



## **Notice of a public meeting of Health and Wellbeing Board**

**To:** Councillors Steels-Walshaw (Chair), Runciman, Webb, and Cullwick,  
Anja Hazebroek - Executive Director of Communications, Marketing and Media Relations, NHS Humber and North Yorkshire Health and Care Partnership (Interim Vice Chair)  
Michael Ash-McMahon – Interim York Place Director, Humber and North Yorkshire ICB  
Peter Roderick - Director of Public Health, City of York Council  
Siân Balsom – Manager, Healthwatch York  
Dr Emma Broughton – Joint Chair of York Health & Care Collaborative  
Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk and Wear Valleys NHS Foundation Trust  
Sara Storey – Corporate Director, Adults and Integration, City of York Council  
Martin Kelly - Corporate Director of Children's and Education, City of York Council  
Pauline Stuchfield – Director of Housing and Communities, City of York Council  
Simon Morritt - Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust  
Mike Padgham – Chair, Independent Care Group  
Alison Semmence - Chief Executive, York CVS  
Fiona Willey – Chief Superintendent, North Yorkshire Police  
Tom Hirst – Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service

**Date:** Wednesday, 24 September 2025

**Time:** 4.30 pm

**Venue:** West Offices - Station Rise, York YO1 6GA

## **A G E N D A**

### **1. Apologies for Absence**

To receive and note apologies for absence.

### **2. Declarations of Interest** (Pages 3 - 4)

At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

*[Please see attached sheet for further guidance for Members].*

### **3. Minutes** (Pages 5 - 18)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on **Wednesday, 16 July 2025**.

### **4. Public Participation**

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting. The deadline for registering at this meeting is at **5.00pm on Monday, 22 September 2025..**

To register to speak please visit [www.york.gov.uk/AttendCouncilMeetings](http://www.york.gov.uk/AttendCouncilMeetings) to fill out an online registration form. If you have any questions about the registration form or the meeting please contact the Democracy Officer for the meeting whose details can be found at the foot of the agenda.

### **Webcasting of Public Meetings**

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers

who have given their permission. The public meeting can be viewed on demand at [www.york.gov.uk/webcasts](http://www.york.gov.uk/webcasts).

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates ([www.york.gov.uk/COVIDDemocracy](http://www.york.gov.uk/COVIDDemocracy)) for more information on meetings and decisions.

**5. Report of the City of York Safeguarding (Pages 19 - 24) Children Partnership Annual Report 2024/2025 and the Independent Scrutineer Report**

This report is a covering report for the main City of York Safeguarding Children Partnership Annual Report 2024/25 and the Independent Scrutineer Report.

The City of York Safeguarding Children Partnership Annual Report sets out the work that has been undertaken by partners and the sub-groups of the Partnership during that time.

**6. Pharmaceutical Needs Assessment (PNA) (Pages 25 - 184) 2025-2028**

This report provides an overview of the updated Pharmaceutical Needs Assessment (PNA) 2025-2028, outlining the process undertaken to produce the assessment and the main outcomes.

The board is asked to approve the report for publication on the City of York Council website and the Joint Strategic Needs Assessment (JSNA) website.

**7. Delivery of the Joint Health and Wellbeing (Pages 185 - 198) Strategy & Performance Monitoring (Goal 5)**

This paper provides the Board with an update on the implementation and delivery of Goal 5 in the Joint Local Health and Wellbeing Strategy 2022-2032. It also includes information on performance monitoring. The Board are asked to note the report.

**8. Verbal Update from the York Health and Care Partnership**

This report is a verbal update from the York Health and Care Partnership, delivered to the board by the Interim York Place

Director, Humber and North Yorkshire ICB. The Board is asked to note the update.

**9. Health and Wellbeing Board Chair's Report** (Pages 199 - 202)

This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board (HWBB), giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.

**10. Urgent Business**

Any other business which the Chair considers urgent under the Local Government Act 1972.

## **Democratic Services Officer**

Ben Jewitt

Contact Details:

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**For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:**

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

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我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی میا کی جاسکتی ہیں۔ (Urdu)

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**Declarations of Interest – guidance for Members**

- (1) Members must consider their interests, and act according to the following:

<b>Type of Interest</b>	<b>You must</b>
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) <b>OR</b> Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) <b>OR</b> Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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## City of York Council

Committee Minutes

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Meeting	Health and Wellbeing Board
Date	16 July 2025
Present	<p>Councillors Steels-Walshaw (Chair), Runciman, Webb and Cullwick; Michael Ash-McMahon – Interim York Place Director, Humber and North Yorkshire ICB Siân Balsom – Manager, Healthwatch York Peter Roderick – Director of Public Health, City of York Alison Semmence – Chief Executive, York CVS Pauline Stuchfield – Director of Housing and Communities, City of York Council Maxine Squire – Assistant Director, Education and Skills, City of York Council (Substitute for Martin Kelly) Michael Melvin - Director of Adult's Safeguarding, City of York Council (Substitute for Sara Storey) David Kerr – Community Mental Health Transformation Programme and Delivery Lead – Tees, Esk and Wear Valleys Foundation Trust (Substitute for Zoe Campbell) Simon Morritt – Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust</p>
Apologies	<p>Zoe Campbell – Managing Director, North Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust Martin Kelly – Corporate Director, Children's and Education, City of York Council Sara Storey – Corporate Director of Adult's and Integration Tom Hirst – Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service Fiona Willey – Chief Superintendent, North Yorkshire Police</p>

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Absent

Dr Emma Broughton – Joint Chair of York  
Health and Care Collaborative  
Mike Padgham – Chair, Independent Care  
Group

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**1. Apologies for Absence (4:36pm)**

The board received apologies from the Managing Director, North Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust, who was substituted by the Community Mental Health Transformation Programme and Delivery Lead.

The board received apologies from the Corporate Director of Adult's and Integration, City of York Council, who was substituted by the Director of Adult's Safeguarding.

The board received apologies from the Corporate Director, Children's and Education, City of York Council, who was substituted by the Assistant Director, Education and Skills.

The board received apologies from the Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service; no substitute was available.

The board was advised that the Chief Superintendent, North Yorkshire Police was running late due for operational reasons.

**2. Declarations of Interest (4:39pm)**

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda. None were declared.

**3. Minutes (4:39pm)**

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday 7 May, 2025.

**4. Public Participation (4:39pm)**

It was reported that there had been one registration to speak under the Council's Public Participation Scheme.

Ben Ffrench spoke on item 8; discussing the work of York Mental Health Partnership and the development of community mental health services.

**5. Healthwatch York Report: Women's Health: Stories of Women's Health Experiences in York (4:45pm)**

The item was introduced by the Manager of York Healthwatch, discussing the experiences of women in York with health services. She noted that the overwhelming message of the report was that the women who responded just wished to be listened to.

The two Women's Health items (the Healthwatch York Report and the Public Health Team Report) were both discussed together.

The Chair noted that the inaction, lack of change and lack of data highlighted by both reports was disheartening.

The Director of Public Health responded that every effort was made to gather information – it was simply a case of gender being collected separately when identifying an individual and not as part of the health statistics, which were not specifically disaggregated by gender at a national level.

He suggested that wherever possible for internal use, partner organisations might make efforts going forward to disaggregate gender and the broad if not detailed categories of ethnicity outlined by the Office of National Statistics, in order that this not be an issue at a local level.

The Chief Executive, York CVS asked where the actions following these reports would sit, since clearly they were not all for one agency and a lot of issues and recommendations had been highlighted. She asked if there would be an action plan linked to this to track progress.

The Director of Public Health invited the Interim York Place Director to speak about the Women's Health Hub, asking whether the ICB would be tying that into that into a broader women's health strategy (and if not perhaps the board partners may wish to discuss one). The Interim York Place Director stated that while he couldn't answer on this issue specifically there was a focus on this issue across the ICB.

He agreed that there was a statutory obligation here for the ICB but queried how best to bring examples raised in the reports into the broader strategy, suggesting that the York Health and Care Partnership could specifically look at these.

The Director of Public Health assured that many actions were being picked up through other partnerships; he stated that some of the work around violence against women and girls within this strategy would be picked up through the community safety partnership and domestic abuse also had its own dedicated partnership, and before drawing up an action plan partners should consider these partnerships.

The Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust confirmed that with Healthwatch reports, there was a process that partner organisations went through to consider the recommendations, as such this could be dealt with by family health.

He suggested that a Joint Strategic Needs Assessment was needed to properly reflect the Health Needs Assessment and the wider needs of women's health and be the driver for future strategies for the Health and Wellbeing Board, Place and ICB.

The Director of Public Health responded that this was a good challenge since the JSNA website probably did not currently disaggregate its data (as had earlier been encouraged) and this would be one action to take away in terms of the way data was presented there. He said that the ICB and the Council were well placed to utilise local data and intelligence to really know the population, even when national data didn't provide this option.

Councillor Webb noted the first recommendation on page 64 of the report, and discussed one case wherein there was a five-day delay for the team around baby to remove a tongue tie.

The Manager, York Healthwatch confirmed that York has had a difficult history with mother and baby units and this also needs pressing at a national level. It was important for mothers to be catered for in the right place, and the nearest dedicated units to York were in Leeds and Morpeth and York residents relatives had found it difficult to visit them in Morpeth, let alone the next closest units in Nottinghamshire and Derbyshire.

She advised that Healthwatch report did not contain a large number of recommendations, because it was more focused on having a conversation about the content, but they had specifically added these ones because they had heard time and time again about the impact on women, their mental health and well-being, ability to feed a baby, better sleep for everyone in that household and feeling more able to cope with the joys of new parenting.

She also stated that the York Health and Care Collaborative (YHCC) had held discussions about neighbourhood health and women utilising GP access more than the general population around mental health and pain, and although Healthwatch hadn't made many recommendations about these long-term conditions she hoped that through the YHCC this could be further examined.

The board thereby

Resolved: i. To note and discuss the report  
ii. To consider the challenges system partners face to address poor health outcomes for women in the city, using the six key priorities outlined in the report as its focus.

Reason: To keep up to date with the work of Healthwatch York and be aware of what members of the public are telling us.

## **6. Women's Health Needs Assessment (4:45pm)**

The item was presented by the Public Health Specialist Practitioner (Advanced) and was discussed together with the Healthwatch Report (see above)

She noted that the methodology of a Health Needs Assessment would usually involve direct inclusion of the voices of women, but because the authors had been aware of the concurrent Healthwatch report, it was decided that this report would be undertaken as a Rapid Health Needs Assessment and a Desk-based Needs Assessment; interviewing stakeholders and looking at what the health needs of local women were according to those stakeholders, with the intention of identifying areas where influence could be applied through strategy, commissioning, or programme funding.

She said that information had been discerned both from these findings and the findings of the Healthwatch report, in order to identify the key priority areas for women in York.

The key issues identified included:

- Caring responsibilities.
- Maternal health.
- Period poverty.
- Violence against women and girls.
- Isolation and mental health.
- Menopause.
- Accessibility of primary care services.

One of the key unmet needs identified in the report, and echoing other reports, was that there was not very much available data that specifically concerned women. She explained that the Woman of the North report, 2024 (a joint piece of work between the Northern Health Science Alliance's Health Equity North and academics from the Northern National Institute for Health and Care Research) had concluded that “we cannot paint a complete picture of how the social determinants of health impact outcomes for marginalized northern women due to the lack of health data about the lived realities of marginalized northern women.”

She reiterated that the Public Health team's report that needed to be read in conjunction with the Healthwatch report and noted the challenges with data availability when producing the report.

The board thereby

Resolved: i. To note and discuss the report  
ii. To consider the challenges system partners face to address poor health outcomes for women in the city, using the six key priorities outlined in the report as its focus.

Reason: To keep the Board updated on the Women's Health Needs Assessment 2025 and the Public Health team's work as part of the Joint Strategic Needs Assessment (JSNA).

## **7. The Commercial Determinants of Health - Exploring a York approach (5:11pm)**

The report was presented by the Director of Public Health, who was joined by the Associate Director, Humber and North Yorkshire Centre for Excellence in Tobacco Control and the Public Health Specialist Practitioner (Advanced). This was accompanied by a presentation on the Commercial Determinants of Health, which showcased recent examples of gambling, junk food and alcohol advertising in public spaces within the city.

He concluded with the recommendation that the board consider how partners think about educational or promotional materials, partnerships, sponsorships and their approach to advertising/marketing. He noted that the council probably had more scope here than other organisations, but there were straightforward ways to monitor websites and social media posts and everyone could consider who they were partnering with.

The board asked what actions were currently being taken by the council in York – would they be tackling licensing as other authorities were and if so how was the private sector being involved in this.

The Director of Public Health responded that the new National Planning Policy Framework had positive provisions within it that would make it easier for the council to include 400-metre buffer zones. This had not been included in the last Local Plan,

meaning a supplementary planning document could not be written on it, but a planning review process was underway.

Regarding licensing, he said that per the advice of the Chief Medical Officer, the focus of the Authority should be off-premises rather than on-premises licencing since the most harmful drinking came from people buying cheap alcohol from supermarkets and corner shops, often drinking alone. He said that the hospitality industry were very much in favour of minimum unit pricing, which would encourage social drinking and drive more people towards pubs and restaurants. Price restrictions could not be set locally, but he said he would strongly advocate for a national minimum unit price being set. The Chair agreed that the people living in poverty were often likely to drink cheap alcohol, which was worse from a health perspective, often leading to dependency.

In addition to tobacco and alcohol, the board noted the inclusion of gambling advertising in the presentation. The Director of Public Health had cited the “No Such thing as a Free Bet” campaign. Board members suggested people with gambling addiction were often “invisible” to health and social care providers, similar to those drinking alone at home, people were also gambling in the home or on a mobile phone app, which could push them further into poverty and impact their mental health. The board queried whether it might be possible to obtain any statistics regarding these people and how partners might best reach them.

The Associate Director, Humber and North Yorkshire Centre for Excellence in Tobacco Control responded that there were two prongs in dealing with these issues; firstly, to treat/support those already affected and secondly to protect the next generation.

He emphasised that York was the first Health and Wellbeing Board to take on this challenge. He advised that the products discussed cause 80% of non-communicable diseases, such as cancer, frailty and mental health. He stated that around inequality, authorities needed to target the communities who buy these products and more than anything else these are poorer communities. He warned that it was crucial to monitor who goes into our schools - there would be outcry if the tobacco industry went into schools these days, yet alcohol and gambling corporations still get in with sponsorship and promotion.



The board discussed that this was a controversial and political issue and a choice between personal freedom for people enjoying “the odd drink or cigarette” versus how much everybody else might end up paying to look after those people due to the way they chosen to live their life. It was recognised that this “nanny state” contention was likely what had prevented other authorities tackling the issue. The aim of this plan was to give people the option to make an informed choice, without an insidious influence permeating people’s consciousness from childhood through advertising and more subtle messaging.

The board suggested that this linked to trauma in the system and the choices people made to deal with awful things that had happened, led them to do something unhealthy. If the thing that they used for support was taken away, this may actually increase the problem and deepen the sense of trauma/disengagement. It was suggested that if brilliant minds within corporations and advertising are persuading people to live in a way that damages them, board members should collectively try to do something about that damage in a way that doesn't do more damage. Dual diagnosis support of mental health was linked to the addiction.

The Director of Public Health said this was a good point – early death and early illness was what he was there to prevent, and these issues were underlying factors to that. He advised that cigarettes were as addictive as heroin and people typically became addicted at an age (as children/teens) where they lack the decision-making skills they would acquire at a later age, and that older age is the point that we ask them to make a choice. He added that a similar issue was faced with regard to ultra-processed food which was also highly addictive. He made an open offer that anyone could come and speak to Public Health or the Centre for Excellence to

The board suggested that partners would benefit from consistent, agreed messaging, since there were currently some mixed messages out there. It was stressed that unified messaging in schools would be beneficial, and was particularly sensitive in York due to the tourist economy driving York and the Racecourse, which had partnered with schools in the past. It was suggested that the nature of the corporate world often made such influence difficult to track and the approach taken must be mindful of this and consistent.

The board also noted the importance of getting messaging out about infant formula and breastfeeding in the UK. The Public Health Specialist Practitioner (Advanced) responded that this was something that was actively being promoted.

The board discussed the current relationships the council has, including how the procurement process might be refined via discussion with the Public Health team.

Board members stated that choice always happens in a context; some people can afford to have more choice, and people on a specific bus route may receive messaging on bus stops, TV shows sponsored by a gambling company mention alcohol or gambling 11 times in an hour. It was suggested that rather than focus efforts exclusively on negative recommendations (stopping or banning things), the board might find positive encouragement such as incentivising of advertising non-ultra processed food would be a good idea.

The board then

Resolved:

- i. To note the Association of Director of Public Health Yorkshire and the Humber Consensus statement on the CDOH.
- ii. To consider avoiding use of educational or promotion materials produced by organisations established or funded by (whether entirely or in part) unhealthy commodity industry bodies in our educational settings or communities.
- iii. To consider ending any partnerships, sponsored or funded work which has links to unhealthy commodity industries, using the Good Governance Toolkit as guidance.
- iv. To consider the approach to advertising and marketing, and adopting a policy which matches the City of York Advertising and Marketing Policy.

Reason: The Health and Wellbeing Strategy 2022-2032 contains an aspiration to become a 'Health Generating City', and this paper supports this goal.

**8. Update from the York Health and Care Partnership and Annual Report (5:59pm)**

This item was presented by the Interim Place Director. He noted that all partners including the ICB had signed up to an agreement cementing the planned way of working within York Place going forward, and therefore the partners, the providers and the population served would all remain the same, irrespective of what the ICB looked like in the future.

He also spoke about the mental health option, praising the Community Mental Health Hub on Clarence Street, which had been mentioned in public participation. He reiterated that this was a really positive step and a third hub would hopefully be opening later this year.

He discussed the annual report, saying it was gratifying to see the 10-year plan already being put in practice through such items as the frailty hub.

There were no questions.

Resolved: That the Board note the report of the YHCP.

Reason: So that the Board were kept up to date on the work of the YHCP, progress to date and next steps.

**9. Healthwatch York Annual Report (6:03pm)**

The report was presented by the Manager, York Healthwatch. She advised that while York Healthwatch had been finalising the report they were advised of abolition of Healthwatch England, as part of national Government restructuring, but that York Healthwatch intended to conduct business as usual until at least October 2026, during which time they would explore all available options.

She explained that the report summarised what each of York Healthwatch's members and volunteers do to fulfil their statutory responsibilities and encouraged the board and interested members of the public to read the report online or attend the open annual meeting on 29 July at the Priory Street Centre.

The Chair commended Healthwatch for the clarity and accessibility of their reports, stating that the Council Leader had been in discussion with the ICB over the future of Healthwatch in York, with the ICB agreeing that the Place Board was a fantastic example of joined-up working. She said the hope was that if the Place Board were able to continue to deliver this function, the ICB would want to retain an independent voice. While this was at an early stage, the Chair asserted that she also hoped to retain York Healthwatch's voice.

The Board thanked York Healthwatch and their volunteers for their hard work and advice not just on reports but also in the community, suggesting the Chair could draft a letter of recognition on behalf of the Board to confirm York Healthwatch would continue its role. The Chair agreed that this would be done if the full Board were in agreement.

There were no objections.

It was then

Resolved: That the board receive Healthwatch York's Annual Report.

Reason: To keep up to date with the work of Healthwatch York.

**10. Progress Against Goals #3 and #4 in the Joint Local Health and Wellbeing Strategy 2022-2032 (6:11pm)**

The item was presented by the Director of Public Health who explained that the report centred on goals three and four of the ten population health outcomes the board would like to change from the strategy (concerning smoking and alcohol).

Goal three, was to bring smoking rates down below 5% for all population groups and goal four, was to reduce from over 20% to 15% the portion of York's residents drinking above the Chief Medical Officer's alcohol guidance. Three or four actions in each were approved by the board in a recent meeting.

He noted that the vapes bill continued to proceed through parliament and there would be quite a lot of work to do after that regarding enforcement, so the Public Health team had been working closely with trading standards and retailers especially following the recent ban on disposable vapes in June 2025. He explained that there was also ongoing work to try and make that tobacco dependency pathway at the hospital as high quality as it can be.

He noted that there had been a very successful quitting service for the city, with the highest national quit rate for a number of quarters last year in terms of percentages out of all areas and further success with the Gypsy and Traveller communities, those experiencing homelessness, and populations in Index of Multiple Deprivation (IMD) deciles one and two, that had been targeted by the Public Health team.

On Goal four he advised that there had been organisation of Identification and Brief Advice sessions as early help/intervention. The Drug and Alcohol Programme within York Hospital was seen as a key aspect of the work, although there had been some delay in getting this up and running. He said that it was hoped that clear clinical pathways in the hospital would become established; getting people into the hospital and community support now was the part that was not yet properly working.

The board asked if the Drug and Alcohol team in the hospital were going to have some progress on goal four in the near future. The Director of Public Health answered that he hoped so, and it had been commissioned, but this was a hard pathway to get right and the hospital had been allocated limited funding.

The Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust assured the board that something would be in place in a matter of weeks rather than months.

Resolved: That the board would note and comment on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

**11. Health and Wellbeing Board Chair's Report (6:17pm)**

The Chair summarised the report, stating that due to time constraints, unless there were any further points of discussion, she would take the report to have been read by other members of the board.

There were no objections.

Resolved: That the Health and Wellbeing Board noted the report.

Reason: So that the Board were kept up to date on: Board business, local updates, national updates, and actions on recommendations from recent Healthwatch reports.

Cllr Lucy Steels-Walshaw, Chair

[The meeting started at 4.36 pm and finished at 6.18 pm].



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**Health and Wellbeing Board**

24 September 2025

Report of the City of York Safeguarding Children Partnership Annual Report 2024/2025 and the Independent Scrutineer Report.

