Pharmaceutical Needs Assessment 2025

Lincolnshire Health and Wellbeing Board

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List of Abbreviations

AUR: Appliance Use Review
B&B: Bed and Breakfast
BBC: British Broadcasting Corporation
C-19/COVID–19: Coronavirus Disease 2019
CBR: Crude Birth Rate
CIC: Community Interest Company
COPD: Chronic Obstructive Pulmonary Disease
CPCF: Community Pharmacy Contractual Framework
CPCS: Community Pharmacy Consultation Service
DAC: Dispensing Appliance Contractor
DALY: Disability-Adjusted Life Year
DHSC: Department of Health and Social Care
DMS: Discharge Medicine Service
DRUM: Dispensing Review Use of Medicines
DSP: Distance Selling Pharmacy
DSQS: Dispensary Services Quality Scheme
EHC: Emergency Hormonal Contraception
GBD: Global Burden of Disease
GP: General Practitioner
HD: High Dependency
HIV: Human Immunodeficiency Virus
HMP: Her Majesty's Prison
HWB: Health and Wellbeing Board
ICB: Integrated Care Board
ICP: Integrated Care Partnership
ICS: Integrated Care System
IMD: Index of Multiple Depravation
IRC: Immigration Removal Centre
JCVI: Joint Committee on Vaccination and Immunisation
JHWS: Joint Health and Wellbeing Strategy
JSNA: Joint Strategic Needs Assessment
LCC: Lincolnshire County Council
LCHS: Lincolnshire Community Health Services
LCS: Locally Commissioned Service
LHCC: Lincolnshire Health and Care Collaborative
LiSH: Lincolnshire Sexual Health
LMC: Local Medical Committee
LPC: Local Pharmaceutical Committee
LPS: Local Pharmaceutical Service
LSOA: Lower Layer Super Output Area
MDS: Monitored Dosage System
MSK: Musculoskeletal

n: total number of individuals in the sample
NHS: National Health Service
NHSE: NHS England
NHSE&I: NHS England and Improvement
NICE: National Institute for Health and Clinical Excellence
NIHR: National Institute for Health Research
NiNo: National Insurance Number
NMS: New Medicine Service
NOMIS: National Online Manpower Information System
NUMSAS: NHS Urgent Medicine Supply Advanced Service
NSP: Needle and Syringe Programme
ONS: Office for National Statistics
PANSI: Projecting Adult Needs and Service Information
PBSAP: Pharmacy Based Supervised Administration Programme
PCN: Primary Care Network
PCT: Primary Care Trust
PGD: Patient Group Direction
PhAS: Pharmacy Access Scheme
PHE: Public Health England
PNA: Pharmaceutical Needs Assessment
POPPI: Projecting Older People Population Information System
PQS: Pharmacy Quality Scheme
PSNC: Pharmaceutical Services Negotiating Committee
QOF: Quality and Outcomes Framework
SAC: Stoma Appliance Customisation
SALT: Short And Long Term
SCS: Smoking Cessation Service
SHAPE: Strategic Health Asset Planning and Evaluation
STI: Sexually Transmitted Infection
SUE: Sustainable Urban Extension
TFR: Total Fertility Rate
ULHT: United Lincolnshire Hospital Trust
YLD: Years of healthy life lost due to disability
YLL: Years of Life Lost

Executive Summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). This is an analysis and mapping of pharmaceutical services against local health needs, and provides the Lincolnshire HWB with a framework to support the local health and care system to:

- Understand the needs of the population for pharmaceutical services.
- Gain a clearer picture of pharmaceutical services currently provided.
- Make appropriate decisions on applications for inclusion in a pharmaceutical list.
- Commission appropriate and accessible services from pharmacies and dispensing appliance contractors.
- Clearly identify and address any local gaps in pharmaceutical services.
- Target services to reduce health inequalities within local health communities.

This PNA has been produced under the leadership of a Steering Group on behalf of the Lincolnshire HWB, with authoring support from the Primary Care Commissioning Community Interest Company (PCC). Data presented throughout the document are accurate as of April 2025, unless stated otherwise. Any subsequent changes will be monitored, and any changes to the availability of pharmaceutical services reflected through supplementary statements (published alongside the PNA document), when appropriate.

Pharmaceutical services in England

Pharmaceutical services are provided by pharmacy and dispensing appliance contractors from premises that are included in a pharmaceutical list for the area of an HWB. In addition, some GP surgeries provide a dispensing service to eligible patients, and some pharmacy contractors provide services under a local pharmaceutical services contract.

Pharmacy contractors provide services under the Community Pharmacy Contractual Framework which sets out three levels of service:

Essential Services

- Negotiated nationally by the Department of Health & Social Care, NHS England and Community Pharmacy England.
- All pharmacies must provide all of these services.

Advanced Services

- Negotiated nationally by the Department of Health & Social Care, NHS England and Community Pharmacy England.
- Pharmacy contractors may choose which, if any, of these services they wish to provide.

Enhanced Services

- The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, as amended, set out the enhanced services that may be commissioned from pharmacy contractors.
- Service specifications are negotiated locally by integrated care boards (ICB) with the local pharmaceutical committees.
- ICBs choose which enhanced services they wish to commission to meet local health needs.

The Community Pharmacy Contractual Framework (CPCF) enables ICBs to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support of self-care from pharmacies. For this PNA, Essential Services and the dispensing service provided by some GP surgeries are defined as necessary services, while Advanced and Enhanced Services are defined as other relevant services.

Dispensing appliance contractors provide services that are similar to other pharmacy essential services and may choose to provide one or both of the advanced services relating to the provision of appliances.

Some GP surgeries provide a dispensing service. Provision of this service is governed by legislation and may only be provided to patients where the regulatory requirements are met.

Lincolnshire

Lincolnshire is in the East Midlands and is the fourth largest county in England. There is one upper tier county council – Lincolnshire County Council - and seven lower tier councils – Boston; East Lindsey; City of Lincoln; North Kesteven; South Holland; South Kesteven and West Lindsey – and it has a diverse geography comprising large rural and agricultural areas, urban areas and market towns, and a large eastern coastline. The estimated resident Lincolnshire population is 782,808 and 813,119 people are registered with general practices within the County, of which 49.1% are males and 50.9% are female (Source: Office for National Statistics (ONS) 2023 Mid-Year Population Estimates). The gender distribution is similar to national and regional splits. Between 2023 and 2028, Lincolnshire's population is expected to increase by 2.8%, which is similar to regional levels (2.9%) and higher than national levels (1.8%).

In the Index of Multiple Deprivation (IMD) showing overall deprivation, the 2019 data show Lincolnshire ranked 91st out of 152 upper-tier authorities in England, where 1st is the most deprived. Levels of deprivation vary significantly across the county, with urban areas and the east coast having much higher levels of multiple deprivation compared to the rural areas of the county.

In Lincolnshire whilst neoplasms, cardiovascular diseases, respiratory infections and neurological disorders all contribute to high levels of years lost to premature mortality (YLL),

conditions such as MSK lower back and neck pain, mental health issues and other non-communicable diseases contribute to years lived with a disability (YLD) and therefore to the overall burden of disease in Lincolnshire. (Source: Director of Public Health Report 2019)

Pharmaceutical services are provided in Lincolnshire through three types of providers: community pharmacies, Dispensing Appliance Contractors (DACs) and dispensing GP surgeries.

There are 115 community pharmacies in the Lincolnshire HWB area (as of April 2025), six of which are Distance Selling Pharmacies (DSPs), two having opened and one having relocated out of area since the consultation on the draft of this PNA. Due to the mainly rural nature of Lincolnshire, the number of community pharmacies varies by district. Some populations may find community pharmacies in neighbouring HWB areas more accessible and/or convenient. Most people in Lincolnshire can access a community pharmacy within 20 minutes by car Monday to Friday.

There are currently 54 dispensing GP surgeries with premises in Lincolnshire, as of April 2025 (Source: Lincolnshire dispensing doctor list), providing a dispensing service to their eligible patients. In addition, one GP surgery dispenses from premises in Peterborough HWB's area.

There is one DAC based in Lincolnshire, as of April 2025. People of Lincolnshire are able to, and do, remotely access services from any DAC in the country. In addition, a variety of appliances can be accessed through most community pharmacies and dispensing GP surgeries in Lincolnshire.

The evidence reviewed to inform this PNA, suggests that the availability of necessary and other relevant services through the current network of pharmaceutical services contractors meets the need for the access to and the choice of pharmaceutical services in Lincolnshire.

Conclusion

The Lincolnshire HWB considered the number, distribution, access and choice of providers of pharmaceutical services covering each of the seven districts in Lincolnshire and concluded that the evidence reviewed to inform this PNA indicates that residents of Lincolnshire are adequately served by providers of pharmaceutical services. No current or future gaps have been identified in the provision of necessary and other relevant services across Lincolnshire. Changes affecting pharmaceutical services provision such as substantial changes in current provision or population demographics will be monitored and reviewed by the HWB and the PNA will be updated with supplementary statements where necessary to explain the changes to the availability of services.

Section 1: Introduction

1.1 Legislative and Policy Framework

Section 128A of the NHS Act 2006 requires each HWB in England to assess the needs for pharmaceutical services in its area and publish relevant statements in a Pharmaceutical Needs Assessment (PNA).

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2012/349) expand upon the requirement to publish a PNA and set out:

- The matters for consideration when writing a PNA, for example the demography of the area and the different needs of different localities,
- The information that must be included in a PNA, for example a statement of the pharmaceutical services which are necessary to meet the need for pharmaceutical services, and a statement of pharmaceutical services that need to be provided to meet a current need for one or more pharmaceutical services,
- The requirement to include a map showing the premises at which pharmaceutical services are provided, and
- The requirement to consult with a specified list of persons on a draft of the PNA, for at least 60 days.

1.2 Local Context

1.2.1 Joint Strategic Needs Assessment

The Health and Care Act (2012) requires each HWB to prepare and publish a Joint Strategic Needs Assessment (JSNA) and to use the JSNA to inform decision making, commissioning and the development of the Joint Health and Wellbeing Strategy (JHWS).

The JSNA is an assessment of the current and future health and wellbeing needs of the people of Lincolnshire. It brings together a range of data, information and intelligence into an overarching shared evidence base across health and care. Lincolnshire's JSNA was updated in March 2023 using a life course approach. It is available to view on the Lincolnshire Health Intelligence Hub.

1.2.2 Joint Health and Wellbeing Strategy

The JHWS, based on the evidence of needs identified in the JSNA, is published as part of the statutory duties of the HWB. The JHWS was refreshed in 2024 and enables the HWB to champion the shared ambition for Lincolnshire's health and care system:

For the people of Lincolnshire to have the best possible start in life, and be supported to live, age, and die well.

The purpose of the JHWS is to:

- Provide a context, vision, and overall focus for improving the health and wellbeing of local people and reducing health inequalities at every stage of people's lives.
- Identify shared priorities and clear outcomes for improving health and wellbeing and reducing inequalities.
- Support effective partnership working that delivers health improvements.
- Provide a framework to support and drive the innovation required to enable change.
- Support board members to embed these priorities within their own organisations and reflect these in their commissioning and delivery plans.

The JHWS focuses on the population health and wellbeing priority areas the health and care system will focus on based on the evidence in the JSNA. The priorities are:

- Carers
- Healthy Weight
- Homes for Independence
- Mental Health and Dementia
- Physical Activity

The JHWS is available to view on the Lincolnshire Health Intelligence Hub

1.2.3 Integrated Care Partnership Strategy

The Health and Care Act (2022) required each area in England to establish an Integrated Care System (ICS) from July 2022. The ICS comprises two statutory bodies exercising statutory functions:

- An Integrated Care Board (ICB) bringing the NHS together locally to improve population health and care and
- An Integrated Care Partnership (ICP) as a joint committee between the partner local authorities and an ICB with specific responsibility for preparing an integrated care strategy for the ICS footprint. In March 2024, the ICP published the final iteration of Lincolnshire's Integrated Care Partnership Strategy which sets out the key enablers the health and care system will focus integration efforts on to support delivery of the JHWS and the system's overarching ambition.

The strategic enablers are:

- Prevention and Health Inequalities
- Workforce and skills in the health and care sector
- Personalisation
- Digital and Technology
- Data and Intelligence.

The Integrated Care Partnership Strategy is available to view on the Lincolnshire Health Intelligence Hub.

1.2.4 Primary Care Networks

Primary Care Networks (PCNs) are groups of GP practices who work together and with other healthcare providers to deliver a wider range of services than they may otherwise be unable to provide alone.

As of April 2025, Lincolnshire has 14 PCNs; the most up-to-date list can be accessed here*.

1.3 Purpose of the PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of Lincolnshire for a period of up to three years, linking closely to the JSNA. Whilst the JSNA focuses on the general health needs of the population, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by the ICB on behalf of the NHS in England.

If a person (a pharmacy or a DAC) wants to provide pharmaceutical services, they are required to apply to the ICB to be included in the pharmaceutical list for the HWB area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or close access gaps, similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

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

Whilst the PNA is primarily a document for the ICBs to use to make commissioning decisions, it may also be used by local authorities. A robust PNA will ensure those who commission services from pharmacies and Dispensing Appliance Contractors (DACs) target services to areas of health need and reduce the risk of overprovision in areas of less need.

* By the time of publication, the number of PCNs may change

1.4 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within the PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary services: current provision
- Necessary services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other NHS services

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

To comprehend the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers in the pharmaceutical lists maintained by the integrated care board. The types of NHS pharmaceutical services providers are:

- Pharmacy contractors
- DACs
- LPS providers
- Dispensing GP surgeries

Pharmaceutical services provided by community pharmacies, dispensing GP surgeries and DACs are defined by the Pharmaceutical Regulations 2013 and consist of services that are/may be commissioned under the provider's contract with NHSE.

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

1.4.1 Pharmacy Contractors

Pharmacy contractors operate under the NHS Community Pharmacy Contractual Framework (CPCF) which sets out three levels of service under which pharmacy contractors operate:

Essential Services: These are nationally negotiated and must be provided by all pharmacies:

- Dispensing Medicines

- Dispensing Appliances
- Repeat Dispensing
- Discharge Medicine Service (DMS)
- Public Health and Health Promotion
- Signposting
- Support for Self-Care
- Disposal of Unwanted Medicines

Advanced Services: These services are nationally negotiated, and any contractor may provide any of these services if they meet the requirements of the Pharmaceutical Regulations 2013 and service specification associated with each service. They are:

- Appliance Use Reviews (AURs)
- Pharmacy First
- Seasonal Influenza Vaccination Service
- Hypertension Case-Finding Service
- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service
- Oral Contraception Service
- Lateral Flow Device Tests Supply Service (until 31 March 2026)

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.

Enhanced Services can include:

- Care home service
- Chlamydia Screening & Treatment
- Emergency Hormonal Contraception (EHC) service*
- Minor ailment service
- Needle and Syringe Programme (NSP)*
- Patient group direction (PGD) service
- Smoking Cessation Service (SCS)*
- Pharmacy Based Supervised Administration Programme (PBSAP)*

As of April 2025, the ICB commissions Enhanced Services across Lincolnshire: Palliative Care Drugs' Stocklist Scheme, and the Covid-19 vaccination service.

In Lincolnshire, the services listed above marked with * symbol are currently available and commissioned by Lincolnshire County Council (LCC). As they are commissioned by LCC they fall outside of the definition of pharmaceutical services.

Pharmacy contractors comprise the following: those located within Lincolnshire HWB area as listed in Appendix 1, those in neighbouring HWB areas, and remote suppliers, such as Distance Selling Pharmacy (DSPs). All pharmacy contractors operate under a contractual arrangement with the integrated care board (see Section 3 for further details).

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they must not provide Essential Services face-to-face on the premises. As of April 2025, there are seven DSPs located within Lincolnshire providing services to the whole population of England and likewise, DSPs elsewhere in England can provide services to Lincolnshire residents.

1.4.2 Dispensing Appliance Contractors

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription, such as stoma and incontinence aids, dressings, bandages and others.

DACs must provide a range of Essential Services, such as dispensing of appliances, advice on appliances, signposting, and home delivery of certain appliances. In addition, DACs may provide the Advanced Services of AURs and SAC. Pharmacy contractors, dispensing GP surgeries and LPS providers can supply appliances. DACs are unable to supply medicines.

There is currently one DAC in the Lincolnshire HWB area based in North Kesteven; however, the population can access DACs from elsewhere in England if required.

1.4.4 Dispensing GP Surgeries

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in to dispense NHS prescriptions for eligible patients.

These provisions are to enable patients in areas that have been defined as “rural in character”, who live more than 1.6km from a pharmacy, to have access to dispensing services from their GP surgery where the surgery has the necessary consents. Dispensing GP surgeries therefore make a valuable contribution to dispensing services, although they cannot offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP surgeries can only provide such services to communities within rural areas known as 'controlled localities'.

* By the time of publication, these services may no longer be commissioned and provided

GP premises for dispensing must be listed on the dispensing doctor list held by the integrated care board and patients retain the right to choose to have their prescription dispensed from a community pharmacy if they wish.

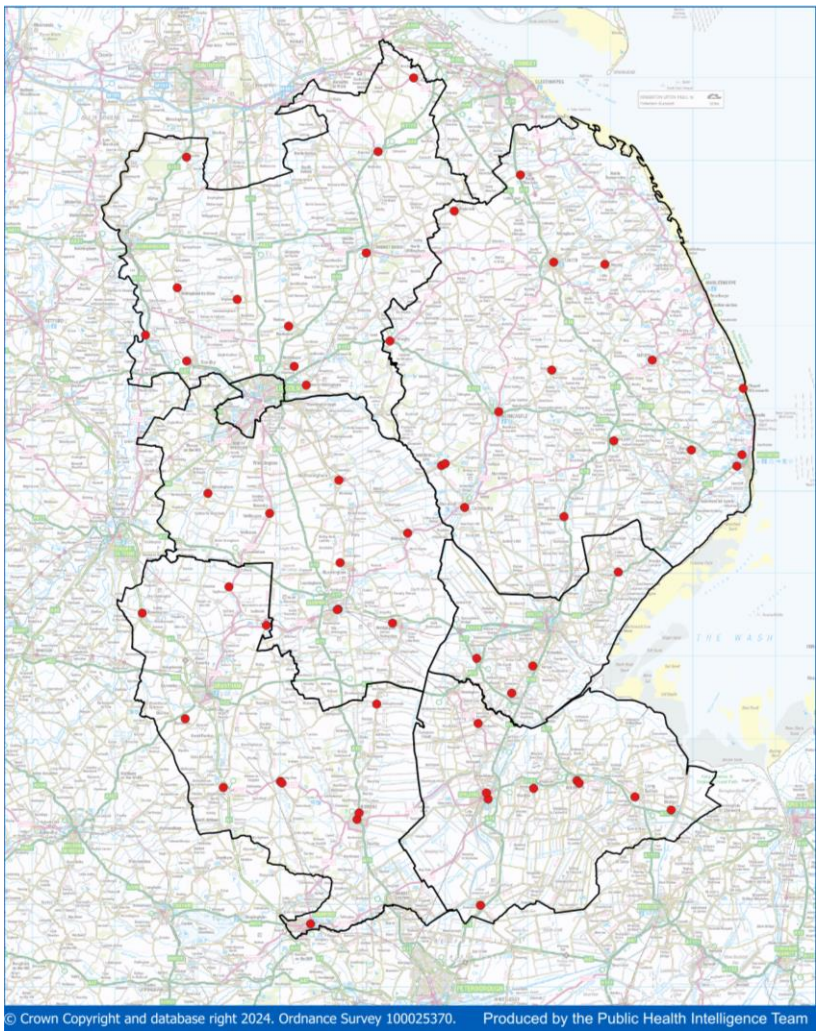
56 of the GP surgeries in Lincolnshire dispense to eligible patients (although one does so from premises in Cambridgeshire so has not been included in this PNA), as presented in Table 1 and Figure 1. In addition, three GP surgeries that are based outside of Lincolnshire dispense from branch surgeries that are inside Lincolnshire.

Table 1: Number of dispensing GP surgery premises in each district of Lincolnshire

Lincolnshire District	Dispensing GP Premises
Boston	4
East Lindsey	16
North Kesteven	8
South Holland	9
South Kesteven	10
West Lindsey	9
Lincolnshire	**56**

Source: Lincolnshire dispensing doctor list, April 2025

Figure 1: Dispensing GP surgery premises in Lincolnshire



Source: Lincolnshire dispensing doctor list, April 2025

1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas

There are nine other HWB areas which border the Lincolnshire HWB area:

- Cambridgeshire HWB
- Leicestershire HWB
- Norfolk HWB
- North Northamptonshire HWB
- Northeast Lincolnshire HWB
- North Lincolnshire HWB
- Nottinghamshire HWB
- Peterborough HWB
- Rutland HWB

In determining the needs of, and service provision to the population of Lincolnshire, the pharmaceutical service provision from the neighbouring HWB areas was considered, as well as providers elsewhere in England.

1.4.6 Other NHS and relevant services and providers in Lincolnshire

Other NHS providers in Lincolnshire, such as hospitals, urgent care services and prisons provide services that are like pharmaceutical services, but these fall outside of the scope of the PNA.

In addition, the following services are delivered by pharmacies in Lincolnshire but are out of scope of the PNA as they do not fall within the legal definition of pharmaceutical services.

NHS Lincolnshire ICB-commissioned services

From April 2023, ICBs were given delegated responsibility for commissioning pharmaceutical, general ophthalmic, and dental (POD) services by NHSE. This change supports the long-term ambition to put decision-making at as local a level as possible to meet the 'triple aim' of better health for everyone, better care for all patients, and efficient use of NHS resources.

Privately provided services

Most pharmacy contractors and DACs also provide services by private arrangement between the pharmacy/DAC and the customer/patient.

1.5 Process for developing the PNA

The PNA Steering Group presented papers to the Lincolnshire HWB on 12 March 2024, to inform the Board of its statutory responsibilities under the Health and Social Care Act to produce and publish a revised PNA at least every three years. The last PNA for Lincolnshire was published in October 2022.
Lincolnshire HWB accepted the content of the paper at the meeting, including the recommendation to delegate responsibility for the PNA to a Steering Group. Development of the PNA was led by Public Health Lincolnshire supported by PCC.

Step 1: Steering Group
On 20 July 2024, Lincolnshire's PNA Steering Group was established. The Terms of Reference of the group can be found in Appendix 2.

Step 2: Project management
At this first meeting, the Steering Group agreed the project plan and on-going process for developing the updated PNA document. PCC was onboarded to support with the completion of the specialist sections of the PNA document.

Step 3: Data collation to inform the development of the PNA draft

a: Public engagement on pharmacy provision
Healthwatch Lincolnshire undertook a series of engagement opportunities with the public to gather their views on pharmaceutical services in Lincolnshire. The views were obtained from a total of 160 people. This information can be found as part of the consultation report published alongside the PNA on the Lincolnshire Health Intelligence Hub.

b: Pharmacy contractor questionnaire
The Steering Group agreed a questionnaire to be distributed to the local community pharmacies via an email from the Local Pharmaceutical Committee (LPC) to the Let's Talk Platform to collate information for the PNA. A total of 41 responses were received.

c: Dispensing Practice questionnaire
The Steering Group agreed a questionnaire to be distributed to all local dispensing GP surgeries in Lincolnshire to inform the PNA via an email with a link to the Let's Talk Platform via the Local Medical Committee (LMC). A total of 10 responses were received.

In addition to data collected through stakeholder engagement, detailed data for all community pharmacies and the DAC in Lincolnshire (including opening hours and advanced service provision) was sourced from the NHS Business Services Authority website. This was used alongside stakeholder engagement data to develop the PNA.

Step 4: Preparing the PNA draft for consultation
The Steering Group reviewed and revised the content and detail of the existing PNA in October 2024, with the draft PNA presented to HWB for approval for consultation on 10 December 2024.

Step 5: Statutory Consultation
In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 6 January 2025 and 8 March 2025. The draft PNA and consultation response form was issued to all identified stakeholders. These can be found as part of the consultation report published alongside the PNA 2025 report on the Lincolnshire Health Intelligence Hub.

Step 6: Collation and analysis of consultation responses
The comments from the public consultation were reviewed by the Steering Group and responses provided. These can be found as part of the consultation report published alongside the PNA 2025 report on the Lincolnshire Health Intelligence Hub. Consideration was given to any changes required as a result of the consultation or changes that occurred during this period and the documentation updated accordingly.

Step 7: Publication of final PNA
The final PNA document was updated and presented to the Lincolnshire HWB for approval to publish on the Lincolnshire Health Intelligence Hub on 24 June 2025.

1.6 Localities for the purpose of the PNA

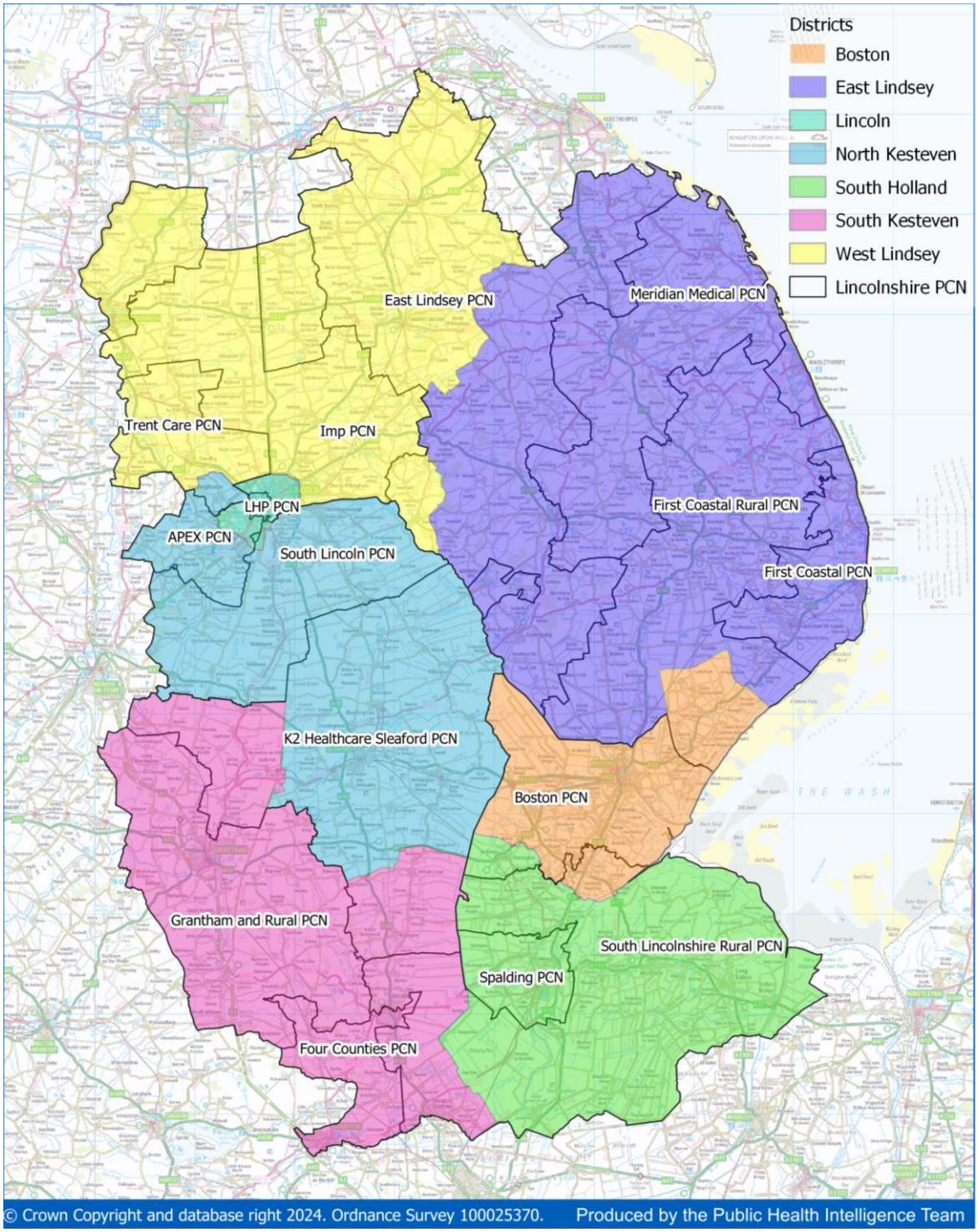
As most of the health and social data used to inform the PNA is available at a District Authority level, throughout the PNA localities are Districts unless otherwise stated. Data at a PCN level is used occasionally where possible to provide appropriate granularity and cover any gaps in health and social data at a district level.

- The localities (which are referred to as districts throughout the PNA) are:
- Boston
- East Lindsey
- Lincoln City
- North Kesteven
- South Holland
- South Kesteven
- West Lindsey

A list of providers of pharmaceutical services in each district can be found in Appendix 1. The information contained in this appendix was collated based on the information provided by LCC, LPC, LMC and NHS Lincolnshire ICB. Data is accurate as of April 2025.

Figure 2 presents the geographical boundaries for the seven Lincolnshire districts, as well as for the 14 PCNs.

Figure 2: Lincolnshire PCNs and District boundaries*



* Boundaries are accurate as of May 2025.

Section 2: Context for the PNA

We have used the most recent data available to inform the PNA, and the following are correct as of October 2024.

2.1 Demography of Lincolnshire

2.1.1 Population estimates and projections

The latest ONS population figures for 2023 show that Lincolnshire has an estimated resident population of 782,808 of which 49.1% are males and 50.9% are female. The gender distribution is similar to national and regional split. Between 2023 and 2028, Lincolnshire's population is expected to increase by 2.8%, which is similar to regional levels (2.9%) and higher than national levels (1.8%).

Table 2 further highlights that Boston is expected to see the greatest population increase by 2028 (7%), followed by South Holland (4.3%) and East Lindsey (4.1%).

Table 2: Estimated population (2023) and projected increase by 2028, by district

Area	Mid 2023	Male	Female	Population projected change by 2028
Boston	71,367	49.6%	50.4%	7.0%
East Lindsey	145,371	48.9%	51.1%	4.1%
Lincoln	103,314	49.8%	50.2%	-2.2%
North Kesteven	121,203	49.1%	50.9%	3.8%
South Holland	97,915	49.1%	50.9%	4.3%
South Kesteven	145,758	48.4%	51.6%	2.1%
West Lindsey	97,880	49.0%	51.0%	1.4%
Lincolnshire	782,808	49.1%	50.9%	2.8%
East Midlands	4,991,265	49.3%	50.7%	2.9%
England	57,690,323	49.0%	51.0%	1.8%

Source: ONS mid-year population estimates (published November 2023) and 2018-based population projections, via NOMIS and ONS Population projections for regions

The latest GP registered population for Lincolnshire, as of September 2023 (based on GP practices located within the Lincolnshire ICS boundary) is approximately 813,119. The registered population exceeds the resident population, as it includes patients who live outside of Lincolnshire and remain registered with Lincolnshire GP practices.

Table 3 illustrates the breakdown of the Lincolnshire population by broad age group in both 2023 and projected for 2028, while Figure 3 demonstrates estimates of the Lincolnshire population by age and gender.

By 2028, Lincolnshire's population of those aged 0-19 is expected to increase by 1.2%, which is akin to the regional projected increase of 1.3%, but higher than the projected national decrease of 0.2%. The population of adults aged between 20 and 64 years of age will see a minor increase of 0.1% by 2028, whereas regionally (-1%) and nationally (-0.3%) a decrease has been projected. The most noticeable change in the Lincolnshire population will be in those aged 65 years and over, projected to increase by 8.6% between 2023 and 2028, which is comparable to the projected regional (10.8%) and national (10.3%).

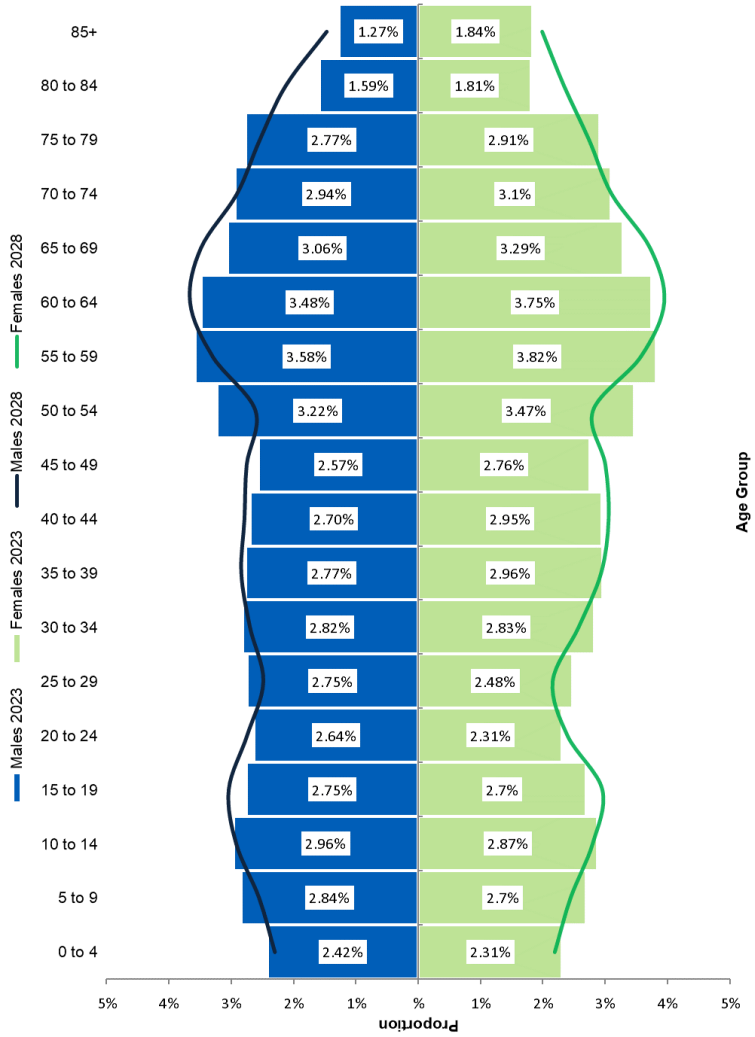
The increase in elderly population will require significant planning for the delivery of services, to meet the varied health and social care needs of this population.

Table 3: Lincolnshire population (2023) and the projected % change by 2028, by broad age group and district

	0-19		20-64		65+	
Area	2023	2028	2023	2028	2023	2028
Boston	17,216	3.5%	40,788	-2.1%	15,513	9.0%
East Lindsey	27,236	0.4%	73,687	0.2%	45,584	10.9%
Lincoln	23,906	0.1%	59,475	0.1%	16,106	10.3%
North Kesteven	26,423	3.3%	65,607	-0.2%	29,499	10.8%
South Holland	21,275	3.0%	53,111	-1.4%	24,117	9.3%
South Kesteven	32,338	-0.5%	77,232	1.4%	36,068	12.0%
West Lindsey	20,355	-0.6%	51,560	1.4%	25,432	10.9%
Lincolnshire	168,748	1.2%	421,458	0.1%	142,566	8.6%
East Midlands	1,156,157	1.3%	2,817,282	-1.0%	1,011,160	10.8%
England	13,558,146	-0.2%	65,915,752	-0.3%	11,041,499	10.3%

Source: ONS 2018-based population projections for local authorities

Figure 3: Lincolnshire population estimates and projections, by age group and gender: 2023 and 2028



Source: ONS mid-year population estimates (2023) and 2018-based population projections

2.1.2 Population growth

Changes in local populations can be driven by international migration, internal migration, births and deaths.

Births

In Lincolnshire there were 6,397 live births in 2022, which equates to a crude birth rate (CBR) of 8.2 live births per 1,000 people. This CBR is lower than the national rate of 10.1 per 1,000 people. Within Lincolnshire, CBRs vary, with Boston having the highest rate of 9.7 per 1,000 (based on usual residence of mother), and East Lindsey having the lowest at 7.0 per 1,000. The number of live births in Lincolnshire has fallen by 2.5% from 6,559 births in 2021 (Table 4).

The total fertility rate (TFR) provides a better measure than simply looking at the number of live births or CBR. TFRs account for the size and age structure of the female population of childbearing age, which affects the number of births (Source: ONS, Births in England and Wales 2020). The TFR for Lincolnshire in 2022 was 1.46 and was similar to the national average of 1.49. TFRs varied by district, with Boston having the highest TFR and Lincoln the lowest (1.23) (Table 4).

Table 4: Live births and total fertility rates, by district of usual residence of mother, 2022

Area	Live births	Crude birth rate	Total Fertility Rate (TFR)
Boston	686	9.7	1.67
East Lindsey	1,018	7.0	1.59
North Kesteven	900	7.5	1.36
South Kesteven	1,170	8.1	1.49
West Lindsey	776	8.0	1.54
Lincoln	979	9.5	1.23
South Holland	868	9.0	1.64
Lincolnshire	6,397	8.2	1.46
England	577,046	10.1	1.49

Source: ONS, Births in England and Wales: 2022 and NOMIS

Migration

Historically a number of indicators were used to measure the change and flow of the resident population of an area. The ONS provided Local area migration indicators, UK (Discontinued after 2020) - Office for National Statistics (ons.gov.uk), that were updated annually. The latest figures from 2020 are shown in Table 5 as more up to date data cannot be provided as reporting on of these indicators was discontinued after 2020.

Net internal migration from mid-2019 to mid-2020 in Lincolnshire indicated that more people entered the county (31,022) than had left (26,584), however this flow varied by district, with Lincoln having the highest number of internal migrants and Boston the lowest. Lincoln has the largest estimated non-UK and non-British born population amongst its residents (15,000), as well as the highest number of migrant national insurance number registrations (NiNo) (15,551), whilst Boston has the highest number of live births to non-UK born mothers (49.3%).

