

Pharmaceutical Needs Assessment

Statutory Consultation Report

Lincolnshire Health and Wellbeing Board

June 2025

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About

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).

A PNA is a review of the locations, the accessibility of, and the services provided, by pharmacies in Lincolnshire. The PNA provides a description of current provision and making available data, to enable effective future planning.

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.

To meet the requirements of the Regulations, Lincolnshire HWB undertook the minimum 60-day public consultation on the draft PNA which was open for comments from 6 January 2025 and 8 March 2025.

This report outlines the communication and engagement methodology and mandatory consultation process for the Lincolnshire Pharmaceutical Needs Assessment (PNA).

In addition, the comments provided in response to the mandatory consultation process and the response of the Health Scrutiny Committee for Lincolnshire are included as appendices to this report.

Methodology

Direction for the survey method was taken from technical guidance presented in the [Information Pack](#) by the Department for Health and Social Care, published October 2021.

Adhering to these guidelines, all statutory duties have been discharged and extended upon by joint working between Public Health and Lincolnshire County Council (LCC) Engagement and Communication.

As part of the PNA process, the Health and Wellbeing Board has consulted with multiple parties including those parties identified under regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services.

Examples of consulted parties include:

- Lincolnshire Pharmaceutical Committee
- Lincolnshire Medical Committee
- Healthwatch Lincolnshire
- Local NHS Trusts
- Lincolnshire Health Scrutiny Committee
- Contractors on the pharmaceutical lists for the area of the Lincolnshire Health and Wellbeing Board
- The public

Communications and Engagement Methodology

Communications and engagement were undertaken in collaboration with the Lincolnshire County Council (LCC) Community Engagement Team.

Pre-Engagement Activities

In addition to the minimum 60-day mandatory consultation, pre-engagement activities with the key stakeholder groups below were undertaken, seeking views and comments on current pharmaceutical service provision. This included the following:

- Pharmacy contractor questionnaire – provided via the “Let’s Talk Platform”
- Dispensing GP Practice questionnaire. – provided via the “Let’s Talk Platform”
- Service user and public engagement – via Healthwatch Lincolnshire

Mandatory Consultation

The minimum 60-day consultation is a mandatory component of the PNA process. The HWB approved the consultation on the draft PNA document at its meeting on 10 December 2024.

The consultation considered the following questions:

- Has the purpose of the PNA been explained?
- Does the PNA reflect the current provision of pharmaceutical services? If no, please tell us why it does not reflect the provision in your areas.

- Are there any gaps in service provision, for example, where and which services are available that have not been identified in the PNA? If yes, please tell us what has not been identified.
- Does the draft PNA reflect the needs of the people in your area? If no, please describe.
- Does the draft PNA tell you where new pharmacy services need to be created? (This would allow pharmaceutical providers to apply to open new pharmacies or new dispensing premises or chemists). If no, please describe.
- Has the PNA provided information how pharmaceutical services in Lincolnshire may be commissioned in the future? If no, please describe.
- Has the PNA provided information to inform market entry decisions, for example, decisions on applications for new pharmacies and dispensing appliance contractor premises? (A Dispensing Appliance Contractor deals in equipment and appliances rather than pharmaceuticals or drugs). If no, please describe.
- Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA?
- Do you agree or disagree with the conclusions of the draft PNA? Please tell us why.
- Please tell us if you have any additional comments regarding the draft PNA.

Communication activities during the PNA consultation process included:

- Links and documentation were emailed to all County Councillors through Democratic Services on 06 January 2025.
- Links and documentation were shared with all District Councils on 06 Jan 2025 with subsequent follow up 2 weeks prior to the end of the consultation period.
- A summary was published on Int Comms – providing a short summary of the PNA and purpose, and signposting to the PNA document and consultation platform, on 06 January 2025.
- Internal communications were maintained by the LCC Community Engagement Team throughout the 60-day consultation period in the form of reminder messages on Int Comms and direct emails.
- External communications were maintained throughout the 60-day consultation period via the 'Let's Talk Platform' and social media postings created by the LCC Community Engagement Team and shared by LCC.
- Reminder emails and messaging was sent one month after the consultation commenced, and two weeks prior to consultation closing to Steering Group member organisations with request for dissemination throughout their networks.

Feedback consideration

During the consultation period, the Lincolnshire Health Scrutiny Committee reviewed the PNA and related appendices. The committee's feedback is provided in Appendix 3.

Feedback from the statutory survey was collated by Public Health and presented to the PNA Steering Group (SG) on 26 March 2025 to consider the feedback and amend the draft PNA as required. This consultation report provides details on the outcome of the SG meeting and will be published alongside the PNA once approved by the HWB.

4. Timeline

The mandatory PNA consultation period timeline was as follows:

Date	Activity
10 December 2024	Draft PNA document signed off for consultation by the Health and Wellbeing Board
06 January 2025 – 08 March 2025	Mandatory consultation period
March 2025 – May 2025	Feedback reviewed and consultation report produced
10 June 2025	Consultation report presented to the Health and Wellbeing Board and PNA 2025 approved for publication

Equality Impact Assessment

An Equality Impact Assessment (EIA) was carried out as part of the PNA process. (see Appendix 1). The EIA was used to identify any groups with protected characteristics, who may need additional consideration to ensure they were appropriately able to engage with the PNA process.

Responses to both pre-engagement and mandatory consultation were considered in relation to the protected groups named in the EIA.

The EIA (last updated May 2025) identified that the following groups may experience a positive impact from any recommendations made in the report (the EIA identified no negative impacts):

- Age
- Disability
- Pregnancy and Maternity

Accessibility & Inclusivity

- Printed copies of the draft PNA, the response survey, and associated documents, were made available upon request, by emailing HWB@lincolnshire.gov.uk.
- Assistance with reading the draft PNA, and with completing the response questionnaire, was made available by contacting Healthwatch Lincolnshire on 01205 820892 or by making a request by email to info@healthwatchlincolnshire.co.uk.
- Questions regarding equality and diversity were included in the survey and the resulting data used to monitor public engagement.

Consultation Response

The consultation responses were collected, compiled and reviewed by the PNA Steering Group on 26 March 2025 (See Appendix 2).

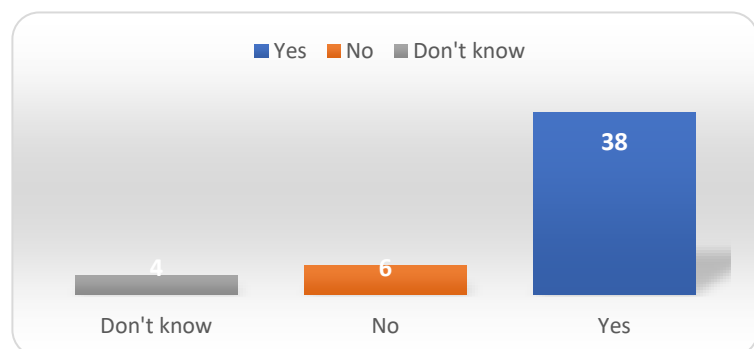
The Let's Talk Lincolnshire consultation platform hosting the draft PNA received:

- 319 Total visits
- 184 Downloads of the draft PNA 2025
- 30 Downloads of the appendices of the draft PNA 2025

In total there were 49 submissions in response to the consultation.

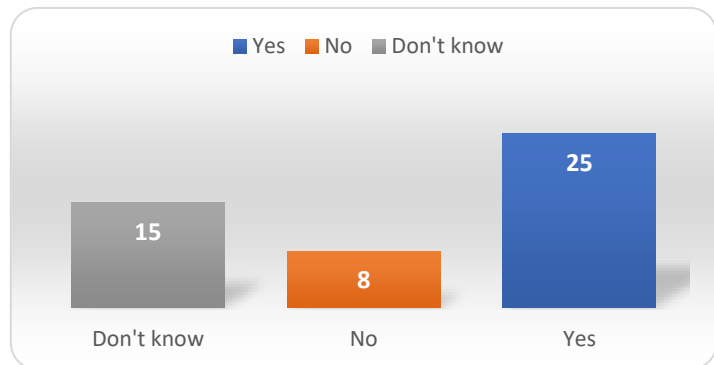
Q1 Has the purpose of the PNA been explained?

- **Yes** (77.55) 38
- **No** (12.24%) 6
- **Don't Know** (8.16%)



Q2 Does the PNA reflect the current provision of pharmaceutical services within your area?