Sophia Lenton-Brook, Safeguarding Children Partnership Business Manager

Mel John-Ross, City of York Safeguarding Children Partnership Independent Scrutineer

**City of York Safeguarding Children Partnership Annual Report 2024-2025****Summary**

1. This report is a covering report for the main City of York Safeguarding Children Partnership Annual Report 2024/25 (Annex A) and the Independent Scrutineer Report (Annex B).
2. The City of York Safeguarding Children Partnership Annual Report sets out the work that has been undertaken by partners and the sub-groups of the Partnership during that time. The focus of this report is on the Partnership's current priority areas as set out in the Partnership Business Plan:
  - Priority One: Prevention, Early Support and Early Help
  - Priority Two: Child Exploitation
  - Priority Three: Children Missing from Education
  - Priority Four: Engaging with Fathers
  - Priority Five: Mental Health and Wellbeing

## **Background**

3. The three Statutory Partners (Police, Local Authority and Health – ICB) of the City of York Safeguarding Children Partnership have a statutory requirement to publish an annual report in order to bring transparency for children, families and all practitioners about the activity undertaken (Working Together, 2023).
4. The focus of these reports should be on multi-agency priorities, learning, impact, evidence, and improvement.
5. Additionally, our Independent Scrutineer Mel John-Ross has written an Independent Scrutineer Report which provides reflections on the activity and the effectiveness of our Partnership working across the city.

## **Main/Key Issues to be Considered**

6. These reports are being presented to the Health and Wellbeing Board to provide oversight, demonstrate and evidence positive change and difference made to children, young people and their families living within the City of York.

## **Consultation**

7. The City of York Safeguarding Children Partnership Annual Report has been developed by partners across the Partnership. This report was ratified by the Partnership Executive in July 2025 and has been published on the Partnership website.
8. The Annual Report has not gone out for formal consultation to Health and Wellbeing Board members prior to being presented at today's meeting as the responsibility for formal approval is for the three Statutory Partners and the Safeguarding Children Partnership Executive.

## **Options**

9. There are no options included within the Annual Report for the Health and Wellbeing Board to consider. The Annual Report is for information.

## **Analysis**

10. There is no analysis required for the Annual Report.



## Strategic/Operational Plans

11. The Annual Report demonstrates how the Safeguarding Children Partnership has delivered against the priorities set out within the [City of York Safeguarding Children Partnership Business Plan](#).
12. It is a statutory requirement for all Safeguarding Children Partnership's to produce an Annual Report as set out in legislation. This legislation is '[Working Together to Safeguarding Children \(2023\)](#)'.
13. This report relates to the [Council Plan: One city for all, 2023 to 2027](#), in particular Priority b: Education and skills: High quality skills and learning for all.
14. The Annual Report also supports the '[Joint Health and Wellbeing Strategy](#)' to ensure 'York's Children have the best possible start in life'. One of the Safeguarding Children's Partnership priorities is also Mental Health and Wellbeing which is one of the ten goals highlighted within the Joint Health and Wellbeing Strategy. The Annual Report demonstrates the work undertaken in relation to Early Help and Prevention during this past year which is also one of the Partnership priorities. Prevention is also one of the 'Ambition's' within the Joint Health and Wellbeing Strategy.
15. The work of the Safeguarding Children Partnership also supports the [City of York Children and Young People's Plan 2024-2027](#).

## Implications

16. There are no implications for the Health and Wellbeing Board Members to consider:
  - **Financial**
    - There are no financial implications.
  - **Human Resources (HR)**
    - There are no HR implications.
  - **Equalities**
    - There are no equality implications.
  - **Legal**

- There are no legal implications.
- **Crime and Disorder**
- There are no crime and disorder implications.
- **Information Technology (IT)**
- There are no IT implications.
- **Property**
- There are no property implications.
- **Other** (State here any other known implications not listed above)
- There are no other implications.

### **Risk Management**

17. There are no risk management implications.

### **Recommendations**

18. There are no recommendations for the Board to consider.

### **Contact Details**

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**Report  
Approved**

☐ Y

**Date** 10/09/25

**Wards Affected:** List wards affected or tick box to indicate all

**All**

☐ Y

**For further information please contact the author of the report**

## **Annexes**

**All annexes to the report must be listed here.**

**Annex A:** City of York Safeguarding Children Partnership Annual Report 2024/25

**Annex B:** Independent Scrutineer Report

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**Health and Wellbeing Board**

24 September 2025

Report of Heather Baker, Public Health Improvement Officer, City of York Council

**Pharmaceutical Needs Assessment 2025-2028****Summary**

This report will provide an overview of the updated Pharmaceutical Needs Assessment (PNA) 2025-2028, outlining the process undertaken to produce the assessment and the main outcomes. The board is asked to approve the report for publication on the City of York Council website and the Joint Strategic Needs Assessment (JSNA) website.

**Background**

Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each health and wellbeing board to assess the need for pharmaceutical services in its area, and to publish a statement of its assessment. Termed a 'pharmaceutical needs assessment,' the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, set out the minimum information that must be contained within a pharmaceutical needs assessment and outline the process that must be followed in its development.

The last PNA produced covered the years 2022-2025 and was published in September 2022. A supplementary statement was published thereafter on 8 March 2024 following the closure of Boots UK Limited in Clifton. The closure resulted in an unmet need in the ward due to no neighbouring pharmacy within 15 minutes of travel.

Previously, the local authorities of City of York and North Yorkshire worked in collaboration to produce the assessment. Separate PNAs were produced for each authority area. The process worked well as there is much overlap in terms of providers of pharmaceutical services, primary and secondary

care services, and residents crossing boundaries to access services. As such, a joint approach was taken in producing the current assessment.

Operational pressures in both York and North Yorkshire local authorities led to a tender process to commission an external provider to undertake the 2022-2025 assessment on behalf of the local authorities. This was not repeated for this assessment, and both York and North Yorkshire PNAs were written “in-house.”

The regulations outline 6 main steps in producing a PNA which are detailed below and were followed accordingly:

- a. Step 1 - Governance: A joint York and North Yorkshire steering group was established to provide oversight and governance of the process. The steering group included representatives from both local authorities’ public health departments, the Local Pharmaceutical Committee, the Local Medical Committee, Healthwatch, NHS England and NHS Improvement, the Clinical Commissioning Group and the Integrated Care System.
- b. Step 2 – Establish health needs and priorities: research was undertaken to ascertain current needs across the city, liaising with local authority planning/development staff to understand upcoming housing developments and the requirement for future pharmacy provision.
- c. Step 3 - Patient/public questionnaire: A questionnaire was developed to capture the views of pharmacy service users across the city. The survey was promoted through the local authority’s social media channels, through commissioned services and directly in community pharmacies. It ran from 20 January 2025 to 30 March 2025.
- d. Step 4: Current pharmaceutical services provision: A public/patient questionnaire was developed to capture the views of residents in the City. The survey was sent directly to every pharmacy, residents groups, and libraries as well as details in press releases.
- e. Step 5 - Synthesis and drafting: public health used the information gathered at steps 2, 3 and 4 to draft the PNA. This was presented to the steering group for comment and revision.

- f. Step 6 - Consultation: Within the legislation, there is a requirement for the final draft PNA to go out to consultation for 60 days to a specific list of organisations. All specified organisations were served with a copy of the draft and invited to provide comments through a short survey. In addition, the consultation was opened to citizens of York (this not required by legislation; however it is good practice). The consultation ran from 20 June 2025 to 19 August 2025. The results of the consultation were analysed, revisions to the PNA were made as appropriate and all responses are summarised in the PNA in chapter 8.

### **Findings of the PNA**

1. Although York is one of the less deprived cities in England, there are stark inequalities. The life expectancy gap between the most deprived and least deprived wards is 10.1 years in males, and 6.7 in females, 2021-2023. Some resident cohorts such as those identified in the Core20Plus5 are more likely to experience poorer health outcomes and greater difficulties in accessing services. They may have a greater level of health and pharmaceutical needs.
2. Community pharmacy services continue to play an important role in the local community. They support the services provided by GP practices, dispensing practices and the PCNs. Community pharmacies offer support to the wider health needs of the population by providing the essential, advanced and locally commissioned services as described in this report.
3. Overall, there is sufficient pharmaceutical provision in York on a weekly basis. The majority of residents can access a pharmacy within a 15-minute walking distance, and there is an adequate choice.
4. A number of current geographical gaps in pharmacy provision have been identified in the main body of this PNA which can be considered as 'need' for the population. This is based on several

factors including driving and walking time, gaps in 'after hours' provision, and rural journey times. They are:

- a. A gap within the Clifton and Rawcliffe wards, where population density is one of the highest in the city and the largest number of people live further than 15 minutes' walk from a pharmacy
  - b. On the east side of the city covering the villages of Deighton, Wheldrake and Escrick. In particular, this need will grow with the strategic site near Elvington within the local plan.
  - c. Other sizeable villages such as Naburn, Stockton on the Forest, Skelton and Rufforth
  - d. In anticipation, within the Westfield Ward; this is dependent on upcoming applications into the PCSE which the public health team was made aware during the writing of this PNA which, as well as seeing one confirmed pharmacy closure (Green Lane), may reduce the hours in an adjacent pharmacy (Cornlands Road). If this were to happen, it would substantially reduce pharmacy provision in one of York's most deprived areas. Community Pharmacy North Yorkshire (CPNY) has confirmed that plans may be retracted 24 hours before the proposed date they are to be implemented.
5. In central York, there is good provision of pharmaceutical services on Saturday mornings, Saturday afternoons and Sundays. However, there was clear feedback that provision needs to be extended beyond 'standard' office hours to meet the needs of different cohorts, e.g., full-time workers.
  6. There is adequate uptake of both advanced services and locally commissioned services in York, however, there could be better awareness and improved multi-agency working to significantly



improve uptake of services in York, especially schemes like Healthy Start. The HWB could also encourage pharmacies to deliver new services to meet the health needs of their population.

7. There are dispensing practices in outer wards to provide pharmaceutical services Monday to Friday. Most of the patients who live in these areas, plus North Yorkshire residents registered to York Practices can access a community pharmacy within a 20-minute car drive if necessary. Whilst evening opening during this time within the outer wards would improve access and choice, no specific need for additional pharmacies to open has been identified.
8. Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.
9. Any application to open a new pharmacy must demonstrate that it is necessary, will provide value to the NHS, and patients/residents and can improve on the availability of services across the specific area.
10. The Health and Wellbeing Board has the responsibility for publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is the responsibility of the organisation managing the GMS contracts to inform the ICB when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area. It is the responsibility of the ICB to inform the HWB of any changes to pharmaceutical service provision, including dispensing services, so that a decision can be made as to

whether this change will affect access. This is particularly important where pharmacies are closing or consolidating due to the impact of recent funding cuts. The HWB has a duty to respond to all notifications under Regulation 26A (consolidation of pharmacies).

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

- a. *Increased Demand for Medicines and Services for Older Adults:* The growing proportion of residents aged 65 and over is likely to drive increased demand for prescription medicines, especially for managing long-term conditions such as hypertension, diabetes, COPD, and arthritis. There will be greater need for medicines use reviews (MURs), structured medication reviews (SMRs), New Medicine Service (NMS) support, and compliance aids (e.g., monitored dosage systems).
- b. *Pressure on Workforce and Capacity:* The ageing population may place additional pressure on pharmacy staff for longer consultations, home delivery services, and support for carers. Pharmacies may require extended opening hours, additional consultation rooms, or investment in automation/technology to manage workload efficiently.
- c. *Demand for Preventative and Public Health Services:* With increased life expectancy comes a higher demand for preventative services, such as vaccinations, healthy living advice, screening, and smoking cessation support—services community pharmacies are well placed to deliver
- d. *Access and Geographical Equity:* Housing developments may shift population centres, highlighting the need to review the spatial distribution of community pharmacies to ensure equitable access, particularly in newly developed or expanding developments like Elvington

## **Consultation**

As outlined above, a 60-day consultation was undertaken. Full details of the consultation questions and summary of responses can be found in the PNA document in chapter 8.9. In total 98 responses were received. Of all responses only 14 were fully completed (i.e. provided a response to each question). 71.4% of these responses were from citizens.

The key themes identified from the responses were:

### **1. Access and availability**

- Clifton is repeatedly mentioned as underserved, with no local pharmacy and significant impact on vulnerable residents.
- Westfield also flagged for concerns about out-of-hours provision and accessibility.

### **2. Out-of-hours and weekend services**

- Strong concern about limited evening and weekend access, especially for working individuals and those without transport.
- Calls for 72-hour or 100-hour pharmacies to be retained or expanded

### **3. Commissioning and planning**

- Mixed views on whether the Pharmaceutical Needs Assessment (PNA) supports good commissioning decisions.
- Some feel the conclusions of the PNA do not reflect the evidence or community needs.
- Requests for ongoing review and alignment with the NHS 10-year plan.

### **4. Equity and Inclusion**

- Concerns about assumptions like “15-minute walk” being unrealistic for disabled or elderly residents.
- Need for accessible pharmacies and delivery services for those with mobility issues.

## **Risk Management**

Legislation (The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) states that the Health and Wellbeing Board is to have an up-to-date PNA in place by 1 October 2025. Not meeting the deadline, set by legislation, would lead the board open to scrutiny.

## **Recommendations**

1. The HWB recognises the importance of the 100-hour provision and of the supplementary hour provision by pharmacies within the area and the possible impact a change of these hours of delivery could have on access to pharmacy provision in York. The HWB should continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers and highlighting need which opens up in 100-hour provision through its response to applications
2. The extended opening hours that are currently in place provide adequate access to both essential pharmaceutical services and locally commissioned services, however the HWB should continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers.
3. The new housing targets for development are significantly higher than previous targets, meaning any proposed future housing developments should be reviewed on a regular basis to identify any significant increases in pharmaceutical need. The impact of the occupants of these new developments will need to be considered in informing need assessments for future health facilities of York residents. Cumulatively, and in the case of very large developments individually, the developments may result in an increased need for community pharmacy services. Collaborative working with Planning will help advocate the need to plan for increased community pharmacy provision in addition to other community health services.
4. The HWB should proactively position York's community pharmacies as integral components of the neighbourhood health services outlined in the NHS 10-Year Plan. This involves

embedding clinical services for long-term conditions into community pharmacies, thereby transforming them into clinical hubs, and integrating pharmacies with the Single Patient Record (SPR) for improved continuity of care.

5. The city is changing rapidly due to demographics and population growth and as well as consulting this PNA, the Pharmaceutical Services Regulations Committee (PSRC) at NHS England should carry out a rapid review of any area where there is an application, to ensure that the needs of this area have not changed in the lifetime of the PNA. This could include review of rural and urban classification and should be published alongside the PNA in the supplementary statements.
6. When considering what may constitute future ‘need’ for pharmacy services in the city against which applications for opening, closing and change of hours can be judged, this HNA recommends that the following are material considerations:
  - a. **Opening Hours:** With York pharmacies currently offering a maximum of 72 operational hours per week, consideration must be given for whether a need is generated should one or more pharmacies reduce their hours. Reduced hours may limit accessibility for people in full-time employment or study, or accessibility of the next nearest availability pharmacy should there be mobility or transport issues.
  - b. **Specific Services:** Enhanced services are a cost-effective, accessible way to address public health needs and reduce system-wide healthcare burden. Consistent access to these services, which are tailored to York’s health needs, will significantly improve health outcomes and equity across the city.
  - c. **Geographical Distribution:** Current geographical gaps in York identified in this needs assessment constitute a gap in provision, and we recommend that commissioners respond

positively to applications made to fill geographical gaps in these areas. In a compact city such as York, where some wards have higher levels of deprivation and disability, lower car ownership, and travel times are constrained by traffic, a walking distance to a pharmacy of 15 minutes or 20 minutes on public transport should be preserved for residents. If a significant number of the population (for instance 500+ residents) suffer a detriment in this area, this would constitute a need.

- d. **Future Housing Developments:** With Government guidelines advising 30,000 homes to be built over the next five years, failure to provide pharmacy provision in line with the above travel times would constitute a ‘need.’
- e. **Accessibility:** With a number of accessibility challenges, a reduction in the number of pharmacies providing inductions loops, stepped access, BSL interpretation, and braille amongst others, would constitute a ‘need.’

The Health and Wellbeing Board is asked to:

*Approve the Pharmaceutical Needs Assessment for publication*

Reason: To meet the Board’s statutory duty to update and publish an up-to-date PNA by 1 October 2025.

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**Wards Affected: All** ☒

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Report Approved ✓ ☐

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**Annexes**

Annex A – Pharmaceutical Needs Assessment 2025-2028

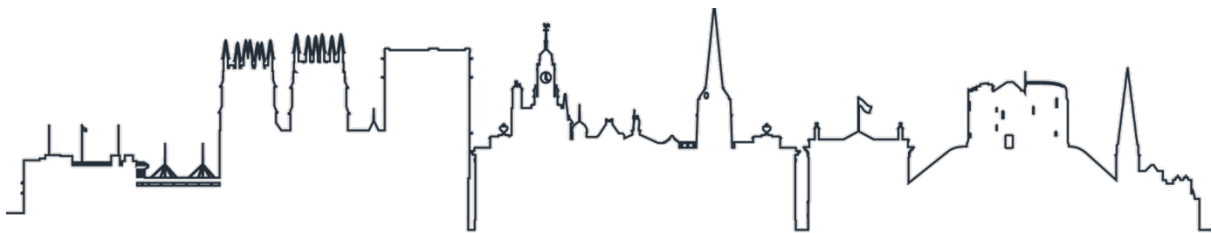
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# **City of York Pharmaceutical Needs Assessment**

## **2025-2028**



**Produced by:** City of York Council Public Health team

**Approved by:** York Health & Wellbeing Board

**60-day Consultation period:** 20<sup>th</sup> June- 19<sup>th</sup> August 2025

**Lead Author:** Heather Baker, Public Health Improvement Officer

**Supported by:** Pharmaceutical Needs Assessment Steering Group

**Date Published:** September 2025

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## **Executive Summary**

The Pharmaceutical Needs Assessment (PNA) is a statutory requirement under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. It aims to assess whether

the provision of pharmaceutical services in York meets the current and future needs of its population. The PNA is a comprehensive overview of current local pharmacy services, anticipated future need, and identification of any gaps or opportunities for improvements. This assessment supports the York Health & Wellbeing Board in commissioning services and making decisions about market entry for new providers.

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

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

**Note:** Although the PNA refers to 100-hour pharmacies- following official terminology- in practice in York, all pharmacies offering this provision have changed to 72 hours.

## Summary of Findings

This Pharmaceutical Needs Assessment (PNA) finds that community pharmacies play a vital role in supporting GP services and delivering both core and preventative health services. York has generally good access to community pharmacy services, with most residents within a 15-minute walk of a pharmacy and strong weekend provision. However, inequalities remain, with deprived communities and some rural or expanding areas—such as Clifton, Rawcliffe, eastern villages, and parts of Westfield Ward—facing poorer access. Planned housing growth and an ageing population are expected to increase demand, particularly for long-term condition management and public health services.

To address these challenges, the Health and Wellbeing Board (HWB) should closely monitor the impact of changing opening hours, safeguard

100-hour and supplementary provision, and ensure new developments are matched with appropriate pharmacy access. Applications for new or amended services should be judged against opening hours, geographical equity, accessibility, and the expansion of enhanced services. Strengthening awareness of locally commissioned services, improving coordination with neighbouring areas, and supporting innovation in workforce and technology will help ensure York's pharmacy network continues to meet the city's evolving health needs.

## **1. Introduction**

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

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

- Inform decision regarding which NHS funded services needs to be provided by community pharmacies and dispensing appliance contractors in York
- Determine whether new or additional pharmaceutical services are required
- Inform decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- Inform the commissioning of Local Enhanced Services from pharmacies

## **How Gaps are Identified**

Gaps in provision are defined as:

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

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

## **What is not Considered by PNAs**

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

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

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

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

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

Where the PNA does not identify needs, improvements, or better access to pharmaceutical services within the PNA, the only types of application for new premises that may be submitted are those offering unforeseen benefit or distance-selling premises.

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

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

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



*In urban areas there is good provision of pharmaceutical services on Saturday and Sundays.”*

### **1.1. Legal Requirements**

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

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

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

### **1.2. Scope of the Assessment**

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

- The health needs of the population

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

All pharmaceutical services provided within the City of York include:

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

The PNA will also be used to:

- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information
- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need- these services can be commissioned by Local Authorities, NHS England and Integrated Care Boards
- Support commissioning of high-quality pharmaceutical services including locally enhanced services
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the Joint Health and Wellbeing Strategy
- Facilitate opportunities for pharmacists to make a significant contribution to the health of the population of York

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

### 1.3. Methodology

The development of the PNA has involved:

---

<sup>1</sup>[York Joint Health and Wellbeing Strategy 2022-2032](#)

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

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

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

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings
- Process and content of questionnaire for engagement and consultation
- Timeline of the PNA process
- Structure of the PNA document
- Appropriate governance, including declaration of interests and reporting arrangements

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

#### **1.4. National Context**

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

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

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

## Pharmacy Services NHS Overview

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

- There were 10,058 active community pharmacies and 111 active appliance contractors. This is a 15% decrease from the number recorded in the 2022-2025 PNA (n=11,600).<sup>2</sup>
- 1.1 billion prescription items were dispensed by community pharmacies- a 3% increase from 2022/23.<sup>3</sup>
- 12 million prescription items were dispensed by appliance contractors- a 5% increase from 2022/23.
- 1.08 billion prescription items were dispensed via the Electronic Prescription Services (EPS)- a 96% of all items dispensed, and a small percentage increase from 2022/23.
- The cost of drugs and appliances reimbursed totalled £10 billion-a 5% increase from 2022/23.
- In 2023/24, 990 pharmacies opened, a significant increase from previous years, and a 233% increase from the number opened in 2022/23. However, in the same timeframe, 1512 pharmacies closed, 290% more than in 2022/23 and a significantly higher rate than in previous years. It is important to note that of the 990 pharmacies that opened, some were change of ownership from some of the 1512 closures, therefore not necessarily a loss of service.
- Additionally, almost 3.4 million hours of pharmacy access has been lost each year since September 2022.<sup>4</sup>

<sup>2</sup> eDispensary: NHS Digital

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

<sup>4</sup> [Company Chemists' Association Annual Report 2024](#)

Community pharmacies in England provide a range of services including:

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

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

### **Community Pharmacy Contractual Framework 2024/25 and 2025/26**

On 31 March 2025, The Department of Health and Social Care (DHSC), NHS England, and Community Pharmacy England (CPE) reached an agreement on funding for the Community Pharmacy Contractual Framework (CPCF) covering 2024/25 and 2025/26, alongside the ongoing delivery of Pharmacy First. The key outcomes are as follows:

#### **CPCF Funding Uplift**

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

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

#### **Additional Services Funding**

- £215 million is secured for Pharmacy First and Primary Care Access Recovery Plan services, on top of CPCF funding

- £193 million in historic medicines margin over-delivery has been written off, easing financial pressures on the sector (pandemic period)

### **Strategic Goals**

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

### **Future Direction**

- The Government has acknowledged ongoing economic pressures as evidenced in the Frontier Economics report<sup>5</sup> published in March 2025.
- This agreement provides the highest NHS funding uplift to community pharmacy, reflecting a commitment to secure its long-term role
- The goal is to develop a sustainable contract model and define pharmacy's contribution to a modern, accessible NHS

### **Pharmacy First**

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

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

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

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

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

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

The previous NHS long term plan was underpinned by the Community Pharmacy Contractual Framework (CPCF), covering the period 2019-2024. At the time of publication of the 2025-28 PNA there was no framework in place to support delivery of the new Plan. It is clear however that the role of community pharmacy within healthcare systems is evolving, and that there may be consequent changes in pharmaceutical need. These will become clearer in the future.

