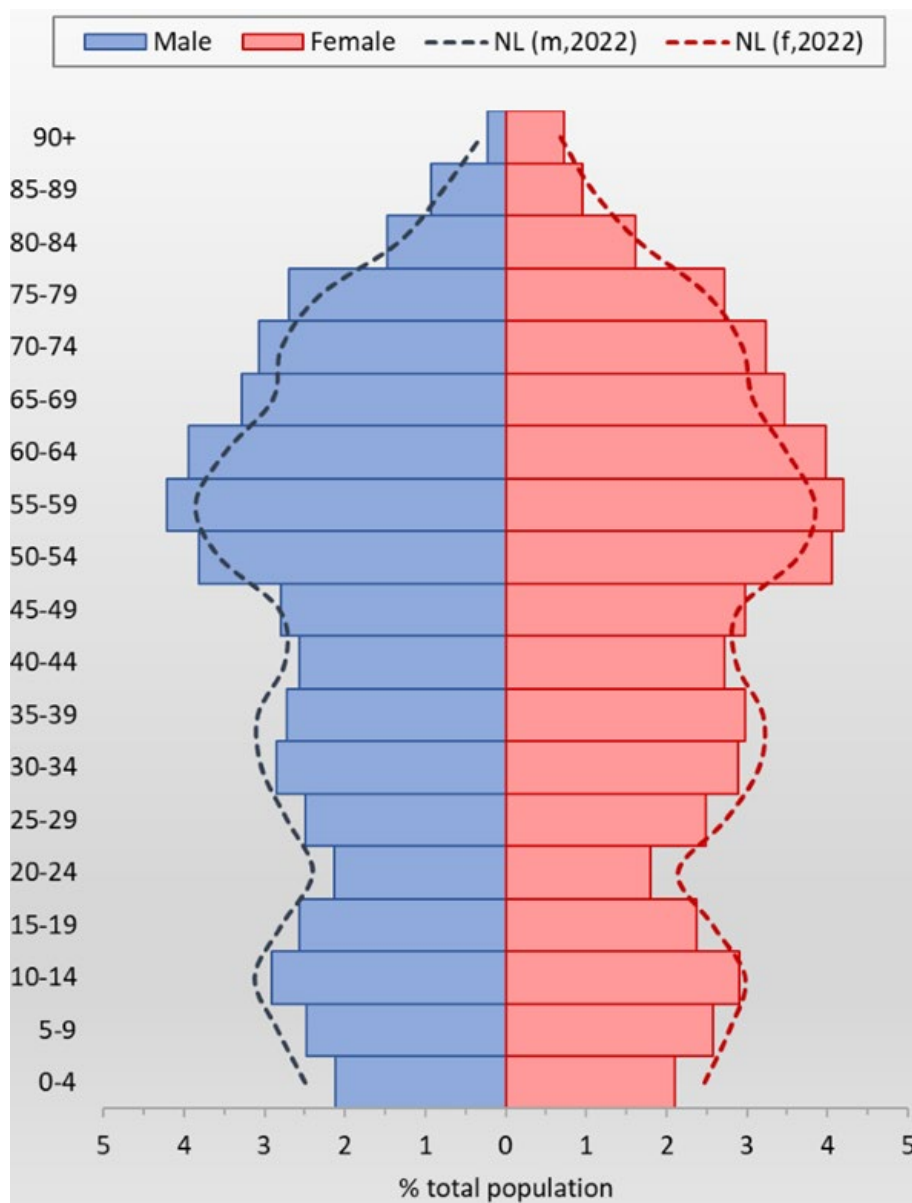
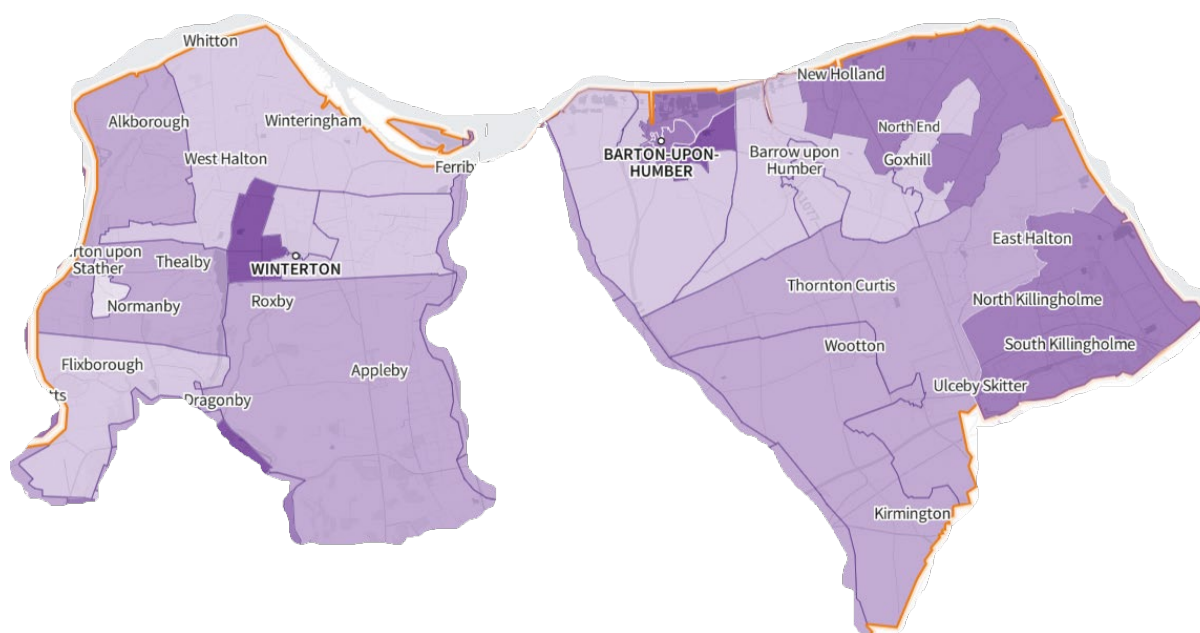


Figure 31 – Barton and District population by gender and age as compared to North Lincolnshire as a whole, 2022



The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation.

Map 16 – Spread of deprivation in Barton and District (*SHAPE Place*)



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The Five-year housing land supply statement estimates that the following number of homes will be built in the locality between April 2025 and March 2029.

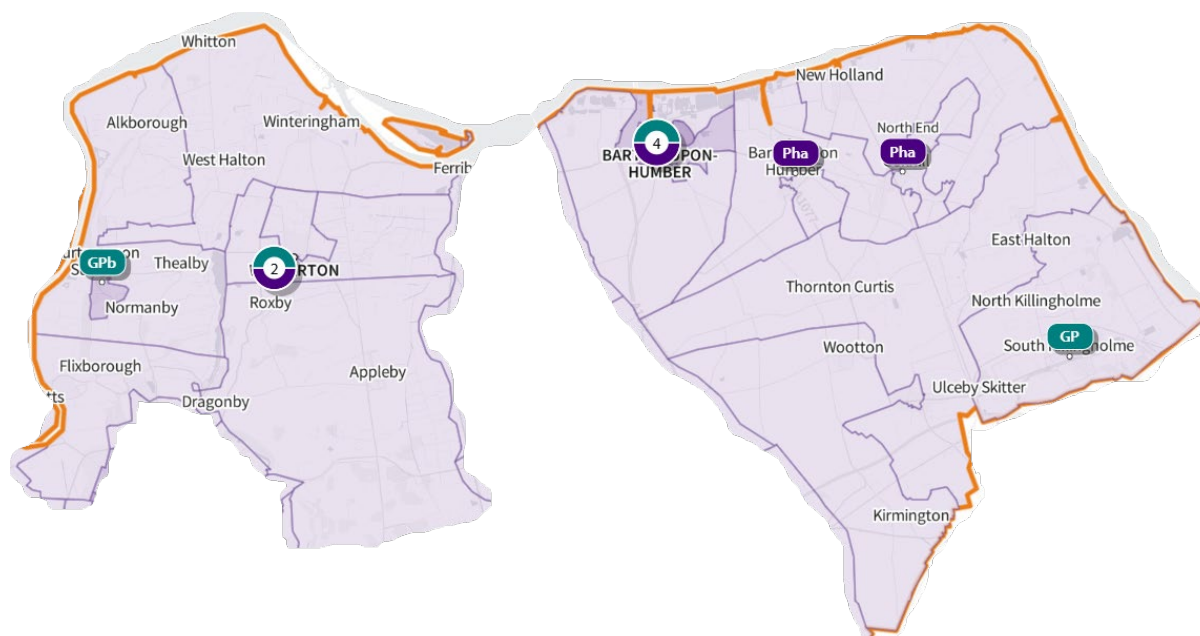
- Barrow upon Humber – 69 homes
- Barton upon Humber – 278 homes
- Goxhill – 45 homes
- Kirmington – seven homes
- Roxby – seven homes
- Ulceby – 60 homes
- Winterton – 171 homes
- Wootton – 38 homes.

9.2 Necessary services: current provision within the locality's area

There are five pharmacies in the locality operated by five different contractors. The four GP practices dispense from five premises, with the percentage of patients dispensed to at practice level ranging from 14.8% to 81.2%.

As can be seen from the map below the population density of the locality is low with the exception of Barton upon Humber (the darker the shading the greater the population density).

Map 17 – Location of pharmacies and dispensing practice premises in Barton and District compared to population density



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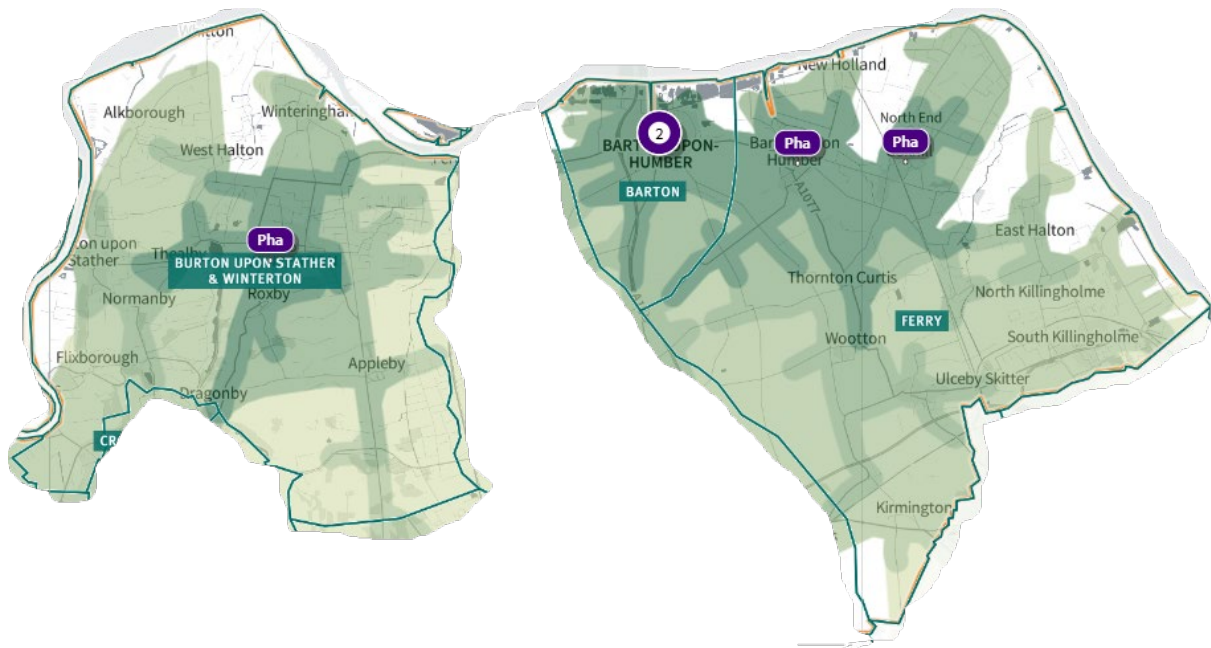
In 2023/24, 61.8% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 33.0% by the dispensing practices (this includes items personally administered by the practice as this information cannot be separated out from the number of items dispensed). In the first nine months of 2024/25 the figures were 62.1% and 32.1% respectively.

As can be seen from the maps below, parts of the locality are not within 20 minutes by car, of a pharmacy located in the locality, both during and outside the rush hour periods. These areas are predominantly along the banks of the River Trent and the Humber estuary, although there is also an area to the south-west of Kirmington. Looking at these areas:

- To the east of the River Trent – this is an area of arable fields. Whilst there appears to be some scattered buildings it is not clear if they are houses or farm buildings.
- The area to the west and east of Barton upon Humber, and along the Humber contains arable fields, wooded areas and a country park.
- The area long the Humber estuary is predominantly arable fields, with the Humber Sea Terminal in the south-east corner.
- South-west of Kirmington is Humberside Airport and arable fields.

There appears to be little or no resident population in these areas.

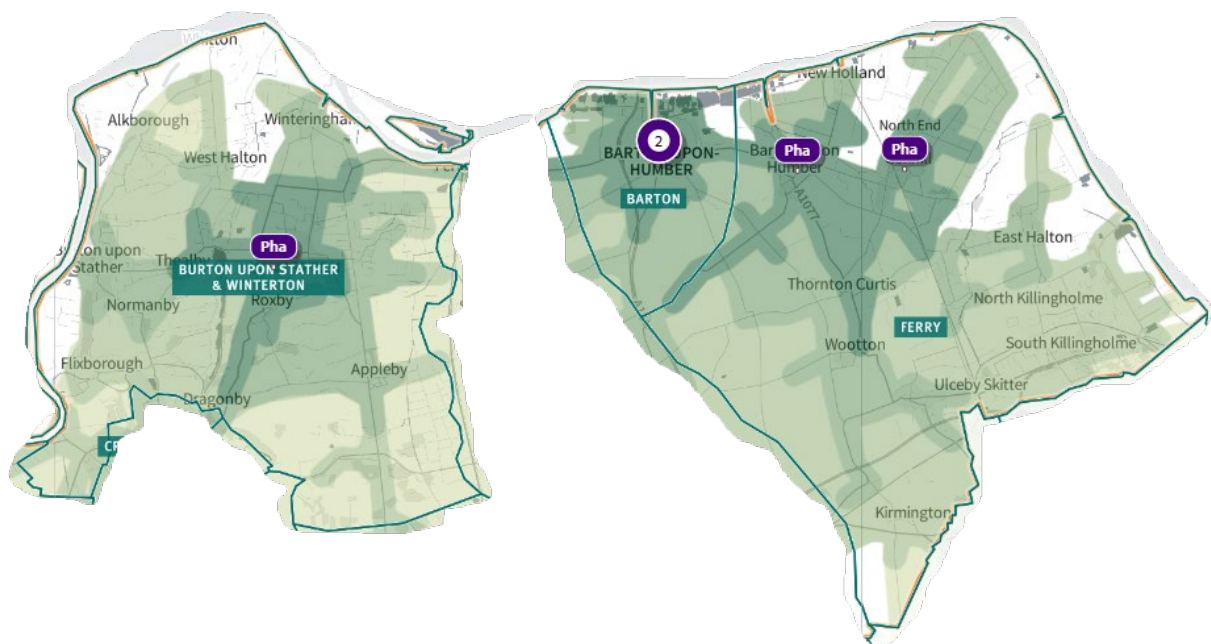
Map 18 – Access to pharmacies in Barton and District outside of rush hour times



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5 10 15 20 Travel time in minutes

Map 19 – Access to pharmacies in Barton and District during rush hour times



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Travel time in minutes

Being a predominantly rural area, access to the pharmacies using public transport is limited outside of the towns and not a realistic method of transport for parts of the locality.

The five pharmacies are open as follows.

- Two open Monday to Friday (one in each of Barrow Upon Humber and Winterton),
- One opens Monday to Friday and until 13:00 on Saturday (Goxhill), and
- Two open Monday to Saturday (both Barton upon Humber).

With regard to the times at which the pharmacies are open between Monday and Friday:

- One opens at 08:30 (Goxhill) and four at 09:00.
- One closes at 17:30 (Barrow Upon Humber), three at 18:00 (Goxhill and Barton Upon Humber) and one at 18:30 (Winterton).

The pharmacy at Goxhill opens 09:00 to 13:00 on Saturdays, and two pharmacies in Barton upon Humber open 09:00 to 17:00. None of the pharmacies are open on Sundays.

The dispensaries within dispensing practices will generally open in line with the opening hours for the premises, usually 08:00 to 18:30 Monday to Friday.

Three of the pharmacies responded to the pharmacy contractor questionnaire, with two confirming that they dispense all types of appliances (both in Barton-upon-Humber) and one confirmed they dispense all types of appliances excluding incontinence appliances (Winterton). Two of the dispensing practices confirmed they dispense prescriptions for all appliances at their premises.

All five of the pharmacies provided the new medicine service in 2023/24 completing a total of 1,424 full-service interventions. The range at pharmacy level was 196 to 427. In the first nine months of 2024/25, the five pharmacies provided a total of 2,239 full-service interventions. The range at pharmacy was 237 to 696.

Four of the pharmacies provided flu vaccinations under the advanced service in 2022/23, vaccinating a total of 2,785 people with a range at pharmacy level of 428 to 1,055. In 2023/24 all five of the pharmacies provided the service, giving a total of 2,642 vaccinations, a range at pharmacy level of 118 to 1,283. In the first part of the 2024/25 season between September 2024 and December 2024, four of the pharmacies provided 2,553 vaccinations, with a range at pharmacy level of 123 to 1,138.

The five pharmacies in the locality are all registered to provide the pharmacy first advanced service which commenced on 31st January 2024, replacing the community pharmacist consultation service which ceased on 30th January 2024. Between 31st

January 2024 and 31st December 2024, the five pharmacies completed a total of 493 pharmacy first clinical pathway consultations (27 to 148 at pharmacy level), 78 pharmacy first minor illness referral consultations (seven to 26 at pharmacy level), and 152 pharmacy first urgent medicine supply consultations (11 to 69 at pharmacy level). Pharmacy first clinical pathway consultations included consultations for uncomplicated urinary tract infections (109), sinusitis (38), shingles (20), infected insect bites (97), impetigo (52), acute sore throat (139), and acute otitis media (38).

As of April 2025, all five pharmacies have signed up to provide the hypertension case-finding advanced service. This service is made up of two stages. The first stage is where people at risk of hypertension are identified and offered a blood pressure measurement in the form of a 'clinic check'. Where clinically indicated, people may then be offered stage two of the service, in the form of ambulatory blood pressure monitoring, with test results also being shared with the patient's GP. In 2023/24, four pharmacies completed a total of 779 clinic blood pressure checks, with a range at pharmacy level of 17 to 370. In the first nine months of 2024/25, the five pharmacies completed 1,953 clinic blood pressure checks, with a range at pharmacy level of 12 to 1,336.

In 2023/24, two pharmacies completed ambulatory blood pressure monitoring on 32 occasions and in the first nine months of 2024/25, all four pharmacies completed ambulatory blood pressure monitoring on 74 occasions.

9.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices in 2023/24 that were not dispensed by a pharmacy or dispensing practice in the locality:

- 0.9% was dispensed by the other pharmacies in North Lincolnshire,
- 0.8% by 32 in Hull,
- 0.7% by six in Leeds,
- 0.6% by one in Ealing,
- 0.4% by 36 in North East Lincolnshire,
- 0.4% by five in Bradford and Airedale,
- 0.2% by one in Salford,
- 0.2% by four in Birmingham, and
- 0.2% by two in Stoke-on-Trent.

The remaining 0.7% was dispensed by 201 contractors in 71 different health and wellbeing board areas.

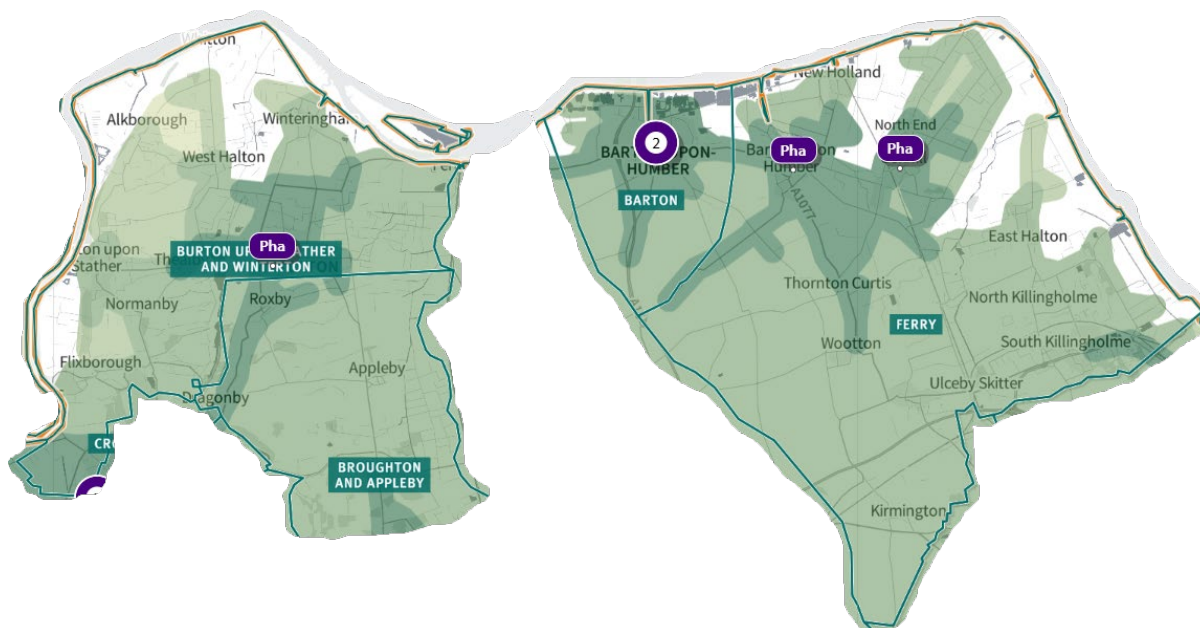
A similar pattern was seen in the first nine months of 2024/25.

- 1.0% was dispensed by the other pharmacies in North Lincolnshire,
- 1.2% by five contractors in Leeds,
- 0.6% by 24 contractors in Hull,
- 0.6% by five contractors in Bradford and Airedale
- 0.4% by 24 contractors in North East Lincolnshire,
- 0.3% by one contractor in Ealing,
- 0.3% by four contractors in Birmingham, and
- 0.2% by one contractor in Salford.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 3.2% was dispensed by 23 distance selling premises. 0.8% was dispensed by 31 dispensing appliance contractor premises.

When taking into account the provision of necessary services of the locality, those parts of the locality along the River Trent and Humber Estuary are still not within 20 minutes of a pharmacy, however as identified above there is little or no resident population in these areas. The area to the south-west of Kirmington is now within a 15-minute drive of a pharmacy.

Map 20 – Travel times to pharmacies in Barton and District and neighbouring localities and health and wellbeing board areas by car, during rush hour





Travel time in minutes

In addition, dispensing practices in neighbouring health and wellbeing board areas may provide a dispensary service to residents of the locality.

9.4 Other relevant services: current provision

None of the pharmacies conducted appliance use reviews at premises or in user's homes in 2023/24 or the first nine months of 2024/25.

One pharmacy in Barton Upon Humber customised a one stoma appliances in 2023/24 and none of the pharmacies have customised any stoma appliances during the first nine months of 2024/25.

As of April 2025, four of the pharmacies in the locality were signed up to the lateral flow device test supply service and no tests were supplied in 2023/24. In the first nine months of 2024/25, the pharmacies supplied 608 tests with a range at pharmacy level of six to 553.

As of April 2025, four of the pharmacies had registered to provide the smoking cessation advanced service. No smoking cessation consultations took place in any of the pharmacies in the locality in 2023/24 or 2024/25.

As of April 2025, all of the pharmacies were registered to provide the combined pharmacy contraception service. No consultations took place in the locality in 2023/24. During the first nine months of 2024/25, five consultations took place for ongoing contraception and seven consultations for initiation of contraception.

Two pharmacies are registered to provide the minor ailments enhanced service (both in Barton Upon Humber but none are commissioned to provide either of the palliative care enhanced services. The Humber and North Yorkshire Integrated Care Board are currently reviewing the commissioning of the advanced services.

9.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks,
- NHS health checks, and
- Advice and treatment for common ailments.

In 2024/25, the four GP practices will have personally administered some items, however it is not possible to identify the number of items personally administered by them as they are not recorded separately to those that are dispensed.

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

- Hospital services,
- The GP out of hours service,
- Community nurse prescribers,
- Dental practices,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

9.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.2 and 9.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2023/24, a total of 334 contractors dispensed items written by one of the GP practices, of which 288 were outside of North Lincolnshire. Some were quite a distance from the area, for example Leicester City, Ealing, Worcestershire, West Sussex, Norfolk, and Bristol.

In the first nine months of 2024/25, a total of 318 contractors dispensed items written by one of the GP practices, of which 281 were outside of North Lincolnshire.

9.7 Necessary services: gaps in provision

Whilst not NHS services, the three pharmacies that responded to the pharmacy contractor questionnaire provided the following information delivery services and automated prescription collection points.

- Two pharmacies provide a free of charge delivery service which is available to all patients.
- One pharmacy offers a private, chargeable delivery service to all patients, although the fee may be waived for certain conditions or circumstances.
- None have an automated prescription collection point.

One pharmacy (located in Barton-upon-Humber) has staff who are able to speak Romanian in addition to English.

The health and wellbeing board has noted the dispensing service provided by some of the GP practices to their eligible patients, and that for these residents there is no need to access to a pharmacy for the dispensing service.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that most of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. When pharmacies in neighbouring localities and health and wellbeing board areas are taken into account most of the locality is within 15 minutes of a pharmacy, both during and outside the risk hour periods. There is little or no resident population in the areas that are not within a 20-minute drive of a pharmacy. It has also noted that the GP practices dispense to eligible patients, and that more than 45% of households have access to two or more cars or vans with less than 14% without access to a car or van. It is not known where that 14% live but it is anticipated that all or most will live in a built-up area and will therefore be able to access a pharmacy by public transport or on foot.

Whilst GP extended opening hours may change during the lifetime of this pharmaceutical needs assessment, the health and wellbeing board is of the opinion that pharmacies may change their opening hours in order to meet a demand for the dispensing service, or Humber and North Yorkshire Integrated Care Bard can direct a pharmacy or pharmacies to open at such times as may be required.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services in the locality, or the dispensing serviced provided by dispensing practices.

The health and wellbeing board has noted the projected number of houses to be built during the lifetime of this pharmaceutical needs assessment and is of the opinion that the existing pharmacies will be able to meet the needs of those moving into these houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increases use of remote consultations,

there are no future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Flu vaccination,
- Pharmacy first, and
- Hypertension case-finding service.

However, if there were to be a total and permanent loss of provision in Goxhill, there would be a future need for a pharmacy providing all of the necessary services, including provision on a Saturday.

If there were to be a total and permanent loss of provision in Winterton, there would be a future need for a pharmacy providing all of the necessary services, and open Monday to Friday as a minimum.

9.8 Improvements or better access: gaps in provision

None of the pharmacies carried out any appliance use reviews in either 2023/24 or the first nine months of 2024/25. One pharmacy provided the stoma customisation service on one occasion in 2023/24. It is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services. It is also noted that not all stoma appliances require customisation. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access needs in relation to either of these two services.

As of April 2025, four pharmacies had signed up to provide the smoking cessation advanced service, but no consultations were carried out in 2024/25. It is noted that there is already an existing service for hospitals to refer people to, who wish to stop smoking. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access needs in relation to this service.

In relation to the enhanced services, the health and wellbeing board has noted that:

- Two pharmacies provide the minor ailment enhanced service, and
- None provide either of the palliative care enhanced services.

The health and wellbeing board has not identified any current or future improvements or better access to the minor ailment service.

The health and wellbeing board has noted that the palliative care enhanced services are commissioned on a North Lincolnshire-wide basis. The majority of residents are within a 20-minute drive of a pharmacy providing the in-hours service, and all are within a 30-minute drive. The vast majority of residents are within a 30-minute drive of the pharmacy providing the out of hours service. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

10 Brigg and District Locality

The locality consists of the four wards Brigg and Wolds, Broughton and Scawby, Messingham and Ridge.






10.1 Key facts

Indicator	Period	North Lincolnshire	Brigg and District
Total resident population (%)	2022	100.0	17.4
Population density (per km ²)	2022	193.5	110.2
Resident population 0-19 years (%)	2022	22.0	19.4
Resident population 20-64 years (%)	2022	55.6	53.4
Resident population 65+ years (%)	2022	22.4	27.3
Proportion of population living in 20% most deprived lower super output areas (%)	2022	21.4	0.0
All police recorded crime (rate per 1,000)	2022/23	98.7	57.2
Violent crime recorded by police (rate per 1,000)	2022/23	35.7	20.9
Antisocial behaviour recorded by police (rate per 1,000)	2022/23	12.8	7.1
Children, aged under 16, living in Relative Low Income (%)	2022/23	21.8	13.3
Claimant Count (rate per 1,000)	March 2023	34.7	17.7
Over 65s in receipt of Pension Credit (%)	August 2023	10.2	8.7
Resident school age children of minority ethnic groups (%)	January 2023	17.6	5.4
Live births (general fertility rate) (Fertility rate per 1,000 women of childbearing age)	2022	54.7	47.0
Breastfeeding initiation (%)	2022/23	64.7	68.2
Readiness for school at 5 years of age (%)	2022/23	67.0	76.3
Children (aged under 16) in receipt of Disability Living Allowance (%)	Nov-23	5.6	4.2
Children with excess weight at 5 years of age (%)	2022/23	21.8	19.1
Children with excess weight at 11 years of age (%)	2022/23	36.6	32.8
GCSE attainment (4-9) in English and Maths (%)	2022/23	63.1	64.1
Children in need aged 0-10 years (rate per 10,000)	End March 2023	182.2	84.8
Admissions for avoidable injury (under 15s) (rate per 10,000)	2021/22-2023/24	95.9	84.7

Indicator	Period	North Lincolnshire	Brigg and District
Emergency admissions for intentional self-harm 10-24 years (per 100,000)	2021/22-2023/24	202.2	232.5
Smoking at delivery (%)	2021/22-2023/24	15.6	9.9
Admissions for avoidable injury (15-24 year olds) (rate per 10,000)	2021/22-2023/24	122.8	118.7
Persons in receipt of Employment and Support Allowance (20-64 year olds) (%)	November 2023	3.9	3.6
Admission for coronary heart disease (all ages) (directly standardised rate per 100,000)	2023/24	555.6	543.0
Admission episodes for alcohol specific conditions (directly standardised rate per 100,000)	2021/22-2023/24	546.8	342.2
Emergency admissions for intentional self-harm (directly standardised rate per 100,000)	2021/22-2023/24	105.2	93.4
Emergency hospital admissions (18-64 year olds) (rate per 10,000)	2023/24	1248.5	1187.4
Emergency hospital admissions (65+ year olds) (rate per 10,000)	2023/24	2885.6	2560.3
Over 65s in receipt of attendance allowance (%)	August 2023	12.5	11.3
Emergency admissions for falls 65+ (directly standardised rate per 100,000)	2023/24	1726.1	1422.5
Emergency admissions for hip fracture 65+ (directly standardised rate per 100,000)	2021/22-2023/24	590	450.7
Male life expectancy at birth (years)	2021-2023	78.1	79.7
Female life expectancy at birth (years)	2021-2023	82.8	83.6
All cause mortality (all ages) (directly standardised rate per 100,000)	2021-2023	1035.2	983.5
Deaths from causes considered preventable (2024 definition, under 75 years) (directly standardised rate per 100,000)	2021-2023	183.1	162.1
Premature (under 75 years) deaths from cancer (directly standardised rate per 100,000)	2021-2023	130.4	115.0
Premature (under 75 years) deaths from coronary heart disease	2021-2023	54.7	53.1

Indicator	Period	North Lincolnshire	Brigg and District
(directly standardised rate per 100,000)			
Premature (under 75 years) deaths from respiratory disease (directly standardised rate per 100,000)	2021-2023	32.1	25.0
Percentage of deaths in usual place of residence (65+ years) (%)	2023	49.6	49.6

Key – statistical significance relative to North Lincolnshire (95% confidence interval).