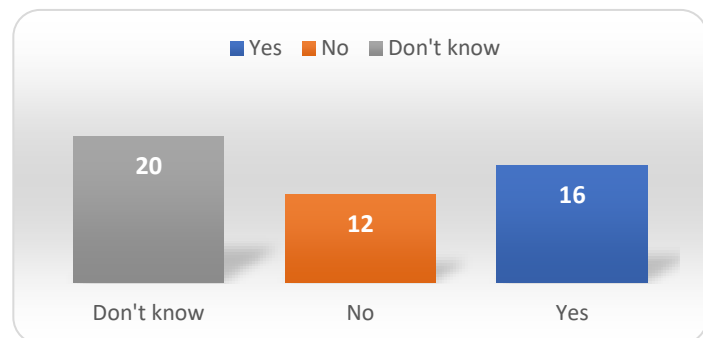
- **Yes** (51.02%)
- **No** (16.33%)
- **Don't Know** (30.61%)



Text responses from those that answered “No” to Q2 above are presented in Appendix 2.

Q3 Are there any gaps in service provision, for example, where and which services are available that have not been identified in the PNA?

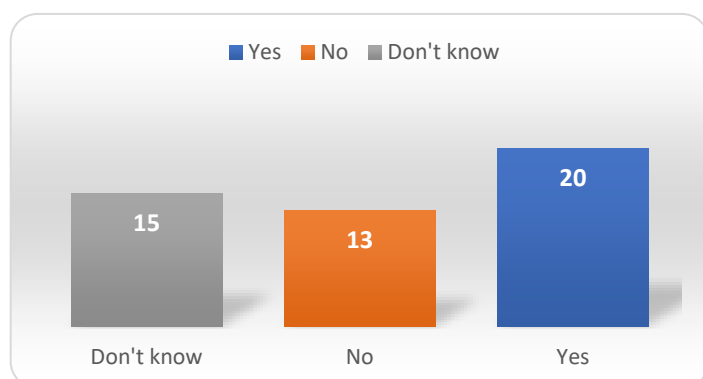
- **Yes** (32.65%)
- **No** (24.49%)
- **Don't Know** (40.82%)



Text responses from those that answered “Yes” to the Q3 are presented in Appendix 2.

Q4 Does the draft PNA reflect the needs of the people in your area?

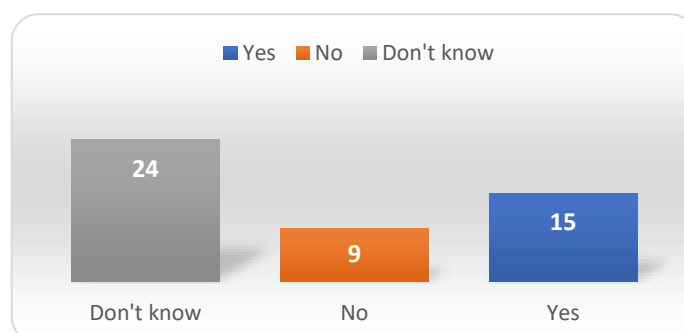
- **Yes** (40.82%)
- **No** (26.53%)
- **Don't Know** (30.61%)



Text responses from those that answered “No” to Q4 are presented in Appendix 2.

Q5 Does the draft PNA tell you where new pharmacy services need to be created? (This would allow pharmaceutical providers to apply to open new pharmacies or new dispensing premises or chemists).

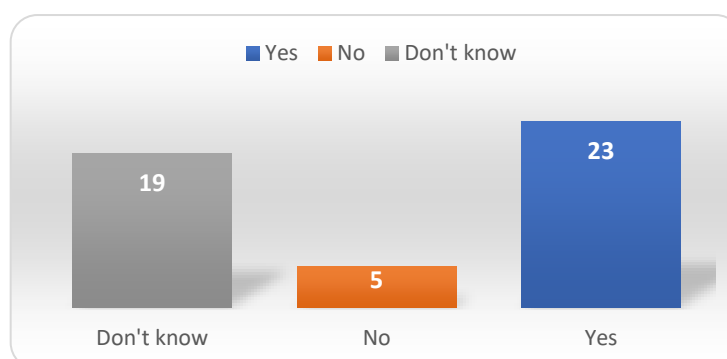
- Yes (30.61%)
- No (18.37%)
- **Don't Know (48.98%)**



Text responses from those that answered “No” to Q5 are presented in Appendix 2.

Q6 Has the PNA provided information how pharmaceutical services in Lincolnshire may be commissioned in the future?

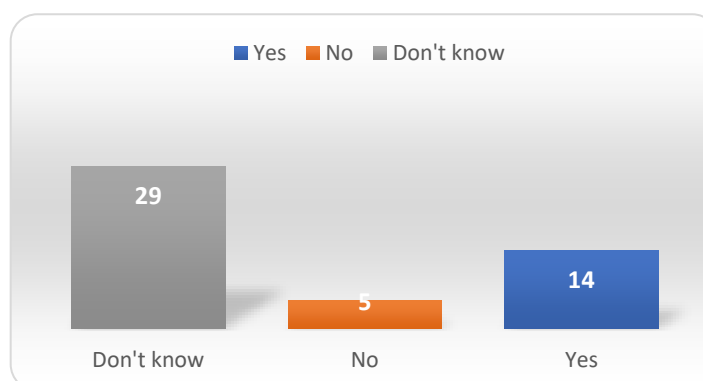
- **Yes (46.94%)**
- No (10.2%)
- Don't Know (38.78%)



Text responses from those that answered “No” to Q6 are presented in Appendix 2.

Q7 Has the PNA provided information to inform market entry decisions, for example, decisions on applications for new pharmacies and dispensing appliance contractor premises? (A Dispensing Appliance Contractor deals in equipment and appliances rather than pharmaceuticals or drugs).

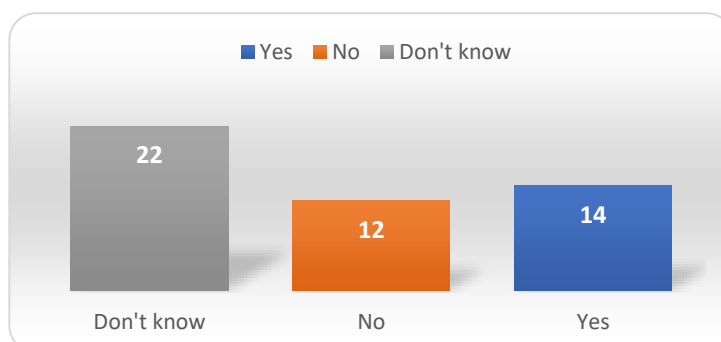
- Yes (28.57%)
- No (10.2%)
- **Don't Know (59.18%)**



Text responses from those that answered “No” to Q7 are presented in Appendix 2.

Q8 Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA?

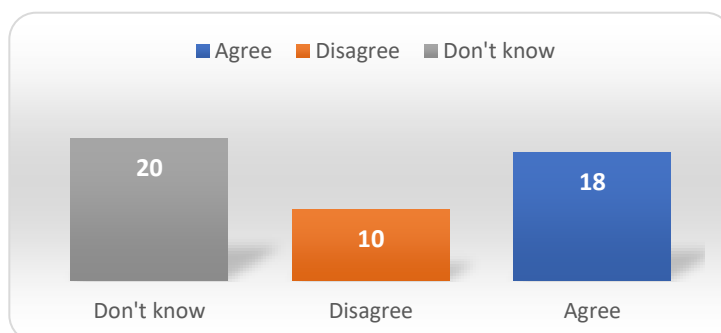
- Yes (28.57%)
- No (24.49%)
- **Don't Know** (44.9%)



Text responses from those that answered “Yes” to Q8 are presented in Appendix 2.

Q9 Do you agree or disagree with the conclusions of the draft PNA?