Health and Wellbeing boards along with relevant partners should continue ensure that community pharmacy services continue to meet the needs of their populations.

### **1.5. Fit for the Future: 10 Year Health Plan for England**

On 3 July 2025, the UK Government published Fit for the Future: 10 Year Health Plan for England.<sup>7</sup>

The 10 Year Health Plan states “it is a plan to create a new model of care, fit for the future. It will be central to how we deliver on our health mission. We will take the NHS’ founding principles - universal care, free at the point of delivery, based on need and funded through general taxation - and from those foundations, entirely reimagine how the NHS does care so patients have real choice and control over their health and care.”

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<sup>7</sup> [Fit for the Future: 10 Year Health Plan for England \(accessed 01/09/2025\)](#)

In relation to community pharmacy, the Plan states that:

“Pharmacy will have a vital role in the Neighbourhood Health Service – bringing health to the heart of the high street. This has been the direction of reform in other countries and there is much we can learn. For example, Canada’s ‘Pharmacy Care Clinics’ provide services including support with minor ailments through to chronic disease management. As well as improving patient choice and convenience, there is now strong evidence that a bigger role for pharmacy can deliver efficiencies and support financial sustainability.

Over the next 5 years, we will transition community pharmacy from being focused largely on dispensing medicines to becoming integral to the Neighbourhood Health Service, offering more clinical services. As community pharmacists increasingly become able to independently prescribe, we will increase their role in the management of long-term conditions, complex medication regimes, and treatment of obesity, high blood pressure and high cholesterol. We will also give community pharmacy a bigger role in prevention by expanding their role in vaccine delivery and in screening for risk of cardiovascular disease and diabetes. Over time, community pharmacy will be securely joined up to the Single Patient Record, to help them provide a seamless service - and to give GPs sight of patient management.

Pharmacists will play a critical role in our ambition to improve access to fast and convenient healthcare for women. We have already announced plans to make emergency hormonal contraception freely available from community pharmacists by the end of this year. From 2026, to help hit our target to eliminate cervical cancer, women and young people who missed out on the human papillomavirus (HPV) vaccination at school will be able to have the vaccine administered at their local pharmacy.

We now get many of life’s essentials delivered straight to our home. Medicines should not be an exception. Over the first half of this Plan, we will modernise our approach to dispensing of medicines and make better use of the technology available, including dispensing robots and hub and spoke models. We will engage with the sector and the public on proposals to modernise our approach to medicine dispensing, so that it is fit for the 21st century.”



## **2. Pharmaceutical Needs Assessment Process**

### **2.1. PNA Development Group**

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

The steering group agreed the following:

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

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

### **2.2. Determination of Localities**

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

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

### **2.3. Assessing Health Needs**

The *Local Government and the Public Involvement in Health Act 2007* created the duty to undertake JSNAs. From April 2008, this duty was

carried out by with Local Authorities and PCTs. The *Health and Social Care Act 2012*<sup>(2)</sup> transferred this duty, with effect from April 2013 to Local Authorities and CCGs to be exercised by Health and Wellbeing Boards.

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

## **2.4. Future Provision**

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

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

## **2.5. Public and Stakeholder Engagement**

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

6. Online survey, aimed at York residents:

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

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

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

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

### 2.6. Statutory Consultation

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

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

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

- Neighbouring HWBs:
  - North Yorkshire Council
  - East Riding of Yorkshire Council

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

## **2.7. Recommendations and Updates from the Previous PNA 2022-2025**

The previous PNA (2022-2025) concluded that there was an adequate choice of pharmacies with a good geographical spread across the city. The majority of residents were within reasonable walking or travelling distance of a community pharmacy. Overall, there was good pharmaceutical provision in most of York on weekdays, and urban areas were well-served at weekends. A list of the full recommendations that were made to the York Health & Wellbeing Board may be found in Appendix 7.

## **3. Demographics of York**

### **3.1. City Overview**

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

York has a diverse array of tourist attractions, including medieval landmarks, museums, riverside walkways, and a vibrant hospitality sector. The city hosts numerous festivals and cultural events throughout the year, spanning music, theatre, gastronomy, and heritage. According to *Visit York* (2023), the city welcomed approximately 8 million visitors annually, with tourism-related expenditure contributing over £700 million

to the local economy. These figures reflect a substantial increase from the 6.9 million visitors and £564 million reported in 2018, indicating continued growth in York's tourism sector. Peak periods include school holidays and the Christmas season

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

In addition to its role as a tourist destination, York is a prominent centre for higher education, hosting two universities: the University of York and York St John University. The University of York features a main campus located within walking distance of the city centre, comprising ten colleges and the majority of academic departments, with additional facilities housed in the historic King's Manor. York St John University operates an 11-acre campus situated adjacent to the city walls and the historic urban core. As of the 2024/25 academic year, University of York had a combined total of 20,630 students across undergraduate and postgraduate courses.<sup>8</sup> York St John University had a combined total of 7605 across all degree courses in the 2023/24 academic year, therefore the total student population likely exceeds 32000.

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<sup>8</sup> [University of York, Student Population Statistics](#) (accessed 16/04/25)

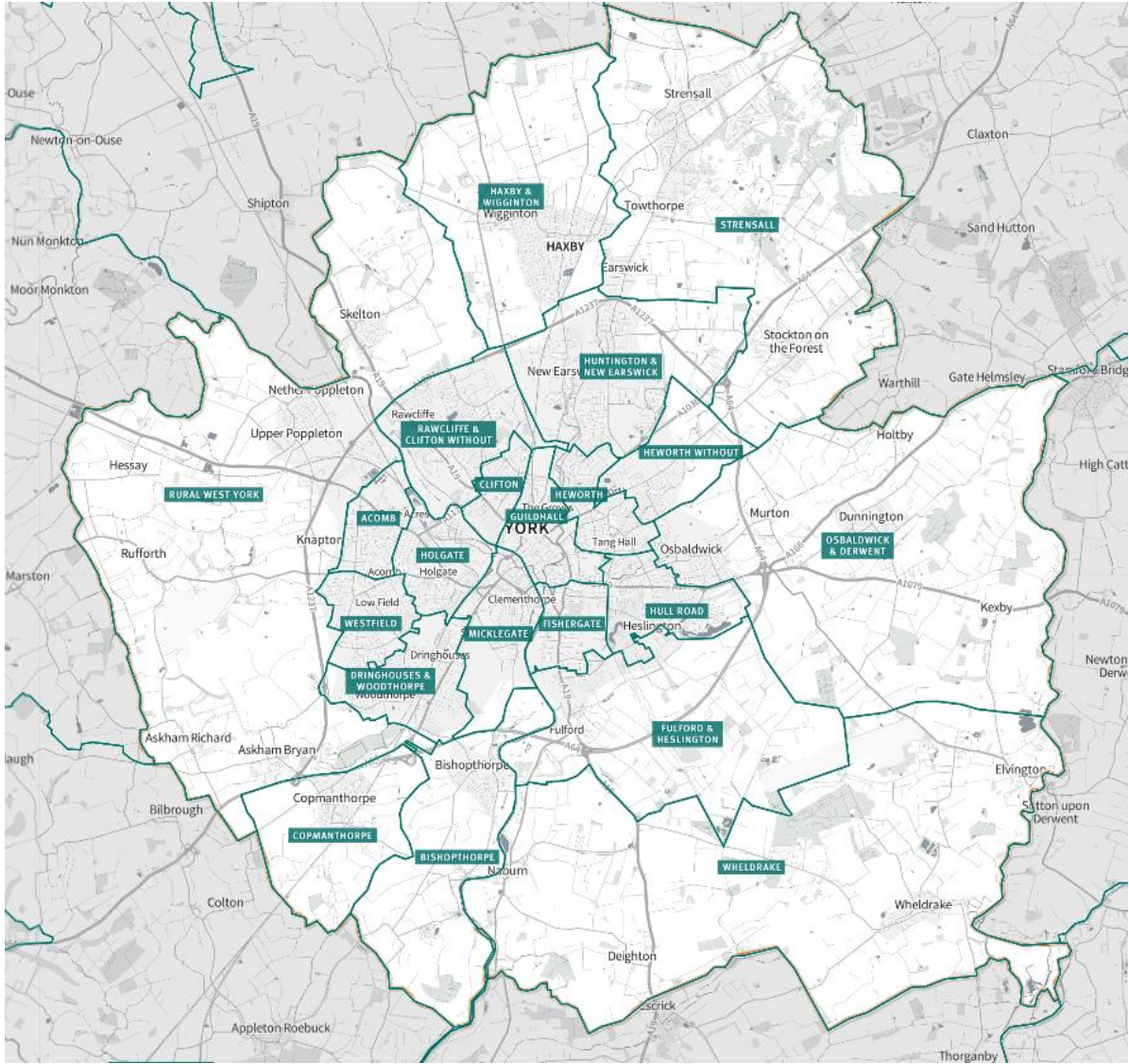


Figure 1: A map of York including LA wards

### 3.2. Population Profile and Demography

The City of York covers an of 271.9km<sup>2</sup> (169m<sup>2</sup>). The Census 2021<sup>9</sup> recorded a population of 202,821, a 2.4% increase from 2011 where 198,051 residents were recorded in that year's Census. The average age of the population is 44.2 years recorded in 2022. The average age has increased by 3.2 years since 2002. York is ageing faster than other locations in England in Wales where the average age increased by 2 years in the same period.<sup>10</sup>

In 2021, the population density was 745.8 people per square kilometre or 1950 people per square mile. This was higher than the mid-2022

<sup>9</sup> [2021 Census York](#) (accessed 11/04/25)

<sup>10</sup> York Population Statistics (accessed 11/04/25)



population density of England as a whole (438 people/square kilometre)<sup>11</sup> but significantly lower than other Yorkshire cities such as Leeds (1472/square kilometre).<sup>12</sup>

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

The population has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 7.3% (non-White British) compared to 5.7% in 2011.<sup>13</sup>

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

### **3.3. Population Projections and Housing Development**

By 2025, it has been estimated that:

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

<sup>11</sup> [Population Estimates for the UK, England, Wales, Scotland, and Northern Ireland: Mid-2022](#) (accessed 10/09/2025)

<sup>12</sup> [Population of Leeds](#) (accessed 10/09/2025)

<sup>13</sup> [Census 2021: How Life has Changed in York](#) (accessed 11/04/25)

York's resident population is projected by ONS to grow by approximately 35,000 people between 2023 and 2033, with the most significant demographic shift occurring in the 65 and over age group, which is expected to increase by 13,800 individuals during this period. This aligns with national trends identified in the latest census data for England, which reported a 20.1% increase in residents aged 65 and over, compared to a 3.6% increase in those aged 15–64 and a 5.0% increase in children under 15.

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

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



# Annex A:

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

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

## Annex A:

CYC's Local Plan for period 2017-2023<sup>14</sup> adopted by Full Council on 27 February 2025, sets out how York will accommodate new homes, jobs, and supporting infrastructure, including transport, schools, shops, community facilities, open space, and sports provision. The plan emphasises not only housing numbers but also the right mix, including affordable, specialist, student, older persons, and Gypsy and Traveller accommodation, as well as HMOs.

Between now and 2028, the Plan provides for 20,000 new homes, 4,000 of which will be affordable. This includes a 32-house development in Elvington, a village 7 miles south-east of York. While Elvington has a dispensing GP practice, transport barriers affect some residents' access to prescriptions, and the absence of a local pharmacy highlights an unmet need, likely to grow with further development.

In July 2024, the Government introduced a revised methodology for assessing housing need, replacing ONS 2014 household projections. The new approach better reflects local circumstances, avoiding unrealistic targets for urban and rural areas alike.

The 2023 Housing Delivery Test found York had delivered only 79% of required housing over three years, triggering a 20% buffer on supply. Under the revised framework, York must now increase housing provision by 23%.

This growth will drive significant population increases and put added pressure on community pharmacy services. To maintain timely access to medicines, advice, and essential healthcare, York may need to expand existing pharmacies, extend opening hours, or establish new facilities.

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<sup>14</sup> [City of York Council Local Plan 2017-2023](#) (accessed 15/03/25)

## Strategic Housing Site Population Impact

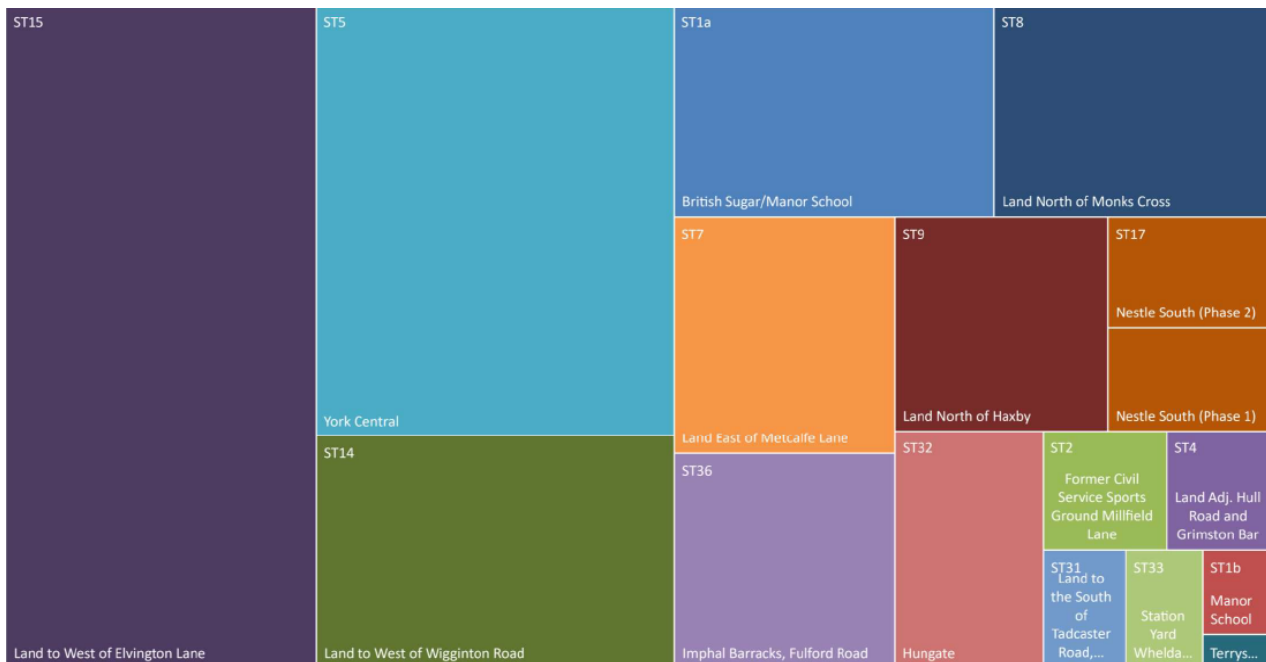


Figure 2:A diagram Strategic Housing Site Population Impact: York Local Plan 2025-2038

### 3.4. Car Ownership

Analysis of data from the 2021 Census reveals evolving patterns of work and travel across York. Among residents aged 16 and over, 41% reported commuting less than 10km to work, while 35.5% worked mainly at or from home. It is acknowledged that these figures may be skewed due to the exceptional circumstances of the COVID-19 pandemic. Nevertheless, they provide a useful snapshot of how residents engage with their local geography.

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

# Annex A:

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

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

## Annex A:

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

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

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

### 3.5. Life Expectancy

Using PHE profile data for 2023, York's life expectancy at birth for males is 80.2 years, compared with the England average of 79.3 years. For females, life expectancy at birth is 83.9 years compared with the England average of 83.2 years.<sup>15</sup> The number of years of healthy life expectancy- that is, the number of years living in good health- is very close for both females and males. Females can expect to live 62.7 years of their lives in good health compared to males who can expect to live 62.0 years free from ill health.

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

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<sup>15</sup> [Fingertips Profiles: Life Expectancy](#)

### 3.6. Index of Multiple Deprivation (IMD)

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

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

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

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

*Table 3- Local Footprint for LSOAs in York<sup>16</sup>*

<b>National Deprivation Decile</b>	<b>Number of York LSOAs</b>	<b>% of York LSOAs</b>
Decile 1- most deprived	1	0.8%
Decile 2	5	4.2%

<sup>16</sup> [City of York Council Deprivation in York 2019](#)

Decile 3	10	8.3%
Decile 4	4	3.3%
Decile 5	4	3.3%
Decile 6	9	7.5%
Decile 7	13	10.8%
Decile 8	12	10.0%
Decile 9	21	17.5%
Decile 10- Least Deprived	41	34.2%
<b>Total</b>	<b>120</b>	<b>100%</b>

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

IMD 2025 is set to be published in Autumn 2025. It may need to be considered as part of future applications once established.



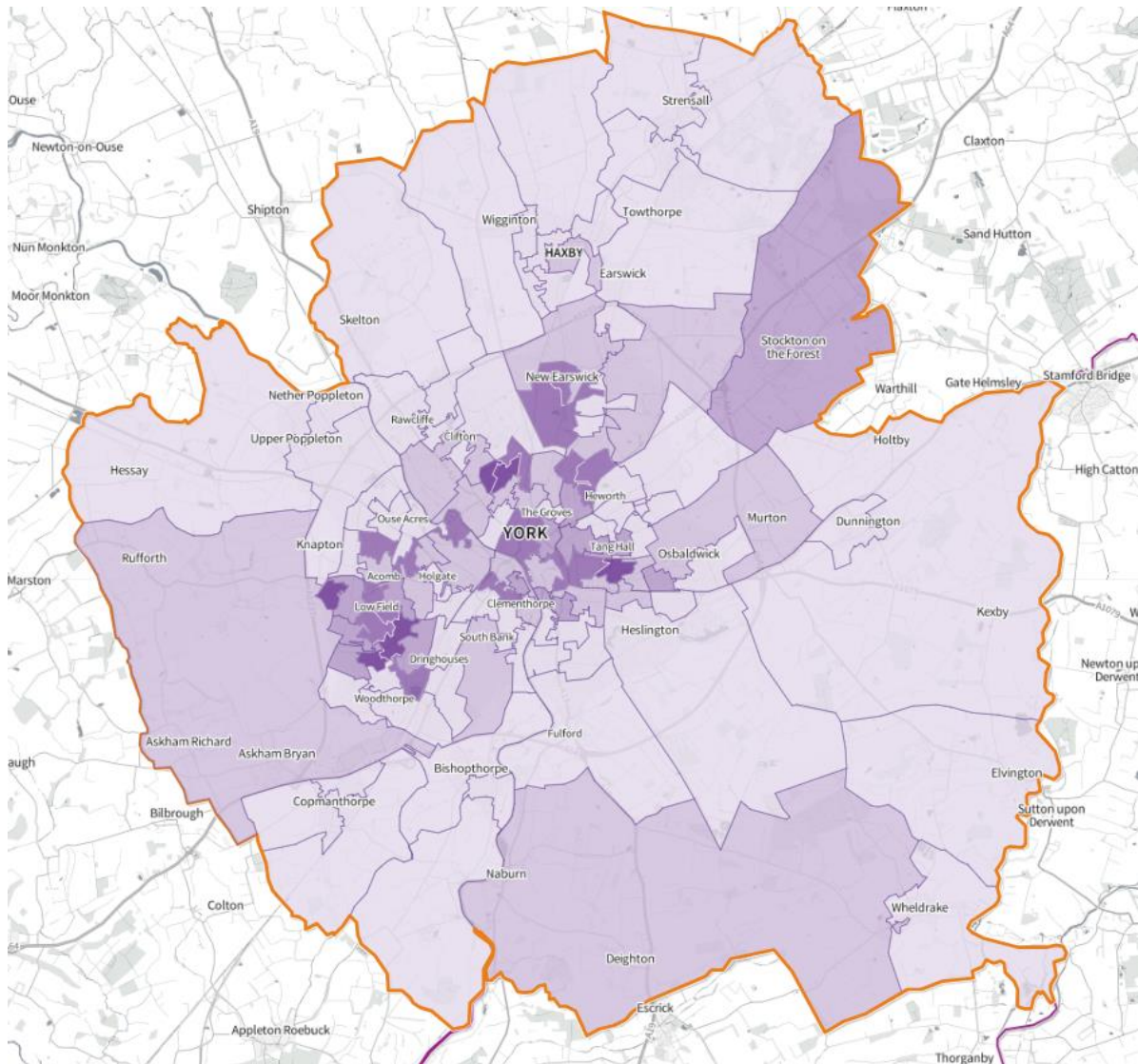


Figure 3: Index of Multiple Deprivation - LSOA York 2019

## Income

Households living on low incomes experience many disadvantages which can be far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low-income households are particularly vulnerable to changes in the cost of living and suffer the social exclusion and increased health risks of poverty. Average (mean) full-time earnings for workers who are York residents was £711.00 in



2024 per week; this is above the regional average of £674.80, but below the Great Britain average (£732.00)<sup>17</sup>

## Employment

In York, NOMIS labour market statistics data for 2024 indicates, there were 132,200 people of working age, i.e. aged between 16-64 years.<sup>18</sup> 77.8% of this cohort were economically active, either as employees (70.9%), or self-employed (6.5%). 1.8% were unemployed. There was a marginal difference in employment rates between males and females with 80.1% of males in employment compared with 75.3% females.