Table 5: Summary of migration statistics for Lincolnshire, 2020

		Internal migration					Live birth to non-UK born	
Area	Estinated Population mid-2020	Inflow	Outflow	Non-UK born population estimate	Migrant NiNo registrations	Migrant GP registrations	Numb er	%
Boston	70,837	2,659	2,867	9,000	1,022	1,291	362	49.3
East Lindsey	142,030	7,006	5,846	NA	81	232	72	6.7
Lincoln	100,049	10,514	10,478	15,000	605	1,551	250	24.5
North Kesteven	118,149	6,728	5,435	7,000	77	197	107	10.8
South Holland	95,857	4,242	3,569	9,000	380	699	281	31.1
South Kesteven	143,225	6,911	6,102	9,000	185	423	210	16.8
West Lindsey	96,186	5,382	4,707	4,000	58	142	57	7.2
Lincolnshire	766,333	31,022	26,584	54,000	2,408	4,535	1,339	19.8
England	56,550,138	90,650	110,943	8,702,000	290,390	659,327	180,370	29.5

Source: ONS, Local area migration indicators, 2020

2.1.3 Deprivation

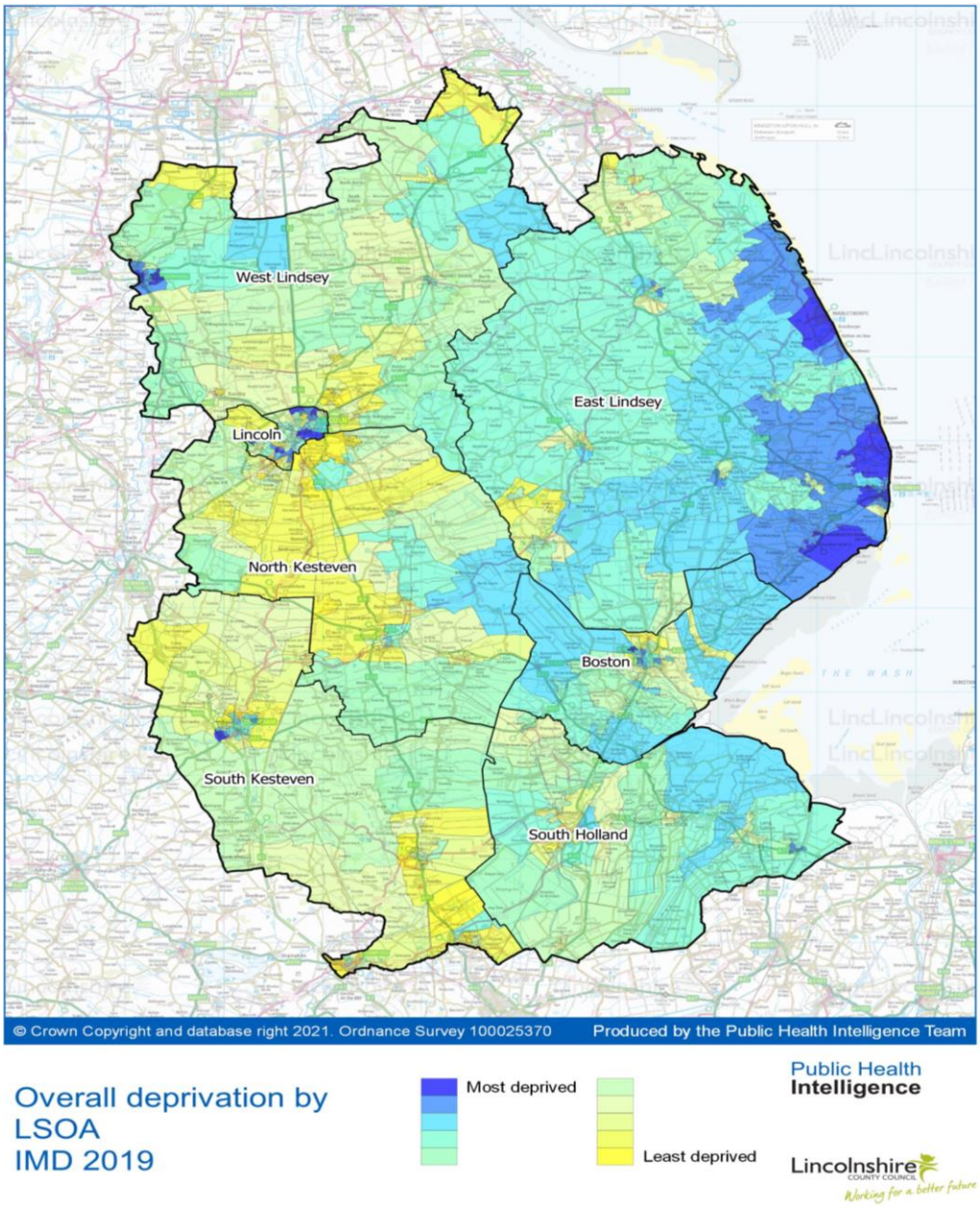
The 2019 IMD demonstrates overall deprivation and ranks Lincolnshire 91st out of 151 upper-tier local authorities in England, where 1st is the most deprived. Levels of deprivation vary considerably across the county, influencing health needs and services required by the population. Overall levels of deprivation across Lincolnshire were presented in Figure 4.

- The Lincolnshire coastline particularly the towns of Skegness and Mablethorpe are amongst the most deprived 10% of neighbourhoods in the country. In addition, the surrounding Lower Layer Super Output Areas (LSOAs) are within the most deprived 30% which, for a rural area, is quite unusual.

- Looking more closely at the pattern of deprivation across the county, clear contrasts can be noted in the urban areas of Gainsborough, Lincoln, Grantham and Boston in comparison to areas in the rest of the county. A contrast can also be seen when comparing the East Coast to the rest of the county.

- The general pattern of deprivation across Lincolnshire is in line with the national trend, i.e. that urban and coastal areas show higher levels of deprivation than other areas.

Figure 4: Overall deprivation in Lincolnshire, by LSOA, 2019



2.1.4 Vulnerable populations

There are several vulnerable population groups in Lincolnshire which can have an impact on the need for pharmaceutical care.

- Adults in nursing and residential care
- People with sensory, physical and learning impairments
- Homeless people
- Park homes and mobile caravan residents
- Gypsy and Traveller population

- Unpaid carers and young carers

Adults in nursing and residential care

Nursing and care homes play a large part in the provision of support for people with often complex health and social needs. Patients in nursing homes often require 24-hour nursing input. The majority of patients in nursing and residential care will have medical needs that require regular access to pharmaceutical services. According to the NHS ASCFR and SALT report 2022/23 there were 7,910 clients accessing long term residential support in Lincolnshire, of those clients aged 65+, 635 accessed nursing care and 2,840 accessed residential care, compared to clients aged 16–84 of which 130 accessed nursing care and 580 accessed residential care. Clients were either self-funding, NHS funded or funded by the local authority.

In Lincolnshire in 2021/22-2022/23 there were 958 permanent admissions to residential and nursing care homes for people aged 65 and over. This equates to a rate of 526 admissions per 100,000 people and is similar to regional (562 admissions per 100,000 people) and national levels (539 admissions per 100,000 people). (Source: Fingertips - Public Health data)

People with sensory, physical and learning impairments

It is estimated that as of 2023, there are 10,627 adults aged 18–64 living in Lincolnshire with a learning disability, whilst 26,585 are living with physical disability (using impaired mobility) and 22,864 live with personal care conditions. This represents 13.7% (60,076) of the resident population and is projected to increase by 13.8% by 2027 (60,702). (Source: PANSI, 2021).

In Lincolnshire, it is estimated that 44,711 people aged 65 and over in 2023 live with a long-term condition or disability that significantly limits their day-to-day activities, and that 50,626 people have a long-term condition or disability with a lower impact on their day-to-day activities. When the two are combined (95,337), this equates to just under half of the total older adult population of Lincolnshire (192,400) (Source: POPPI, 2021).

This is a vulnerable group of the population with often varied pharmaceutical needs depending on the complexities of their disability or illness. Pharmacy services play a large part in ensuring these patients have convenient access to medicines promptly, and free delivery of prescription services can be of benefit to this patient population.

Homeless people

Homelessness is defined as not having a home (Source: Shelter England). This can include anyone who is:

- Staying with friends or family
- Staying in a hostel, night shelter or B&B
- Squatting
- At risk of violence or abuse in your home
- Living in poor conditions that affect your health
- Living apart from your family because you don't have a place to live together

Access to pharmacy services is required to support this population, including availability of specialist services to address health and wellbeing concerns.

In Lincolnshire, the rate of statutorily homeless households in temporary accommodation is 0.5 per 1,000 households (this is aggregated from all lower geography values) in 2022/23. This is much lower than the national rate of 4.2 households per 1,000 and the regional rate of 1.3 per 1,000 household. (Source: Fingertips - Public Health data)

From January to March (2024), there were 996 households in Lincolnshire that were owed a statutory homelessness duty. Table 6 shows that Lincoln has the highest number of people owed a statutory homeless duty, whilst Boston has the lowest number.

Table 6: Number of households that are owed statutory homelessness duties after initial assessment in Lincolnshire, January to March 2024

Area	Total households assessed as owed a duty
Boston	74
East Lindsey	168
Lincoln	222
North Kesteven	109
South Holland	100
South Kesteven	157
West Lindsey	166
Lincolnshire	996

Source: ONS (2024)

Across Lincolnshire there are 9,916 households on council house waiting lists or in temporary accommodation waiting for suitable accommodation. The district areas with the largest waiting lists are South Kesteven (2,995), East Lindsey (1,526) and Boston (1,814). (Source: Shelter Housing Databank)

Gypsy and Traveller population

The Gypsy and Traveller population often present with varying health needs both for adults and children. Due to lifestyle and the nomadic nature of this population, healthy living and

wellbeing may be disrupted, therefore when settled for a temporary period, access to pharmaceutical services is vital to support good health.
As of January 2024, there were 404 known traveller caravans in Lincolnshire. West Lindsey has 52 caravans, making up 30.7% of the Lincolnshire total, followed by South Holland (113 caravans) which makes up 28% of the total. There are no recorded traveller caravans in Boston (Table 7). (Source: ONS Traveller caravan count, 2024)

Table 7: Travellers' caravan count (number of caravans) as of January 2020 in Lincolnshire by district

Area	Travellor caravan count (authorised and unauthorised)	% of total travellor caravan count
Boston	**	**
East Lindsey	12	3.0%
Lincoln	16	4.0%
North Kesteven	65	16.1%
South Holland	113	28.0%
South Kesteven	74	18.3%
West Lindsey	124	30.7%
Lincolnshire	404	100%

Source: ONS, Travellers Caravan Count, January 2024

Park homes and mobile caravan residents

As a relatively heterogeneous group, park home and mobile caravan residents have varying health needs depending upon their age and so access to medical and pharmaceutical services can be a challenge to predict. Some caravans are home to holidaymakers or seasonal workers for long periods of time, and of course these people will need access to a range of local amenities including community pharmacies. However, many park home and mobile caravan dwellers (i.e. people who live in such homes on permanent basis) are older adults, typically suffering from higher rates of poor health than the general population (Source: Centre for Regional Economic and Social Research, Sheffield Hallam University, 2011).

Research estimates that there are perhaps 3,500 households, accounting for around 6,600 people, who live for some or all the year in caravans or chalets on the coast. Of these, around 40% are in effect full-time East Lindsey residents and should be counted as such. (Source: Centre for Regional Economic and Social Research, Sheffield Hallam University, 2011).

Nationally, three in five park home and caravan residents are aged over 50 years old. In East Lindsey, 31% of caravans and park homes have at least one resident with a long-

standing illness or disability, and 9% have two or more. This has a significant impact on need as 1 in 4 households have at least one person with mobility problems.

Additionally, only half are registered with a local GP (on a permanent (39%) or temporary (11%) basis), although many do still use local GPs, hospitals and dentists. Many patients remain registered with their 'home' GPs while visiting in the county for extended periods, as the national growth of electronic prescribing and electronic repeat dispensing enables such patients to manage their repeat prescriptions remotely. In such cases, patients require access to pharmaceutical services in the county but would not necessarily need to access local GP services.

Overall, it is suggested that the level of health need in park home and caravan communities exceeds the expected rate explained by demography and deprivation alone. (Source: Health of caravan park residents: a pilot cross-sectional study in the East Riding of Yorkshire)

It is important to note that this data is the most up to date data available for this population. Houseboat dwellers across the county will be small in numbers and thus are not quantified.

Carers, unpaid carers and young carers

Currently, the NHS ASCFR and SALT report 2022/23 further shows, that the Lincolnshire authority supported 9,580 carers, the majority of those were aged 65+ (4,900 accounting for 51.1% of all carers) and only 40 of those were young carers below the age of 18. However, according to the 2021 Census, Lincolnshire reported an estimated number of 6,000 young carers. Locally in 2023/24, there were 1,199 pupils recorded as young carers, representing 1.1% of the pupil's population. Nationally, it has been recognised that this represents a significant under-reporting of the number of carers and young carers. (Source: GOV.UK (2023/24))

Furthermore, in Lincolnshire there are an estimated 70,391 (Source: Census 2021) unpaid carers and given the county's ageing population, this number is predicted to increase, as Lincolnshire has one of the fastest growing rates of carers in the UK. Between 2001 and 2015, the county experienced a 27.5% increase in the number of carers, compared to the general rate of population growth of 6.2%. This was the largest rate of growth in the East Midlands. (Source: Buckner and Yeandle (2015)). Lincolnshire and the East Midlands is one of the UK regions with the highest rate of growth of people over 65 plus with a 9.5% increase projected by 2028 (Source: ONS (2018)). An unpaid carer is anyone who provides unpaid help to a friend or family member needing support, perhaps due to illness, old age, disability, a mental health condition or an addiction.

Unpaid carers make a major contribution to society, with the value of labour provided by Lincolnshire's unpaid carers of all ages estimated to be the equivalent of £1,677m each year – more than seven times the annual budget of Adult Social Care. (Source: Lincolnshire Health Intelligence HUB (2024)). In Lincolnshire, over 24,207 carers provided more than 50

hours of unpaid caring a week in Lincolnshire. The number of unpaid carers that provide more than 50 hours of unpaid care a week is highest in East Lindsey and is three times higher than Boston (2,042) who has the lowest number of carers providing more than 50 hours of unpaid care a week. This is also reflected in the age standardised % for unpaid carers providing 50 or more hours of unpaid care in the able below. Unpaid carers caring for over 50 hours a week are twice as likely to be in poor health as those not providing care. (Source: ONS Census (2021)).

Table 8: Carers who provide 50 + hours unpaid care a week (age standardised %)

Area	Age-standardised %
Boston	3
East Lindsey	4.2
Lincoln	3.2
North Kesteven	2.9
South Holland	3.1
South Kesteven	2.6
West Lindsey	3
Lincolnshire	3.2

Source: ONS, Census 2021

Being an unpaid carer places a significant strain on the individual and can impact their own health and wellbeing and quality of life. The NHS Long Term Plan recognises that carers are twice as likely to suffer poor health compared to the general population, primarily due to a lack of information and support, financial concerns, stress, and social isolation. There can also be an adverse effect on education and employment, with many carers giving up work or foregoing education.

2.1.5 Housing

Lincolnshire is recognised as a growth area in both economic and housing terms, with housing numbers set to increase considerably in the next 12-16 years. Local Plans in the county point towards high levels of housing allocation with 63,615 homes overall to be built in Lincolnshire by 2040 at an average annual rate of around 2,500 per annum.

This number and the rate set could, however, be impacted by emerging Government policies announced on 30 July 2024 to 'get Britain building again'. These set out proposed annual housing targets using a new methodology for assessing housing need, which are above the current annual average build rate in each area. These will include an overhaul of the planning system that will see new mandatory targets for councils, a review of the greenbelt, new 'golden rules' driving delivery of affordable homes and will ensure every area has recent local housing plans.

Table 9: Annual Housing targets (as outlined by emerging government in 2024), by district

District	Target number of new homes
Boston	379
East Lindsey	1091
Lincoln	459
North Kesteven	690
South Holland	573
South Kesteven	912
West Lindsey	527
Total	4631

Source: Annual Housing targets (as outlined by emerging government in 2024), by district

Past consultation with the local district strategic planning teams highlighted some areas where large increases in new housing will affect the pharmaceutical needs of the population. Planned large housing developments in major growth areas (Greater Lincoln and Grantham) and some other main towns (such as Boston, Sleaford, and Spalding) may require reassessment of pharmaceutical needs in those areas. Areas where we know that there is a large, proposed development (generally more than 500 homes) have been identified in the Table 9.

Most of the developments are not expected to be completed in the three-year life of this PNA document, but these areas will be reviewed regularly. Planners will be asked to inform the Lincolnshire HWB of any long-term projects which could influence the health needs of a district.

It should be noted that Local Plans are regularly reviewed with both policies and housing land allocations changing. The numbers above are from the current adopted Local Plans, which the Government's new policies may require to be updated because they are more than five years old. Other developments can come forward through other routes. For example, a proposed Skegness Gateway Urban Extension is under discussion; to be developed through a Local Development Order rather than the standard planning process. The proposed master plan includes around 1,000 new homes, specialist accommodation for older people, a tourism offering, college, crematorium, and businesses.

Small developments, infill sites and individual dwellings are not generally included in housing allocations, and these are not likely to have a significant effect on health and pharmaceutical needs.

Table 10: Planned housing stock in Lincolnshire, by Local Plan area

Central Lincolnshire					
	Planned New Homes			Planned Distribution of Housing (where over 500 homes in one area)	
District	Period	Total Number	Average annual build rate	Area	Number
Lincoln	2018-2040	21,496	977	Lincoln – West (Western Growth Corridor)	3,200
				Lincoln – Other	1,563
North Kesteven				Sleaford – South	1,450
				Sleaford – West	900
				Sleaford – Other	916
				Lincoln – South East (Canwick Heath)	3,400
				Lincoln – South	1,300
				West (Grange Farm)	1,250
				Witham St Hughs Billinghay	557
West Lindsey				Gainsborough – North	750
				Gainsborough – South	1,500
				Gainsborough – Other	958
				Welton by Lincoln and Dunholme	1,049
				Market Rasen	718

				Lincoln – North-East (Greetwell) Cherry Willingham	1,400 585

Source: Central Lincolnshire Local Plan 2018-2040 (adopted April 2023)

South East Lincolnshire					
	Planned New Homes			Planned Distribution of Housing (where over 500 homes in one area)	
District	Period	Total Number	Average annual build rate	Area	**Number**
Boston	2011-2036	7,550	300	Boston – Quadrant Boston - Other	1,515 6,111
South Holland		11,125	445	Spalding – North Spalding – Other Holbeach Crowland Kirton Long Sutton	676 5,860 760 524 514 608

South East Lincolnshire Local Plan 2011-2036 (adopted March 2019)

East Lindsey					
	Planned New Homes			Planned Distribution of Housing (where over 500 homes in one area)	
District	Period	Total Number	Average annual build rate	Area	Number
East Lindsey	2016-2031	7,819	558	Louth Coningsby and Tattershall Horncastle	1,619 549 683

East Lindsey Local Plan Core Strategy 2016-2031(adopted July 2018)

South Kesteven					
	Planned New Homes			Planned Distribution of Housing (where over 500 homes in one area)	
District	Period	Total Number	Average annual build rate	Area	Number
South Kesteven	2011-2036	15,625	625	Grantham – Spitalgate Heath Grantham – North West Rectory Farm and adjacent Grantham – Prince William of Gloucester Barracks Stamford – North The Deepings	3,700 1,554 4,000 1,300 753

South Kesteven Local Plan 2011-2036 (adopted January 2020)

Park homes

Park homes or caravans are not considered as part of Local Plans. However, planning applications can be submitted for either permanent residential or holiday sites. Irrespective of the status of the sites there are issues in relation to meeting the health needs, including pharmaceutical needs of temporary or permanent residents. Planners will be asked to let the HWB know of development proposals for park home sites when these are submitted.

This is particularly pertinent on the coast in East Lindsey where there is a desire to promote tourism; caravans often housing 'holidaymakers' or seasonal workers for long periods of time. Working with the site owners, efforts are made to encourage residents to arrange for the required prescription medication in advance, before travelling. Inevitably, there are still demands placed on pharmaceutical services available locally.

Specialist housing for older and disabled people

According to the 2021 ONS Census there are 306,971 households in Lincolnshire that may be seen as vulnerable or disadvantaged according to a broad range of indicators.

Local development plans do not make specific allocations for the type and mix of housing but contain individual policies guiding the provision of housing to meet needs. For example, Policy LP10 in the Central Lincolnshire Local Plan requires that 30% of new homes on sites for 6 or more dwellings (or 4 or more dwellings in small villages) are built to the higher standard of accessibility for disabled people in building regulations than the basic standard.

Ultimately, however, planning applications and determinations themselves will provide specifics on anticipated household sizes and makeup. This level of additional details will, therefore, be factored into the monitoring of housing developments to help make planning for pharmaceutical services more accurate.

Extra care housing

There is a desire for more extra care housing units across Lincolnshire where demand exists, and support services can be maintained. Local Plans generally express support for developments that will bring forward extra care housing.

LCC has a support programme in place to provide funding to help make the creation of new extra care housing units viable for developers. To ensure that pharmaceutical and other health needs are accounted for, the HWB will be informed of all extra care housing development proposals. One specific scheme in the pipeline at the time of adopting this PNA is Diamond Court, Prebend Lane, Welton by Lincoln, comprising 62 one-bedroom apartments for older people and 10 bungalows available for shared ownership units. De Wint Court, Lincoln (70 units) has opened during the life of the previous PNA. Schemes in

other districts (Boston and Sleaford) are in progress but are unlikely to be built in the lifetime of this PNA.

Monitoring of housing developments and needs for pharmaceutical services

In addition to the growing and ageing population, the large-scale housing developments in progress can impact on the need for pharmaceutical services in their area in the future.

Many of the sustainable urban extensions (SUEs) and Growth Points will be seeking to provide new residents with the spectrum of health services from pharmacy and primary care in a new model of care. Residents will be advised, when they move in, on the most appropriate health service to access for their needs.

The HWB needs to consider ways of monitoring the progress of planned housing developments in relation to need for pharmaceutical services.

Monitoring of housing developments

It is recommended that an update on the status of major housing developments in Lincolnshire is requested, submitted to the HWB and used to inform monitoring of need for pharmaceutical services before any subsequent PNA is published.

In addition to monitoring individual housing sites, it is necessary to monitor cumulative developments across several sites, i.e., if several smaller developments are built in an area, then future completions should be monitored by town, village or vicinity, as well as just by individual housing developments. This is particularly relevant where the ratio of pharmacies to people is already above or below average.

Effect of growth on a reserved location

A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of 1.6km (1 mile measured in straight line) of the proposed premises or location is fewer than 2,750.

Should the population reach or exceed 2,750, the pharmacy, if already open, can apply to NHSE for a re-determination of reserved location status. If this status is removed then, subject to the prejudice test, the normal one-mile rule would apply (i.e., the doctors lose dispensing rights within a mile of the pharmacy).

Factors to consider in relation to needs for pharmaceutical services

The identification of a generic ‘population trigger point’ for when a housing development within a locality develops a need for a pharmaceutical service provider is complex and not clearly defined.

An increase in population size is likely to generate an increased need for pharmaceutical services. However, changes in population size on a local level are not necessarily directly proportional to changes in the number of pharmaceutical service providers that are required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

When assessing needs for pharmaceutical service providers, considerations should be based on a range of local factors specific to each development site such as:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e., the proportion of affordable housing at the development
- Existing pharmaceutical service provision in nearby areas and elsewhere in and out of the county and opportunities to optimise existing pharmaceutical service provision locally.
- Access to DSPs, and DACs that can supply services.
- Considerations of health inequalities and strategic priorities for Lincolnshire

2.2 Health and Wellbeing

2.2.1 Life expectancy

Life expectancy is an estimate of the average number of years a newborn baby would survive if they experienced the age-specific mortality rates for specific area and period throughout their life. Figures are calculated from deaths due to all causes and mid-year population estimates, based on data aggregated over a three-year period.

Healthy life expectancy is defined as the years a person can expect to live in good health (rather than with a disability or in poor health) and is a useful measure of mortality and morbidity. Healthy life expectancy is calculated from deaths due to all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three-year period. Currently, healthy life expectancy data is not available at a district level.

PHE provides further analysis of both life expectancy and healthy life expectancy to reveal national inequalities based on 2019 IMD data.

Latest figures for 2020-22 demonstrate that life expectancy at birth in Lincolnshire is 79.4 years for men and 82.9 years for women, while healthy life expectancy at birth in Lincolnshire is 61.8 years for both men and women.

Longer term trends for Lincolnshire reveal that both male and female life expectancies have increased slightly since 2009-11 (male 78.8 years, female 82.6 years), while healthy life expectancies have reduced to 64.4 years for men and to 65.2 years for women.

Between 2018 and 2020, the gap in male healthy life expectancy at birth in England was 18.2 years between the most deprived (52.3 years) and the least deprived deciles (70.5 years); while the gap was wider for female healthy life expectancy, at 18.8 years (51.9 years in the most deprived and 70.7 years in the least deprived area). This analysis is not currently available at smaller geographies. (Source: Fingertips - Public Health data)

2.2.2 Prevalence of diseases and chronic conditions

Information for prevalence of diseases and chronic conditions was provided by the Quality and Outcomes Framework (QOF). QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. Prevalence rates are calculated as the percentage of all registered patients within a GP practice who have been placed on a specific clinical register. All prevalence rates have been Red-Amber-Green rated, where red shows higher prevalence rates and green shows lower prevalence rates in Lincolnshire.

Table 11: National, and local comparison of QOF prevalence rates: 2023/24

	Cardiovascular				Respiratory		High dependency and long term conditions				Mental health and neurology				
PCN	Coronary Heart Disease	Stroke	Artial Fibrillation	Heart Failure	COPD	Asthma	Chronic Kidney Disease	Diabetes	Pallative Care	Cancer	Dementia	Depression	Mental Health	Epilespy	Learning Disabilities
Apex PCN	3.7	2.2	2.5	1.4	2.7	7.1	8.1	8.3	1.0	4.3	1.2	1.6	1.0	1.0	0.7
Boston PCN	3.3	2.1	2.2	1.1	2.1	5.6	5.6	7.8	0.6	3.2	0.9	1.4	0.7	0.8	0.5
East Lindsey PCN	4.6	2.9	3.6	1.5	2.4	8.5	7.8	9.3	1.1	5.1	1.1	1.5	0.8	0.9	0.6
First Coastal PCN	5.5	3.3	3.9	2.3	4.2	8.5	10.7	11.7	1.1	5.4	1.1	1.1	0.9	1.1	0.9
Four Counties PCN	3.5	2.3	2.9	1.6	1.7	7.8	7.5	10.9	0.9	4.9	1.2	0.6	0.7	0.8	0.4
Grantham And Rural PCN	3.8	2.1	2.7	1.9	2.1	7.0	6.7	8.0	0.8	4.6	1.0	1.8	0.8	0.8	0.5
Imp PCN	3.3	2.0	2.5	1.3	1.9	7.3	6.2	7.6	0.6	4.1	0.8	0.9	1.0	0.9	0.6
K2 Healthcare Sleaford PCN	4.2	2.4	3.2	2.0	2.5	7.3	9.1	8.7	0.7	5.4	1.1	1.4	0.8	1.0	0.7
Lincoln Health Partnership PCN	1.6	1.0	1.3	0.5	1.3	4.9	3.2	4.6	0.4	2.0	0.5	1.5	1.0	0.6	0.4
Meridian Medical PCN	5.1	3.1	3.9	4.1	3.4	9.2	9.9	8.8	2.0	5.7	1.4	1.1	1.0	1.1	1.0
South Lincoln PCN	3.5	2.2	2.9	1.2	2.0	7.5	6.0	7.7	0.9	4.4	1.1	0.9	0.7	0.8	0.6
South Lincolnshire Rural PCN	4.5	2.8	3.3	1.9	2.4	8.1	8.2	9.8	0.5	5.4	1.0	1.6	0.7	0.9	0.5
Spalding PCN	3.2	2.1	2.4	1.9	2.0	5.8	8.6	7.6	0.4	3.9	1.0	0.7	0.8	0.8	0.7
Trent Care PCN	4.1	2.5	2.8	1.3	2.7	8.0	8.8	9.1	0.7	4.5	1.2	2.0	1.2	1.1	0.8
Lincolnshire ICB	4.0	2.4	2.9	1.7	2.4	7.4	7.6	8.5	0.8	4.6	1.0	1.3	0.8	0.9	0.6
England	3.0	1.9	2.4	1.1	1.9	6.5	4.4	7.7	0.6	3.6	0.8	3.8	1.0	0.8	0.6

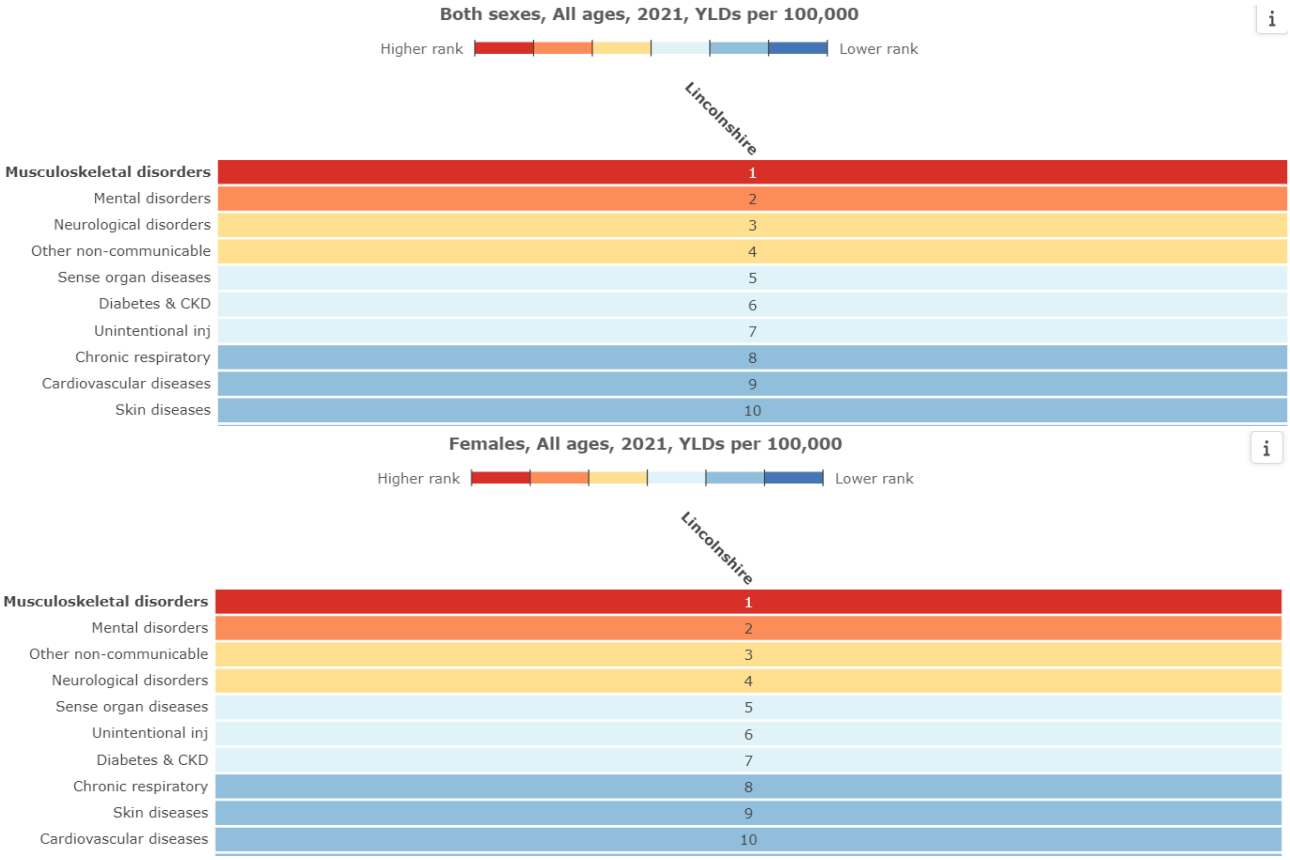
Table 11 presents a summary of 2023/24 prevalence rates for Lincolnshire and 14 PCN areas, as well as national prevalence for broader benchmarking. The prevalence of specific health conditions is often dependent upon differences in diagnosis and treatment pathways between different GP surgeries. However, as a generalisation, areas with a greater proportion of older people and areas with higher deprivation have a higher rate of ill health. Prevalence of cardiovascular diseases and high dependency and long-term conditions in Lincolnshire exceed national rates, however there is noticeable variation at a PCN level, with Meridian Medical PCN, East Lindsey PCN and First Costal PCN having higher than average rates.

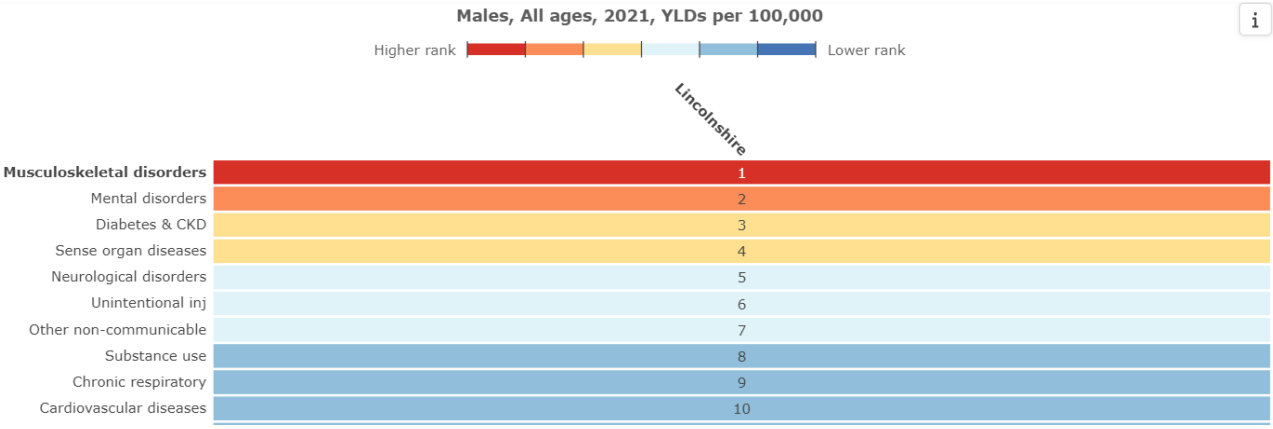
2.2.3 Burden of disease

The Global Burden of Disease (GBD) was created in 1991, with the aim to produce measurable and comparable health outcome data across different conditions using units known as Disability Adjusted Life Years (DALYs). DALYs are calculated by adding together the number of years lost due to premature mortality (YLL) and the number of years lived with a disability (YLD), using a standard life expectancy age, in this instance derived from Japanese life expectancy.

Local authority data was introduced in 2017 and most recently updated for 2021. In Lincolnshire whilst neoplasms, cardiovascular diseases, respiratory infections & TB and neurological disorders all contribute to high levels of YLL, conditions such as MSK lower back and neck pain, mental health issues and other non-communicable diseases contribute to YLD and therefore to the overall burden of disease in Lincolnshire (see Figure 5 for the top 10 causes of years lived with disability in Lincolnshire).

Figure 5: Total YLDs per 100,000 in Lincolnshire (2021), by gender: Top 10 causes





2.2.4 Relevant health behaviours

Immunisations

Vaccination can offer protection from disease by helping to develop personal immunity against an infection. This means that a vaccinated person is less likely to pass on the infectious disease to others, reducing the risk of infection for unvaccinated people. In other words, people who cannot be vaccinated will still benefit from the vaccination programme, due to herd or population immunity. When enough people are vaccinated, herd immunity is achieved, and the levels of the circulating infection are reduced. To this end, routine immunisations against a wide range of infectious diseases take place in England, beginning shortly after birth with the childhood immunisation programme right through to older adults with vaccinations for conditions such as shingles and the annual influenza programme.

In 2023/24 the uptake of flu vaccination in Lincolnshire (aged 65+) was 80.3% (n=153,483), which is comparable to the national rate of 80.0% and below the benchmark of 85.3%. Furthermore, flu vaccination for at risk individuals aged 6 months to 65 years in Lincolnshire was 46.0% in 2023/24 (n=58,663), which was like the regional (43.3%) and national (41.4%) coverage, yet below the benchmark of 51.2%.

As of 30 June 2024, 64.6% of Lincolnshire residents aged 75 and over had a spring booster COVID-19 vaccination, this is comparable to national coverage of 62.3%. (Source: UK Government, COVID-19 Vaccinations)

Sexual health

Caused by the chlamydia trachomatis bacterium, chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK, affecting both men and women. Chlamydia detection rates exhibit considerable geographic variation by upper tier local authority. Nationally in 2023, the chlamydia detection rate was 1,546 per 100,000 residents aged 15-24 years, which is significantly lower than the Lincolnshire detection rate of 2,319 per 100,000 residents aged 15-24 years. The chlamydia proportion of 15–24-year-olds

screened in 2023 presents Lincolnshire (26.7%) is significantly better than the national rate (20.4%) and similar to the regional (22.7%) screening rate.
In Lincolnshire sexual health screening services are available free-of-charge through 10 Lincolnshire Sexual Health (LiSH) Clinics (which are across all districts), online (i.e. free-of-charge, at-home testing kits), maternity services, most GP surgeries, A&E departments and hospitals.

Teenage conceptions

As of 2021, the under 18s conception rate in Lincolnshire of 12.5 per 1,000 females was like the national rate (13.1 per 1,000). This was a similar picture for most of the districts, with the highest rate of under-18 conceptions (16.8 per 1,000) being present in Lincoln, followed by East Lindsey (13.8 per 1,000). However, North Kesteven had the lowest in the county (7.9), this was also significantly lower than the national rate. The under-18s conception rate per 1,000 females in Lincolnshire has continued to decrease and is improving, which is in line with regional and national trends.

Substance misuse

Substance misuse is the risky or harmful use of alcohol and drugs, including both illegal drugs and misuse of over-the-counter medications.

Community alcohol and drug treatment services in Lincolnshire are provided by Lincolnshire Recovery Partnership and are available to people of any age. There are six locations across the county providing a range of drug and alcohol services including signposting, self-directed courses, detox treatment, employment support and therapeutic interventions.