	Similar		Better		Worse
			Lower		Higher

- Described as predominantly rural village and dispersed, with some areas of rural town and fringe.
- Has a low population density similar to Isle with two thirds (70%) of residents living in or close to rural towns and the remaining third living in villages or dispersed surroundings.
- Geographically, it is the second largest locality with a population of 29,650 residents and 110 residents per square kilometre.
- Has a higher proportion of residents between 50 and 84 years of age and a lower proportion of residents under 45 years of age.
- 10.0% of the population provides unpaid care, compared to 9.6% for North Lincolnshire as a whole.
- English was the main language spoken by 98.75% of residents in the locality's households at the 2021 census. 0.26% of residents responded that they could not speak English well or at all.
- The figure below compares car ownership levels in the locality to North Lincolnshire and shows car ownership is higher than the average for North Lincolnshire with 48% of households having two or more cars or vans.

Figure 32 – Car ownership in Brigg and District compared to North Lincolnshire

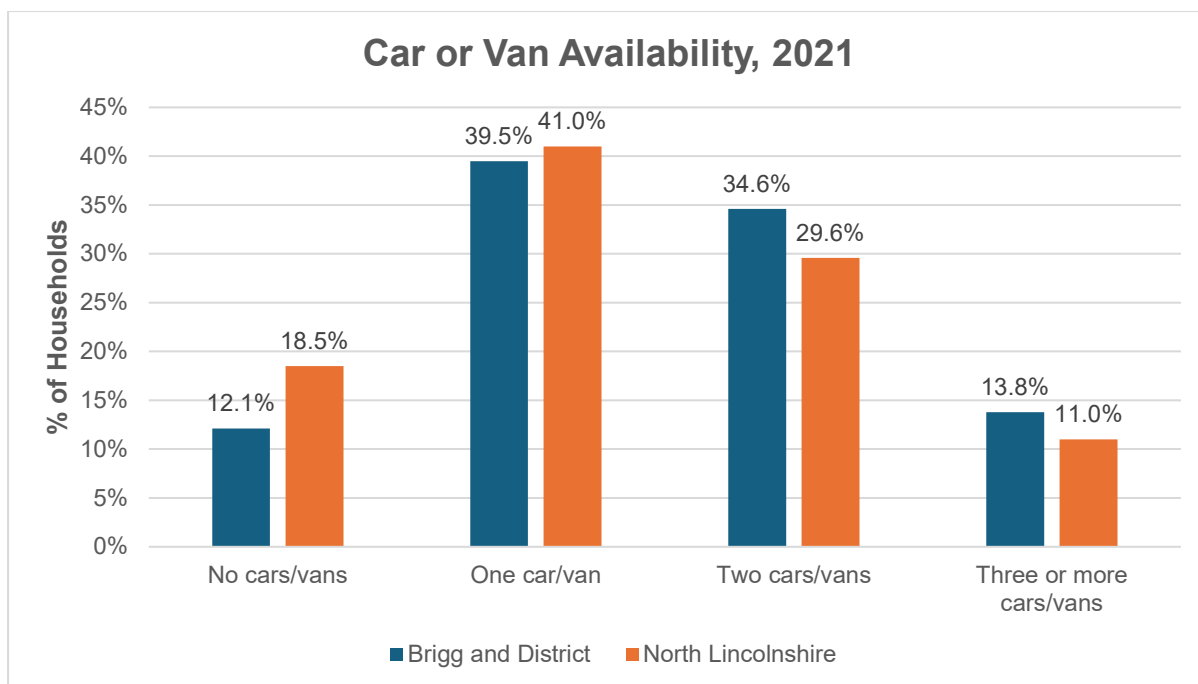
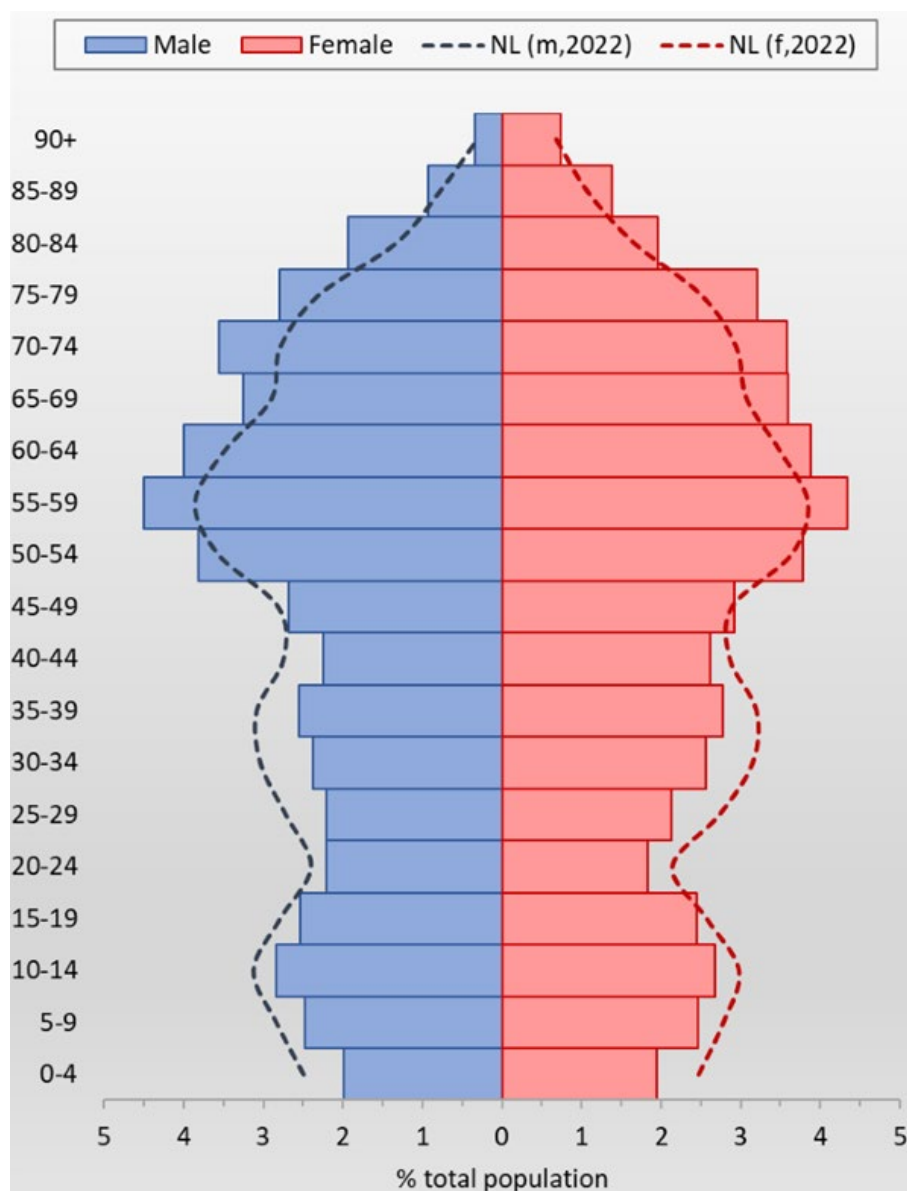
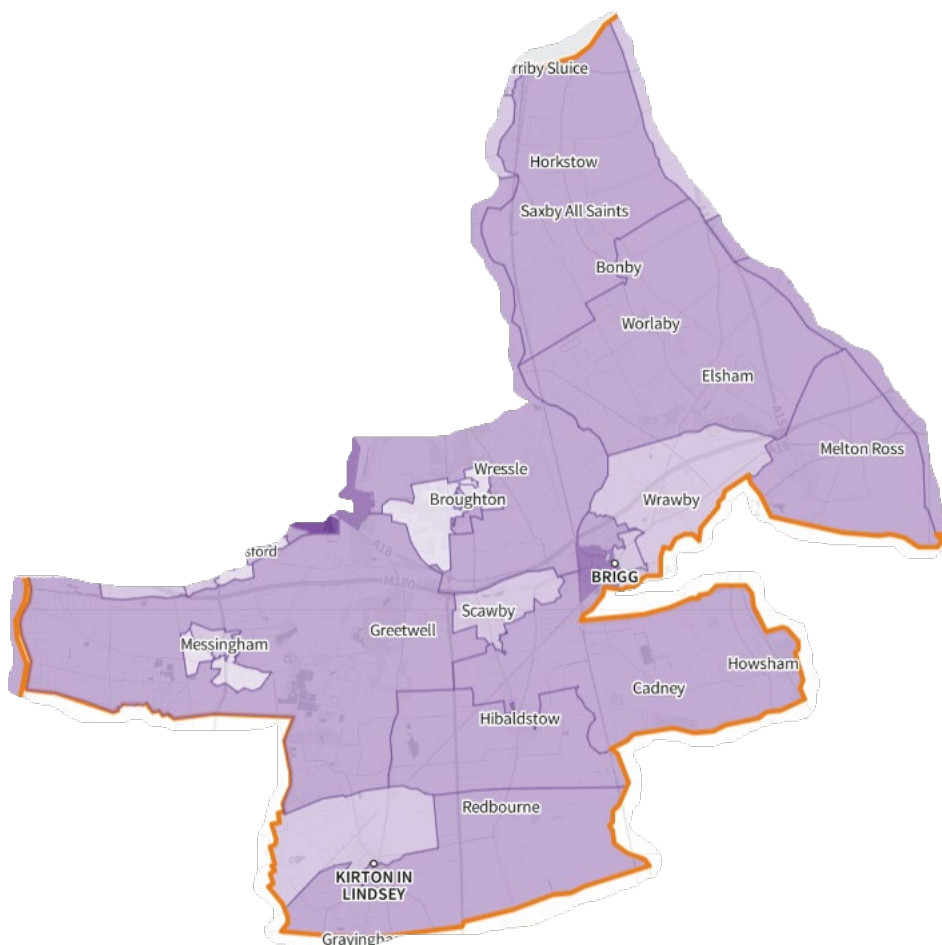


Figure 33 – Brigg and District population by gender and age as compared to North Lincolnshire as a whole, 2022



The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation.

Map 21 – Spread of deprivation in Brigg and District



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5
10
15
20
 Travel time in minutes

The five-year housing land supply statement estimates that the following number of homes will be built in the locality between April 2025 and March 2029.

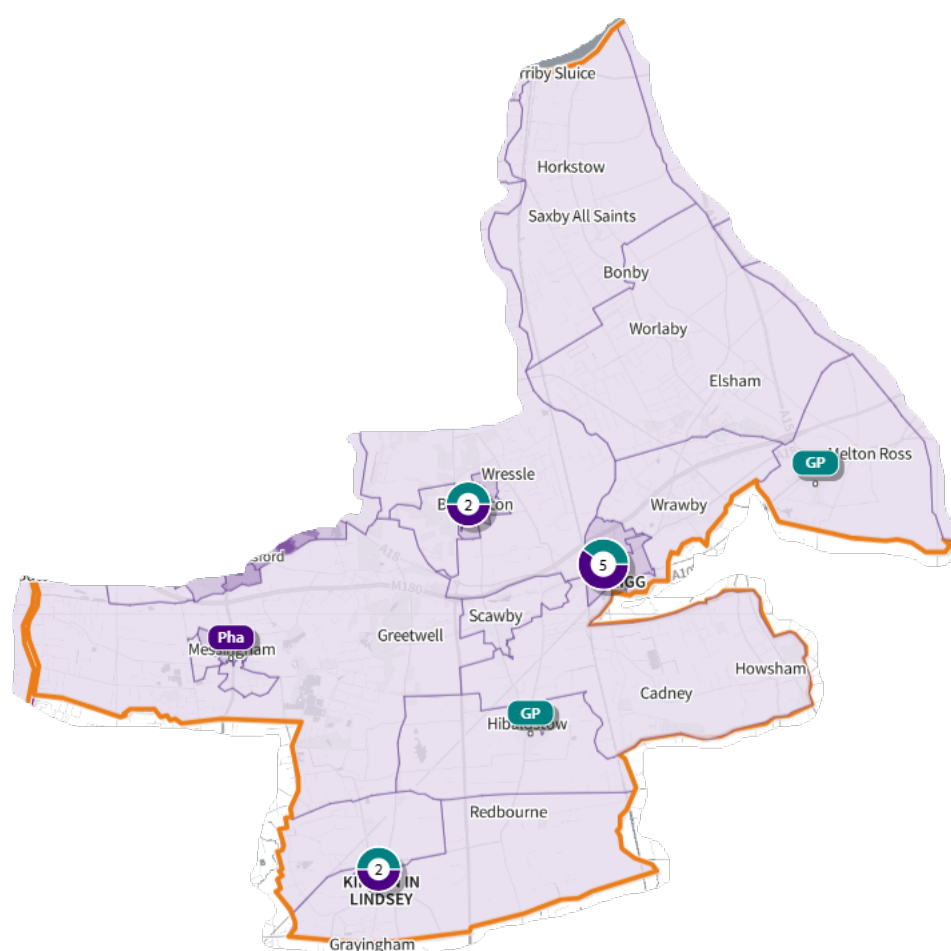
- Brigg – 596 homes
- Broughton – 119 homes
- Cadney – seven homes
- Hibaldstow – 53 homes
- Kirton in Lindsey – 223 homes
- Messingham – 106 homes
- Redbourne – six homes
- Saxby All Saints – seven homes
- Sturton – two homes
- Worlaby – 37 homes
- Wrawby - 30 homes

10.2 Necessary services: current provision within the locality's area

There are six pharmacies in the locality operated by five different contractors, one of which is a 100-hour pharmacy. The five GP practices dispense from six premises, with the percentage of patients dispensed to at practice level ranging from 20.5% to 98.8%.

As can be seen from the map below, the population density of the locality is low with a slightly higher density in the three towns of Brigg, Broughton and Messingham. The pharmacies are generally located in areas of greater population density (the darker the shading the greater the population density) and are located in the south of the locality.

Map 22 – Location of pharmacies and dispensing practice premises in Brigg and District compared to population density

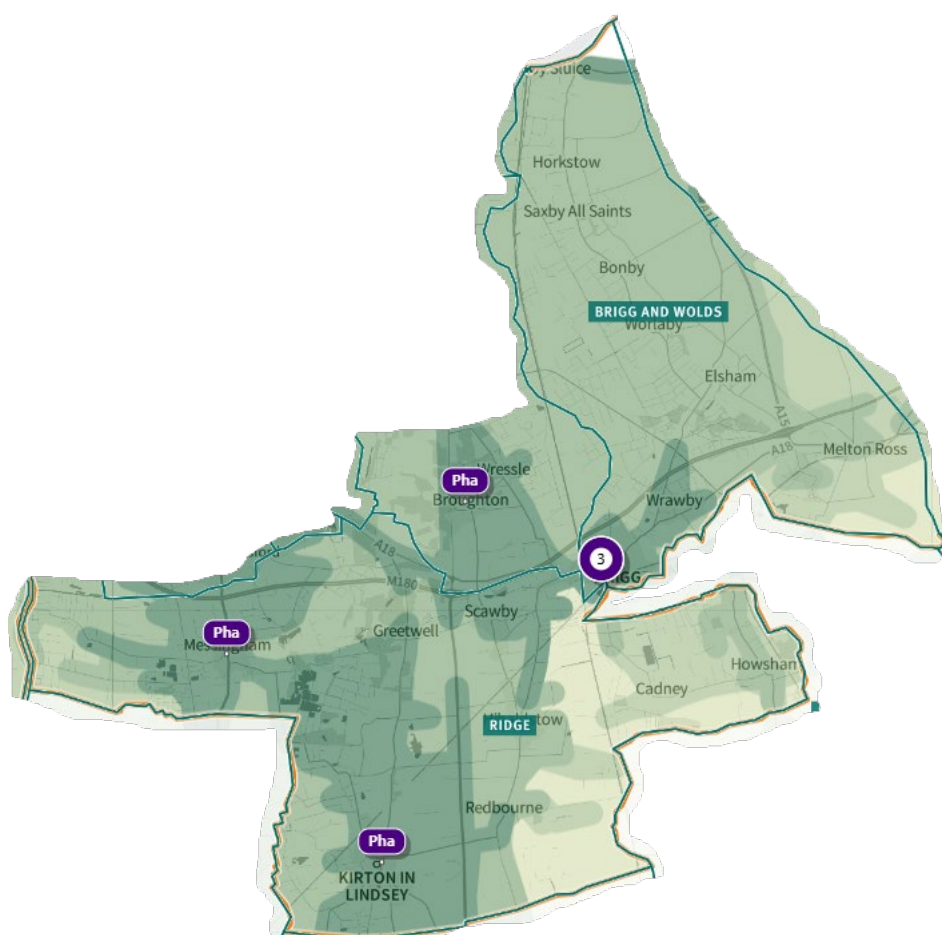


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In 2023/24, 48.1% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 37.6% by the dispensing practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed). In the first nine months of 2024/25, these figures were 48.2% and 38.4% respectively.

As can be seen from the map below, only one part of the locality is not within 20 minutes by car of a pharmacy located in the locality outside the rush hour periods. This is in the north of the locality and Google Maps reveals no resident population.

Map 23 – Access to pharmacies in Brigg and District outside of rush hour times

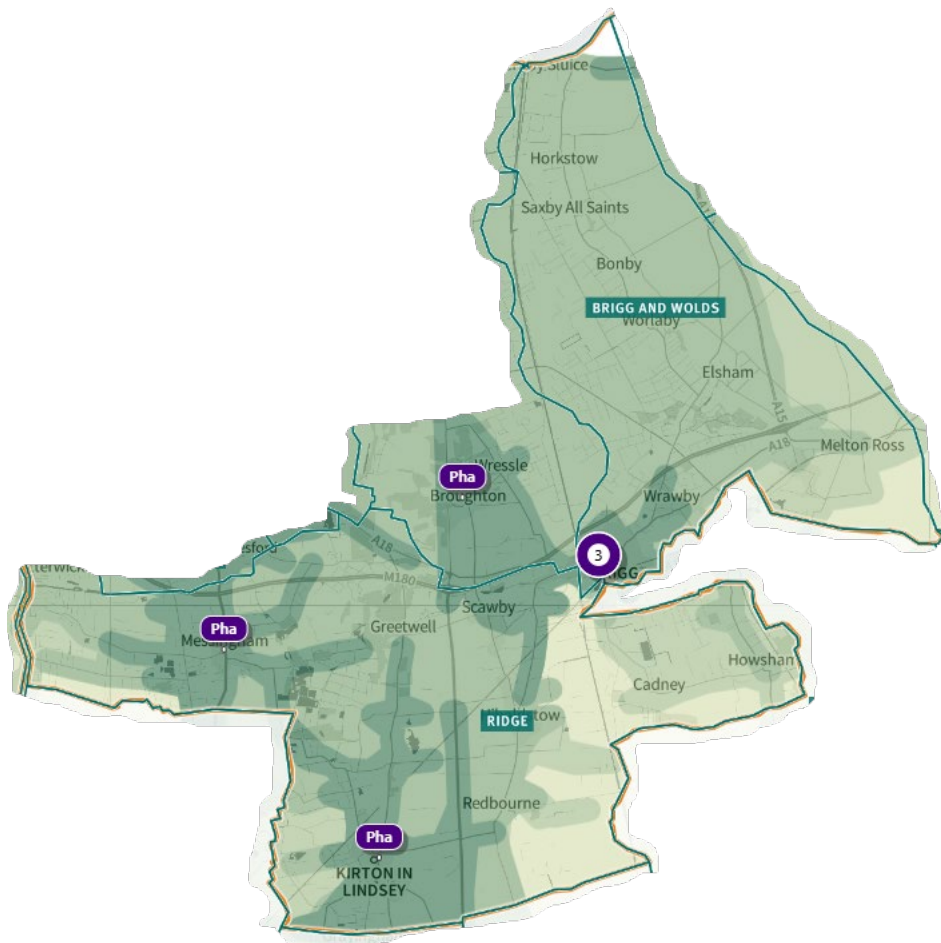


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5 10 15 20 Travel time in minutes

A larger area is not within a 20-minute drive of a pharmacy within the locality during the rush hour periods – to the west and east of the River Ancholme. However, Google Maps reveals little or no resident population in this area.

Map 24 – Access to pharmacies in Brigg and District during rush hour times



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5
10
15
20
 Travel time in minutes

Being a predominantly rural area access to the pharmacies using public transport is limited outside of the towns and not a realistic method of transport for parts of the locality.

The six pharmacies are open as follows.

- Three open Monday to Friday (one in each of Brigg, Broughton and Messingham),
- One opens Monday to Friday and until 13:00 on Saturday (Kirton in Lindsey),
- One opens Monday to Saturday in Brigg, and
- One opens Monday to Sunday (the 100-hour pharmacy in Brigg).

The 100-hour pharmacy opens:

- 08:00 to 21:00 Monday to Saturday, and
- 10:00 to 20:00 Sunday

With regard to the times at which the other pharmacies are open between Monday and Friday:

- Two open at 08:30 (Broughton and Messingham, although this pharmacy opens at 08:00 on Mondays and Thursdays) and three at 09:00.
- One closes at 17:00 (Messingham), one at 17:30 (Brigg), one at 18:00 (Brigg) and two at 18:30 (Kirton Lindsey and Broughton, although this pharmacy closes at 14:30 on Wednesdays).

Other than the 100-hour pharmacy, two pharmacies are open on a Saturday:

- One in Brigg opens 09:00 to 16:45, and
- The pharmacy in Kirton Lindsey opens 09:00 to 13:00.

Other than the 100-hour pharmacy, none of the pharmacies are open on Sunday.

The dispensaries within dispensing practices will generally open in line with the opening hours for the premises, usually 08:00 to 18:30 Monday to Friday.

One dispensing practice (Barnetby) responded to the dispensing doctor questionnaire and confirmed that it dispenses prescriptions for appliances excluding stoma and incontinence appliances.

All the pharmacies provided the new medicine service in 2023/24 completing a total of 504 full-service interventions, with a range at pharmacy level of 21 to 161. In the first nine months of 2024/25, all the pharmacies provided the service, completing a total of 1,255 full-service interventions. The range at pharmacy level was 83 to 385.

Five of the pharmacies provided flu vaccinations under the advanced service in 2022/23, vaccinating a total of 2,761 people, with a range at pharmacy level of 17 to 1319. Between September 2023 and March 2024, five of the pharmacies provided the service, giving a total of 922 vaccinations, a range at pharmacy level of three to 428. In the first part of the 2024/25 season between September 2024 and December 2024, five pharmacies provided 1,896 vaccinations, with a range at pharmacy level of 49 to 1,178. The pharmacy located in Messingham did not administer any flu vaccinations over the last three years.

The six pharmacies in the locality are all registered to provide the pharmacy first advanced service which commenced on 31st January 2024, replacing the community pharmacist consultation service which ceased on 30th January 2024. Between 31st January 2024 and 31st December 2024, the six pharmacies completed a total of 728 pharmacy first clinical pathway consultations (nine to 293 at pharmacy level), 211 pharmacy first minor illness referral consultations (three to 113 at pharmacy level), and 274 pharmacy first urgent medicine supply consultations (nine to 209 at pharmacy level). Pharmacy first clinical pathway consultations included consultations for uncomplicated urinary tract infections (175), sinusitis (99), shingles (23), infected insect bites (95), impetigo (59), acute sore throat (166), and acute otitis media (111).

As of April 2025, five pharmacies in the locality have signed up to provide the hypertension case-find advanced service. This service is made up of two stages. The first stage is where people at risk of hypertension are identified and offered a blood

pressure measurement in the form of a 'clinic check'. Where clinically indicated, people may then be offered stage two of the service, in the form of ambulatory blood pressure monitoring, with test results also being shared with the patients GP. In 2023/24, four pharmacies completed a total of 106 clinic blood pressure checks, with a range at pharmacy level of seven to 42. In the first nine months of 2023/24, five pharmacies completed 638 clinic blood pressure checks, with a range at pharmacy level of one to 297.

In 2023/24, one pharmacy completed ambulatory blood pressure monitoring on six occasions, and in the first nine months of 2023/24, two pharmacies completed ambulatory blood pressure monitoring on 23 occasions.

10.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices in 2023/24 that were not dispensed by a pharmacy or dispensing practice in the locality:

- 3.0% was dispensed by the other pharmacies in North Lincolnshire,
- 8.1% by 44 contractors in Lincolnshire,
- 0.6% by 11 contractors in Leeds,
- 0.5% by 23 contractors in Hull,
- 0.3% by two contractors in Bradford and Airedale,
- 0.3% by 4 contractors in Leicestershire, and
- 0.3% by one contractor in Ealing.

The remaining 1.2% was dispensed by 349 contractors in 96 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 2.1% was dispensed by 24 distance selling premises. 0.8% was dispensed by 41 dispensing appliance contractor premises.

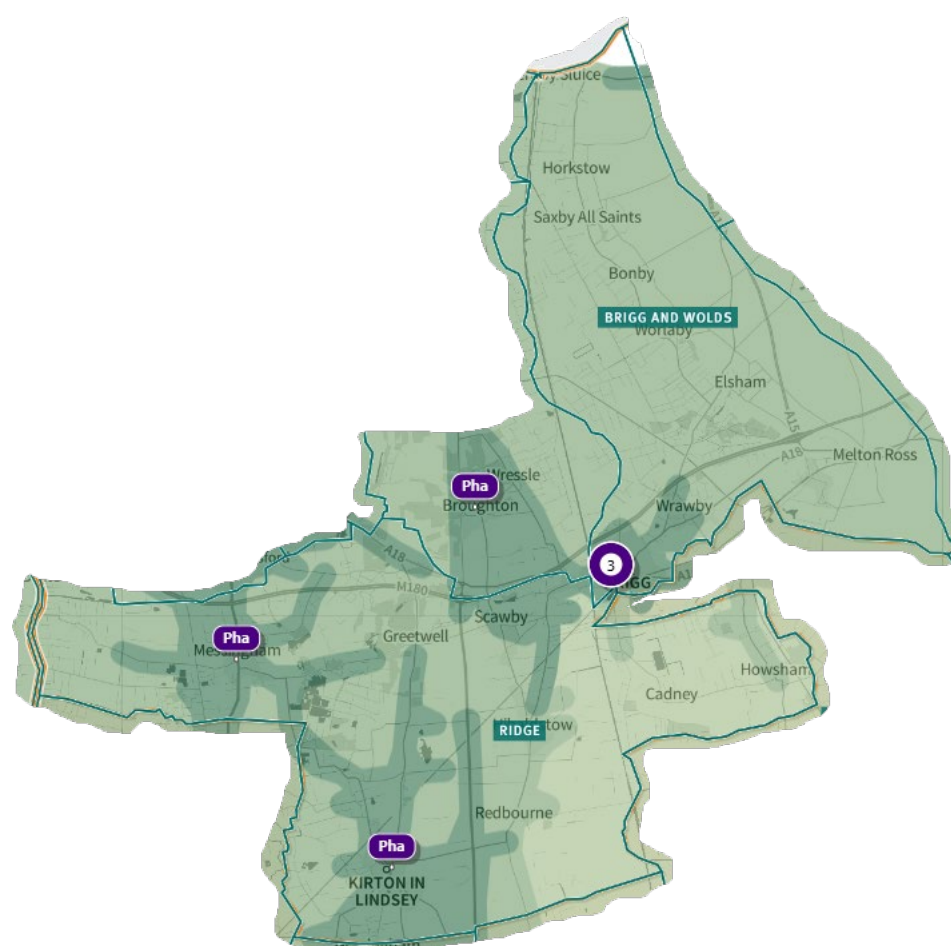
A similar pattern was seen in the first nine months of 2024/25.

- 1.9% were dispensed by the other pharmacies in North Lincolnshire,
- 8.3% by 39 contractors in Lincolnshire,
- 1.0% by nine contractors in Leeds,
- 0.3% by three contractors in Bradford and Airedale,
- 0.3% by 19 contractors in Hull,
- 0.2% by one contractor in Ealing, and
- 0.2% by four contractors in West Sussex.

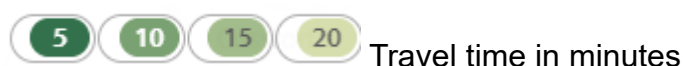
The remaining 1.3% was dispensed by 276 contractors in 96 difference health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 2.1% was dispensed by 23 distance selling premises. 0.8% was dispensed by 34 dispensing appliance contractor premises.