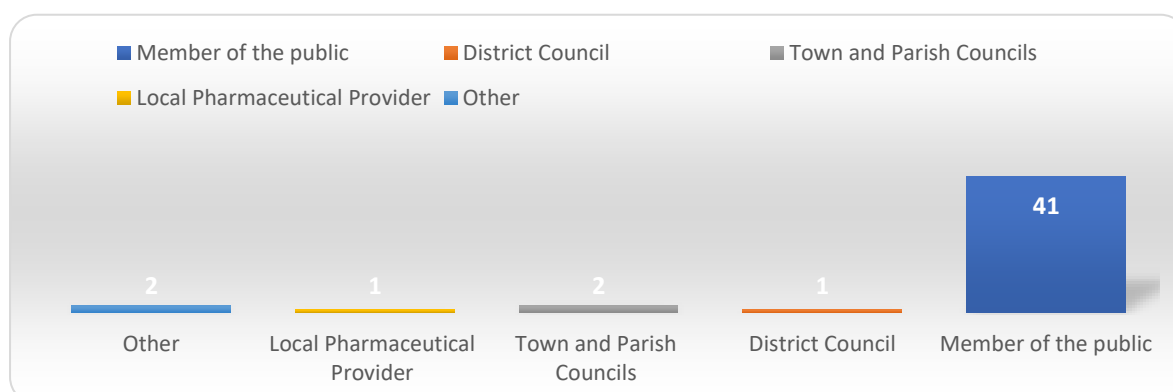
- **Agree** (36.73%)
 - Disagree (20.41%)
 - Don't know (40.82%)
- 20



Text responses from those that answered “No” to Q9 are presented in Appendix 2.

Q10 What is your role or your interest in answering this questionnaire?

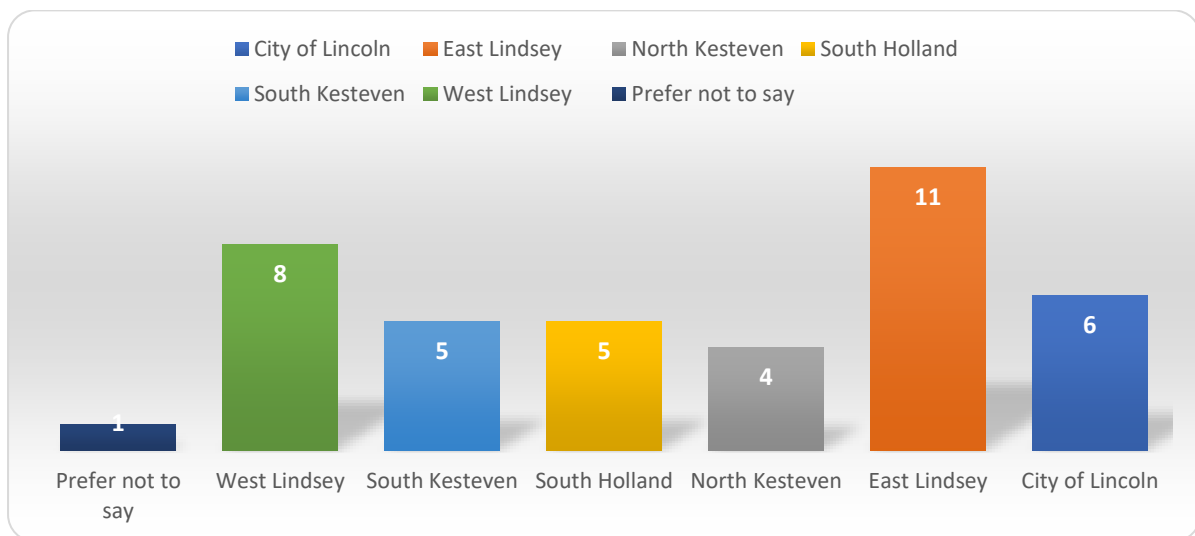
83.6% of responses were provided by members of the public. The remaining responses were made up of those from district, town and parish councils and a pharmaceutical provided. 2 responses



Demographics

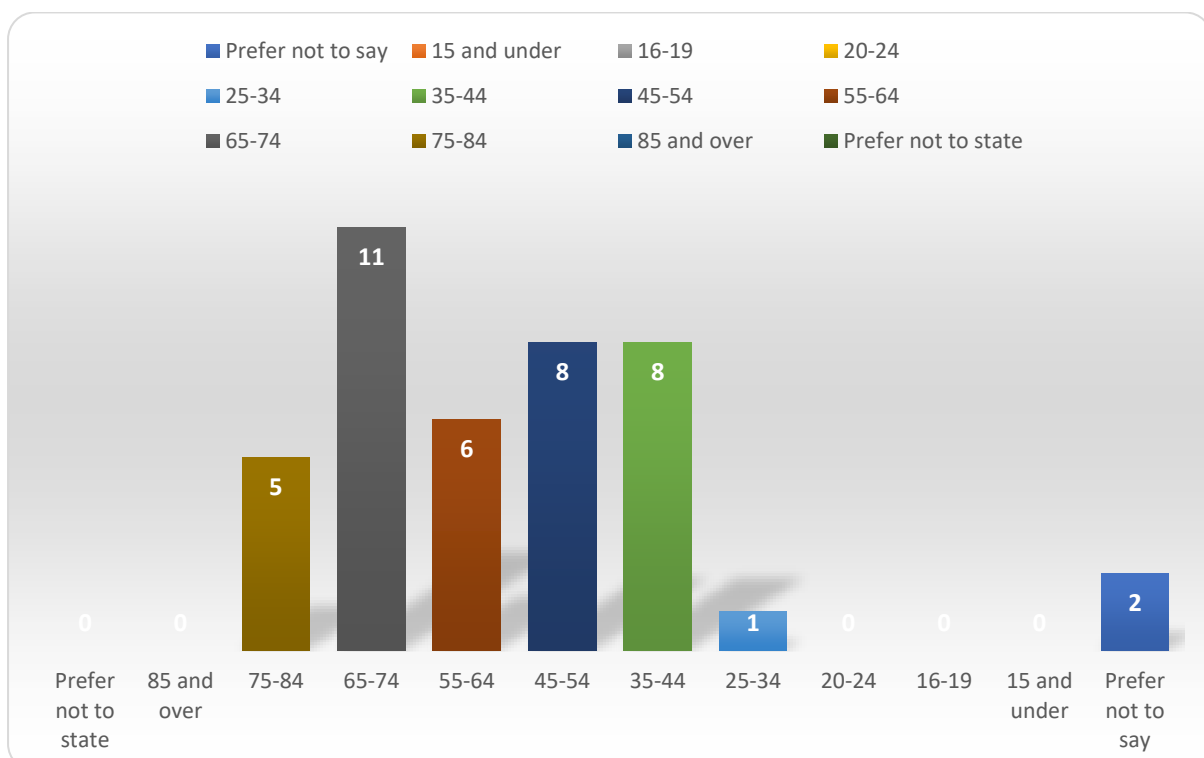
Q18 What district do you live in?

Most respondents lived in the East Lindsey (22.92%), West Lindsey (16.67%) and City of Lincoln (12.5%) districts.



Q20 Please tick your age

Most respondents were aged between 35 and 74. There were no respondents below 25 or above 84 years of age.



Overview of changes made to PNA 2025 documentation following the consultation

- Activity for Aug to Dec 2024 added.
- Sign-up information updated to the most recent information (either end of March or early April).
- Practices' dispensing list information updated.
- Prescription data added for Aug to Dec 2024.
- Dental prescription data added up to Jan 2025
- Increase number of DSPs to six following two opening in 2025 and one relocating out of area on 31 March 2025.
- 2024/25 influenza activity added.
- Information on outstanding applications for inclusion in the pharmaceutical list updated to reflect the position at the beginning of April.

Section 3

- Increase from 114 to 115 pharmacies – two DSPs opened, but one relocated to Grimsby.
- Figure 6, page 54, to be updated.
- Increase from 108 to 111 pharmacies providing NMS.
- Increase from 100 to 106 pharmacies providing influenza vaccinations.
- Increase from 107 to 108 signed up to provide hypertension case-finding service.
- Increase from 22 to 24 pharmacies signed up to provide smoking cessation service (still no referrals though).
- Figure 21, page 77 to be updated.
- Increase from 82 to 105 pharmacies signed up to provide contraception service.
- Increase from 65 to 77 pharmacies providing LFD test supply service.

Changes to the Boston locality section – nine pharmacies

- Eight pharmacies provided flu vaccinations last season compared to seven the year before.
- Increase from four to eight pharmacies that are signed up to provide contraception service. Two have now provided it (was one).
- Increase from four to five pharmacies providing LFDs.
- Reduction from two to one pharmacy signed up to provide smoking cessation, but still no referrals.

Recommendation – none of these change the conclusions in this section.

Changes to the East Lindsey locality section – 23 pharmacies

- Increase from 21 to 22 pharmacies signed up to provide hypertension case-finding service.

- Increase from 17 to 21 pharmacies signed up to provide contraception service and increase from five to 13 have provided it.
- Increase from 12 to 15 pharmacies providing LFDs.

Recommendation – none of these change the conclusions in this section.