Additionally, the service also provides a Needle and Syringe Programme (NSP) which aims to reduce the transmission of blood-borne viruses and infections such as HIV, and Hepatitis B and C, transmitted by sharing injection equipment. The service is available in both Lincoln and Gainsborough. Additionally, a small number of pharmacies provide this service across the county.

Between July 2023 to June 2024, 3,343 adults and 233 young people below the age of 18, were in treatment in Lincolnshire for substance misuse. Among adults, 35.6% were in treatment for opioids only, 28.2% for alcohol only, 10.3% for non-opioids only, 2.8% for crack only, 16.3% for opiates and crack, and 6.2% for alcohol & non-opioids only.

Among children and young people in 2023/24 in Lincolnshire, 84.2% stated cannabis as a substance they used, 37.6% stated alcohol, 14.53% stated cocaine, 15.38% stated ecstasy, 12.39 stated nicotine and 22% stated cocaine. (Source: National Drug Treatment Monitoring Service).

3 Provision of pharmaceutical services

All data in this chapter is from the NHS Business Services Authority's website[4] unless otherwise stated.

3.1 Necessary services: current provision within the Health and Wellbeing Board's area

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

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

For the purposes of this pharmaceutical needs assessment, the Lincolnshire HWB has agreed that necessary services are the essential services provided at the premises included in the pharmaceutical lists and the dispensing service provided by some GP practices.

There were 115 pharmacies included in the pharmaceutical list for the area of the HWB as of April 2025, operated by 40 different contractors, two DSPs having opened in February 2025 and one relocating to a different HWB area with effect from 31 March 2025. Of these 115 pharmacies, nine were subject to the "100 hours condition" i.e. they are required to be open for the provision of pharmaceutical services for at least 100 hours per week. However, they have all successfully applied to reduce their total core opening hours following a change to the regulations in 2023.

Six of the pharmacies are DSPs meaning they are unable to provide essential services face to face to persons at the premises, or in the vicinity of them. They are required to deliver all essential services remotely, for example by delivering dispensed items to a home address or providing advice over the telephone or via an online consultation.

There is one DAC with premises in the HWB's area.

There are no pharmacies providing services under a local pharmaceutical services contract.

Two new applications for inclusion in the pharmaceutical list for DSPs were made during the consultation period – an application to open a DSP in the South Kesteven district and an application to relocate the pharmacy at 90 Jasmine Road, Lincoln LN6 0QQ was granted by

[4] Dispensing contractor's data, Information Services, NHS Business Services Authority website

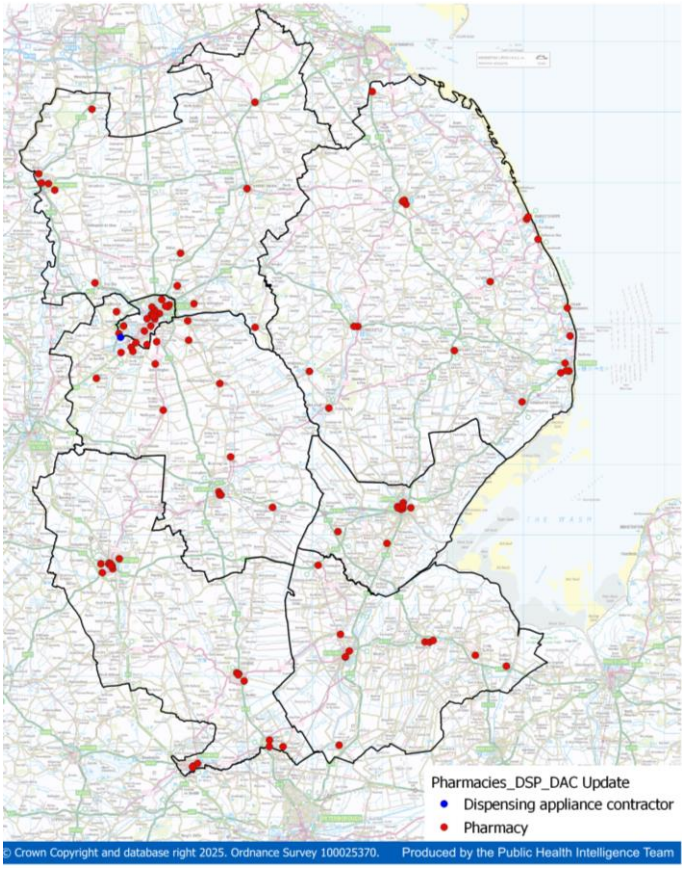
the integrated care board at the beginning of January 2025. A third application for a DSP was initially granted but later refused on appeal in February 2025.

Of the 79 GP practices in the HWB's area, 56 dispense medicines to eligible patients from 60 sites within the HWB's area, with another practice that dispenses from premises in Peterborough HWB's area. In addition, three GP practices that are located outside of the HWB's area each have a branch surgery in Lincolnshire that they dispense to eligible patients from.

As of January 2025, the GP practices dispensed to 201,244 of their registered patients (23.2% of the total list size for all 82 practices). The percentage of dispensing patients at practice level varied between 6.1 and 99.0% of registered patients. It is to be noted that these figures will include people who do not live in Lincolnshire.

The map below shows the location of the pharmacy, DAC and dispensing doctor premises within the HWB's due to the size of the HWB's area many of the premises are not shown individually, however more detailed maps can be found in the locality chapters.

Figure 6: Location of premises at which pharmaceutical services are provided



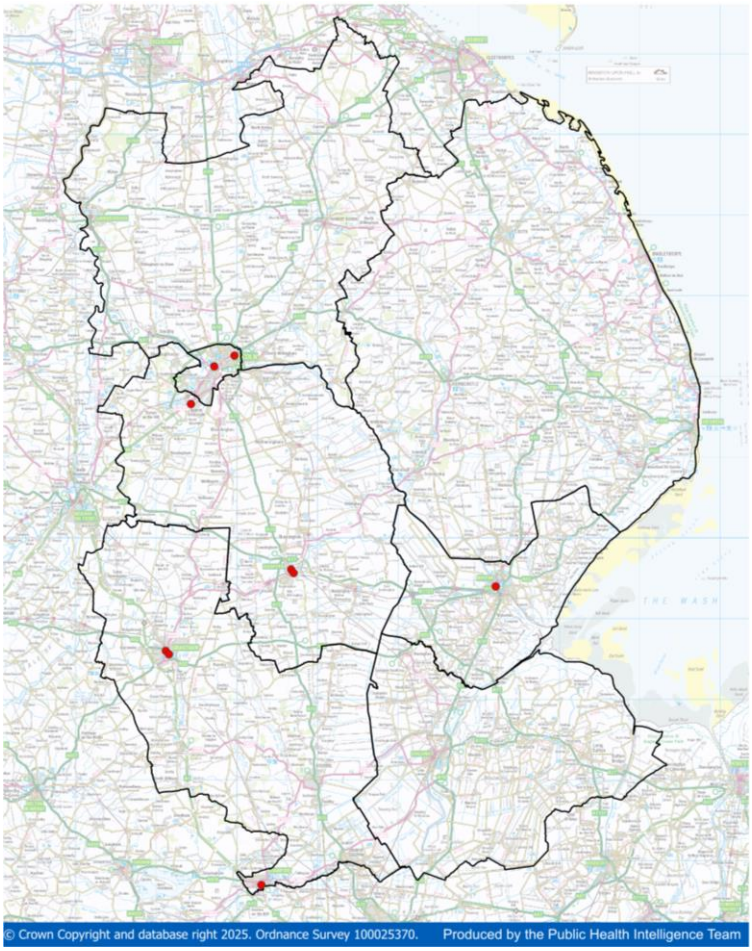
In 2023/24 63.32% of items prescribed by GP practices and other services in Lincolnshire were dispensed by pharmacies within the area (62.9% between April and December 2024)

and 27.1% were dispensed or personally administered by the GP practices (27.1% between April and December 2024).

3.1.1 Access to premises

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 being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 core hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). It continues to be a condition that these 100-hour pharmacies remain open for 100 core hours per week, and they may open for longer hours. However, an amendment was made to the regulations in 2023 which allowed them to apply to reduce their total core opening hours to no fewer than 72 per week, with some protection of existing hours between 17.00 and 21.00 Monday to Saturday, and 10.00 to 16.00 on Sundays. There are nine pharmacies in the HWB's area that were previously subject to the 100 hours condition.

Figure 7: Location of the former 100-hour pharmacies



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

DACs are required to open for no fewer than 30 hours per week (their core opening hours) but may choose to open for longer.

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 their integrated care board will assess the application against the needs of the population of the HWB 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 their ICB of the change, giving at least five weeks' notice (three months for DACs).

Whilst many 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 regulations as DSPs (sometimes called mail order or internet pharmacies).

DSPs 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 DSP via the Electronic Prescription Service and the contractor dispenses the item and then delivers it to the patient's preferred address. DSPs therefore interact with their customers via the telephone, email, online consultations, or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery of dispensed items is free of charge.

In September 2016, the Department of Health and Social Care undertook a mapping exercise which confirmed that 88% of the population was within a 20-minute walk of a pharmacy[5]. However, since then pharmacies have begun to close across the country and the figure in October 2024 had fallen to 80% of the population living within a 20-minute walk of a pharmacy, although there are twice as many pharmacies in areas of deprivation[6].

In line with the national access standards and considering the urban-rural split of the county, the HWB has chosen 20 minutes by car as a reasonable journey time for residents to access a pharmacy.

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

[6] Delivery plan for recovering access to primary care, NHS England October 2024

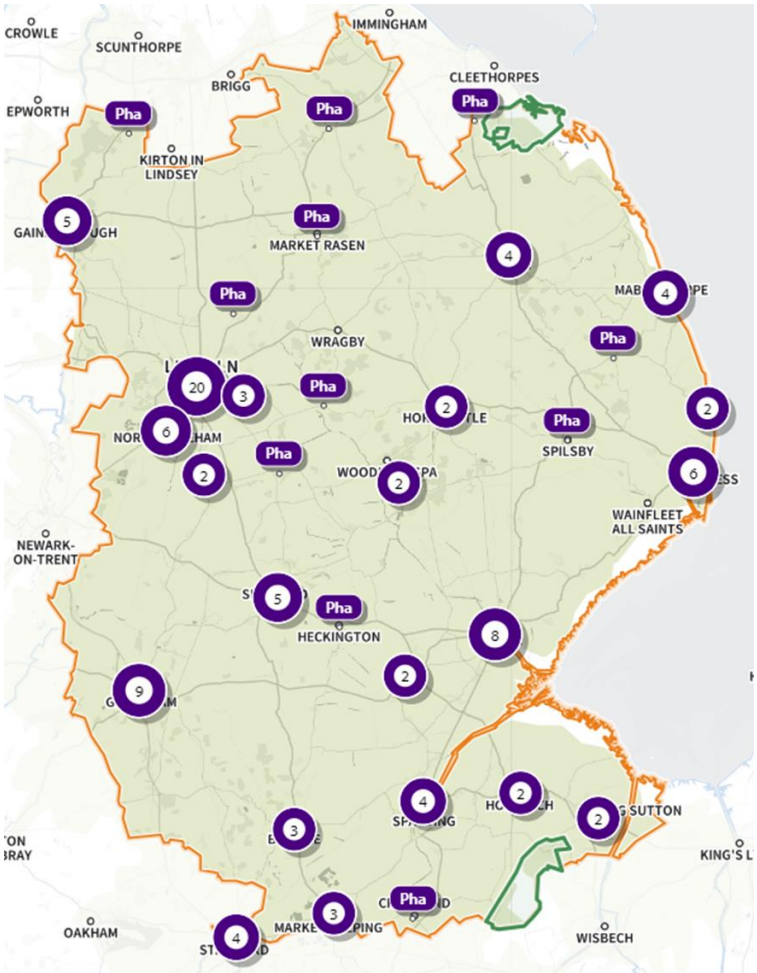
To assess whether residents can access a pharmacy in line with this travel standard travel times were analysed using the Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation (SHAPE) tool.

The map below shows that the vast majority of the HWB's area is within a 20-minute drive of a pharmacy in Lincolnshire, outside of rush hour times, Monday to Friday. The DSPs have been excluded as they cannot provide essential services face to face to persons at their premises, or in the vicinity of them, and therefore people would not travel to them.

The SHAPE tool confirms that there are approximately 4,100 people living more than a 20-minute drive from a pharmacy in Lincolnshire. They live in two area which is shown outlined in green on the map. It is noted that certain areas along the coastline are not shaded, which may reasonably indicate the absence of road infrastructure in those locations and, consequently, suggest a low likelihood of resident population presence.

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

Figure 8: Time taken to access a pharmacy by car in 20-minutes' drive time



As noted from the pharmacy survey undertaken by Healthwatch Lincolnshire, 72% of respondents travelled to their pharmacy by car. The second most common method was to walk (42%). Only 3% said they would use public transport. 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. However, the HWB has noted that:

- there are six DSPs in its area, with over 400 elsewhere in the country all of whom are required to deliver all essential services remotely which includes delivering dispensed medicines free of charge,
- the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care and pharmacies are required to facilitate remote access (via the telephone or online) to pharmaceutical services by their terms of service, thereby removing the need for some people to visit a pharmacy,
- some pharmacies offer a private delivery service (for which a fee may be charged), and
- practices in the rural areas of Lincolnshire dispense to eligible patients and may provide a private delivery service.

Regarding the amount of time it takes to access their pharmacy, 75% of respondents to the survey said it took zero to 15 minutes, and 20% said 16 to 30 minutes. How long it took to travel to the pharmacy did not appear to be linked to the transport method used.

85% did not face difficulties accessing their pharmacy but for the 13% (20) who did, the main barriers were location of pharmacy, parking difficulties, wheelchair or other access problems, and opening hours.

In general, car ownership in the HWB's area is higher than the average for England. Only the Lincoln locality has a higher percentage of households without access to a car or van than England (28.4% and 23.5% respectively[7]). In those localities that are predominantly rural, residents 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 customisation service. However, it is possible that their practice or the stoma nurses will provide similar services or support.

Responses to the Healthwatch questionnaire provide the following insights into accessing pharmacies.

- 73% of respondents most commonly used a local pharmacy
- 25% had their medicines dispensed by their GP practice
- 4% used a DSP

[7] TS045 – car or van availability Census 2021, NOMIS

- The most important factors when deciding which pharmacy to use was ‘close to home’ (75%), the pharmacy holding required medicines in stock and opening hours (60%) and friendly staff (54%)
- The least important factors were the range of services offered (9%), close to work (12%) and selection of non-prescriptions to purchase (21%)
- When asked for their preferred time to visit a pharmacy, 34% said between 14.00 and 18.00, 30% said between 08.00 and 12.00, and 22% said 18.00 to 20.00
- Collecting dispensed medicines was the most common reason to visit a pharmacy (85%), followed by collecting dispensed medicines for someone else (54%), and minor illness advice/treatment (19%)
- 39% said they had needed to access pharmacy after 17.00 on weekdays, at the weekend or on public/bank holidays. Respondents reported mixed experiences – some were unable to access a pharmacy, for many it meant they access a different pharmacy to their usual one which proved challenging for those who do not drive.

The only DAC premises is located in Lincoln. DACs operate in a similar way to DSPs in that people are unlikely to attend the premises to have a prescription dispensed. Instead, prescriptions will be sent electronically by the GP practices and dispensed items then delivered to home addresses.

3.1.2 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 clinical assessment 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 Healthwatch survey showed that the period 14.00 to 18.00 is the most convenient time to visit a pharmacy closely followed by 08.00 to 12.00 and 18.00 to 20.00.

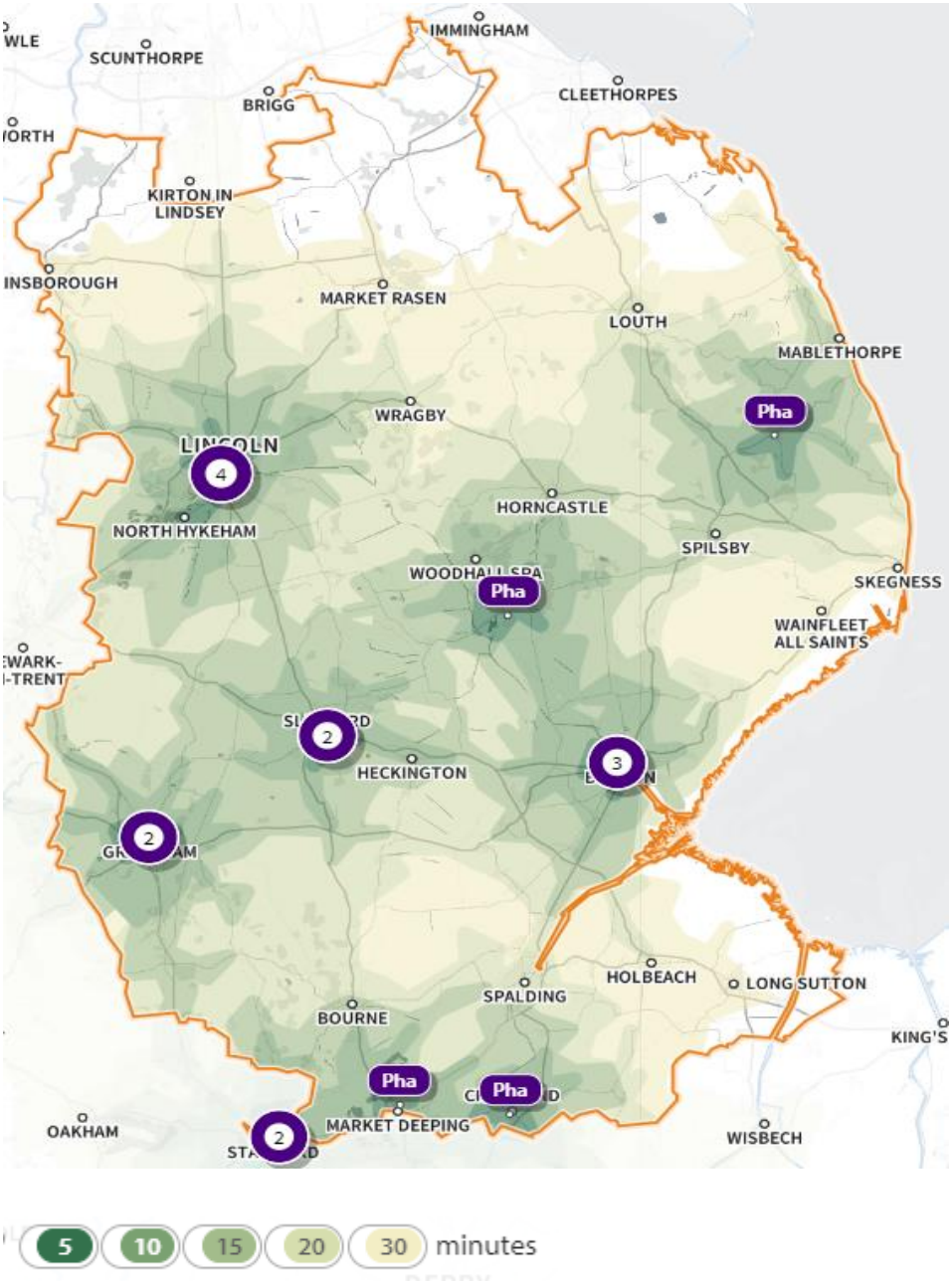
As of October 2024, and at that point in time there were:

- 17 pharmacies open seven days a week (includes seven of the nine pharmacies that were subject to the 100 hours condition but following an amendment to the regulations successfully applied to reduce their total core opening hours to between 72 and 84 per week),
- 21 pharmacies open Monday to Saturday,
- 55 pharmacies open Monday to Friday, and Saturday morning, and
- 21 pharmacies that open Monday to Friday.

The DAC is open 09.00 to 17.00, Monday to Friday.

The HWB has noted that pharmacies have reduced their opening hours during the week, and this trend is expected to continue. Pharmacies may change their supplementary opening hours by giving five weeks' notice to the ICB. The map below therefore shows travel times to the 17 pharmacies with core opening hours after 18.00 on weekday evenings.

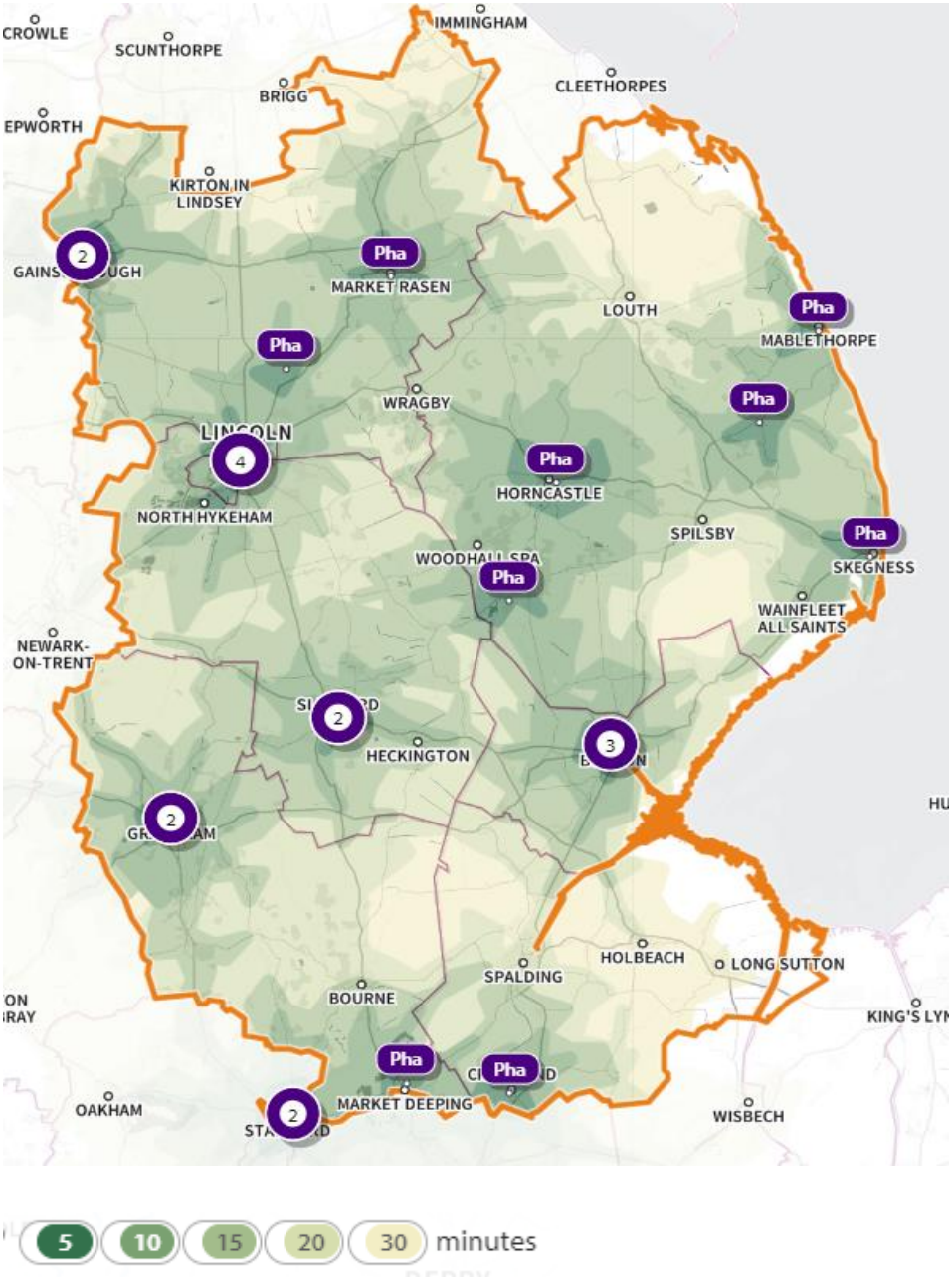
Figure 9: Time taken to access a pharmacy with core opening hours after 18.00, weekday evenings



The HWB has noted that none of the pharmacies in the north of its area have core opening hours after 18.00, Monday to Friday. However, when supplementary opening hours are

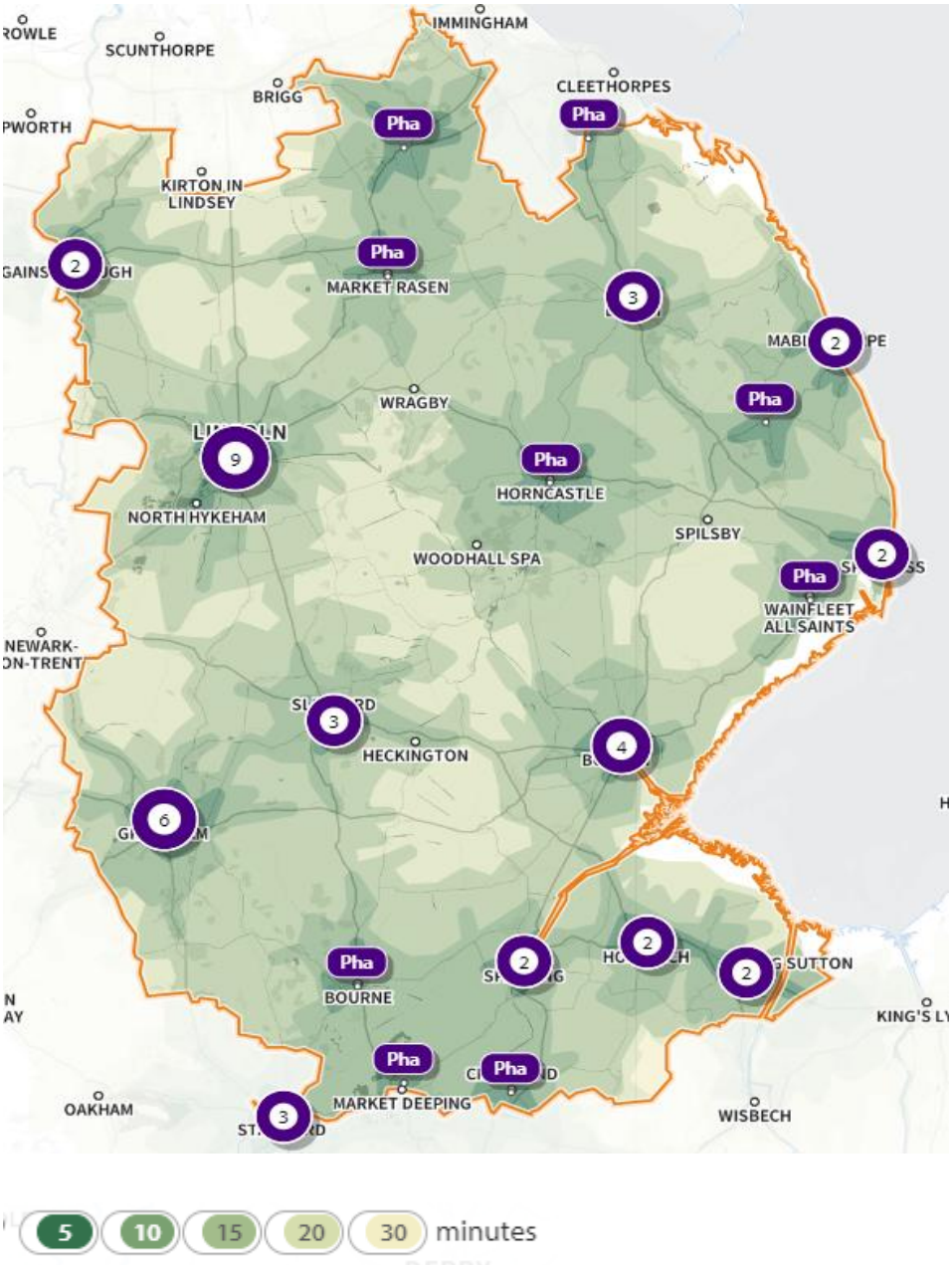
taken into account, there are pharmacies open until 18.15 in Gainsborough, 18.30 in Horncastle, Market Rasen and Welton, and until 19.00 in Mablethorpe and Gainsborough.

Figure 10: Time taken to access a pharmacy with core or supplementary opening hours after 18.00, weekday evenings



In addition, the HWB has noted that pharmacies have reduced their opening hours at the weekend, and again this trend is expected to continue. The maps below therefore show travel times to pharmacies with core opening hours at the weekend.

Figure 11: Time taken to access a pharmacy with core opening hours on Saturday mornings

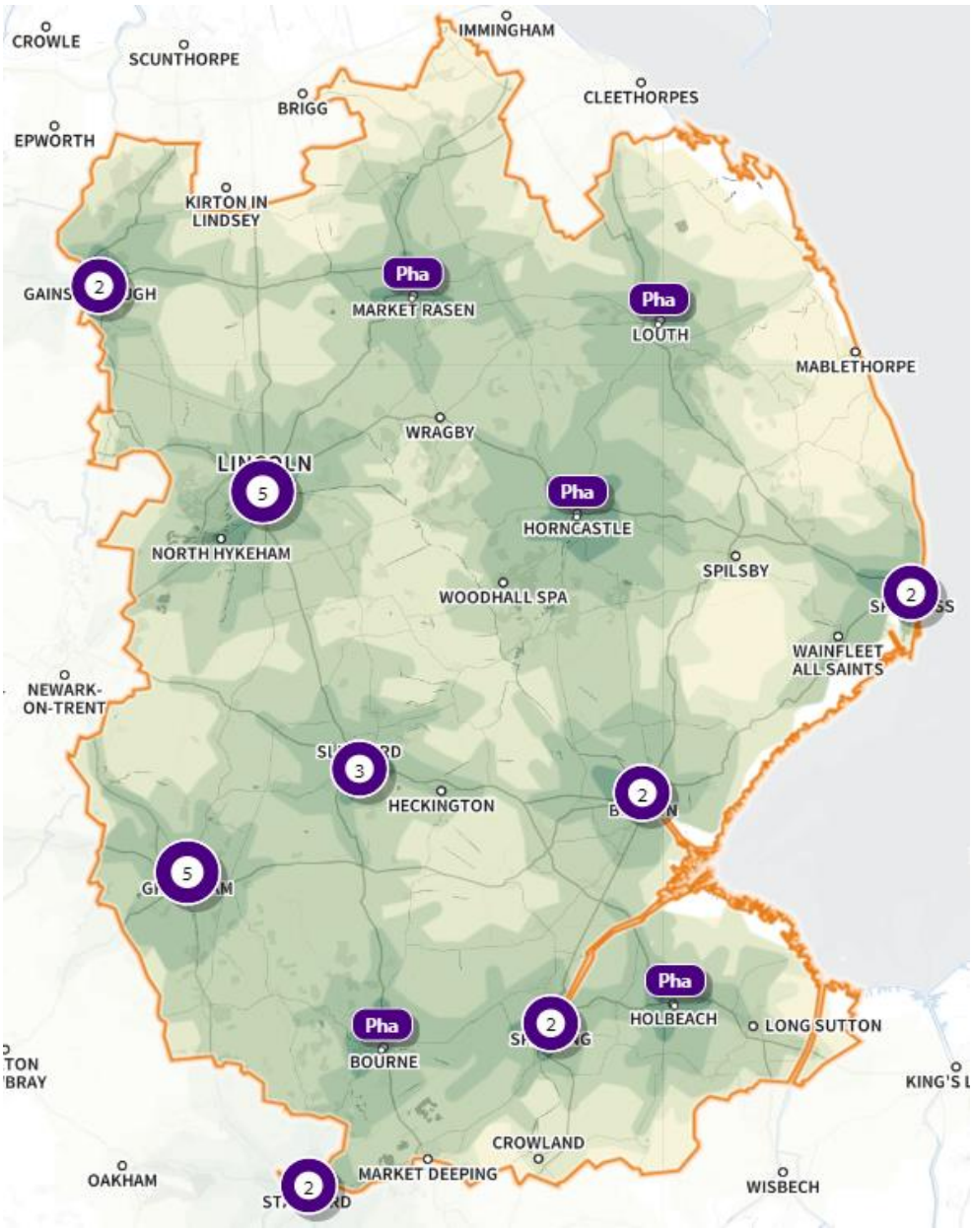


The HWB has noted all but approximately 4,100 people are within a twenty-minute drive of a pharmacy that has core opening hours on Saturday mornings (they live in the same two areas that are not within a 20-minute drive of a pharmacy in Lincolnshire), and that this falls to 1,311 people who are not within a thirty-minute drive of such a pharmacy.

Whilst fewer pharmacies have core opening hours on Saturday afternoons only 1,311 people living in the north-east of the county around North Cotes are more than a 30-minute drive from a pharmacy that has core opening hours all day on Saturday afternoons.

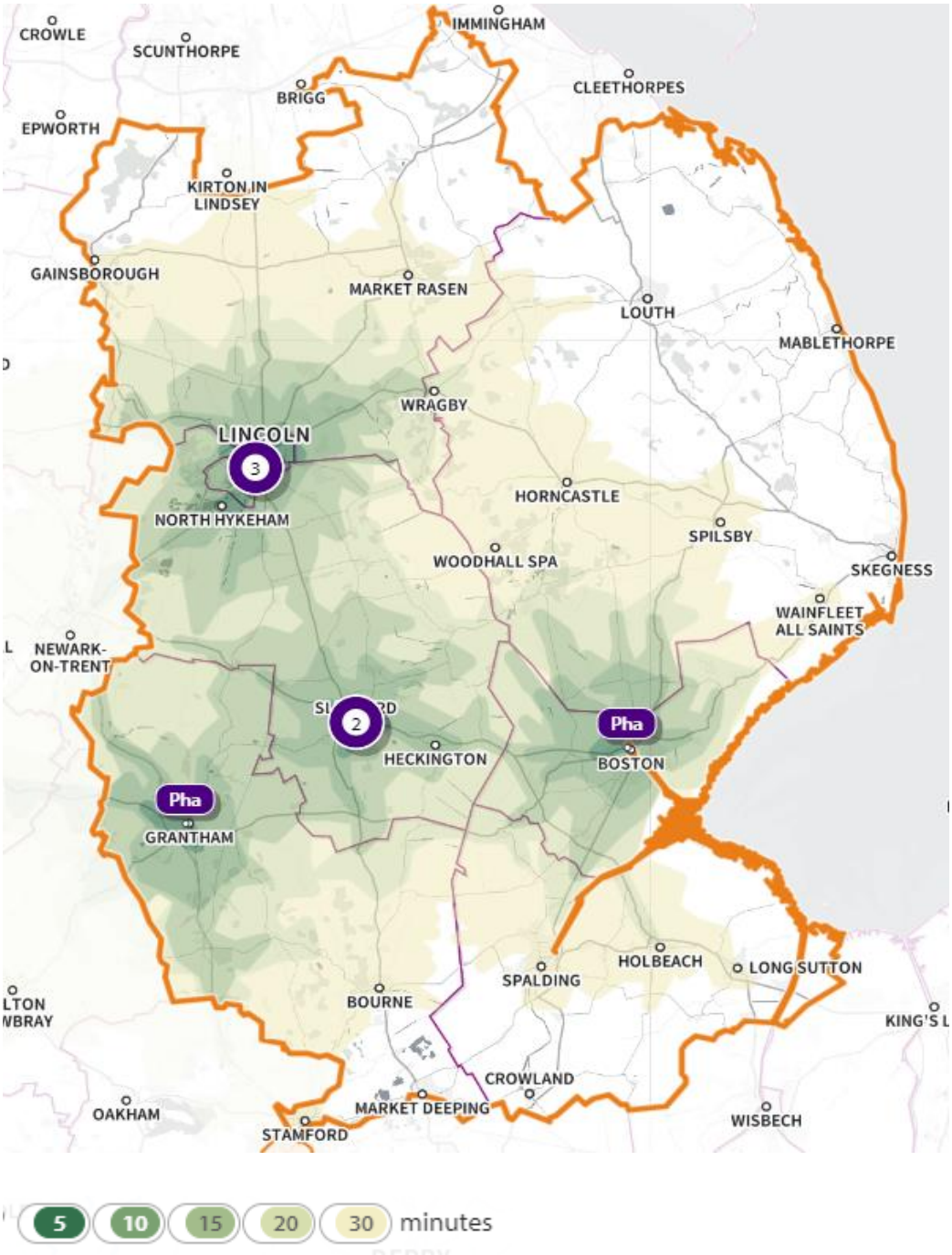
However, the number of people who are more than a 20-minute drive of a pharmacy with core opening hours on a Saturday afternoon increases to 29,903 (4% of the population of Lincolnshire).