Map 25 – Travel times to pharmacies in Brigg and District and neighbouring localities and health and wellbeing board areas by car, during rush hour



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In addition, dispensing practices in neighbouring health and wellbeing board areas may provide a dispensary service to residents of the locality.

10.4 Other relevant services: current provision

None of the pharmacies conducted appliance use reviews at premises or in user's homes in 2023/24 or the first nine months of 2024/25.

None of the pharmacies provided any stoma appliance customisations in either 2023/24 or in the first nine months of 2024/25.

As of April 2025, four of the pharmacies are signed up to the lateral flow test device supply service. In 2023/24, four pharmacies supplied 35 test kits and in the first nine months of 2024/25 three pharmacies supplied 42 test kits.

As of April 2025, no pharmacies in the locality had registered to provide the smoking cessation advanced service. No smoking cessation consultations took place at any of the pharmacies in the locality in 2023/24 or during the first nine months of 2024/25.

As of April 2025, four pharmacies in the locality were registered to provide the combined pharmacy contraceptive service. No consultations took place in the locality in 2023/24. During the first nine months of 2024/25, 35 consultations took place for ongoing contraception and 23 consultations for initiation of contraception.

Four of the pharmacies provide the minor ailment enhanced service and two are commissioned to provide palliative care enhanced services. The Humber and North Yorkshire Integrated Care Board are currently reviewing the commissioning of the advanced services.

10.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks,
- NHS health checks, and
- Advice and treatment for common ailments.

In 2024/25, the five GP practices will have personally administered some items, however, it is not possible to identify the number of items personally administered by them as they are not recorded separately to those that are dispensed.

Residents will access the other NHS Services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Community nurse prescribers,
- Dental practices,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

10.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.2 and 10.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2023/24, a total of 483 contractors dispensed items written by one of the GP practices, of which 434 were outside of North Lincolnshire. Some were quite a distance from the area, for example West Sussex, Norfolk, Buckinghamshire and Sutton.

In the first nine months of 2024/25, a total of 388 contractors dispensed items written by one of the GP practices, of which 350 were outside of North Lincolnshire.

10.7 Necessary services: gaps in provision

The dispensing practice (Barnetby) confirmed that they provide a private, free of charge delivery service which is available to all patients. They also confirmed that languages other than English are available to patients from staff but that these are frequently needed. Languages available were not specified.

The health and wellbeing board has noted the dispensing service provided by some of the GP practices to their eligible patients, and that for these residents there is no need to access a pharmacy for the dispensing service.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that much of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. When pharmacies in neighbouring localities and health and wellbeing board areas are taken into account most of the locality is within 15 minutes of a pharmacy, both during and outside the rush hour periods. There is no resident population in the area that is not within a 15-minute drive of a pharmacy. It has also noted that the GP practices dispense to eligible patients, and that 48% of households have access to two or more cars or vans with only 12% without access to a car or van. It is not known where that 12% live but it is anticipated that all or most will live in a built-up area and will therefore be able to access a pharmacy by public transport or on foot.

Whilst GP extended opening hours may change during the lifetime of this pharmaceutical needs assessment, the health and wellbeing board is of the opinion that pharmacies may change their opening hours in order to meet a demand for the dispensing service, or Humber and North Yorkshire Integrated Care Board can direct a pharmacy or pharmacies to open at such times as may be required.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board has noted the projected number of houses to be built during the lifetime of this pharmaceutical needs assessment and is of the opinion that the existing pharmacies will be able to meet the needs of those moving into these new houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board is also satisfied that based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Pharmacy first,
- Flu vaccination,
- Hypertension case-finding service, and
- Flu vaccination.

However, if there were to be a total and permanent loss of essential service provision in Kirton in Lindsey, there would be a future need for a pharmacy providing all of the necessary services, and open Monday to Friday and Saturday mornings as a minimum.

10.8 Improvements or better access: gaps in provision

None of the pharmacies provided the appliance use review service, or stoma appliance customisation services in 2023/24 and 2024/25. It is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will then be able to access these two services via those contractors. In addition, stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services. It is also noted that not all stoma appliances require customisation. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access needs in relation to either of these two services.

As of April 2025, two of the pharmacies were signed up to provide the smoking cessation advanced service but neither had carried out any consultations in 2023/24 or 2024/25. It is noted that there is already an existing service for hospitals to refer people to who wish to stop smoking. The health and wellbeing board is there for

satisfied that there are no current or future improvements or better access in relation to this service.

In relation to the enhanced services, the health and wellbeing board has noted that:

- Four pharmacies provide the minor ailment enhanced services, and
- Two provide palliative care services.

The health and wellbeing board has not identified any current or future improvements or better access to the minor ailment service.

The health and wellbeing board has noted that the palliative care enhanced services are commissioned on a North Lincolnshire-wide basis. The majority of residents are within a 20-minute drive of a pharmacy providing the in-hours service, and all are within a 30-minute drive. The vast majority of residents are within a 30-minute drive of the pharmacy providing the out of hours service. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

11 Scunthorpe North Locality

The locality consists of the three wards Burringham and Gunness, Crosby and Park and Town.






11.1 Key facts

Indicator	Period	North Lincolnshire	Scunthorpe North
Total resident population (%)	2022	100.0	15.7
Population density (per km ²)	2022	193.5	874.5
Resident population 0-19 years (%)	2022	22.0	24.3
Resident population 20-64 years (%)	2022	55.6	59.4
Resident population 65+ years (%)	2022	22.4	16.2
Proportion of population living in 20% most deprived lower super output areas (%)	2022	21.4	47.0
All police recorded crime (rate per 1,000)	2022/23	98.7	184.7
Violent crime recorded by police (rate per 1,000)	2022/23	35.7	61.7
Antisocial behaviour recorded by police (rate per 1,000)	2022/23	12.8	22.3
Children, aged under 16, living in Relative Low Income (%)	2022/23	21.8	34.3
Claimant Count (rate per 1,000)	March 2023	34.7	59.5
Over 65s in receipt of Pension Credit (%)	August 2023	10.2	15.2
Resident school age children of minority ethnic groups (%)	January 2023	17.6	51.8
Live births (general fertility rate) (Fertility rate per 1,000 women of childbearing age)	2022	54.7	68.1
Breastfeeding initiation (%)	2022/23	64.7	72.5
Readiness for school at 5 years of age (%)	2022/23	67.0	52.1
Children (aged under 16) in receipt of Disability Living Allowance (%)	November 2023	5.6	5.0
Children with excess weight at 5 years of age (%)	2022/23	21.8	18.8
Children with excess weight at 11 years of age (%)	2022/23	36.6	59.6
GCSE attainment (4-9) in English and Maths (%)	2022/23	63.1	59.7
Children in need aged 0-10 years (rate per 10,000)	End March 2023	182.2	235.5
Admissions for avoidable injury (under 15s) (rate per 10,000)	2021/22-2023/24	95.9	107.4

Indicator	Period	North Lincolnshire	Scunthorpe North
Emergency admissions for intentional self-harm 10-24 years (per 100,000)	2021/22-2023/24	202.2	320.6
Smoking at delivery (%)	2021/22-2023/24	15.6	17.6
Admissions for avoidable injury (15-24 year olds) (rate per 10,000)	2021/22-2023/24	122.8	143.0
Persons in receipt of Employment and Support Allowance (20-64 year olds) (%)	November 2023	3.9	3.7
Admission for coronary heart disease (all ages) (directly standardised rate per 100,000)	2023/24	555.6	744.1
Admission episodes for alcohol specific conditions (directly standardised rate per 100,000)	2021/22-2023/24	546.8	853.5
Emergency admissions for intentional self-harm (directly standardised rate per 100,000)	2021/22-2023/24	105.2	146.4
Emergency hospital admissions (18-64 year olds) (rate per 10,000)	2023/24	1248.5	1478.9
Emergency hospital admissions (65+ year olds) (rate per 10,000)	2023/24	2885.6	3776.9
Over 65s in receipt of attendance allowance (%)	August 2023	12.5	15.2
Emergency admissions for falls 65+ (directly standardised rate per 100,000)	2023/24	1726.1	2195.8
Emergency admissions for hip fracture 65+ (directly standardised rate per 100,000)	2021/22-2023/24	590	911.6
Male life expectancy at birth (years)	2021-2023	78.1	75.5
Female life expectancy at birth (years)	2021-2023	82.8	80.6
All cause mortality (all ages) (directly standardised rate per 100,000)	2021-2023	1035.2	1339.4
Deaths from causes considered preventable (2024 definition, under 75 years) (directly standardised rate per 100,000)	2021-2023	183.1	216.6
Premature (under 75 years) deaths from cancer (directly standardised rate per 100,000)	2021-2023	130.4	135.3
Premature (under 75 years) deaths from coronary heart disease	2021-2023	54.7	66.9

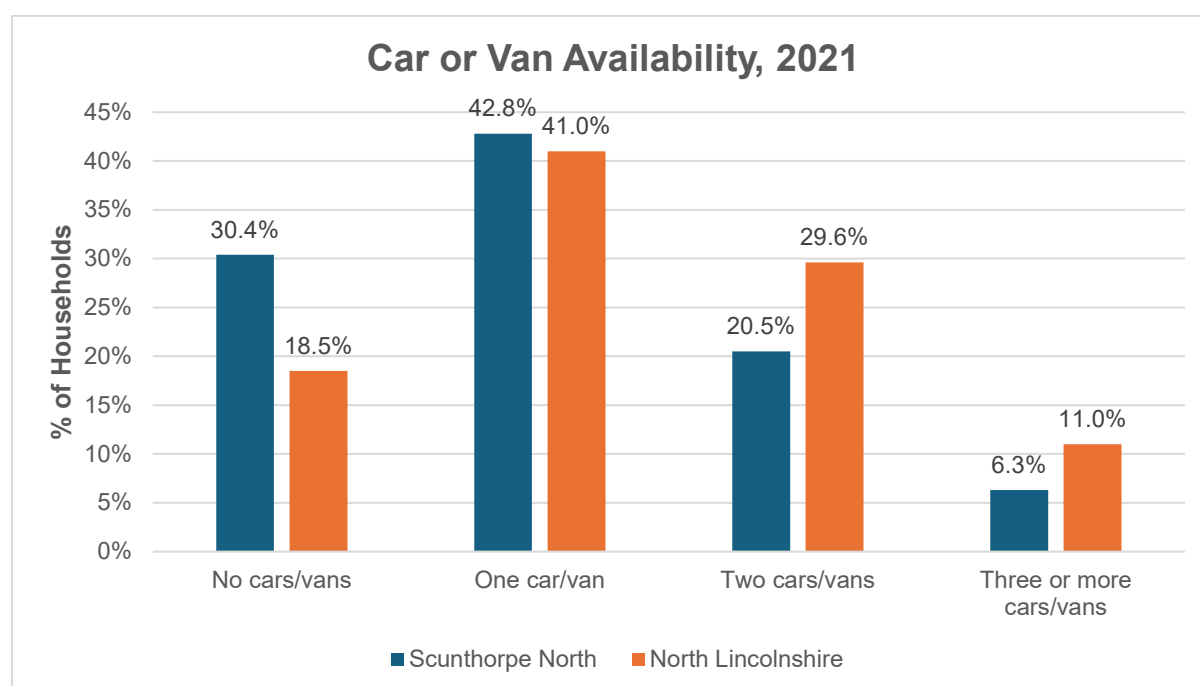
Indicator	Period	North Lincolnshire	Scunthorpe North
(directly standardised rate per 100,000)			
Premature (under 75 years) deaths from respiratory disease (directly standardised rate per 100,000)	2021-2023	32.1	56.7
Percentage of deaths in usual place of residence (65+ years) (%)	2023	49.6	55.6

Key – statistical significance relative to North Lincolnshire (95% confidence interval).

	Similar		Better		Worse
			Lower		Higher

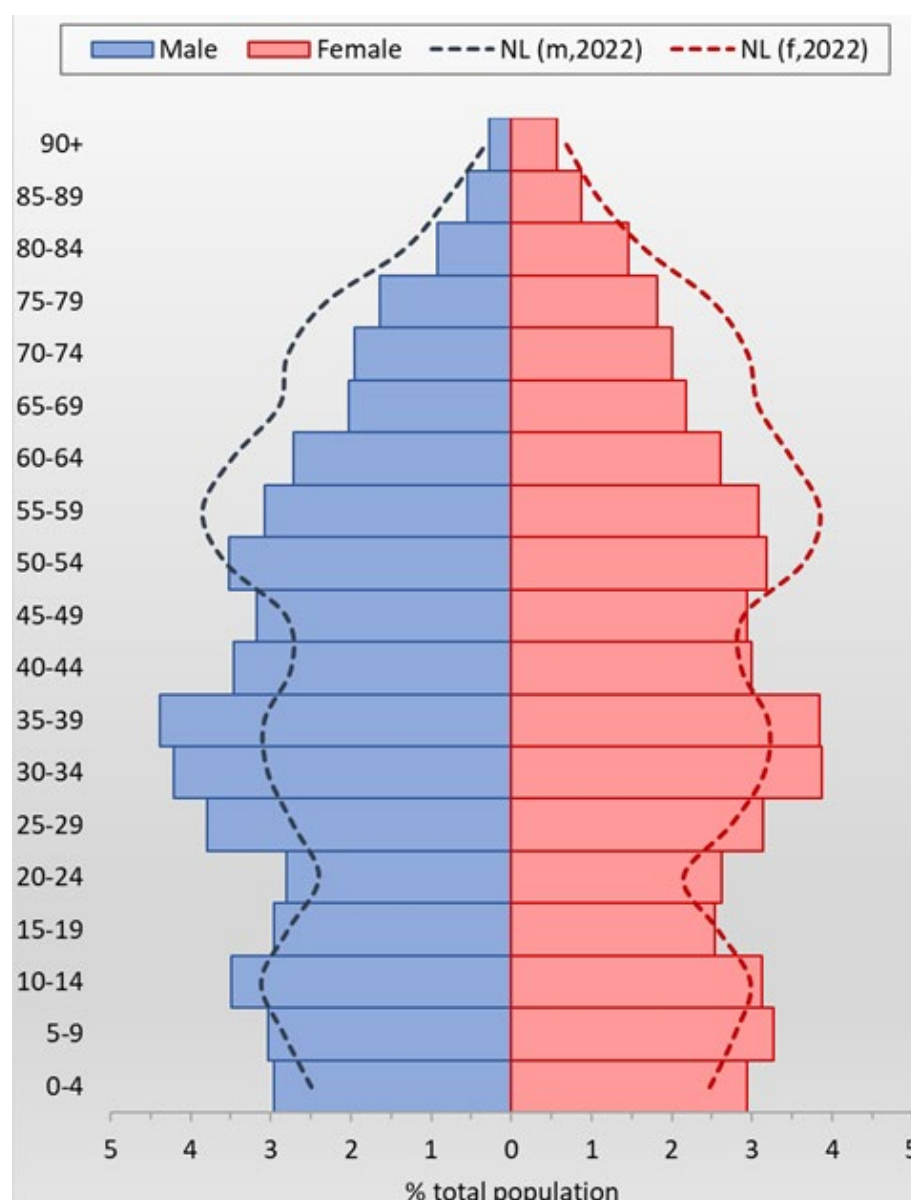
- Crosby and Park and Town are described as urban city and town. Burringham and Gunness is described as urban city and town in the east, whereas the west is described as rural village and dispersed.
- Has ten times the population density of the more rural localities with 95% of residents living in urban areas and the remaining 5% living in areas of Burringham and Gunness ward.
- Geographically, it is the second smallest locality, but with 26,650 residents it is the second most densely populated, equivalent to 875 residents per square kilometre.
- Has a distinctly lower proportion of residents between 55 and 85 years of age and a higher proportion of 25 to 50-year-olds, particularly males, along with more children aged under 15.
- Has the lowest life expectancy at birth for both males and females (75.5 and 80.6 years respectively).
- 9.5% of the population provides unpaid care, compared to 9.6% for North Lincolnshire as a whole.
- English was the main language spoken by 76.31% of residents in the locality's households at the 2021 census. 6.98% of residents responded that they could not speak English well or at all.
- The figure below compares car ownership levels in the locality to North Lincolnshire and shows car ownership is lower than the average for North Lincolnshire with 30.4% of households having no car/van although slightly more households have one car/van.

Figure 34 – Car ownership in Scunthorpe North compared to North Lincolnshire



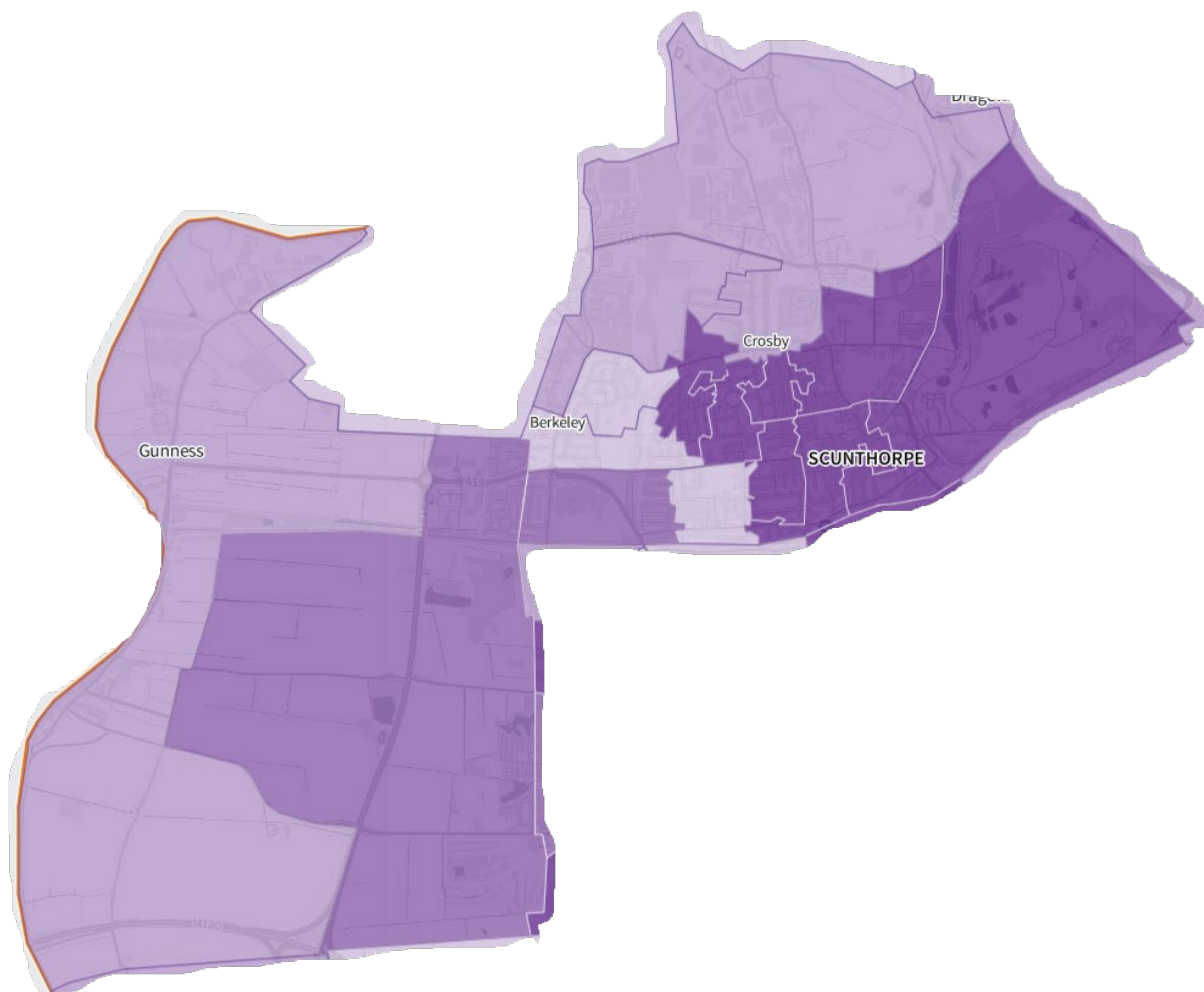
The locality has a distinctly lower proportion of residents between 55 and 80 years of age and a pronounced excess of 20- to 45-year-olds, particularly males, along with more children under 10 compared to North Lincolnshire as a whole, as can be seen from the figure below.

Figure 35 – Scunthorpe North population by gender and age as compared to North Lincolnshire as a whole, 2022



The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation. It should be noted that due to reference point for the lower-layer super output area in the west of the locality falling in the river, the mapping software has been unable to map this locality in full.

Map 26 – Spread of deprivation in Scunthorpe North



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The Five-year housing land supply statement estimated that the following number of homes will be built in the locality between April 2025 and March 2029.

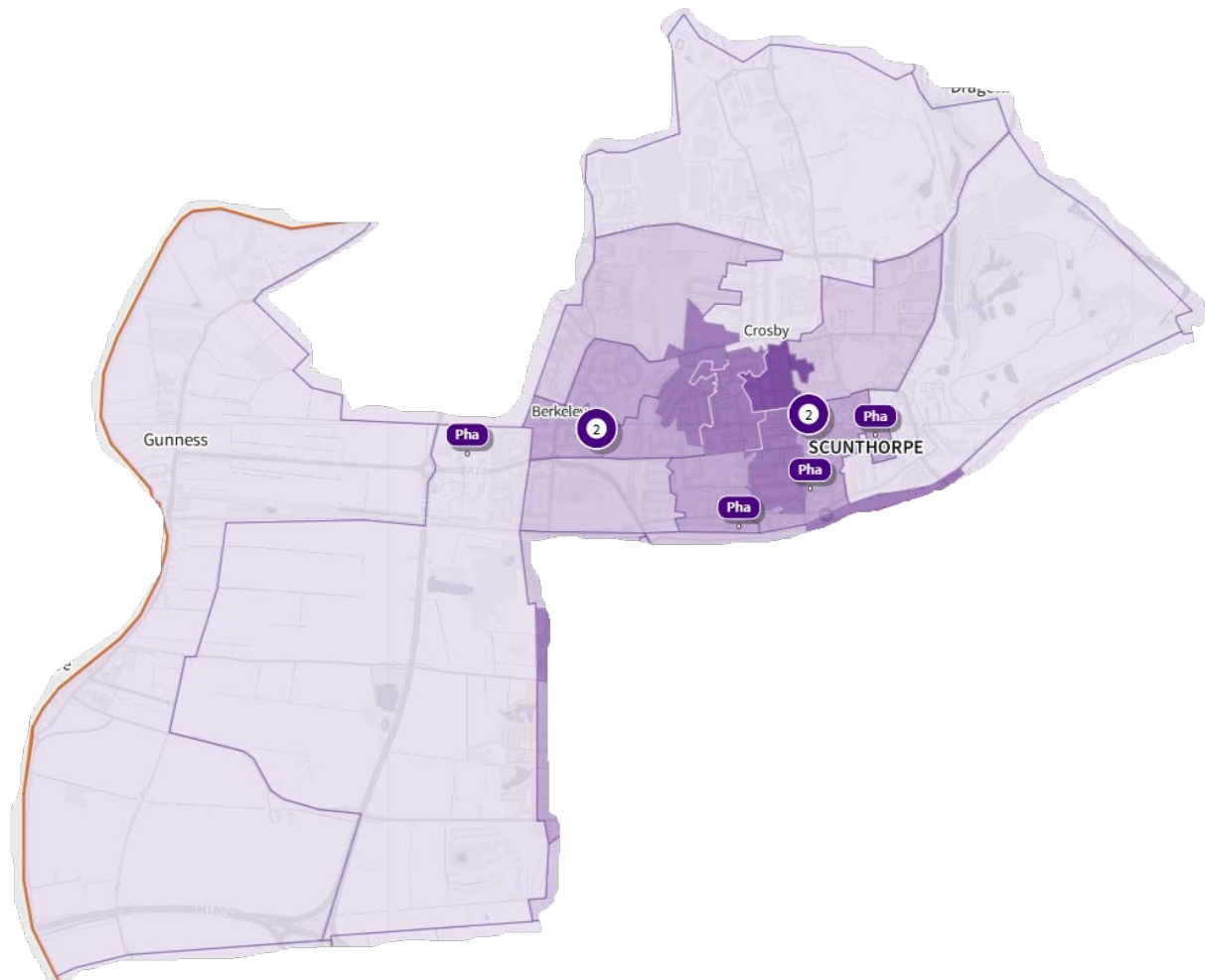
- Scunthorpe – 710 homes
- Burringham - 9 homes.

11.2 Necessary services: current provision within the locality's area

There are eight pharmacies in the locality operated by five different contractors. Two are 100-hour pharmacies. None of the GP practices dispense.

As can be seen from the map below, the population density varies across the locality, but in general the pharmacies are located in areas of greater population density (the darker the shading the greater the population density). It should be noted that due to reference point for the lower-layer super output area in the west of the locality falling in the river, the mapping software has been unable to map this locality in full. However, Google Maps reveals very little population in this area outside of Burringham and Gunness.

Map 27 – Location of pharmacies in Scunthorpe North compared to population density

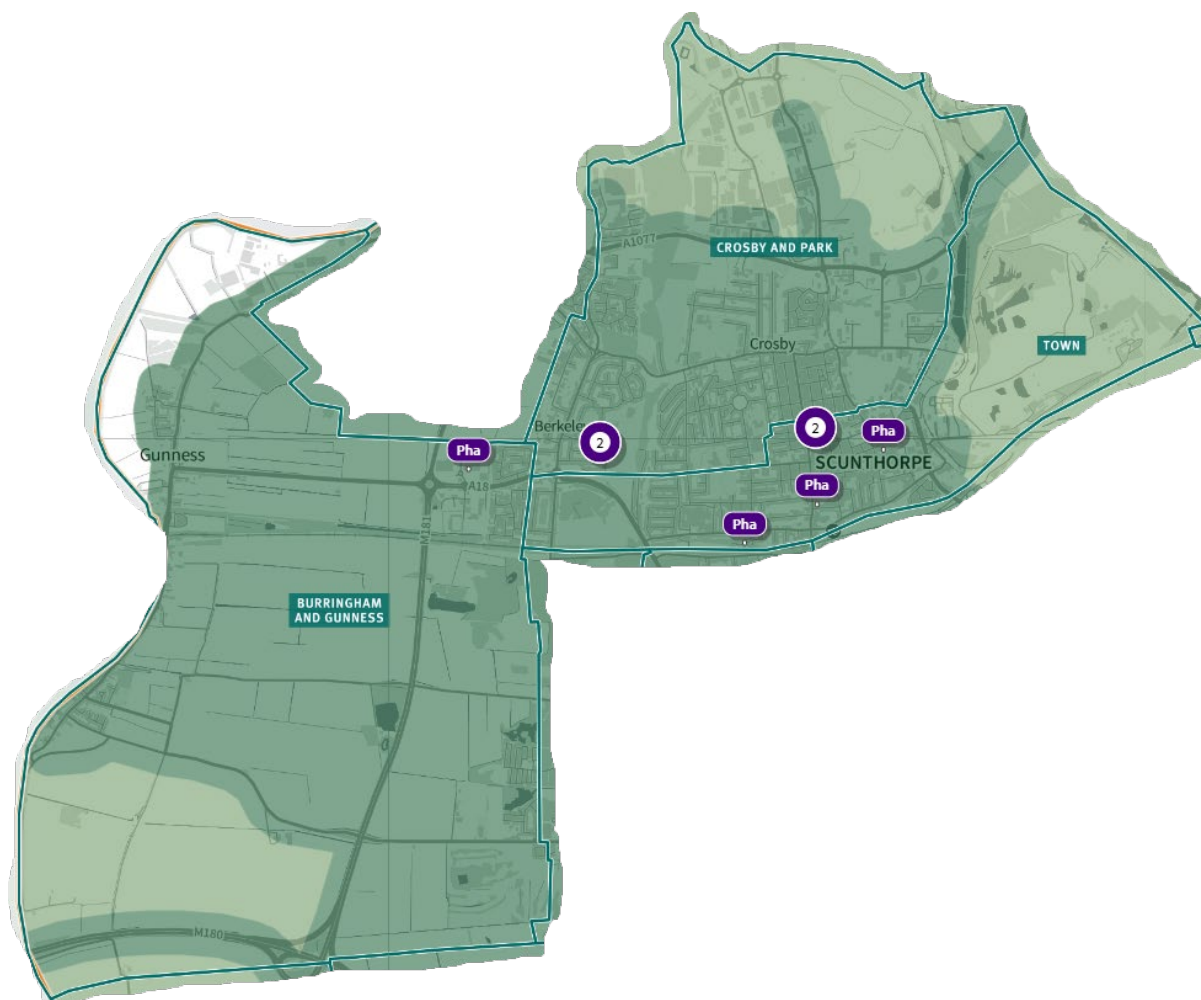


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In 2023/24, 52.1% of prescriptions written by the GP practices in the locality was dispensed within the locality by one of the pharmacies. This increased to 54.5% in the first nine months of 2024/25.

As can be seen from the maps below, all of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods, with the exception of one area to the west and north of Gunness. Google Maps reveals the area is predominantly arable fields, with Gunness Wharf in the south and the port of Groveport in the north. There is no resident population in this area.