Changes to the City of Lincoln locality section – 18 pharmacies

- Increase from 14 to 17 provided flu jabs last season.
- Increase from nine to 12 have provided the contraception service.
- Increase from seven to ten providing LFDs.

Recommendation – none of these change the conclusions in this section.

Changes to the North Kesteven locality section – 19 pharmacies

- Reduction from 20 to 19 pharmacies – DSP relocated to Grimsby. Did very little activity – five items between April and July 2024, nothing after that.
- Reduction from 19 to 18 signed up for hypertension case-finding.
- Reduction from 19 to 18 provided flu vaccinations last season.
- Increase from 12 to 18 have signed up to provide contraception service and increase from eight to 11 have provided it.

Recommendation – none of these change the conclusions in this section.

Changes to the South Holland locality section – now 21 pharmacies

- Two DSPs opened earlier this year
- Increase from 18 to 19 signed up to provide Pharmacy First
- Increase from 18 to 19 signed up to provide hypertension case-finding
- Increase from 15 to 18 provided flu vaccinations last season
- Increase from 16 to 18 signed up to provide contraception, and increase ten to 13 provided
- Increase seven to ten signed up to provide smoking cessation.

Recommendation – none of these change the conclusions in this section.

Changes to the West Lindsey locality section – 14 pharmacies

- Increase from 12 to 13 provide hypertension case-finding
- Increase 10 to all signed up to provide contraception, increase four to eight provided it
- Increase seven to 11 provide LFDs.

Recommendation – none of these change the conclusions in this section.

Opening Hours Appendix

- The DSP relocated to Grimsby has been removed
- The 2 new DSPs have been added

Conclusion

There have been several amendments made to the PNA documentation because of the consultation and changes in provision during this period. The detail is specified above and as indicated, none of these changes affect or alter the conclusions reached in the PNA post consultation document.

Purpose

The purpose of this document is to:

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence evolves on proposals for a:

- project
- service change
- policy
- commissioning of a service
- decommissioning of a service

You must take into account any:

- consultation feedback
- significant changes to the proposals
- data to support impacts of the proposed changes

The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker. The Equality Impact Analysis must be attached to the decision-making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics. The duty cannot be delegated and must be discharged by the decision-maker.

Protected characteristics

The protected characteristics under the Act are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief

- sex
- sexual orientation

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics. By evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms.
- (ii) remove any unlawful discrimination, harassment, victimisation, and other prohibited conduct.
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics.
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an impact analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision-making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision-making report and attach this Equality Impact Analysis to the report.

Impact

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this ask simple questions:

- who might be affected by this decision?
- which protected characteristics might be affected?
- how might they be affected?

These questions will help you consider the extent to which you already have evidence, information and data. It will show where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to decide where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable, then it must be clearly justified and recorded as such. An explanation must be stated as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option

If more than one option is being proposed, you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background information

Details	Response
Title of the policy, project or service being considered	Pharmaceutical Needs Assessment (PNA) 2025
Service area	Public Health Division
Person or people completing the analysis	Charlotte Horn, Public Health Officer, Lincolnshire County Council
Lead officer	Charlotte Horn, Public Health Officer, Lincolnshire County Council
Who is the decision maker?	Lincolnshire Health and Wellbeing Board
How was the Equality Impact Analysis undertaken?	Desk Top Exercise
Date of meeting when decision will be made	24 June 2025
Is this a proposed change to an existing policy, service, project or is it new?	The PNA is an existing needs assessment
Version control	0.4
Is it LCC directly delivered, commissioned, recommissioned, or decommissioned?	Directly delivered needs assessment
Describe the proposed change	The 2025 Pharmaceutical Needs Assessment (PNA) for Lincolnshire assessed the provision of pharmaceutical services within Lincolnshire and the area immediately along the border with neighbouring HWB areas. The assessment makes recommendations: • on if there are any gaps in the provision of pharmaceutical services, • for improvements and/or better access to current provision. It takes into account the evidence in Lincolnshire's current JSNA the new NHS 10 year plan, and local system strategies such as the NHS Five Year Joint Forward Plan produced by the NHS Lincolnshire Integrated Care Board. It does not make any recommendation to stop or reduce provision. Conclusions drawn from the 2025 assessment were that no changes were to be made as provision of pharmaceutical services is satisfactory for the population of Lincolnshire.

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.

To help you do this, consider the impacts the proposed changes may have on people:

- without protected characteristics
- and with protected characteristics

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify, please state 'No perceived benefit' under the relevant protected characteristic.

You can add sub-categories under the protected characteristics to make clear the impacts, for example:

- under Age you may have considered the impact on 0-5 year olds or people aged 65 and over
- under Race you may have considered Eastern European migrants
- under Sex you may have considered specific impacts on men

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. [Visit the LRO website and its population theme page.](#)

If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain [information on the protected characteristics for our workforce](#) on our website. Managers can obtain workforce profile data by the protected characteristics for their specific areas using Business World.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics. If there is no positive impact, please state '*no positive impact*'.

Protected characteristic	Response
Age	Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire. Testing of the potential impact of any changes will be part of the public consultation and subsequent analysis. Availability of alternative access to pharmacy services such as Distance Selling Pharmacies could provide alternative options for access to pharmacy services. Data: Population of Lincolnshire: 782,808 (Office of national statistics 2023 mid-year estimates for Lincolnshire (published 15.07.2024)) 19% (147, 250) aged up to 17 years 57% (448, 264) aged 18-64 years (working age) 24% (187,294) aged 65 years and over Source: Link to data
Disability	The PNA takes account of health needs, with a particular focus on the needs of people living with disabilities and long-term health conditions. It will assess access to, and availability of, Pharmaceutical Services in Lincolnshire and will then consider any actions necessary to reduce inequalities and barriers to pharmaceutical service provision experienced by people with different types of disabilities and potential options may then be considered to improve access and availability. Availability of alternative access to pharmacy services such as Distance Selling Pharmacies could provide alternative options for access to pharmacy services. Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire. Testing these assumptions will be completed as part of the public consultation and subsequent analysis. <u>Data:</u> It is estimated that as of 2023, there are 10,627 working age adults aged 18–64 living in Lincolnshire with a learning disability, whilst 26,585 are living with physical disability or physical disability (using impaired mobility) and 22,864 live with personal care conditions; this represents

Protected characteristic	Response
	13.75.7% (60,076) of the resident population. This is projected to increase by 13.8% by 2027 (60,702). (Source: PANSI, 2021). For older people 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). There are 93,541 persons with a "long-term health problem or disability." (NOMIS 2011 Census Data, Accessed May 2021) There are 154,574 that are classed as disabled under the Equality Act in Lincolnshire There are 72,591 working age persons (Aged over 16) with a long-term health problem or disability (NOMIS Projected 2011 Census Data, Accessed May 2021) Source: Link to data
Gender reassignment	No positive impact anticipated
Marriage and civil partnership	No positive impact anticipated
Pregnancy and maternity	The PNA takes account of health needs, of residents in Lincolnshire. Any recommendation to change in provision may result in a positive impact to those who are pregnant as services will improve if required. Availability of alternative access to pharmacy services such as Distance Selling Pharmacies could provide alternative options for access to pharmacy services. <u>Data:</u> Good maternal health and wellbeing during pregnancy is essential for a child's health, wellbeing and educational outcomes. For Lincolnshire, the General Fertility Rate (GFR) (Live births per 1,000 for women aged 15-44) was, 51.8 per 1,000 women aged 15-44 in 2022.

Protected characteristic	Response
	In 2022, Boston had the highest GFR at 71.4, South Holland has the lowest at 54.4. There is a rise in rate of stillbirths for Lincolnshire from 2.8 per 1000 births (ONS, 2019) to 3.1 (ONS, 2022) Lincolnshire: 2014 – 2018, 1.62% of full-term babies were born with low or very low birth weight; the England average is higher at 2.9%. (PH Intelligence Birth Data). 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. 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 2022) The TFR for Lincolnshire in 2022 is 1.46, slightly lower than the national average of 1.49. TFRs vary by district with Boston having the highest TFR and Lincoln the lowest (1.23)
Race	No positive impact anticipated
Religion or belief	No positive impact anticipated
Sex	No positive impact anticipated
Sexual orientation	No positive impact anticipated

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Positive impacts

Those in rural communities

Lincolnshire has a large community of residents living within rural areas and for whom access to pharmacy services could present challenges without the use of personal transport.