Figure 12: Time taken to access a pharmacy with core opening hours on Saturday afternoons



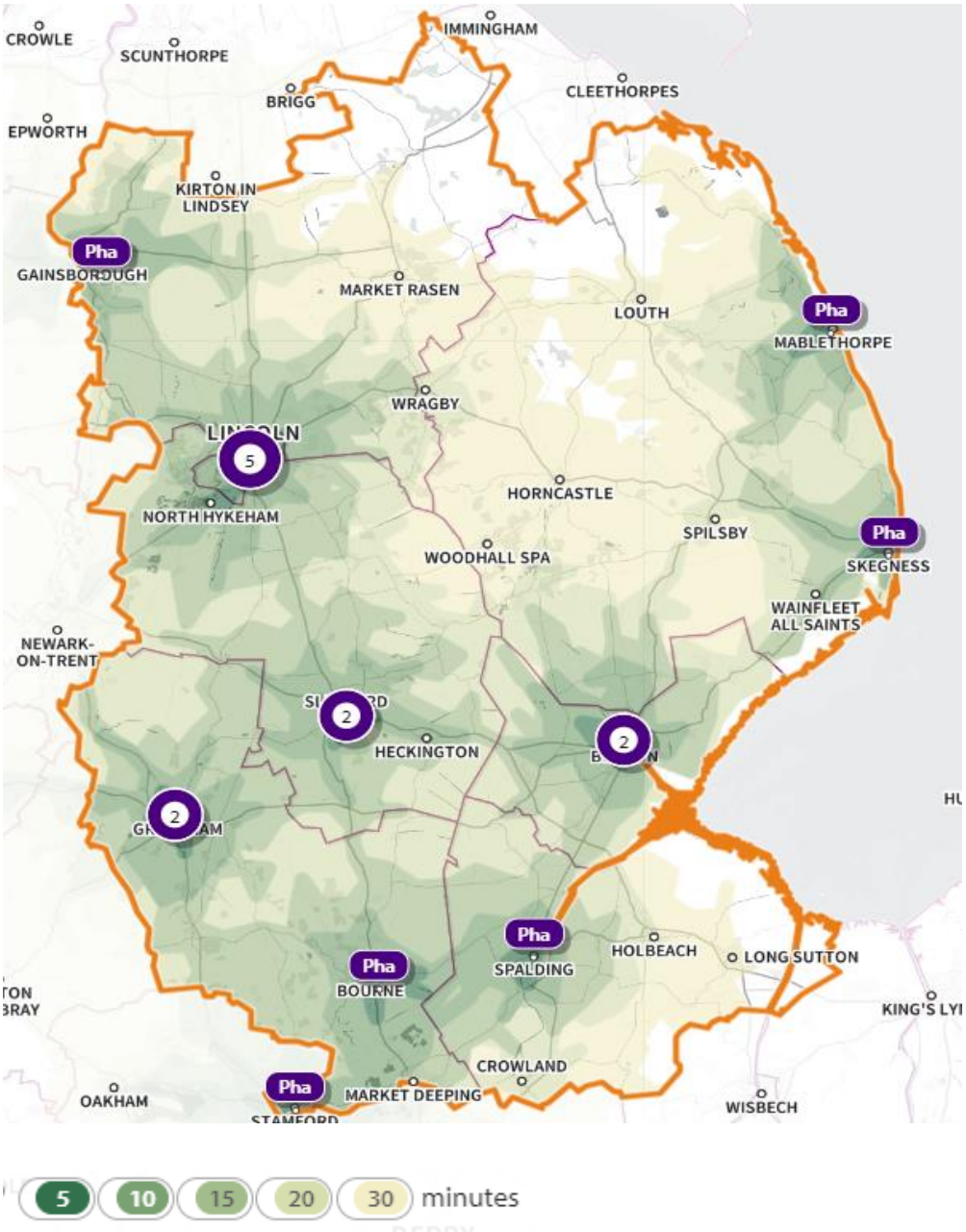
Seven pharmacies have core opening hours on Sundays. As can be seen from the map below, they are in the central and western areas of Lincolnshire.

Figure 13: Time taken to access a pharmacy with core opening hours on Sundays



However, the picture improves considerably when Sunday supplementary opening hours are considered.

Figure 14: Time taken to access a pharmacy that is open on Sundays



GP practices are contracted to provide services between 08.00 and 18.30, Monday to Friday, excluding bank and public holidays. There are also an extended hours service operating across the HWB's area which offers appointments between 18.30 and 20.00 Monday to Friday and 09.00 and 17.00 on Saturdays.

3.1.3 Dispensing service provided by some GP practices

Dispensing GP practices will provide the dispensing service during their core hours which are 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, 201,244 people were registered as a dispensing patient with a GP practice with premises in the HWB's area[8].

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

The ICB has a duty to ensure that residents of the HWB's area can access pharmaceutical services every day. Pharmacies and DACs 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 the integrated care board 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 HWB is therefore satisfied that there is a process in place to ensure patients can access pharmaceutical services on these days.

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

3.2.1 Access to essential services and DAC equivalent services

Residents 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 Lincolnshire are dispensed within the area although many items are.

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

[8] Practice list size and GP count for each GP practice report, NHS Business Services Authority public insight portal Catalyst

Table 12: Location of where prescriptions were dispensed in 2023/24 and between April and December 2024

	Number of items		Percentage of items		Number of contractors/premises	
Type of contractor	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
In area – pharmacy or DAC	15,401,354	12,144,166	63.3%	63.3%	125	119
In area - GP practice	6,580,064	5,189,920	27.1%	27.1%	82	82
Out of area - DSP	801,345	709,284	3.3%	3.7%	90	95
Out of area – pharmacy or DAC	1,537,869	1,140,038	6.3%	5.4%	4,707	4,014
Out of area - GP practice	1,999	107	0.0%	0.0%	27	16
Totals	24,323,631	19,183,515			5,031	4,325

Between April and December 2024, for those prescriptions which are dispensed by a pharmacy or DAC that is outside of Lincolnshire, the majority are located in the following HWB areas:

- Peterborough (predominantly one DAC and three pharmacies two of which are just over the border in Glinton and Newborough),
- Leeds (predominantly by one DSP)
- Ealing (predominantly by two DSPs),
- Leicestershire (predominantly by one pharmacy in Bottesford),
- North East Lincolnshire (predominantly by one pharmacy in Grimsby and one in Immingham),
- North Lincolnshire (predominantly one pharmacy just over the border in Kirton in Lindsey, and
- Stoke-on-Trent (predominantly by one DAC and one DSP)

Ten contractors accounted for 94.8% of the items dispensed out of area in between April and December 2024. Of these:

- two are DSPs,
- two are DACs, and
- six are pharmacies.

However, prescriptions were dispensed by pharmacies as far away as Salford, Bradford & Airedale, Nottinghamshire, Bristol, Lancashire, St Helens, Birmingham, Leicestershire, and Derbyshire suggesting that people are taking their prescriptions with them when they go on holiday or to work as well as nominating DACs and DSPs elsewhere in the country.

3.2.2 Dispensing service provided by some GP practices

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

3.3 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 HWBs 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 HWB has agreed that other relevant services are:

- New medicine service
- Appliance use reviews,
- Stoma appliance customisation,
- Influenza vaccination service,
- Hypertension case-finding service,
- Smoking cessation service,
- Pharmacy First,
- Pharmacy contraception service,
- Lateral flow device tests supply service,
- Palliative care drugs stockist scheme (enhanced service), and
- Covid-19 vaccinations (enhanced service).

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

3.3.1.1 Access to the new medicine service

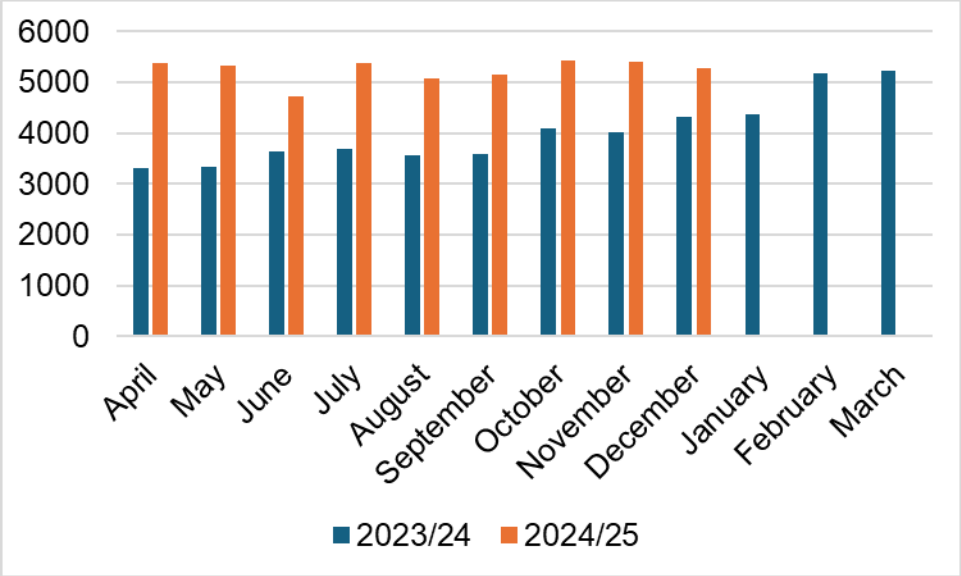
117 pharmacies provided this service in 2023/24, completing a total of 48,338 full-service interventions. The range at pharmacy level was three to 2,562.

Between April and December 2024,111 of the pharmacies provided the service completing a total of 47,141 full-service interventions with a range at pharmacy of five to 1,871. Of the four that didn't provide it, two are DSPs.

Of the remaining two, one is in Lincoln and there are other pharmacies in those towns that provide the service. The other is in Chapel St Leonards, and the nearest pharmacy providing the service is approximately 3.5 miles away.

Figure 15 shows the pattern of claiming each month for the financial years 2023/24 and 2024/25 by those pharmacies providing the service.

Figure 15: Number of full-service interventions claimed by pharmacies April 2023 to December 2024



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

3.3.1.2 Access to appliance use reviews

None of the pharmacies provided this service in 2023/24 or between April and December 2024, despite four of the 45 pharmacies that responded to the contractor questionnaire saying that they dispense all types of appliances. The DAC did not provide the service either. However, it is noted that prescriptions written by the GP practices are dispensed by DACs outside of Lincolnshire. It is therefore likely that they are providing this service to residents. In addition, stoma nurses employed by DACs will provide the service at the patient's home and the stoma care department at the hospitals may provide a similar service.

3.3.1.3 Access to stoma appliance customisations

One pharmacy customised a total of 22 stoma appliances in 2023/24 and the same pharmacy customised 15 stoma appliances between April and December 2024. This is despite four saying that they dispense all types of appliances. The DAC customised 11,795 stoma appliances in 2023/24 and 11,367 between April and December 2024.
It is noted that:

- not all stoma appliances need to be customised, and

- prescriptions written by the GP practices are dispensed by DACs outside of Lincolnshire.

3.3.1.4 Access to the national influenza adult vaccination service[9]

During the 2023/24 influenza vaccination season 100 pharmacies provided a total of 37,890 vaccinations. The number given at pharmacy level varied from seven vaccinations to 2,934.

During the 2024/25 influenza vaccination season 106 pharmacies provided a total of 47,347 vaccinations. The number given at pharmacy level varied from five to 3,187.

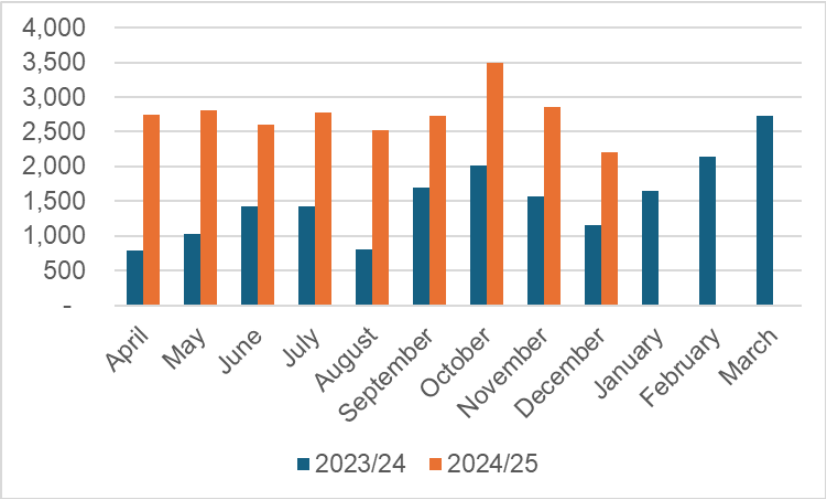
3.3.1.5 Hypertension case-finding service

As of April 2025, 108 pharmacies had signed up to provide the service.

In 2023/24 a total of 18,464 blood pressure checks were completed in a pharmacy and 1,346 ambulatory checks had been undertaken. Between April and December 2024, a total of 24,764 blood pressure checks had been completed, and 2,083 ambulatory checks.

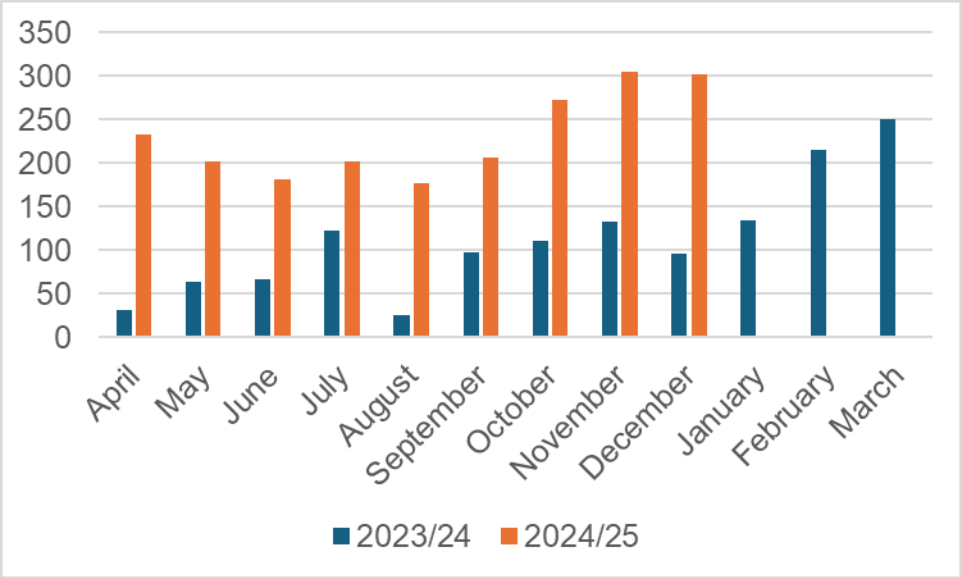
Figures 16 and 17 show the pattern of claiming each month for the financial years 2023/24 and 2024/25 by those pharmacies providing the service.

Figure 16: Number of blood pressure checks claimed by pharmacies April 2023 to December 2024



[9] Advanced service flu report, NHS Business Services Authority public insight portal Catalyst

Figure 17: Number of ambulatory blood pressure checks claimed by pharmacies April 2023 to December 2024



3.3.1.6 Community pharmacy smoking cessation service

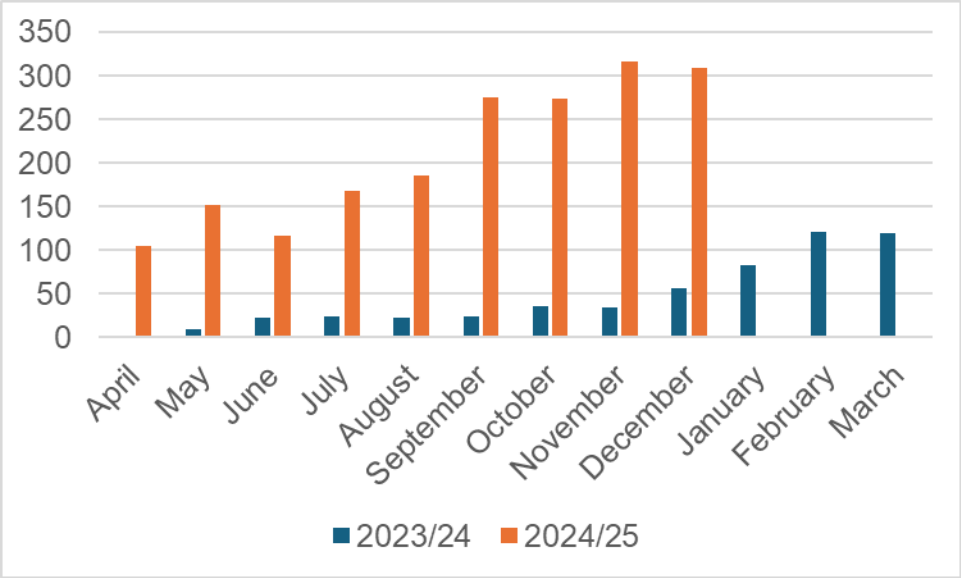
As of April 2025, 24 of the pharmacies had signed up to provide this service. One pharmacy submitted four claims for the service in 2023/24; no claims have been submitted in between April and December 2024. The HWB has noted that demand for this service is generated by referrals from the hospital and foundation trusts, which are currently not happening due to alternative services that are in place.

3.3.1.7 Access to the pharmacy contraception service

As of April 2025, 105 of the pharmacies had signed up to provide this service.

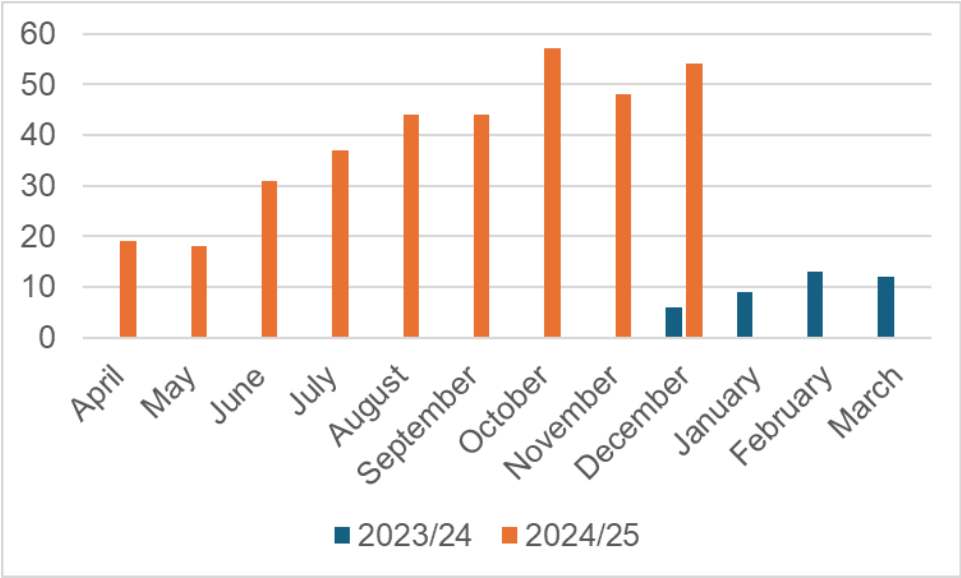
In 2023/24 a total of 549 consultations for an ongoing supply of existing oral contraception were claimed for; 1,903 were claimed for between April and December 2024.

Figure 18: Number of ongoing supplies of oral contraception consultations claimed by pharmacies April 2023 to December 2024



The service was expanded from 1 December 2023 to include the initiation of oral contraception. In 2023/24 a total of 40 consultations were claimed for this element of the service; between April and December 2024 a total of 352 consultations have been claimed.

Figure 19: Number of initiations of oral contraception consultations claimed by pharmacies April 2023 to December 2024



The HWB has noted that the number of pharmacies that are providing this service has increased since 2023/24 – 25 pharmacies provided it in that year, whereas 56 provided it between April and December 2024. This increase is expected to continue, as are the number of consultations provided, as the service becomes embedded and awareness of it increases.

3.3.1.8 Access to the lateral flow device tests supply service

This service was introduced on 6 November 2023, and under it a participating pharmacy may supply Covid-19 lateral flow devices to eligible patients. 823 supplies were made in 2023/24 by 65 pharmacies, with 6,167 made between April and December 2024 by 77 pharmacies. The service has been extended until 31 March 2026.

Figure 20: Number of lateral flow device test supplies claimed by pharmacies April 2023 to December 2024

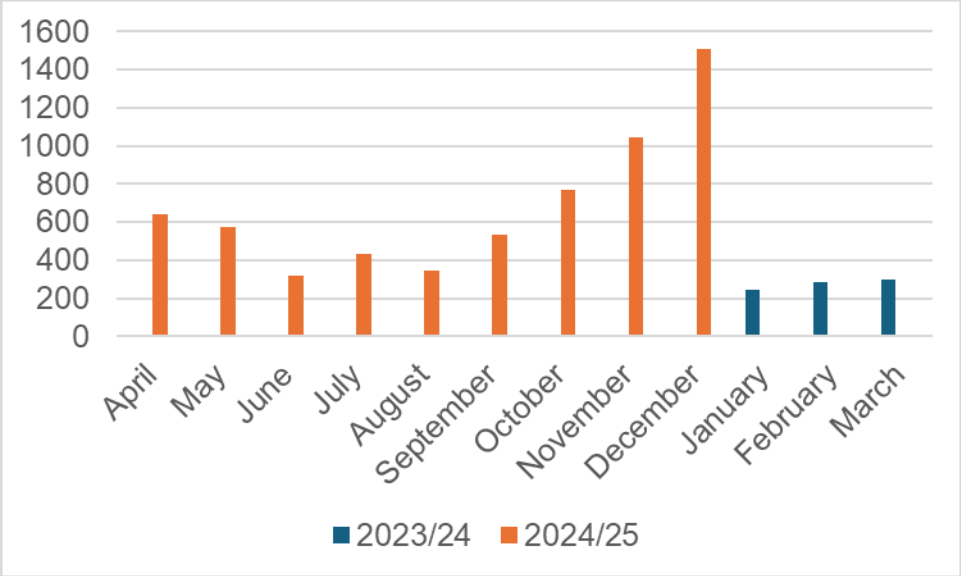
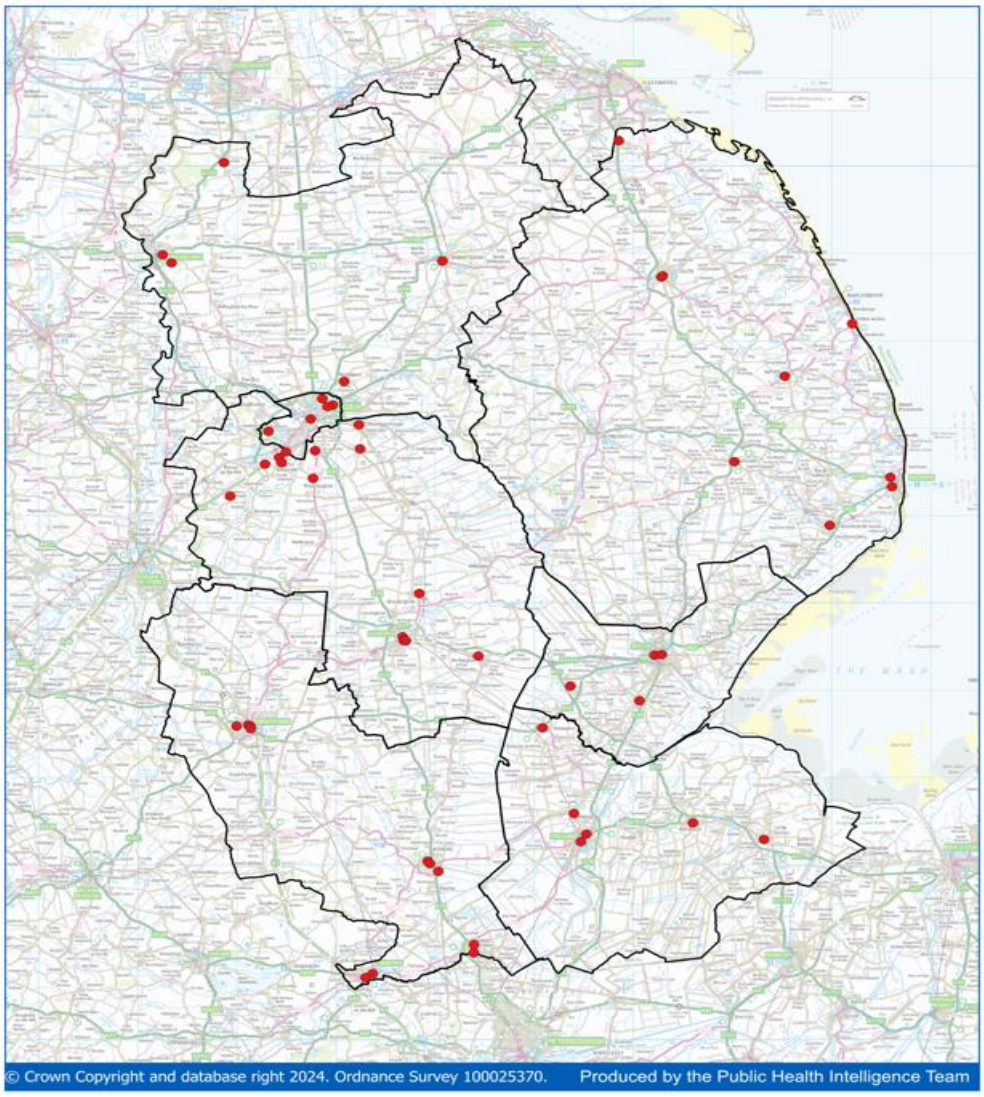


Figure 21: Location of the pharmacies providing the lateral flow device tests supply service

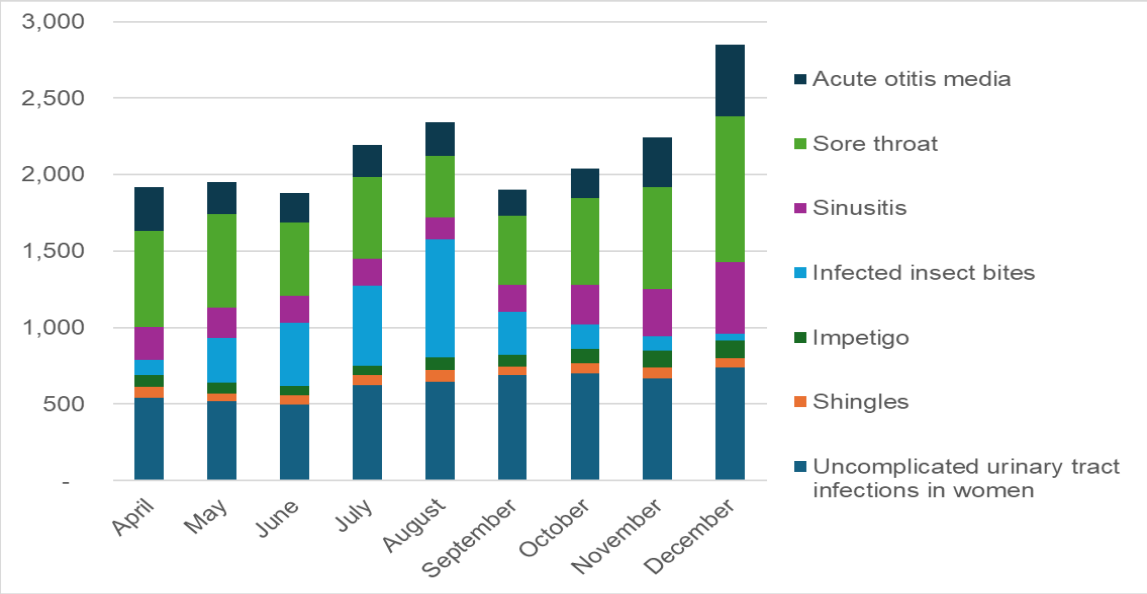


3.3.1.9 Access to Pharmacy First

This service was introduced on 31 January 2024, replacing the previous community pharmacist consultation service. As of April 2025, 112 of the pharmacies have signed up to provide it, with 111 claiming activity between April and December 2024.

In respect of the seven clinical pathways, 19,309 consultations were claimed between April and December 2024. The figure below shows the monthly breakdown for each pathway.

Figure 22: Number of consultations claimed by pharmacies April to December 2024 by clinical pathway



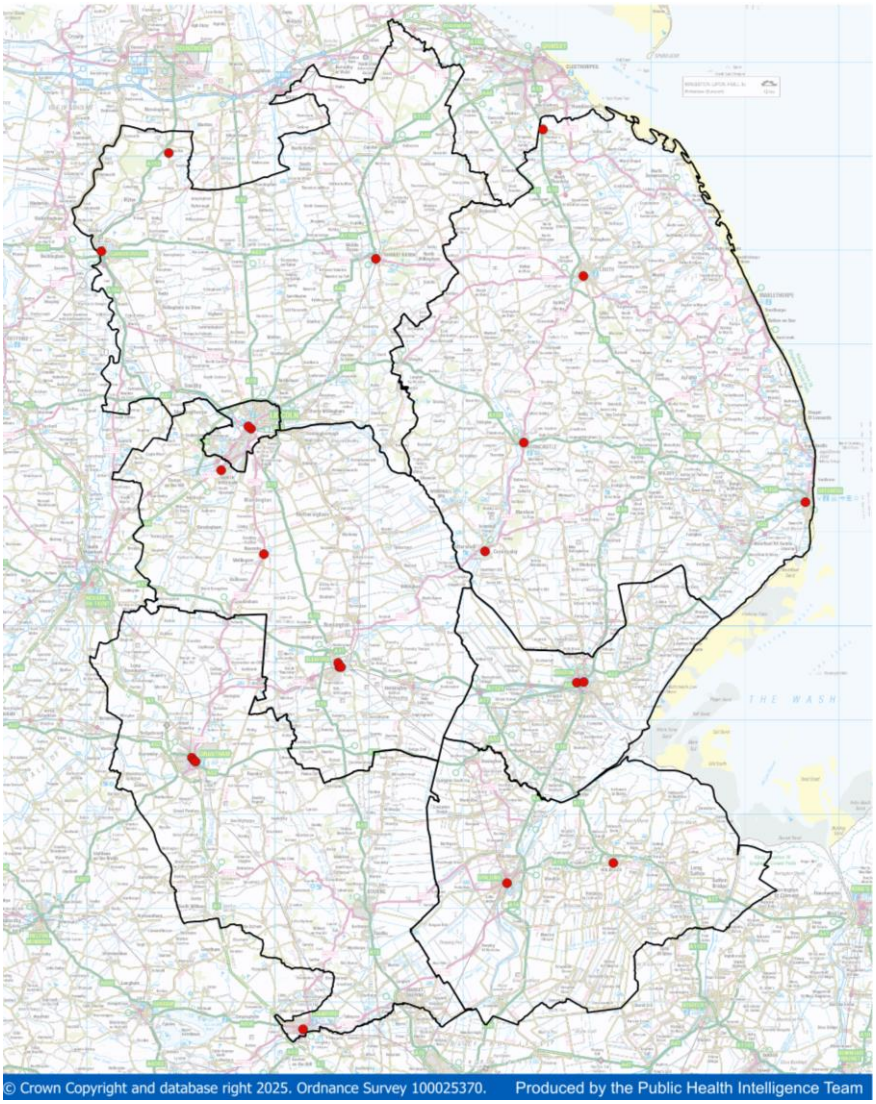
In relation to the supply of urgent repeat medicines, a total of 8,980 supplies were made between April and December 2024.

In relation to the referral of patients for low acuity, minor illnesses, a total of 6,852 consultations were claimed for between April and December 2024.

3.3.1.10 Access to palliative care drugs enhanced service

This enhanced service is commissioned to provide people in need of palliative or end-of-life medicines with good symptom control and maintenance by ensuring that there is increased accessibility to palliative care drugs through an agreed network of pharmacies spread geographically across Lincolnshire. 23 pharmacies are commissioned to hold a specified range of palliative care drugs.

Figure 23: Location of the pharmacies that are commissioned to provide the palliative care enhanced service



3.3.1.11 Covid-19 vaccination service enhanced service

On 30 May 2024, NHS England opened a new expression of interest process for pharmacy contractors that wished to take part in Covid-19 vaccination service campaigns between September 2024 and March 2026. 33 pharmacies were successful. Figure 24, produced by the ICB[10], shows the location of these pharmacies.

[10] Pharmacies offering Covid-19 vaccinations, Lincolnshire Integrated Care Board website October 2024

Figure 24: Location of the pharmacies that are commissioned to provide the Covid-19 vaccination enhanced service

3.3.2 Other relevant services provided outside Lincolnshire HWB area

Information on the new medicine service, appliance use review, stoma appliance customisation, influenza vaccination, hypertension case finding, smoking cessation, Pharmacy First, contraception, lateral flow device, palliative care, and Covid-19 vaccination services provided by pharmacies and DACs outside the HWB's area to residents of Lincolnshire is not available due to the way contractors claim. It can be assumed however that residents of the HWB's area will access these services from pharmacies and DACs outside of Lincolnshire.

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

3.4 Choice regarding obtaining pharmaceutical services

As can be seen from sections 3.1 and 3.2, the residents of the HWB's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the HWB's area they have a choice of 115 pharmacies, operated by 40 different contractors, and one DAC. Outside of the HWB's area residents chose to access a further 4,824 contractors in 2023/24 and 4,124 between April and December 2024, 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 home
- opening hours
- 'The pharmacy having the things I need'
- friendly staff
- parking availability.

Section 4: Additional Pharmaceutical Provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free-of-charge, privately funded or commissioned by the local authority (see Section 1.4.1). Both community pharmacy and dispensing GP questionnaires included questions around such Additional Pharmaceutical Provision to better depict the variety of pharmaceutical services available in Lincolnshire (see Appendix 3 for details).

4.1 Dispensing GP surgeries

In addition to the community pharmacy contractor questionnaire, dispensing GP surgeries were consulted about the services they provided. Of the 54 dispensing GP surgeries in Lincolnshire, 40 completed the questionnaire, a response rate of 74.1%. It should be noted that these findings are representative of the surgeries that responded to the questionnaire and not for all dispensing GP surgeries in Lincolnshire.

4.1.1 GP opening hours

The GP contractor questionnaire provided up to date information around GP opening hours, for both the surgery and the dispensary. It should be noted that there are differences in opening times for both. For the purpose of this PNA, dispensary opening hours have been summarised.

Of the 40 GPs that completed the questionnaire, more than half (52.5%) of dispensaries are open for 50 or more hours a week, 45% are open between 40 and 50 hours a week and 2.5% are open for less than 40 hours per week.

During lunchtimes 21 out of 40 dispensing practices indicated that they are open or offer various alternative arrangements for patients to access medication, e.g. trained receptionists or a dispensing machine.

4.1.2 Dispensing services

The majority of respondents indicated that the dispensing facilities within the GP surgeries in Lincolnshire participate and comply with the Dispensary Services Quality Scheme (DSQS).

The GP contractor questionnaire asked GPs approximately what percentage of patients access the dispensary. 36 practices stated that patients access the dispensary, however uptake of this service does vary across practices. 14 out of 40 practices stated that more than 50% of patients access the dispensary, and 9 practices have over 90% of patients accessing the dispensary. 4 practices (10% of respondents) preferred not to disclose.

Section 5: Public engagement of pharmaceutical services

Healthwatch Lincolnshire carried out a public engagement survey in September 2024 to identify public perception of pharmaceutical services in Lincolnshire. Analysis from Healthwatch Lincolnshire revealed there were 160 respondents to the survey, and the results contain both quantitative and qualitative data.

5.1 Demographics

Of the 160 respondents to the public engagement survey, 41.1% reported their age as over 65 years and 56.8% as under 65 years, while 2.1% chose not to disclose their age.

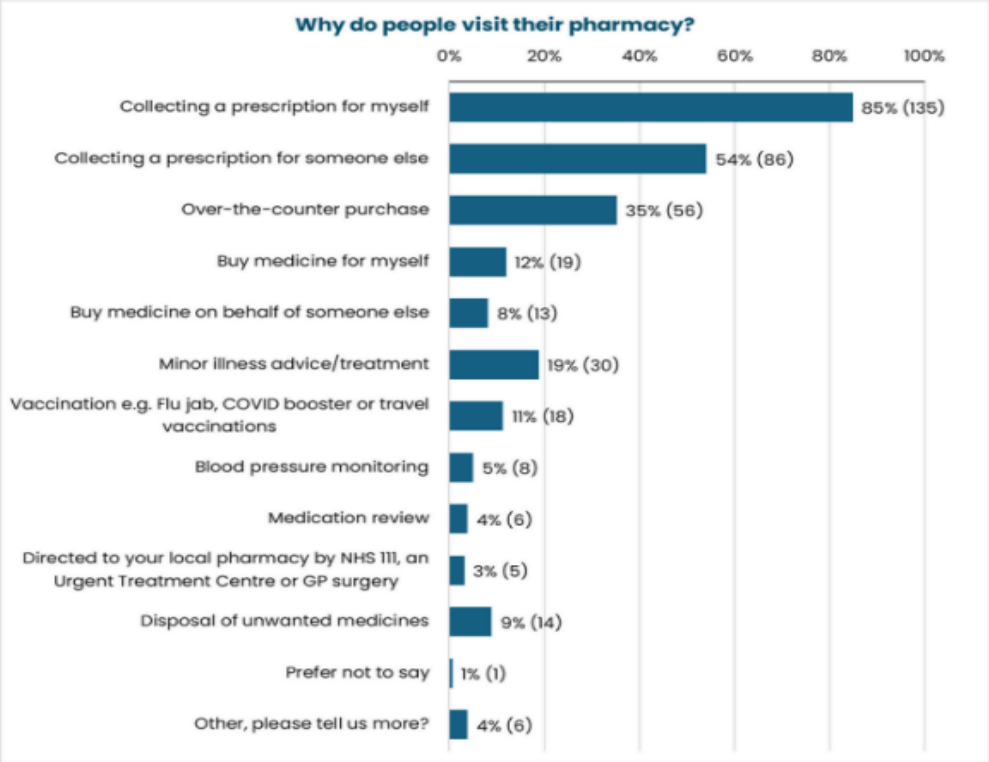
72% of respondents were female, and 26% were male. 2% did not disclose their gender. 11% of respondents consider themselves to be carers, and 52% consider themselves to have a disability or long-term health condition. The location of respondents varied across the county. The greatest number of respondents resided in West Lindsey (28%) and East Lindsey (23%) whilst the lowest response rate was from Boston (4%) and those who reported their location as “other” (3%).

5.2 Access

When asked how easy it was to access a local pharmacy, 85% of respondents reported no difficulties accessing pharmacies, while 13% reported difficulties accessing a pharmacy. 3% preferred not to say. The most cited difficulties in accessing a pharmacy were location of the pharmacy itself and parking availability, opening times and problems with wheelchair access.

When asked the reason for visiting the local pharmacy, the majority (85%) of respondents stated it was for collection of their own prescription, 54% collected prescriptions for someone else, and 35% purchased over the counter items. Figure 25 shows the multiple reasons given for accessing a pharmacy.

Figure 25: Reasons provided for visiting a pharmacy



5.3 Satisfaction

Overall satisfaction with pharmacies and pharmacy services was high. Many respondents rated the pharmacy they utilise the most as good or very good in relation to opening hours (87%), being listened to by staff (75%), the knowledge of pharmacy staff (79%), the ability of the pharmacy to answer questions (79%) and physical location (90%).

When asked about their satisfaction with waiting times to be seen, more than half of respondents (61%) rated this as poor. This was the only response in which pharmacies were rated poor overall.