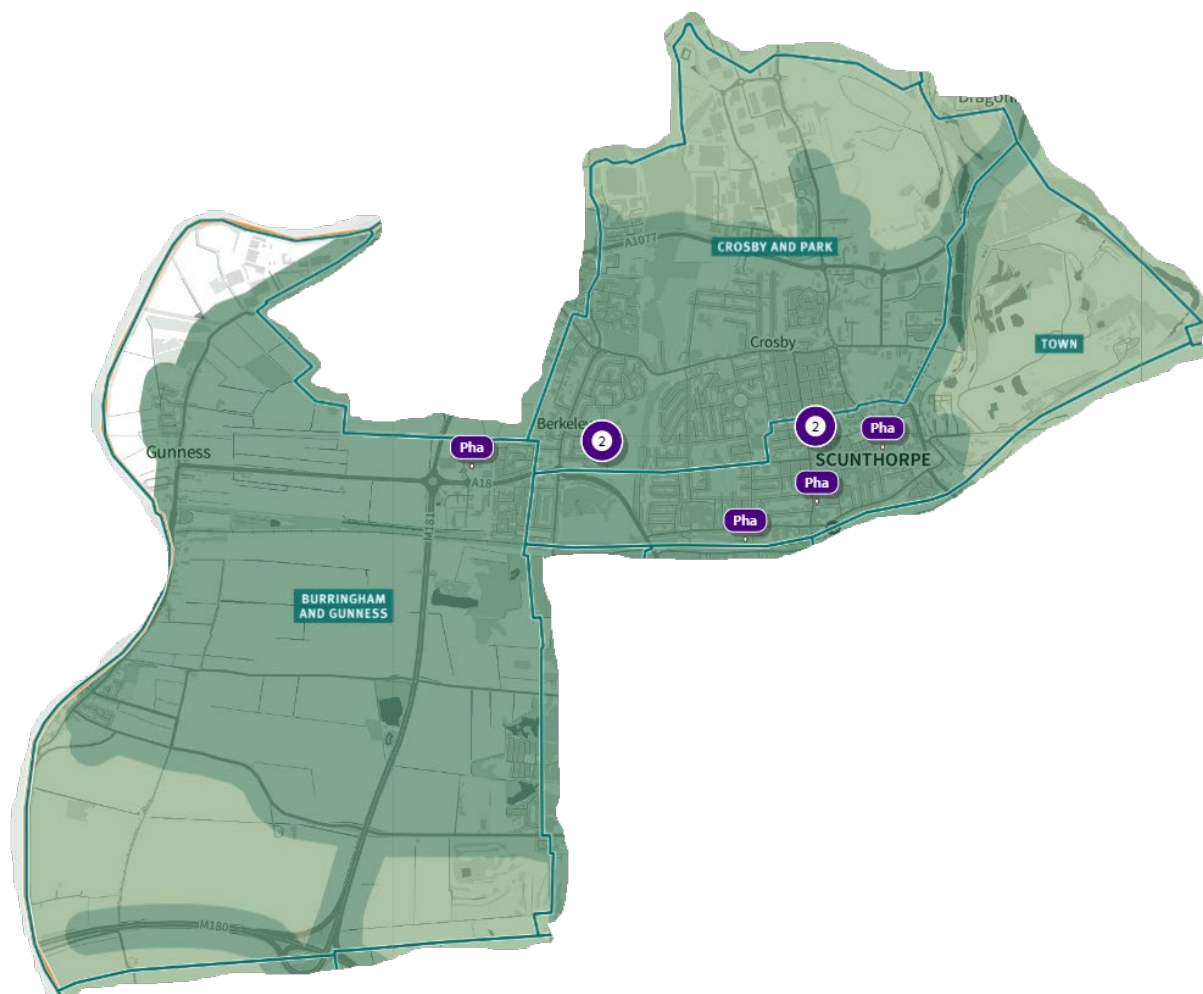
Map 28 – Access to pharmacies in Scunthorpe North outside of rush hour times



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5 **10** **15** **20** Travel time in minutes

Map 29 – Access to pharmacies in Scunthorpe North during rush hour times



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5 **10** **15** **20** Travel time in minutes

The map below shows travel times by public transport.

Map 30 – Access to pharmacies in Scunthorpe North by public transport



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5 **10** **15** **20** Travel time in minutes

The two 100-hour pharmacies are open Monday to Sunday.

- One opens at 08:00, the other at 09:00 Monday to Friday
- Both open at 09:00 on Saturdays
- Both close at 21:00 Monday to Saturday
- Both open 10:00 to 16:00 on Sundays

The six other pharmacies are open as follows.

- Five open Monday to Friday, and
- One opens Monday to Saturday.

With regard to the times at which these six pharmacies are open between Monday and Friday:

- One opens at 08:30 and five at 09:00.
- One closes at 17:30, four at 18:00 and one at 18:30.

One pharmacy is open on Saturday 08:30 to 17:30. None of these six pharmacies open on Sunday.

Three of the pharmacies responded to the pharmacy contractor questionnaire, of which two dispense all types of appliances and one just dispenses dressings.

All of the pharmacies provided the new medicine service in 2023/24 completing a total of 2,333 full-service interventions with a range at pharmacy level of 144 to 533. During the first nine months of 2024/25, all pharmacies in the locality provided the service, completing a total of 2,341 full-service interventions. The range at pharmacy level was 89 to 528.

All of the pharmacies provided flu vaccinations under the advanced service in 2022/23, vaccinating a total of 3,479 people with a range at pharmacy level of 139 to 1,621. Between September 2023 and March 2023, all eight of the pharmacies provided the service, giving a total of 2,598 vaccinations, a range at pharmacy level of 72 to 722. In the first part of the 2024/25 season between September 2024 and December 2024, all of the pharmacies provided 3,223 vaccinations, with a range at pharmacy level from 57 to 672

All pharmacies in the locality are all registered to provide the pharmacy first advanced service which commenced on 31st January 2024, replacing the community pharmacist consultation service which ceased on 30th January 2024. Between 31st January 2024 and 31st December 2024, the completed a total of 1,518 pharmacy first clinical pathway consultations (92 to 378 at pharmacy level), 447 pharmacy first minor illness referral consultations (37 to 90 at pharmacy level), and 459 pharmacy first urgent medicine supply consultations (19 to 126 at pharmacy level). Pharmacy first clinical pathway consultations included consultations for uncomplicated urinary tract infections (370), sinusitis (143), shingles (36), infected insect bites (161), impetigo (151), acute sore throat (451), and acute otitis media (206).

As of April 2025, all of the pharmacies have signed up to provide the hypertension case-finding advanced service. This service is made up of two stages. The first stage is where people at risk of hypertension are identified and offered a blood pressure measurement in the form of a 'clinic check'. Where clinically indicated, people may then be offered stage two of the service, in the form of ambulatory blood pressure monitoring, with test results also being shared with the patients GP. In 2023/24, eight pharmacies completed a total of 979 clinic blood pressure checks, with a range at pharmacy level of 11 to 281. In the first nine months of 2024/25, the eight pharmacies completed 1,517 clinic blood pressure checks, with a range at pharmacy level of seven to 327.

In 2023/24, six pharmacies completed ambulatory blood pressure monitoring on 103 occasions, with a range a pharmacy level of one to 31. During the first nine months

of 2024/25, seven pharmacies completed ambulatory blood pressure monitoring on 202 occasions, with a range a pharmacy level of seven to 83.

11.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit leisure or other purposes.

For those items prescribed by the GP practices in 2023/24 that were not dispensed by a pharmacy in the locality:

- 39.4% was dispensed by other pharmacies in North Lincolnshire,
- 2.0% by two contractors in Ealing,
- 1.6% by 10 contractors in Leeds,
- 1.6% by 20 contractors in Doncaster,
- 1.6% by 4 contractors in Bradford and Airedale,
- 0.2% by 2 contractors in Stoke-on-Trent, and
- 0.2% by 36 contractors in Lincolnshire.

The remaining 1.4% was dispensed by 272 contractors in 91 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 7.3% was dispensed by 23 distance selling premises. 0.6% was dispensed by 38 dispensing appliance contractor premises.

A similar pattern was seen in the first nine months of 2024/25.

- 36.3% was dispensed by the other pharmacies in North Lincolnshire,
- 2.1% by three contractors in Bradford and Airedale,
- 2.1% by three contractors in Leeds,
- 1.3% by 18 contractors in Doncaster,
- 1.0% by one contractor in Ealing,
- 0.2% by three contractors in Stoke-on-Trent, and
- 0.2% by six contractors in West Sussex.

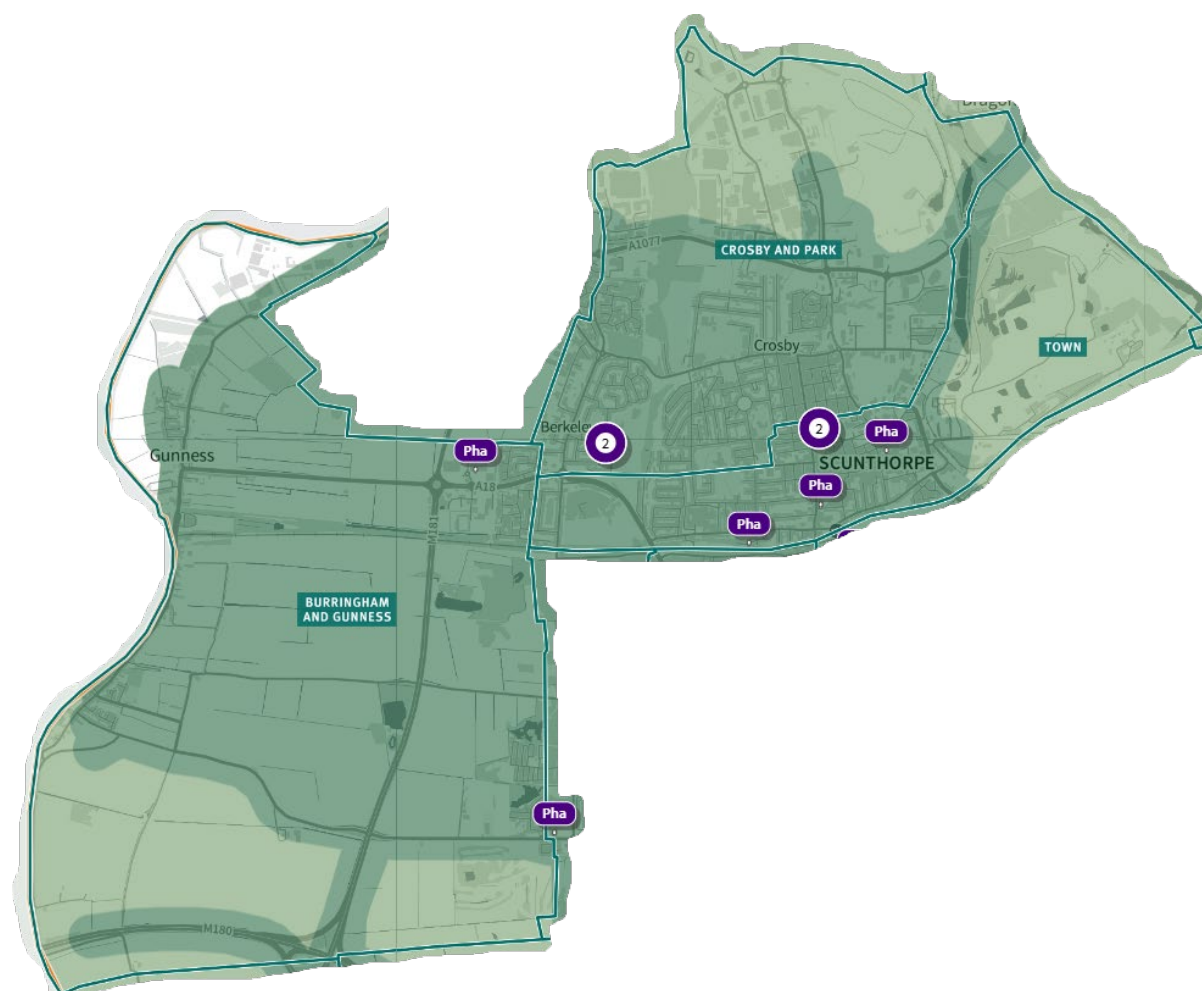
The remaining 1.4% was dispensed by 242 contractors in 68 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 6.9% was dispensed by 23 distance selling premises. 0.7% was dispensed by 33 dispensing appliance contractor premises.

When taking into account the provision of necessary services outside of the locality, all of the locality is within a ten-minute drive of a pharmacy during and outside rush

hour periods, with the exception of the areas to the west and north of Gunness which has no resident population.

Map 31 – Travel times to pharmacies in Scunthorpe North and neighbouring localities and health and wellbeing board areas by car, during rush hour



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5 **10** **15** **20** Travel time in minutes

11.4 Other relevant services: current provision

None of the pharmacies conducted appliance use reviews at premises or in user's homes in 2023/24 or the first nine months of 2024/25.

Two pharmacies customised a total of four stoma appliances in 2023/24 and one pharmacy customised one stoma appliances in the first nine months of 2024/25.

As of April 2025, four of the pharmacies are signed up to the lateral flow test device supply service. In 2023/24, three pharmacies supplied 27 test kits and in the first nine months of 2024/25 four pharmacies supplied 170 test kits.

As of April 2025, four pharmacies in the locality had registered to provide the smoking cessation advanced service. No smoking cessation consultations took place in any of the pharmacies in the locality in 2023/24 or during the first nine months of 2024/25.

As of April 2025, all of the pharmacies in the locality had signed up to provide the combined pharmacy contraceptive service. In 2023/24 one pharmacy carried out 11 consultations for ongoing contraception and one consultation for initiation of contraception. During the first nine months of 2024/25, 230 consultations took place for ongoing contraception and 54 consultations for initiation of contraception.

Seven of the pharmacies are registered to provide the minor ailments enhanced service and two are commissioned to provide palliative care services. The Humber and North Yorkshire Integrated Care Board are currently reviewing the commissioning of the advanced services.

11.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks,
- NHS health checks, and
- Advice and treatment for common ailments.

In the first nine months of 2024/25, the four GP practices personally administered 1.1% of the items they prescribed.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical service, including:

- Hospital services,
- The GP out of hours service,
- Community nurse prescribers,
- Dental practices,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

11.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 11.2 and 11.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. Those that

look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2023/24, a total of 392 contractors dispensed items written by one of the GP practices, of which 346 were outside of North Lincolnshire. Some were quite a distance from the area, for example Hertfordshire, West Sussex, Bristol, Essex and Norfolk.

In the first nine months of 2024/25, a total of 312 contractors dispensed items written by one of the GP practices, of which 275 were outside of North Lincolnshire.

11.7 Necessary services: gaps in provision

Whilst not NHS services, the three pharmacies that responded to the pharmacy contractor questionnaire provided the following information delivery services:

- One pharmacy has a private, free of charge delivery service available to all patients, as well as a private chargeable delivery service available to all patients.
- Two pharmacies just have a private chargeable delivery service available to all patients.

Two pharmacies reported that they have staff who speak Polish. One pharmacy has staff that can also speak Punjabi and Urdu, as well as some very basic British Sign Language too.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that most of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. When pharmacies in neighbouring localities and health and wellbeing board areas are taken into account most of the locality is within ten minutes of a pharmacy, both

during and outside the rush hour periods. There is no resident population in the area that is not within a ten or 20-minute drive of a pharmacy. Whilst 30% of the population does not have access to a car or van due to the urban nature of the locality using public transport or walking to a pharmacy are viable options for those with no access to private transport.

Whilst GP extended opening hours may change during the lifetime of this pharmaceutical needs assessment, the health and wellbeing board is of the opinion that pharmacies may change their opening hours in order to meet a demand for the dispensing service, or Humber and North Yorkshire Integrated Care Board can direct a pharmacy or pharmacies to open at such times as may be required. The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services in the locality.

The health and wellbeing board has noted the projected number of houses to be built during the lifetime of this pharmaceutical needs assessment and is of the opinion that the existing pharmacies will be able to meet the needs of those moving into new houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services in the locality.

The health and wellbeing board is also satisfied that based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Pharmacy first,
- Hypertension case-finding service, and
- Flu vaccination.

11.8 Improvements or better access: gaps in provision

None of the pharmacies have provided the appliance use review service in 2023/24 or during the first nine months of 2024/25. In 2023/24 two pharmacies provided the stoma appliance customisation service, and one pharmacy has provided the service during the first nine months of 2024/25. It is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services. It is also noted that not all stoma appliances require customisation. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access needs in relation to either of these two services.

As of April 2025, four pharmacies have signed up to provide the smoking cessation advanced services. It is noted that there is already an existing service for hospitals to refer people to who wish to stop smoking. The health and wellbeing board is

therefore satisfied that there are no current or future improvements or better access needs in relation to this service.

In relation to the enhanced services, the health and wellbeing board has noted that:

- Seven pharmacies provide the minor ailment enhanced service, and
- Two provide palliative care enhanced services.

The health and wellbeing board has not identified any current or future improvements or better access to the minor ailment service.

12 Scunthorpe South locality

The locality consists of the six wards Ashby Central, Ashby Lakeside, Bottesford, Brumby, Frodingham and Kingsway with Lincoln Gardens.






12.1 Key facts

Indicator	Period	North Lincolnshire	Scunthorpe South
Total resident population (%)	2022	100.0	32.5
Population density (per km ²)	2022	193.5	1996.4
Resident population 0-19 years (%)	2022	22.0	24.5
Resident population 20-64 years (%)	2022	55.6	55.7
Resident population 65+ years (%)	2022	22.4	19.7
Proportion of population living in 20% most deprived lower super output areas (%)	2022	21.4	36.7
All police recorded crime (rate per 1,000)	2022/23	98.7	119.2
Violent crime recorded by police (rate per 1,000)	2022/23	35.7	44.0
Antisocial behaviour recorded by police (rate per 1,000)	2022/23	12.8	15.6
Children, aged under 16, living in Relative Low Income (%)	2022/23	21.8	23.7
Claimant Count (rate per 1,000)	March 2023	34.7	43.3
Over 65s in receipt of Pension Credit (%)	August 2023	10.2	12.0
Resident school age children of minority ethnic groups (%)	January 2023	17.6	15.5
Live births (general fertility rate) (Fertility rate per 1,000 women of childbearing age)	2022	54.7	58.0
Breastfeeding initiation (%)	2022/23	64.7	58.5
Readiness for school at 5 years of age (%)	2022/23	67.0	65.5
Children (aged under 16) in receipt of Disability Living Allowance (%)	November 2023	5.6	6.8
Children with excess weight at 5 years of age (%)	2022/23	21.8	24.2
Children with excess weight at 11 years of age (%)	2022/23	36.6	37.7
GCSE attainment (4-9) in English and Maths (%)	2022/23	63.1	60.1
Children in need aged 0-10 years (rate per 10,000)	End March 2023	182.2	257.6
Admissions for avoidable injury (under 15s) (rate per 10,000)	2021/22-2023/24	95.9	110.4

Indicator	Period	North Lincolnshire	Scunthorpe South
Emergency admissions for intentional self-harm 10-24 years (per 100,000)	2021/22-2023/24	202.2	207.8
Smoking at delivery (%)	2021/22-2023/24	15.6	19.0
Admissions for avoidable injury (15-24 year olds) (rate per 10,000)	2021/22-2023/24	122.8	129.5
Persons in receipt of Employment and Support Allowance (20-64 year olds) (%)	November 2023	3.9	4.3
Admission for coronary heart disease (all ages) (directly standardised rate per 100,000)	2023/24	555.6	646.3
Admission episodes for alcohol specific conditions (directly standardised rate per 100,000)	2021/22-2023/24	546.8	709.1
Emergency admissions for intentional self-harm (directly standardised rate per 100,000)	2021/22-2023/24	105.2	119.1
Emergency hospital admissions (18-64 year olds) (rate per 10,000)	2023/24	1248.5	1287.4
Emergency hospital admissions (65+ year olds) (rate per 10,000)	2023/24	2885.6	3556.4
Over 65s in receipt of attendance allowance (%)	August 2023	12.5	14.0
Emergency admissions for falls 65+ (directly standardised rate per 100,000)	2023/24	1726.1	2010.4
Emergency admissions for hip fracture 65+ (directly standardised rate per 100,000)	2021/22-2023/24	590.0	634.8
Male life expectancy at birth (years)	2021-2023	78.1	76.4
Female life expectancy at birth (years)	2021-2023	82.8	82.0
All cause mortality (all ages) (directly standardised rate per 100,000)	2021-2023	1035.2	1118.6
Deaths from causes considered preventable (2024 definition, under 75 years) (directly standardised rate per 100,000)	2021-2023	183.1	220.9
Premature (under 75 years) deaths from cancer (directly standardised rate per 100,000)	2021-2023	130.4	161.0
Premature (under 75 years) deaths from coronary heart disease	2021-2023	54.7	60.8

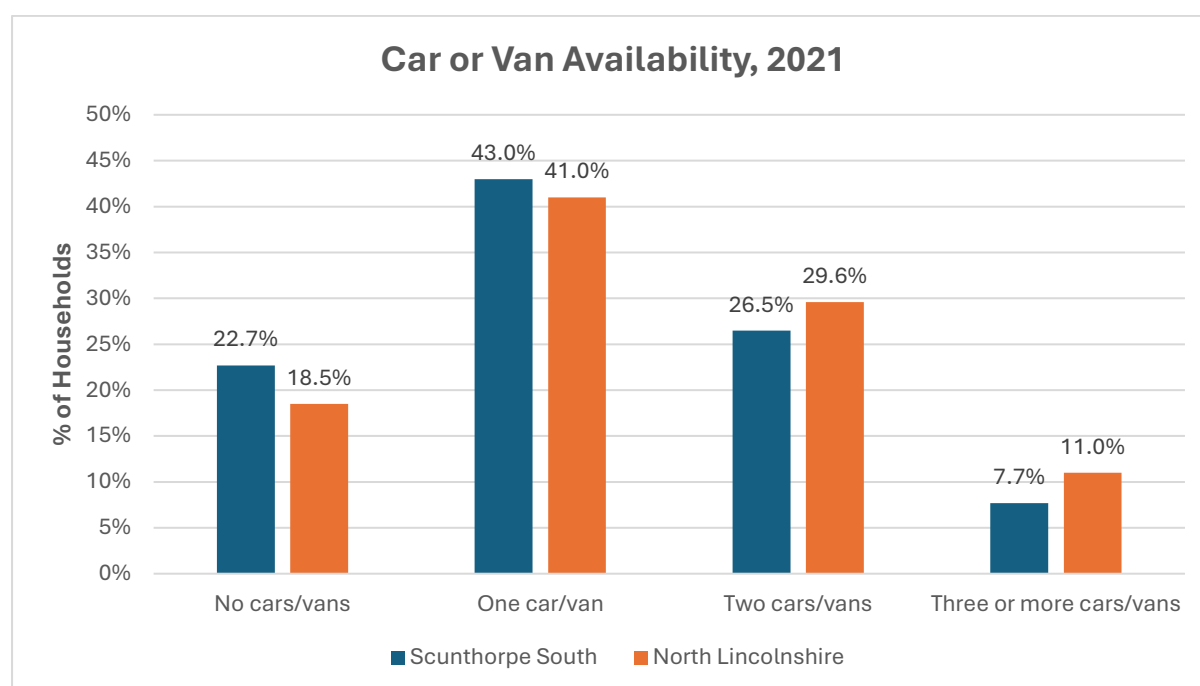
Indicator	Period	North Lincolnshire	Scunthorpe South
(directly standardised rate per 100,000)			
Premature (under 75 years) deaths from respiratory disease (directly standardised rate per 100,000)	2021-2023	32.1	42.9
Percentage of deaths in usual place of residence (65+ years) (%)	2023	49.6	49.5

Key – statistical significance relative to North Lincolnshire (95% confidence interval).

 Similar	 Better	 Worse
	 Lower	 Higher

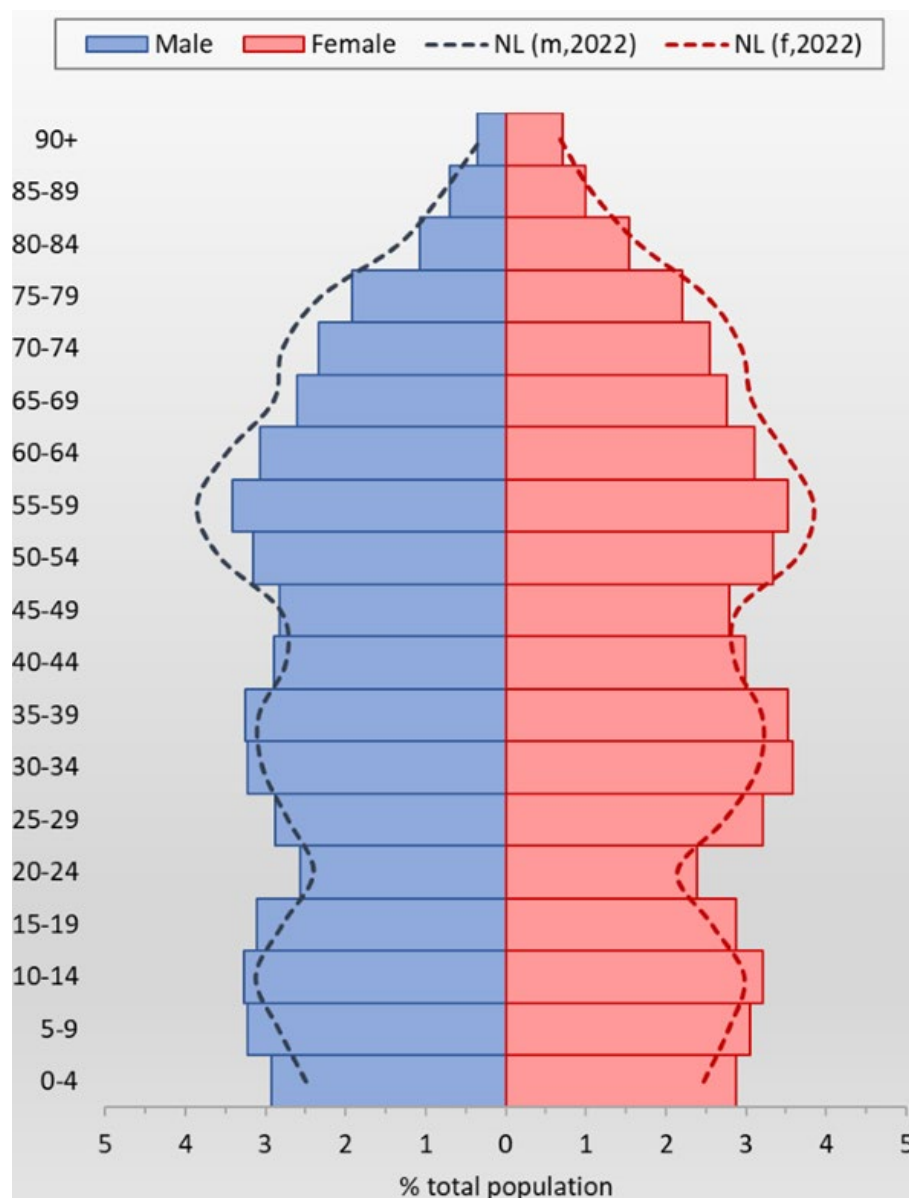
- Described as urban city and town.
- Geographically, it is the smallest locality in North Lincolnshire but it has the highest population density with 55,250 residents equivalent to nearly 2,000 residents per square kilometre.
- Has a slightly lower proportion of older residents between 50 and 80 years of age, a higher proportion of residents under 25 and more women between 25 and 40 years.
- 9.5% of the population provides unpaid care, compared to 9.6% for North Lincolnshire as a whole.
- English was the main language spoken by 93.88% of residents in the locality's households at the 2021 census. 1.35% of residents responded that they could not speak English well or at all.
- The figure below compares car ownership levels in the locality to North Lincolnshire and shows car ownership is lower than the average for North Lincolnshire with 22.7% of households having no car although slightly more households have one car/van.

Figure 36 – Car ownership in Scunthorpe South compared to North Lincolnshire



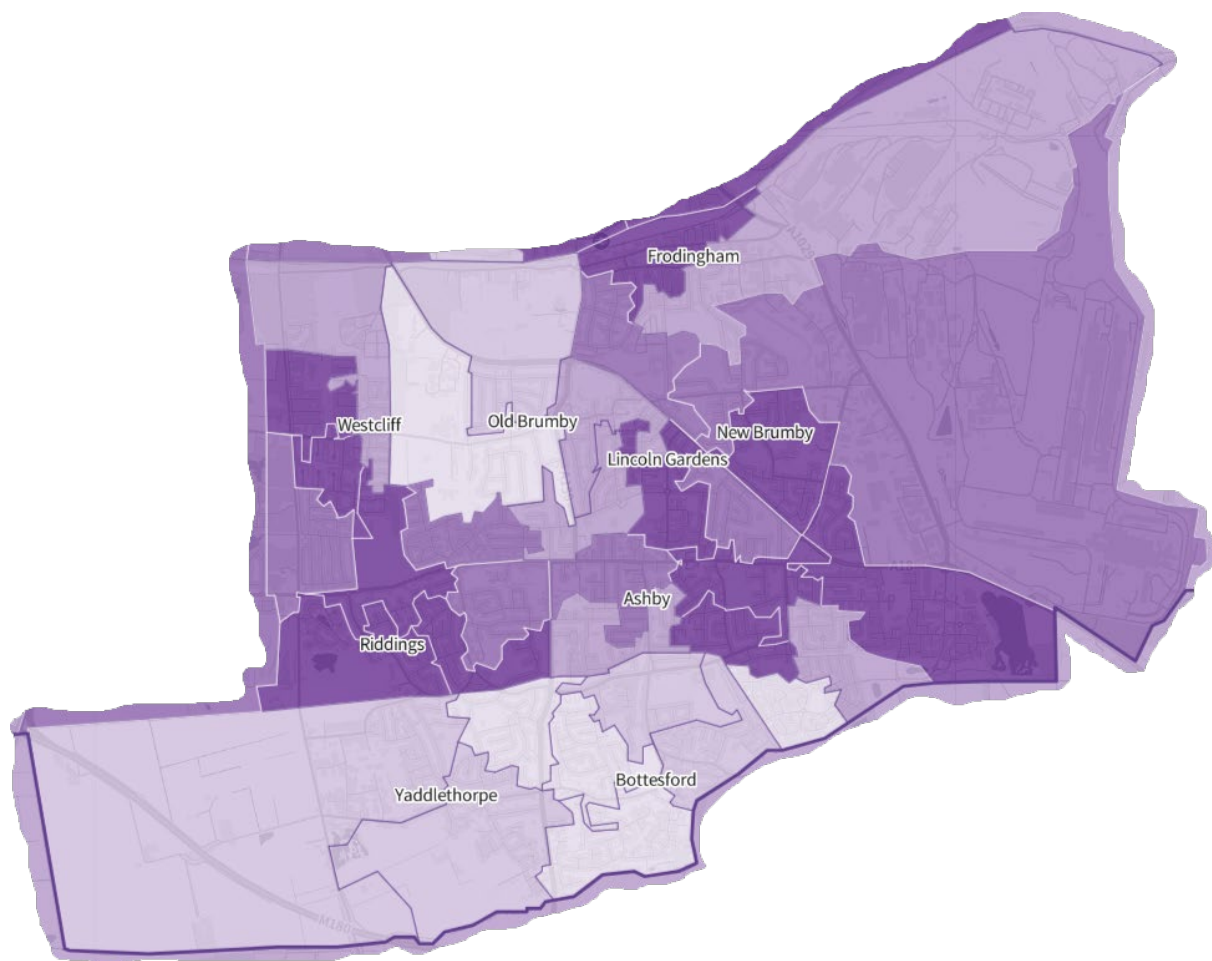
The locality has a slightly lower proportion of older residents between 50 and 80 years of age, a higher proportion of residents under 20 and more women between 25 and 40 years compared to the average for North Lincolnshire.