The PNA will assess and give due regard to these communities through the analysis of the services available by distance and population. The examination by the PNA of alternative methods of accessing pharmacy services such as dispensing GP premises or Distance Selling Pharmacies could provide options for those for whom attending a pharmacy poses a challenge.

Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire. Testing these assumptions is completed as part of the assessment.

Adverse or negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is:

- justified
- eliminated
- minimised or
- counter-balanced by other measures

If there are no adverse impacts that you can identify, please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact, please state '*No mitigating action identified*'.

Protected characteristic	Response
Age	'No perceived adverse impact'

Protected characteristic	Response
Disability	'No perceived adverse impact'
Gender reassignment	'No mitigating action identified'
Marriage and civil partnership	'No mitigating action identified'
Pregnancy and maternity	'No mitigating action identified'
Race	'No mitigating action identified'
Religion or belief	'No mitigating action identified'
Sex	'No mitigating action identified'
Sexual orientation	'No mitigating action identified'

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Negative impacts

None.

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders).

You must evidence here who you involved in gathering your evidence about:

- benefits
- adverse impacts
- practical steps to mitigate or avoid any adverse consequences.

You must be confident that any engagement was meaningful. The community engagement team can help you to do this. You can contact them at engagement@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place. Include:

- who you involved when compiling this EIA under the protected characteristics
- any organisations you invited and organisations who attended
- the date(s) any organisation was involved and method of involvement such as:
 - EIA workshop
 - email
 - telephone conversation
 - meeting
 - consultation

State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics, please state the reasons why they were not consulted or engaged with.

Objective(s) of the EIA consultation or engagement activity

Prior to the production of the draft PNA, Healthwatch Lincolnshire undertook pre-engagement with the public.

Their engagement activity included questions about pharmaceutical services and needs. It also looked at the themes of accessibility and travel, why residents use pharmacies and which services they use, the level of satisfaction in relation to pharmacy services, out of hours pharmacy access and challenges faced when using pharmaceutical services in Lincolnshire.

This engagement included engaging with all groups including those with protected characteristics. This work sought to record the public's views on access to pharmaceutical services in Lincolnshire and to ensure there is an equality of access for all people within the Lincolnshire HWB area.

The consultation was based on the draft Pharmaceutical Needs Assessment approved by the HWB at its December 2024 meeting.

The consultation process examined the following questions:

- Has the purpose of the PNA been explained?
- Does the PNA reflect the current provision of pharmaceutical services? If no, please tell us why it does not reflect the provision in your areas.
- Are there any gaps in service provision, for example, where and which services are available that have not been identified in the PNA? If yes, please tell us what has not been identified.
- Does the draft PNA reflect the needs of the people in your area? If no, please describe.
- Does the draft PNA tell you where new pharmacy services need to be created? (This would allow pharmaceutical providers to apply to open new pharmacies or new dispensing premises or chemists). If no, please describe.
- Has the PNA provided information how pharmaceutical services in Lincolnshire may be commissioned in the future? If no, please describe.
- Has the PNA provided information to inform market entry decisions, for example, decisions on applications for new pharmacies and dispensing appliance contractor premises? (A Dispensing Appliance Contractor deals in equipment and appliances rather than pharmaceuticals or drugs). If no, please describe.
- Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA?
- Do you agree or disagree with the conclusions of the draft PNA? Please tell us why.
- Please tell us if you have any additional comments regarding the draft PNA.

Conclusions drawn from the assessment will be tested during the consultation which is a mandatory 60-day consultation, taking place between 06 January 2025 and 08 March 2025. The consultation process is supported by a Consultation and Engagement plan undertaken in partnership with the LCC Engagement Team.

Objective(s) of the EIA consultation or engagement activity

The conclusions of the PNA demonstrated that no change as provision of pharmaceutical services is satisfactory for the population of Lincolnshire.

Who was involved in the EIA consultation or engagement activity?

Detail any findings identified by the protected characteristic.

Protected characteristic	Response
Age	
Disability	68% of respondents to the Healthwatch public engagement reported having a long-term health condition or disability including neurodivergence.
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	
Religion or belief	

Protected characteristic	Response
Sex	
Sexual orientation	
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	Yes. A range of communication channels were utilised to create awareness of the PNA consultation and engage with the public about completing it. Alternative format documents and assistance with accessing and undertaking the consultation was provided via Healthwatch Lincolnshire. Engagement using channels through the LCC Engagement Team meet national standards and requirements for accessibility.
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	Analysis of the PNA by the PNA Steering Group and in acceptance of the HWB, resulted in no requirement for any significant changes to be made to the 2025 PNA. Comments made during the consultation were recorded and analysed by the PNA Steering Group and appropriate responses provided to each. The PNA is a recurring statutory duty for the local authority. Any changes in the pharmaceutical provision in Lincolnshire will be addressed as and when required if occurring during the current 2025-2028 PNA period. Each HWB “must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment”, as required by current legislation. (Quoted from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Further details

Personal data	Response
Are you handling personal data?	No
If yes, please give details	N/A

Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	N/A	N/A	N/A

Version	Description	Created or amended by	Date created or amended	Approved by	Date approved
V0.1	First draft without data.	C.Horn	29.07.24		
V0.2	Updates and corrections	A Christie	15.08.24		
V0.3	Updates and corrections	C Horn	02.05.25		

	Comment	Steering Group Response
Q2	Does the PNA reflect the current provision of pharmaceutical services? If no, please tell us why it does not reflect the provision in your areas	
	1) The quoted 20 min by Car to access pharmacy, seems to be based on a google estimate rather than real life conditions when getting to the end of my road can take 20 minutes due to traffic issues. 2) I am told there are 4 pharmacies open sat/Sunday in my greater area - in practice there are not.	The 20-minute accessibility standard is measured by time: calculated using the normal speed limits but takes into account junctions, crossings and traffic lights, the rush hour option uses additional congestion data and road density analysis. Validated with similar data on Google maps. Contractors should notify the ICB in the event of any temporary suspensions in their service and are obliged to ensure their opening hours and other information are kept up to date. Our assessment is based on the information provided as part of the PNA process and without further information regarding the location, we are unable to provide a further response. The NHS Service Finder provides current information on pharmacy opening hours. Concerns around pharmacies not being open when they could be sent to the team at england.eastmidspharmacy@nhs.net.
	Spalding does not have a pharmacy within 20 minutes' drive. What about all those who do not drive?	There are 3 pharmacies in Spalding and within a 20-minute drive. The 20-minute accessibility standard is measured by time: calculated using the normal speed limits but takes into account junctions, crossings and traffic lights, the rush hour option uses additional congestion data and road density analysis. The standard is then validated with similar data on Google maps.

	Comment	Steering Group Response
	Inefficiency & lack of staff	Concerns about performance or staffing within specific pharmacies is out of the remit of the PNA. Any concerns regarding specific pharmacies should be raised directly with the pharmacy to enable successful resolution.
	We currently have 4 chemists in Skegness & all closed by 8pm, we need 1 open later	Core and supplementary opening hours are based on population need. It would be expected that if required, the supply of urgent medications via Urgent Treatment Centres would be undertaken outside of these hours.
	No mention of almost total unavailability of PERT medicines (e.g. Creon, Neutrazyn etc) from pharmacies in South Kesteven.	Issues around supply of medications are outside of the scope of the PNA and are the responsibility of the Department of Health.
	There is a gap in accessible local provision in the area of Long Bennington	There is a dispensing practice within Long Bennington providing a dispensing service to its registered population. It is noted that should residents wish to, they can access pharmaceutical services within Newark. There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
Q3	Are there any gaps in service provision, for example, where and which services are available that have not been identified in the PNA? If yes, please tell us what has not been identified.	
	The gaps in medication experienced due to length of time repeat prescriptions take to be filled. The pharmacy exists within the criteria but are too over worked and over capacity to refill repeat prescriptions within 7 days. This is an issue because GPs will not prescribe any earlier and so people on life long medications, often have gaps in medication and endure the side effects of this since prescriptions can not be filled in time. This would indicate	Efficiencies of pharmacies are outside of the scope of the PNA. In relation to specific performance issues or concerns, residents should contact the specific pharmacy directly.