Section 6: Assessment of Pharmaceutical Services and Needs

6.1 Number of pharmaceutical contractors

The number of pharmacies in Lincolnshire in comparison to the average across England (i.e. 14.7 vs. 20.4 per 100,000 people, respectively) highlighted the need for more detailed assessment for the purpose of identifying gaps in the number and location of community pharmacies.

The assessment identified the following:

- The evidence from contractor and public engagement suggest that many respondents are satisfied with the number and service of pharmaceutical contractors in Lincolnshire.
- The number of community pharmacies in Lincolnshire corresponded with the population sizes of the district. The three districts with the largest population sizes (South Kesteven, East Lindsey, and North Kesteven) have the highest number of community pharmacies (i.e. 19 to 23/district), and the three districts with smallest population sizes (West Lindsey, South Holland, Boston) have the lowest number of community pharmacies (i.e. 9 to 14/district).
- The average number of community pharmacies in Lincoln, the only city in Lincolnshire, is higher than the average for the county. This is consistent with national trends, as greater availability and choice of services and facilities in cities and/or urban areas is frequently expected.
- Lincolnshire is a county of rural nature with many localities and residents accessing pharmaceutical services through dispensing GP surgeries.
- Although changes in demographics and infrastructure across Lincolnshire, such as growing and aging population, growing number of carers and people requiring care, housing growth and abundance of park homes/caravans translate non-proportionally into the need for better access to pharmaceutical services, the current available evidence does not justify the need for an increase of the number of contractors.

6.2 Access to pharmaceutical contractors

Assessment of the access to community pharmacies at a district level suggests the following trends:

- The evidence from travel time analyses suggests that the majority of people living in Lincolnshire can access a community pharmacy within 20 minutes or less by car and/or public transport throughout the week (including weekends).
- More community pharmacy premises are available in more densely populated areas, such as cities and bigger towns, while fewer pharmacy premises are available in less densely populated areas, such as small towns and rural areas.
- Districts of a rural nature offer additional access to some pharmaceutical services through dispensing GP surgeries.

- People who live close to Lincolnshire's border have access to multiple pharmacies located in neighbouring counties.

6.3 Provision of Essential Services from community pharmacies

Assessment of the need and provision for Essential Services within Lincolnshire indicated that:

- Appropriate and sufficient provision by community pharmacies is required and important across all districts of Lincolnshire.
- The number and distribution of contractors currently offering Essential Services is appropriate and will likely remain appropriate for the next 3 years.
- People who live in controlled localities across Lincolnshire often obtain medicines through dispensing GP surgeries. There is a difference in provision of services from dispensing GP surgeries and community pharmacies, as GP surgeries are not permitted to offer Essential Services other than the dispensing service. However, the existing evidence suggests that the differences are generally small and acceptable for the public.
- Long-term demand for Essential Services will increase, as suggested by estimated growth in population, average population age, numbers of carers and people who require care, as well as eventual growth in housing across all of Lincolnshire. However, the current existing evidence does not indicate the need for improved access and/or choice in the next 3-4 years. Monitoring of the situation is on-going.

6.4 Provision of Enhanced Services from community pharmacies

Assessment of the provision of and the need for Enhanced Services indicated that:

- Appropriate and sufficient provision of specific services is required and important for the relevant locations in Lincolnshire.
- Given the temporary and ad-hoc nature of Enhanced Services in Lincolnshire, provision is considered to be distributed appropriately and sufficiently.

6.5 Provision of Advanced Services from community pharmacies

Assessment of the provision of and the need for NMS indicated that:

- Appropriate and sufficient provision of NMS from community pharmacies is required and important across all districts of Lincolnshire.
- Historically, NMS covered among other conditions: diabetes mellitus, second top cause for YLD in Lincolnshire, as well as asthma and COPD, Lincolnshire prevalence of which is higher than the average in England.
- Since extension of conditions covered by the service in September 2021, NMS addresses Lincolnshire health needs more appropriately. For instance, greater variety of cardiovascular disorders and neurological disorders such as epilepsy are

now covered by the service, which are directly relevant to the health needs across Lincolnshire (Table 8).

NMS is widely available through community pharmacies across all districts of Lincolnshire.

Assessment of the provision of and the need for Influenza Vaccination Service indicated that:

- Appropriate and sufficient provision of this service from community pharmacies is required and important across all districts of Lincolnshire.
- High numbers of older adults with disability and rapidly growing population of carers and people requiring care in Lincolnshire mean that there is a growing demand for the availability of this service.
- Flu vaccination service is widely available through community pharmacies across all districts of Lincolnshire.

Assessment of the provision of and the need of Lateral Flow Test provision, indicated that:

- Appropriate and sufficient provision of such services from community pharmacies is required and important across all districts of Lincolnshire.
- Community pharmacies adapted and implemented such services quickly and widely across Lincolnshire, demonstrating that utilisation of community pharmacies as providers of healthcare is an effective and efficient strategy to manage aspects of healthcare during a pandemic.
- Both C-19 Lateral Flow Device Distribution Service and Pandemic Delivery Service are widely available through community pharmacies across all districts of Lincolnshire.

Assessment of the provision of and need for AURs and SAC Services indicated that:

- Appropriate and sufficient provision of such services from community pharmacies is required and important across all districts of Lincolnshire.
- Given the low demand for these services across Lincolnshire and ability to access such services from other healthcare stakeholders or out-of-area community pharmacies, the access to and provision of these services is appropriate.

Assessment of the provision of and the need for Hypertension Case-finding service indicated that:

- Appropriate and sufficient provision of this service from community pharmacies is required and important across all districts of Lincolnshire.
- Introduced on 1st October 2021, provision is provided in a non-traditional way including through community settings including dental and optometry premises to

ensure more opportunity for engagement with hard-to-reach populations who may not regularly engage with GP or pharmacy services.

Assessment of the need for Smoking Cessation Service indicated that:

- Introduction of this service will particularly benefit people living in the districts of: East Lindsey, South Holland, West Lindsey, South Kesteven and North Kesteven, due to high prevalence rates of respiratory conditions.
- The advanced service is unlikely to replace the locally commissioned Smoking Cessation Service and other smoking cessation services outside of pharmacy, as it focuses on secondary care-referred smokers only.
- Considering the contractual settlement agreement for Community Pharmacy England and the willingness of pharmacy contractors to offer new commissioned services, and it is expected that the Smoking Cessation Service will be widely available across Lincolnshire.

Assessment of the need for Contraception Service indicated that:

- This service will particularly benefit people living throughout Lincolnshire.
- Provision of oral contraception consultations, ongoing contraception supply, supply of oral contraception and emergency hormonal contraception increased in 2024/2025 when compared with the same period 2023/2024.
- 105 of Lincolnshire pharmacies have signed up to provide these services and therefore access is widespread.

Assessment of the need for the Pharmacy First Service indicated that:

- As of April 2025, 112 pharmacies across all districts of Lincolnshire have signed up to provide Pharmacy First Services.
- During that period, 111 claimed for provision of the Pharmacy First Service.
- The 111 pharmacies reporting undertaking 19,309 consultations between April and December 2024.
- This service is therefore widely available to residents of Lincolnshire.

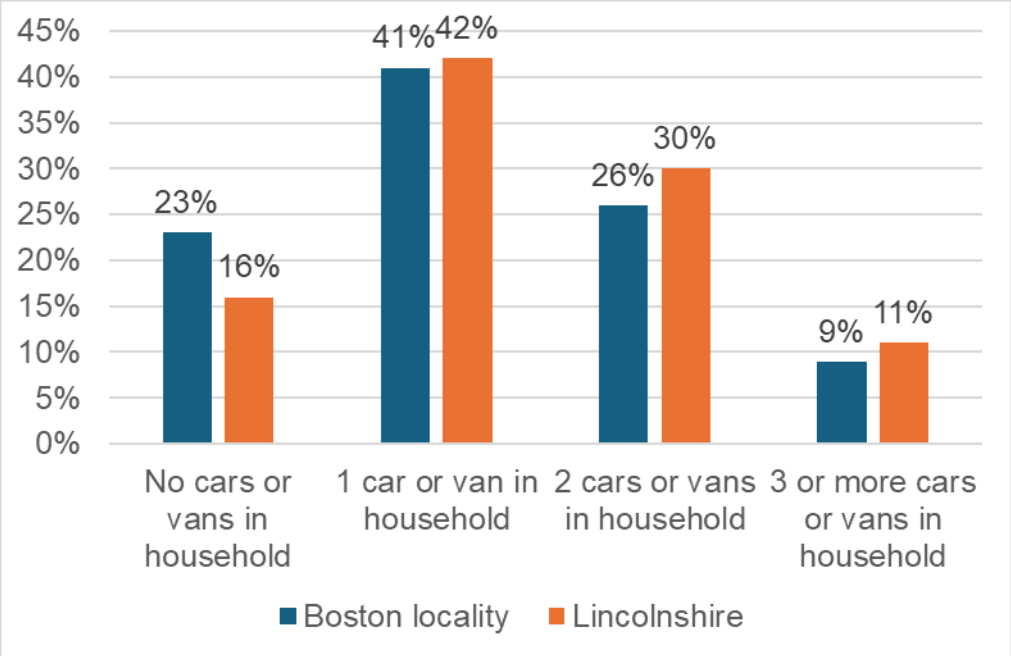
Section 7: PNA Localities

7 Boston locality

7.1 Key facts

- The urban area of Boston itself is surrounded by predominantly rural areas.
- It has the lowest percentage of households where English is the main language of adults in the household – 79.7% (93.6% for Lincolnshire).
- 79.3% of residents aged 3 years or over speak English. The next most commonly spoken languages are Polish (5.7%), Lithuanian (5.0%), Romanian (2.0%) and Russian (1.9%).
- 19.5% of households do not have a car or van (compared to 16.4% for Lincolnshire as a whole). Those wards with the lowest levels of car/van ownership are in Boston itself – the ward with the highest proportion of households without a car/van is Station (41.0%). The majority of the ward is within a nine-minute walk of the pharmacy located in the ward.
- The figure below compares car ownership levels in the locality to Lincolnshire and shows car ownership is lower than the average for Lincolnshire with 64% of households having no or only one car or van.

Figure 26: Car ownership in the locality compared to Lincolnshire[11]



- The most deprived lower super output areas are in Boston itself.

[11] Nomis TS045 - Car or van availability

South East Lincolnshire Local Housing Plan Area

Housing growth for the Borough of Boston is managed within the South East Lincolnshire Local Plan Partnership. The local plan indicates a total of 18,675 new homes for the period 2011-2036, at an annual average build rate of 300 per year in Boston and 445 per year in South Holland. Most of these homes are expected to be built in groups of under 500 homes and dispersed across the planning area and are therefore considered unlikely to create additional community pharmacy needs beyond that which can be absorbed by existing local pharmacies or DSPs.

However, 16,568 homes are planned in groups where more than 500 homes are to be built in the same locality. Further analysis of the future requirements for pharmaceutical services has been undertaken on developments of more than 500 houses, as these may be more likely to generate additional needs which cannot be met by existing provision arrangements.

Boston Borough Council

Over the life of the South East Lincolnshire Local Plan a total of 7,626 additional homes are planned in the Boston area in two defined groups. 6,111 of these are ascribed to a group called ‘Boston-Other’ indicating clusters dispersed around the urban and suburban geography of the Boston Borough Council area. The remaining 1,515 are ascribed to a large mixed development called the ‘Quadrant’.

If the expected average build rate of 4.0% per year was achieved in Boston for the period of the plan to 2025 then 3,966 of the homes planned in groups of more than 500 for the Boston Borough area will have already been built. At this average delivery rate, a further 915 homes of the remainder are forecast for completion between 2025 and 2028, the lifespan of this pharmaceutical needs assessment, those being added to the existing 29,404 households in the Council area.

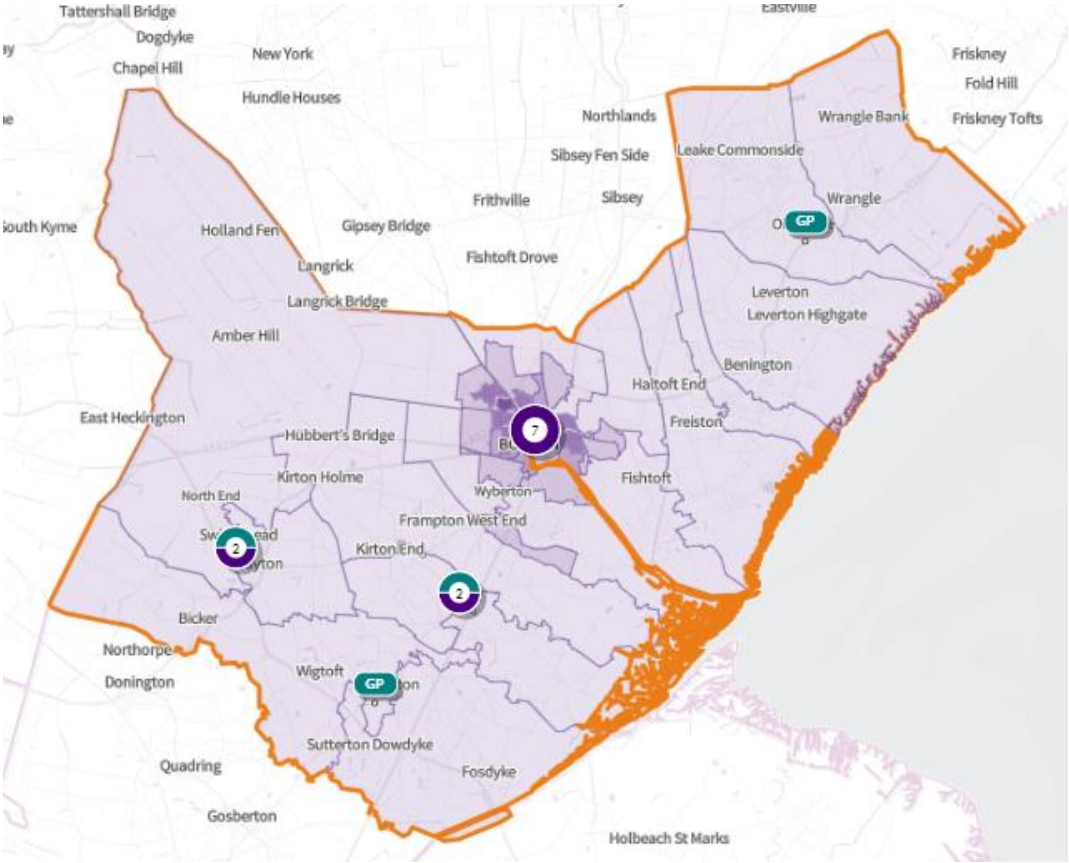
Given the geographical relationship between several existing pharmacies and the site of this housing growth, it is unlikely that the need for pharmaceutical services will not be met by existing provision over this period, including the 6% and growing uptake of digital and DSP provision in both Lincolnshire and elsewhere in England.

7.2 Necessary services: current provision within the locality’s area

There are nine pharmacies in the locality operated by seven contractors and four of the GP practices dispense from their premises which are in the more rural areas of the locality. The percentage of the practice list sizes that are dispensed to is 15.9 to 93.8%.

As can be seen from the map below, the pharmacies are mainly located in Boston, with one in each of Swineshead and Kirton.

Figure 27: Location of pharmacies and dispensing practice premises compared to population density



Between April and December 2024, 62.9% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 24.9% 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).

The Strategic Health Asset Planning and Evaluation tool confirms that all residents in the locality are within 20 minutes by car of a pharmacy located in the locality.

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 nine pharmacies open as follows.

- Three open Monday to Friday,
- four open Monday to Friday and Saturday morning, and

- two open seven days per week, both in Boston. One of these was previously subject to the 100 hours condition.

However, when looking solely at core opening hours:

- five have core opening hours Monday to Friday only,
- two have core opening hours Monday to Friday and Saturday morning,
- one has core opening hours Monday to Saturday, and
- one has core opening hours seven days per week.

Those pharmacies with core opening hours at the weekend are located in Boston itself.

With regard to core opening hours, Monday and Friday:

- one has core opening hours until 17.15,17.00 on Friday (Boston),
- five until 18.00 (one each in Kirton and Swineshead, three in Boston),
- two until 18.30 (both in Boston), and
- one until 21.00 (Boston. Pharmacy was previously subject to the 100 hours condition).

When supplementary opening hours are taken into account:

- one is open until 17.30,
- four until 18.00 (one in each of Swineshead and Kirton),
- one until 18.15,
- two until 18.30,
- one until 21.00.

All the pharmacies open at 09.00 Monday to Saturday, except one which opens at 08.45.

Opening hours information is as of October 2024 as provided by the integrated care board.

The dispensaries within the dispensing practices will generally open in line with the opening hours for the medical practice premises, Monday to Friday.

Four of the pharmacies responded to the contractor questionnaire and confirmed that they do not dispense appliances listed in Part IX of the Drug Tariff. None of the dispensing practices responded to the contractor questionnaire.

7.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:

- offered by DACs,
- offered by DSPs, or
- which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst 87.8% of items prescribed by the GP practices between April and December 2024 were dispensed by a pharmacy or dispensing practice in the locality, of the remaining 12.2%:

- 5.8% were dispensed by contractors elsewhere in Lincolnshire,
- 2.4% were dispensed by eight contractors in Leeds (predominantly one DSP),
- 1.4% were dispensed by two DSPs in Ealing,
- 0.5% was dispensed by 17 contractors in Peterborough (predominantly one DAC),
- 0.3% was dispensed by eight contractors in Lancashire (predominantly one DSP), and
- 0.2% was dispensed by three contractors in Brent and Lancashire (predominantly one DSP).

The remaining 1.6% were dispensed by 405 contractors in 110 different HWB areas.

While the majority of items were dispensed by a ‘bricks and mortar’ pharmacy, 4.6% were dispensed by 28 DSPs. 0.9% were dispensed by 33 DACs.

When taking into account the provision of necessary services outside of the locality, all of the locality is within 20 minutes of a pharmacy.

In addition, dispensing practices in neighbouring localities may provide a dispensing service to residents of the locality.

7.4 Other relevant services: current provision

There were ten pharmacies in the locality in 2023/24, one having closed in January 2024. All ten provided the new medicine service in 2023/24, claiming a total of 3,474 full-service interventions with a range of ten to 1,018 full-service interventions at pharmacy level. The nine that remain open have provided the service between April and December 2024, claiming a total of 4,530 full-service interventions with a range of 84 to 1,307 at pharmacy level.

It is unknown if any of the pharmacies dispense prescriptions for appliances (the three that responded to the contractor said they did not). None provided the appliance use review or stoma appliance customisation services between April 2023 and December 2024.

All nine of the pharmacies have signed up to provide the hypertension case-finding service and all but one has provided the service between April and December 2024. The range of

checks undertaken at pharmacy level is 22 to 427. Five of the pharmacies have undertaken a total of 166 ambulatory blood pressure checks between April and December 2024, with a range of six to 89 checks at pharmacy level.

As of April 2025, one of the pharmacies has signed up to provide the smoking cessation service, but to date has not had any referrals.

Seven of the pharmacies provided influenza vaccinations under the advanced service in 2023/24 vaccinating a total of 2,257 people with a range at pharmacy level of 64 to 1,037. Eight provided the service in 2024/25 vaccinating a total of 2,434 people with a range at pharmacy level of 59 to 899.

Eight of the pharmacies have signed up to provide the contraception service as of March 2025. Two have provided ongoing supplies of oral contraception and initiated supplies of oral contraception

Five of the pharmacies have made 158 supplies of lateral flow device tests between April and December 2024.

All the pharmacies have signed up to provide the Pharmacy First service. All have provided consultations for the clinical pathways between April and December 2024 – 1,120 consultations with a range at pharmacy level of 38 to 255. All have made supplies of urgent repeat medicines over the same timescale – 308 supplies with a range at pharmacy level of one to 167. All have provided consultations for low acuity, minor illness – 167 consultations, with a range at pharmacy level of three to 80.

Two of the pharmacies are commissioned to provide the palliative care drugs enhanced service. Both are located in Boston itself, and one was previously subject to the 100-hour condition.

Three of the pharmacies are commissioned to provide the Covid-19 vaccination service. All are in Boston itself.

7.5 Other NHS services

The following NHS services are deemed, by the HWB, 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. It is not possible to identify the number of items personally administered as they are not recorded separately to those that are dispensed.

- 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, particularly the essential service of dispensing.
- GP extended access hubs - generate prescriptions which affects the need for the dispensing essential service.
- Community nurse prescribers - generate 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.
- Urgent treatment centres and clinical assessment service operated by Lincolnshire Community Health Services NHS Trust - generate prescriptions which affects the need for the dispensing essential service.
- Lincolnshire ADHD service - generates prescriptions which affects the need for the dispensing essential service.

The GP practices in the locality provide the following services which reduce the need for certain pharmaceutical services:

- Initiation and ongoing supply of oral contraception,
- Flu vaccinations,
- Blood pressure checks, and
- Advice and treatment for common ailments.

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 Lincolnshire. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies Lincolnshire. A total of 5,371 dental prescription items were dispensed in 2023/24 and 3,458 in between April 2024 and January 2025.

The Boston extended access hub offers a mixture of telephone appointments and face-to-face appointments at two locations within the locality.

- The Sidings Medical Practice in Boston – 18.30 to 21.00 Monday to Friday, and 09.00 to 16.00 at the weekend and on public and bank holidays, and
- Swineshead Medical Group in Swineshead – 18.30 to 21.00 Tuesdays and Thursdays, and 09.00 to 15.00 at the weekend and on public and bank holidays.

Between April and December 2024, 2,699 items were prescribed. 93.4% of these items were dispensed in the locality and 4.1% by a contractor elsewhere in Lincolnshire. The remaining 2.4% of items were dispensed elsewhere in England, predominantly by two DSPs.

The Boston Urgent Treatment Centre is based at Pilgrim Hospital, Boston and provides treatment for a range of conditions which are not critical or life threatening. This includes:

- sprains and strains
- suspected broken limbs
- bites and stings
- eye problems
- feverish illness in adults and children
- minor scalds and burns
- emergency contraception.

In between April and December 2024, the centre prescribed 7,235 items. 76.1% of these were dispensed in the locality, with a further 23.4% dispensed elsewhere in Lincolnshire. The remaining 0.4% was dispensed by contractors in 13 different HWB areas.

Residents will access other NHS services located in this locality or elsewhere in the HWB area which affect the need for pharmaceutical services, including:

- hospital services,
- public health services commissioned by the council, and
- other services provided within a community setting.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

7.6 Choice regarding obtaining pharmaceutical services

As can be seen from sections 7.2 and 7.3, 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 DAC or DSP outside of the HWB area.

Between April and December 2024, a total of 538 contractors dispensed items written by one of the GP practices, of which 442 were outside of Lincolnshire. Some were quite a distance from the area, for example Ealing, Lancashire, Brent, Bristol, and Derbyshire.

7.7 Necessary services: gaps in provision

The HWB 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. It has also noted the core and supplementary opening hours of the pharmacies on weekdays and at the weekend as set out above, and that all residents are within a 20-minute drive of a pharmacy that has core opening hours:

- after 18.00, weekday evenings,
- Saturday mornings and afternoons, and
- on Sundays.

The HWB 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 HWB 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.

However, the HWB has noted that:

- there are six DSPs in its area, with over 400 elsewhere in the country all of whom are required to deliver all essential services remotely which includes delivering dispensed medicines free of charge,
- the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care and pharmacies are required to facilitate remote access (via the telephone or online) to pharmaceutical services by their terms of service, thereby removing the need for some people to visit a pharmacy, and
- some pharmacies offer a private delivery service (for which a fee may be charged).

The HWB is therefore satisfied that there are no current gaps in the provision of necessary services.

7.8 Improvements or better access: gaps in provision

The HWB has noted that of the nine pharmacies:

- all provide the new medicine service and Pharmacy First,

- all have signed up to provide the hypertension case-finding service, with eight having provided it,
- eight pharmacies provided influenza vaccinations in 2024/25,
- eight pharmacies have signed up to provide the contraception service, with two having provided it,
- five provide the lateral flow device supply service,
- one has signed up to provide the smoking cessation service,
- two pharmacies are commissioned to provide the palliative care drugs service, and
- three pharmacies are commissioned to provide Covid-19 vaccinations.

None of the pharmacies provide the appliance use review or stoma appliance customisation services and it is not known how many, if any, of them dispense prescriptions for appliances. 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 DAC. Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by DACs will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The HWB is satisfied that the number of pharmacies that sign up to provide the contraception service will increase as this service becomes embedded and awareness of it increases.

It has noted that demand for the smoking cessation service is generated by referrals from the hospital and foundation trusts, which are currently not happening due to alternative services that are in place. It is satisfied that should referrals start to be made then the pharmacies will respond accordingly and sign up to provide this service.

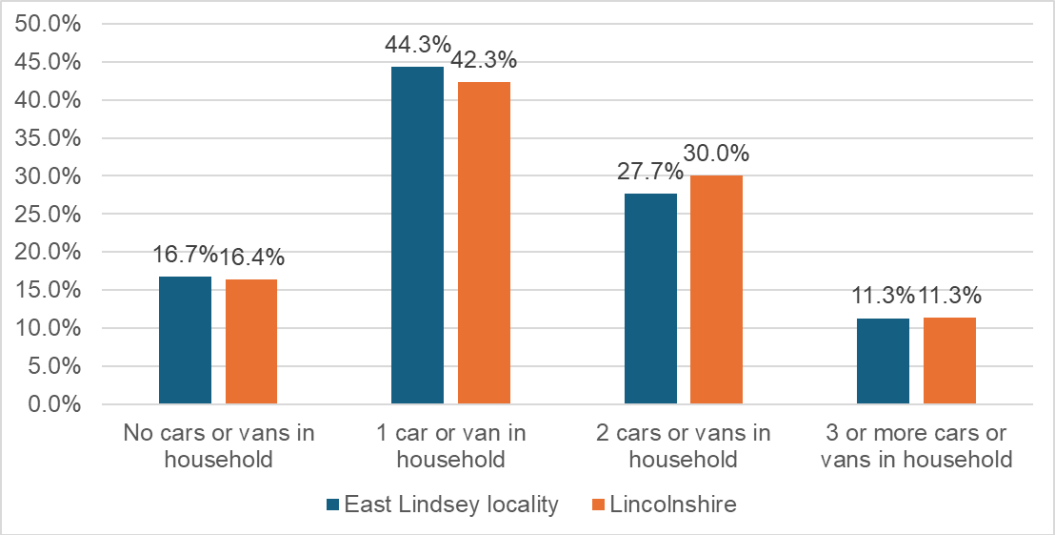
The HWB is therefore satisfied that there are no current gaps in the provision of the other relevant services.

8 East Lindsey Locality

8.1 Key facts

- With the exception of Louth, and the areas around Mablethorpe and Skegness, the locality is rural.
- It has the highest percentage of households where English is the main language of adults in the household – 98.1% (93.6% for Lincolnshire).
- 98.5% of residents aged 3 years or over speak English. The next most commonly spoken language is Polish (1.4%).
- 16.7% of households do not have a car or van (compared to 16.4% for Lincolnshire as a whole). Those wards with the lowest levels of car/van ownership are the urban areas around Louth, Mablethorpe and Skegness, and the rural towns of Horncastle, Spilsby and Wainfleet. The wards with the highest proportion of households without a car/van is Scarborough & Seacroft (33.6%) and Winthorpe (31.2%). The lower super output area with the lowest level of car ownership is East Lindsey 014B, in Scarborough & Skegness, however there are two pharmacies in this area and all residents are within a nine-minute walk of one of them, with most within six minutes. For the three lower super output areas with the next lowest level of car ownership the vast majority of residents are within a 12-minute walk, with most within nine minutes.
- The figure below compares car ownership levels in the locality to Lincolnshire and shows car ownership is lower than the average for Lincolnshire with 61% of households having no or only one car or van.

Figure 28: Car ownership in the locality compared to Lincolnshire[12]



[12] Nomis TS045 - Car or van availability

- The most deprived lower super output areas are around Mablethorpe, Skegness, Wainfleet and Louth.
- The population of this locality increases significantly between April and October each year due to tourism, particularly during August. In 2023, there were 2.73 million visitors to the “East Lindsey coastal strip”, a slight reduction on the year before (2.78 million)[13]. The average length of stay is 3.2 days.

East Lindsey District Council

Housing growth for the East Lindsey District Council area is managed by the Council’s in-house strategic planning team and committee through the East Lindsey Core Strategy. The local plan indicates a total of 7,819 new homes for the period 2016-2031, at an annual average build rate of 558 per year. Most of these homes are expected to be built in groups of under 500 homes and dispersed across the planning area and are therefore considered unlikely to create additional community pharmacy needs beyond that which can be absorbed by existing local pharmacies or DSPs.

However, 2,851 homes are planned in groups where more than 500 homes are to be built in the same locality. Further analysis of the future requirements for pharmaceutical services has been undertaken on developments of more than 500 houses, as these may be more likely to generate additional needs which cannot be met by existing provision arrangements.

Over the life of the East Lindsey Core Strategy the total of 2,851 additional homes planned in groups in the East Lindsey area in three defined areas. 1,619 of these are ascribed to the market town of Louth; 683 are ascribed to the market town of Horncastle; and 760 are ascribed to the combined villages Coningsby and Tattershall.

If the expected average build rate of 7.1% per year was achieved in East Lindsey for the period of the plan to 2025 then 1,822 of the homes planned in groups of 500 or more for the East Lindsey area will have already been built. At this average delivery rate, a further 607 homes of the remainder are forecast for completion between 2025 and 2028, the lifespan of this PNA, those being added to the existing 64,754 households in the Council area.

Park homes or caravans are not considered as part of local plans. However, planning applications can be submitted for either permanent residential or holiday sites, or extensions to existing sites. Irrespective of the status of the sites there are issues in relation to meeting the health needs, including pharmaceutical needs of temporary or permanent residents.

This is particularly pertinent on the coast in East Lindsey where there is a desire to promote tourism; caravans often house 'holidaymakers' or seasonal workers for long periods of time. Working with the site owners, efforts are made to encourage residents to arrange for the

[13] East Lindsey Coastal Strip STEAM data 2014-2023, Visit Lincolnshire Business

required prescription medication in advance, before travelling. Inevitably, there is still demand placed on pharmaceutical services available locally.

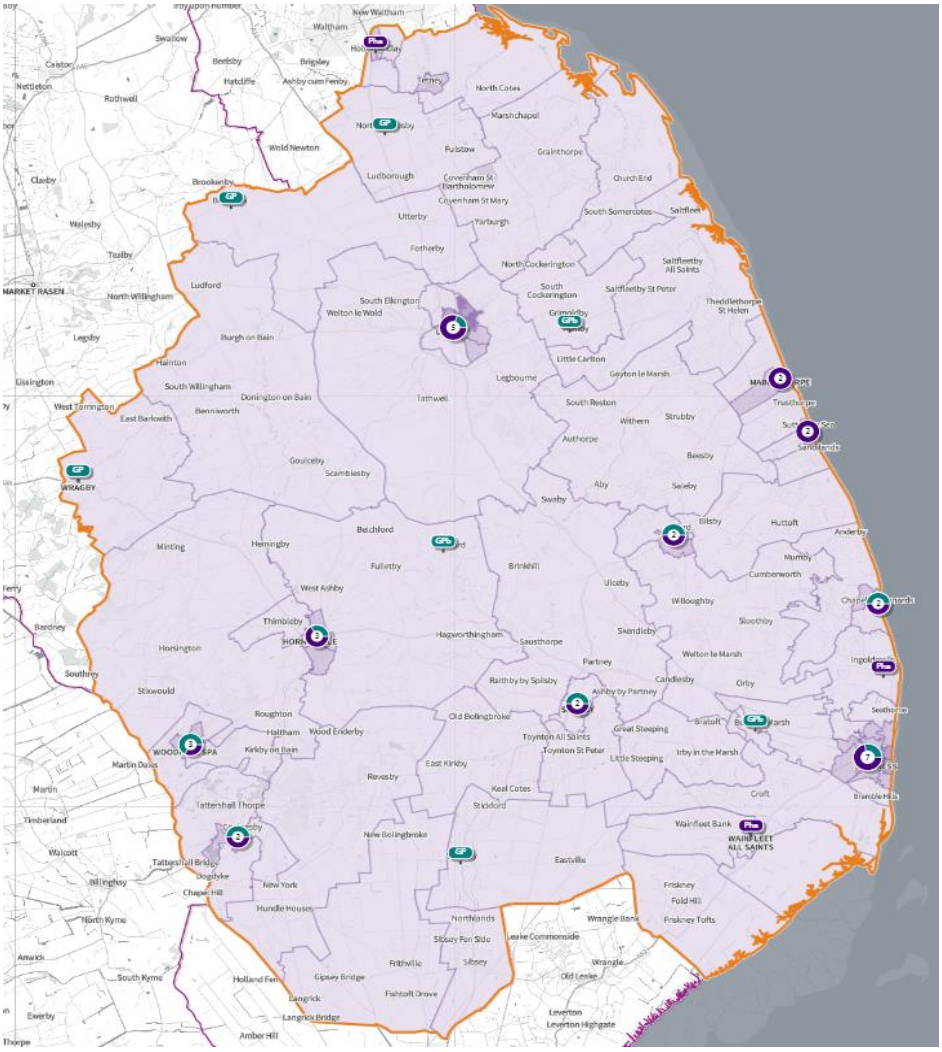
Given the geographical relationship between several existing pharmacies and the site of this housing growth, it is unlikely that the need for pharmaceutical services will not be met by existing provision over this period, including the 6% and growing uptake of digital and DSP provision in both Lincolnshire and elsewhere in England.

8.2 Necessary services: current provision within the locality's area

There are 23 pharmacies in the locality operated by ten contractors and the GP practices dispense from 16 premises. The percentage of the practice list sizes that are dispensed to is 6.1 to 96.6%.

As can be seen from the map below, the pharmacies are mainly located in areas of higher population density.

Figure 29: Location of pharmacies and dispensing practice premises compared to population density



Between April and December 2024, 60.8% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 30.8% 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).

The Strategic Health Asset Planning and Evaluation tool confirms not all residents are within 20 minutes by car of a pharmacy located in the locality. There are approximately 1,300 people living in lower super output area East Lindsey 001G (North Cotes, edged in green on the map) and not all of them are within 20 minutes of a pharmacy by car.

Figure 30: Areas within the locality that are within a 20-minute drive of a pharmacy in the locality

Whilst there are other areas that appear to be more than 20 minutes from a pharmacy, there is no resident population living there.

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 23 pharmacies open as follows.

- Five open Monday to Friday (two in Skegness, and one each in Ingoldmells, Sutton-on-Sea and Chapel St Leonards),
- seven open Monday to Friday and Saturday morning,
- nine open Monday to Saturday, and
- two open seven days per week, one in Skegness and one in Mablethorpe.

However, when looking solely at core opening hours:

- 12 have core opening hours Monday to Friday only,
- seven have core opening hours Monday to Friday and Saturday morning,
- four have core opening hours Monday to Saturday, and
- none have core opening hours on Sundays.

The Strategic Health Asset Planning and Evaluation tool confirms the same level of access to a pharmacy that has core opening hours on Saturdays as during the week, i.e. all but one lower super output area with a resident population is within a 20-minute drive of a pharmacy.

Regarding core opening hours, Monday and Friday:

- two have core opening hours until 17.00 (Skegness and Sutton-on-Sea),
- one until 17.15 (Louth),
- eight until 17.30 (Horncastle, two in Louth, two in Mablethorpe, two in Skegness and Sutton-on-Sea),
- ten until 18.00, and
- two until 18.30 (Alford and Coningsby).

When supplementary opening hours are taken into account:

- eight pharmacies are open until 17.30,
- ten until 18.00,
- three until 18.30,
- one until 19.00 (Mablethorpe), and
- one until 20.00 (Skegness).

Two of the pharmacies open at 08.00 (one in each of Mablethorpe and Skegness), three at 08.30 (two in Skegness and one in Louth), one at 08.34 (in Horncastle), and the remaining 17 open at 09.00.

Opening hours information is as of October 2024 as provided by the ICB.

The dispensaries within the dispensing practices will generally open in line with the opening hours for the medical practice premises, Monday to Friday.

Three of the pharmacies responded to the contractor questionnaire and confirmed that they do not dispense appliances listed in Part IX of the Drug Tariff. Four of the dispensing practices responded to the contractor questionnaire and confirmed they dispense appliances, but only one dispenses all types. One dispenses appliances other than incontinence appliances and two only dispensing dressings and creams.

8.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:

- offered by DACs,
- offered by DSPs, or
- which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst 91.6% of items prescribed by the GP practices between April and December 2024 were dispensed by a pharmacy or dispensing practice in the locality, of the remaining 8.4%:

- 2.3% were dispensed by contractors elsewhere in Lincolnshire,
- 2.1% were dispensed by 18 contractors in Leeds (predominantly by one DSP),
- 1.0% were dispensed by 35 contractors in North East Lincolnshire (predominantly by pharmacies in Grimsby),
- 0.6% was dispensed by three DSPs in Ealing, and
- 0.5% was dispensed by 14 contractors in Peterborough (predominantly by one DAC and one pharmacy in Peterborough itself).

The remaining 2.2% were dispensed by 1213 contractors in 564 different HWB areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 3.5% were dispensed by 35 DSPs. 1.4% were dispensed by 54 DACs.

When considering the provision of necessary services outside of the locality, not all of the whole locality is within 20 minutes of a pharmacy.

In addition, dispensing practices in neighbouring localities may provide a dispensing service to residents of the locality.

8.4 Other relevant services: current provision

All bar one of the pharmacies provided the new medicine service in between April and December 2024. The pharmacy that hasn't provided it is in Chapel St Leonards and didn't

provide it in 2023/24 either. 10,823 full-service interventions were provided between April and December 2024, with a range at pharmacy level of 11 to 1,660.

It is unknown if any of the pharmacies dispense prescriptions for appliances (the three that responded to the contractor said they did not). None provided the appliance use review service between April 2023 and December 2024. One pharmacy provided the stoma appliance customisation service in 2023/24 (22 customisations) and has continued to provide it in 2024/25 (14 customisations).