Figure 37 – Scunthorpe South population by gender and age as compared to North Lincolnshire as a whole, 2022



The map below shows the level of deprivation across the locality where the darker the purple, the greater the level of deprivation.

Map 32 – Scunthorpe South spread of deprivation



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The five-year housing and land supply statement estimate that the following number of homes will be built in the locality between April 2025 and March 2029:

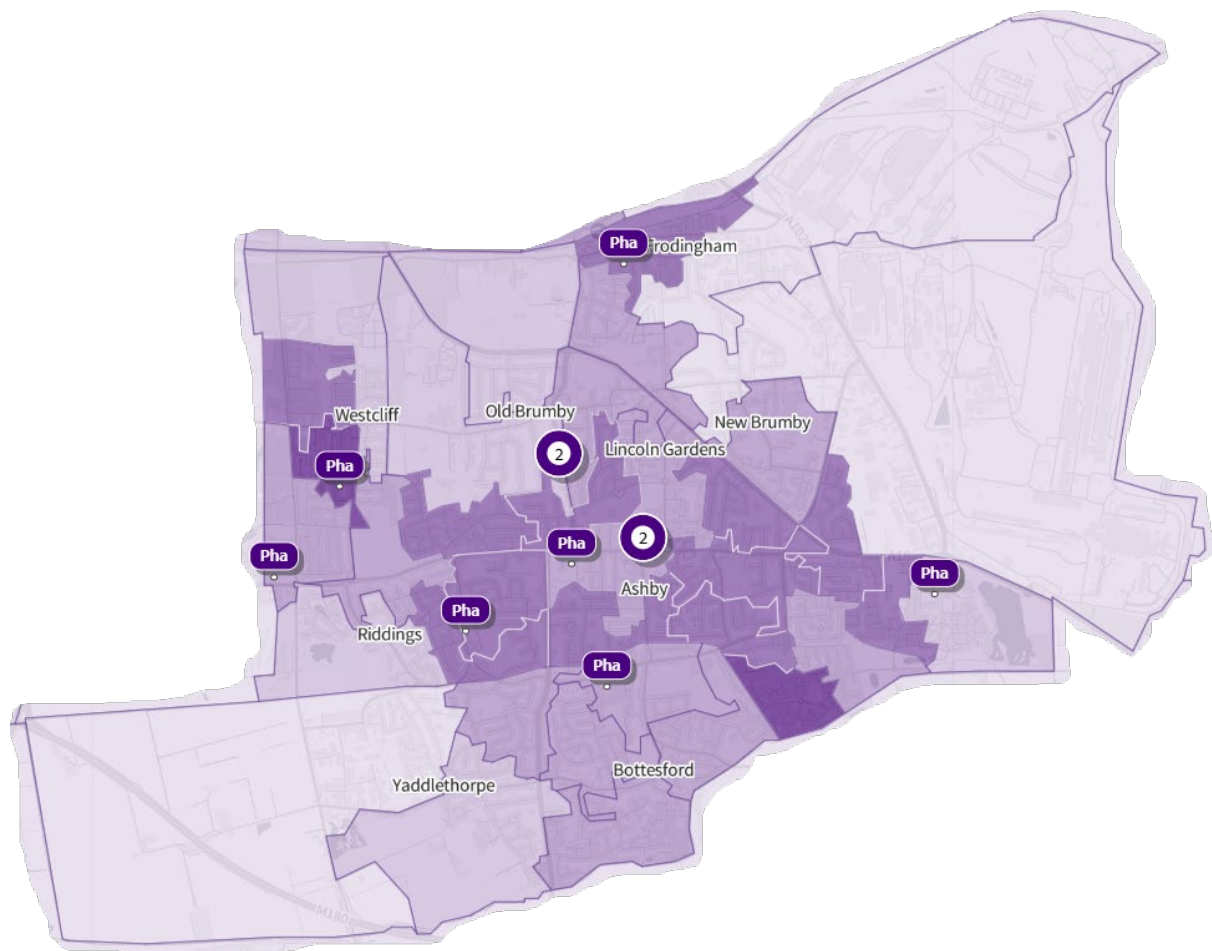
- Scunthorpe – 326 homes.

12.2 Necessary services: current provision within the locality's area

There are ten pharmacies in the locality operated by ten different contractors. One is a 100-hour pharmacy. None of the GP practices dispense.

As can be seen from the map below the pharmacies are located in areas of greater population density (the darker the shading the greater the population density).

Map 33 – Location of pharmacies in Scunthorpe South compared to population density

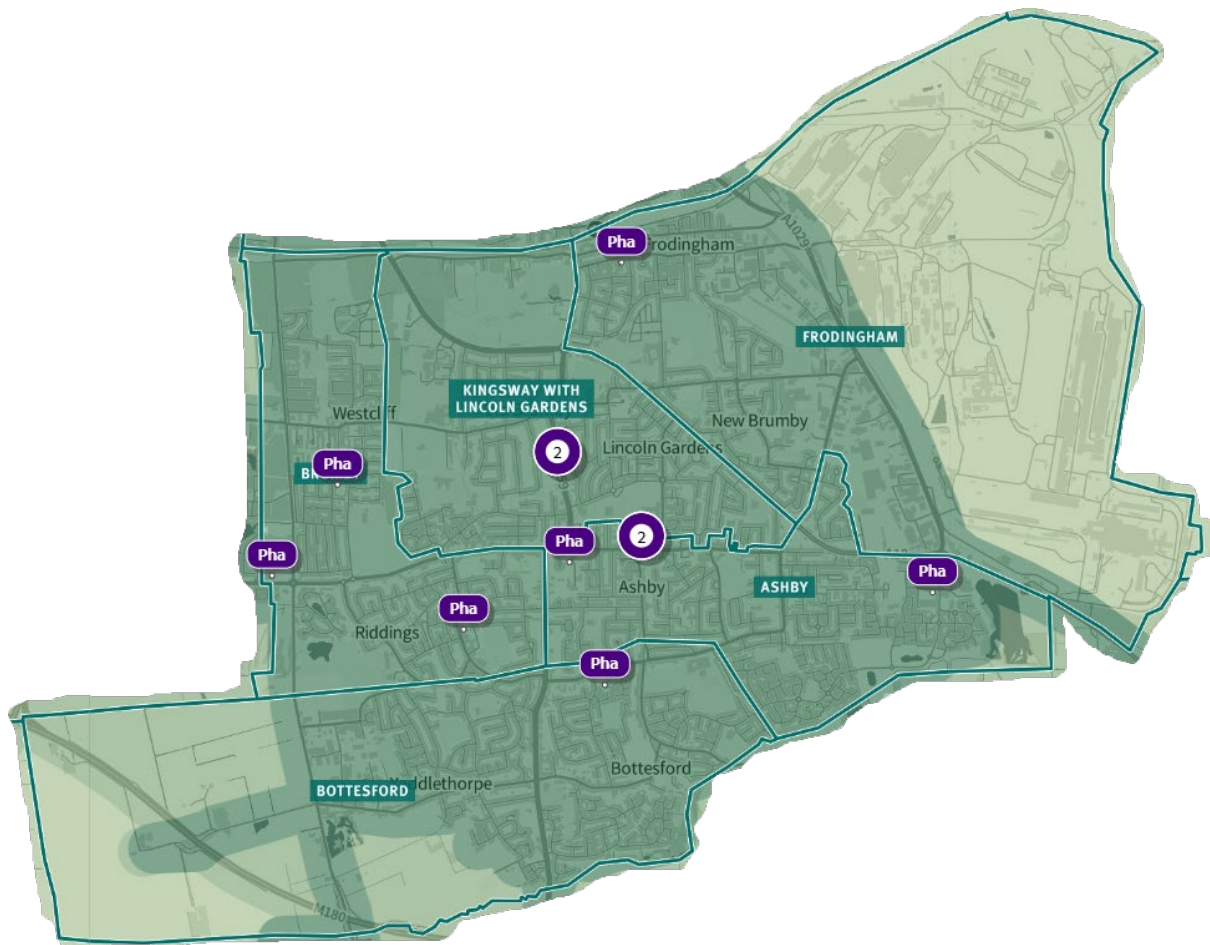


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In 2023/24, 68.6% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies. In the first nine months of 2024/25 this figure reduced to 65.6%.

As can be seen from the maps below, all of the locality is within a 20-minute drive of one of the pharmacies outside of rush hour times, with the majority within ten minutes.

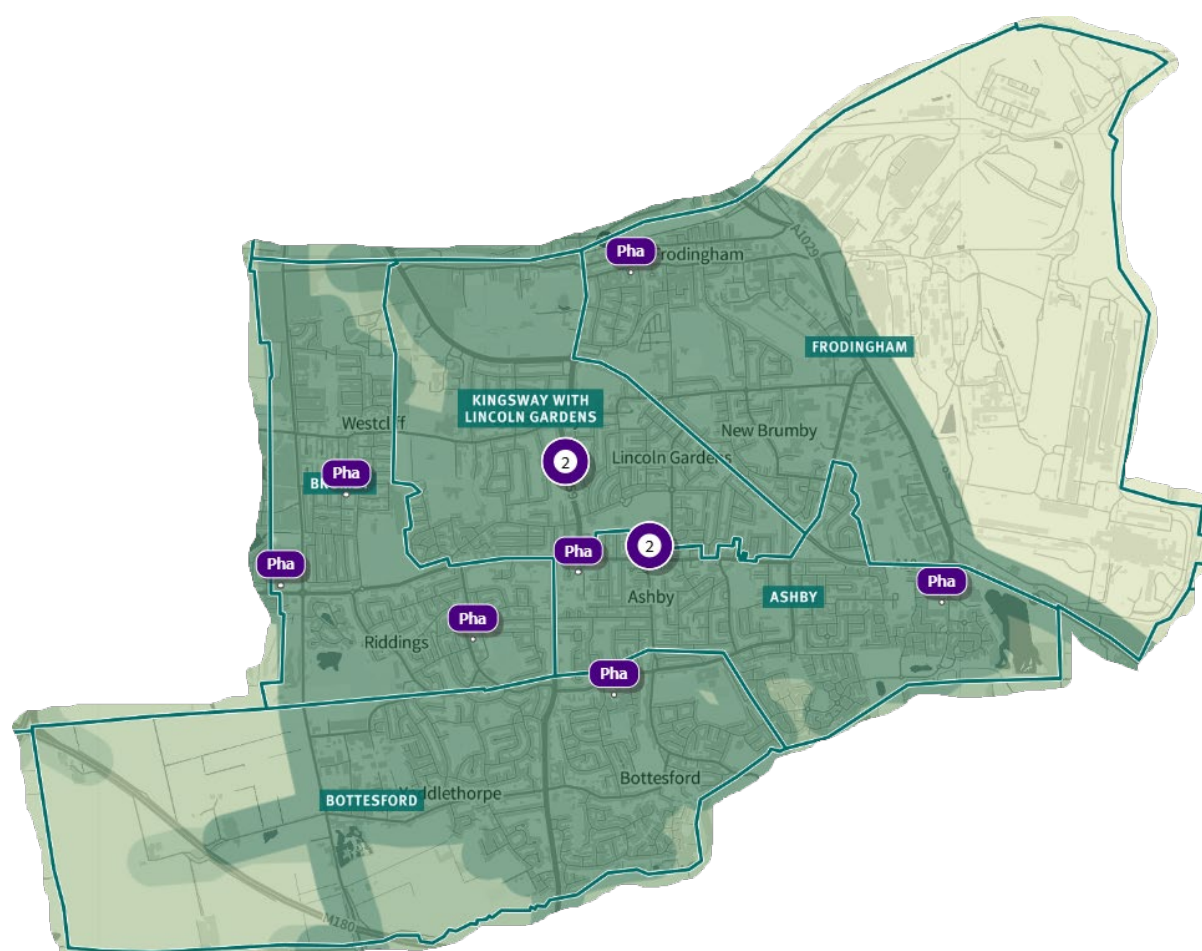
Map 34 – Access to pharmacies in Scunthorpe South outside of rush hour times



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5 10 15 20 Travel time in minutes

Map 35 – Access to pharmacies in Scunthorpe South during rush hour times



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5
10
15
20
 Travel time in minutes

Much of the locality is also within 20 minutes of one of the pharmacies via public transport as can be seen from the map below.

Map 36 – Access to pharmacies in Scunthorpe South by public transport



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The 100-hour pharmacy is open Monday to Sunday as follows:

- 08:00 to 22:00 Monday to Saturday, and
- 10:00 to 20:00 Sunday.

The other 10 pharmacies are open as follows:

- Five open Monday to Friday,
- One opens Monday to Friday and until 12:30 Saturday,
- Two open Monday to Saturday, and
- Two open Monday to Sunday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08:00, Four open at 08:30 and five at 09:00.

- Four close at 18:00, one at 18:15, three at 18:30, one at 19:00, and one at 20:00.

Of the five pharmacies that are open on Saturday:

- One opens at 08:30 and four at 09:30.
- One closes at 12:30, one at 14:00, one at 15:00, one at 18:00, 00 and one at 18:30.

The two pharmacies that open on Sunday do so between 10:00 and 16:00.

Two of the pharmacies responded to the pharmacy contractor questionnaire and both confirmed they dispense all types of appliances.

All of the pharmacies provided the new medicine service in 2023/24 completing a total of 5,647 full-service interventions. The range at pharmacy level was 61 to 1,190. In the first nine months of 2024/25, all of the pharmacies provided the service, completing a total of 5,164 full-service interventions. The range at pharmacy level was 21 to 1,379.

All of the pharmacies provided flu vaccinations under the advanced service in 2022/23, vaccinating a total of 5,639 people, with a range at pharmacy level of 184 to 995. Between September 2023 and March 2024, all of the pharmacies provided the service, giving a total of 6,885 vaccinations, with a range at pharmacy level of 103 to 2,159. In the first part of the 2024/25 season between September 2024 and December 2024, the 11 pharmacies provided 5,193 vaccinations, with a range at pharmacy level of 78 to 1,539.

All pharmacies in the locality are all registered to provide the pharmacy first advanced service which commenced on 31st January 2024, replacing the community pharmacist consultation service which ceased on 30th January 2024. Between 31st January 2024 and 31st December 2024, the pharmacies completed a total of 2,642 pharmacy first clinical pathway consultations (83 to 403 at pharmacy level), 1,243 pharmacy first minor illness referral consultations (20 to 227 at pharmacy level), and 1,029 pharmacy first urgent medicine supply consultations (eight to 490 at pharmacy level). Pharmacy first clinical pathway consultations included consultations for uncomplicated urinary tract infections (568), sinusitis (247), shingles (75), infected insect bites (293), impetigo (298), acute sore throat (827), and acute otitis media (334).

As of April 2025, all 11 pharmacies have signed up to provide the hypertension case-finding advanced service. This service is made up of two stages. The first stage is where people at risk of hypertension are identified and offered a blood pressure measurement in the form of a 'clinic check'. Where clinically indicated, people may then be offered stage two of the service, in the form of ambulatory blood pressure monitoring, with test results also being shared with the patient's GP. In 2023/24, ten pharmacies completed a total of 1,804 clinic blood pressure checks, with a range at pharmacy level of four to 494. In the first nine months of 2024/25, the pharmacies completed 2,364 clinic blood pressure checks, with a range at pharmacy level of 11 to 1,033.

In 2023/24, seven pharmacies completed ambulatory blood pressure monitoring on 312 occasions, with a range at pharmacy level of 11 to 92. In the first nine months of 2024/25, eight pharmacies completed ambulatory blood pressure monitoring on 313 occasions, with a range at pharmacy level of three to 124.

12.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices in 2023/24 that were not dispensed by a pharmacy in the locality.

- 24.4% was dispensed by the other pharmacies in North Lincolnshire,
- 1.6% by 19 contractors in Leeds,
- 1.5% by two contractors in Ealing,
- 0.8% by 29 contractors in Doncaster,
- 0.6% by seven contractors in Bradford and Airedale,
- 0.4% by 24 contractors in Hull,
- 0.4% by four contractors in Stoke-on-Trent,
- 0.2% by two contractors in Barnet,
- 0.2% by seven contractors in Salford, and
- 0.2% by 42 contractors in Lincolnshire.

The remaining 1.1% was dispensed by 433 contractors in 110 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 5.7% was dispensed by 28 distance selling premises. 0.8% was dispensed by 49 dispensing appliance contractor premises.

A similar pattern was seen in the first nine months of 2024/25.

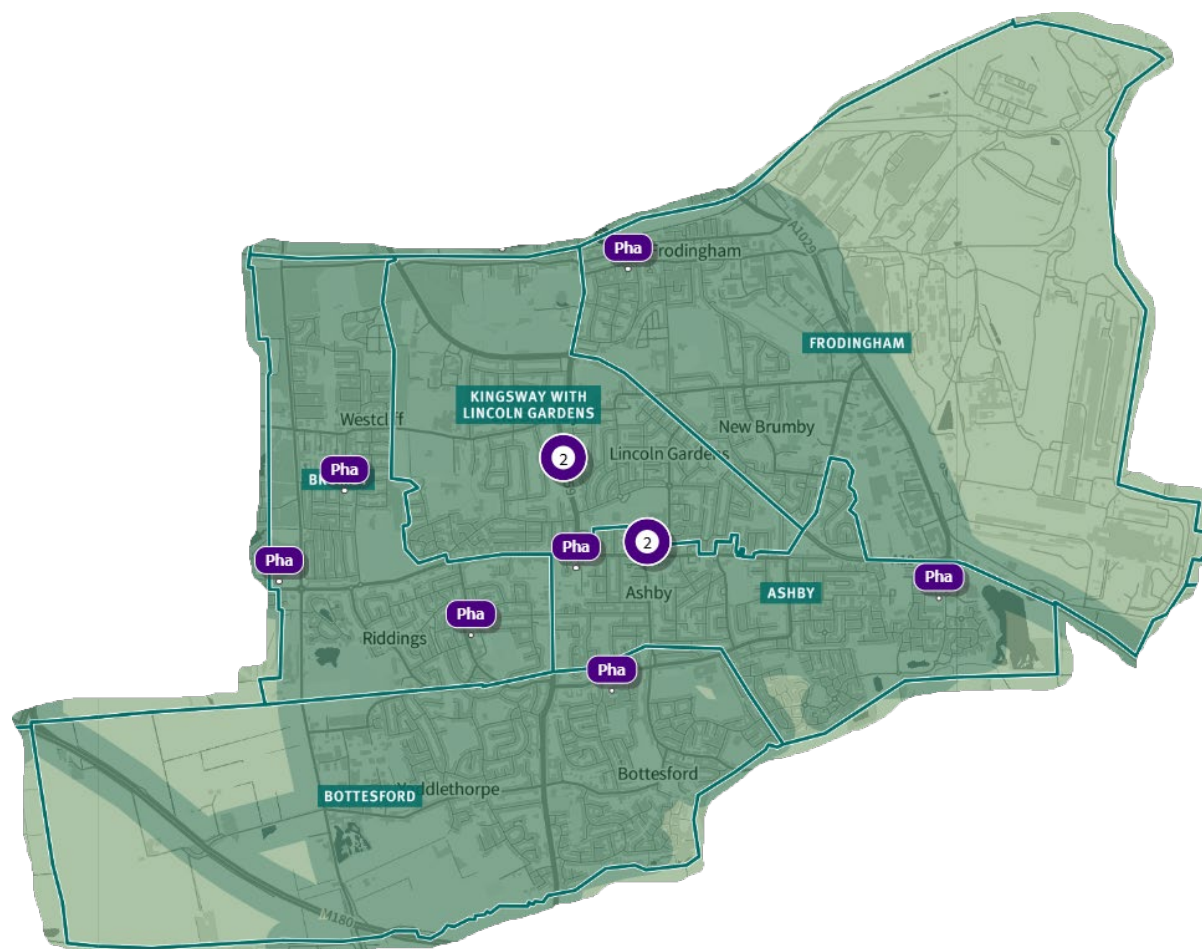
- 25.6% was dispensed by the other pharmacies in North Lincolnshire,
- 2.4% by 13 contractors in Leeds,
- 1.0% by 25 contractors in Doncaster,
- 0.9% by two contractors in Ealing,
- 0.7% by six contractors in Bradford and Airedale,
- 0.4% by 22 contractors in Hull,
- 0.4% by five contractors in Stoke-on-Trent,
- 0.2% by 38 contractors in Lincolnshire, and
- 0.2% by six contractors in Salford.

The remaining 1.4% was dispensed by 397 contractors in 115 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 6.1% was dispensed by 29 distance selling premises. 0.8% was dispensed by 47 dispensing appliance contractor premises.

When taking into account the provision of necessary services outside of the locality, all of the locality is within a ten-minute drive of a pharmacy both during and outside of rush hour times.

Map 37 – Travel times to pharmacies in Scunthorpe South and neighbouring localities and health and wellbeing board areas by car, during rush hour

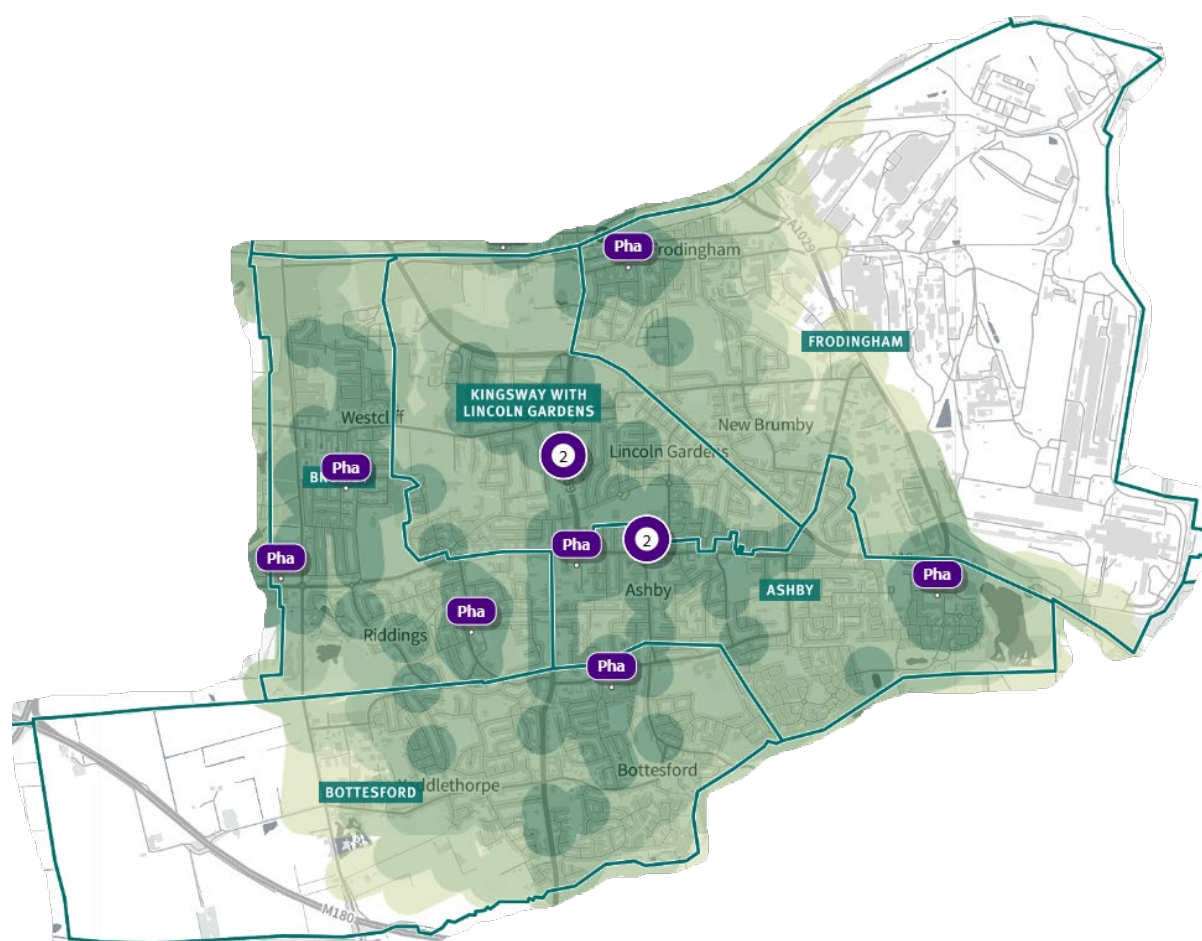


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5 10 15 20 Travel time in minutes

Travel times by public transport also improve, with more of the locality within a 20-minute journey time of a pharmacy.

Map 38 – Travel times to pharmacies in the Scunthorpe South and neighbouring localities and health wellbeing board areas by public transport



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12.4 Other relevant services: current provision

None of the pharmacies conducted appliance use reviews at premises or in user's homes in 2023/24 or the first nine months of 2024/25.

One pharmacy customised a total of three stoma appliances in 2023/24 and none of the pharmacies in the locality customised any stoma appliances in the first nine months of 2024/25.

As of April 2025, eight of the pharmacies were signed up to supply Covid-19 lateral flow test devices. In 2023/24, six pharmacies supplied 18 test kits, and in the first nine months of 2024/25, six pharmacies supplied 53 test kits.

As of April 2025, five pharmacies in the locality had registered to provide the smoking cessation advanced service. No smoking cessation consultations took place in any of the pharmacies in the locality in 2023/24 or 2024/25.

As of April 2025, all of the pharmacies in the locality had signed up to provide the combined pharmacy contraceptive service. In 2023/24 three pharmacies carried out 47 consultations for ongoing contraception and 12 consultations for initiation of contraception. In the first nine months of 2024/25, seven pharmacies carried out 621 consultations for ongoing contraception, and 76 consultations for initiation of contraception.

Nine of the pharmacies are signed up to provide the minor ailments enhanced service and two are commissioned to provide palliative care enhanced services. The Humber and North Yorkshire Integrated Care Board are currently reviewing the commissioning of the advanced services.

12.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks,
- NHS health checks, and
- Advice and treatment for common ailments.

In the first nine months of 2024/25, the five GP practices personally administered 1.3% of the items they prescribed.

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

- Hospital services,
- The GP out of hours service,
- Community nurse prescribers,
- Dental practices,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

12.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 12.2. and 12.3, those living within the locality and registered with one of the GP practices generally choose to access one of the

pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2023/24, a total of 616 contractors dispensed items written by one of the GP practices, of which 569 were outside of North Lincolnshire. Some were quite a distance from the area, for example West Sussex, Liverpool, Salford, Bristol and Norfolk.

In the first nine months of 2024/25, a total of 551 contractors dispensed items written by one of the GP practices, of which 513 were outside of North Lincolnshire.

12.7 Necessary services: gaps in provision

Whilst not NHS services, the two pharmacies that responded to the pharmacy contractor questionnaire provided the following information delivery services.

- One offers a private, chargeable delivery service to all patients.
- One does not offer any type of delivery service to patients, but it does have an automated collection point.

One pharmacy reported that staff speak Bengali and Polish in addition to English, the other reported Spanish being spoken.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that all of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. When pharmacies in neighbouring localities and health and wellbeing board areas are taken into account, all of the locality is within 10 minutes of a pharmacy by car, both during and outside the rush hour periods. In addition, most of the locality is within 20 minutes of a pharmacy by public transport. Whilst 26% of the population does not have access to a car or van due to the urban nature of the locality using public transport or walking to a pharmacy are viable options for those with no access to private transport.

Whilst GP extended opening hours may change during the lifetime of this pharmaceutical needs assessment, the health and wellbeing board is of the opinion that pharmacies may change their opening hours in order to meet a demand for the dispensing service, Humber and North Yorkshire Integrated Care Board or can direct a pharmacy or pharmacies to open at such times as may be required.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services in the locality.

The health and wellbeing board has noted the projected number of houses to be built during the lifetime of this pharmaceutical needs assessment and is of the opinion that the existing pharmacies will be able to meet the needs of those moving into these new houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services in the locality.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Pharmacy first,
- Hypertension case-finding service, and
- Flu vaccination.

12.8 Improvement or better access: gaps in provision

None of the pharmacies provide the appliance use review service despite at least two dispensing prescriptions for all appliances in the first nine months of 2024/25. None of the pharmacies provided the stoma appliance customisation service in the first nine months of 2024/25

However, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services. It is also noted that not all stoma appliances require customisation. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access needs in relation to either of these two services.

As of April 2025, five pharmacies have signed up to provide the smoking cessation advanced service. It is noted that there is already an existing service for hospitals to refer people to who wish to stop smoking. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access needs in relation to this service.

In relation to the enhanced services, the health and wellbeing board has noted that:

- Nine pharmacies provide the minor ailment enhanced service, and
- Two provide palliative care enhanced service.

The health and wellbeing board has not identified any current or future improvements or better access to the minor ailment service.

13 Conclusions for the purpose of 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 services across North Lincolnshire and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of North Lincolnshire and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

North Lincolnshire has 33 pharmacies of which four operate with extended opening hours, all providing the full range of essential services. Many provide advanced and enhanced services as commissioned by the Humber and North Yorkshire Integrated Care Board, and some provide services commissioned by North Lincolnshire Council. There are no local pharmaceutical services contractors, distance selling premises or dispensing appliance contractors in the area. 11 of the GP practices dispense to eligible patients from 17 sites across the area.

Overall, access to pharmaceutical services in North Lincolnshire 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 the Humber and North Yorkshire Integrated Care Board is 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 the Humber and North Yorkshire Integrated Care Board is 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.

North Lincolnshire has a resident population of approximately 170,087. 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 North Lincolnshire, it is anticipated that the current pharmaceutical services providers will be sufficient to meet local needs.