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

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

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

## Education, Skills, Qualifications

In 2024 59.6% of 16–64-year-olds in York had attained at least a Regulated Qualifications Framework (RQF) 4.<sup>19</sup> This was higher than the regional average of 40.0%, and the Great Britain average of 47.6%. RQF4 is equivalent to the first year of a bachelor's degree. Overall, 94.1% of the population are qualified to RQF1 and above- equivalent to GCSE grade 1-3.

<sup>17</sup> [Annual Survey of Hours and Earnings- Resident Analysis; NOMIS](#) (accessed 15/05/25)

<sup>18</sup> [Labour Supply-Employment and Unemployment; NOMIS](#) (accessed 15/05/25)

<sup>19</sup> Ibid

## Housing and Homelessness

The numbers of rough sleepers in York had declined steadily prior to COVID-19 and with a count of 3 in 2020. There is potential this data was skewed due to pandemic lockdown measures. At the last count in December 2024, there were 16 rough sleepers recorded<sup>20</sup>, following the current national trend. Support is also in place to offer emergency accommodation to people to address issues which may have led them to becoming homeless. This includes referral to services for mental health or substance use disorder, as well as training for work and how to manage a lasting tenancy.

City of York Council's Housing Options Team provides both preventative measures for people at risk of homelessness, and relief measures for people already homeless.

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

Priority need is assessed as:

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

## Crime

As of 2024, the crime rate in York is 15% lower than Yorkshire and the Humber, but 11% higher than the England, Wales & Northern Ireland

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<sup>20</sup> [Number of People Sleeping rough – Local Data \(Snapshot\)](#), data.gov.uk (accessed 16/06/25)

overall figure.<sup>21</sup> York, however, has the highest crime rate in North Yorkshire with an overall rate of 96 crimes/1000 people in 2023. This is 14% higher than the North Yorkshire rate of 84/1000 people. For England, Wales and Northern Ireland as a whole, York is the 35th safest major town.

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

### **3.7. Health and Wellbeing Strategic Objectives<sup>22</sup>**

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

1. increase collaboration and cooperation
2. adapt to change

<sup>21</sup> [Crime and Safety in York; CrimeRate](#) (accessed 15/05/25)

<sup>22</sup> [York Health & Wellbeing Strategy 2022-2032](#)

3. build fair, healthy and sustainable communities
4. create new employment and investment opportunities
5. act under good governance and evidence-based planning

Together, we now have the health, economic and environmental goals of the city aligned, and with them the building blocks for health.

To drive the work of the Health & Wellbeing Board and its partners, six big ambitions have been developed. These can be found within the strategy:

- Become a health-generating city
- Make good health more equal across the city
- Prevent now to avoid later harm
- Start good health and wellbeing young
- Work to make York a mentally healthy city
- Build a collaborative health and care system

## **Health Needs in York**

York has a reputation for being an affluent city with residents enjoying good health. However, there are evident health inequalities: life expectancy is declining, levels of preventable disease are equivalent to other areas, and significant disparities between are less deprived and most deprived areas. The York Joint Strategic Needs Assessment identifies some of these key areas of health need. The recently published Health and Wellbeing Strategy 2022-2032<sup>23</sup> sets a clear vision for York to become a health generating city. It aims to reduce the gap in healthy life expectancy over the next ten years by identifying and tackling the main causes of ill health in the city.

### **3.8. Demographics**

As outlined in Section 3.2, York's population continues to grow, with 206,780 residents recorded in 2023 and a projected increase of 35,000 people by 2033. Despite its overall prosperity, the city faces notable

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<sup>23</sup> [York Health & Wellbeing Strategy 2022-2032](#)

pockets of deprivation, with nearly 10,000 individuals living in areas ranked among the 20% most deprived in England.

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

### **3.9. Assets**

York benefits from a vibrant and engaged community, supported by a strong voluntary and community sector that includes more than 350 active charities. The city also enjoys a growing and resilient economy, underpinned by a robust local employment profile.

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

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

### **3.10. Health Inequalities**

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

The five key clinical areas prioritised in the NHS Long Term Plan are:

1. Maternity
2. Severe Mental Illness (SMI)
3. Chronic Respiratory Disease
4. Early Cancer Diagnosis
5. Hypertension Case-Finding and Optimal Management and Lipid Optimal Management

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

### **Wider Determinants of Health**

However, health outcomes are not shaped by healthcare and individual behaviours alone. The wider determinants of health – such as housing, education, employment, income, transport, and social networks – have a profound influence on people's opportunities to live healthier lives. Poor quality housing, insecure work, limited access to nutritious food or safe environments for physical activity all contribute to health inequalities. Tackling these underlying social and economic factors, alongside targeted clinical interventions, is essential for achieving sustainable improvements in population health and reducing inequities.

## **3.11. Health Behaviour and Health Conditions**

### **Smoking**

Smoking accounts for more lives lost than any other modifiable risk factor. People from lower socio-economic groups, those suffering from mental health conditions and some minority ethnic groups have higher rates of smoking. Factors influencing smoking prevalence include

educational attainment, employment, housing, income, and social cues. Young people who grow up in a household where adults smoke, are more likely to become smokers themselves.

Using PHE profile data for 2022/23, smoking prevalence in adults (18 years and over) in York is 8.1% which is lower than both the region (11.6%) and England 22.3%. Data for the same period indicates that 24.9% of adults are recorded as ex-smokers which is slightly lower than the region (25.1%) and significantly higher than England (9.4%).<sup>24</sup>

Using PHE data for 2014 - 15, the modelled national estimates for smoking prevalence for 15-year-old regular smokers (defined as smoking at least one cigarette per week) nationally was 8.7%. In York this is 8.5% which is similar to the national average.<sup>25</sup>

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

Smoking cessation services in York are run by York's Health Trainers.<sup>26</sup>

## Alcohol

In the 2022 Health Survey for England, 56% of adults reported drinking alcohol in the past week.<sup>27</sup> Men were more likely to drink than women- 61% v. 51% of women. A greater proportion of men (30%) exceeded the recommended weekly limit of 14 units compared to 15% of women.

In the UK, there were 10,048 alcohol-specific deaths in 2022. Alcoholic liver disease was the most common cause accounting for 77% of alcohol-specific deaths.<sup>28</sup>

Alcohol-related mortality in York was 39.3/100,000 persons in 2023. This is similar to both the regional rate of 40.7/100,000, and statistically similar to the England rate of 76.1/100,000.<sup>29</sup>

<sup>24</sup> [Fingertips PHE Data on Smoking](#) (accessed 14/04/25)

<sup>25</sup> Ibid

<sup>26</sup> [City of York Health Trainers](#)

<sup>27</sup> [Health Survey for England, 2022](#)

<sup>28</sup> [PHE Alcohol Profile](#) (accessed 15/04/25)

<sup>29</sup> Ibid

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

852 adults were in treatment at alcohol-specific services in York between March 2024 and February 2025.<sup>30</sup> Almost half of these were new presentations.

How pharmacies can support:

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

## **Substance Use Disorder**

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

When engaged in effective treatment, people use fewer illicit drugs, commit less crime, improve their health, and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

Estimates of the prevalence of opiate and/or crack cocaine in 2019-20 suggests that York had a rate of 9.6/1000 persons.<sup>31</sup> 6.6/1000 were recorded as opiate dependent, and 1.2/1000 had a crack cocaine dependency. The regional rates are opiate and/or crack cocaine = 12.0/1000; opiate dependency = 6.4/1000; crack cocaine dependency = 1.5/1000. The England rates are opiate and/or crack cocaine =

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<sup>30</sup> NDTMS Community Adult Partnership Activity Report (restricted access)

<sup>31</sup> NDTMS (restricted access)



9.5/1000; opiate dependency = 4.6/1000; crack cocaine dependency = 1.3/1000.

How pharmacies can support:

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

## **Obesity**

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

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

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

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

Demand for prescription weight loss medication has been unprecedented in recent years since the approval of drugs such as

semaglutide (Wegovy, Ozempic) and Tirzepatide (Mounjaro). However, these are primarily only available via specialist Tier 3 weight management services and when clinical indications mean the eligibility criteria is met for prescribing (Type 2 diabetes diagnosis and with a BMI of  $\geq 30$ ). GPs are able to prescribe Orlistat, a lipase inhibitor. NHS Digital Data indicates that between April 2024 and February 2025, a total of 2530 prescriptions for Orlistat were made in York Place.<sup>32</sup>

How pharmacies can support:

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

## Sexual Health

The health and economic wellbeing of any population and the wellbeing of individuals can be critically influenced by sexual health. The financial case for sexual health services has been made repeatedly; effective sexual health services and the prevention of sexually transmitted infections (STI) and unplanned conceptions are cost-saving. Health inequalities exist within sexual health and key population groups can be identified for whom there are greater risks of experiencing sexual ill health. These are as follows: young people; gay, bisexual or other men who have sex with men; black and minority ethnic groups; and women of reproductive age.

OHID data for 2023 in York, indicates that the incidence of all new STIs is 589/100,000 persons. This is lower than the regional rate of 704/100,000, but higher than the national rate of 289/100,000.<sup>33</sup> There are 4.8% positive test rates for STIs excluding chlamydia in York against the region (7.3%) and England (3.9%).

<sup>32</sup> [OpenPrescribing Analysis](#) (accessed 19/05/25)

<sup>33</sup> [PHE Fingertips Data on Sexual Health](#) (accessed 19/05/25)

## Teenage Pregnancy

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

How pharmacies can support:

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

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

## Cancers

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

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

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

How pharmacies can support:

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

## **Long-Term Conditions**

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

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

In 2019, 15.3% of people report that they are living with a long-term illness or disability, 11.1% have multiple long-term conditions as recorded on more than one disease register. ONS Data for 2019/20 indicates that 12.0% with a long-term illness, disability or medical condition diagnosed at the age of 15. This is lower than the region 13.0% and England 14.1%.

## **Cardiovascular Disease**

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

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

Cardiovascular disease is a cause of premature death and health inequalities with a mortality rate of 55.2 per 100,000 for persons aged 75 years and under in York (2023, 1-year range).<sup>34</sup> This is the lowest rate across Yorkshire & Humber (88.1/100,000), and England (77.4/100,000).

How pharmacies can support:

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

## Diabetes

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

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

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

How pharmacies can support:

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<sup>34</sup> [Cardiovascular Disease Rates in York; PHE Fingertips](#) (accessed 12/05/25)

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

## **Respiratory**

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

In York, respiratory diseases are contributor to premature death and health inequalities with a death rate of 31.6/100,000 persons aged under 75 years in 2023.<sup>35</sup> This is lower than the regionally (40.6/100,000) but only marginally lower than England (33.7/100,000). The rate of premature mortality from respiratory disease considered preventable is 15.2/100,000 in the population aged under 75 for 2021-2023. This is lower than both the regional (21.3) and England rate (18.0).

How pharmacies can support:

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

## **Dementia**

Dementia is a clinical syndrome characterised by a progressive decline in cognitive function that interferes with daily functioning and

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<sup>35</sup> <https://fingertips.phe.org.uk/search/respiratory>

independence. Typically, it involves impairments in memory, language, executive function, visuospatial skills, and behaviour.

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

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

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

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

How pharmacies can support:

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

## **Mental Health and Wellbeing**

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

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

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

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

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

How pharmacies can support:

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



## **4. York Local Commissioned Services**

### **4.1. City Of York Council Public Health Commissioned Services**

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

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

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

### **Healthy Start Service**

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

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

- Improved access to the vitamins (through location and opening

hours)

- Pharmacies are best-placed to manage those aspects of storage and supply that are related to the Safe and Secure Handling of Medicines and client-specific eligibility criteria
- Pharmacies are a trusted and well-used resource within communities, particularly in relation to the supply of medicines and associated products
- Community Pharmacy staff are skilled at giving advice and guidance
- Potential frequency of opportunity to raise the issue of Healthy Start due to other Community Pharmacy attendances/potential purchases that are baby/child related
- Opportunity to collate routine performance and monitoring data electronically via PharmOutcomes.

### **Conclusions regarding Healthy Start Service**

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

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

### **Needle Exchange Programme**

The Service Specification relates to the provision of a community pharmacy needle and syringe programme. The Service provided will include the distribution and collection of sterile injecting equipment and its safe disposal and the provision of a range of other harm reduction support and interventions.

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

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

### **Conclusions regarding Needle Exchange Programme**

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

### **Supervised Consumption Service**

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

### **Conclusions regarding Supervised Consumption Service**

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

## **4.2. Non-Commissioned Services**

Non-Commissioned services may not be aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer

generated demand for non-NHS services and are often very valuable for certain patient groups e.g., the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.

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

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

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

#### **4.3. Collection and Delivery Services**

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

#### **4.4. Monitored Dosage Systems**

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

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

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

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

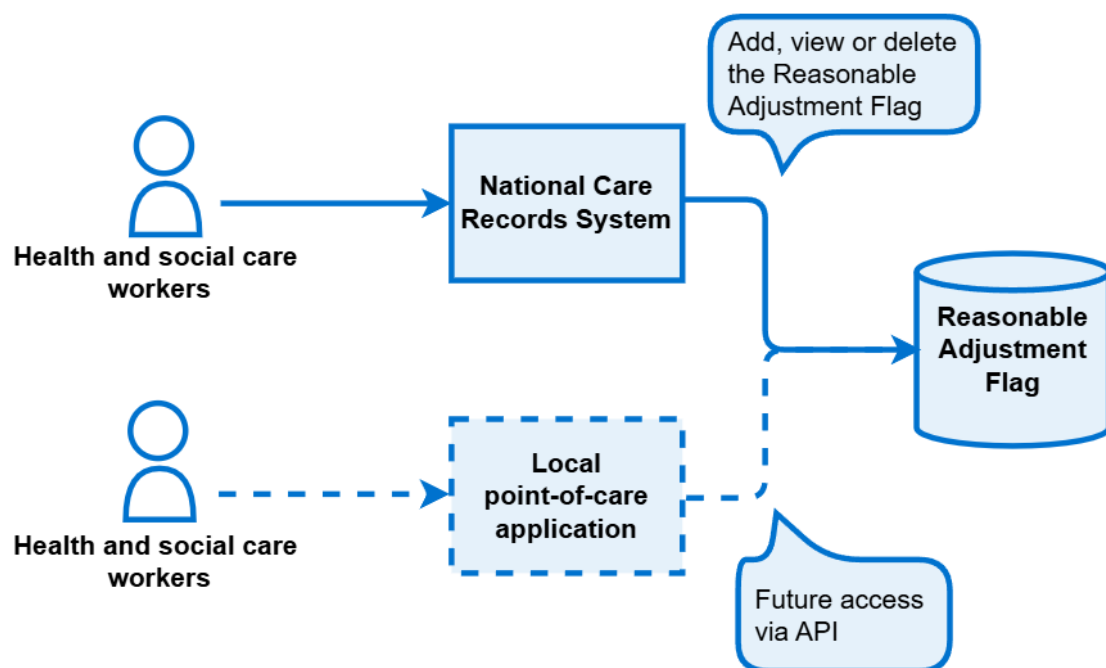


Figure 4: Flow Diagram showing the Reasonable Adjustment Flag (RAF) feature

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

## **5. Other NHS Services**

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

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

### **The York Health System**

#### **GP Surgeries (including extended access)**

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

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

- Priory Medical Group
- York Medical Group
- Old School Medical Practice
- Front Street Surgery
- Haxby Group Practice
- Dalton Terrace Surgery
- Jorvik Gillygate
- Unity Health
- Elvington Medical Practice
- My Health

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

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

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

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

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

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

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

Elvington Medical Practice – Thursdays from 18:30-20:00, and Saturday morning 08:00-10:00

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

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

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

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

## GP Enhanced Services

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

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

Service	Description
Health checks for people with a learning disability	<p>Allows GP practices to offer a medical to patients aged 14 years and over with a learning disability and produce a health action plan.</p> <p>Community pharmacies could help to deliver elements of individual patients’ health action plans by supporting behaviour change, providing advice and support about prescribed medications, supporting the management of long-term conditions, help with self-care and signposting to other services.</p>
Targeted immunisation programmes	<p>Allows GP practices to provide the following targeted immunisation programmes:</p> <ul style="list-style-type: none"> <li>• childhood ‘flu (2- and 3-year-olds)</li> <li>• meningitis ACWY (18-year-olds and University Freshers)</li> </ul>



	<ul style="list-style-type: none"> <li>• meningitis B (infants)</li> <li>• pertussis (pregnant women)</li> <li>• shingles (catch up)</li> <li>• seasonal 'flu and pneumococcal (adults aged 65 and over and clinical at-risk groups)</li> </ul> <p>Community pharmacies already make a significant contribution to improving access to seasonal 'flu vaccine for adults aged 65 and over, adults in clinical at-risk groups, adult carers and adult household contacts of people with a compromised immune system. For other immunisation programmes, community pharmacies can support uptake by promoting the benefits of immunisation and providing accurate information and advice.</p>
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### **Primary Care Networks**

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

Every practice is a member of a PCN.

PCNs are expected to deliver the following NHS England specifications:

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

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

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

### **GP Out of Hours**

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

### **Urgent Treatment Centre**

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

### **Hospital Services**

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

### **St. Leonard's Hospice**

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

## **6. Pharmaceutical Services in York**

### **6.1. Overview**

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

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

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

The Health and Care Act 2022<sup>36</sup> delegated responsibility of commissioning pharmaceutical services from NHS England (NHSE) to Integrated Care Boards (ICBs), with NHSE retaining accountability. Humber & North Yorkshire ICB (HNY ICB) took over responsibility from 1 April 2023.

HNY ICB is responsible for administering pharmacy services, and for maintaining information regarding opening hours for all pharmacies across its areas. The PNA will be used when the ICB receives applications to amend or enter the pharmaceutical list within the designated areas.

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

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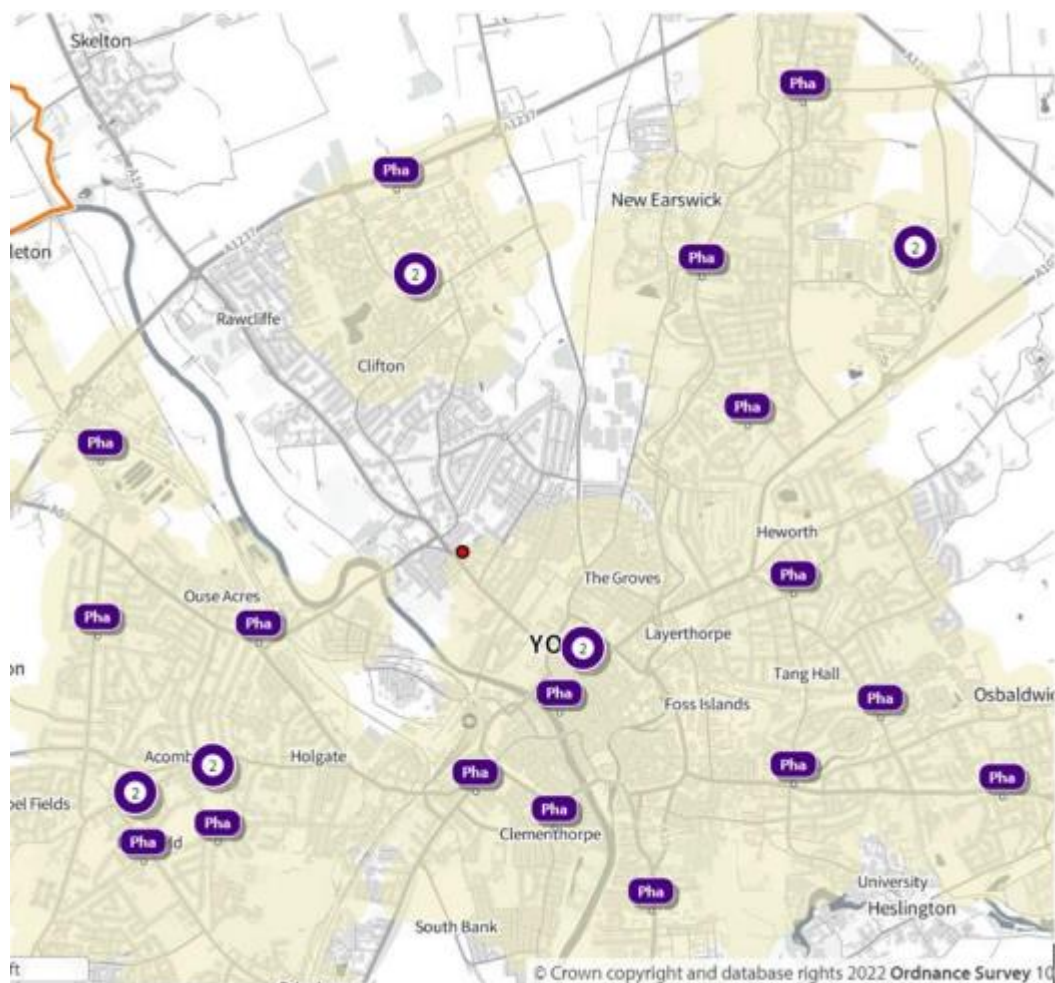
<sup>36</sup> [Health and Care Act 2022](#)

access services in nearby Elvington. This has been identified as a gap in the findings.

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

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

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



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

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



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

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

There are 6 other pharmacies within a mile

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

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

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

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

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

On 22 July, supplementary dispensing hours changed to Monday open 09:00-17:30 at The Pharmacy Group Ltd, 412 Huntington Road, YO31 9HU

On 7 July, Medhut Clinic Limited t/a Medhut was established in York as a distance selling premise.