All but one of the pharmacies have signed up to provide the hypertension case-finding service with all of those that have signed up having provided the service between April and December 2024. The pharmacy that had not signed up as of April 2025 is in Chapel St Leonards. The range of checks undertaken at pharmacy level is five to 421. 20 of the pharmacies have undertaken a total of 423 ambulatory blood pressure checks between April and December 2024, with a range of one to 43 checks at pharmacy level.

As of March 2025, four of the pharmacies have signed up to provide the smoking cessation service, but to date have not had any referrals.

22 of the pharmacies provided influenza vaccinations under the advanced service in 2023/24 vaccinating a total of 10,504 people with a range at pharmacy level of 17 to 2,934. The pharmacy that did not provide the service is in Chapel St Leonards. 22 also provided the service in 2024/25 vaccinating a total of 12,670 people with a range at pharmacy level of 189 to 1,650.

21 of the pharmacies have signed up to provide the contraception service as of March 2025, 13 having provided an ongoing supply of oral contraception between April and December 2024, and 11 having initiated a supply of oral contraception.

15 of the pharmacies have made 852 supplies of lateral flow device tests between April and December 2024.

All the pharmacies have signed up to provide the Pharmacy First service. All have provided consultations for the clinical pathways between April and December 2024 –4,209 consultations with a range at pharmacy level of 48 to 486. All have made supplies of urgent repeat medicines over the same timescale – 2,209 supplies with a range at pharmacy level of six to 497. All have provided consultations for low acuity, minor illness – 980 consultations, with a range at pharmacy level of three to 275.

Five of the pharmacies are commissioned to provide the palliative care drugs enhanced service. They are in Coningsby, Holton Le Clay, Horncastle, Louth and Skegness.

Ten of the pharmacies are commissioned to provide the Covid-19 vaccination service. They are spread across the locality.

8.5 Other NHS services

The following NHS services are deemed, by the HWB, 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. It is not possible to identify the number of items personally administered as they are not recorded separately to those that are dispensed.
- 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, particularly the essential service of dispensing.
- GP extended access hubs - generate prescriptions which affects the need for the dispensing essential service.
- Community nurse prescribers - generate 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.
- Urgent treatment centres and clinical assessment service operated by Lincolnshire Community Health Services NHS Trust - generate prescriptions which affects the need for the dispensing essential service.
- Lincolnshire ADHD service - generates prescriptions which affects the need for the dispensing essential service.

The GP practices in the locality provide the following services which reduce the need for certain pharmaceutical services:

- initiation and ongoing supply of oral contraception,
- flu vaccinations,
- blood pressure checks, and
- advice and treatment for common ailments.

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 Lincolnshire. However, it is possible to identify the number of dental prescriptions

dispensed by the pharmacies Lincolnshire. A total of 7,957 dental prescription items were dispensed in 2023/24 and 6,163 in between April 2024 and January 2025.

The Skegness & Coast GP extended access hub provides appointments Monday to Friday 17.30 to 20.30 and at the weekend between 08.00 and 19.00. Appointments are booked through Beacon Medical Practice and appointments are at its premises in Ingoldmells. The service is available to people registered with Beacon Medical Practice, Hawthorn Medical Practice, Spilsby Surgery, Marisco Medical Practice, Alford Surgery and Stickney Surgery.

Between April and December 2024, 3,783 items were prescribed. 89.9% of these items were dispensed in the locality and 5.0% by a contractor elsewhere in Lincolnshire. The remaining 5.1% of items were dispensed elsewhere in England, predominantly by two DSPs.

The East Lindsey extended access hub provides appointments between 18.30 and 20.00 Monday to Friday, and on Saturday and Sunday from The Woldside Unit, Louth County Hospital.

Between April and December 2024, 839 items were prescribed. 95.7% of these items were dispensed in the locality, 0.7% elsewhere in Lincolnshire and 3.6% of items dispensed elsewhere in England, predominantly in Leeds (one DSP) or North East Lincolnshire.

The Mablethorpe GP extended access hub prescribed 1,189 items between April and December 2024. 95.1% of these items were dispensed in the locality with 0.3% dispensed elsewhere in Lincolnshire. The remaining 3.7% of items was dispensed elsewhere in England, predominantly by a DSP in Leeds.

The Skegness urgent treatment centre is based at Skegness Hospital, Skegness and provides treatment for a range of conditions which are not critical or life threatening. This includes:

- sprains and strains
- suspected broken limbs
- bites and stings
- eye problems
- feverish illness in adults and children
- minor scalds and burns
- emergency contraception.

Between April and December 2024, the centre prescribed 7,022 items. 987% of these was dispensed in the locality, with a further 0.1% dispensed elsewhere in Lincolnshire. The remaining 1.2% were dispensed by contractors in 27 different HWB areas.

The Louth urgent treatment centre is based at County Hospital, Louth and provides treatment for a range of conditions which are not critical or life threatening. This includes:

- sprains and strains
- suspected broken limbs
- bites and stings
- eye problems
- feverish illness in adults and children
- minor scalds and burns
- emergency contraception.

Between April and December 2024, the centre prescribed 5,721 items. 91.5% of these was dispensed in the locality, with a further 4.1% dispensed elsewhere in Lincolnshire. The remaining 4.4% were dispensed by contractors in 18 different HWB areas, predominantly North East Lincolnshire.

Lincolnshire Community Emergency Medicine Services is a rapid response service for Lincolnshire. It provides enhanced care, over and above the care accessed at the GP practices, including blood testing and ultrasound. It prescribed 344 items in between April and December 2024 of which 35.2% were dispensed in the locality and 62.2% elsewhere in Lincolnshire reflecting the fact it is a county-wide service. The remaining 2.6% was dispensed in Nottingham City and Cambridgeshire.

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

- hospital services,
- public health services commissioned by the council, and
- other services provided within a community setting.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

8.6 Choice regarding obtaining pharmaceutical services

As can be seen from 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 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 DAC or DSP outside of the HWB's area.

Between April and December 2024, a total of 1,340 contractors dispensed items written by one of the GP practices, of which 1,213 were outside of Lincolnshire. Some were quite a distance from the area, for example Leeds, Ealing, Salford, Bristol, and Lancashire.

8.7 Necessary services: gaps in provision

The HWB has noted the location of pharmacies across this locality, and the fact that not all of the locality is within 20 minutes by car of a pharmacy located in the locality. There are approximately 1,300 people living in a lower super output area, East Lindsey 001G (North Cotes) and not all of them are within 20 minutes of a pharmacy by car.

It has also noted the influx of tourists to the area and has considered their needs for pharmaceutical services, namely the dispensing service and Pharmacy First. As this group will have travelled to the area by car it is mobile and will therefore be able to access one or more of the pharmacies in the locality to access the required pharmaceutical services. The HWB is satisfied that the existing pharmacies are accustomed to dealing with this increase in demand and plan accordingly each year.

The HWB 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 HWB 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.

However, the HWB has noted that:

- there are six DSPs in its area, with over 400 elsewhere in the country all of whom are required to deliver all essential services remotely which includes delivering dispensed medicines free of charge,
- the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care and pharmacies are required to facilitate remote access (via the telephone or online) to pharmaceutical services by their terms of service, thereby removing the need for some people to visit a pharmacy, and
- some pharmacies offer a private delivery service (for which a fee may be charged).

The HWB is therefore satisfied that there are no current gaps in the provision of necessary services.

8.8 Improvements or better access: gaps in provision

The HWB has noted that of the 23 pharmacies:

- all have signed up to, and are providing, the Pharmacy First service,
- 22 provide the new medicine service,
- 22 have signed up and are providing the hypertension case-finding service,
- 22 provided influenza vaccinations in 2024/25,
- 21 have signed up to provide the contraception service, with 13 having provided it,
- 15 provide the lateral flow device supply service,
- four have signed up to provide the smoking cessation service,
- five pharmacies are commissioned to provide the palliative care drugs service, and
- three pharmacies are commissioned to provide Covid-19 vaccinations.

None of the pharmacies provide appliance use reviews and only one provides the stoma appliance customisation service. It is not known how many, if any, of them dispense prescriptions for appliances. 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 DAC. Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by DACs will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The HWB is satisfied that the number of pharmacies that sign up to provide the contraception service will increase as this service becomes embedded and awareness of it increases.

It has noted that demand for the smoking cessation service is generated by referrals from the hospital and foundation trusts, which are currently not happening due to alternative services that are in place. It is satisfied that should referrals start to be made then the pharmacies will respond accordingly and sign up to provide this service.

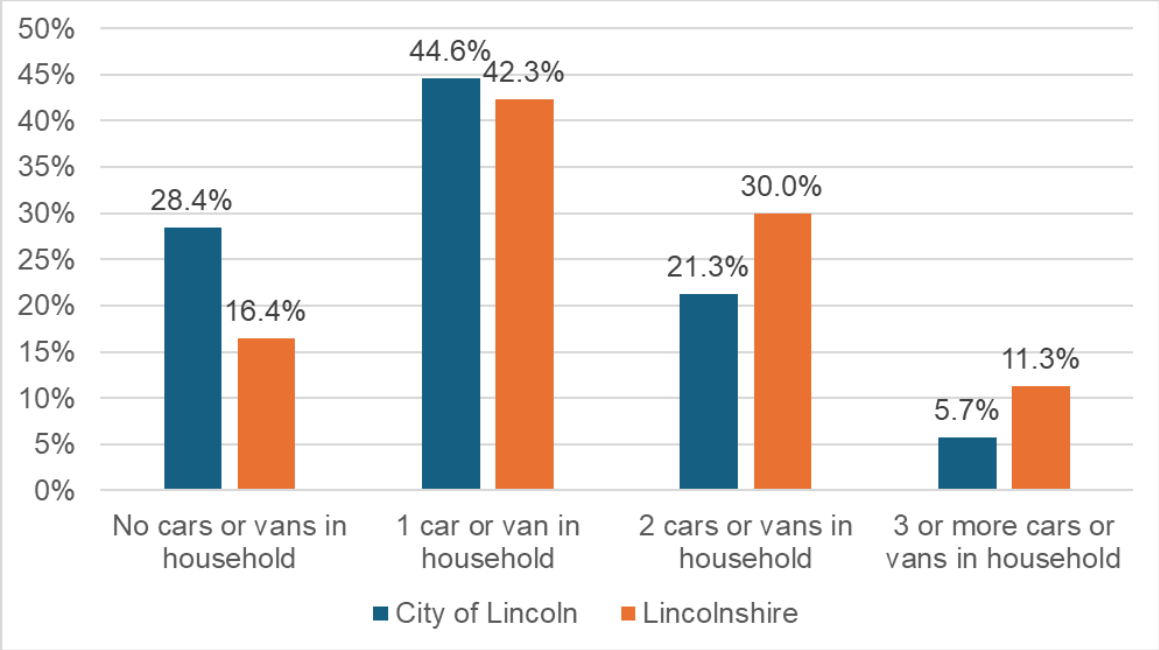
The HWB is therefore satisfied that there are no current gaps in the provision of the other relevant services.

9 City of Lincoln locality

9.1 Key facts

- The locality is defined as urban city and town.
- Has the third lowest percentage of households where English is the main language of adults in the household – 89.6% (93.6% for Lincolnshire).
- 90.2% of residents aged 3 years or over speak English. The next most commonly spoken languages are Polish (2.4%) and Romanian (1.2%).
- 28.4% of households do not have a car or van (compared to 16.4% for Lincolnshire as a whole). The ward with the lowest level of car/van ownership is Park at 41.5%, then Abbey with 35.6%, however there are four pharmacies in each of those wards. The three lower super output areas with the lowest levels of car ownership are Lincoln 0004D, 006B and 005A. The majority of people living in these areas are within a nine-minute walk of a pharmacy.
- The figure below compares car ownership levels in the locality to Lincolnshire and shows car ownership is lower than the average for Lincolnshire with 65.9% of households having no or only one car or van.

Figure 31: Car ownership in the locality compared to Lincolnshire[14]



- The most deprived lower super output areas are in the north of the locality, around and to the east of the station, west Birchwood, and around Boultham Moor and Bracebridge.

[14] Nomis TS045 - Car or van availability

Central Lincolnshire Local Plan Area

Housing growth for the City of Lincoln is managed within the Central Lincolnshire Local Plan Partnership. The local plan for this planning area indicates a total of 21,496 new homes for the period 2018-2040, at an annual average build rate of 977 per year. Many of these homes are expected to be built in smaller groups and dispersed across the planning area and are therefore considered unlikely to create additional community pharmacy needs beyond that which can be absorbed by existing local pharmacies or DSPs.

However, 14,536 homes are planned in groups where more than 500 homes are to be built in the same locality. Further analysis of the future requirements for pharmaceutical services has been undertaken on developments of more than 500 houses, as these may be more likely to generate additional needs which cannot be met by existing provision arrangements.

City Of Lincoln

Over the life of the Central Lincolnshire Local Plan a total of 4,763 additional homes are planned in the Lincoln area in two defined groups. 1,563 of these are ascribed to a group called ‘Lincoln-Other’ indicating clusters dispersed around the urban and suburban geography of the City of Lincoln Council area. The remaining 3,200 are ascribed to a large mixed development called the ‘Western Growth Corridor’ (WGC).

Infrastructure developments are underway, but no housing has been started for the WGC to date. If the expected average build rate of 4.5% per year was achieved in the City of Lincoln for the period of the plan, then 492 homes will have already been built across the rest of Lincoln. At this average delivery rate, a further 643 homes are forecast for completion between 2025 and 2028 across the two defined groups (including the WGC), the lifespan of this PNA, those being added to the existing 42,507 households in the Council area.

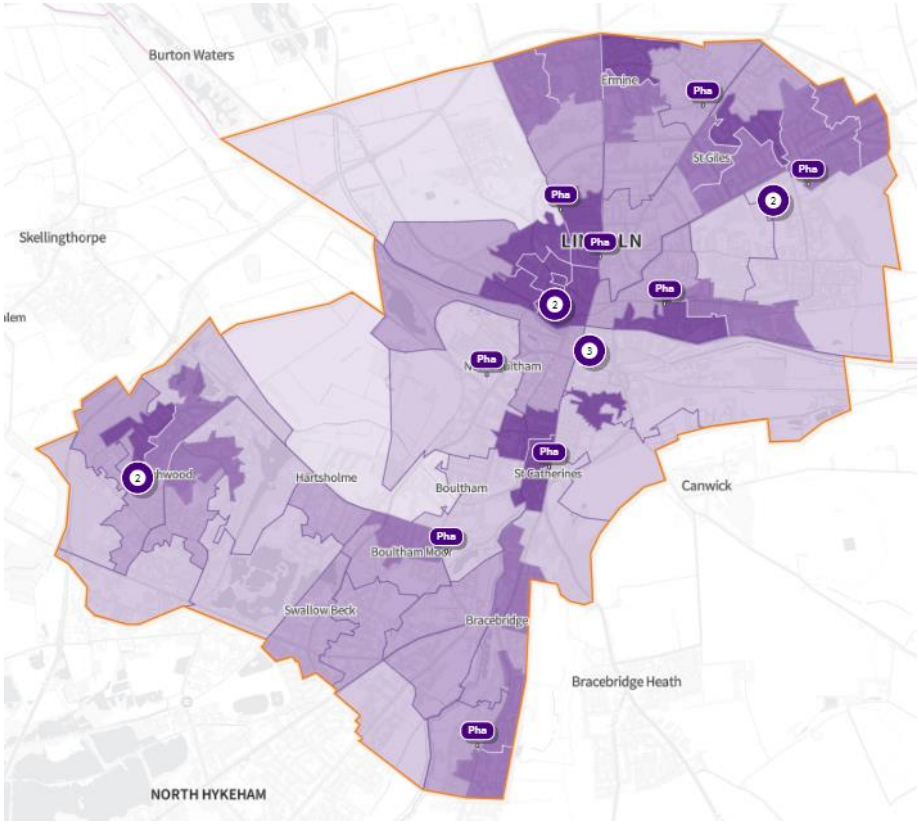
Given the geographical relationship between several existing pharmacies and the site of this housing growth, it is unlikely that the need for pharmaceutical services will not be met by existing provision over this period, including the 6% and growing uptake of digital and DSP provision in both Lincolnshire and elsewhere in England.

9.2 Necessary services: current provision within the locality’s area

There are 18 pharmacies in the locality operated by eight contractors. None of the GP practices dispense.

As can be seen from the map below, the pharmacies are mainly located in areas of higher population density.

Figure 32: Location of pharmacies compared to population density



In between April and December 2024, 75.3% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 1.1% were personally administered by the GP practices.

The Strategic Health Asset Planning and Evaluation tool confirms that all residents in the locality are within ten minutes by car of a pharmacy.

Being an urban area access to the pharmacies using public transport is a realistic method of transport to pharmacies. All residents are within 15 minutes of a pharmacy by public transport.

The 18 pharmacies open as follows.

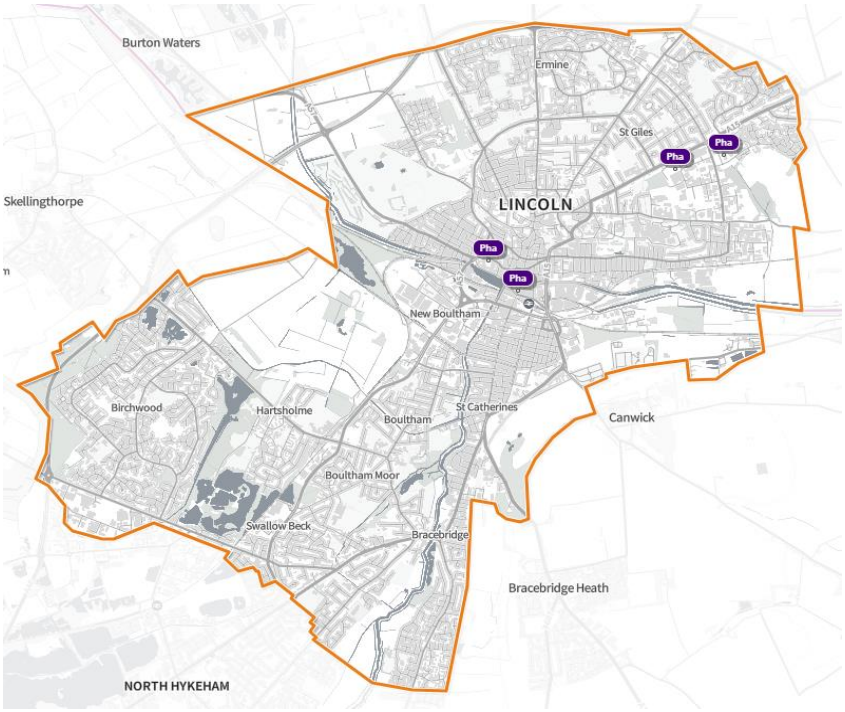
- Two open Monday to Friday,
- 11 open Monday to Friday and Saturday morning,
- One opens Monday to Saturday, and
- Four open seven days per week, with two previously subject to the 100 hours condition.

However, when looking solely at core opening hours:

- ten have core opening hours Monday to Friday only,
- four have core opening hours Monday to Friday and Saturday morning,
- two have core opening hours Monday to Saturday, and
- two have core opening hours seven days per week.

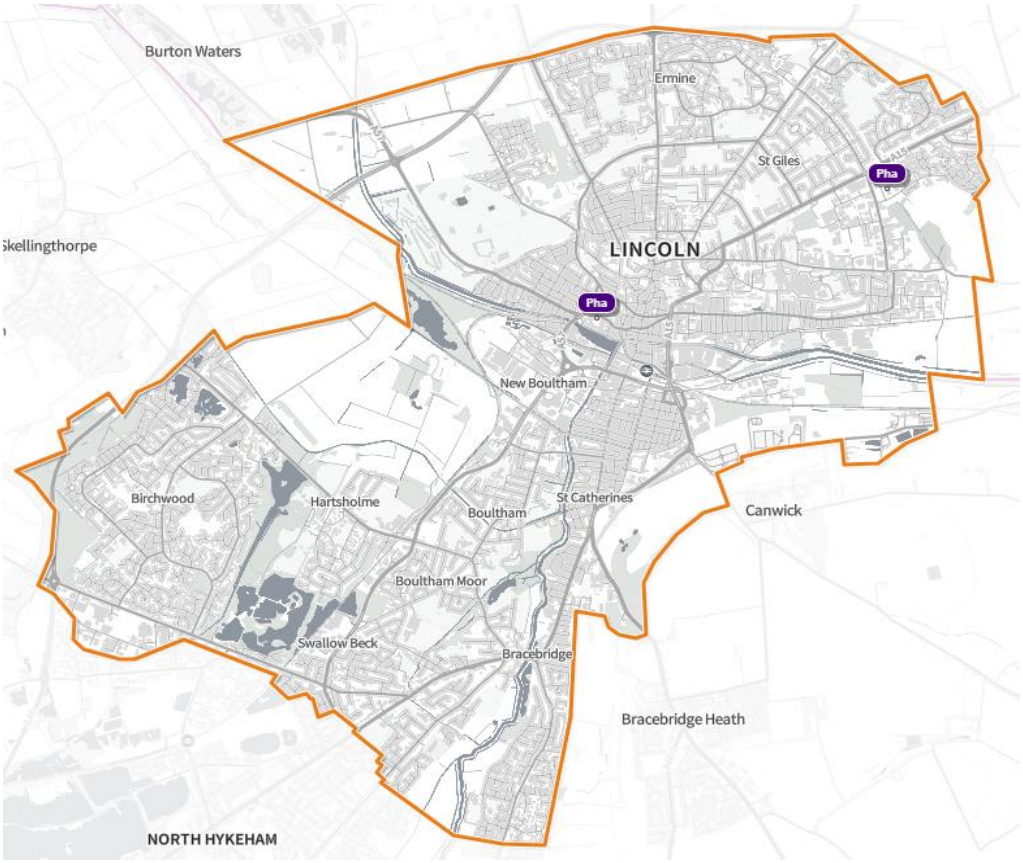
The map below shows the location of those pharmacies with core opening hours on Saturdays. All residents are within a 12-minute drive of a pharmacy that has core opening hours all day on Saturdays.

Figure 33: Location of pharmacies that have core opening hours all day on Saturdays



The map below shows the location of those pharmacies with core opening hours on Sundays.

Figure 34: Location of pharmacies that have core opening hours all day on Sundays



With regard to core opening hours, Monday and Friday:

- two have core opening hours until 17.00,
- three until 17.30,
- ten until 18.00,
- one until 18.30,
- one until 21.00, and
- one until 22.00.

When supplementary opening hours are taken into account:

- one is open until 17.00,
- three pharmacies are open until 17.30,
- seven until 18.00,

- four until 18.30,
- one until 20.00,
- one until 21.00, and
- one until 22.00.

Two of the pharmacies open at 08.00 Monday to Friday, three at 08.30, one at 08.45 and the remaining 12 at 09.00.

Opening hours information is as of October 2024 as provided by the ICB.

Two of the 11 pharmacies that responded to the contractor questionnaire confirmed they dispense appliances listed in Part IX of the Drug Tariff. One said it dispenses all types of appliances; the other doesn't dispense stoma or incontinence appliances.

9.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:

- offered by DACs,
- offered by DSPs, or
- which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst 75.3% of items prescribed by the GP practices between April and December 2024 were dispensed by a pharmacy in the locality, and 1.1% were personally administered by the GP practices, of the remaining 23.6%:

- 17.7% were dispensed by contractors elsewhere in Lincolnshire,
- 1.9% were dispensed by 27 contractors in Leeds (predominantly by one DSP),
- 1.0% were dispensed by eight contractors in Ealing (predominantly by two DSPs), and
- 0.5% was dispensed by 27 contractors in Peterborough (predominantly by one DAC).

The remaining 2.5% was dispensed by 1,477 contractors in 147 different HWB areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 4.5% were dispensed by 35 DSPs. 1.9% were dispensed by 35 DACs.

When considering the provision of necessary services outside of the locality, all the locality is within 20 minutes of a pharmacy.

9.4 Other relevant services: current provision

All bar one of the pharmacies provided the new medicine service between April and December 2024. 6,171 full-service interventions were provided in between April and December 2024, with a range at pharmacy level of 26 to 1,066.

Two of the 11 pharmacies that responded to the contractor questionnaire said they dispense appliances – one said they dispense all types and the other doesn't dispense stoma or incontinence appliances. None provided the appliance use review or stoma appliance customisation services between April 2023 and December 2024.

All but two of the pharmacies have signed up to provide the hypertension case-finding service with all of those that have signed up having provided the service between April and December 2024. The range of checks undertaken at pharmacy level is three to 700. 13 of the pharmacies have undertaken a total of 374 ambulatory blood pressure checks between April and December, with a range of one to 164 checks at pharmacy level.

As of April 2025, three of the pharmacies have signed up to provide the smoking cessation service, but to date have not had any referrals.

14 of the pharmacies provided flu vaccinations under the advanced service in 2023/24 vaccinating a total of 4,642 people with a range at pharmacy level of 15 to 1,239. 17 provided the service in 2024/25 vaccinating a total of 7,805 people with a range at pharmacy level of 40 to 2,034.

14 of the pharmacies have signed up to provide the contraception service as of March 2025, 12 having provided an ongoing supply of oral contraception between April and December 2024, and 11 having initiated a supply of oral contraception.

Ten of the pharmacies have made 133 supplies of lateral flow device tests between April and December 2024.

All the pharmacies have signed up to provide the Pharmacy First service with 17 providing 3,243 consultations for the clinical pathways between April and December 2024. The range at pharmacy level was three to 472. All have made supplies of urgent repeat medicines over the same timescale – 1,776 supplies with a range at pharmacy level of two to 352. All have provided consultations for low acuity, minor illness – 1,813 consultations, with a range at pharmacy level of one to 687.

Two of the pharmacies are commissioned to provide the palliative care drugs enhanced service. One was previously subject to the 100-hour condition.

Six of the pharmacies are commissioned to provide the Covid-19 vaccination service.

9.5 Other NHS services

The following NHS services are deemed, by the HWB, 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. It is not possible to identify the number of items personally administered as they are not recorded separately to those that are dispensed.
- 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.
- GP extended access hubs - generate prescriptions which affects the need for the dispensing essential service.
- Community nurse prescribers - generate 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.
- Urgent treatment centres and clinical assessment service operated by Lincolnshire Community Health Services NHS Trust - generate prescriptions which affects the need for the dispensing essential service.
- Lincolnshire ADHD service - generates prescriptions which affects the need for the dispensing essential service.

The GP practices in the locality provide the following services which reduce the need for certain pharmaceutical services:

- initiation and ongoing supply of oral contraception,
- flu vaccinations,
- blood pressure checks, and
- advice and treatment for common ailments.

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 Lincolnshire. However, it is possible to identify the number of dental prescriptions

dispensed by the pharmacies Lincolnshire. A total of 6,592 dental prescription items were dispensed in 2023/24 and 4,898 between April 2024 and January 2025.

Lincolnshire Community Health Services NHS Trust provides a range of services including children's services, community nursing and adult therapy services. It is based in Lincoln but provides services across the county. Between April and December 2024 its staff prescribed 6,124 items. Of these, 20.3% were dispensed by pharmacies in the locality and 73.0% elsewhere in the Lincolnshire. The remaining 6.7% of items were dispensed elsewhere in England, predominantly by DACs in Derbyshire, Salford, and Peterborough.

Lincolnshire Community Health Services NHS Trust also provides a clinical assessment service as part of its urgent care offer, with patients referred to it by NHS 111 or by health professionals. In most instances, after speaking over the phone directly with a clinician, patients are reassured about the best service to turn to for support. This can be an urgent care centre, their GP, or other services. Staff can also issue prescriptions. CAS clinicians can directly support and treat patients over the phone or directly book appointments in urgent care settings or with GPs. 11,171 items were prescribed under this service between April and December 2024. If these, 17.9% was dispensed by pharmacies in the locality and 70.5% elsewhere in Lincolnshire. The remaining 11.6% of items were dispensed elsewhere in England, predominantly by a pharmacy in Peterborough.

The Lincoln urgent treatment centre is based at Lincoln County Hospital and provides treatment for a range of conditions which are not critical or life threatening. This includes:

- sprains and strains
- suspected broken limbs
- bites and stings
- eye problems
- feverish illness in adults and children
- minor scalds and burns
- emergency contraception.

Between April and December 2024, the centre prescribed 8,799 items. 75.5% of these was dispensed in the locality, with a further 22.6% dispensed elsewhere in Lincolnshire. The remaining 1.9% were dispensed by contractors in 26 different HWB areas.

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

- hospital services,
- public health services commissioned by the council, and
- other services provided within a community setting.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

9.6 Choice regarding 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 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 DAC or DSPs outside of the HWB's area.

Between April and December 2024, a total of 1,660 contractors dispensed items written by one of the GP practices, of which 1,539 were outside of Lincolnshire. Some were quite a distance from the area, for example Leeds, Ealing, Bradford & Airedale, Bristol, and Lancashire.

9.7 Necessary services: gaps in provision

The HWB has noted the location of pharmacies across this locality, and the fact that all of the locality is within 15 minutes by car of a pharmacy located in the locality, seven days a week.

The HWB 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.

However, the HWB has noted that:

- there are six DSPs in its area, with over 400 elsewhere in the country all of whom are required to deliver all essential services remotely which includes delivering dispensed medicines free of charge,
- the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care and pharmacies are required to facilitate remote access (via the telephone or online) to pharmaceutical services by their terms of service, thereby removing the need for some people to visit a pharmacy, and
- some pharmacies offer a private delivery service (for which a fee may be charged).

The HWB is therefore satisfied that there are no current gaps in the provision of necessary services.

The HWB has noted that a consolidation application was submitted by Lincoln Co-operative Chemists Ltd for the pharmacies at LN1 1XP (remaining site) and LN1 1RU (closing site), granted, and took effect on 20 August 2022. A supplementary statement was issued confirming no gap was identified. The HWB has reviewed whether this remains the case and is satisfied that it does, and a gap has not subsequently arisen following the taking effect of that consolidation.

9.8 Improvements or better access: gaps in provision

The HWB has noted that of the 18 pharmacies:

- all have signed up to, and 17 are providing, the Pharmacy First service,
- 17 provide the new medicine service,
- 16 have signed up and are providing the hypertension case-finding service,
- 17 provided influenza vaccinations in 2024/25,
- 14 have signed up to provide the contraception service, with 12 having provided it,
- ten provide the lateral flow device supply service,
- three have signed up to provide the smoking cessation service,
- two pharmacies are commissioned to provide the palliative care drugs service, and
- six pharmacies are commissioned to provide Covid-19 vaccinations.

None of the pharmacies provide the appliance use review and stoma appliance customisation services. It is not known how many of them dispense prescriptions for appliances. 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 DAC. Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by DACs will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The HWB is satisfied that the number of pharmacies that sign up to provide the contraception service will increase as this service becomes embedded and awareness of it increases.

It has noted that demand for the smoking cessation service is generated by referrals from the hospital and foundation trusts, which are currently not happening due to alternative services that are in place. It is satisfied that should referrals start to be made then the pharmacies will respond accordingly and sign up to provide this service.

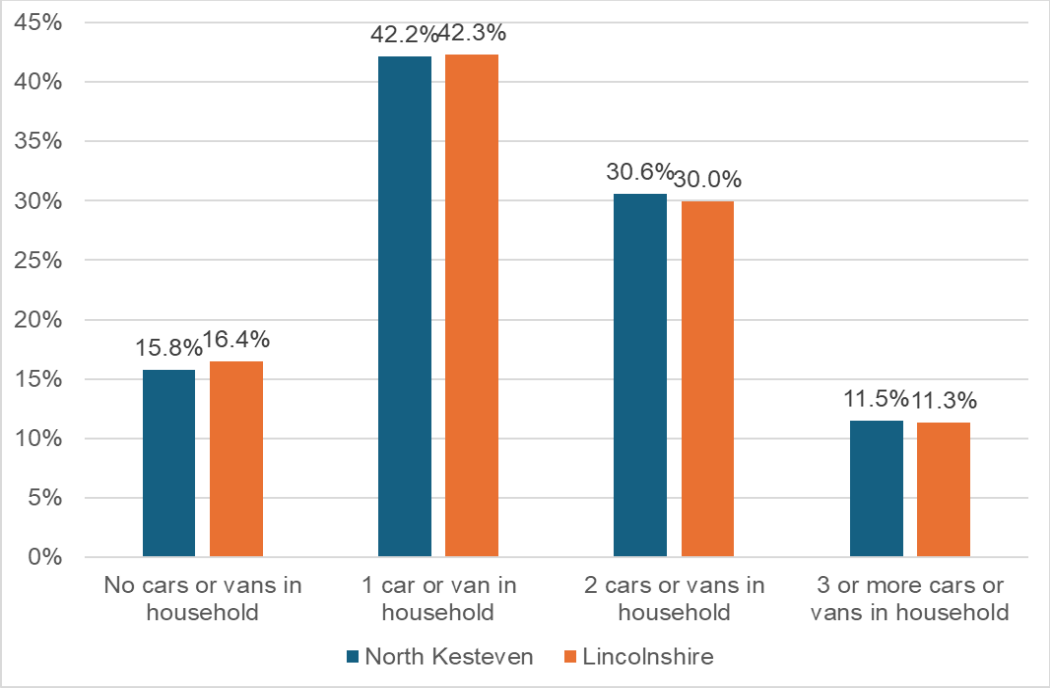
The HWB is therefore satisfied that there are no current gaps in the provision of the other relevant services.

10 North Kesteven locality

10.1 Key facts

- The locality is predominantly rural with urban areas around Sleaford and North Hykeham.
- Has the third highest percentage of households where English is the main language of adults in the household – 97.5% (93.6% for Lincolnshire).
- 98.0% of residents aged 3 years or over speak English. The next most commonly spoken language is Polish (0.5%).
- 15.8% of households do not have a car or van (compared to 16.4% for Lincolnshire as a whole). The ward with the lowest level of car/van ownership is Sleaford Navigation at 31.1%, then Sleaford Westholme with 24.9% and Sleaford Castle at 22.5%, however there are three pharmacies in Sleaford Navigation and one in Sleaford Westholme. The three lower super output areas with the lowest levels of car ownership are North Kesteven 010A, 010E and 010D. The majority of people living in these areas are within a nine-minute walk of a pharmacy.
- The figure below compares car ownership levels in the locality to Lincolnshire and shows car ownership is higher than the average for Lincolnshire with 57.9% of households having no or only one car or van.

Figure 35: Car ownership in the locality compared to Lincolnshire[15]



- No lower super output areas are within the top quintile for deprivation.

[15] Nomis TS045 - Car or van availability

Central Lincolnshire Local Housing Plan Area

Housing growth for North Kesteven District Council is managed within the Central Lincolnshire Local Plan Partnership. The local plan for this planning area indicates a total of 21,496 new homes for the period 2018-2040, at an annual average build rate of 977 per year. Many of these homes are expected to be built in smaller groups and dispersed across the planning area and are therefore considered unlikely to create additional community pharmacy needs beyond that which can be absorbed by existing local pharmacies or DSPs.

However, 14,536 homes are planned in groups where more than 500 homes are to be built in the same locality. Further analysis of future requirements for pharmaceutical services has been undertaken on developments of more than 500 houses, as these may be more likely to generate additional needs which cannot be met by existing provision arrangements.

North Kesteven District Council

Over the life of the Central Lincolnshire Local Plan total of 9,773 additional homes are planned in the North Kesteven District Council area, in four defined areas. 4,700 of these are ascribed to areas bordering the southern boundaries of the City of Lincoln, including Canwick and North Hykeham, 3,266 are ascribed to areas close to the market town of Sleaford; 1,250 are ascribed to the ‘new’ town of Witham St Hughs; and 557 ascribed to the village of Billinghay.

If the expected average build rate of 4.5% per year was achieved in North Kesteven for the period of the plan to 2025 then 2,198 of the homes planned in groups of more than 500 for the North Kesteven area will have already been built. At this average delivery rate, a further 1,022 homes of the remainder are forecast for completion between 2025 and 2028, the lifespan of this PNA, those being added to the existing 50,989 households in the Council area.

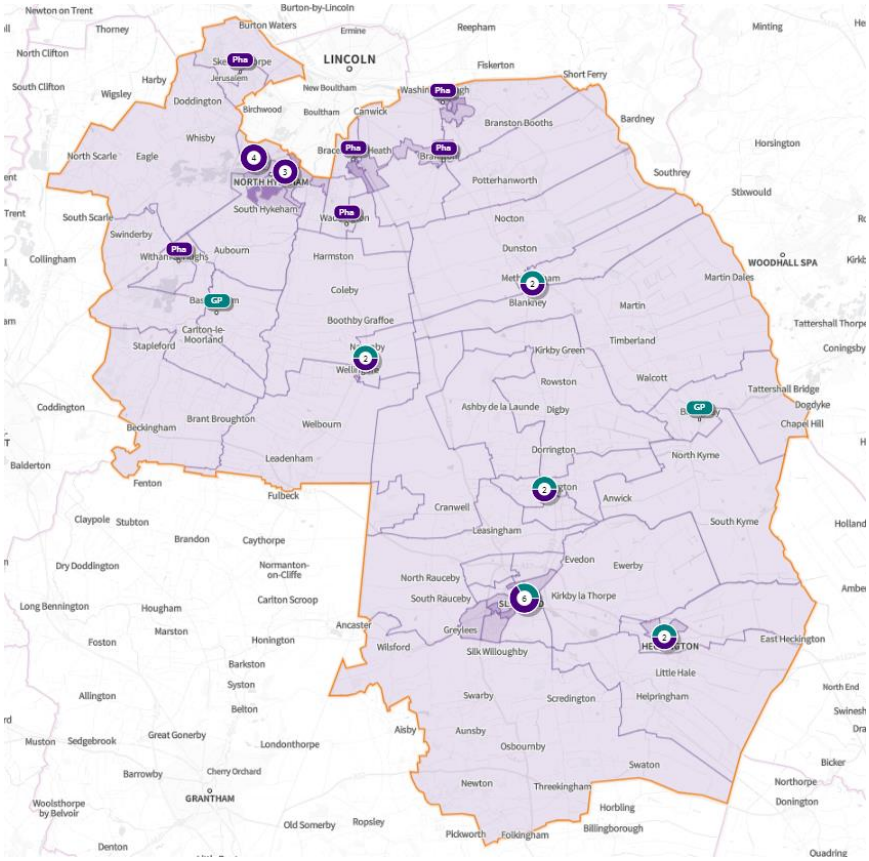
Given the geographical relationship between several existing pharmacies and the distribution of this housing growth, it is unlikely that the need for pharmaceutical services will not be met by existing provision over this period, including the 6% and growing uptake of digital and DSP provision in both Lincolnshire and elsewhere in England.