13.1 Necessary services – current provision

North Lincolnshire Health and Wellbeing Board has defined necessary services as:

- Essential services provided at the premises included in the pharmaceutical lists,
- The advanced services of new medicine service, flu vaccination, the pharmacy first service and the hypertension case-finding service, and
- The dispensing service provided by some GP practices.

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

13.2 Necessary services – gaps in provision

13.2.1 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.

13.2.1.1 Access to essential services during normal working hours

The health and wellbeing board has identified that the population of North Lincolnshire is able to access a pharmacy during normal working hours within 20 minutes by car, both during and outside of peak times. There are some parts of North Lincolnshire that are not within a 20-minute drive of a pharmacy, however the health and wellbeing board is satisfied that there is not a current need for a pharmacy in those areas due to the fact that they contain no resident population.

The health and wellbeing board is therefore satisfied that all residents can access a pharmacy within 20 minutes by private transport.

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 localities.

13.2.1.2 Access to essential services outside normal working hours

There is good access to essential services outside normal working hours through provision by the four extended hours pharmacies and evening and weekend opening hours offered by other pharmacies.

- Six pharmacies open seven days a week (including the four 100-hour pharmacies),
- Five pharmacies open Monday to Saturday (closing 15:00 or later on a Saturday),
- Six pharmacies open Monday to Friday, and Saturday (closing 14:00 or earlier on a Saturday), and
- 16 pharmacies that open Monday to Friday.

The residents' questionnaire showed that 24% said they prefer to visit a pharmacy between 09:00 and 12:00, 19% said between 12:00 and 15:00, 19% said between 15:00 and 18:00, 19% said they do not have a preferred time and 12% said between 18:00 and 21:00.

It is not expected that any of the current pharmacies will reduce the number of core opening hours. However, an amendment to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 came into effect from 25 May 2023 which allowed 100 hour pharmacies to apply to reduce their core opening hours to a minimum of 72 core opening hours per week where certain requirements were met. The Humber and North Yorkshire Integrated Care Board foresees no other reason to agree a reduction in 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 is based upon a change in patient need.

The health and wellbeing board is mindful that the service offering evening and weekend appointments with GPs may vary its opening times during the lifetime of this pharmaceutical needs assessment. However, it would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or the Humber and North Yorkshire Integrated Care Board will direct pharmacies to open to meet any difference 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.

13.2.2 Access to advanced services

The health and wellbeing board deems the following advanced services to be necessary:

- New medicine service,
- Flu vaccination,
- Pharmacy first service, and
- Hypertension case-finding service.

The health and wellbeing board noted the number and distribution of pharmacies providing these services, and activity levels since April 2023. 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, flu vaccination service, pharmacy first service and hypertension case-finding service have been identified in any of the localities.

13.2.3 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 growth.

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.

13.3 Other relevant services: current provision

The health and wellbeing board identified that five advanced services (appliance use reviews, stoma appliance customisations, NHS smoking cessation service, NHS pharmacy contraception service and the NHS lateral flow device tests supply service) and the two enhanced services (minor ailments enhanced service and palliative care enhanced 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.

13.4 Improvements and better access gaps in provision

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

The health and wellbeing board considered the conclusion in respect of current provision as set out 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 in any of the localities.

13.4.2 Current and future access to advanced services

From the data available not all pharmacies are providing all the advanced services. As shown in chapter 5, activity levels for the advanced services at pharmacy level vary 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 the 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.

13.4.3 Current and future access to enhanced services

The enhanced services are commissioned by the Humber and North Yorkshire Integrated Care Board to ensure that there are sufficient numbers of pharmacies across North Lincolnshire.

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 the enhanced services in specified future circumstances have been identified in any of the localities.

13.4.4 Current and future access to advanced and enhanced services

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

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

In January 2007 a review of the system was published by the government¹⁴², and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could access a pharmacy within 20 minutes, including in deprived areas¹⁴³), 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 services¹⁴⁴. One of the recommendations of this second review was that primary care trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow primary care trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

The government responded to the outcomes of both reviews, as well as a report by the All-Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper “Pharmacy in England. Building on strengths – delivering the future” published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However it was recognised that at the time there was considerable variation in the scope, depth and breadth of pharmaceutical needs assessments. Some primary care trusts had begun to revise their pharmaceutical needs

¹⁴² [Review of progress on reforms in England to the “Control of Entry” system for NHS pharmaceutical contractors.](#) Department of Health 2007

¹⁴³ [Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008](#)

¹⁴⁴ [Review of NHS pharmaceutical contractual arrangements.](#) Anne Galbraith 2007

assessments (first produced in 2004) in light of the 2006 re-organisations, whereas others had yet to start the process. The White Paper confirmed that the government considered that the structure of, and data requirements for, primary care trusts pharmaceutical needs assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported primary care trusts decisions.

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

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

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

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

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

Section 128A Pharmaceutical needs assessments

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

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| <p>(2) The regulations must make provision--</p> <ul style="list-style-type: none">(a) as to information which must be contained in a statement;(b) as to the extent to which an assessment must take account of likely future needs;(c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;(d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment. <p>(3) The regulations may in particular make provision--</p> <ul style="list-style-type: none">(a) as to the pharmaceutical services to which an assessment must relate;(b) requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;(c) as to the manner in which an assessment is to be made;(d) as to matters to which a Health and Wellbeing Board must have regard when making an assessment. |
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The regulations referred to in the NHS Act 2006 are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹⁴⁵, as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

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

Each health and wellbeing board was under a duty to publish its first pharmaceutical needs assessment by 1 April 2015. In the meantime the pharmaceutical needs

¹⁴⁵ [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013.](#)

assessment produced by the preceding primary care trust remained in existence and was used by NHS England to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

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

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

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

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended were subject to a post implementation review by the Department of Health and Social Care in 2017/18¹⁴⁶ the aim of which is to determine whether they have met their intended objectives. The review determined that:

- the regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand,
- there is flexibility within the system where an unforeseen benefit is identified,

¹⁴⁶ [Post-implementation report on the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), Department of Health and Social Care 2018.

- access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services, and
- there remains a degree of 'clustering'.

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

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

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

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

Appendix B – Essential services

1. Dispensing of prescriptions

Service description

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

Aims and intended outcomes

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

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

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

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

2. Dispensing of repeatable prescriptions

Service description

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

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

Aims and intended outcomes

- To increase patient choice and convenience, by allowing patients to obtain their regular prescribed medicines and appliances directly from a pharmacy for a period agreed by the prescriber.

- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient.
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

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

Aims and intended outcomes

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

4. Promotion of healthy lifestyles

Service description

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

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

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

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.

- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

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

Aims and intended outcomes

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

6. Support for self-care

Service description

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

Aims and intended outcomes

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

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

Service description

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

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

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

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

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

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

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

Aims and intended outcomes

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

8. Discharge medicines service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission

to ensure that all changes are identified, and patient records are amended accordingly. In addition, patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it, and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended outcomes

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

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

Appendix C – advanced services

1. New medicine service

Service description

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

Aims and intended outcomes

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

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

2. Stoma appliance customisation

Service description

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

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

Aims and intended outcomes

The underlying purpose of the service is to:

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

3. Appliance use review

Service description

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

Aims and intended outcomes

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

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

4. Seasonal influenza vaccination service

Service description

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

Aims and intended outcomes

The aims of this service are to:

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

5. Home delivery services during a pandemic etc

Service description

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

Health and Social care, that certain patient groups are advised to stay away from pharmacy premises:

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

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

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

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

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

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

Aims and intended outcomes

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

6. Community pharmacy hypertension case-finding service

Service description

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

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

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

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

- sending the test results to the patient's GP,
- providing advice on maintaining healthy behaviours, or promoting health behaviours,
- offering ambulatory blood pressure monitoring,
- urgent referral to their GP, and
- repeating the test.

Aims and intended outcomes

The aims and objectives of this service are:

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

7. NHS smoking cessation service

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

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

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

8. NHS pharmacy contraception service

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

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

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

Objectives

The objectives of the service are to:

- provide a model for community pharmacy teams to initiate provision of oral contraception, and to continue the provision of oral contraception supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply will be undertaken using patient group directions to support the review and supply process, and
- establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering starting or continuing their current form of oral contraception.

9. NHS lateral flow device tests supply service

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

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

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

Access to COVID-19 community-based treatment will continue to be based on a confirmed COVID-19 infection, achieved with a diagnostic lateral flow device test, in

line with some of the recommended treatment's product licences. Given the short efficacy window for treatment and practical implications of point-of-care testing, tests need to be available for eligible patients to access in advance of developing symptoms.

Objective

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

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

10. NHS Pharmacy first service

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

Objectives

The objectives of this service are to:

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

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

- free up clinician capacity in the above settings, for the treatment of patients with higher acuity conditions,
- identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend

solutions that could prevent inappropriate use of urgent and emergency care setting services in the future,

- provide urgent access to patients who are not registered with a GP for treatment of low acuity minor illnesses, and to ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine requested, and
- further utilise the clinical skills of community pharmacy teams to complete episodes of care for patients and improve access, displacing activity from general practice and urgent care settings.

Appendix D – Enhanced services

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

act as such under arrangements to provide additional pharmaceutical services with NHS England.

8. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home drugs, and appliances other than specified appliances.
9. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
 - drugs which they are using
 - their health and
 - general health matters relevant to them, and where appropriate referral to another health care professional.
10. A medication review service, the underlying purpose of which is for a registered pharmacist—
 - to conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
 - to advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
 - where appropriate, to refer the patient to another health care professional
11. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —
 - to assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
 - to offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens
12. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.
13. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist to—

- provide sterile needles, syringes and associated materials to drug misusers,
 - receive from drug misusers used needles, syringes and associated materials, and
 - to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre.
14. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
15. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).
16. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.
17. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
- the clinical and cost effective use of drugs,
 - prescribing policies and guidelines, and
 - repeat prescribing.
18. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to the—
- clinical and cost effective use of drugs in the school,
 - proper and effective administration and use of drugs and appliances in the school,
 - safe and appropriate storage and handling of drugs and appliances, and
 - the recording of drugs and appliances ordered, handled, administered, stored or disposed of
19. A screening service, the underlying purpose of which is for a registered pharmacist to—
- identify patients at risk of developing a specified disease or condition,
 - offer advice regarding testing for a specified disease or condition,
 - carry out such a test with the patient's consent, and
 - offer advice following a test and refer to another health care professional as appropriate.

20. A stop smoking service, the underlying purpose of which is for the pharmacy contractor —
- to advise and support patients wishing to give up smoking, and
 - where appropriate, to supply appropriate drugs and aids.
21. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.
22. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient's agreement.
23. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances—
- which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription, and
 - where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health).

Appendix E – Terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

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

Aims and intended outcomes

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

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

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

2. Dispensing of repeatable prescriptions

Service description

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

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

Aims and intended outcomes

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

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

3. Home delivery service

Service description

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

Aims and intended outcomes

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

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

4. Supply of appropriate supplementary items

Service description

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

Aims and intended outcomes

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

5. Provide expert clinical advice regarding the appliances

Service description

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

Aims and intended outcomes

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

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

Service description

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

Aims and intended outcomes

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

7. Signposting

Service description

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

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

Aims and intended outcomes

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

Appendix F – Steering group membership

Name	Post	Organisation
Steve Piper	Senior Public Health Manager	North Lincolnshire Council
April Glenn	Senior Public Health Analyst	North Lincolnshire Council
Charlotte Goodson	Advisor	Primary Care Commissioning
Paul McGorry	CEO	Humber Local Pharmaceutical Committee
Hayley Patterson	Programme Manager for Primary Care	NHS Humber and North Yorkshire Integrated Care Board
Lucy Wilkinson	Delivery Manager	Healthwatch

Humberside Local Medical Committee were also invited to be part of the group.

Appendix G – Residents engagement survey

We are inviting you to tell us about pharmacy services in your area. To do a good job, we need to regularly review what services we have, what our local people need, and how things might change in the future. This process is called a 'pharmaceutical needs assessment' and is being prepared by North Lincolnshire Council.

Many people call them chemists, but in this survey, we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription dispensed or buy medicines which you can only buy from a pharmacy. We don't mean the pharmacy at a hospital or the part of a pharmacy where you buy beauty products. We also don't mean other places such as convenience stores, garages and shops where you buy medicines such as paracetamol.

Your views are important to us so please spare a few minutes to complete this questionnaire. There are 20 questions in total in relation to your experience of pharmacies, and also questions about you. We anticipate that it will take you around 5 minutes to complete, depending on how much additional information you would like to give us.

The intention is for the engagement to be anonymous. Your responses are not identifiable, unless you answer in a way which identifies you, in one of the free text boxes. Responses will be held securely by North Lincolnshire Council for 12 months to allow time to publish the pharmaceutical needs assessment and to answer any queries which may arise.

The results of this questionnaire will be published in the draft pharmaceutical needs assessment for North Lincolnshire Council which the council will consult on in late spring/early summer 2025.

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please email april.glenn@northlincs.gov.uk.

Section 1: How you use your pharmacy? – Either in person or by having someone else go there for you.

1) Why do you usually visit / use a pharmacy? (*Please tick all that apply*)

- ☐ To collect prescription medicine for myself
- ☐ To collect prescription medicine for someone else
- ☐ Someone else collects my prescription medicine for me
- ☐ To buy non-prescription medicines (e.g. paracetamol / cough medicine) for myself
- ☐ To buy non-prescription medicines (e.g. paracetamol / cough medicine) for someone else
- ☐ Someone else buys non-prescription medicines (e.g. paracetamol / cough medicine) for me
- ☐ To get advice for myself
- ☐ To get advice for someone else
- ☐ Someone else gets advice for me
- ☐ I don't as my medicines are delivered to me at home
- ☐ To access other pharmacy services

2) If you selected 'To access other pharmacy services', in the previous question; please state which other pharmacy services you access.

.....

3) How often do you use a pharmacy? (*Please tick one*)

- ☐ Daily
- ☐ Weekly
- ☐ Fortnightly
- ☐ Monthly / Every 4 weeks
- ☐ Every 3 months
- ☐ I don't use a pharmacy
- ☐ Other [please specify]

.....

4) What time is typically the most convenient to you to use a pharmacy? (*Please tick all that apply*)

- ☐ Before 7am
- ☐ 7am to 9am
- ☐ 9am to 12 noon

- ☐ 12 noon to 3pm
- ☐ 3pm to 6pm
- ☐ 6pm to 9pm
- ☐ 9pm to midnight
- ☐ I don't have a preference

5) What day is the most convenient for you to use a pharmacy? (*Please tick one*)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday
- ☐ Weekdays in general
- ☐ Weekends in general
- ☐ I don't have a preference

Section 2: Your choice of pharmacy

6) Please could you tell us whether you: (*Please tick one*)

- ☐ Always use the same pharmacy
- ☐ Use different pharmacies but prefer to visit one most often
- ☐ Always use different pharmacies
- ☐ Rarely use a pharmacy
- ☐ Never use a pharmacy

7) We would like to know what influences your choice of pharmacy (*Please tick all that apply*)

- ☐ Close to my home
- ☐ Close to work
- ☐ Close to my doctor
- ☐ Close to children's school or nursery
- ☐ Close to other shops
- ☐ The pharmacy delivers my medicines
- ☐ The location of the pharmacy is easy to get to
- ☐ It is easy to park at the pharmacy
- ☐ I just like the pharmacy

- ☐ I trust the staff who work there
- ☐ The staff know me and look after me
- ☐ The staff don't know me
- ☐ I've always used this pharmacy
- ☐ The service is quick
- ☐ They usually have what I need in stock
- ☐ The pharmacy has good opening hours
- ☐ The pharmacy was recommended to me
- ☐ The pharmacy provides good advice and information
- ☐ The customer service
- ☐ It is very accessible i.e. Wheelchair / baby buddy friendly
- ☐ It is a well-known big chain
- ☐ It is not one of the big chains
- ☐ Other [please specify]
-

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

- ☐ Yes
- ☐ No
- ☐ Don't know

(If answer to Question 7 is 'Yes', go to Question 8, otherwise go to Question 9)

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

- ☐ It is not open when I need it
- ☐ It is not easy to park at the pharmacy
- ☐ I have had a bad experience in the past
- ☐ The service is too slow
- ☐ The staff are always changing
- ☐ The staff know me
- ☐ The staff don't know me
- ☐ They don't have what I need in stock
- ☐ The pharmacy doesn't deliver medicines
- ☐ There is not enough privacy
- ☐ It is not wheelchair / baby buggy friendly
- ☐ Other [please specify]
-

Section 3: Travelling to a pharmacy

10) If you go to the pharmacy, how do you usually get there? (Please tick one)

- ☐ On foot
- ☐ By bus
- ☐ By car
- ☐ By bicycle
- ☐ By taxi
- ☐ I don't visit a pharmacy
- ☐ Other [please state]
-

(If answer to Question 9 is 'I don't visit a pharmacy', go to Question 11, otherwise continue to question 10)

11) ... and how long does it take to get there? (Please tick one)

- ☐ Less than 5 minutes
- ☐ Between 5 and 15 minutes
- ☐ More than 15 minutes but less than 20 minutes
- ☐ 20 minutes or more

Section 4: Pharmacy services in general

12) Is there anything else you would like to tell us about local pharmacy services?

[illegible]

Section 5: About you

Why do we need this information?

We aim to make our decision-making process, including engagements, as representative as possible. To do this we need to collect information on those who participate.

We appreciate how valuable your time is and have tried to keep this part of the survey as concise as possible and it should take no longer than 2 minutes. It would be very helpful to us if you would complete the following.

Important: please answer as much as you feel comfortable in disclosing and select 'Prefer not to say' on any questions you would prefer not to answer.

All responses are treated confidentially, and the data analysed to inform decision-making and improve service.

13) Which category below includes your age? *(Please tick one)*

- ☐ Under 16
- ☐ 17 – 25
- ☐ 26 – 35
- ☐ 36 – 45
- ☐ 46 – 55
- ☐ 56 – 65
- ☐ 66 – 75
- ☐ 76 – 85
- ☐ 86 and over
- ☐ Prefer not to say

14) Which best describes your gender? *(Please tick one)*

- ☐ Male
- ☐ Female
- ☐ I prefer to self-describe [please specify]
- ☐ Prefer not to say

15) Do you identify as transgender? *(Please tick one)* For the purpose of this question 'transgender' is defined as an individual who lives, or wants to live, in the gender other than that they were assigned at birth.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

16) What is your sexual orientation? (*Please tick one*)

- ☐ Bi-sexual
- ☐ Gay / Lesbian
- ☐ Heterosexual / Straight
- ☐ Prefer to self-describe [please specify]
- ☐ Prefer not to say

17) Which of the following best describes your ethnicity? (*Please tick one*)

- ☐ Asian / Asian British
- ☐ Black / African / Caribbean / Black British
- ☐ Mixed / Multiple Ethnic Groups
- ☐ White
- ☐ Other Ethnic Group [please specify]
- ☐ Prefer not to say

18) What is your religion or belief? (*Please tick one*)

- ☐ No religion
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion [please specify]
- ☐ Prefer not to say

19) Do you consider yourself to have a disability according to the terms given in the Equality Act 2010? (*Please tick one*)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

20) Regardless of your answer above, please identify if you have any of the following impairments (*please tick all that apply*)

- ☐ Physical impairment, for example you have difficulty walking or use a wheelchair or you have difficulty using your arms

- ☐ Hearing impairment, for example you use a hearing aid or have become hard of hearing with age, or you are deafened and predominantly use lip reading in communication
- ☐ Visual impairment, for example being blind or partially sighted (does not include people whose vision is easily corrected with prescription spectacles)
- ☐ Speech impairment
- ☐ Mental health condition, such as depression or bipolar disorder
- ☐ Learning difficulty, for example Downs Syndrome, or dyslexia or cognitive impairment e.g. Autism or head injury
- ☐ Other hidden impairment, long standing illness or health condition, for example Cancer, Diabetes, Heart Disease, Epilepsy, HIV, Facial Disfigurement, etc
- ☐ No impairment
- ☐ Prefer not to say
- ☐ Other (Please specify)

.....

.....

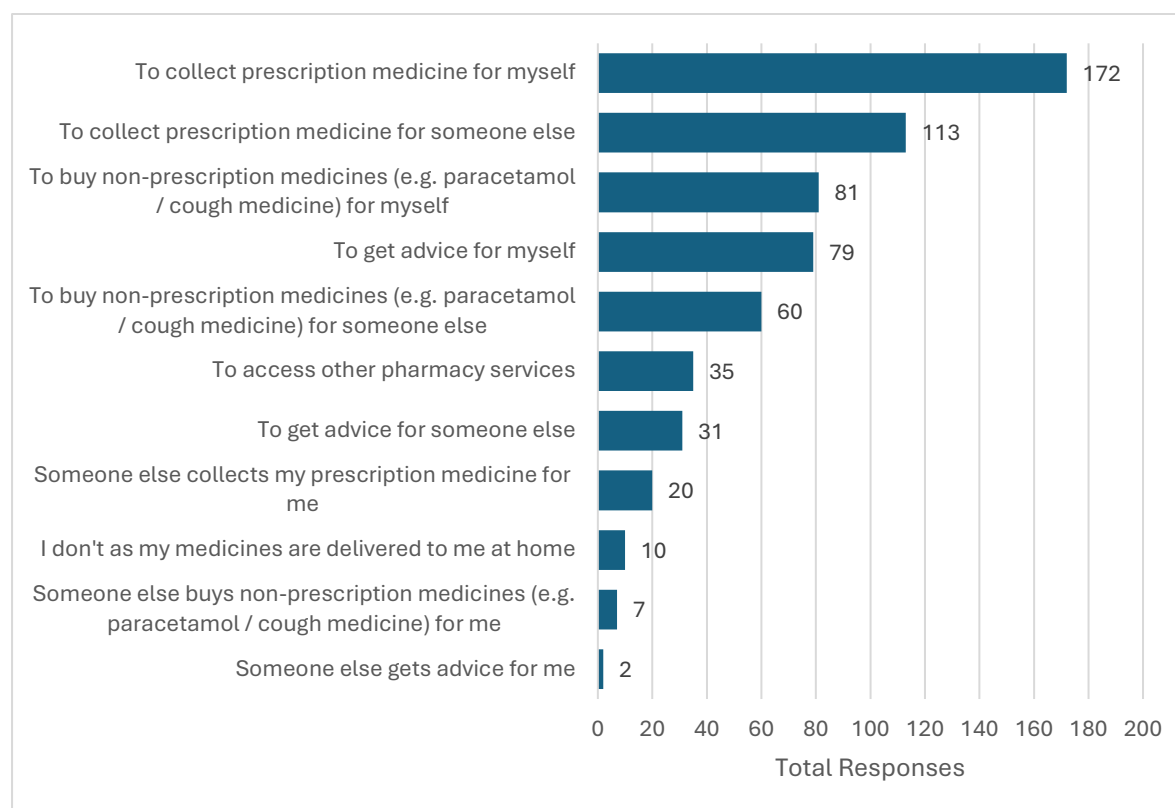
21) Have you ever served in His Majesties Armed Services? (*Please tick one*)
North Lincolnshire Council has signed the Armed Services Covenant and is committed to ensuring that residents who have served in His Majesties Armed Forces are represented in its decision-making process

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Appendix H – Full results of the residents survey

All comments are verbatim, however where a pharmacy has been identified the comment has been anonymised.

1) Why do you usually visit / use a pharmacy? *(Please tick all that apply)*

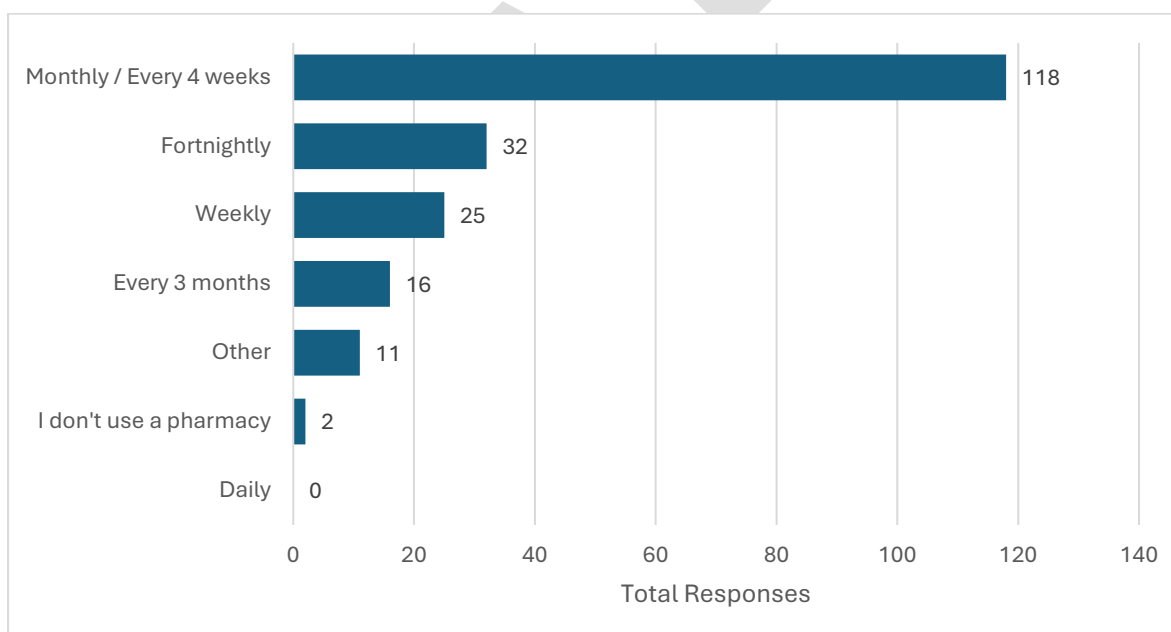


2) If you selected 'To access other pharmacy services', in the previous question; please state which other pharmacy services you access:

ID	Name	Responses
1	anonymous	Flu vaccine
2	anonymous	Flu and Covid vaccinations
3	anonymous	Vaccinations
4	anonymous	Vaccination
5	anonymous	Flu jabs
6	anonymous	Flu jab
7	anonymous	Blood pressure testing and general health queries
8	anonymous	Vaccinations
9	anonymous	Blood pressure tests
10	anonymous	Vaccinations
11	anonymous	Covid and flu jab
12	anonymous	Vaccinations
13	anonymous	Flu jab
14	anonymous	Pharmacy first
15	anonymous	Flu injections, minor ailments, hay fever
16	anonymous	Covid and Flu vaccinations

17	anonymous	Vaccination
18	anonymous	Blood pressure check
19	anonymous	Flu jab
20	anonymous	Flu and Covid 19 vaccinations
21	anonymous	Flu jab
22	anonymous	Covid & Flu vaccinations
23	anonymous	Flu jabs, information
24	anonymous	chemist
25	anonymous	Minor ailments scheme and treatment of conditions eg UTIs
26	anonymous	To get my annual flu and Covid jabs
27	anonymous	Advice on a medicine subject to a serious shortage protocol.
28	anonymous	If I have earache or small ailments
29	anonymous	Blood pressure checks
30	anonymous	Pharmacy First scheme when i have something they can prescribe for

3) How often do you use a pharmacy? *(Please tick one)*

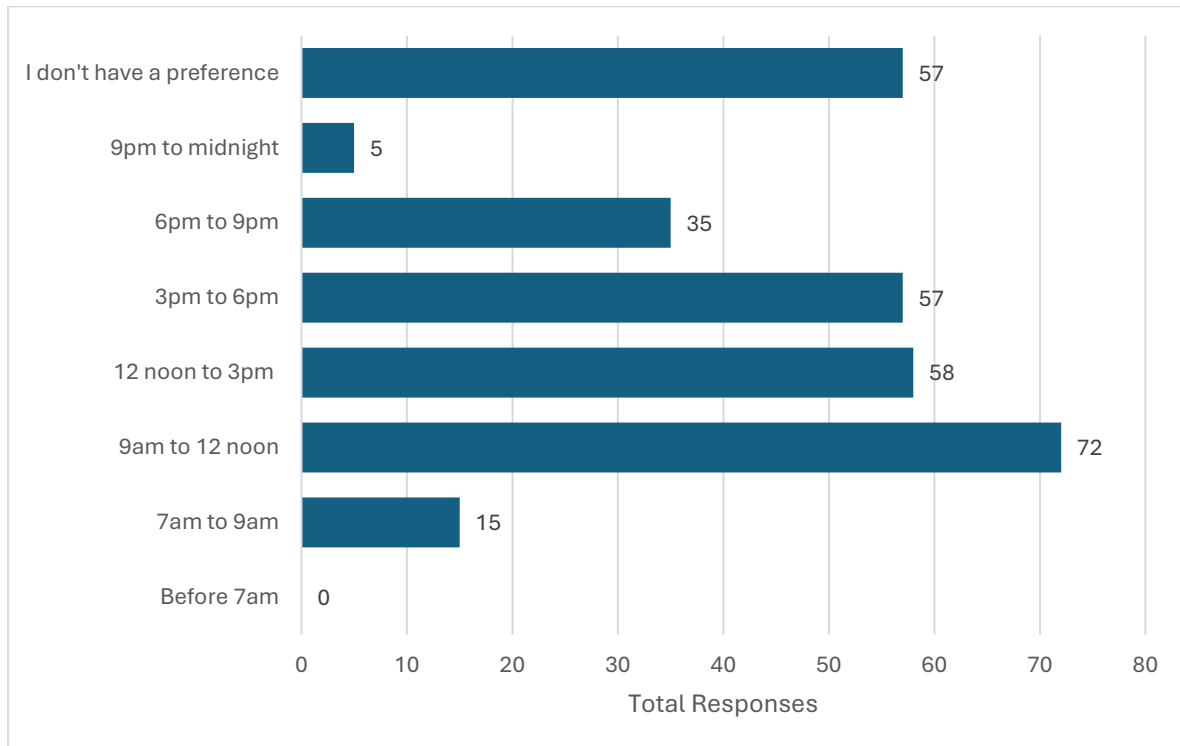


Where 'Other' was chosen, the following responses were given:

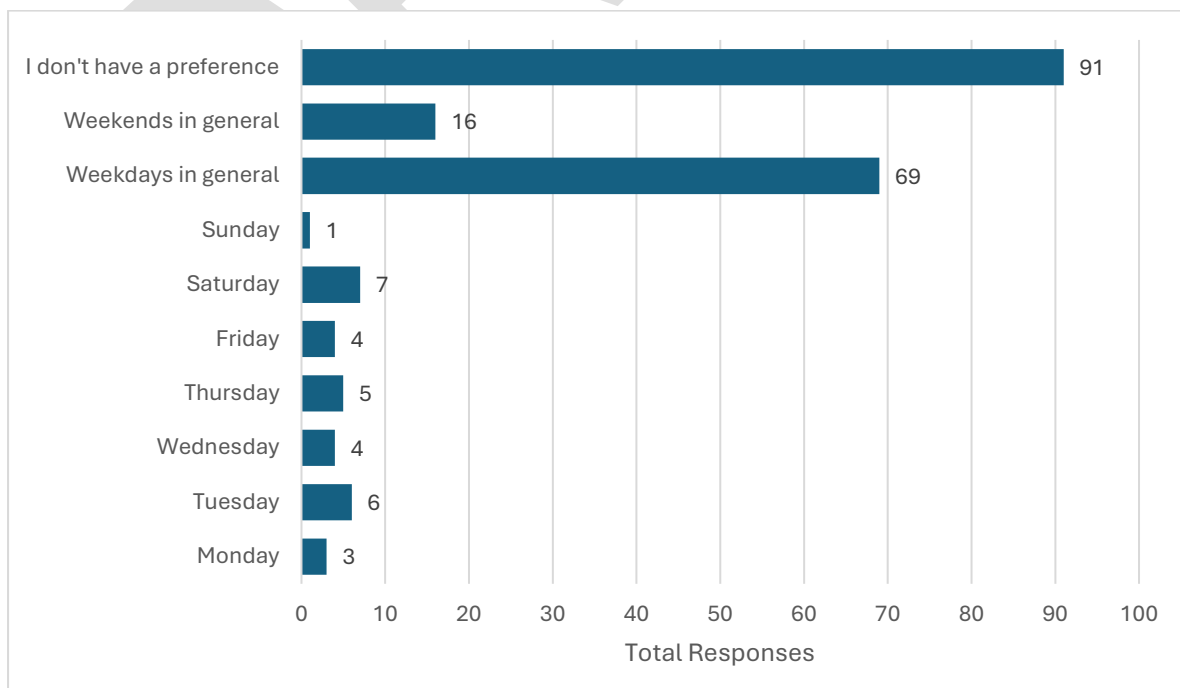
As and when need no time frame
Varies
2 or 3 times a year
Very rarely
infrequently
only if I am at Ironstone
when needed
when necessary

once/twice a year
very rarely
infrequently

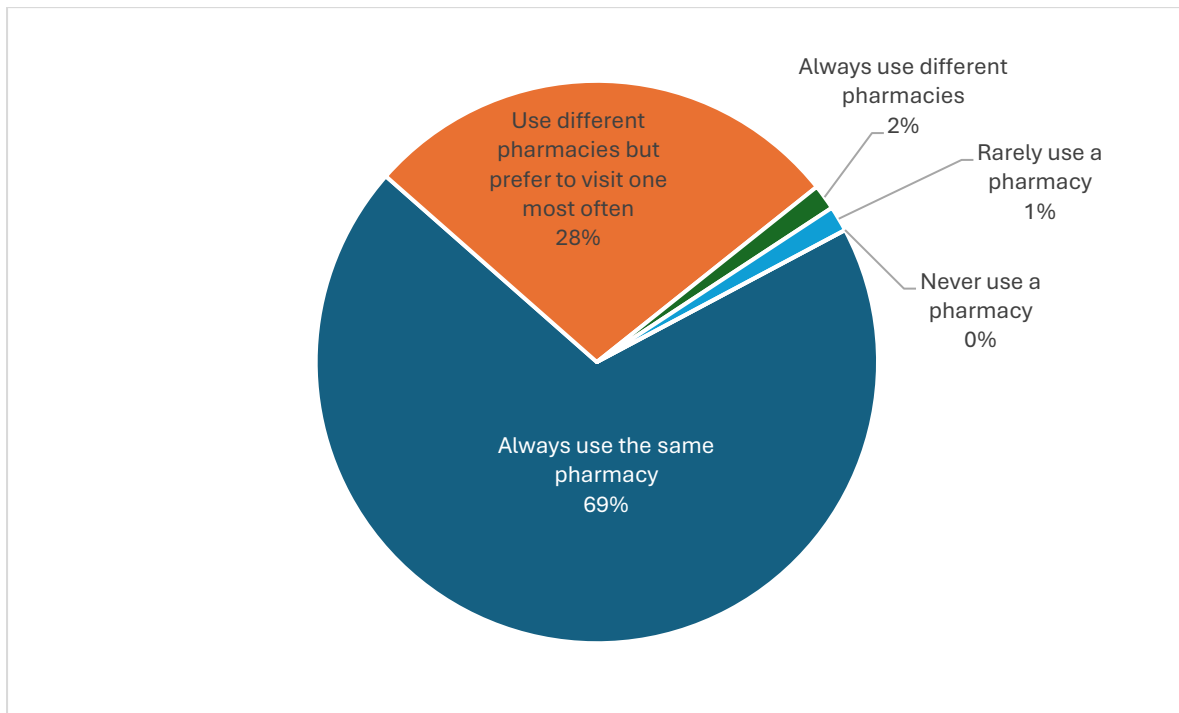
**4) What time is typically the most convenient to you to use a pharmacy?
(Please tick all that apply)**



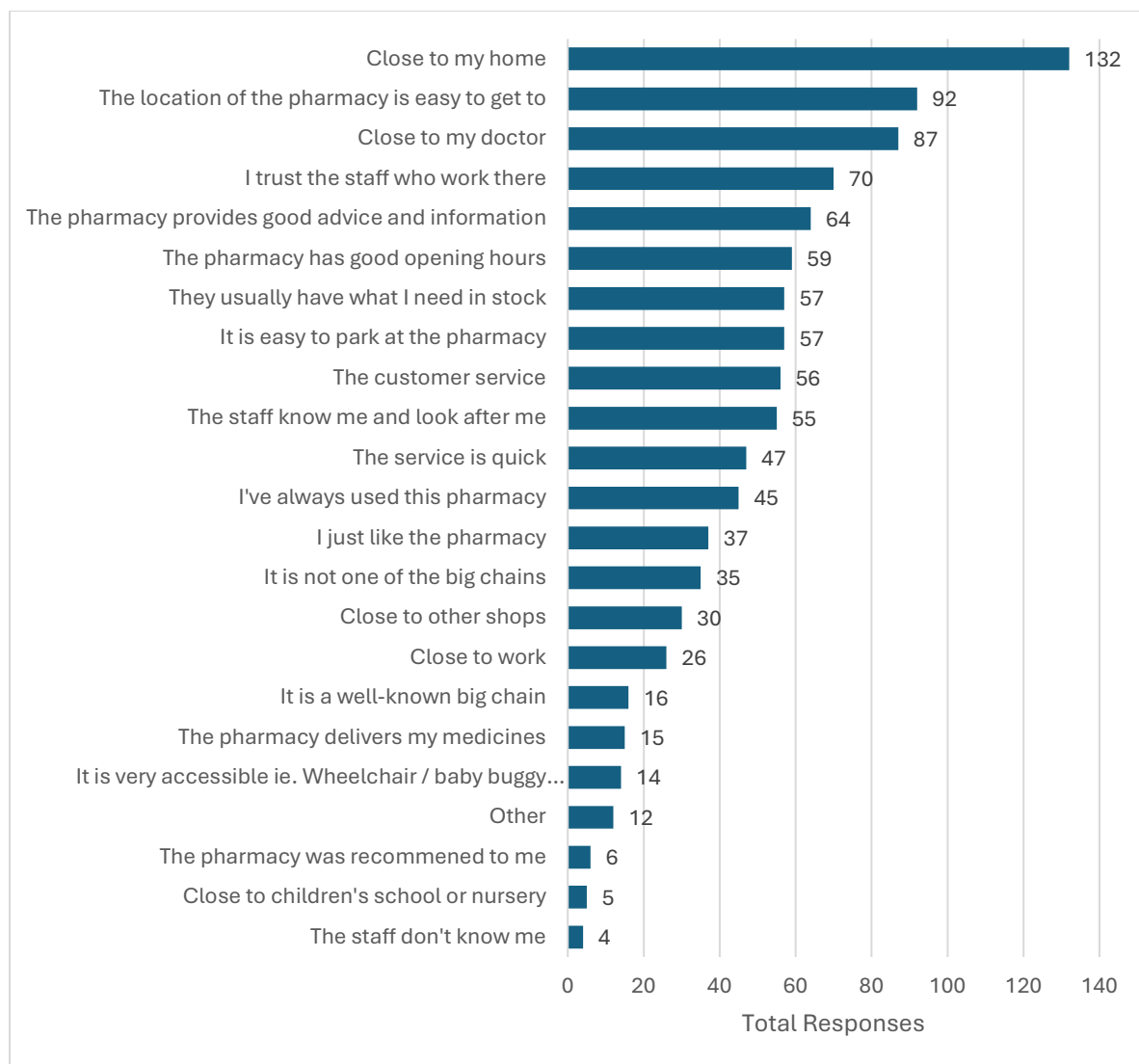
5) What day is the most convenient for you to use a pharmacy? (Please tick one)



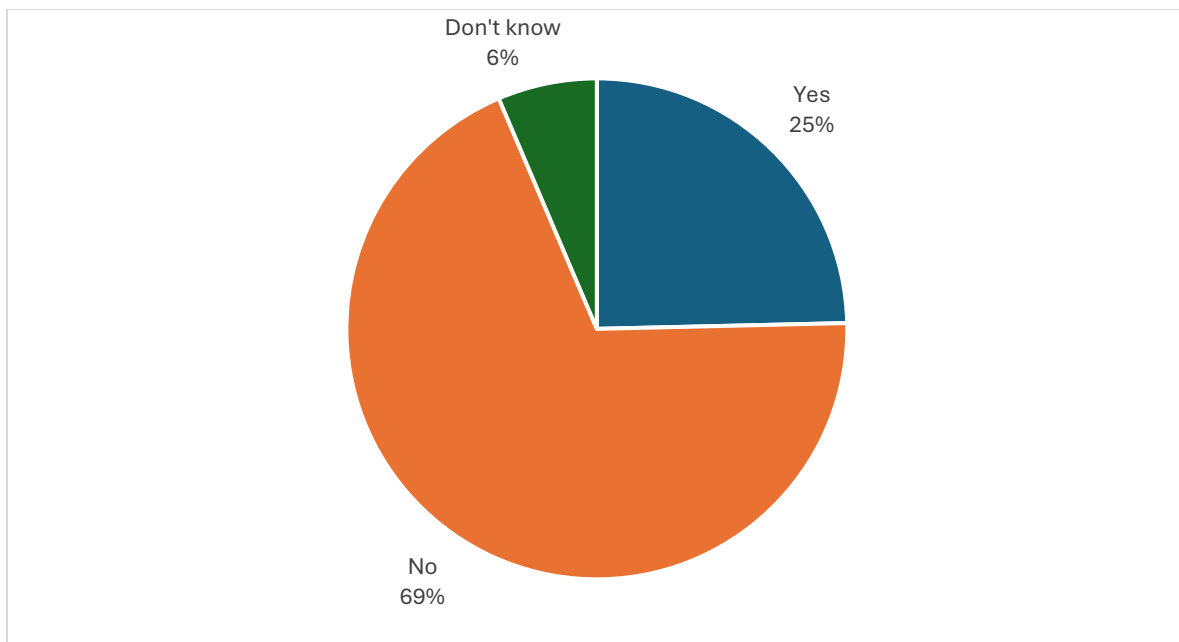
6) Please could you tell use whether you: *(Please tick one)*



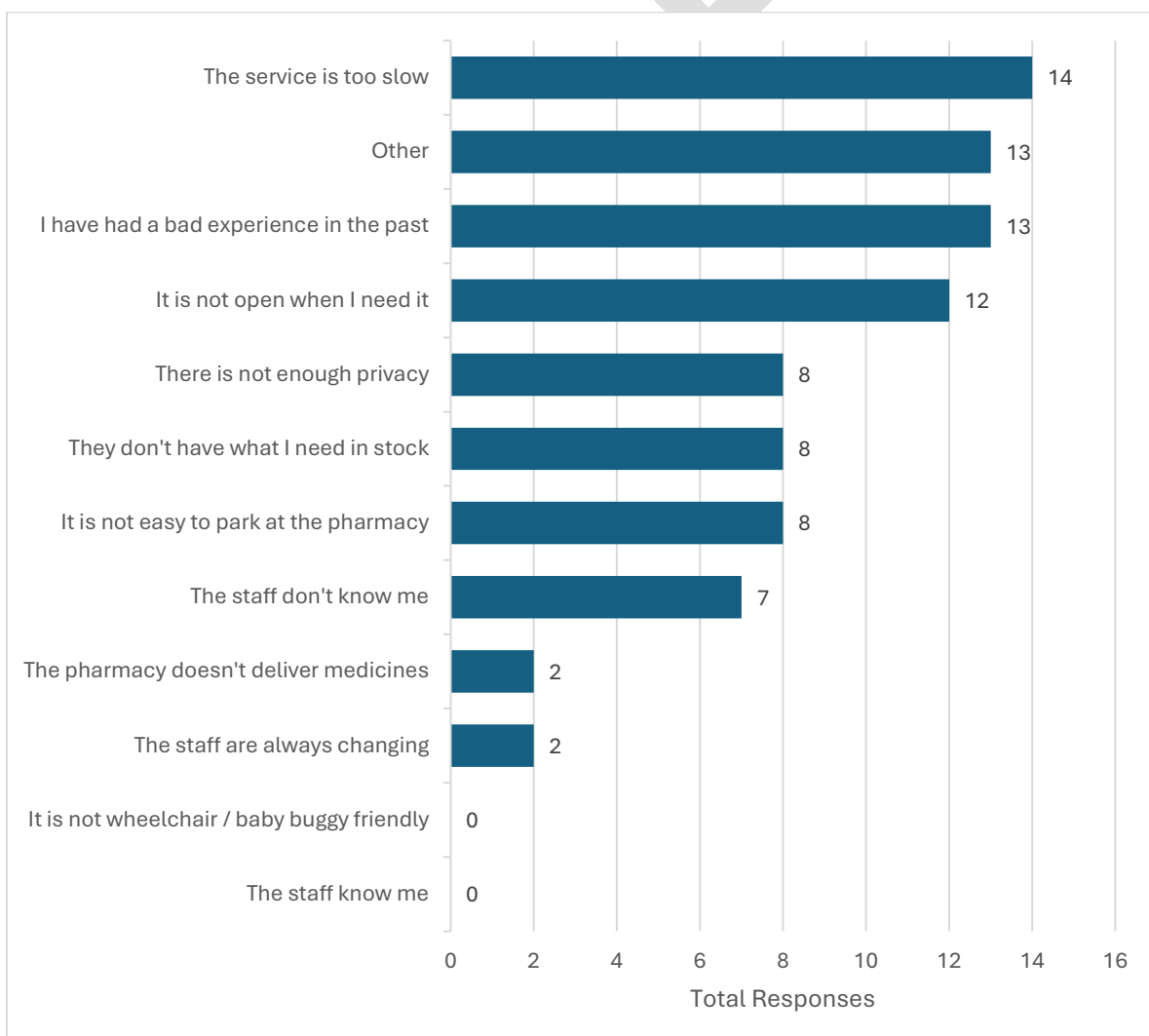
7) We would like to know what influences your choice of pharmacy. *(Please tick all that apply)*



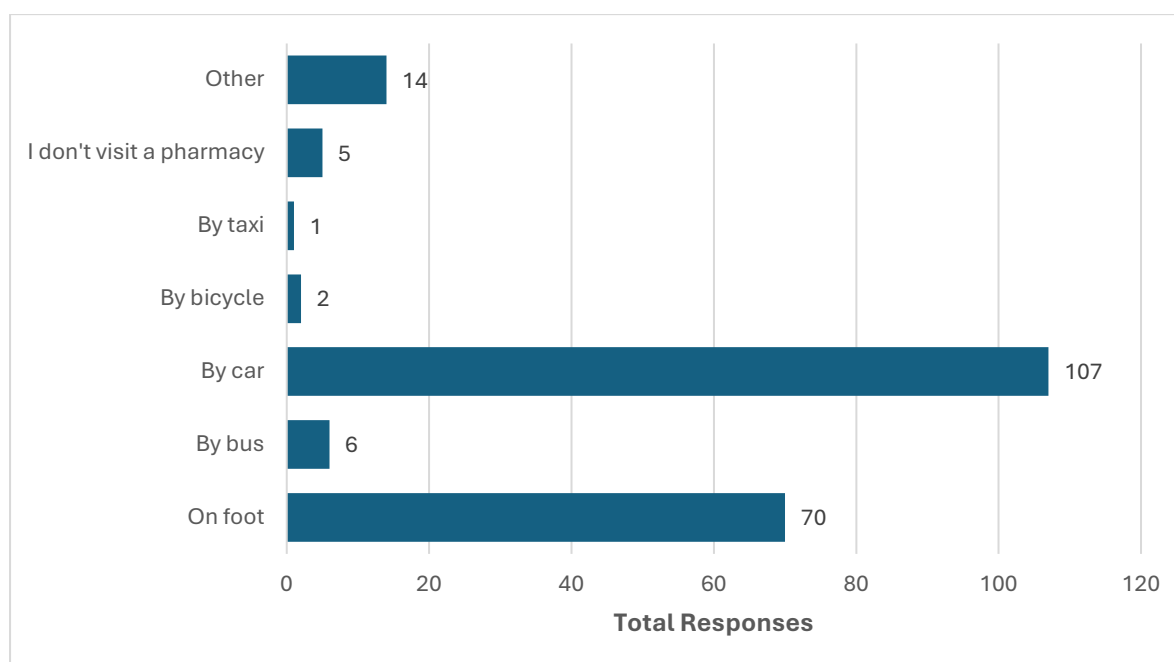
8) Is there a more convenient and / or closer pharmacy that you don't use?
(Please tick one)



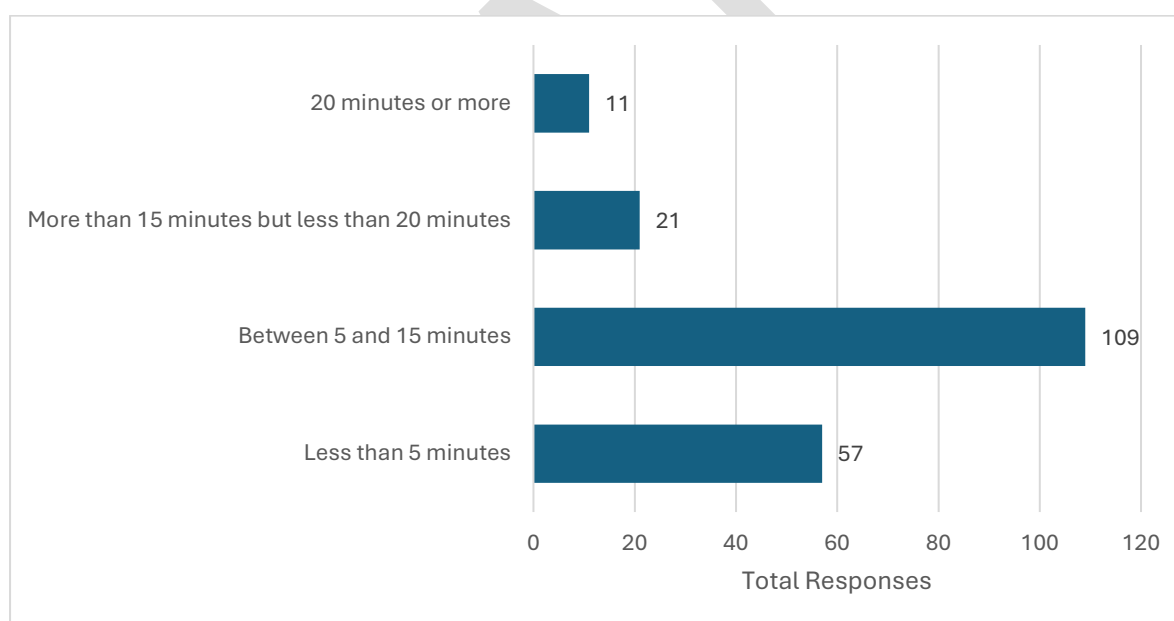
9) Please could you tell us why you do not use that pharmacy (*Please tick all that apply*)



10) If you go to the pharmacy, how do you usually get there? *(Please tick one)*



11) ... and how long does it take to get there? *(Please tick one)*



12) Is there anything else you would like to tell us about local pharmacy services?

Wait times to pick up prescriptions can be as much as half hour. Not ideal for working people.

No

COVID and Flu vaccines. Advice re common ailments. Advice on medicine to take for specific things

I would say that Barton on Humber could do with a third pharmacy to meet demand. Despite significant local population growth , there has been no increase in pharmacies

They are dreadful. Order repeat prescription every 4 weeks. Exactly the same order for me and my husband. It is never ready in the three days quoted, there are always items missing. I feel really sorry for the staff as the whole operation is a shambles. It needs a complete overhaul. This is [pharmacy] by the way. My parents do the exact same as us and collect a prescription every 4 weeks at their local pharmacy. Don't have to reorder, it's ready the same time every month and never anything missing. This is [dispensing practice]. [Pharmacy] need to look at how this is done.
If they'd tell you before going to collect medication that they can't get something rather than finding out on the day if collection. Having to then rush about to find somewhere that has it
It is always very busy. I can not stand for very long so someone else has to get my items.
Stop closing them in supermarket stores.
I used to be with a different pharmacy but changed due to having to make three journeys as the lack of medication including insulin made my monthly medication rather late
No.
Epworth needs to have more stock on there shelf's
My local pharmacy is invaluable. Staff are friendly, supportive, efficient and I can get confidential advice if needed. They know their customers and their needs and are really helpful.
The pharmacy I use is vert efficient with very friendly and helpful staff
[Pharmacy] are fantastic
Unfortunately they don't open at weekends and that's the only thing that I don't like about my Pharmacy.
Need to be bigger shop selling more items and having more staff and longer opening hrs
Haven't got enough staff and it's not big enough. Had problems getting prescriptions on time for my parents. My mother has been left without medication for some days. Delivery is great but don't always get medication correct when there is a change etc
You receive a text when your prescription is ready for collection. The turn around from ordering your prescription and when it is ready for collection has vastly improved. Flu/covid Appts available
Local service which is suited adjacent to the doctors, so extremely handy when you've had a doctors appointment and need medication
They have other things that I might want to buy and close to other shops. [Pharmacy] is the best locally
It is very easy to get vaccinations there for COVID and flu, then walk home.
We need to maintain them as they are an important community service
Always a queue as usually very busy
It's an absolute joke nothing is ever ready. I go through [distance selling premises] now I order and it's through my door within 3days. Still have to pop in my local to pick up for my friend and it makes me mad.
New ownership so its a wait and see if the excellent service continues.
Usually have what I need

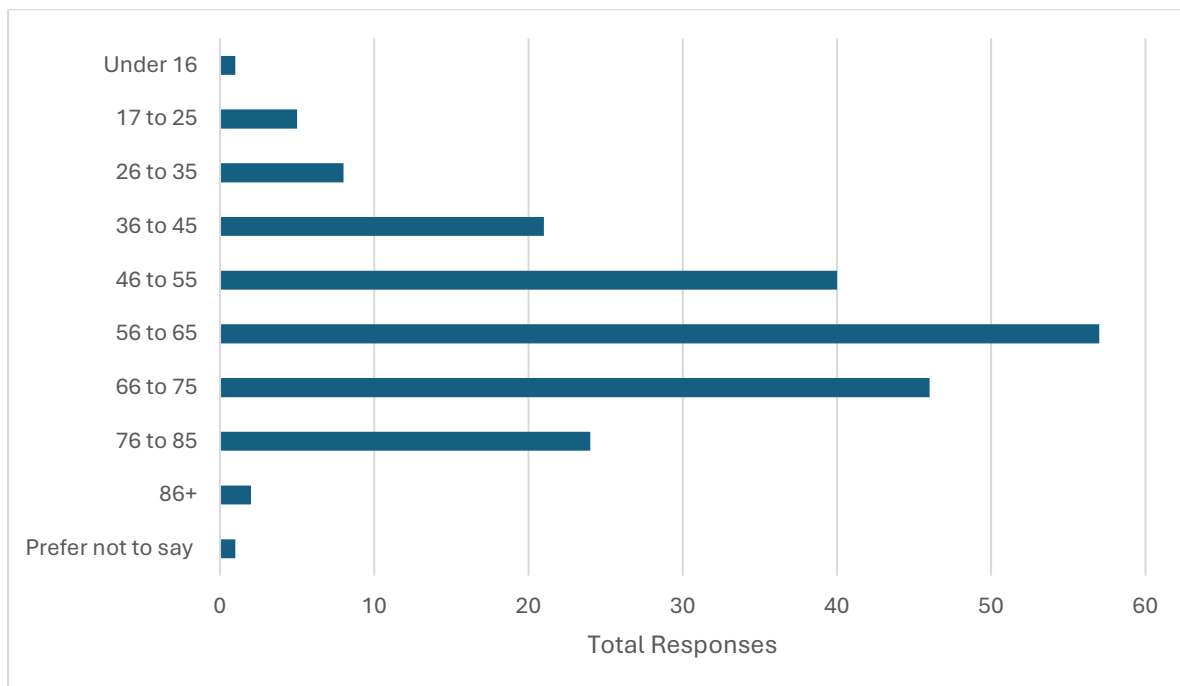
I use [pharmacy] and their service is excellent in all ways. A vital link for the community!
They have always been very helpful and knowledgeable. I would particularly like to mention the Pharmacy First scheme which I found by accident. Earlier this year my son sent me a text to say he was on the train home from University and felt very poorly with a very sore throat and fever. It was a bank holiday weekend and I had no hope of him being seen by a Dr. I rang the pharmacy and asked if he could be seen, the pharmacist told me to take him in as soon as he was home. I did and he was seen immediately and given antibiotics due to a severe throat infection. First class service.
Constant medicine shortages mean a two week lead time. I have better fulfillment rates in Africa!
They are an asset especially who the doctors are constantly unable to offer appointments and you might need to wait a week to be seen. Which is ridiculous, because when you go in the doctors, there's around 4 people waiting. We need to keep them.
We are very lucky to have our local chemist shop in our village and long may it remain.
I think pharmacies do a great job but need more support and funding from the government. They are asked to do more and more to relieve the strain on the NHS but don't get anymore funding to allow for that. As it is the money does not cover the cost of the drugs they have to supply. We are in danger of losing them altogether if things don't change.
I trust their professionalism and friendliness
The pharmacy I use is professional, efficient but friendly, they try at all times to solve your problems. Use for Covid/Flu injections. We would be lost without its services in our village.
Definitely a needed service for our community, don't need an appointment when advice needed for illness
[Pharmacy] excellent service professional and caring staff
We have a baby and have had to travel for an hour outside of core hours to get emergency prescriptions which was horrendous with a poorly baby
It's very convenient to have a good pharmacy within walking distance
No
There is a good selection which is needed for amount of people in the area. Just wish the good chemist was the one that stayed open at weekends but understand why they don't.
The [dispensing practice] is amazing and quick. 72hrs for a repeat prescription instead of 7days(!) With [pharmacy]
Invaluable advice to go to hospital or GP. Staff make time to give advice even when busy. I like that some of them recognise me and know my name
The staff there are so helpful and friendly.
It gives a great service, i just wish sometimes that it opened on a Saturday
I use my local pharmacy but the opening hours are not great as they are not open on a Saturday ([pharmacy]). Also I don't go to them for health advice for my children as they don't have consultation room, go to [pharmacy] for this instead as they seem to have more knowledgeable staff.
Prefer smaller non chain pharmacies. Feel tend to get more personalised advice and assistance.

Very friendly and helpful staff
Would be useful if they opened at weekends
They are very efficient and organised. I never have to wait for my prescription here
Since changing from [pharmacy contractor], the staff and manager have changed with only one of the original staff there. They are absolutely wonderful, friendly, efficient and helpful. Would recommend to anyone.
I always go to the pharmacy for advice and medication before contacting my doctor.
Amazing team
Na
Village pharmacy opening times are restrictive to those who work 9-5 plus outside of the village
Limited hours for working people
Some are better than others. We use [pharmacy] and the staff there are incredible!
[Medical practice], which has its own pharmacy, did not offer me Flu & Covid vaccinations this year, which I am entitled to for free, so I went to [pharmacy] for these vaccinations.
I have paid for their delivery service but find it difficult to access. They only deliver during the week not the weekend and cannot give me a definite/approximate time for the delivery so I have to wait in. They will not put the medicine through the letterbox which I would happily sign a form for. I have to make sure that I have more than a week and a half medications left to enable them to deliver and then they sometimes do not manage it and I have to go to the pharmacy. I have asked for a refund because I am not happy, but been told they do not do this. It is £55.00 per year and so far I have only managed to receive 3 deliveries and this at the most inconvenient times. There is not a direct line to the service so I cannot check where my delivery is. I ordered my and my husbands latest medications on Wed 27/11/24 and at this date 02/12/24 I still have not had a notification of when they will be delivered. This is nearly a full week. I do not think that this is acceptable.
They recently introduced a system where they text to let me know that medication is ready to collect.
Often the prescriptions are not ready - even after putting them in a week beforehand
I use an online pharmacy delivery service as far more efficient. Takes 3 days from ordering to delivery. When I used to collect from [pharmacy] it would take sometimes in excess of 10 days before the prescription was ready after ordering.
I would like to be able to receive my medication directly from my doctors surgery
Being next to the doctors is so handy when you are really feeling poorly. However not sure about speed of interaction between them and hospital pharmacies on discharge
They never have the full prescription available, some drugs are always not in stock and 'on order'
Some people complain about waiting/ not having their prescription but I deliberately choose when to visit, late afternoon and I've never not had my prescription. Good link with my doctors.
Scunthorpe Town centre only has [pharmacy] open on Saturday. Why has [pharmacy] closed the [name] medical centre pharmacy on Saturday the busiest day of the week?