	Comment	Steering Group Response
	a gap in the pharmacy capacity even though a pharmacy exists within the rules prescribed as the pharmacy that exists can not provide the service in time and is overworked. I did not see any data in the document that looked at the time it takes to refill repeat prescriptions. This should be looked into as this is a problematic area which indicates a gap	
	Spalding does not have the basic requirements listed	There are 3 pharmacies within Spalding and within a 20-minute drive. The 20-minute accessibility standard is measured by time: calculated using the normal speed limits but takes into account junctions, crossings and traffic lights, the rush hour option uses additional congestion data and road density analysis. The standard is then validated with similar data on Google maps.
	Gedney Hill residents of which many are elderly and don't drive do not have direct access to a pharmacy. There are no service buses in the village. There is a pharmacy in a neighbouring village (Parson Drove) but this too far for them to walk also very dangerous as there aren't any footpaths. Maybe some thought could be given to a local "in set" pharmacy within the village hall or the Morrisons store.	There is a dispensing practice within the Gedney Hill area providing a dispensing service to its registered population. There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	Difficulty on obtaining preventive vaccinations if you don't have access to a car or reliable public transport	There is insufficient information to enable a response to be provided.
	Pharmacy wise Newmarket louth takes referrals for pharm refer however despite being referred by gp surgery for issue they can deal with under the scheme they send back to gp as not trained to deal with the issue or lack basic equipment to be able to assess patients,	Performance of specific pharmacies are out of scope of the PNA and should be raised with the specific pharmacy directly.

	Comment	Steering Group Response
	why are they in the scheme if they can't fulfill their obligations of being in the scheme	
	Irregular pharmacist	Performance of specific pharmacies are out of scope of the PNA and should be raised with the specific pharmacy directly.
	Impossibility of obtaining essential PERT life saving medicines in South Lincolnshire.	Issues around supply of medications are outside of the scope of the PNA and are the responsibility of the Department of Health.
	More surgeries need to do in house dispenser and easier ordering if prescriptions	There is insufficient information to enable a response to be provided.
	Pharmacy in Long Bennington	There is a dispensing practice within Long Bennington providing a dispensing service to its registered population. It is noted that should residents wish to, they can access pharmaceutical services within Newark. There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	There is quite a few to mention	There is insufficient information to enable a response to be provided.

	Comment	Steering Group Response
	There are not enough pharmacy in Spalding, as the one in Sainsbury closed last year leaving only 2 in Spalding town centre.. there are always long queues. . as the population in the Spalding area has grown at a alarming rate.	Any concerns regarding specific pharmacies should be raised directly with the specific pharmacy. If there are significant changes in the population, the HWB will consider if a new assessment and PNA is required. The current provision has been examined and reported on within the current PNA and found that there are 3 pharmacies within Spalding and within a 20-minute drive. In addition, there are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	I think it prudent, particularly in rural villages that Pharmacies are open for longer hours to allow full time working staff to be able to access their services for longer	Residents of a particular area are able to access a pharmacy in a nearby area if they so wish or can utilise one of the over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	The discharge medicines service is under utilised.	Noted.
	GP Practise pharmacy provision only in Wragby. No availability for walk in customers	The Regulations do not allow GP practices to dispense medication to anybody other than their registered patients. In addition, there are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	Yes, none of the pharmacies in North Kesteven provide the appliance use review and stoma appliance customisation services.	The service is being provided within the locality via the DAC.
Q4	Does the draft PNA reflect the needs of the people in your area? If no, please describe:	

	Comment	Steering Group Response
	I do not have a pharmacy available 7 days a week that can be easily accessed. It is difficult to access pharmacies if you work and they are only open monday to friday. The pharmacy nearby cannot refill repeat prescriptions in under 7 days from receipt of the prescription. Two pharmacies in my area that were available after 6pm and on weekends have closed. The Urgent Care Centre does not work, is chaos, unorganised and difficult to access.	Urgent Care Centres are out of the scope of the PNA. There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	Spalding does not have a pharmacy after 5.30pm or after 4pm on a Sunday. Many patients, especially the elderly do not drive or will not drive after dark	There are 3 pharmacies within Spalding and within a 20-minute drive. There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	Lack of access, see previous reply.	There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	Does not address the needs of people who do not have access to a car or reliable public transport	There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	The population of the area is growing & the pharmacy is far too small and slow	If there are significant changes in the population, the HWB will consider if a new assessment and PNA is required. The current provision has been examined and reported on within the current PNA. In addition, there are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are

	Comment	Steering Group Response
		required to deliver all medicines to anybody in any location within England.
	Impossibility of obtaining essential PERT life saving medicines in South Lincolnshire.	Issues around supply of medications are outside of the scope of the PNA and are the responsibility of the Department of Health.
	This is a rural community and there are insufficient, conveniently located pharmacies	There is insufficient information to provide a response. Local dispensing GP Practices provide dispensing services to residents within rural areas. The current provision has been examined and reported on within the current PNA. In addition, there are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	Pharmacy in Long Bennington	There is a dispensing practice within Long Bennington providing a dispensing service to its registered population. It is noted that should residents wish to, they can access pharmaceutical services within Newark. There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.

	Comment	Steering Group Response
	Need a delivery service. Mum used to use queensway chemist but they had issues with delivery service so moved into town but market St nor Boots do delivery.	There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	Need better pharmaceutical provision. GP to narrow a provision.	There is insufficient information to enable a response to be provided.
Q5	Does the draft PNA tell you where new pharmacy services need to be created? (This would allow pharmaceutical providers to apply to open new pharmacies or new dispensing premises or chemists). If no, please describe:	
	The PNA seems to be written to fit the hypothesis of no gaps in service and the fictional 20 minutes by car criteria which is inaccurate and in practice rather than the real world. The fact that Lincolnshire is a rural area seems to be an excuse to not provide services that exist in more urban areas.	The 20-minute accessibility standard is measured by time: calculated using the normal speed limits but takes into account junctions, crossings and traffic lights, the rush hour option uses additional congestion data and road density analysis. Validated with similar data on Google maps.
	Spalding	There is insufficient information to enable a response to be provided, however there are 3 pharmacies within Spalding and within a 20-minute drive.
	Suggests no new services are needed?	Noted.
	Need more in the tattershall and coningsby area due to having disabilities where I need them locally	There is insufficient information to enable a response to be provided. GP practices are under a duty under the Equality Act 2010 to provide reasonable adjustments to those who require them to enable them to utilise their premises and services. Contact should be made with the GP surgery directly to discuss possible adjustments required. There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.

	Comment	Steering Group Response
	Again in Skegness all chemists are closed by 8pm	Core and supplementary opening hours are based on population need. It would be expected that if required, the supply of urgent medications via Urgent Treatment Centres would be undertaken outside of these hours In addition, there are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	It is not that clear as to where within the local area new units could be opened or extend there hours would be good idea	Noted.
	The PNA states that it is satisfied that the existing evidence does not identify any gaps in the provision of necessary services, Advanced or Enhanced 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.	Noted.
Q6	Has the PNA provided information how pharmaceutical services in Lincolnshire may be commissioned in the future? If no, please describe:	
	It is a complex report and very technical for local residents to understand fully	The PNA is a statutory document and therefore is written in line with the specific requirements of the related statutory regulations.
	PNA is too big to permit rational analysis	The PNA is a statutory document and therefore is written in line with the specific requirements of the related statutory regulations.
	No, as above, the PNA states that it 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	Noted.

	Comment	Steering Group Response
	no need for additional provision of access to necessary services in the next three to four years in Lincolnshire.	
Q7	Has the PNA provided information to inform market entry decisions, for example, decisions on applications for new pharmacies and dispensing appliance contractor premises? (A Dispensing Appliance Contractor deals in equipment and appliances rather than pharmaceuticals or drugs). If no, please describe:	
	I have not seen anything related to this.	Noted. It should be noted that public consultation on applications are not a requirement of the statutory regulations.
	These applications are not made known to members of the public widely enough	Noted. It should be noted that public consultation on applications are not a requirement of the statutory regulations.
	No, as above, the PNA states that it is satisfied that no additional provision is required and therefore no information that would inform market entry decisions has been provided.	Noted.
Q8	Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA? If yes, please describe:	
	Sending folk miles away for injections rather than the nearest local Chemist. Tablets delivered from all chemists up to 14 miles away for disabled & sick unable to travel due to their circumstances.	There is insufficient information to enable a response to be provided.