10.2 Necessary services: current provision within the locality’s area

There are 19 pharmacies in the locality (one having relocated with effect from 31 March 2025 to Grimsby) operated by eight contractors, and one DAC. One of the pharmacies is a DSP. Seven of the GP practices dispense from eight premises. The percentage of the practice list sizes that are dispensed to is 13 to 99.0%.

As can be seen from the map below, the pharmacies are generally located in areas of higher population density.

Figure 36: Location of pharmacies and dispensing practice premises compared to population density



In between April and December 2024, 66.2% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies or the DAC and 19.9% 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).

The Strategic Health Asset Planning and Evaluation tool confirms that all residents are within 20 minutes by car of a pharmacy located in the locality with the majority of the locality within a 15-minute drive.

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 19 pharmacies open as follows.

- Two open Monday to Friday,
- 12 open Monday to Friday and Saturday morning,
- two open Monday to Saturday, and

- three open seven days per week, all of which were previously subject to the 100 hours condition.

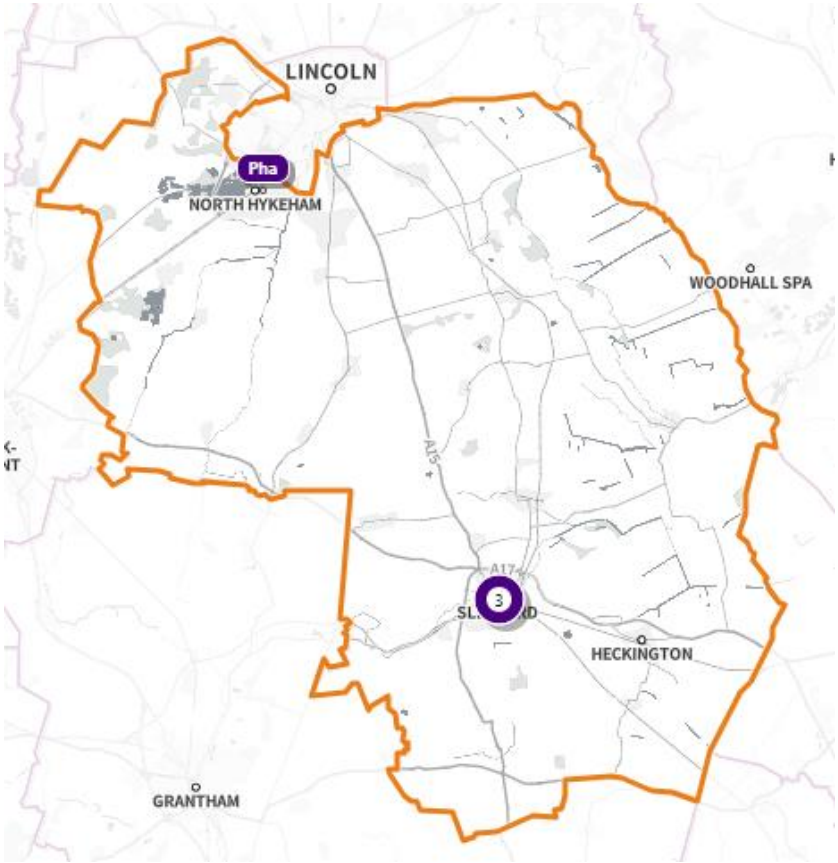
The DAC is open Monday to Friday.

However, when looking solely at core opening hours:

- 15 have core opening hours Monday to Friday only,
- one has core opening hours Monday to Saturday, and
- three have core opening hours seven days per week (two in Sleaford and one in North Hykeham).

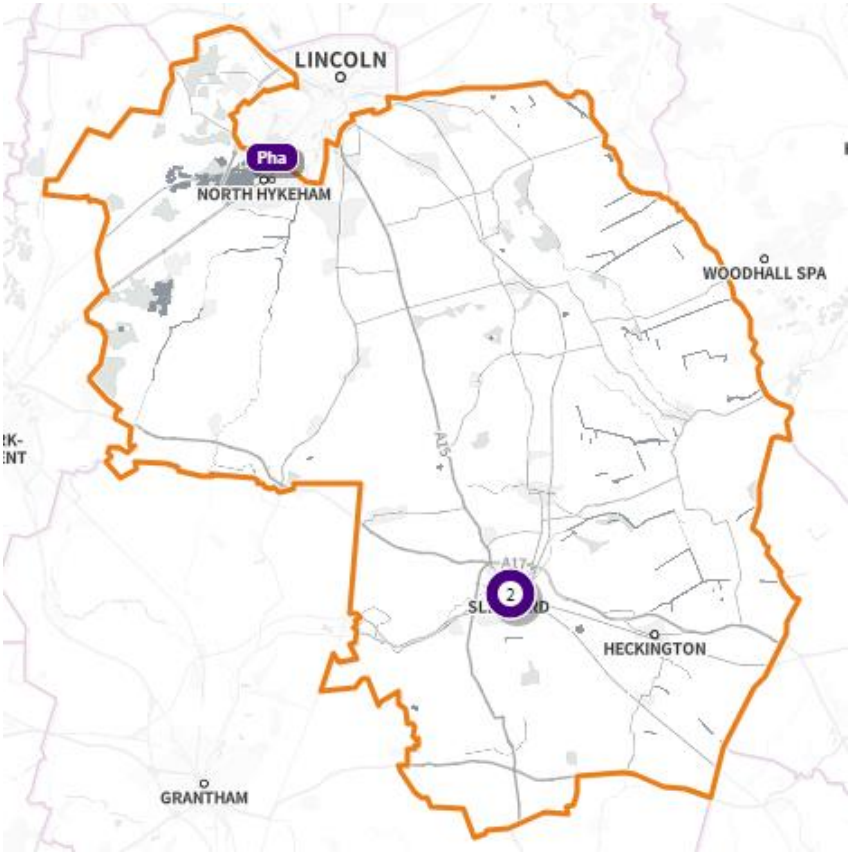
The map below shows the location of those pharmacies with core opening hours on Saturdays. The majority of the population is within a 20-minute drive of one of these pharmacies.

Figure 37: Location of pharmacies that have core opening hours all day on Saturdays



The map below shows the location of those pharmacies with core opening hours on Sundays. The majority of the population is within a 20-minute drive of one of these pharmacies.

Figure 38: Location of pharmacies that have core opening hours all day on Sundays



Regarding core opening hours, Monday and Friday:

- two have core opening hours until 17.30,
- 14 until 18.00, and
- three until 21.00 (two in Sleaford and one in North Hykeham).

When supplementary opening hours are taken into account:

- two are open until 17.30,
- 13 until 18.00,
- one until 18.15, and
- three until 21.00.

One the pharmacies opens at 08.30 Monday to Friday, two at 08.45 and the remaining 17 at 09.00.

Opening hours information is as of October 2024 as provided by the ICB.

The dispensaries within the dispensing practices will generally open in line with the opening hours for the medical practice premises, Monday to Friday.

Two of the 13 pharmacies that responded to the contractor questionnaire confirmed they dispense all types of appliances. One GP practice responded and confirmed that it dispenses all types of appliances.

10.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:

- offered by DACs,
- offered by DSPs, or
- which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst 88.2% of items prescribed by the GP practices between April and December 2024 were dispensed by a pharmacy, the DAC, or a dispensing practice in the locality, of the remaining 11.8%:

- 7.5% were dispensed by contractors elsewhere in Lincolnshire,
- 1.5% were dispensed by 13 contractors in Leeds (predominantly by one DSP),
- 0.6% was dispensed by ten contractors in Peterborough (predominantly by one DAC), and
- 0.5% was dispensed in Ealing (predominantly by two DSPs).

The remaining 1.7% was dispensed by 699 contractors in 129 different HWB areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 3.1% were dispensed by 31 DSPs. 1.1% were dispensed by 42 DACs.

When considering the provision of necessary services outside of the locality, all of the locality is within 20 minutes of a pharmacy.

In addition, dispensing practices in neighbouring localities may provide a dispensing service to residents of the locality.

10.4 Other relevant services: current provision

18 of the pharmacies provided the new medicine service in between April and December 2024. The two that didn't are DSPs. 7,061 full-service interventions were provided between April and December 2024, with a range at pharmacy level of 107 to 1,343.

Two of the pharmacies that responded to the contractor questionnaire said they dispense appliances. None of the pharmacies provided the appliance use review or stoma appliance customisation services between April 2023 and December 2024. Whilst the DAC has not provided the appliance use review service, it does provide the stoma appliance customisation service and customised 11,367 between April and December 2024.

18 of the pharmacies have signed up to provide the hypertension case-finding service with 18 having provided the service between April and December 2024. The DSP hasn't signed up. The range of checks undertaken at pharmacy level is four to 662. 15 of the pharmacies have undertaken a total of 422 ambulatory blood pressure checks between April and December 2024, with a range of one to 107 checks at pharmacy level.

As of April 2025, four of the pharmacies have signed up to provide the smoking cessation service, but to date have not had any referrals.

19 of the pharmacies provided flu vaccinations under the advanced service in 2023/24 vaccinating a total of 6,141 people with a range at pharmacy level of 19 to 1,438. 18 provided the service in 2024/25 vaccinating a total of 7,059 people with a range at pharmacy level of 36 to 2,473.

18 of the pharmacies have signed up to provide the contraception service as of April 2025, 11 having provided an ongoing supply of oral contraception between April and December 2024, and nine having initiated a supply of oral contraception.

16 of the pharmacies have made 239 supplies of lateral flow device tests between April and December 2024.

18 of the pharmacies have signed up to provide the Pharmacy First service, providing 3,062 consultations for the clinical pathways between April and December 2024. The DSP had not signed up to provide the service. The range at pharmacy level was 30 to 416. 18 have made supplies of urgent repeat medicines over the same timescale – 1,279 supplies with a range at pharmacy level of four to 330. 18 have provided consultations for low acuity, minor illness – 1,489 consultations, with a range at pharmacy level of three to 356.

Five of the pharmacies are commissioned to provide the palliative care drugs enhanced service, three are in Sleaford, one in Navenby and one in North Hykeham. Three were previously subject to the 100 hours condition.

Three of the pharmacies are commissioned to provide Covid-19 vaccinations. Two are in Sleaford and the other is in Navenby.

10.5 Other NHS services

The following NHS services are deemed, by the HWB, 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 – like 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, to then return with the vaccine to the practice so that it may be administered. It is not possible to identify the number of items personally administered as they are not recorded separately to those that are dispensed.
- 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, particularly the essential service of dispensing.
- GP extended access hubs - generate prescriptions which affects the need for the dispensing essential service.
- Community nurse prescribers - generate 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.
- Urgent treatment centres and clinical assessment service operated by Lincolnshire Community Health Services NHS Trust - generate prescriptions which affects the need for the dispensing essential service.
- Lincolnshire ADHD service - generates prescriptions which affects the need for the dispensing essential service.

The GP practices in the locality provide the following services which reduce the need for certain pharmaceutical services:

- initiation and ongoing supply of oral contraception,
- flu vaccinations,
- blood pressure checks, and
- advice and treatment for common ailments.

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 Lincolnshire. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies Lincolnshire. A total of 4,171 dental prescription items were dispensed in 2023/24 and 3,677 between April 2024 and January 2025.

Sleaford urgent care unit prescribed 241 items between April and December 2024 98.8% of which were dispensed by pharmacies in the locality. The remaining 1.2% were dispensed outside of Lincolnshire.

The Lincolnshire ADHD service prescribed 10,438 items between April and December 2024. 15.2% were dispensed by pharmacies in the locality, with 70.3% dispensed elsewhere in Lincolnshire reflecting the fact this is a county-wide service. The remaining 14.5% were dispensed elsewhere in England, predominantly by two DSPs, one in Leeds and one in Lancashire.

The South Lincoln extended access hub provides enhanced access appointments between 18.30 and 20.00 Monday to Friday, and 09.00 to 17.00 on Saturdays via the phone or face-to-face appointments. Between April and December 2024, 128 items were prescribed. 84.4% of these items was dispensed in the locality14.8% elsewhere in Lincolnshire, and 0.8% dispensed by a DSP in Ealing.

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

- hospital services,
- public health services commissioned by the council, and
- other services provided within a community setting.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

10.6 Choice regarding 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 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 DAC or DSPs outside of the HWB's area.

Between April and December 2024, a total of 839 contractors dispensed items written by one of the GP practices, of which 728 were outside of Lincolnshire. Some were quite a distance from the area, for example Leeds, Ealing, Bradford & Airedale, Bristol, and Lancashire.

10.7 Necessary services: gaps in provision

The HWB 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, with the majority within 20 minutes by car at the weekend.

The HWB 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.

However, the HWB has noted that:

- there are six DSPs in its area, with over 400 elsewhere in the country all of whom are required to deliver all essential services remotely which includes delivering dispensed medicines free of charge,
- the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care and pharmacies are required to facilitate remote access (via the telephone or online) to pharmaceutical services by their terms of service, thereby removing the need for some people to visit a pharmacy, and
- some pharmacies offer a private delivery service (for which a fee may be charged).

The HWB is therefore satisfied that there are no current gaps in the provision of necessary services.

10.8 Improvements or better access: gaps in provision

The HWB has noted that of the 19 pharmacies:

- 18 have signed up to and are providing, the Pharmacy First service,
- 18 provide the new medicine service,
- 18 have signed up to and are all providing the hypertension case-finding service,
- 18 provided influenza vaccinations in 2024/25,
- 18 pharmacies have signed up to provide the contraception service, with 11 having provided it,
- 16 provide the lateral flow device supply service,
- four have signed up to provide the smoking cessation service, and
- five pharmacies are commissioned to provide the palliative care drugs service.

None of the pharmacies provide the appliance use review and stoma appliance customisation services. It is not known how many of them dispense prescriptions for appliances. The DAC provides the stoma appliance customisation service. 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 DAC. Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by DACs will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

It has noted that demand for the smoking cessation service is generated by referrals from the hospital and foundation trusts, which are currently not happening due to alternative services that are in place. It is satisfied that should referrals start to be made then the pharmacies will respond accordingly and sign up to provide this service.

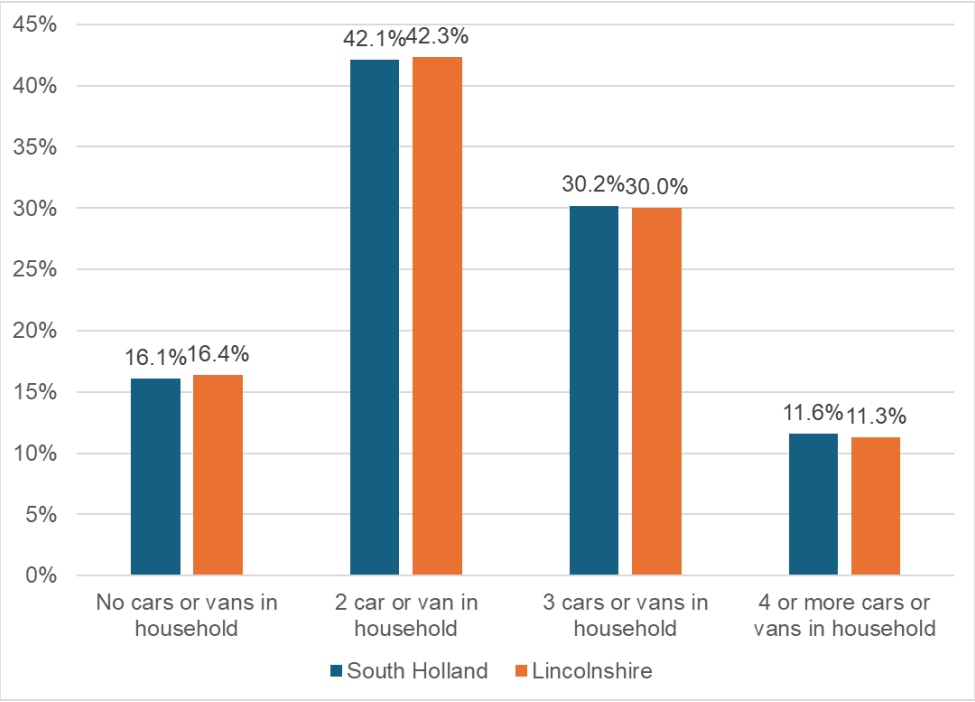
The HWB is therefore satisfied that there are no current gaps in the provision of the other relevant services.

11 South Holland locality

11.1 Key facts

- The locality is predominantly rural around the urban area of Spalding.
- 95% of households have English as the main language of adults in the household (93.6% for Lincolnshire).
- 88.7% of residents aged 3 years or over speak English. The next most commonly spoken languages are Polish (4.0%), Lithuanian (2.3%), Romanian (1.4%), and Latvian (0.9%).
- 16.1% of households do not have a car or van (compared to 16.4% for Lincolnshire as a whole). The wards with the lowest level of car/van ownership are Spalding Castle at 27.5%, then Spalding St Paul's with 21.9%, Spalding St John's at 21.5% and Spalding St Mary's at 20.6%. However, most of the resident population of these wards is within a 15-minute walk of one of the three pharmacies in Spalding.
- The figure below compares car ownership levels in the locality to Lincolnshire and shows car ownership is the same as the average for Lincolnshire with 58.2% of households having no or only one car or van.

Figure 39: Car ownership in the locality compared to Lincolnshire[16]



- One lower super output area in Sutton Bridge is in the top quintile for deprivation. There is a pharmacy in Sutton Bridge.

[16] Nomis TS045 - Car or van availability

South East Lincolnshire Local Housing Plan Area

Housing growth for the South Holland District Council area is managed within the South East Lincolnshire Local Plan Partnership. The local plan indicates a total of 18,675 new homes for the period 2011-2036, at an annual average build rate of 300 per year in Boston and 445 per year in South Holland. Most of these homes are expected to be built in groups of under 500 homes and dispersed across the planning area and are therefore considered unlikely to create additional community pharmacy needs beyond that which can be absorbed by existing local pharmacies or DSPs.

However, 16,568 homes are planned in groups where more than 500 homes are to be built in the same locality. Further analysis of the future requirements for pharmaceutical services has been undertaken on developments of more than 500 houses, as these may be more likely to generate additional needs which cannot be met by existing provision arrangements.

South Holland District Council

Over the life of the South East Lincolnshire Local Plan a total of 8,942 additional homes are planned in the South Holland area in six defined groups. 5,860 of these are ascribed to a group called ‘Spalding-Other’ indicating clusters dispersed around the urban and suburban geography of the Spalding urban area; 676 are ascribed to the northern boundaries of Spalding; 760 are ascribed to the market town of Holbeach; 524 are ascribed to the village of Crowland; 514 are ascribed to the village of Kirton; and 608 are ascribed to the village of Long Sutton.

If the expected average build rate of 4.0% per year was achieved in South Holland for the period of the plan to 2025 then 4,650 of the homes planned in groups of more than for the South Holland area will have already been built. At this average delivery rate, a further 1,073 homes of the remainder are forecast for completion between 2025 and 2028, the lifespan of this pharmaceutical needs assessment, those being added to the existing 40,703 households in the Council area.

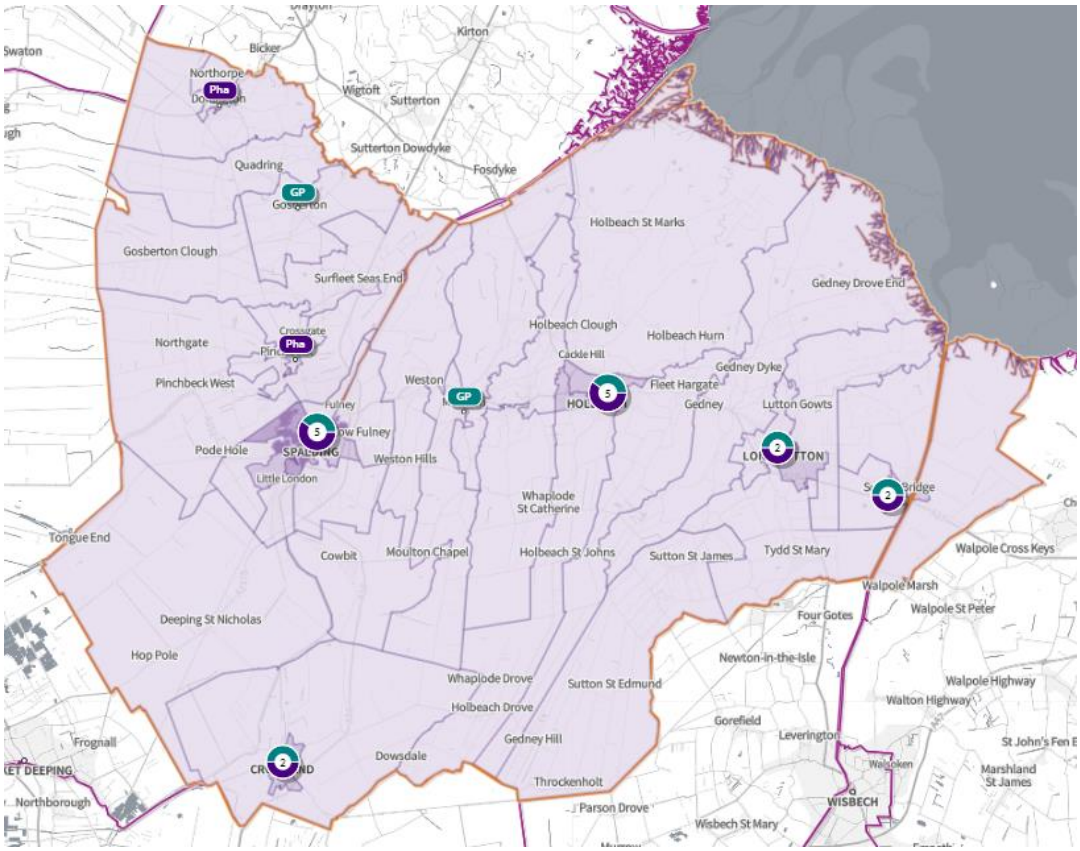
Given the geographical relationship between several existing pharmacies and the site of this housing growth, it is unlikely that the need for pharmaceutical services will not be met by existing provision over this period, including the 6% and growing uptake of digital and DSP provision in both Lincolnshire and elsewhere in England.

11.2 Necessary services: current provision within the locality’s area

There are 11 pharmacies in the locality operated by six contractors. One of the pharmacies is a DSP and opened in August 2024. All eight GP practices dispense, from nine premises. The percentage of the practice list sizes that are dispensed to is 10.9 to 95.2%.

As can be seen from the map below, the pharmacies are generally located in areas of higher population density.

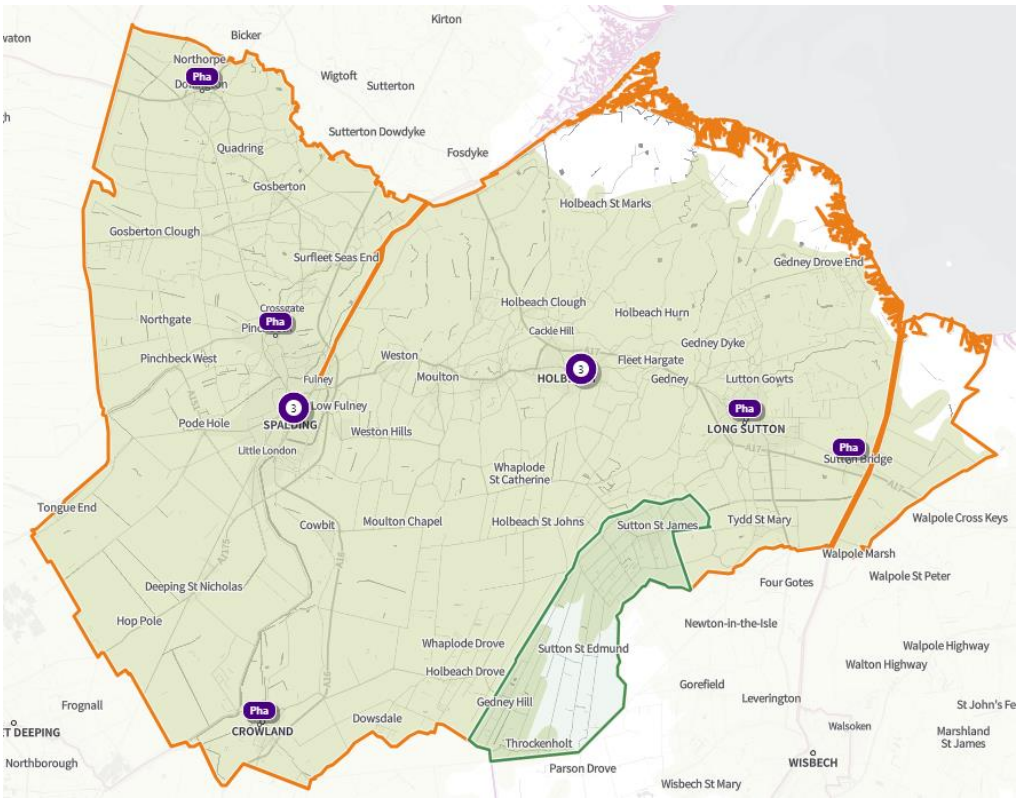
Figure 40: Location of pharmacies and dispensing practice premises compared to population density



Between April and December 2024, 53.6% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 34.5% 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).

As can be seen from the map below, not all residents are within 20 minutes by car of a pharmacy located in the locality. The area outlined in green is not within a 20-minute drive of a pharmacy in the locality but has a resident population. However, there is a pharmacy just over the border in Parson Drove.

Figure 41: Areas that are within a 20-minute drive of a pharmacy in the locality



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 11 pharmacies open as follows.

- One opens Monday to Friday,
- six open Monday to Friday and Saturday morning,
- three open Monday to Saturday, and
- one opens seven days per week, in Spalding.

However, when looking solely at core opening hours:

- four have core opening hours Monday to Friday only,
- four have core opening hours Monday to Friday and Saturday morning,
- three have core opening hours Monday to Saturday, and
- none have core opening hours on Sunday.

A slightly larger part of the locality is not within a 20-minute drive of a pharmacy at the weekend. However, the HWB has noted that ten pharmacies have supplementary opening

hours on Saturdays, and one pharmacy in Spalding has supplementary opening hours on Sundays.

Regarding core opening hours, Monday and Friday:

- two have core opening hours until 16.30 (one in Pinchbeck and the other in Spalding),
- five until 17.30 (two in Spalding and one in each of Holbeach and Donnington),
- three until 18.00, and
- one until 18.30 (Crowland).

When supplementary opening hours are taken into account:

- five are open until 17.30,
- four until 18.00, and
- two until 18.30.

One pharmacy opens at 08.00 Monday to Friday (in Spalding), two at 08.30 (one in Pinchbeck and one in Spalding), and the remaining eight open at 09.00.

Opening hours information is as of October 2024 as provided by the ICB.

The dispensaries within the dispensing practices will generally open in line with the opening hours for the medical practice premises, Monday to Friday.

Two of the pharmacies responded to the contractor questionnaire but neither dispenses appliances. Two of the GP practices responded with one confirming it dispenses all types of appliances and the other that it doesn't dispense appliances.

11.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:

- offered by DACs,
- offered by DSPs, or
- which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst 88.3% of items prescribed by the GP practices between April and December 2024 were dispensed by a pharmacy or a dispensing practice in the locality, of the remaining 11.7%:

- 5.1% were dispensed by contractors elsewhere in Lincolnshire,

- 2.7% were dispensed by 42 contractors in Peterborough (predominantly by the pharmacy in Newborough),
- 1.7% were dispensed by nine contractors in Leeds (predominantly by one DSP), and
- 0.9% was dispensed in Ealing (by two DSPs).

The remaining 1.3% was dispensed by 521 contractors in 121 different HWB areas.

While most items were dispensed by a 'bricks and mortar' pharmacy, 3.1% were dispensed by 26 DSPs. 1.1% were dispensed by 38 DACs.

When considering the provision of necessary services outside of the locality, all of the locality is within 20 minutes of a pharmacy.

In addition, dispensing practices in neighbouring localities may provide a dispensing service to residents of the locality.

11.4 Other relevant services: current provision

All the pharmacies provided the new medicine service between April and December 2024. 5,921 full-service interventions were provided between April and December 2024, with a range at pharmacy level of five to 1,871.

Neither of the pharmacies that responded to the contractor questionnaire said they dispense appliances. None of the pharmacies provided the appliance use review or stoma appliance customisation services between April 2023 and December 2024.

All but one of the pharmacies have signed up to provide the hypertension case-finding service and provided the service between April and December 2024. The range of checks undertaken at pharmacy level is 114 to 357. Seven of the pharmacies have undertaken a total of 77 ambulatory blood pressure checks between April and December 2024, with a range of one to 32 checks at pharmacy level.

As of April 2025, one of the pharmacies has signed up to provide the smoking cessation service.

Ten of the pharmacies provided influenza vaccinations under the advanced service in 2023/24 vaccinating a total of 4,948 people with a range at pharmacy level of 36 to 1,609. Ten of the pharmacies provided influenza vaccinations in 2024/25, vaccinating a total of 6,429 people with a range at pharmacy level of 87 to 3,187.

All the pharmacies have signed up to provide the contraception service as of April 2025, four having provided an ongoing supply of oral contraception between April and December 2024, and four having initiated a supply of oral contraception.

Seven of the pharmacies have made 383 supplies of lateral flow device tests between April and December 2024.

All the pharmacies have signed up to provide the Pharmacy First service, with ten providing 1,767 consultations for the clinical pathways between April and December 2024. The range at pharmacy level was 48 to 432. Nine have made supplies of urgent repeat medicines over the same timescale – 557 supplies with a range at pharmacy level of 24 to 156. Ten have provided consultations for low acuity, minor illness – 416 consultations, with a range at pharmacy level of three to 94.

Two pharmacies are commissioned to provide the palliative care drugs enhanced service. One is in Holbeach and the other in Spalding.

Three of the pharmacies are commissioned to provide the Covid-19 vaccination service.

11.5 Other NHS services

The following NHS services are deemed, by the HWB, 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. It is not possible to identify the number of items personally administered as they are not recorded separately to those that are dispensed.
- 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.
- GP extended access hubs - generate prescriptions which affects the need for the dispensing essential service.
- Community nurse prescribers - generate 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.
- Urgent treatment centres and clinical assessment service operated by Lincolnshire Community Health Services NHS Trust - generate prescriptions which affects the need for the dispensing essential service.

- Lincolnshire ADHD service - generates prescriptions which affects the need for the dispensing essential service.

The GP practices in the locality provide the following services which reduce the need for certain pharmaceutical services:

- initiation and ongoing supply of oral contraception,
- flu vaccinations,
- blood pressure checks, and
- advice and treatment for common ailments.

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 Lincolnshire. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies Lincolnshire. A total of 6,263 dental prescription items were dispensed in 2023/24 and 4,496 between April 2024 and January 2025.

The Spalding urgent treatment centre is based at Johnson Community Hospital, Pinchbeck and provides treatment for a range of conditions which are not critical or life threatening. This includes:

- sprains and strains
- suspected broken limbs
- bites and stings
- eye problems
- feverish illness in adults and children
- minor scalds and burns
- emergency contraception.

Between April and December 2024, the centre prescribed 8,109 items. 68.8% of these was dispensed in the locality, with a further 26.2% dispensed elsewhere in Lincolnshire. The remaining 5.0% were dispensed by contractors in 13 different HWB areas, predominantly by 60 pharmacies in Peterborough.

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

- hospital services,
- public health services commissioned by the council, and
- other services provided within a community setting.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

11.6 Choice regarding 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 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 DAC or DSPs outside of the HWB's area.

Between April and December 2024, a total of 657 contractors dispensed items written by one of the GP practices, of which 574 were outside of Lincolnshire. Some were quite a distance from the area, for example Leeds, Ealing, Salford, Bristol, and Lancashire.

11.7 Necessary services: gaps in provision

The HWB has noted the location of pharmacies across this locality and in neighbouring HWBs, and the fact that all of the locality is within 20 minutes by car of a pharmacy.

The HWB 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.

However, the HWB has noted that:

- there are six DSPs in its area, with over 400 elsewhere in the country all of whom are required to deliver all essential services remotely which includes delivering dispensed medicines free of charge,
- the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care and pharmacies are required to facilitate remote access (via the telephone or online) to pharmaceutical services by their terms of service, thereby removing the need for some people to visit a pharmacy, and
- some pharmacies offer a private delivery service (for which a fee may be charged).

The HWB is therefore satisfied that there are no current gaps in the provision of necessary services.

11.8 Improvements or better access: gaps in provision

The HWB has noted that of the 11 pharmacies:

- all have signed up to, and ten are providing, the Pharmacy First service,

- all provide the new medicine service,
- ten have signed up to and are providing the hypertension case-finding service,
- ten provided influenza vaccinations in 2024/25,
- 11 have signed up to provide the contraception service, with four having provided it,
- seven provide the lateral flow device supply service,
- one has signed up to provide the smoking cessation service,
- two pharmacies are commissioned to provide the palliative care drugs service, and
- three pharmacies are commissioned to provide Covid-19 vaccinations.

None of the pharmacies provide the appliance use review and stoma appliance customisation services. It is not known how many of them dispense prescriptions for appliances. The DAC provides the stoma appliance customisation service. 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 DAC. Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by DACs will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The HWB is satisfied that the number of pharmacies that sign up to provide the contraception service will increase as this service becomes embedded and awareness of it increases.

It has noted that demand for the smoking cessation service is generated by referrals from the hospital and foundation trusts, which are currently not happening due to alternative services that are in place. It is satisfied that should referrals start to be made then the pharmacies will respond accordingly and sign up to provide this service.

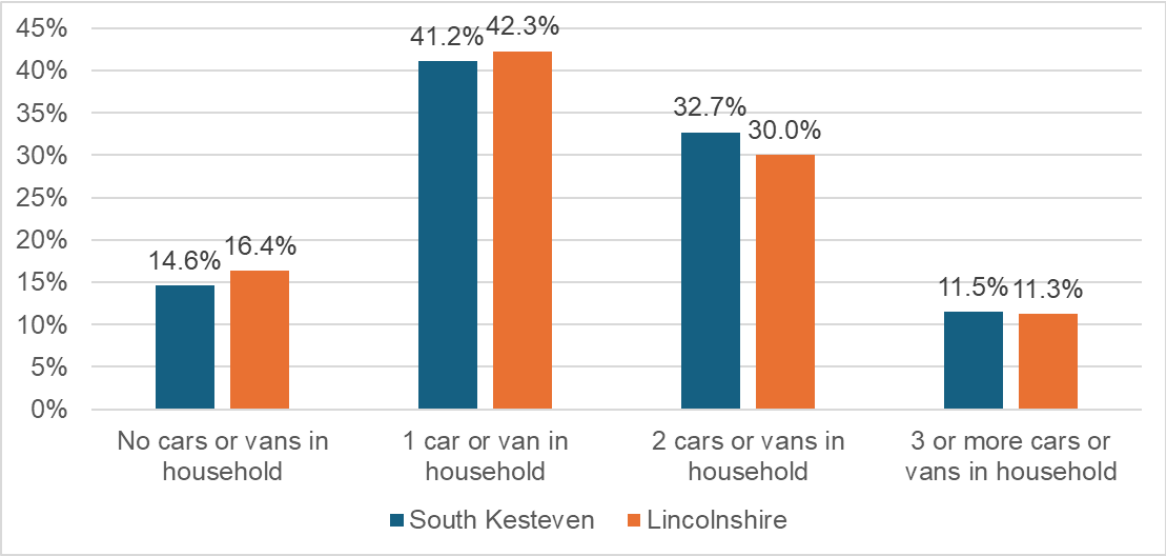
The HWB is therefore satisfied that there are no current gaps in the provision of the other relevant services.

12 South Kesteven locality

12.1 Key facts

- The locality is predominantly rural around the urban areas of Grantham, Bourne, Market Deeping, and Stamford.
- 88.6% of households have English as the main language of adults in the household, the second lowest in Lincolnshire (93.6% for Lincolnshire).
- 95.7% of residents aged 3 years or over speak English. The next most commonly spoken languages are Polish (1.3%) and Lithuanian (0.5%).
- 12.9% of households do not have a car or van (compared to 16.4% for Lincolnshire as a whole). The wards with the lowest level of car/van ownership are Grantham St Wulfram's (30.4%), Grantham Earlesfield (28.7%), Grantham St Vincent's (27.9%), Stamford St Mary's (24.9%) and Grantham Harrowby and Stamford St George's (23.3%) each. However, the majority of the resident population of these wards is within a 15-minute walk of a pharmacy.
- The figure below compares car ownership levels in the locality to Lincolnshire and shows car ownership is higher than the average for Lincolnshire.

Figure 42: Car ownership in the locality compared to Lincolnshire[17]



- Three lower super output areas in Grantham are in the top quintile for deprivation. There is a pharmacy in or just outside them.

[17] Nomis TS045 - Car or van availability

South Kesteven District Council

Housing growth for the South Kesteven District Council area is managed by the Council's in-house strategic planning team and committee through the South Kesteven Local Plan. The local plan indicates a total of 15,625 new homes for the period 2011-2036, at an annual average build rate of 625 per year. Some of these homes are expected to be built in groups of under 500 homes and dispersed across the planning area and are therefore considered unlikely to create additional community pharmacy needs beyond that which can be absorbed by existing local pharmacies or DSPs.

However, 11,307 homes are planned in groups where more than 500 homes are to be built in the same locality. Further analysis of the future requirements for pharmaceutical services has been undertaken on developments of more than 500 houses, as these may be more likely to generate additional needs which cannot be met by existing provision arrangements.