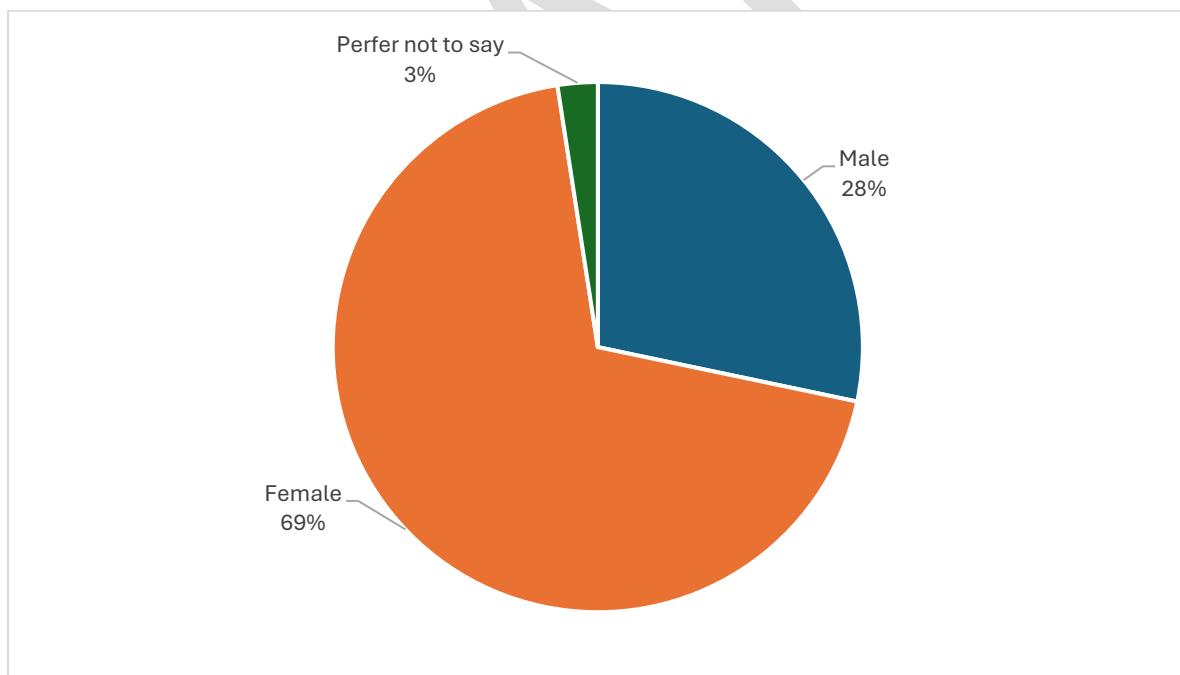
do not always have all medication I have ordered
I got great service from [pharmacy]
My husband and I have also been able to obtain our COVID and flu vaccinations, saving us having to drive out of our village.
Having a local village pharmacy makes life easy for me and other local people living in the village.
We have to collect prescriptions from the pharmacy. The link between the pharmacy and doctors is poor. I have Gaviscon every month. If they have it in Aniseed flavour and have Peppermint on the prescription they make me go back to the doctor's to get a green prescription. This is ridiculous when the active medicine is exactly the same. The interface between the doctor and the chemist needs to be properly sorted out to stop this kind of nonsense.
Yes the [pharmacy] (or whoever owns it now) used to be the best, however it now takes them 7-10 days minimum from ordering to getting your prescription, yet if you get a paper script you can literally walk into another pharmacy and get it same day!
Often change tablets to capsules even though they upset stomach
Not enough stock on shelves. Not enough variety on what few things there is to buy..
Great service and advice is always first class
very nice people
They have been cut drastically in [location]. [Pharmacy] used to be open 7 days a week until late it's now open only 6 and reduced hours so it's very inconvenient now as I am a teacher
I receive a text message when prescriptions are ready for collection, and they offer an automated collection service.
Good service, pleasant staff
Unfortunately they are not open at all over the weekend, close Friday 6pm till Monday 9am.
Village pharmacies are a necessity for everyone who needs to use them
Extremely slow and no help at times I'd have thought better from Boots I asked for service that I'm entitled to get free but pharmacist refused and wanted me to buy the item
The staff are very knowledgeable and go the extra mile to make sure I can get the medicine I need.
No - Service provided meets all my needs
I use [pharmacy] and it is very good and reliable.
My friend uses [pharmacies] which are useless. They hardly ever have all meds in on time and often have items missing
The pharmacy is run by our village Medical Centre and without it would necessitate a 10-15 minute drive to access the next nearest Pharmacy.
Using a local pharmacy helps build relationships with the staff and pharmacist. They will also order stock in for the next day for off-prescription requests.
Often have to go more than once to collect prescription meds as don't have certain meds in stock
Unfortunately they aren't reliable for My regular tablets which I get online and which can be posted - I use them for over

the counter meds or medicines for an acute Condition
Our village pharmacy provides a very good service
No
Although I have had problems with mine and relatives prescription in the past, I would say that most pharmacy's I have visited are very helpful.
Very difficult to find a pharmacy late at night that has required medicines, even basic antibiotics for a child with ear ache
There are some other chain pharmacies but they don't offer the service that [pharmacy] do. The staff know me and look after my needs much better than other local ones have used the odd time. I along with all my family use this pharmacy just for the same reasons. Closing them down would make a very big difference to many lives including the staff.
No
Under strain especially with the new and proposed housing developments
having dosette boxes provided is a must for most people. however, some pharmacies no longer provide this service if you receive care from a care company.
When it couldn't be delivered to me, I had to ask a friend to help me collect it
Friendly staff and always have my prescription ready
Friendly staff, fast and effective service
Always a que Takes forever to answer the phone (doctors) Polite and pleasant staff
Often ques and high demand resulting in long waiting times
They are usually good, sometimes can't always get all medication
Parking space very restricted due to size and location. There appears to be equal or more staff parking than those for patients
[Pharmacy] is good I dont have any problems
Very good for getting an appointment for flu jabs
Long waiting times and medication isn't always ready. The staff are very busy, I would say they could do with more staff.
Pharmacies should be able to prescribe more items to take pressure off GPS
It's hard to find my medication due to shortages (Elvanse ADHD medication) so i need to use an online pharmacy
Carry on doing a good job
Should be able to check other pharmacy stock when they don't have things. Can't be expected to drive around trying to find a pharmacy with medication in stock.
Doesn't open at a weekend which isn't very convenient when you work mon-fri

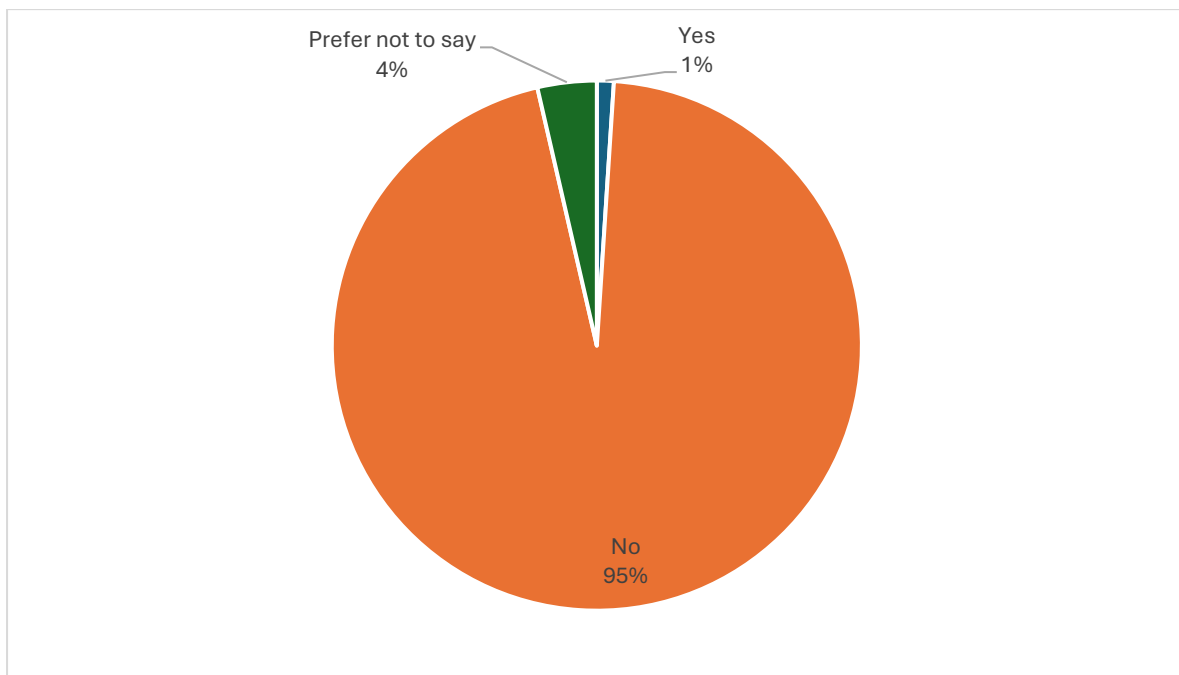
13) Which category below includes your age? (*Please tick one*)



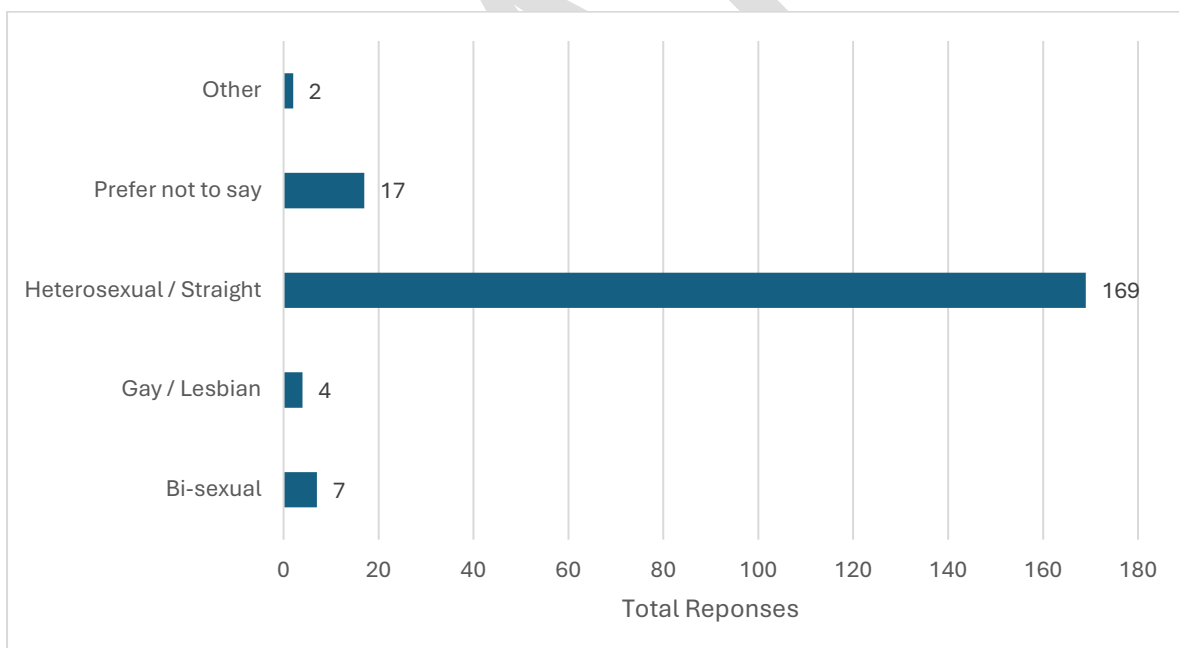
14) Which best describes your gender? (*Please tick one*)



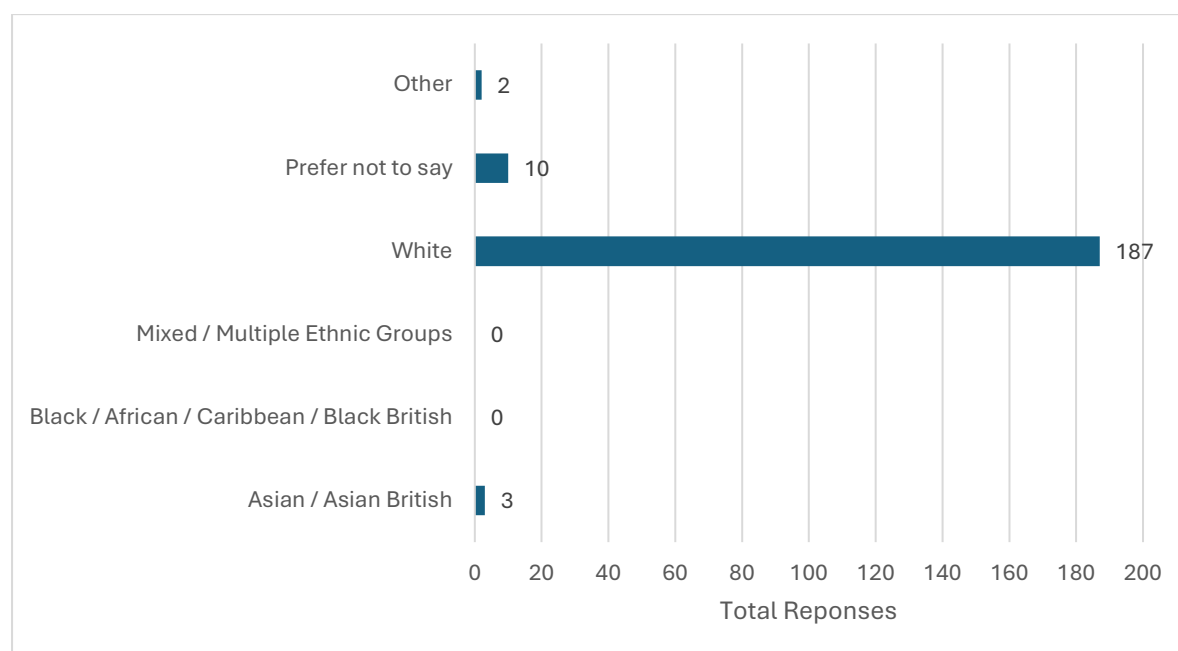
15) Do you identify as transgender? (*Please tick one*)



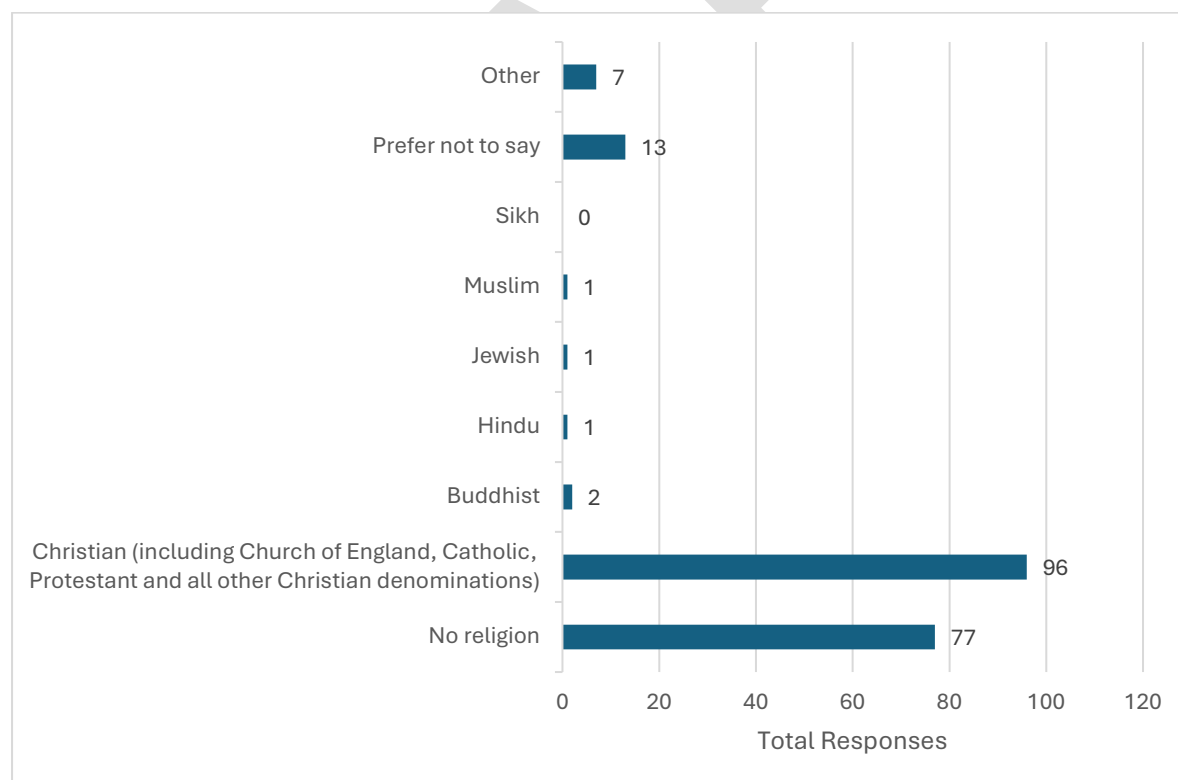
16) What is your sexual orientation? (*Please tick one*)



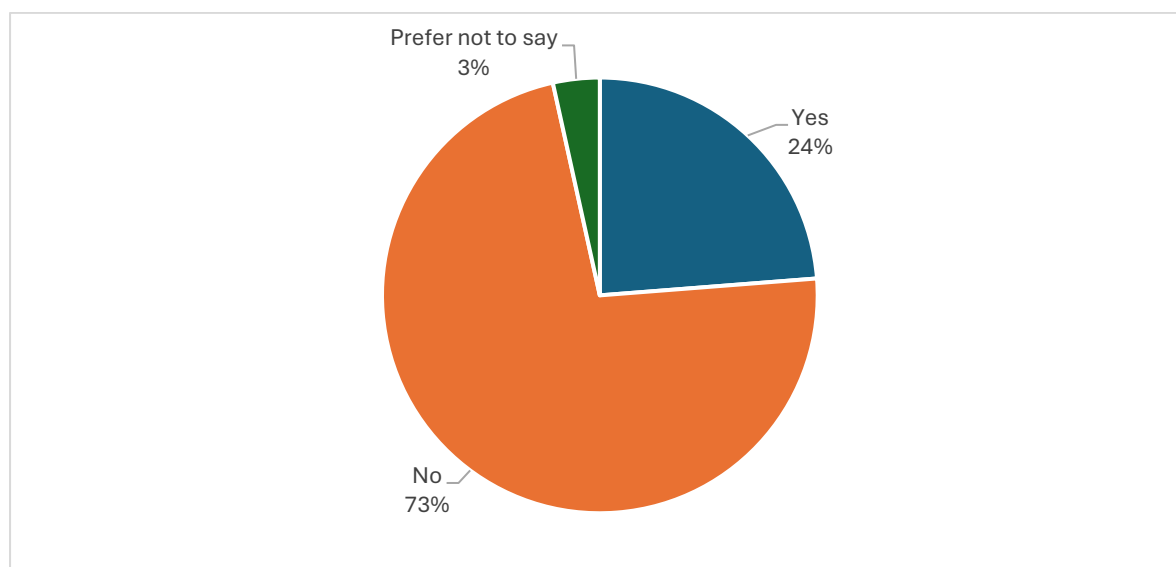
17) Which of the following best describes your ethnicity? (*Please tick one*)



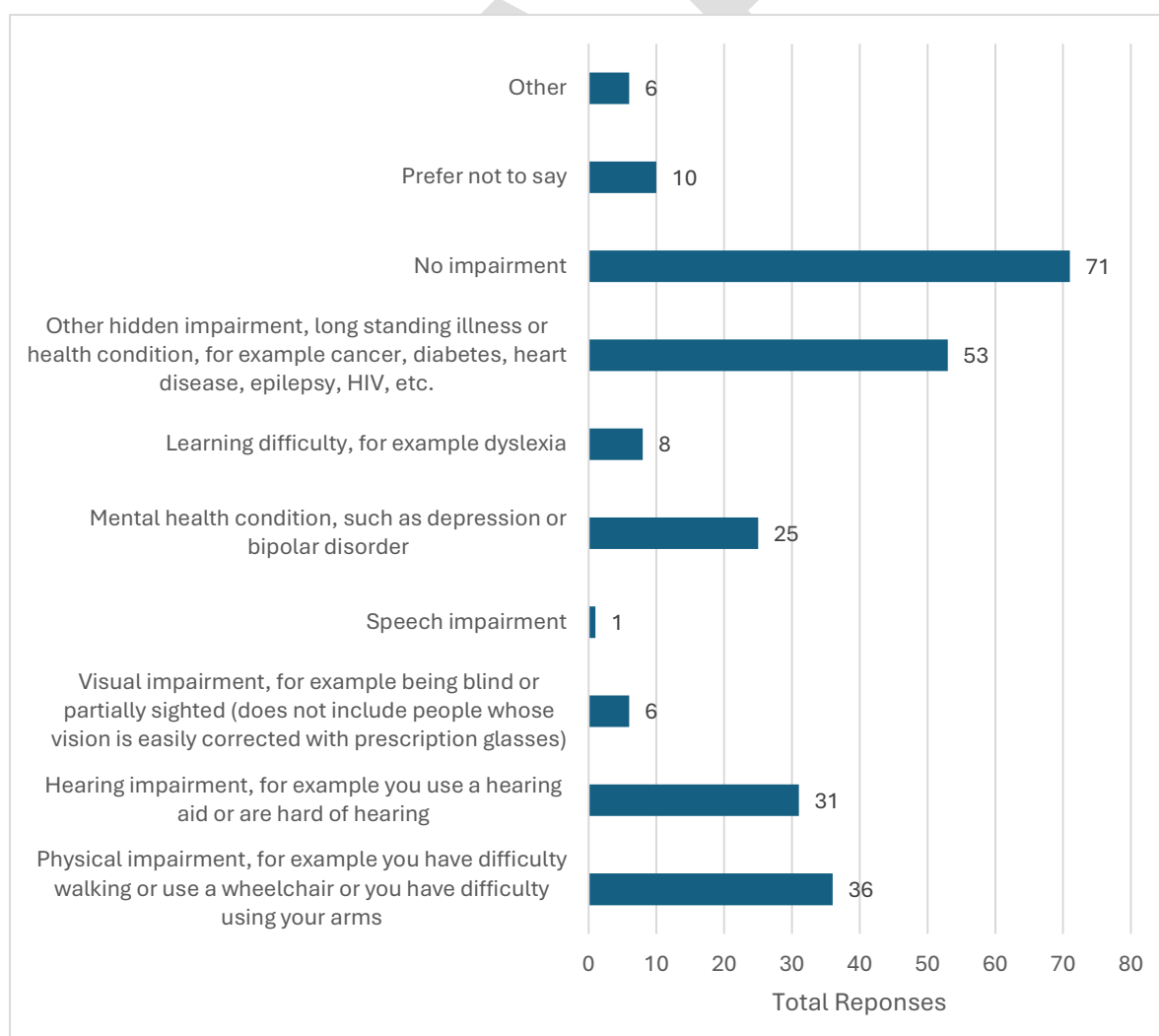
18) What is your religion or belief? (*Please tick one*)



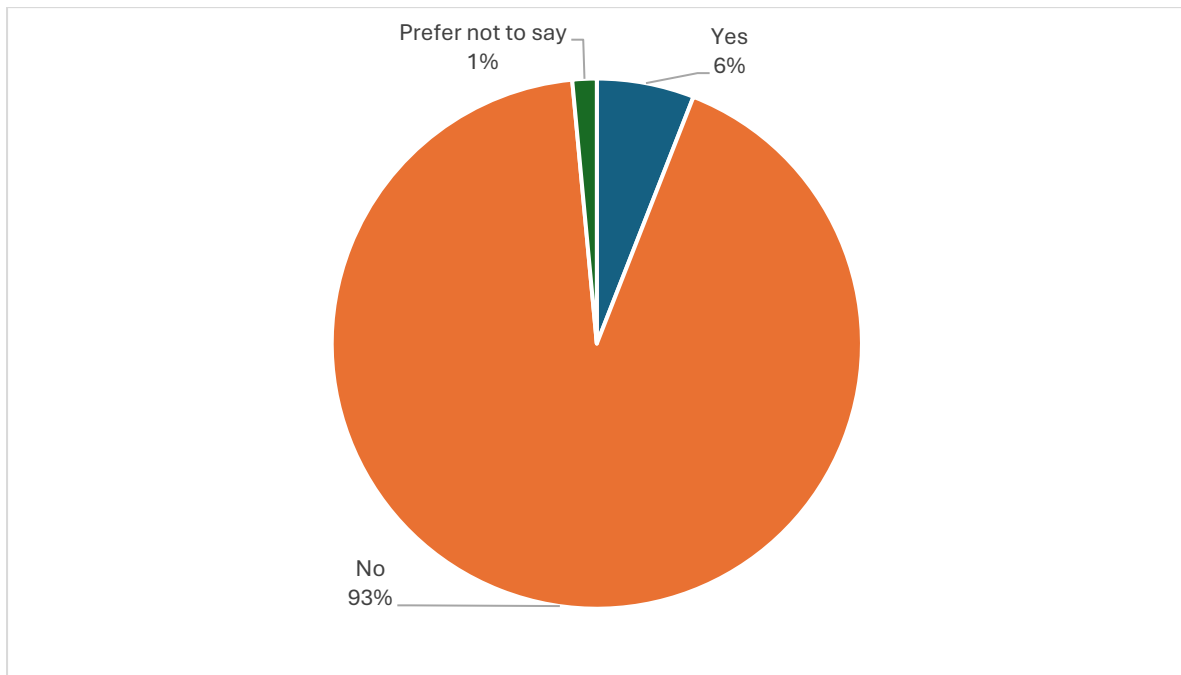
19) Do you consider yourself to have a disability according to the terms given in the Equality Act 2010? (Please tick one)



20) Regardless of your answer above, please identify if you have any of the following impairments: (Please tick all that apply)



21) Have you ever served in His Majesties Armed Services? (*Please tick one*)



Appendix I – Pharmacy contractor questionnaire

North Lincolnshire Council has commenced work on preparing the new pharmaceutical needs assessment, which we anticipate will be published by 1st October 2025. We need your help to gather / confirm important information to support the development of these documents which:

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

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

Whilst available until Tuesday 11th February 2025, we would appreciate if you could complete the questionnaire at your earliest convenience.

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

The responses you provide will be collected by North Lincolnshire Council and will only be used for the purpose of this survey and developing the pharmaceutical needs assessments. Any data will be held in accordance with the Data Protection Act 1998 and the UK General Data Protection Regulations.

For queries relating to the information requested or the answers required please email april.glenn@northlincs.gov.uk.

Section 1: Pharmacy / dispensing appliance contractor premises details

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

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

--

Section 2: Opening hours

NHS Humber and North Yorkshire Integrated Care Board has provided us with the opening hours for the pharmacies and dispensing appliance contractor premises in North Lincolnshire and a copy was attached to the email inviting you to complete this questionnaire.

Please review the recorded opening hours for the premises you are completing the questionnaire on behalf of.

- 4) Are the opening, recorded by the NHS Humber and North Yorkshire Integrated Care Board, correct?**

- ☐ Yes
☐ No

- 5) Please inform NHS Humber and North Yorkshire Integrated Care Board directly and indicate the discrepancy / discrepancies below:**

--

Section 3: Appliances

- 6) Are prescriptions for appliances dispensed at the premises?**

- ☐ Yes, all types
☐ Yes, excluding stoma appliances
☐ Yes, excluding incontinence appliances
☐ Yes, excluding stoma and incontinence appliances
☐ Yes, just dressings
☐ No, appliances are not dispensed

Section 4: Other facilities

- 7) Please tick whether you currently provide a delivery service or have installed an automated prescription collection point below**

	Yes	No
Private, free of charge delivery service		
Is this service available to all patients?		
Private, chargeable delivery service		

Is this service available to all patients?		
Automated prescription collection point?		

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

9) Apart from English, which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken.

Section 5: Capacity

10) Housing Developments:

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

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

Section 6: Please provide us with your contact details

11) Full name

12) Job title

13) Email

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14)Telephone number

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Appendix J – Dispensing practice questionnaire

North Lincolnshire Council has commenced work on preparing the new pharmaceutical needs assessment, which we anticipate will be published by 1st October 2025. We need your help to gather / confirm important information to support the development of these documents which:

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

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

Whilst available until Tuesday 11th February 2025, we would appreciate if you could complete the questionnaire at your earliest convenience.

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

The responses you provide will be collected by North Lincolnshire Council and will only be used for the purpose of this survey and developing the pharmaceutical needs assessments. Any data will be held in accordance with the Data Protection Act 1998 and the UK General Data Protection Regulations.

For queries relating to the information requested or the answers required please email april.glenn@northlincs.gov.uk.

Section 1: Practice details

1) Please insert the ODS code (also known as the B or Y code or practice code) you are completing the questionnaire on behalf of:

--

2) Please insert the name of the practice you are completing the questionnaire on behalf of:

--

3) Please insert the address or addresses premises for which the practice has premises approval to dispense from:

--

Section 2: Prescription appliances

4) Are prescriptions for appliances dispensed at the premises?

- ☐ Yes, all types
- ☐ Yes, excluding stoma appliances
- ☐ Yes, excluding incontinence appliances
- ☐ Yes, excluding stoma and incontinence appliances
- ☐ Yes, just dressings
- ☐ No, appliances are not dispensed

Section 3: Delivery service

5) Delivery of dispensed items:

Please tick whether you currently provide a delivery service or have installed an automated prescription collection point below

	Yes	No
Private, free of charge delivery service		
Is this service available to all patients?		
Private, chargeable delivery service		
Is this service available to all patients?		
Automated prescription collection point?		

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

--

Section 4: Languages spoken

7) Apart from English, which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken.

--

Section 5: Capacity

8) Housing Developments:

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

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

Section 6: Please provide us with your contact details

9) Full name

10) Job title

11) Email

12) Telephone number

Appendix K – Pharmacy opening hours

Please see separate document

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Appendix L – Consultation report

To be completed following consultation.

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