	Comment	Steering Group Response
	Booster vaccinations for flu, covid and particularly RSV, which we have been unable to obtain through our GP, despite having letters to say we are eligible	Pharmacies are able to provide both Covid-19 and Flu vaccinations. Gaps in GP provision of vaccinations should be raised directly with the specific GP practices and are addressed directly by commissioners. RSV is not provided routinely by pharmacies, however there is currently a pilot being undertaken https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/rsv-and-pertussis-vaccination-service/
	Delivery & easier collection	There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	There could be new chemists open on the industrial estate in Skegness, the chemists we have can't cope with the demand during holiday seasons	There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	Provision of PERT medicines.	Issues around supply of medications are outside of the scope of the PNA and are the responsibility of the Department of Health.

	Comment	Steering Group Response
	I would like to think pharmacies could provide services more like for the disabled and elderly those less able to leave the home for example the NHS say go the pharmacy for local colds ear infections etc but when you do they don't check your ears and say to gp as U myself have encountered this so services like this are not working and then you have a game to get a go appointment, services like this should also be provided at home for those who can't get to drs or pharmacy and medication provided via the pharmacy and then the medication delivered and to the patient who must be kept informed even via text message	The Pharmacy First Service is provided by pharmacies providing advice and NHS-funded treatment, where clinically appropriate, for a number of common conditions. GPs are under a duty under the Equality Act 2010 to provide reasonable adjustments to those who require them to enable them to utilise their premises and services. Contact should be made with the GP surgery directly to discuss possible adjustments required. There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	Pharmacies should also be able to offer walk in clinics for minor ailments	Pharmacies are required to provide support for self-care however there is not enough information to provide a specific response. The Pharmacy First Service is provided by pharmacies providing advice and NHS-funded treatment, where clinically appropriate, for a number of common conditions.
	A pharmacy in Long Bennington would enable accessible provision to the community and surrounding communities of pharmacy only and OTC medicines and pharmacy services and take some pressure off the local GP practice.	There is a dispensing practice within Long Bennington providing a dispensing service to its registered population. It is noted that should residents wish to, they can access pharmaceutical services within Newark. There are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	I think we need a drop in community pharmacy in the town centre that can prescribe for those who cannot get in doctors as doctors sending to utc and they are	The Pharmacy First Service is provided by pharmacies providing advice and NHS-funded treatment, where clinically appropriate, for a number of common conditions.

	Comment	Steering Group Response
	stretched enough. However, when you pop into doctors there's very few ppl in there but you can't get an appointment! Baffling.	
	Quiet a few services to be said emreay	There is insufficient information to enable a response to be provided.
	Longer opening hours for rural villages please	There is insufficient information to enable a response to be provided.
	Patient reviews with a view to working with GPS to reduce polypharmacy. Increased scope for minor ailments service.	Working practices between GPs and pharmacies is out of the scope of the PNA. The Pharmacy First Service is provided by pharmacies providing advice and NHS-funded treatment, where clinically appropriate, for a number of common conditions.
	Appliance use review and stoma appliance customisation services, as previously mentioned. Plus, Pharmacy First in every pharmacy (neither of the Distance Selling Pharmacies (DSPs) has signed up to provide the service), and flu vaccinations available in all pharmacies. An increase in the number of pharmacies commissioned to provide the palliative care drugs enhanced service. There are just five now: three in Sleaford, one in Navenby and one in North Hykeham.	The service is being provided within the locality via the DAC.
Q9	Do you agree or disagree with the conclusions of the draft PNA? Please tell us why.	
	"Agree" Comments below:	
	It just seam to be corrected	Noted.
	Appears to have looked into all relevant factors	Noted.
	Comprehensive survey results and agree with conclusions.	Noted.
	It seems like a reasonable plan if it works	Noted.

	Comment	Steering Group Response
	With a continuous growth of houses in all areas pharmacy issues need to be constantly reviewed and this assessment covers this issue.	Noted.
	It reflects the needs of the population	Noted.
	It looks like they have researched everything and I agree that in my area there is no need for additional services	Noted.
	Having reviewed the information provided and considered the provision of pharmaceutical services, these do broadly meet the requirements of people in North Kesteven. 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. Notwithstanding that there may be some residents that may not have access to private transport, or be able to use public transport, there are DSPs in the county that are required to deliver all essential services remotely, including delivering dispensed medicines free of charge. In addition, the Covid-19 pandemic 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.	Noted.
	"Disagree" Comments below:	

	Comment	Steering Group Response
	It uses data that is not accurate. It disregards number of recent pharmacy closures. It does not appear to be impartial. The situation has worsened since the walk in centre in Lincoln was closed on the basis of more pharmacies availability and the urgent treatment centre. GPs appointments are even harder to get, pharmacies have closed, the only A and E provision is in Lincoln. Pharmacies have crumbled under this pressure, the document seems to be looking at the bare minimum of pharmacy provision, there's no capacity in the system, more capacity needs to be built in rather than a document saying there's no gaps as long as you have access to a car and only need the provision monday to friday in working hours. Joined up thinking is need her, how pharmacies relate to wider health care. The report is all about what the pharmacy can do in theory, it does not look at the practice of the overworked staff. If there was enough pharmacy capacity this would take the pressure away from GP Urgent care and A and E. We need to increase pharmacy capacity this is the key to the whole sector.	If there are significant changes in the population, the HWB will consider if a new assessment and PNA is required. The current provision has been examined and reported on. In addition, there are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England. Issues of specific staffing or system processes are out of scope of the PNA.
	Spalding has been ignored	The current provision has been examined and reported on within the current PNA and found that there are 3 pharmacies within Spalding and within a 20-minute drive. In addition, there are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.

	Comment	Steering Group Response
	I don't think it has taken rural areas into account.	The current provision has been examined and reported on within the current PNA. In addition to rural dispensing GP practices, there are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	In theory these things are great but the need for qualified staff is needed	Out of scope.
	Real life medicine availability problems ignored or not addressed.	Out of scope.
	not enough consultation with communities	The PNA has followed the statutory consultation process.
	There cannot surely be absolutely no need for any change at all as concluded by the review?	Noted.
	Very basic and not fully addressing the needs of the community or making the best use of pharmacies.	Not enough information for the committee to provide a response.
	Certain nhs rules seem to forbid patients of GP practice in Wragby from returning to that practice for pharmacy, when patients had chosen to use other outlets years ago. This is not reflected in the PNA.	Out of scope and because of the Department of Health Regulations.
	"Don't Know" Comments below:	
	Not enough information	Noted.
	Unsure as pharmacy options are restricted in rural areas	The current provision has been examined and reported on within the current PNA. In addition to rural dispensing GP practices, there are over 400 Distance Selling Pharmacies (DSPs) within England which can be used by anyone and are required to deliver all medicines to anybody in any location within England.
	I think pharmacies are being expected to do too much. My own pharmacy seemed overwhelmed when doing Covid Vaccines in 2024 as my repeat prescription got	This is out of scope of the PNA and concerns relating to specific pharmacies should be discussed with them directly.

	Comment	Steering Group Response
	progressively later at the end of the year - apart from between Christmas and New Year, but even then there was, apparently a delay in getting part of the prescription ready.	
	Don't feel can fully understand the whole 64 pages to make that decision	Noted.
	Haven't heard anything about it ,don't know anything about it.	Noted.
	At the moment, I would broadly agree with the conclusion that, at present, facilities are adequate, but in view of central government plans to ramp up the housebuilding programme, I think the position needs to be kept under review.	Noted.
	I am always hesitant in whether the ideas of business actually fit into the reality of life. Personally for me longer opening hours at least six days per week would be a huge benefit for rural villages, particularly as my village is not served with a bus service on a Sunday so there is NO access to any pharmacy on a Sunday which for a rural village of all ages I think it should be	Noted.
	not seen it.	Noted.
Q 10	Please tell us if you have any other comments regarding the draft PNA.	
	I did live in a village about 6 years ago and although it had a dispensary at the GPs, I wasn't allowed to use it, only people from the adjacent village. That meant that as my village was a lot larger in terms of population the pharmacy in the village was always full of people waiting for their prescriptions. Yet there were always at least 2	Out of scope and as a result of DH regulations.

	Comment	Steering Group Response
	people in the dispensary at the GPS, but sometimes only 1 in the pharmacy.	
	Make the draft so those not in the medical profession can actually understand what the hell out are going on about you can't be expected to ask public for views when public people everyday folk cant get there head around what you are even saying in the draft.	Healthwatch support was made available for those who required it.
	Where would I find it...	It was provided on the Let's Talk Platform in addition to this survey.