Over the life of the South Kesteven Local Plan the total of 11,307 additional homes planned in groups in the South Kesteven area in three defined areas. 3,700 of these are ascribed to the northern boundaries of Grantham known as Spitalgate Heath; 4,000 are ascribed to the northern boundaries of Grantham on the former Prince William of Gloucester (PWOG) Barracks; 1,544 are ascribed to the north-west boundaries of Grantham (Rectory Farm and adjacent); 1,300 are ascribed to the northern boundaries of Stamford; and 753 are ascribed to the villages of The Deepings.

Infrastructure developments are underway, but no housing has been started for the Spitalgate Heath or PWOG Barracks to date and none is expected within the lifespan of this pharmaceutical needs assessment. If the expected average build rate of 4.0% per year was achieved in South Kesteven for the period of the plan to 2025 then 2,019 of the homes planned in further groups of 500 or more for the South Kesteven area will have already been built. At this average delivery rate, a further 432 homes of the remainder are forecast for completion between 2025 and 2028, the lifespan of this pharmaceutical needs assessment, those being added to the existing 62,850 households in the Council area.

Given the geographical relationship between several existing pharmacies and the site of this housing growth, it is unlikely that the need for pharmaceutical services will not be met by existing provision over this period, including the 6% and growing uptake of digital and DSP provision in both Lincolnshire and elsewhere in England.

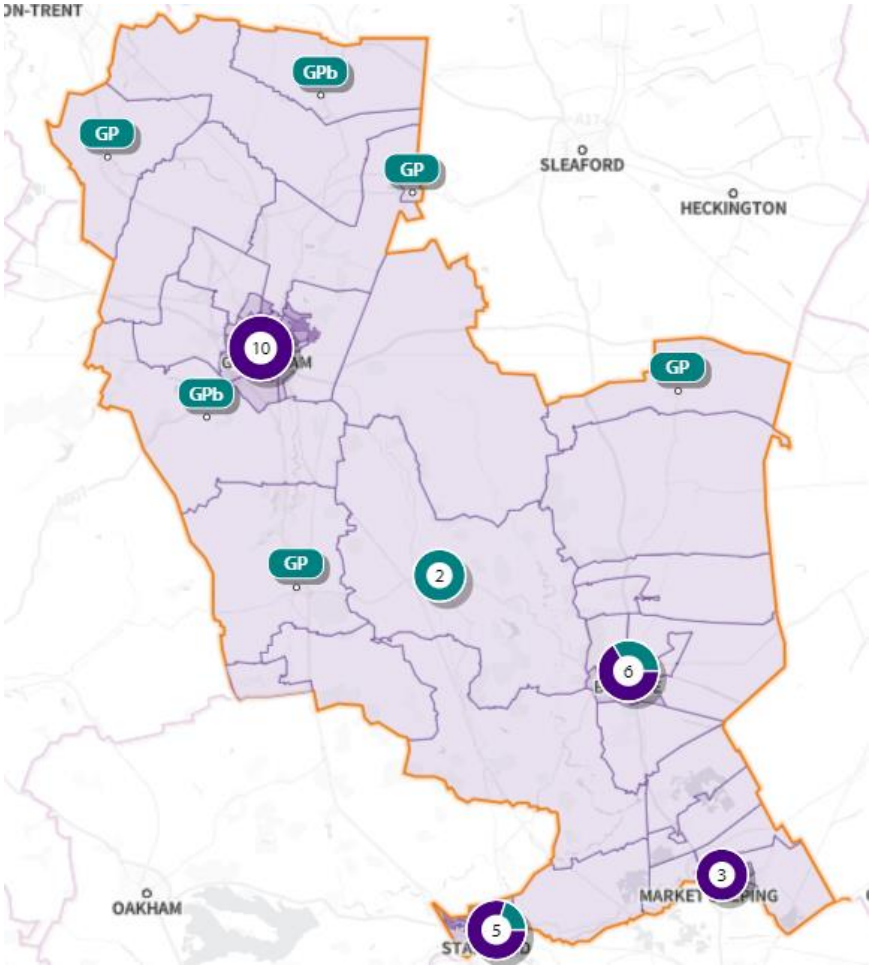
12.2 Necessary services: current provision within the locality's area

There are 21 pharmacies in the locality operated by 14 contractors, two having opened early in 2025. Three were subject to the 100-hour condition but following the amendment to the regulations successfully applied to reduce to 72 hours per week. Ten of the GP practices dispense from eleven premises in the locality. Another practice dispenses, but the premises it dispenses from outside of Lincolnshire. A Leicestershire practice dispenses from a branch

surgery in the locality. The percentage of the practice list sizes that are dispensed to is 23.0 to 97.9%.

As can be seen from the map below, the pharmacies are located in areas of higher population density.

Figure 43: Location of pharmacies and dispensing practice premises compared to population density



Between April and December 2024, 54.5% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 34.9% 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).

The Strategic Health Asset Planning and Evaluation tool confirms that all residents in the locality are within 20 minutes by car of a pharmacy located in the locality.

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 21 pharmacies open as follows.

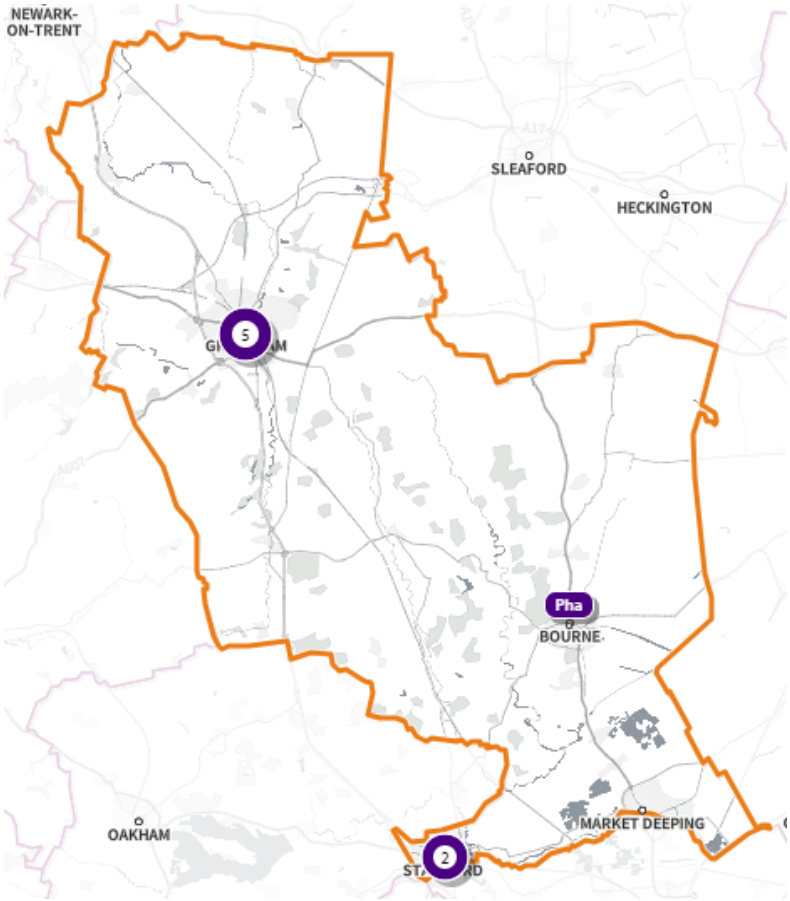
- Five open Monday to Friday (one in each of Bourne, Grantham and Market Deeping),
- seven open Monday to Friday and Saturday morning,
- five open Monday to Saturday, and
- four open seven days per week, one of which was subject to the 100 hours condition. They are in Bourne, Stamford and two in Grantham.

However, when looking solely at core opening hours:

- ten have core opening hours Monday to Friday only,
- three have core opening hours Monday to Friday and Saturday morning,
- seven have core opening hours Monday to Saturday, and
- one has core seven days a week (Grantham).

The map below shows the location of those pharmacies with core opening hours on Saturdays. All residents are within a 20-minute drive of a pharmacy that has core opening hours all day on Saturdays.

Figure 44: Location of pharmacies that have core opening hours all day on Saturdays



Although no pharmacies have core opening hours on Sundays, four pharmacies have supplementary opening hours, one in Bourne, one in Stamford and two in Grantham.

With regard to core opening hours, Monday and Friday:

- one has core opening hours until 16.30,
- one has core opening hours until 17.00,
- seven have core opening hours until 17.30,
- seven until 18.00,
- two until 18.30, and
- three until 21.00 (Stamford and two in Grantham. These are the pharmacies that were previously subject to the 100 hours condition).

When supplementary opening hours are taken into account:

- one is open until 16.30,

- one is open until 17.00,
- six are open until 17.30,
- seven until 18.00,
- two until 18.00,
- one until 20.00, and
- three until 21.00.

One pharmacy in Stamford opens at 07.00, one in Bourne at 08.00, five at 08.30, 11 at 09.00 and one in Bourne at 09.30.

Opening hours information is as of October 2024 as provided by the ICB. For the two new DSPs, the opening hours information is as of April 2025.

The dispensaries within the dispensing practices will generally open in line with the opening hours for the medical practice premises, Monday to Friday.

Two of the pharmacies responded to the contractor questionnaire, with one dispensing all types of appliances and one that dispenses none. Two of the GP practices responded with one confirming it dispenses all types of appliances and the other that it doesn't dispense appliances.

12.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:

- offered by DACs,
- offered by DSPs, or
- which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst 89.3% of items prescribed by the GP practices between April and December 2024 were dispensed by a pharmacy or a dispensing practice in the locality, of the remaining 10.7%:

- 0.6% was dispensed by contractors elsewhere in Lincolnshire,
- 3.0% were dispensed by 45 contractors in Peterborough (predominantly the pharmacy in Glinton and the 100-hour pharmacy in Bretton, and a DAC),
- 2.0% were dispensed by 53 contractors in Leicestershire (predominantly by the pharmacy in Bottesford), and
- 1.9% were dispensed by 12 contractors in Leeds (predominantly by one DSP).

The remaining 2.8% was dispensed by 1,042 contractors in 139 different HWB areas.

While most items were dispensed by a ‘bricks and mortar’ pharmacy, 3.2% were dispensed by 37 DSPs. 1.3% were dispensed by 51 DACs.

When considering the provision of necessary services outside of the locality, all of the locality is within 20 minutes of a pharmacy.

In addition, dispensing practices in neighbouring localities may provide a dispensing service to residents of the locality.

12.4 Other relevant services: current provision

All the pharmacies open at the time provided the new medicine service between April and December 2024. 8,434 full-service interventions were provided between April and December 2024, with a range at pharmacy level of 87 to 984.

Despite at least one pharmacy dispensing all types of appliances, none of the pharmacies provided the appliance use review or stoma appliance customisation services between April 2023 and December 2024.

19 of the pharmacies have signed up to provide the hypertension case-finding service with 18 providing the service between April and December 2024. The range of checks undertaken at pharmacy level is 17 to 2,288. 14 of the pharmacies have undertaken a total of 408 ambulatory blood pressure checks between April and December 2024, with a range of five to 90 checks at pharmacy level.

As of October 2024, ten of the pharmacies have signed up to provide the smoking cessation service but have received no referrals.

15 of the pharmacies provided influenza vaccinations under the advanced service in 2023/24 vaccinating a total of 6,140 people with a range at pharmacy level of seven to 1,1518. 18 provided influenza vaccinations in 2024/25 vaccinating a total of 6,509 people with a range at pharmacy level of five to 2,048.

17 of the pharmacies have signed up to provide the contraception service as of April 2025, 13 having provided an ongoing supply of oral contraception between April and December 2024, and 13 having initiated a supply of oral contraception.

13 of the pharmacies have made 4,178 supplies of lateral flow device tests between April and December 2024.

19 of the pharmacies have signed up to provide the Pharmacy First service and are providing it. A total of 3,683 consultations for the clinical pathways were provided between April and December 2024. The range at pharmacy level was 48 to 637. All have made supplies of urgent repeat medicines over the same timescale – 1,768 supplies with a range at pharmacy

level of nine to 302. 19 have provided consultations for low acuity, minor illness – 1,080 consultations, with a range at pharmacy level of one to 236.
Four pharmacies are commissioned to provide the palliative care drugs enhanced service. One is in Stamford and three are in Grantham, two of which were previously subject to the 100-hour condition.

Six pharmacies are commissioned to provide the Covid-19 vaccination service.

12.5 Other NHS services

The following NHS services are deemed, by the HWB, 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 – like 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, to then return with the vaccine to the practice so that it may be administered. It is not possible to identify the number of items personally administered as they are not recorded separately to those that are dispensed.
- 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, particularly the essential service of dispensing.
- GP extended access hubs - generate prescriptions which affects the need for the dispensing essential service.
- Community nurse prescribers - generate 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.
- Urgent treatment centres and clinical assessment service operated by Lincolnshire Community Health Services NHS Trust - generate prescriptions which affects the need for the dispensing essential service.
- Lincolnshire ADHD service - generates prescriptions which affects the need for the dispensing essential service.

The GP practices in the locality provide the following services which reduce the need for certain pharmaceutical services:

- initiation and ongoing supply of oral contraception,

- flu vaccinations,
- blood pressure checks, and
- advice and treatment for common ailments.

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 Lincolnshire. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies Lincolnshire. A total of 7,451 dental prescription items were dispensed in 2023/24 and 5,657 between April 2024 and January 2025.

The Stamford GP out of hours service is available 19.00 to 22.00 Monday to Friday, and 09.00 to 22.00 Saturdays, Sundays, and public and bank holidays. Access is by phoning NHS 111

Between April and December 2024, the service prescribed 2,029 items. 75.4% of these were dispensed in the locality, with a further 5.6% dispensed elsewhere in Lincolnshire. The remaining 19.0% were dispensed by 19 contractors in nine different HWB areas, predominantly by a 100-hour pharmacy in Bretton.

The Grantham extended access hub provides pre-bookable, non-urgent appoints between 18.30 and 20.00 Monday to Friday, and 09.00 to 17.00 on Saturdays, as well as some early morning appointments from 07.00.

Between April and December 2024, the service prescribed 830 items. 99.0% of these was dispensed in the locality, with a further 0.2% dispensed elsewhere in Lincolnshire, and the remaining 0.7% dispensed in two other HWB areas.

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

- hospital services,
- public health services commissioned by the council, and
- other services provided within a community setting.

12.6 Choice regarding 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 DAC or DSPs outside of the HWB's area.

Between April and December 2024, a total of 1,274 contractors dispensed items written by one of the GP practices, of which 1,152 were outside of Lincolnshire. Some were quite a

distance from the area, for example Leeds, Stoke on Trent, Ealing, Salford, Bristol, and Lancashire.

12.7 Necessary services: gaps in provision

- The HWB has noted that as of April 2025 an application has been submitted to open a DSP in Grantham.

The HWB has noted the location of pharmacies across this locality and in neighbouring HWBs, and the fact that all of the locality is within 20 minutes by car of a pharmacy.

The HWB 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.

However, the HWB has noted that:

- there are six DSPs in its area, with over 400 elsewhere in the country all of whom are required to deliver all essential services remotely which includes delivering dispensed medicines free of charge,
- the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care and pharmacies are required to facilitate remote access (via the telephone or online) to pharmaceutical services by their terms of service, thereby removing the need for some people to visit a pharmacy, and
- some pharmacies offer a private delivery service (for which a fee may be charged).

The HWB is therefore satisfied that there are no current gaps in the provision of necessary services.

12.8 Improvements or better access: gaps in provision

The HWB has noted that of the 21 pharmacies:

- 19 have signed up to and are providing the Pharmacy First service,
- 19 provide the new medicine service,
- 19 have signed up to a18 are providing the hypertension case-finding service,
- 18 provided influenza vaccinations in 2024/25,
- 17 have signed up to provide the contraception service, with 13 having provided it,
- 13 provide the lateral flow device supply service,

- ten have signed up to provide the smoking cessation service,
- four pharmacies are commissioned to provide the palliative care drugs service, and
- six pharmacies are commissioned to provide Covid-19 vaccinations.

Despite at least one pharmacy dispensing all types of appliances, none of the pharmacies provided the appliance use review or stoma appliance customisation services between April 2023 and December 2024. 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 DAC. Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by DACs will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The HWB is satisfied that the number of pharmacies that sign up to provide the contraception service will increase as this service becomes embedded and awareness of it increases.

It has noted that demand for the smoking cessation service is generated by referrals from the hospital and foundation trusts, which are currently not happening due to alternative services that are in place. It is satisfied that should referrals start to be made then the pharmacies will respond accordingly and sign up to provide this service.

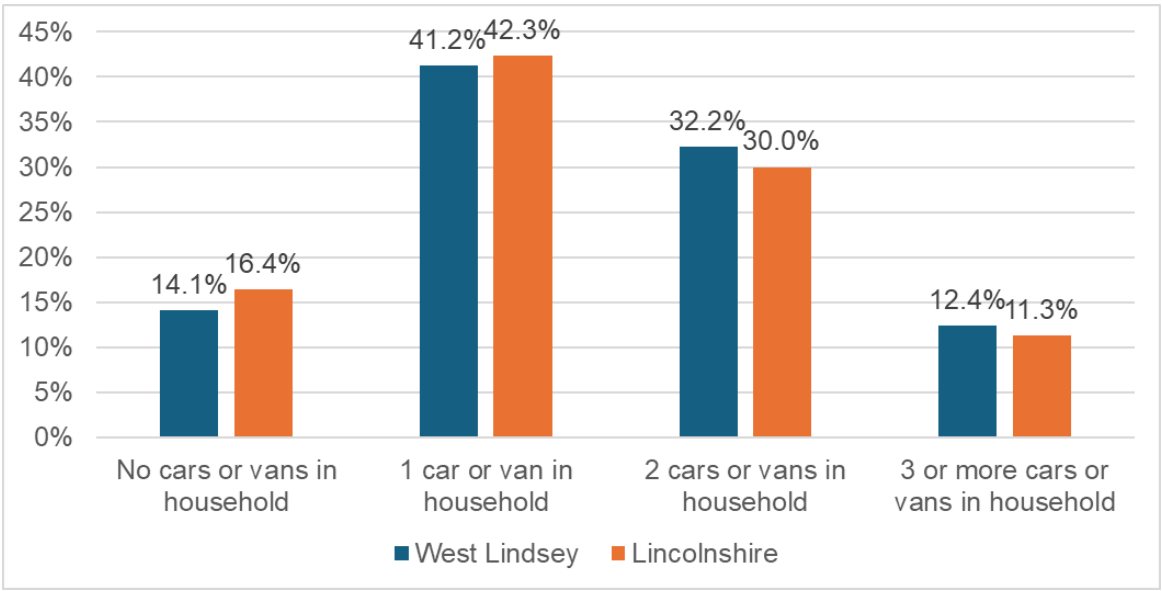
The HWB is therefore satisfied that there are no current gaps in the provision of the other relevant services.

13 West Lindsey locality

13.1 Key facts

- The locality is predominantly rural around the urban area of Gainsborough.
- 98.0% of households have English as the main language of adults in the household, the second highest in Lincolnshire (93.6% for Lincolnshire).
- 98.4% of residents aged 3 years or over speak English. The next most commonly spoken language is Polish (0.3%).
- 14.1% of households do not have a car or van (compared to 16.4% for Lincolnshire as a whole). The wards with the lowest level of car/van ownership are Gainsborough South-West (38.4%), Gainsborough East (27.5%), Gainsborough North (22.5%), and Market Rasen (16.0%). However, there are five pharmacies in the three Gainsborough wards and most residents will be within a 15-minute walk of one of them. The Market Rasen ward covers a mix of rural and urban areas. Looking at car ownership level at lower super output area, it is two lower super output areas in Market Rasen itself that have the lowest levels of car ownership, West Lindsey 003A and 003B at 24.1% and 23.8%, respectively. All those living within 003A are within a 12-minute walk of one of the two pharmacies, as is the built-up area of 003B.
- The figure below compares car ownership levels in the locality to Lincolnshire and shows car ownership is higher than the average for Lincolnshire.

Figure 45: Car ownership in the locality compared to Lincolnshire[18]



- Nine lower super output areas in Gainsborough are in the top quintile for deprivation. There are pharmacies in four of them.

[18] Nomis TS045 - Car or van availability

Central Lincolnshire Local Housing Plan Area

Housing growth for the West Lindsey District Council area is managed within the Central Lincolnshire Local Plan Partnership. The local plan for this planning area indicates a total of 21,496 new homes for the period 2018-2040, at an annual average build rate of 977 per year. Many of these homes are expected to be built in smaller groups and dispersed across the planning area and are therefore considered unlikely to create additional community pharmacy needs beyond that which can be absorbed by existing local pharmacies or DSPs.

However, 14,536 homes are planned in groups where more than 500 homes are to be built in the same locality. Further analysis of the future requirements for pharmaceutical services has been undertaken on developments of more than 500 houses, as these may be more likely to generate additional needs which cannot be met by existing provision arrangements.

West Lindsey District Council

Over the life of the Central Lincolnshire Local Plan a total of 6,960 additional homes are planned in the West Lindsey District Council area, in seven defined areas. 1,400 of these are ascribed to areas bordering the north-east boundaries of the City of Lincoln (Greetwell Road), 1,500 are ascribed to the southern boundaries of Gainsborough; 958 are in clusters around other areas of Gainsborough and surrounding hinterland; 750 are ascribed to the northern boundaries of Gainsborough; 1,049 are ascribed to the combined villages of Dunholme and Welton by Lincoln; 718 are ascribed to the market town of Market Rasen; and 585 ascribed to the village of Cherry Willingham.

If the expected average build rate of 4.5% per year was achieved in West Lindsey for the period of the plan to 2025 then 2,192 of the homes planned in groups of more than 500 for the West Lindsey area will have already been built. At this average delivery rate, a further 940 homes of the remainder are forecast for completion between 2025 and 2028, the lifespan of this PNA, those being added to the existing 42,345 households in the Council area.

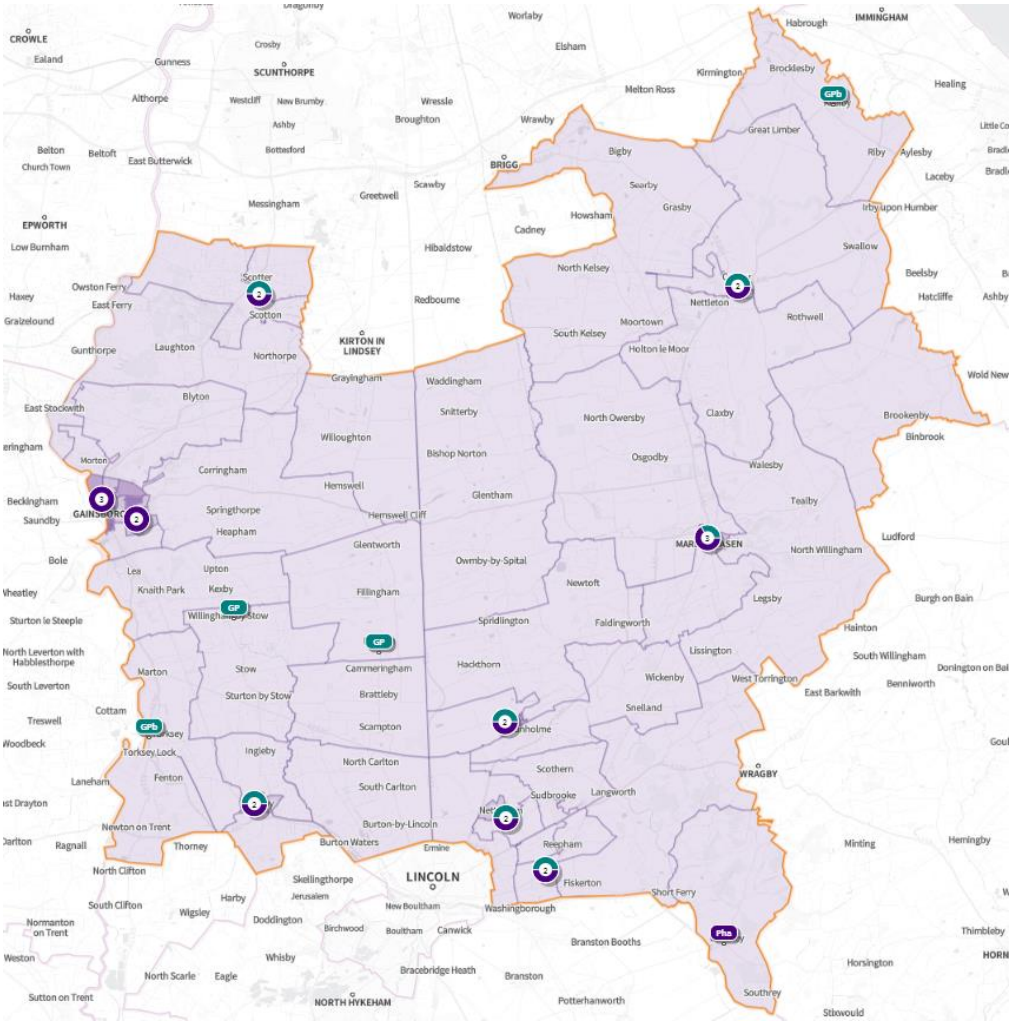
Given the geographical relationship between several existing pharmacies and the distribution of this housing growth, it is unlikely that the need for pharmaceutical services will not be met by existing provision over this period, including the 6% and growing uptake of digital and DSP provision in both Lincolnshire and elsewhere in England.

In addition to the general needs housing provision, an extra care housing facility for older people is under development and due for completion during the lifespan of this PNA. The development features 62 one-bedroom apartments for older people and 10 bungalows available for shared ownership in the village of Welton-by-Lincoln. It is likely that the operator of this facility will make provision for pharmaceutical needs and the impact will not be felt upon community pharmacies or distance pharmacy provision.

13.2 Necessary services: current provision within the locality's area

There are 14 pharmacies in the locality operated by seven contractors. One is a DSP in Market Rasen which opened in July 2024. Nine of the GP practices dispense. A North Lincolnshire practice dispenses from a branch surgery in the locality, as does a North East Lincolnshire practice. The percentage of the practice list sizes that are dispensed to is 15.4 to 88.7%, although it is to be noted that for the two practices mentioned above this will include people living in those HWB areas.

Figure 46: Location of pharmacies and dispensing practice premises compared to population density



Between April and December 2024, 40.4% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 28.2% 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).

The Strategic Health Asset Planning and Evaluation tool confirms that all residents in the locality are within 20 minutes by car of a pharmacy located in the locality.

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 14 pharmacies open as follows.

- Four open Monday to Friday (two in Gainsborough, one in each of Bardney and Market Rasen),
- six open Monday to Friday and Saturday morning,
- three open Monday to Saturday, and
- one opens seven days per week, in Gainsborough.

However, when looking solely at core opening hours:

- ten have core opening hours Monday to Friday only,
- one has core opening hours Monday to Friday and Saturday morning (in Caistor),
- three have core opening hours Monday to Saturday (two in Gainsborough and one in Market Rasen), and
- none have core opening hours on Sunday.

The map below shows the location of those pharmacies with core opening hours on Saturdays.

Figure 47: Location of pharmacies that have core opening hours all day on Saturdays

Whilst no pharmacies have core opening hours on Sundays, a pharmacy in Gainsborough has supplementary opening hours.

With regard to core opening hours, Monday and Friday:

- two have core opening hours until 17.15,
- one until 17.30, and
- 11 until 18.30.

When supplementary opening hours are taken into account:

- two are open until 17.30,
- eight until 18.00,
- one until 18.15,
- two until 18.30 (Welton and Market Rasen), and
- one until 19.00 (Gainsborough).

One pharmacy in Market Rasen opens at 08.30, three pharmacies open at 08.45 (one in each of Cherry Willingham, Gainsborough and Welton), with the remaining ten opening at 09.00

Opening hours information is as of October 2024 as provided by the ICB.

The dispensaries within the dispensing practices will generally open in line with the opening hours for the medical practice premises, Monday to Friday.

Six of the pharmacies responded to the contractor questionnaire confirming that none of them dispense appliances. None of the GP practices responded to the questionnaire.

13.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:

- offered by DACs,
- offered by DSPs, or
- which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst 70.2% of items prescribed by the GP practices between April and December 2024 were dispensed by a pharmacy or a dispensing practice in the locality, of the remaining 29.8%:

- 17.4% were dispensed by 35 contractors in North East Lincolnshire,
- 5.2% were dispensed by contractors elsewhere in Lincolnshire,
- 3.3% were dispensed by 33 contractors in North Lincolnshire,
- 1.7% were dispensed by 24 contractors in Leeds (predominantly by one DSP),
- 0.6% was dispensed by four contractors in Ealing (predominantly by one DSP),
- 0.5% was dispensed by five contractors in Bradford and Airedale (predominantly by one DSP), and
- 0.3% was dispensed in each of Nottinghamshire (66 contractors) and Peterborough (four contractors).

The remaining 2.0% was dispensed by 769 contractors in 131 different HWB areas.

The higher proportion of items being dispensed in a different HWB's area is because two practices have premises in both Lincolnshire and another HWB's area. The prescription data is only available at practice level and cannot be split between the sites.

While most items were dispensed by a ‘bricks and mortar’ pharmacy, 4.6% were dispensed by 60 DSPs. 1.2% were dispensed by 54 DACs.

When considering the provision of necessary services outside of the locality, all of the locality is within 20 minutes of a pharmacy.

In addition, dispensing practices in neighbouring localities may provide a dispensing service to residents of the locality.

13.4 Other relevant services: current provision

All the pharmacies provided the new medicine service between April and December 2024. 4,201 full-service interventions were provided between April and December 2024, with a range at pharmacy level of 17 to 556.

None of the pharmacies provided the appliance use review or stoma appliance customisation services between April 2023 and December 2024.

All the pharmacies have signed up to provide the hypertension case-finding service with 13 providing the service between April and December 2024. The range of checks undertaken at pharmacy level is zero to 513. 11 of the pharmacies have undertaken a total of 213 ambulatory blood pressure checks between April and December 2024, with a range of five to 41 checks at pharmacy level.

As of April 2025, two of the pharmacies have signed up to provide the smoking cessation service but have received no referrals.

12 of the pharmacies provided influenza vaccinations under the advanced service in 2023/24 vaccinating a total of 3,204 people with a range at pharmacy level of 32 to 903. 13 provided influenza vaccinations in 2024/25 vaccinating a total of 4,441 people, with a range at pharmacy level of 111 to 1,299.

All the pharmacies have signed up to provide the contraception service as of April 2025, eight having provided an ongoing supply of oral contraception between April and December 2024, and six having initiated a supply of oral contraception.

11 of the pharmacies made 224 supplies of lateral flow device tests between April and December 2024.

All the pharmacies have signed up to provide the Pharmacy First service and are providing it. A total of 2,225 consultations for the clinical pathways were provided between April and December 2024. The range at pharmacy level was one to 620. 13 have made supplies of urgent repeat medicines over the same timescale – 724 supplies with a range at pharmacy

level of three to 162. 13 have provided consultations for low acuity, minor illness – 688 consultations, with a range at pharmacy level of 13 to 133.

Three pharmacies are commissioned to provide the palliative care drugs enhanced service. One is in Market Rasen and two are in Gainsborough.

Two of the pharmacies are commissioned to provide the Covid-19 vaccination service.

13.5 Other NHS services

The following NHS services are deemed, by the HWB, 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 – like 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, to then return with the vaccine to the practice so that it may be administered. It is not possible to identify the number of items personally administered as they are not recorded separately to those that are dispensed.
- 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, particularly the essential service of dispensing.
- GP extended access hubs - generate prescriptions which affects the need for the dispensing essential service.
- Community nurse prescribers - generate 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.
- Urgent treatment centres and clinical assessment service operated by Lincolnshire Community Health Services NHS Trust - generate prescriptions which affects the need for the dispensing essential service.
- Lincolnshire ADHD service - generates prescriptions which affects the need for the dispensing essential service.

The GP practices in the locality provide the following services which reduce the need for certain pharmaceutical services:

- initiation and ongoing supply of oral contraception,

- flu vaccinations,
- blood pressure checks, and
- advice and treatment for common ailments.

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 Lincolnshire. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies Lincolnshire. A total of 4,117 dental prescription items were dispensed in 2023/24 and 3,550 between April 2024 and January 2025.

The Gainsborough urgent treatment centre is based at John Coupland Hospital, Gainsborough and provides treatment for a range of conditions which are not critical or life threatening. This includes:

- sprains and strains
- suspected broken limbs
- bites and stings
- eye problems
- feverish illness in adults and children
- minor scalds and burns
- emergency contraception.

Between April and December 2024, the centre prescribed 4,533 items. 88.7% of these was dispensed in the locality, with a further 3.9% dispensed elsewhere in Lincolnshire. The remaining 7.4% were dispensed by 336 contractors in 11 different HWB areas, predominantly Nottinghamshire and North Lincolnshire.

The urgent care home visiting service provides urgent support to people to be able to continue to stay at home and avoid going to a hospital. Following a call to the service, people are assessed, and care and support services are identified to enable them to remain safe and well in the comfort of their own home. The service operates seven days a week, 08.00 to 20.00 with the referral line open until 18.30 each day.

Between April and December 2024, the service prescribed 778 items. 4.1% of these was dispensed in the locality, with a further 81.6% dispensed elsewhere in Lincolnshire reflecting the fact that the service is provided across Lincolnshire. The remaining 14.3% were dispensed by 30 contractors in nine different HWB areas, predominantly the 100-hour pharmacy in Bretton.

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

- hospital services,
- public health services commissioned by the council, and

- other services provided within a community setting.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

13.6 Choice regarding obtaining pharmaceutical services

As can be seen from sections 13.2 and 13.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality 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 DAC or DSPs outside of the HWB's area.

Between April and December 2024, a total of 1,054 contractors dispensed items written by one of the GP practices, of which 940 were outside of Lincolnshire. Some were quite a distance from the area, for example Leeds, Bradford and Airedale, Stoke on Trent, Ealing, Salford, Bristol, and Lancashire.

13.7 Necessary services: gaps in provision

The HWB has noted the location of pharmacies across this locality and in neighbouring HWBs, and the fact that all the locality is within 20 minutes by car of a pharmacy.

The HWB 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.

However, the HWB has noted that:

- there are six DSPs in its area, with over 400 elsewhere in the country all of whom are required to deliver all essential services remotely which includes delivering dispensed medicines free of charge,
- the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care and pharmacies are required to facilitate remote access (via the telephone or online) to pharmaceutical services by their terms of service, thereby removing the need for some people to visit a pharmacy, and
- some pharmacies offer a private delivery service (for which a fee may be charged).

The HWB is therefore satisfied that there are no current gaps in the provision of necessary services.

13.8 Improvements or better access: gaps in provision

The HWB has noted that of the 14 pharmacies:

- all have signed up to and are providing the Pharmacy First service,
- all provide the new medicine service
- all have signed up to and 13 are providing the hypertension case-finding service,
- all but one of the pharmacies provided influenza vaccinations in 2024/25,
- all have signed up to provide the contraception service, with eight having provided it,
- 11 provide the lateral flow device supply service,
- two have signed up to provide the smoking cessation service,
- three are commissioned to provide the palliative care drugs service, and
- two are commissioned to provide Covid-19 vaccinations.

None of the pharmacies provided the appliance use review or stoma appliance customisation services between April 2023 and December 2024. 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 DAC. Patients will therefore be able to access these two services via those contractors. In addition, stoma nurses employed by DACs will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The HWB is satisfied that the number of pharmacies that sign up to provide the contraception service will increase as this service becomes embedded and awareness of it increases.

It has noted that demand for the smoking cessation service is generated by referrals from the hospital and foundation trusts, which are currently not happening due to alternative services that are in place. It is satisfied that should referrals start to be made then the pharmacies will respond accordingly and sign up to provide this service.

The HWB is therefore satisfied that there are no current gaps in the provision of the other relevant services.

14 Conclusions

14.1 Necessary Services: Current Provision

14.1.1 Number and distribution of community pharmacies across Lincolnshire

The Lincolnshire HWB is satisfied that the existing evidence regarding both the number and the geographical distribution of community pharmacies that are available to the people of Lincolnshire meet their current health needs and demand for access and choice. Therefore, there is no current need for the provision of additional access to community pharmacy premises in Lincolnshire.

14.1.2 Provision of necessary services across Lincolnshire

The Lincolnshire HWB is satisfied that the existing evidence regarding both the level and the geographical distribution of the provision of all necessary services through community pharmacies across Lincolnshire meet the current health needs and demand for access and choice. Therefore, there is no current need for the provision of additional access to necessary services through community pharmacy premises in Lincolnshire.

14.1.3 Future provision of necessary services

The Lincolnshire HWB is satisfied that the existing evidence regarding the provision of the necessary services through community pharmacies across Lincolnshire meets the future health needs and demand for access and choice. Therefore, there will be no need for additional provision of access to necessary services in the next three to four years in Lincolnshire.

14.2 Necessary Services: Gaps in provision

The Lincolnshire HWB is satisfied that the existing evidence does not identify any gaps in the provision of necessary services through community pharmacies. Therefore, there is no current or future need for improved access to necessary services within existing community pharmacies in any District of Lincolnshire.

14.3 Other Relevant Services: Current provision

The Lincolnshire HWB is satisfied that the existing evidence regarding both the level and the geographical distribution of the provision of the Advanced and Enhanced Services through community pharmacies across Lincolnshire meet the current health needs and demand for access and choice. Therefore, there is no current or future need for the provision of additional access to these services in Lincolnshire.

14.4 Improvements and better access: Gaps in provision

The Lincolnshire HWB is satisfied that the existing evidence does not identify of any gaps regarding provision of Advanced and Enhanced Services through community pharmacies. Therefore, there is no current or future need for improved access to these services within existing community pharmacies in any District of Lincolnshire.

14.5 Other NHS Services

The Lincolnshire HWB is satisfied that the existing evidence does not identify any current or future gaps in the provision of and access to pharmaceutical services across Lincolnshire due to other NHS services that are considered to increase and/or decrease the demand for such services.