Essential services are provided by all pharmacies and include:

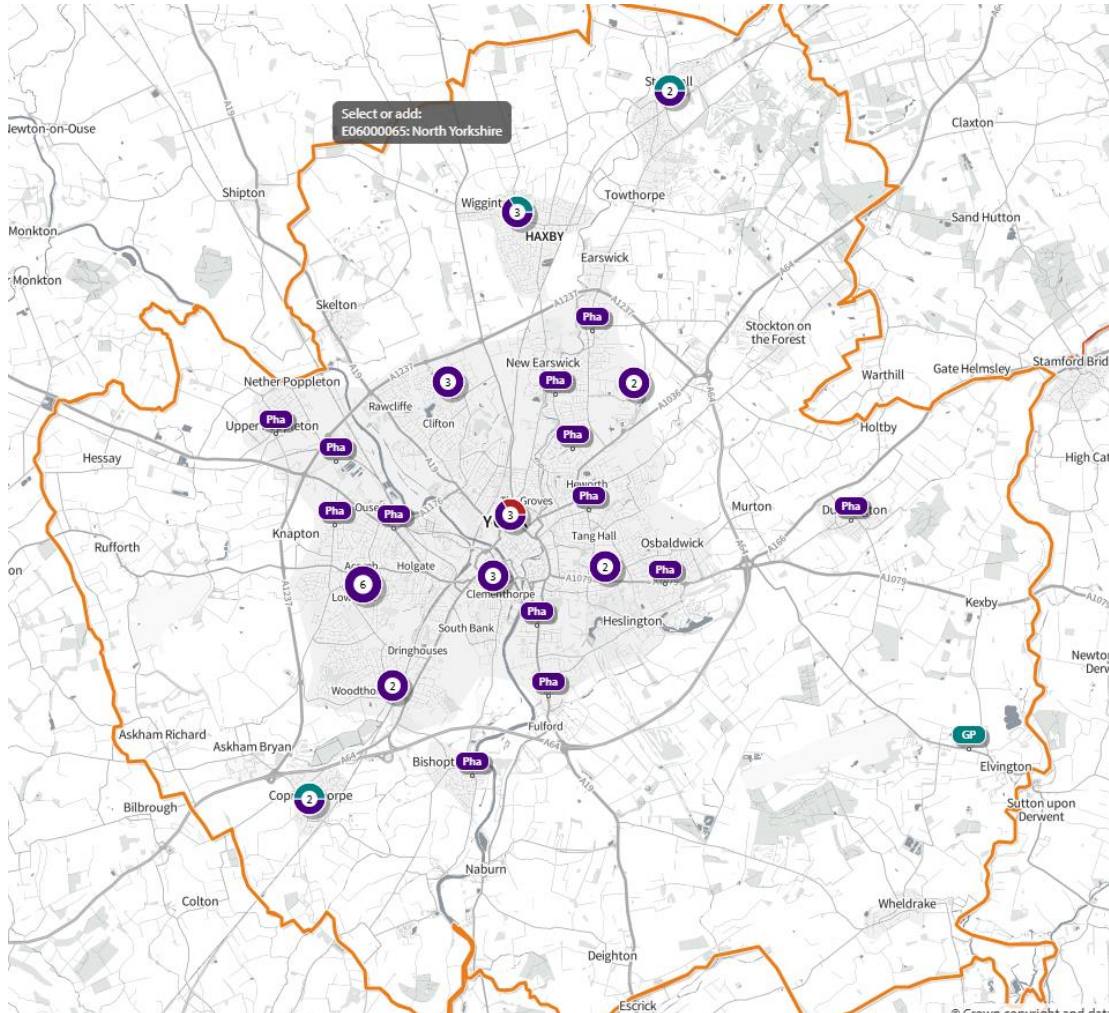
- Dispensing of prescriptions
- Repeat dispensing
- Disposal of unwanted medicines
- Public health promotion
- Signposting to other services
- Support for self-care

\*100-hour pharmacies originally held an NHS contract that required them to be open for a minimum of 100 hours per week. Introduced in 2005, they increased out-of-hours and extended access provision for patients. This requirement has since eased and such pharmacies are generally allowed to reduce their core opening hours to 72 hours per week. They must still provide specific “core” hours such as weekday evening and weekend afternoons to maintain access to essential services.



40-hour pharmacies are contractually required to be open for a minimum of 40 cores per week. They may choose to operate for additional “supplementary” hours beyond this obligation.

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



## 6.2. Necessary Services

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

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

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

With 36 community pharmacy services in York, and a population of 209,301 people (based on ONS 2023 mid-year population estimates), the average number of community pharmacies is 17 per 100,000 persons. This is slightly lower than the England average of 20 pharmacies for every 100,000 people but this is not statistically significant.

### **6.3. Advanced Services**

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

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

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

### **6.4. Enhanced (Local) Services**

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

- Supervised consumption of medicines for substance use disorder



- Emergency hormonal contraception
- Needle exchange services
- Palliative care drug access schemes

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

### **6.5. Pharmacy Access Scheme**

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

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

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

### **6.6. Opening Hours and Out-of-Hours Services**

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



# Annex A:

Figure 8: Charts showing total number of pharmacies open in York

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

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

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

## Annex A:

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

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

### **6.7. Standard Contract (40 hours)**

Figure 8 shows the current provision of essential pharmaceutical services within the York Local Authority boundary.

#### **Core Hours**

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

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

#### **Supplementary Hours**

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

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

### **100-hour Pharmacies**

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

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

### **6.8. Dispensing Appliance Contractors (DAC)**

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

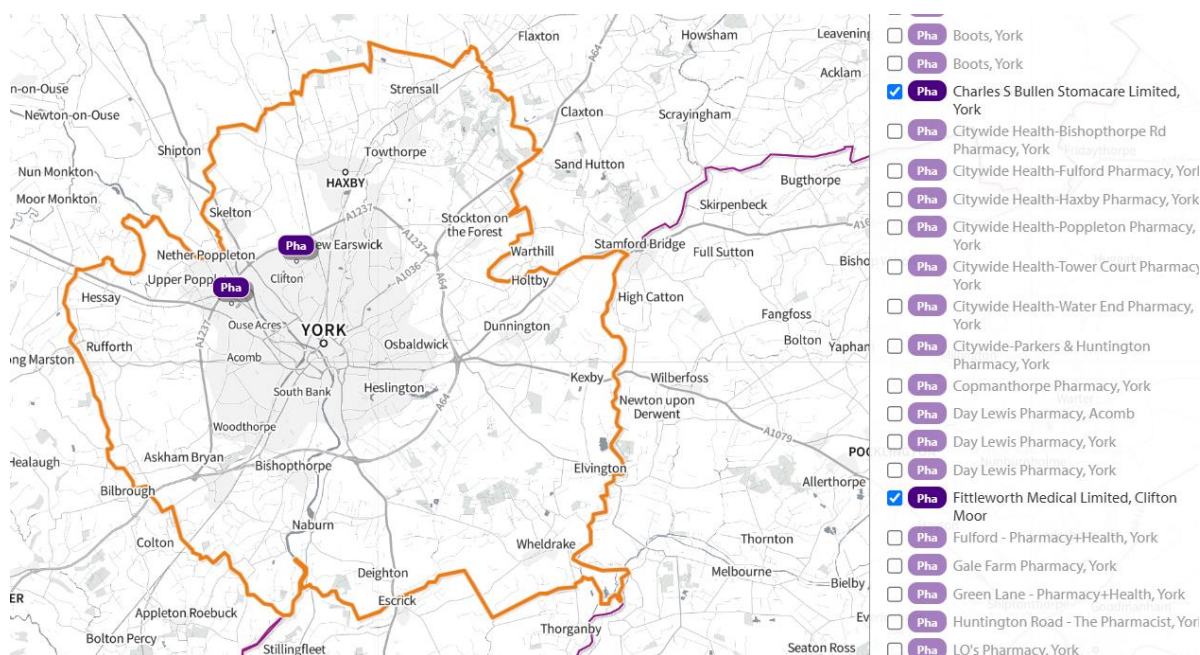
Dispensing appliance contractors are required to open for a minimum of 30 core hours per week.<sup>37</sup> There are two appliance contractors in York that supply products such as stoma and incontinence appliances. They are less commonly used than community pharmacies but remain a critical service for those requiring specialist items. Services are often provided remotely.

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<sup>37</sup> [Schedule 5: Terms of Service of NHS Appliance Contractors](#) (accessed 16/05/25)

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

Figure 9: Map of DACs in York



## 6.9. Distance-Selling Premises

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

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

In 2023, there were approximately 400 DSPs in England<sup>38</sup>, based in 115 health and wellbeing board areas. As of August 2025, there is one DSP based York. However, given their regulations do not allow contact with residents, it falls out of scope of the PNA. ICB patient data<sup>39</sup> below (see Figure 10) indicates that approximately 2% of residents registered with a York GP Practice use DSPs for their prescription services.

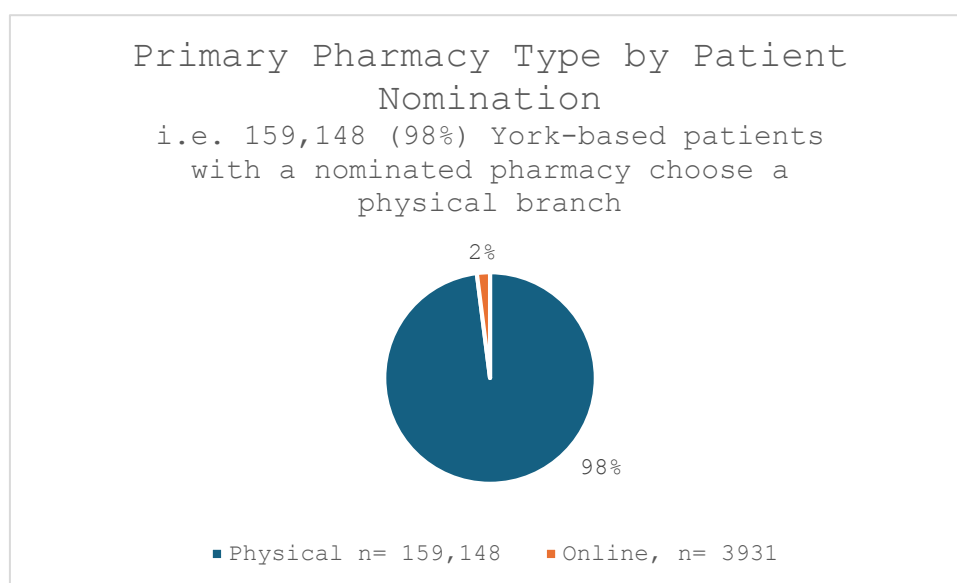


Figure 10: Proportion of York residents registered at a York GP Practice and their choice of nominated pharmacy

## 6.10. Dispensing Doctors

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

<sup>38</sup> [Number of Distance Selling Pharmacies in England from 2008/09 to 2023/24; Statista](#) (accessed 14/05/25)

<sup>39</sup> Humber and North Yorkshire Integrated Care Board (ICB); *Community Pharmacy in York: With Relevance to Integrated Neighbourhood Teams (INTs)* (accessed 11/09/25) (restricted access)

determination must also be made as to whether the location of the pharmacy is in a reserved location.

Based on data from NHS England there are there are 4 dispensing doctors in York:<sup>40</sup>

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

Prescribing and data reports (ePACT2) published by NHS Business Services Authority (NHSBSA) in May 2022 indicated dispensing by these practices accounted for 7% (approximately 255,930) of the dispensed items in 2020 – 21 <sup>(38)</sup>. These services provide additional access to dispensing services for the population of York. Primary care services are being delivered for the population of Wheldrake through the main Elvington surgery site, but it is a significant distance away from where many Wheldrake patients live with poor public transport links. The Wheldrake branch closed due to health and safety reasons, however Elvington Medical Practice dispensary offers a medication delivery service for its patients.

### **6.11. Hospital Pharmacy Services**

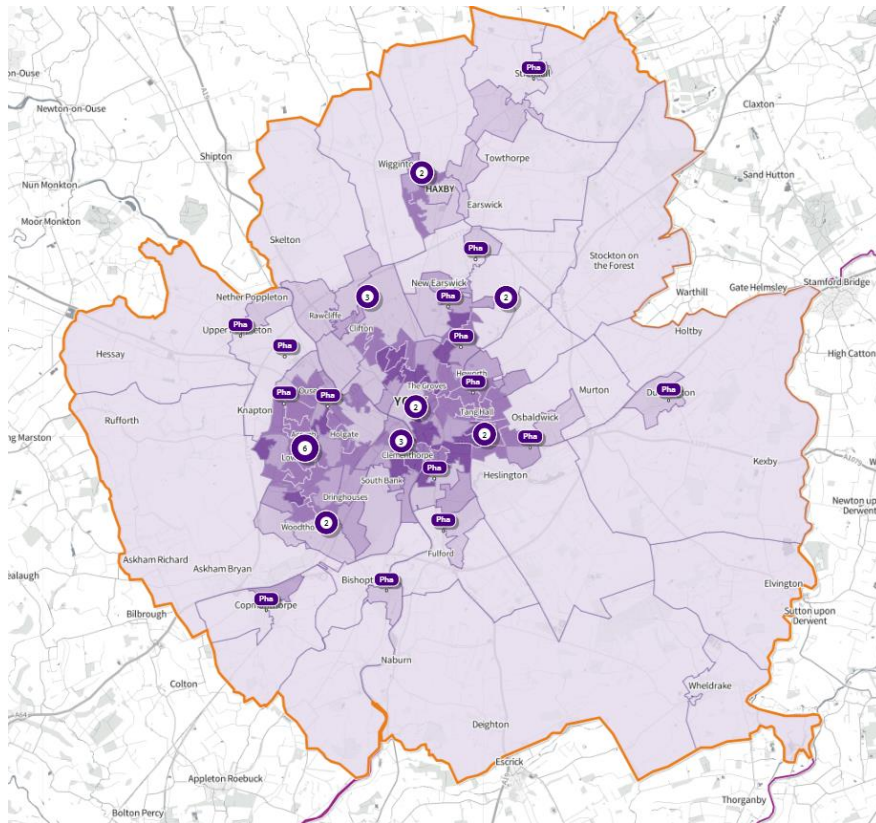
NHS hospital trusts and private hospitals do not provide services under the Community Pharmacy Contractual Framework and are therefore outside the scope of the PNA.

## **7. Accessibility of Pharmaceutical Services**

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<sup>40</sup> [NHSBSA, Dispensing Practice Name and Address](#) (accessed 11/04/25)





aim

the population to be able to access pharmacy services within 20

There is a  
national  
for 99% of

*Figure 11: Map of community pharmacies in York by population density. The darker purple represents more dense areas.*

minutes, whether by walking, driving, public transport, or a combination.<sup>41</sup> In 2018, the Department of Health and Social Care (DHSC) undertook a mapping exercise that demonstrated that 88% of the population were able to access pharmacy services within a 20-minute walk. Additionally, 40% of all community pharmacies were found to be within a ten-minute walk or at least two community pharmacies.<sup>42</sup>

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

<sup>41</sup> [Pharmacy in England: Building on Strengths- Delivering the Future \(03/04/2008\) \(Accessed 06/05/2025\)](#)

<sup>42</sup> [Post-Implementation Report on the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013, Department of Health and Social Care, March 2018 \(accessed 06/05/25\)](#)

at using the above criteria. All travel times were analysed using ShapeAtlas.

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

### **7.1. Geographical Distribution**

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

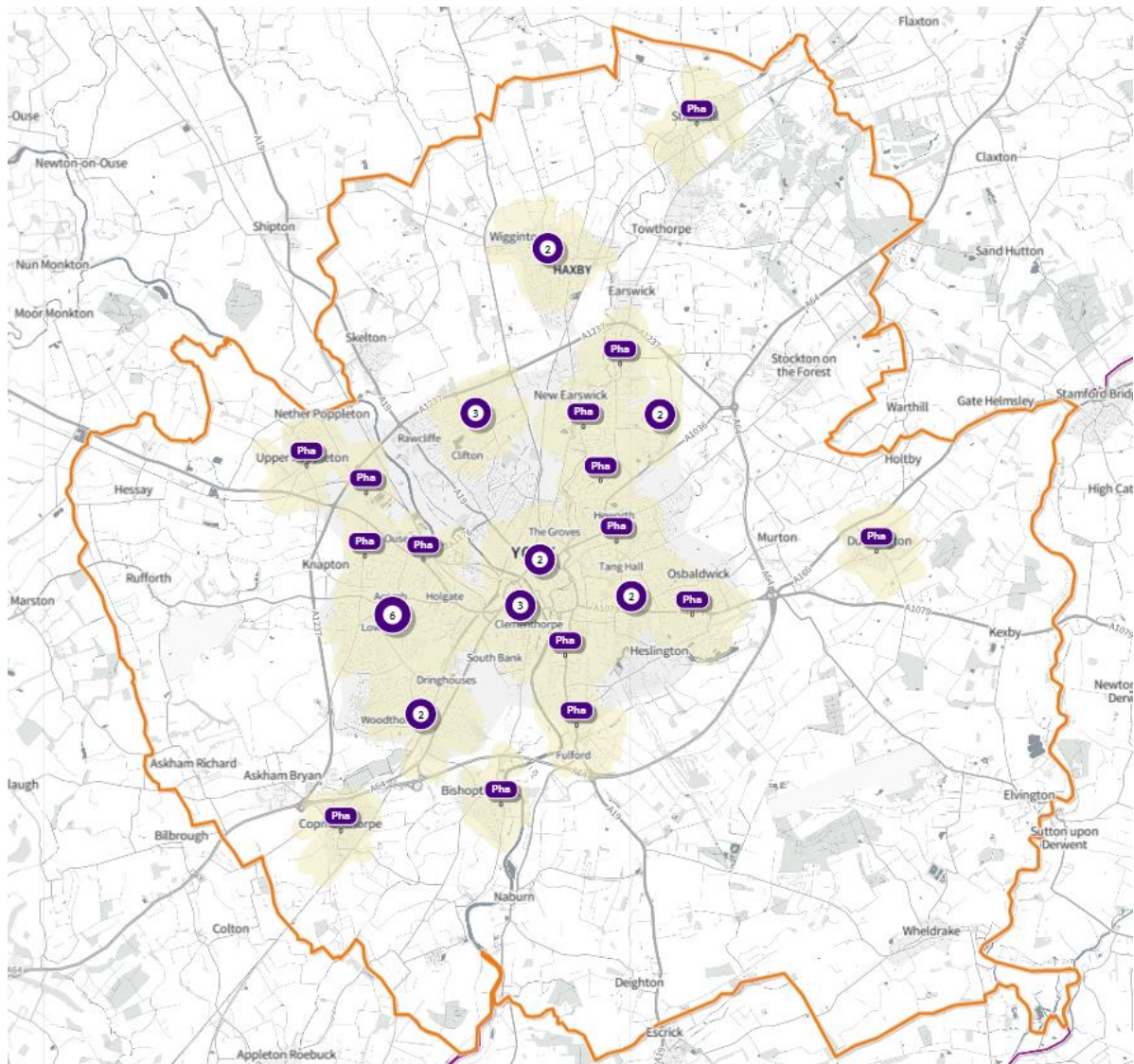
A mapping analysis via [ShapeAtlas](#) shows that:

- Over 90% of York's population is within 1.6 km of a pharmacy
- Most underserved areas are rural or recently developed housing sites where growth may outpace service provision
- Public transport links are generally good within the city but more limited in rural zone

### **7.2. Access On Foot**

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

Figure 12: Map showing pharmacies within a 15-minute walk

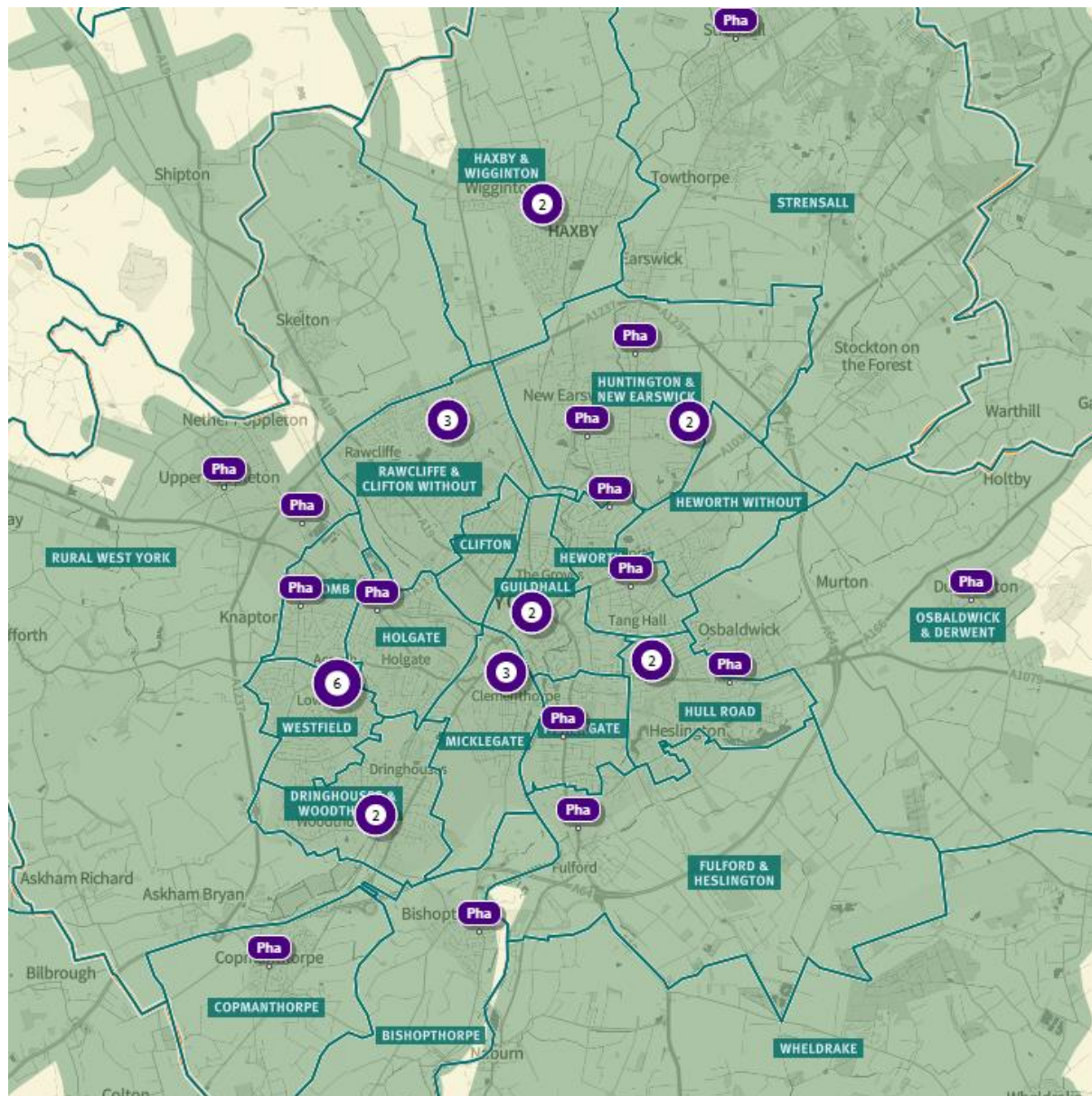


There is generally good pedestrian access to services, however there are residential areas where access on foot will take longer than 15 minutes or where accessibility on foot is more difficult. These include the more rural outer areas, however the inner-city residential areas of Rawcliffe and Clifton are also included. Other areas outside scope are industrial areas such as Fulford & Heslington beyond the A64.