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

RESPONSE OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE TO THE LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2025

The response of the Health Scrutiny Committee to Lincolnshire to the consultation questions on the draft Lincolnshire Pharmaceutical Needs Assessment (PNA) are set out below:

(1) *Has the purpose of the PNA been explained?*

Yes. The PNA 2025 clearly outlines its purpose under Section 1.3, which is to look at how health needs can be met by pharmaceutical services commissioned by the ICB on behalf of the NHS in England. This further aligns with the legislative framework under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA articulates its role in assessing current and future needs for pharmaceutical services across Lincolnshire and improvements that may be required to be made within its lifecycle (three years).

(2) *Does the PNA reflect the current provision of pharmaceutical services within your area?*

The PNA provides a comprehensive overview of current provision within and outside the Health and Wellbeing Board's area (Section 3.1), which includes community pharmacies and their geographical distribution across the county. This refers to pharmacies, including 100-hour pharmacies), Distance Selling Pharmacies (Section 3.1.1 & Figure 6) and Dispensing GP surgeries which serve rural areas within the county (Section 4.1.2 & Figure 1). The report also reflects on existing enhanced services such as Pharmacy First and palliative care drug access (Sections 3.3.1.9 & 3.3.1.11). Finally, granular detail of service distribution is provided through the locality level analysis in each of the Sections 7-13.

(3) *Are there any gaps in service provision, for example, where and which services are available that have not been identified in the PNA?*

The Committee is satisfied that there are no current or future gaps in provision; and the Committee is satisfied that existing evidence does not indicate any gaps in the provision of necessary services through community pharmacies across any district in Lincolnshire (Section 14.2 page 163); the report indicates that there is no need for improved access to necessary services, to advanced and enhanced services or to other NHS services; and this is due to the existence other NHS services that are considered to increase and/or decrease the demand for such services.

Nevertheless, some concerns are echoed in relation to accessibility for residents who lack access to private transport, those who experience limited availability of public transport services and those who are physically unable to access physical locations. The increase in the number of applications for Distance Selling Pharmacies (either in Lincolnshire or elsewhere) addresses this. The Committee therefore concludes that concerns are currently managed to a satisfactory level according to the PNA.

(4) *Does the draft PNA reflect the needs of the people in its area?*

Yes; the PNA 2025 incorporates demographic trends (e.g., aging populations and deprivation hotspots) (Section 2.1); health inequalities linked to disease prevalence (Section 2.2.2) and rurality (pages 12-13) and considers public feedback from the public engagement. However, placing greater emphasis on young people's needs that could be met through pharmaceutical services (for example, mental health services and services relevant to substance misuse) could in future be elaborated on as to how these could be addressed with a view to relieve GP and other NHS services.

(5) *Does the draft PNA tell you where new pharmacy services need to be created?*

The Committee accepts the Health and Wellbeing Board's findings (as summarised in section 14 of the PNA) that there are no immediate gaps in pharmacy provision. Whilst for each locality expected housing growth is modelled and in some places is extensive, the Committee accepts that that there will be no need for additional provision during the next three years of the PNA.

(6) *Has the PNA provided information how pharmaceutical services in Lincolnshire may be commissioned in the future?*

PNA 2025 explains how the service is currently commissioned and provides an outline of how pharmaceutical services may be commissioned in the future, through changes in public health priorities, technological advancements, such as digital prescribing, and emerging healthcare models, such as pharmacy-led health hubs. Pharmacy First and hypertension case-finding are existing examples of the expanded offer of community pharmacies in recent years.

(7) *Has the PNA provided information to inform market entry decisions, for example, decisions on applications for new pharmacies and dispensing*

appliance contractor premises? (A Dispensing Appliance Contractor deals in equipment and appliances rather than pharmaceuticals or drugs).

Yes. The geographic and service-level gap analyses (Sections 6–13) provide a clear evidence base for applications.

(8) Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA?

Future pharmaceutical services in community pharmacies could include expanded preventative health services such as weight management programmes, and mental health screenings. Chronic disease management could be enhanced with diabetes clinics, asthma reviews, and heart health checks. Pharmacies could also integrate advanced digital services like AI-powered symptom assessment tools, virtual consultations, and automated medication dispensers. Minor ailment care could expand to include UTI testing, skin condition management, wound care, and menopause support. Additionally, community-based services like dementia care, palliative medication access, and substance abuse support could improve healthcare accessibility. Emerging areas/trends such as pharmacogenomic testing and DNA-based health screening could further personalise medication and wellness plans.

(9) Do you agree or disagree with the conclusions of the draft PNA?

The Committee agrees with the conclusions, which are evidence-led and align with Lincolnshire's Joint Strategic Needs Assessment (Section 1.2.1).

(10) Please tell us why you agree or disagree in (9).

The Committee agrees with question 9. The Committee is satisfied that the PNA robust demographic and health data, the use of detailed locality-specific information, and the alignment with the Joint Health and Wellbeing Strategy.

(11) Please tell us if you have any other comments regarding the draft PNA.

The PNA acknowledges that while its primary focus is on pharmaceutical service provision, there are additional healthcare services available to patients beyond local pharmacies. The Committee recognises positive examples, where home healthcare services provide essential medical treatments (such as regular infusions), ensuring that patients can receive the care they need in a convenient and accessible way. This highlights the broader healthcare support network that complements pharmaceutical services, offering flexibility and tailored solutions for patients with specific needs.

The Committee recognises the importance of ensuring that community pharmacies are adequately supported to continue delivering essential services to Lincolnshire residents. While the PNA confirms that there are no immediate gaps in provision, there are significant challenges facing pharmacies that could impact long-term sustainability and service delivery.

Further, the Committee acknowledges that concerns on the provision of pharmacy services, which were previously recorded at the Committee's meeting on 4 December 2024, are beyond the scope of this consultation exercise, which is essentially focused on gaps in existing and future provision across Lincolnshire. These concerns include:

- Concern over rural service disparities; that Lincolnshire rural communities receive a service of lower quality standards compared to urban areas, particularly as they lack access to the enhanced services that community pharmacies now offer (e.g., Pharmacy First services). Furthermore, it is noted that nor dispensing GP practices in rural areas do provide these services, creating inequalities in access to pharmaceutical care.
- Concern over accessibility issues for residents without access to private transport. The Committee notes that elderly residents and those without access to private transport, particularly in rural areas may be disproportionately affected as they struggle to access their GP practices or pharmacies due to poor public transport links. While the PNA acknowledges cross-border access to pharmaceutical services, the Committee urges for a need to ensure that these arrangements are in practice user-friendly, especially for those with mobility issues.
- It is noted that pharmaceutical service planning is often designed with metropolitan areas in mind, making it less suited to Lincolnshire's sparse rural population. This ought to be taken under consideration in every assessment and policy considerations.
- Interoperability between pharmacy and GP records, lack of data sharing and IT system challenges (inc. cross-boarder interface) are noted by the Committee as they disrupt the necessary efficient and seamless transfer of personal data and health records. The Committee acknowledges the complexity of transitioning to a unified digital records system which requires national efforts to be delivered and successfully put in place and agrees that strengthening digital innovation ought to be a priority for the futureproofing of pharmaceutical service provision.
- The Committee notes potential disparities in accessing medical appliances by various pharmacy providers. Whilst it is acknowledged that this is outside the scope of the PNA, a concern is raised about the need of patients to travel significant distances, in order to reach a certified provider, which would be exacerbated by the aforementioned combination of rurality and lack of means of private transport (in conjunction with lack of reliable public transport).
- Community pharmacies play a crucial role in the shift from secondary to community care, yet they face increasing financial pressures. NHS funding for community pharmacy has decreased in real terms by 30% since 2015, despite an expansion in the services they are expected to provide. This financial strain, combined with rising operational costs (such as the increase in employer National Insurance contributions) places many community pharmacies at risk of closure, with data suggesting that nearly one in six could close within the next year. This has a domino effect on the ability to retain and invest in

workforce (also impacted by the increases in National Living Wage, as well as other inflationary pressures, such as energy cost rises). There needs to be a clear commitment to supporting pharmacies with sustainable funding to ensure they can continue to meet patient needs.

- The Pharmacy First initiative is a welcome step in enhancing access to care and reducing GP workload, but its implementation presents challenges. The current requirement for GP referrals before pharmacists can treat minor ailments creates an unnecessary barrier for patients and increases demands on GP time. This process should be reviewed to allow direct patient access to Pharmacy First services, particularly in rural areas where many residents are registered with dispensing GP practices and may not have easy access to a community pharmacy.
- Finally, the Committee notes the need for enhanced collaboration with primary care networks to reduce potential duplication of efforts and maximise service delivery.