### 7.3. Access by Private Transport

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



The Census 2021 states that York has a slightly higher rate of car ownership than the national average. Just over 70% of households own at least one car (1.27 cars per house in York compared to 1.23 cars per household nationally).<sup>43</sup> However, 20% of residents stated they did not own a car. Inner city wards have the highest proportion of people with

<sup>43</sup> Census 2021: Car Ownership (to insert)

no cars. This does not necessarily imply deprivation and points the other factors including limitations of parking availability either at a residence, or costs of parking in a car park, and the use of alternative modes of transport considered more practical for city centre parking.

#### **7.4. Access by Public Transport**

York is served by a network of buses that serves the city centre and the surrounding areas. First York is the primary operator and manages a network centring the city centre and serving outer wards. The company also operates a network of Park & Ride services at six sites around the city boundaries. As of June 2024, First York fleet consists of 86 battery electric buses.<sup>44</sup> Times differ by service but generally run from 05:00 to 22:00 on weekdays and Saturdays, and 09:30-18:00 on Sundays.

Public transport has been looked at via availability of bus stops and at different points in time in a week to and from sites. For this purpose, [ShapeAtlas](#)<sup>45</sup> was used as a mapping tool.

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<sup>44</sup> Insert reference source via Wikipedia article

<sup>45</sup>

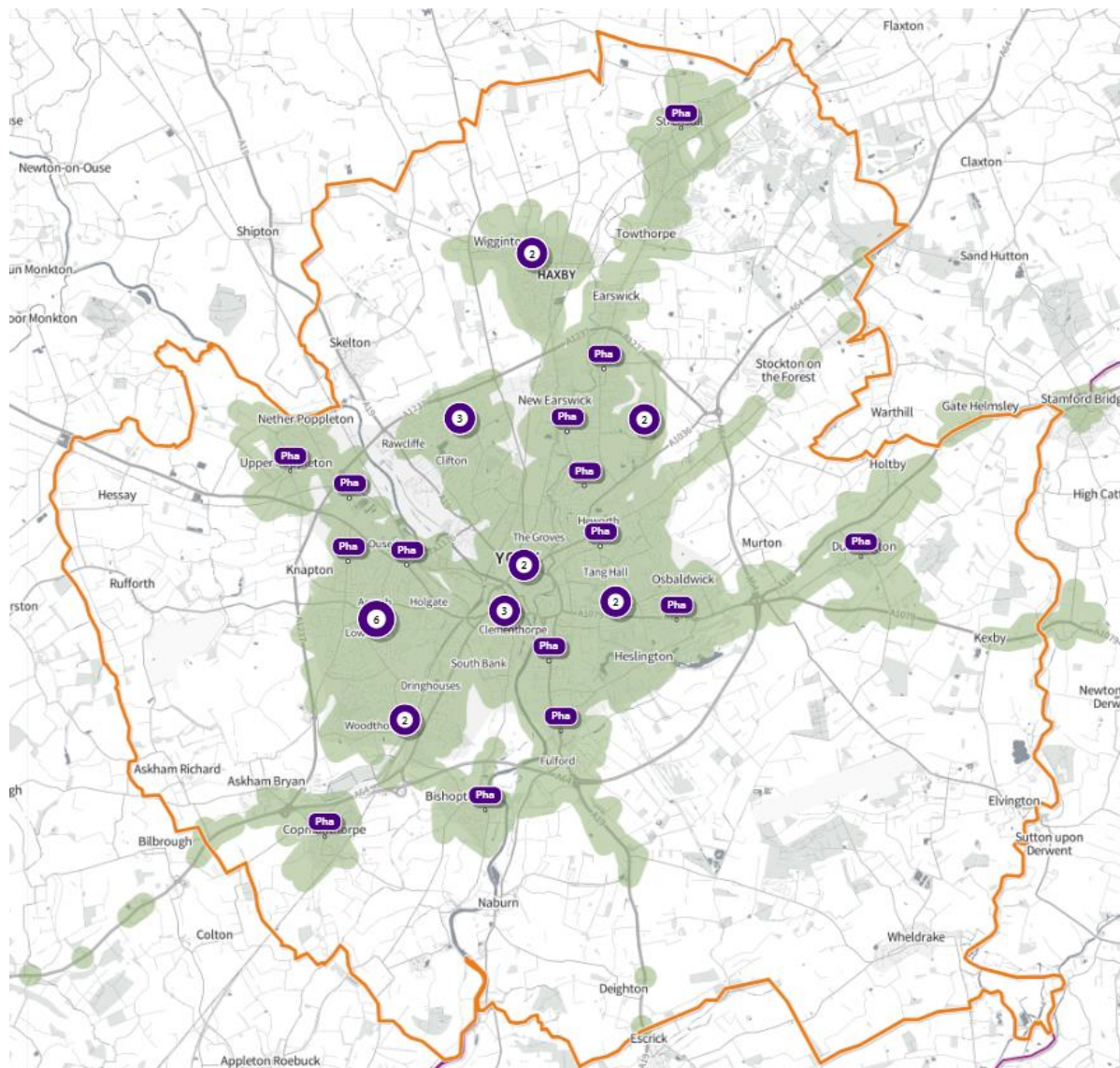


Figure 13: Map showing access to community pharmacies by public transport on a typical morning

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



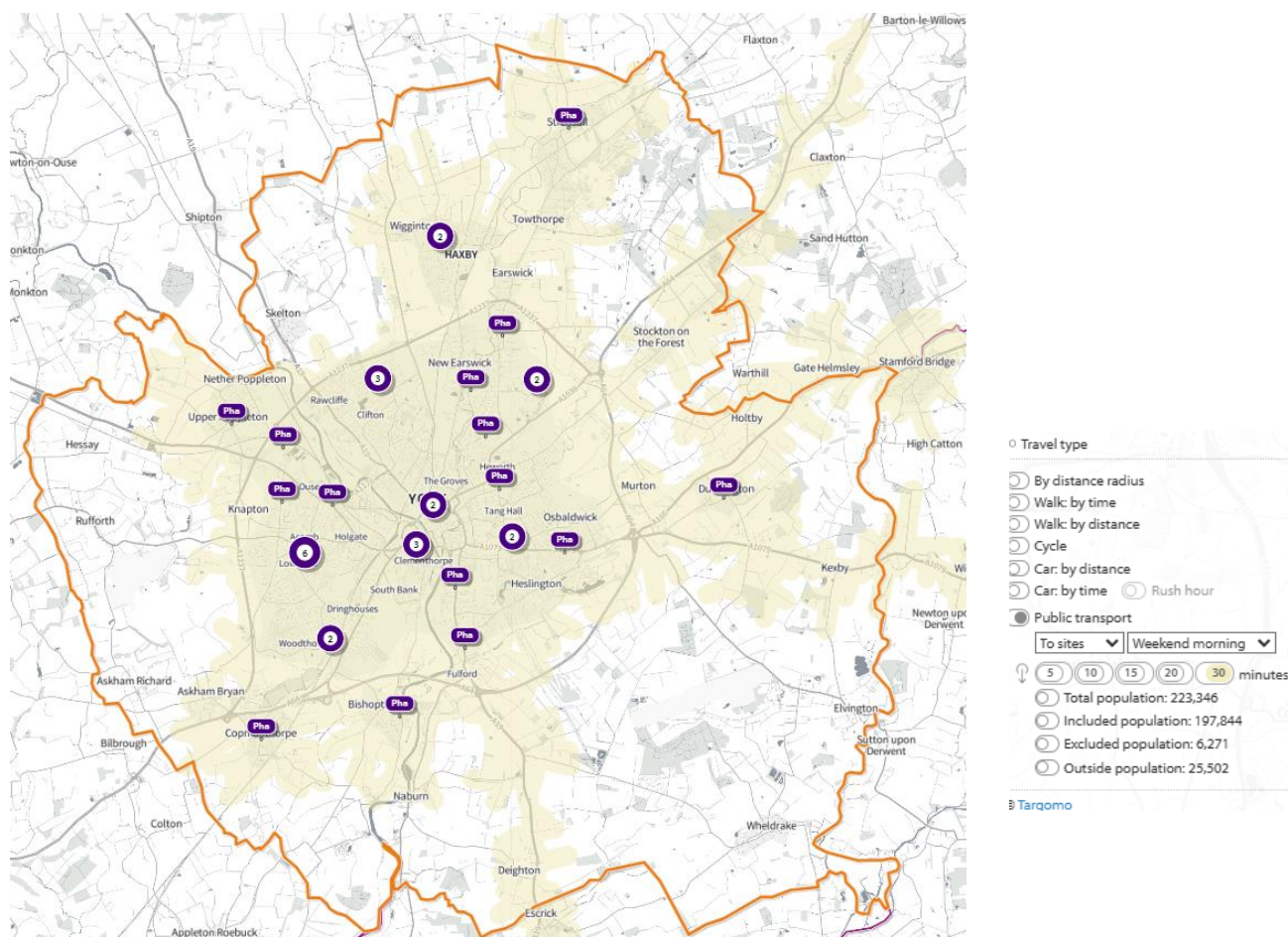


Figure 14: Map showing access to community pharmacies via public transport where travel time may take up to 30 minutes. Note the unshaded areas around Hessay and Rufforth in the west, and Wheldrake, Elvington et al. in the South-West.

## 7.5. Access for People with Disabilities

To comply with the Equality Act 2010<sup>46</sup>, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider reasonable adjustments that may help overcome that obstacle.

Common adjustments in community pharmacies may include:

- Easy open containers

<sup>46</sup> [PSNC Briefing 60/17: Equality Act 2010- A Quick Reference Guide](#) (accessed 16/05/25)

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

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

The requirements for the consultation room are that it is:

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

Discuss residents' survey findings around consultation rooms

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

Key findings include:

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

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

Facilities	Number of Pharmacies
------------	----------------------



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

## AccessAble

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

Lloyds Pharmacy (York Hospital)  
 Gale Farm Surgery<sup>47</sup>  
 Haxby & Wigginton Health Centre

## 7.6. Public and Patient Feedback

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

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

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

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<sup>47</sup> [Accessable Guide to Gale Farm Surgery](#)

The majority of respondents (34.6%) were from the YO30 and YO31 postal code areas which cover Clifton and some central areas of York. A further 14% stated they resided in the YO24 area which covers the western end of York, including Westfield ward. This reflects the areas of the city where a need for pharmacy provision has been identified. A smaller proportion of respondents resided on the outskirts of the city but chose to comment on the York survey.

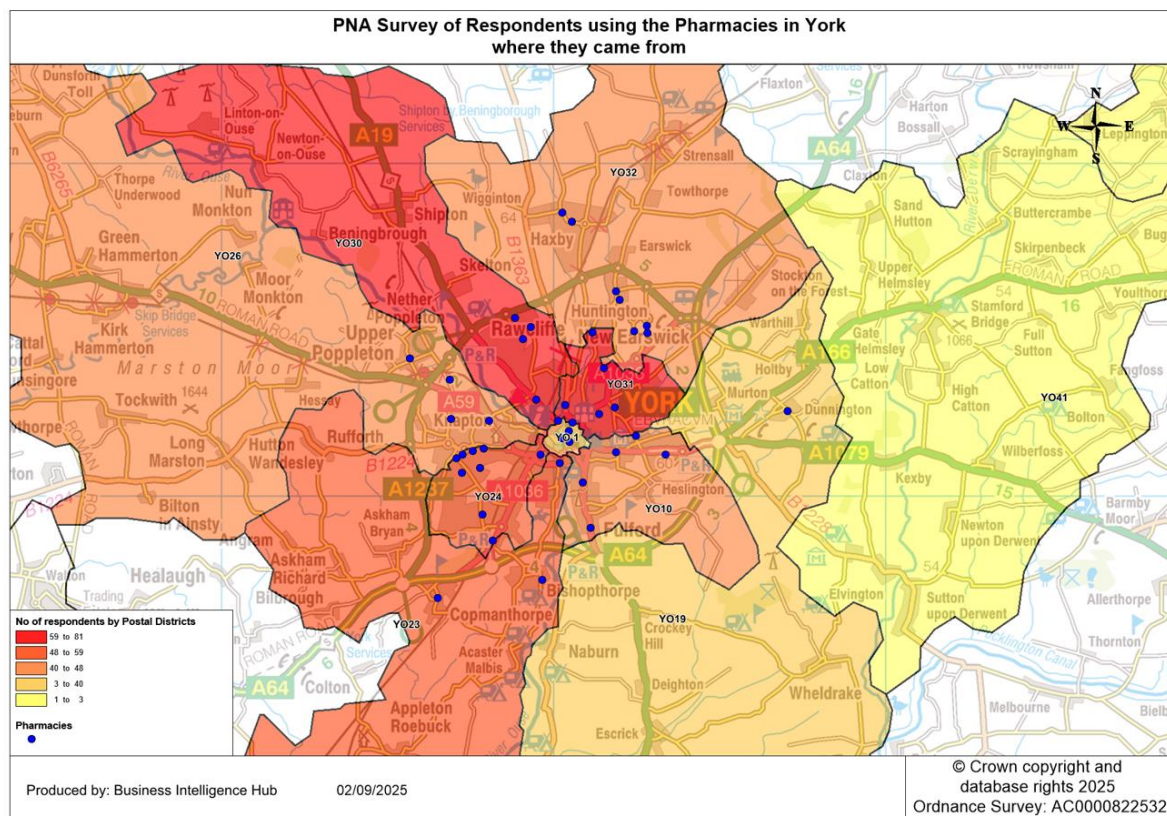


Figure 15: A heat map showing where respondents of the PNA survey came from. The deeper the gradient, the higher the proportion of respondents.

## **Key headlines from the survey**

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

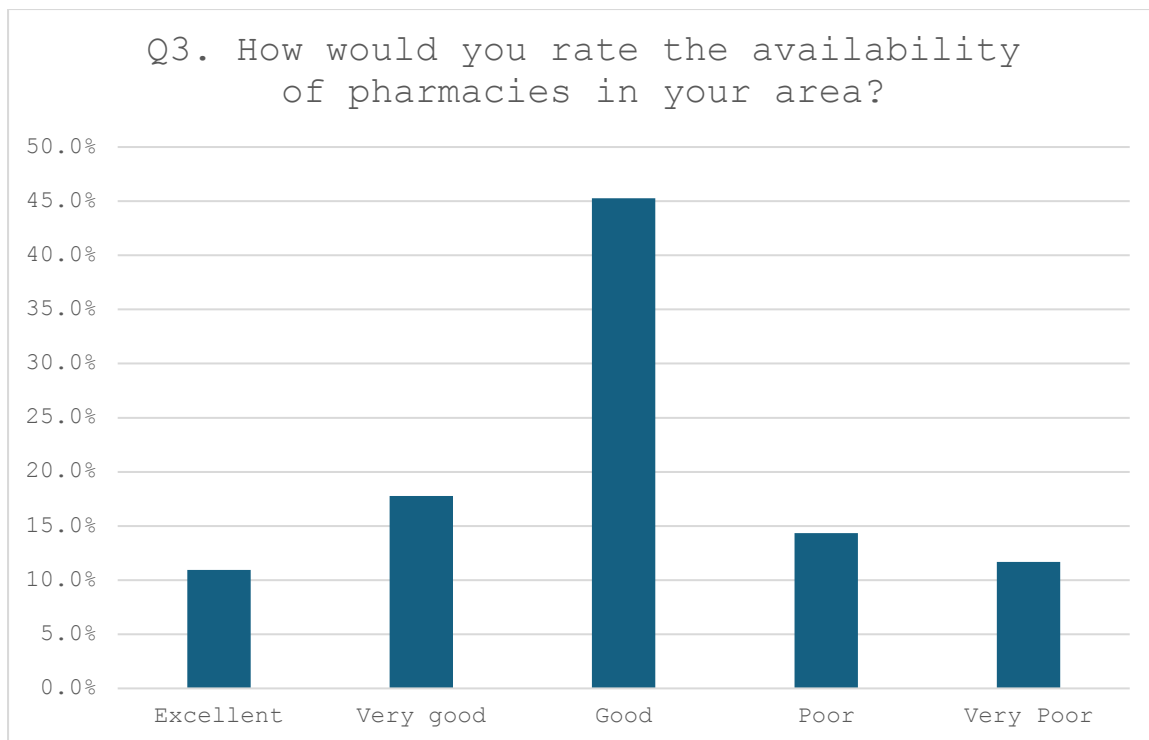


Figure 16: A bar chart showing the proportion of people that rated pharmacies provision in York from Excellent to Very Poor

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

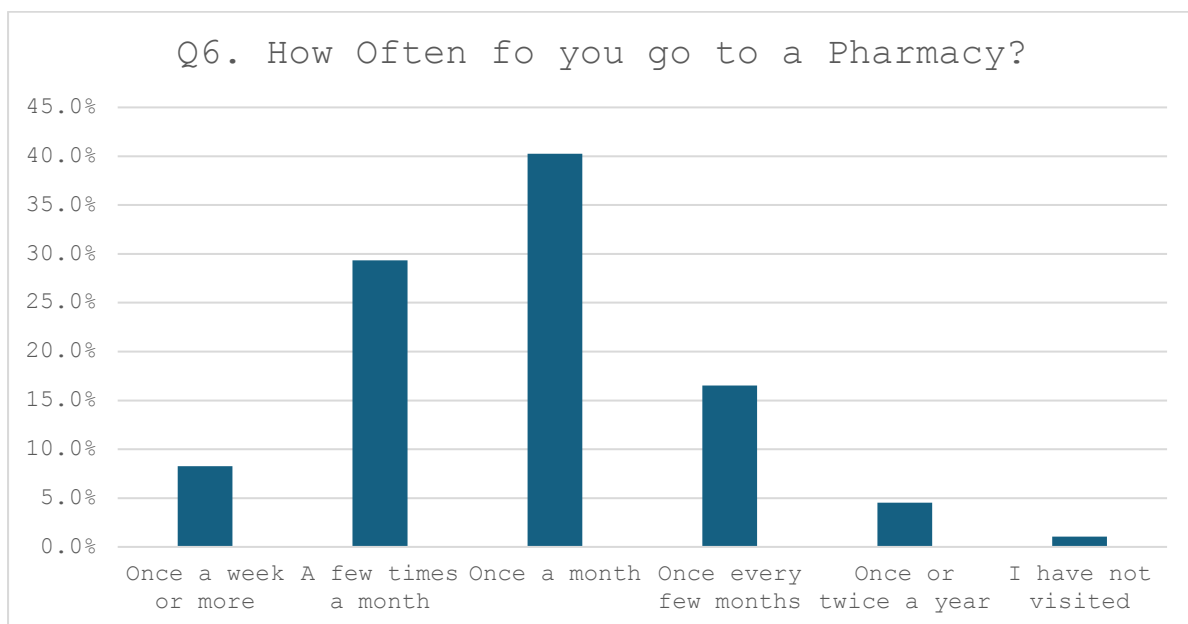


Figure 17: A bar chart showing the frequency of pharmacy attendance by York residents

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

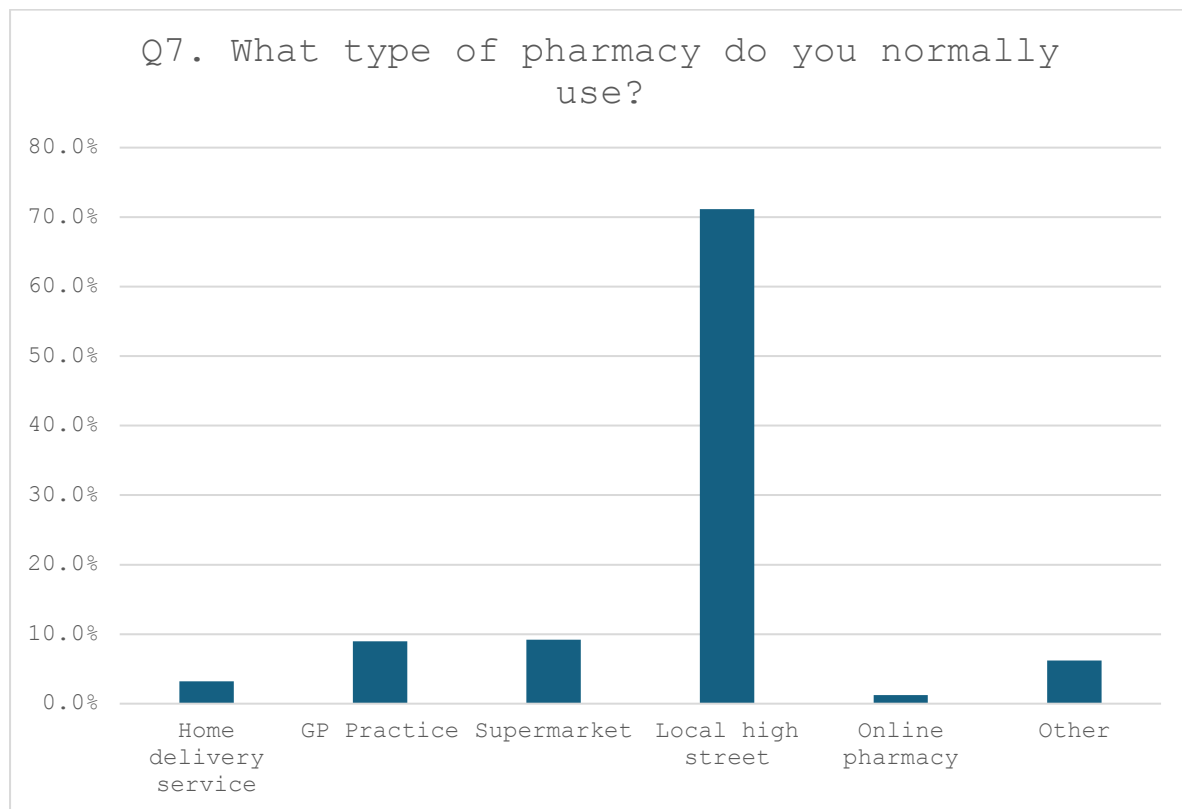


Figure 18: A bar chart showing the types of pharmacies used by York residents

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

### **Modes of Access to Pharmacies**

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

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

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

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

**Cycling:** Was mentioned by a few respondents

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

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

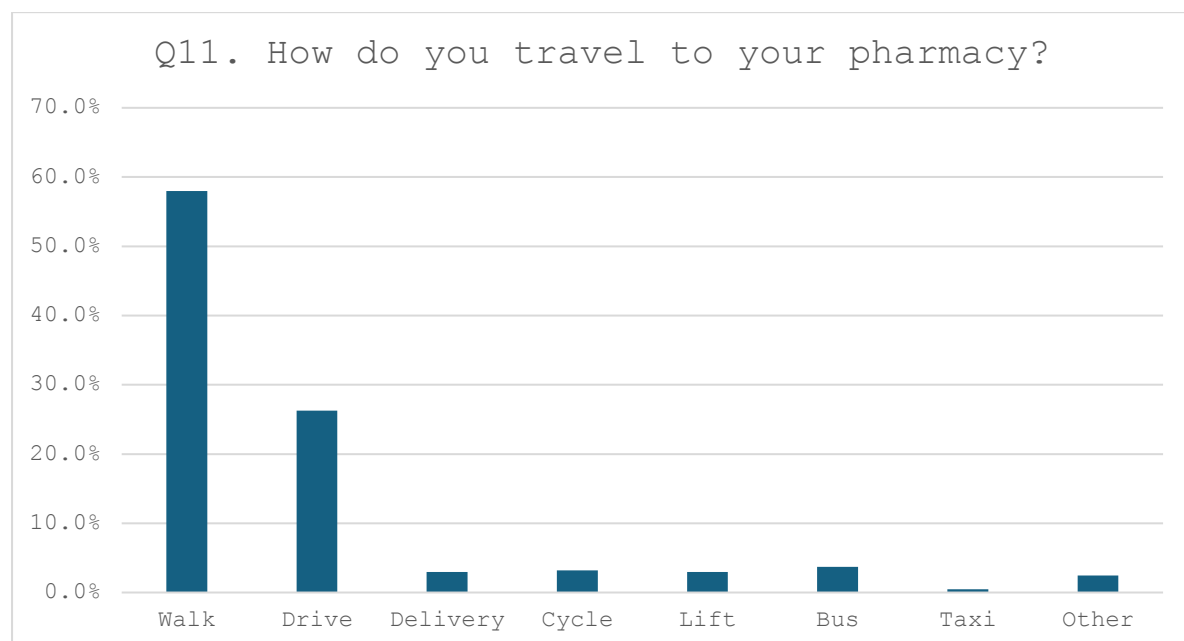


Figure 19: A bar chart showing the modes of transports used by York residents when accessing community pharmacies

### **Key Issues Highlighted**

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

**Overwhelmed City Centre Pharmacies:** Respondents stated long waits (up to and over 7 days) for prescriptions. In some cases, this meant missing days of vital medication. There was a strong demand for

local, accessible pharmacy services where urgent prescriptions had been issued (e.g., following out of hours consultation).

### **Summary of Key Concerns**

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

**Pharmacy Closures:** The closure of Boots in Clifton was repeatedly mentioned as a major issue. Residents now faced longer travel times (e.g., 30-minute walks or bus rides) to access a pharmacy. There was a strong sense of frustration and abandonment, especially among the elderly and those with mobility issues.

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

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

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

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

### **Summary of Key Suggestions**

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

**Accessibility & Location:** Requests for pharmacies to be within walking distance, especially for the elderly and disabled. Issues with parking, wheelchair access, and inconvenient layouts (e.g., counters too high, cramped spaces).

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

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

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

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

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

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

### **Service Importance**

Respondents highlighted the following as the most valued pharmacy services:

**Prescription Dispensing:** Universally seen as essential

**Medication Reviews:** Important for managing ongoing health conditions

**Health Advice:** Trusted source of guidance for minor ailments

**Vaccinations:** Increasingly expected as part of pharmacy offerings

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

### **Accessibility Challenges**

Key barriers to accessing pharmacy services include:

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

**Mobility Issues:** Affecting elderly and disabled individuals

**Transport Limitations:** Lack of public transport or personal vehicles

**Parking Difficulties:** Especially near high street locations

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

## **7.7. Stakeholder Engagement**

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

**Pharmacy Access and Location:** There were numerous concerns raised regarding the closure of local pharmacies, such as those on Clifton Green and Burton Stone Lane. Stakeholders expressed on behalf of patients that these closures have led to significant



inconvenience, including long walks, difficult travel arrangements, and an increased reliance on large supermarkets like Tesco for pharmaceutical needs. Many called for the reopening of these local pharmacies or the establishment of new ones, particularly in underserved areas such as Clifton and the YO30 postcode.

A strong emphasis was placed on the importance of having pharmacies within walking distance, especially for elderly residents and those with disabilities, for whom accessibility is crucial.

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

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

**Staffing & Service Quality:** A strong demand emerged for home delivery services, particularly for individuals with mobility challenges. Requests included free or affordable delivery options, the use of blister packs to help older patients manage their medications, and consistent delivery charges. Some suggested the introduction of postal delivery options or even combining pharmacy deliveries with supermarket services.

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

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

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

The Out-of-hours (OOH) service availability presents further challenges. While late-night pharmacy access is better than in other areas, many pharmacies close after 9:00 PM, and Sunday closing times are earlier, making it difficult for patients to get their medications dispensed during these times. These closures particularly impact housebound and vulnerable patients, who rely heavily on convenient access to pharmacy services. There is a need to identify whether any changes to pharmacy provision result in a gap whereby some residents are no longer able to easily access services. Additionally, improved provision of needle-exchange and supervised consumption services is necessary to better support those who need them. Patients also face difficulties accessing Healthy Start vitamins and prescription formulas, highlighting a pressing need for greater provision of these

services. Stakeholders also acknowledged the usefulness of pharmacies accessing Summary Care Records; access would enhance the ability of pharmacies to provide timely and informed care. Overall, while pharmacies are crucial and well-engaged, there remain areas for improvement to ensure equitable and effective healthcare support for all patients.

## **7.8. Formal Consultation**

Regulations require that a draft PNA is made available for a 60-day consultation period prior to publication of the final assessment.

Stakeholders were asked to respond to a short consultation survey. The survey was organised by City of York's Business Intelligence team, hosted on SurveyMonkey. Both PNAs by York and North Yorkshire were included and respondents were given the option to comment on either or both PNAs. The link was accessed via [www.york.gov.uk/consultation](http://www.york.gov.uk/consultation).

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

## **7.9. Findings of Consultation**

All consultees were given the opportunity to respond via an online questionnaire. Full findings may be found in Appendix 5.

A total of 98 people accessed the survey wishing to comment on the York PNA. 14 responses were given in total. 71.4% of respondents stated they were citizens, with the remainder coming from organisations. Organisations included:

- York City Charities
- Boots UK Limited
- York Local Medical Committee
- City of Doncaster Council

## **8. Findings and Recommendations**

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

### **8.1. Findings**

1. Although York is one of the less deprived cities in England, there are stark inequalities. The life expectancy gap between the most deprived and least deprived wards is 10.1 years in males, and 6.7 in females, 2021-2023. Some resident cohorts such as those identified in the Core20Plus5 are more likely to experience poorer health outcomes and greater difficulties in accessing services. They may have a greater level of health and pharmaceutical needs.
2. Community pharmacy services continue to play an important role in the local community. They support the services provided by GP practices, dispensing practices and the PCNs. Community pharmacies offer support to the wider health needs of the population by providing the essential, advanced and locally commissioned services as described in this report.

3. Overall, there is sufficient pharmaceutical provision in York on a weekly basis. The majority of residents can access a pharmacy within a 15-minute walking distance, and there is an adequate choice.
4. A number of current geographical gaps in pharmacy provision have been identified in the main body of this PNA which can be considered as 'need' for the population. This is based on several factors including driving and walking time, gaps in 'after hours' provision, and rural journey times. They are:
  - a. A gap within the Clifton and Rawcliffe wards, where population density is one of the highest in the city and the largest number of people live further than 15 minutes' walk from a pharmacy
  - b. On the east side of the city covering the villages of Deighton, Wheldrake and Escrick. In particular, this need will grow with the strategic site near Elvington within the local plan.
  - c. Other sizeable villages such as Naburn, Stockton on the Forest, Skelton and Rufforth
  - d. In anticipation, within the Westfield Ward; this is dependent on upcoming applications into the PCSE which the public health team was made aware during the writing of this PNA which, as well as seeing one confirmed pharmacy closure (Green Lane), may reduce the hours in an adjacent pharmacy (Cornlands Road). If this were to happen, it would substantially reduce pharmacy provision in one of York's most deprived areas. Community Pharmacy North Yorkshire (CPNY) has confirmed that plans may be retracted 24 hours before the proposed date they are to be implemented.

5. In central York, there is good provision of pharmaceutical services on Saturday mornings, Saturday afternoons and Sundays. However, there was clear feedback that provision needs to be extended beyond 'standard' office hours to meet the needs of different cohorts, e.g., full-time workers.
6. There is adequate uptake of both advanced services and locally commissioned services in York, however, there could be better awareness and improved multi-agency working to significantly improve uptake of services in York, especially schemes like Healthy Start. The HWB could also encourage pharmacies to deliver new services to meet the health needs of their population.
7. There are dispensing practices in outer wards to provide pharmaceutical services Monday to Friday. Most of the patients who live in these areas, plus North Yorkshire residents registered to York Practices can access a community pharmacy within a 20-minute car drive if necessary. Whilst evening opening during this time within the outer wards would improve access and choice, no specific need for additional pharmacies to open has been identified.
8. Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.
9. Any application to open a new pharmacy must demonstrate that it is necessary, will provide value to the NHS, and patients/residents and can improve on the availability of services across the specific area.

10. The Health and Wellbeing Board has the responsibility for publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is the responsibility of the organisation managing the GMS contracts to inform the ICB when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area. It is the responsibility of the ICB to inform the HWB of any changes to pharmaceutical service provision, including dispensing services, so that a decision can be made as to whether this change will affect access. This is particularly important where pharmacies are closing or consolidating due to the impact of recent funding cuts. The HWB has a duty to respond to all notifications under Regulation 26A (consolidation of pharmacies).
11. The projected population growth and demographic shifts in York will have several key implications for community pharmacy services:
  - a. *Increased Demand for Medicines and Services for Older Adults:* The growing proportion of residents aged 65 and over is likely to drive increased demand for prescription medicines, especially for managing long-term conditions such as hypertension, diabetes, COPD, and arthritis. There will be greater need for medicines use reviews (MURs), structured medication reviews (SMRs), New Medicine Service (NMS) support, and compliance aids (e.g., monitored dosage systems).
  - b. *Pressure on Workforce and Capacity:* The ageing population may place additional pressure on pharmacy staff for longer consultations, home delivery services, and support for carers. Pharmacies may require extended opening hours, additional consultation rooms, or investment in automation/technology to manage workload efficiently.
  - c. *Demand for Preventative and Public Health Services:* With increased life expectancy comes a higher demand

for preventative services, such as vaccinations, healthy living advice, screening, and smoking cessation support—services community pharmacies are well placed to deliver

- d. *Access and Geographical Equity*: Housing developments may shift population centres, highlighting the need to review the spatial distribution of community pharmacies to ensure equitable access, particularly in newly developed or expanding developments like Elvington

## 8.2. Recommendations

1. The HWB recognises the importance of the 100-hour provision and of the supplementary hour provision by pharmacies within the area and the possible impact a change of these hours of delivery could have on access to pharmacy provision in York. The HWB should continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers and highlighting need which opens up in 100-hour provision through its response to applications
2. The extended opening hours that are currently in place provide adequate access to both essential pharmaceutical services and locally commissioned services, however the HWB should continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers.
3. The new housing targets for development are significantly higher than previous targets, meaning any proposed future housing developments should be reviewed on a regular basis to identify any significant increases in pharmaceutical need. The impact of the occupants of these new developments will need to be considered in informing need assessments for future health facilities of York residents. Cumulatively, and in the case of very large developments individually, the developments may result in an increased need for community pharmacy services. Collaborative working with Planning will help advocate the need to plan for increased community pharmacy provision in addition



to other community health services.

4. The HWB should proactively position York's community pharmacies as integral components of the neighbourhood health services outlined in the NHS 10-Year Plan. This involves embedding clinical services for long-term conditions into community pharmacies, thereby transforming them into clinical hubs, and integrating pharmacies with the Single Patient Record (SPR) for improved continuity of care.
5. The city is changing rapidly due to demographics and population growth and as well as consulting this PNA, the Pharmaceutical Services Regulations Committee (PSRC) at NHS England should carry out a rapid review of any area where there is an application, to ensure that the needs of this area have not changed in the lifetime of the PNA. This could include review of rural and urban classification and should be published alongside the PNA in the supplementary statements.
6. When considering what may constitute future 'need' for pharmacy services in the city against which applications for opening, closing and change of hours can be judged, this HNA recommends that the following are material considerations:
  - a. **Opening Hours:** With York pharmacies currently offering a maximum of 72 operational hours per week, consideration must be given for whether a need is generated should one or more pharmacies reduce their hours. Reduced hours may limit accessibility for people in full-time employment or study, or accessibility of the next nearest availability pharmacy should there be mobility or transport issues.
  - b. **Specific Services:** Enhanced services are a cost-effective, accessible way to address public health needs and reduce system-wide healthcare burden. Consistent access to these services, which are tailored to York's health needs, will

significantly improve health outcomes and equity across the city.

- c. **Geographical Distribution:** Current geographical gaps in York identified in this needs assessment constitute a gap in provision, and we recommend that commissioners respond positively to applications made to fill geographical gaps in these areas. In a compact city such as York, where some wards have higher levels of deprivation and disability, lower car ownership, and travel times are constrained by traffic, a walking distance to a pharmacy of 15 minutes or 20 minutes on public transport should be preserved for residents. If a significant number of the population (for instance 500+ residents) suffer a detriment in this area, this would constitute a need.
- d. **Future Housing Developments:** With Government guidelines advising 30,000 homes to be built over the next five years, failure to provide pharmacy provision in line with the above travel times would constitute a 'need.'
- e. **Accessibility:** With a number of accessibility challenges, a reduction in the number of pharmacies providing inductions loops, stepped access, BSL interpretation, and braille amongst others, would constitute a 'need.'

## Acknowledgements

The author gratefully acknowledges the invaluable contributions of all collaborators and colleagues who supported the production of this PNA.

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

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

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

## Abbreviations

A&E	Accident and Emergency
ABPM	Ambulatory blood pressure monitoring
AUR	Appliance Use Review
BM	Blood glucose monitoring
BP	Blood pressure
CCA	Company Chemists' Association
CCG	Clinical Commissioning Group
COPD	Chronic obstructive pulmonary disease
COVID-19	Coronavirus-19
CoY	City of York
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CSU	Commissioning Support Unit
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
EHC	Emergency Hormonal Contraception
ePACT2	Prescribing data
EPS	Electronic Prescription Service

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

NYC	North Yorkshire Council
ONS	Office for National Statistics
OOH	Out of Hours
PCN	Primary Care Network
PCT	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PHiF	Pharmacy Integration Fund
PNA	Pharmaceutical Needs Assessment
POCT	Point of care testing
POP	Progestogen-only oral contraceptive pill
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PSRC	Pharmaceutical Services Regulations Committee
PWIDs	People who inject drugs
QOF	Quality and Outcomes Framework
RAF	Reasonable adjustment flag
RPS	Royal Pharmaceutical Society
SAC	Stoma Appliance Customisation Service
SHAPE	Department of Health and Social Care Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation application
SPR	Single Patient Record
PSRC	Pharmaceutical Services Regulations Committee
UTI	Urinary tract infection

WoNE	West, Outer and North East
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## Appendices

### Appendix 1: Membership of the Steering Group

Name	Role/Organisation
Natalie Smith (co-chair)	Public Health, NYC
Jennifer Irving (co-chair)	Public Health, CYC
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Heather Baker	Public Health, CYC
Andrew Stewart	Public Health, NYC
Leo Beacroft	Public Health Senior Intelligence Specialist, NYC
Jessica Follis	Public Health, NYC
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Hayley Patterson	Humber & North Yorkshire ICB
Rachel Ainger	Humber & North Yorkshire ICB
Charlotte Liddle	Humber & North Yorkshire ICB
Sian Balsom	Healthwatch, York
Holly Joyce	Healthwatch, North Yorkshire
Craig Derrick	Healthwatch, North Yorkshire
Christian Brennan	Democratic Services, NYC
Christine Philipson	Democratic Services, NYC
David Smith	Democratic Services, NYC

## **Appendix 2: Residents' Survey Results**

### **When We Consulted**

Six-week period over January and March 2025

### **How We Consulted and Who Responded**

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

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

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



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

### **Pharmaceutical Needs Assessment (PNA) – Residents' Survey**

#### **Which area do you live in?**

North Yorkshire

City of York

#### **Please state the first four digits of your postcode, for example YO16. How would you rate the availability of pharmacies in your area?**

Very poor

Poor

Good

Very good

Excellent

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

1

2

3

4

5

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

Good accessibility for wheelchairs and pushchairs

Opening times during the daytime

Opening times during the evening

Opening times on weekends and bank holidays

Option to have a private consultation

To have more information about the services the pharmacy provides

**How often do you go to a pharmacy?**

Once a week or more

A few times a month

Once a month

Once every few months

Once or twice a year

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

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

One on a local high street

One in a supermarket

One in a GP Practice

Online Pharmacy

Hospital Pharmacy

Home delivery service

Other, please specify below

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

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

Very low importance

Low importance

Neutral importance

High importance

Very high importance

**Prescription collection service**

Very low importance

Low importance

Neutral importance

High importance  
Very high importance

**Medicine delivery service**

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

**Clean and pleasant environment**

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

**Good customer care or friendly staff**

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

**Trusted advice**

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

**Convenient opening times to use on an evening or weekend**

Very low importance  
Low importance

Neutral importance  
High importance  
Very high importance

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

Very difficult  
Difficult  
Neutral  
Easy  
Very easy

**People who have sight or hearing loss**

Very difficult  
Difficult  
Neutral  
Easy  
Very easy

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

Very difficult  
Difficult  
Neutral  
Easy  
Very easy

**People who are neurodivergent and may need additional support**

Very difficult  
Difficult  
Neutral  
Easy  
Very easy

**People who require a private consultation room**

Very difficult

Difficult

Neutral

Easy

Very easy

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

Up to 10 minutes

10-20 minutes

20-30 minutes

Over 30 minutes

I use the pharmacy delivery service

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

I use the bus

I use the train

I use a taxi service

I drive my own vehicle

I walk

I cycle

I have a lift in somebody else's car

I use the pharmacy delivery service

Other, please specify below

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

Yes

No

Not applicable

If you ticked 'No', please explain why:

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

Under 5 minutes

5-10 minutes

Over 10 minutes

I use the pharmacy delivery service

**Do you have medication on a repeat prescription?**

Yes

No

Prefer not to say

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

Yes, full price

Yes, pre-payment certificate

No, I am eligible for free prescriptions

Prefer not to say

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

**Diet and nutrition**

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

**Smoking cessation**

Very aware

Somewhat aware

Neither

Somewhat unaware

Very unaware

**Drug and alcohol awareness**

Very aware  
Somewhat aware  
Neither  
Somewhat unaware  
Very unaware

**Sexual health**

Very aware  
Somewhat aware  
Neither  
Somewhat unaware  
Very unaware

**Physical activity**

Very aware  
Somewhat aware  
Neither  
Somewhat unaware  
Very unaware

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

Medication availability  
Better waiting times  
More staffing  
Communication  
Product availability  
Increased opening times  
Offer more patient services and support (please give examples below)  
Other, please state below

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

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

**Which age category are you in?**

16-19

20-29

30-39

40-49

50-64

65-74

75-84

85 or more

Prefer not to say

**Are you...?**

Female

Male

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

Prefer not to say

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

White

Mixed or multiple ethnic groups

Asian

Black or African or Caribbean

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

Prefer not to say

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

Very good



Good  
Fair  
Bad  
Very bad

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

Yes  
No  
Prefer not to say

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

Yes  
No  
Prefer not to say

**What is your main language?**

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

Working full-time  
Working part-time  
Zero-hour contract  
Self-employed  
Apprenticeship or training  
Student  
Retired  
Unemployed  
Full-time carer  
Part-time carer  
Other, please state below

### **Residents' Survey Results**

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

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

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

In your opinion, what would make the service excellent? (please select all that apply)	Number of People	%
Good accessibility for wheelchairs and pushchairs	118	12.1%
Opening times during the daytime	128	13.2%
Opening times on weekends and bank holidays	251	25.8%
Option to have a private consultation	114	11.7%

To have more information about the services the pharmacy provides	166	17.1%
Opening times during the evening	196	20.1%
<b>Grand Total</b>	<b>978</b>	<b>100%</b>

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

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

<b>What type of pharmacy do you normally use? (please select one of the following)</b>	<b>Number of People</b>	<b>%</b>
Home Delivery Service	13	3.1%
GP Practice	36	8.7%
Supermarket	37	9.0%
Local High Street	288	69.7%
Online Pharmacy	5	1.2%
Other	25	6.2%

Blank	9	2.2%
<b>Grand Total</b>	<b>402</b>	<b>100%</b>

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

<b>Convenience</b>	<b>Number of People</b>	<b>%</b>
Very high importance	188	45.5%
High importance	149	36.0%
Neutral importance	55	13.3%
Low importance	4	1.0%
Very low importance	7	1.7%
Blank	10	2.4%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

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

<b>Collection Service</b>	<b>Number of People</b>	<b>%</b>
Very high importance	171	41.4%

High importance	120	29.1%
Neutral importance	68	16.5%
Low importance	23	5.6%
Very low importance	21	5.1%
Blank	10	2.4%
<b>Grand Total</b>		

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

<b>Convenient opening times on evenings/weekends</b>	<b>Number of People</b>	<b>%</b>
Very high importance	188	45.5%
High importance	149	36.1%
Neutral importance	55	13.3%
Low importance	4	1.0%
Very low importance	7	1.7%

Blank	10	2.4%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

<b>Clean and pleasant environment</b>	<b>Number of People</b>	<b>%</b>
Very high importance	123	29.8%
High importance	203	49.2%
Neutral importance	68	16.5%
Low importance	7	1.7%
Very low importance	4	1.0%
Blank	8	1.9%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

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

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

<b>Wheelchair users, pushchairs, other mobility aids</b>	<b>Number of People</b>	<b>%</b>
Very easy	26	6.3%
Easy	42	10.2%
Neutral	86	20.8%
Difficult	153	37.0%
Very difficult	73	17.7%
Blank	33	8.0%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

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

<b>People who are neurodivergent and may need additional support</b>	<b>Number of People</b>	<b>%</b>
Very easy	9	2.2%
Easy	26	6.3%

Neutral	278	67.3%
Difficult	40	9.7%
Very difficult	15	3.6%
Blank	45	10.9%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

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

<b>People who require a private consultation room</b>	<b>Number of People</b>	<b>%</b>
Very easy	81	19.6%
Easy	140	33.9%
Neutral	126	30.5%
Difficult	27	6.5%
Very difficult	10	2.4%



blank	29	7.0%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

How long does it take you to get to your pharmacy?	Number of People	%
Up to 10 minutes	191	46.2%
10 to 20 minutes	123	29.8%
20 to 30 minutes	59	14.3%
Over 30 minutes	21	5.1%
I use the pharmacy delivery service	11	2.7%
Blank	8	1.9%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

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

Has a pharmacy been available to you when you have required it for more urgent reasons, such as for emergency prescriptions or help with treating a medical condition?	Number of People	%
Yes	190	46.0%
No	71	17.2%
n/a	146	35.4%
Blank	6	1.5%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

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

Do you have medication on a repeat prescription?	Number of People	%
Yes	337	81.6%
No	54	13.1%
Prefer not to say	4	1.0%

Blank	18	4.4%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

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

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

37 (11.7%) said they paid full price

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

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

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

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

<b>Physical Activity</b>	<b>Number of People</b>	<b>%</b>
Very aware	27	6.5%
Somewhat aware	70	16.9%
Neither	97	23.5%
Somewhat unaware	94	22.8%
Very unaware	111	26.9%
Blank	14	3.4%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

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

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

How do you think the service your pharmacy providers could be improved?	Number of People	%
Better waiting times	65	7.8%
Communication	59	7.1%
Increased opening times	210	25.1%
Medication availability	131	15.7%
More staffing	106	12.7%
Offer more services	38	4.5%
Product availability	94	11.2%
Other	133	15.9%
<b>Grand Total</b>	<b>836</b>	<b>100.0%</b>

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

Other suggestions include:

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

Are you...?	Number of People	%
Female	277	67.1%

Male	118	28.6%
Identify in another way	0	0.0%
Prefer not to say	11	2.7%
Blank	7	1.7%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

<b>What is your ethnic group?</b>	<b>Number of People</b>	<b>%</b>
White	381	92.3%
Mixed or multiple ethnic groups	3	0.7%
Asian	3	0.7%
Black or African or Caribbean	0	0.0%
Other	1	0.2%
Prefer not to say	21	5.1%
Blank	4	1.0%
<b>Grand Total</b>	<b>413</b>	<b>100.0%</b>

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

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

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

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

<b>What is your employment status? (please select all that apply)</b>	<b>Number of People</b>	<b>%</b>

Working full-time	94	21.8%
Working part-time	80	18.5%
Zero-hour contract	2	0.5%
Self-employed	13	3.0%
Apprenticeship or training	0	0.0%
Student	4	0.9%
Retired	207	47.9%
Unemployed	7	1.6%
Full-time carer	5	1.2%
Part-time carer	8	1.9%
Other	12	2.8%
<b>Grand Total</b>	<b>432</b>	<b>100.0%</b>

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



## Appendix 3: Pharmacy Addresses and Opening Times (as of September 2025)

Pharmacy Code	Pharmacy Type	Pharmacy Name and Address	Opening Hours	Pharmacy Code	Pharmacy Type	Pharmacy Name and Address	Opening Hours
FAF47	Standard	Tesco Pharmacy, 9 Stirling Road, Clifton Moor, York, YO30 4XZ	<b>Monday</b> 08:00-20:00 <b>Tuesday</b> 08:00-20:00 <b>Wednesday</b> 08:00-20:00 <b>Thursday</b> 08:00-20:00 <b>Friday</b> 08:00-20:00 <b>Saturday</b> 08:00-20:00 <b>Sunday</b> 10:00-16:00	FNA48	Standard	Green Lane-Pharmacy+Health, 101-103 Green Lane, Acomb, York, YO24 4PS	<b>Monday</b> 09:00-17:30 <b>Tuesday</b> 09:00-17:30 <b>Wednesday</b> 09:00-17:30 <b>Thursday</b> 09:00-17:30 <b>Friday</b> 09:00-17:30 <b>Saturday</b> Closed <b>Sunday</b> Closed
FCC05	Standard	Boots Pharmacy, 153a Tang Hall Lane, York, YO10 3SD	<b>Monday</b> 09:00-18:00 <b>Tuesday</b> 09:00-18:00 <b>Wednesday</b> 09:00-18:00 <b>Thursday</b> 09:00-18:00 <b>Friday</b> 09:00-18:00 <b>Saturday</b> 09:00-13:00 <b>Sunday</b> Closed	FPC51	Standard	Day Lewis Pharmacy, 5 York Street, Dunnington, York, YO19 5PN	<b>Monday</b> 09:00-18:00 <b>Tuesday</b> 09:00-18:00 <b>Wednesday</b> 09:00-13:00 <b>Thursday</b> 09:00-18:00 <b>Friday</b> 09:00-18:00 <b>Saturday</b> Closed <b>Sunday</b> Closed

FCM04	Standard	Boots Pharmacy, 25b The Village, Strensall, York, YO32 5XR	<b>Monday</b> 09:00-13:00; 14:00-18:00 <b>Tuesday</b> 09:00-13:00; 14:00-18:00 <b>Wednesday</b> 09:00-13:00; 14:00-18:00 <b>Thursday</b> 09:00-13:00; 14:00-18:00 <b>Friday</b> 09:00-13:00; 14:00-18:00 <b>Saturday</b> Closed <b>Sunday</b> Closed	FQG24	Standard	Wains Grove-Pharmacy Plus Health, 3 Wains Grove, Dringhouses, York, YO24 2TU	<b>Monday</b> 09:00-17:30 <b>Tuesday</b> 09:00-17:30 <b>Wednesday</b> 09:00-17:30 <b>Thursday</b> 09:00-17:30 <b>Friday</b> 09:00-17:30 <b>Saturday</b> Closed <b>Sunday</b> Closed
FCM91	Standard	Asda Pharmacy, Monks Cross Shopping Park, Jockey Lane, York, YO32 9LF	<b>Monday</b> 09:00-20:00 <b>Tuesday</b> 09:00-20:00 <b>Wednesday</b> 09:00-20:00 <b>Thursday</b> 09:00-20:00 <b>Friday</b> 09:00-20:00 <b>Saturday</b> 09:00-20:00 <b>Sunday</b> 10:00-16:00	FQK36	Standard	Lo's Pharmacy, 151 Beckfield Lane, York, YO26 5PJ	<b>Monday</b> 09:00-13:00; 14:00-18:00 <b>Tuesday</b> 09:00-13:00; 14:00-18:00 <b>Wednesday</b> 09:00-13:00; 14:00-18:00 <b>Thursday</b> 09:00-13:00; 14:00-18:00 <b>Friday</b> 09:00-13:00; 14:00-18:00 <b>Saturday</b> Closed <b>Sunday</b> Closed

FCW26	Standard	Day Lewis Pharmacy, Gale Farm Surgery, 109-119 Front Street, Acomb, York YO24 3BU	<b>Monday</b> 08:30-18:00 <b>Tuesday</b> 08:30-18:00 <b>Wednesday</b> 08:30-18:00 <b>Thursday</b> 08:30-18:00 <b>Friday</b> 08:30-18:00 <b>Saturday</b> Closed <b>Sunday</b> Closed	FAE03	Standard		
FED90	Standard	Day Lewis Pharmacy, 35 Yarburgh Way, Badger Hill, York, YO10 %HD	<b>Monday</b> 09:00-18:00 <b>Tuesday</b> 09:00-18:00 <b>Wednesday</b> 09:00-18:00 <b>Thursday</b> 09:00-18:00 <b>Friday</b> 09:00-18:00 <b>Saturday</b> Closed <b>Sunday</b> Closed	FQN87	Standard	Medwin Pharmacy, 22 Gillygate, York, YO31 7EQ	<b>Monday</b> 09:00-17:30 <b>Tuesday</b> 09:00-17:30 <b>Wednesday</b> 09:00-17:30 <b>Thursday</b> 09:00-17:30 <b>Friday</b> 09:00-17:30 <b>Saturday</b> Closed <b>Sunday</b> Closed
FFP30	Standard	Boots Pharmacy, 68 The Village, Haxby, York, YO32 2HX	<b>Monday</b> 09:00-13:00; 13:30-17:30 <b>Tuesday</b> 09:00-13:00; 13:30-17:30 <b>Wednesday</b> 09:00-13:00; 13:30-17:30	FR116	Standard	Citywide Health-Water End Pharmacy, 8 Boroughbridge Road, Acomb, York, YO26 5RU	<b>Monday</b> 09:00-13:00; 13:30-17:30 <b>Tuesday</b> 09:00-13:00; 13:30-17:30 <b>Wednesday</b> 09:00-13:00; 13:30-17:30

			<b>Thursday</b> 09:00-13:00; 13:30-17:30 <b>Friday</b> 09:00-13:00; 13:30-17:30 <b>Saturday</b> 10:00-13:00; 13:30-17:00 <b>Sunday</b> Closed				<b>Thursday</b> 09:00-13:00; 13:30-17:30 <b>Friday</b> 09:00-13:00; 13:30-17:30 <b>Saturday</b> 09:00-12:30 <b>Sunday</b> Closed
FGK01	100 hour	Tesco Pharmacy, Askham Bar, Tadcaster Road, York, YO24 1LW	<b>Monday</b> 09:00-21:00 <b>Tuesday</b> 09:00-21:00 <b>Wednesday</b> 09:00-21:00 <b>Thursday</b> 09:00-21:00 <b>Friday</b> 09:00-21:00 <b>Saturday</b> 09:00-21:00 <b>Sunday</b> 10:00-16:00	FR146	Standard	Fulford- Pharmacy Plus Health, 210 Fulford Road, Fishergate, York, YO10 4DX	<b>Monday</b> 09:00-18:00 <b>Tuesday</b> 09:00-18:00 <b>Wednesday</b> 09:00-18:00 <b>Thursday</b> 09:00-18:00 <b>Friday</b> 09:00-18:00 <b>Saturday</b> Closed <b>Sunday</b> Closed
FGQ69	Standard	Boots Pharmacy, 5 Heworth Village, York, YO31 1AE	<b>Monday</b> 09:00-13:00; 14:00-17:30 <b>Tuesday</b> 09:00-13:00; 14:00-17:30 <b>Wednesday</b> 09:00-13:00; 14:00-17:30	FRE29	Standard	Melrosegate Pharmacy, 275 Melrosegate, York, YO10 3SN	<b>Monday</b> 09:00-13:00; 14:00-18:00 <b>Tuesday</b> 09:00-13:00; 14:00-18:00 <b>Wednesday</b> 09:00-13:00; 14:00-18:00

			<b>Thursday</b> 09:00-13:00; 14:00-17:30 <b>Friday</b> 09:00-13:00; 14:00-17:30 <b>Saturday</b> 09:00-13:00; 14:00-17:00 <b>Sunday</b> Closed				<b>Thursday</b> 09:00-13:00; 14:00-18:00 <b>Friday</b> 09:00-13:00; 14:00-18:00 <b>Saturday</b> Closed <b>Sunday</b> Closed
FH363	Standard	Huntington Road- The Pharmacist, 412 Huntington Road, York, YO31 9HU	<b>Monday</b> 09:00-17:30 <b>Tuesday</b> 09:00-17:30 <b>Wednesday</b> 09:00-17:30 <b>Thursday</b> 09:00-17:30 <b>Friday</b> 09:00-17:30 <b>Saturday</b> Closed <b>Sunday</b> Closed	FTL32	Standard	Citywide Health-Fulford Pharmacy, 101 Main Street, Fulford, York, YO10 4PN	<b>Monday</b> 09:00-18:00 <b>Tuesday</b> 09:00-18:00 <b>Wednesday</b> 09:00-18:00 <b>Thursday</b> 09:00-18:00 <b>Friday</b> 09:00-18:00 <b>Saturday</b> 09:00-13:00 <b>Sunday</b> Closed
FJX58	Standard	Copmanthorpe Pharmacy, 8 Copmanthorpe Shopping Centre, York, YO23 3GG	<b>Monday</b> 09:00-12:45; 13:45-18:00 <b>Tuesday</b> 09:00-12:45; 13:45-18:00 <b>Wednesday</b> 09:00-12:45; 13:45-18:00 <b>Thursday</b> 09:00-12:45; 13:45-18:00	FTL51	DAC	Fittleworth Medical Ltd, Ground Floor, Unit 4, Concept Court, Kettlestring Lane, Clifton Moor, York YO30 4XF	<b>Monday</b> 09:00-15:00 <b>Tuesday</b> 09:00-15:00 <b>Wednesday</b> 09:00-15:00 <b>Thursday</b> 09:00-15:00 <b>Friday</b> 09:00-15:00 <b>Saturday</b> Closed <b>Sunday</b> Closed

			<b>Friday</b> 09:00-12:45; 13:45-18:00 <b>Saturday</b> Closed <b>Sunday</b> Closed				
FL080	Standard	Citywide Health-Bishopthorpe Road Pharmacy, 18 Bishopthorpe Road, York, YO23 1JJ	<b>Monday</b> 09:00-18:00 <b>Tuesday</b> 09:00-18:00 <b>Wednesday</b> 09:00-18:00 <b>Thursday</b> 09:00-18:00 <b>Friday</b> 09:00-18:00 <b>Saturday</b> 09:00-13:00 <b>Sunday</b> Closed	FTL54	Standard	Boots Pharmacy, 2 The Old School, Front Street, Acomb, York, YO24 3BN	<b>Monday</b> 09:00-14:00; 14:30-17:30 <b>Tuesday</b> 09:00-14:00; 14:30-17:30 <b>Wednesday</b> 09:00-14:00; 14:30-17:30 <b>Thursday</b> 09:00-14:00; 14:30-17:30 <b>Friday</b> 09:00-14:00; 14:30-17:30 <b>Saturday</b> 09:00-14:00; 14:30-17:00 <b>Sunday</b> Closed
FL410	Standard	Blossom Street-Pharmacy Plus Health, 57 Blossom Street, York, YO24 1AZ	<b>Monday</b> 09:00-17:30 <b>Tuesday</b> 09:00-17:30 <b>Wednesday</b> 09:00-17:30 <b>Thursday</b> 09:00-17:30 <b>Friday</b> 09:00-17:30	FTP37	100 hour	Monkbar Pharmacy, 3 Goodramgate, York, YO1 7LJ	<b>Monday</b> 09:15-14:30; 15:00-21:00 <b>Tuesday</b> 09:15-14:30; 15:00-21:00 <b>Wednesday</b> 09:15-14:30; 15:00-21:00

			<b>Saturday</b> 09:00-12:00 <b>Sunday</b> Closed				<b>Thursday</b> 09:15-14:30; 15:00-21:00 <b>Friday</b> 09:15-14:30; 15:00-21:00 <b>Saturday</b> 09:15-14:30; 15:00-21:00 <b>Sunday</b> 08:30-14:30; 15:00-19:00
FL558	Standard	Monkton Road-Pharmacy Plus Health, 71 Monkton Road, York, YO31 9AL	<b>Monday</b> 09:00-17:00 <b>Tuesday</b> 09:00-17:00 <b>Wednesday</b> 09:00-17:00 <b>Thursday</b> 09:00-17:00 <b>Friday</b> 09:00-17:00 <b>Saturday</b> Closed <b>Sunday</b> Closed	FV528	100 hour	Citywide Health-Haxby Pharmacy, 6 Wyre Court, The Village, Wigginton, Haxby, York, YO32 2ZB	<b>Monday</b> 09:00-21:00 <b>Tuesday</b> 09:00-21:00 <b>Wednesday</b> 09:00-21:00 <b>Thursday</b> 09:00-21:00 <b>Friday</b> 09:00-21:00 <b>Saturday</b> 09:00-19:00 <b>Sunday</b> Closed
FLE21	DAC	Charles S Bullen Stomacare Ltd, Unit 5, London Ebor Business Park, Millfield Lane, York, YO26 6QY	<b>Monday</b> 09:00-17:00 <b>Tuesday</b> 09:00-17:00 <b>Wednesday</b> 09:00-17:00 <b>Thursday</b> 09:00-17:00 <b>Friday</b> 09:00-17:00	FVD48	Standard	York Medical Pharmacy, 199 Acomb Road, Acomb, York, YO24 4HD	<b>Monday</b> 08:30-17:45 <b>Tuesday</b> 08:30-17:45 <b>Wednesday</b> 08:30-17:45 <b>Thursday</b> 08:30-17:45 <b>Friday</b> 08:30-17:45

			<b>Saturday</b> Closed <b>Sunday</b> Closed				<b>Saturday</b> Closed <b>Sunday</b> Closed
FLN31	Standard	Boots Pharmacy, 2 Spurriergate, York, YO1 9QR	<b>Monday</b> 08:30-18:00 <b>Tuesday</b> 08:30-18:00 <b>Wednesday</b> 08:30-18:00 <b>Thursday</b> 08:30-18:00 <b>Friday</b> 08:30-18:00 <b>Saturday</b> 08:30-18:00 <b>Sunday</b> 11:00-17:00	FVD61	Standard	Citywide Health-Parkers & Huntington Pharmacy, 61 North Moor Road, Huntington, York, YO32 9QN	<b>Monday</b> 08:30-18:30 <b>Tuesday</b> 08:30-18:30 <b>Wednesday</b> 08:30-18:30 <b>Thursday</b> 08:30-18:30 <b>Friday</b> 08:30-18:30 <b>Saturday</b> 09:00-13:00 <b>Sunday</b> Closed
FLX35	Standard	Boots Pharmacy, Unit 7, Monks Cross Shopping Park, York, YO32 9GX	<b>Monday</b> 09:00-19:00 <b>Tuesday</b> 09:00-19:00 <b>Wednesday</b> 09:00-19:00 <b>Thursday</b> 09:00-19:00 <b>Friday</b> 09:00-19:00 <b>Saturday</b> 09:00-17:00 <b>Sunday</b> 11:00-17:00	FVN59	Standard	Citywide Health-Poppleton Pharmacy, The Green, Upper Poppleton, York, YO26 6DF	<b>Monday</b> 09:00-13:00; 14:00-18:00 <b>Tuesday</b> 09:00-13:00; 14:00-18:00 <b>Wednesday</b> 09:00-13:00; 14:00-18:00 <b>Thursday</b> 09:00-13:00; 14:00-18:00 <b>Friday</b> 09:00-13:00; 14:00-18:00 <b>Saturday</b> Closed <b>Sunday</b> Closed



FM508	100 hour	The Priors Pharmacy, Priors Medical Centre, Cornlands Rd, Acomb, York, YO24 3WX	<b>Monday</b> 08:00-13:00; 14:00-21:00 <b>Tuesday</b> 08:00-13:00; 14:00-21:00 <b>Wednesday</b> 08:00-13:00; 14:00-21:00 <b>Thursday</b> 08:00-13:00; 14:00-21:00 <b>Friday</b> 08:00-13:00; 14:00-21:00 <b>Saturday</b> 10:00-21:00 <b>Sunday</b> 09:00-19:00	FW252	Standard	Citywide Health-Tower Court Pharmacy, Unit 1, Tower Court, Oakdale Road, Clifton Moor, York, YO30 4WL	<b>Monday</b> 09:00-17:30 <b>Tuesday</b> 09:00-17:30 <b>Wednesday</b> 09:00-17:30 <b>Thursday</b> 09:00-17:30 <b>Friday</b> 09:00-17:30 <b>Saturday</b> Closed <b>Sunday</b> Closed
FMM58	Standard	Day Lewis Pharmacy, 67 Front Street, Acomb, York, YO24 3BR	<b>Monday</b> 08:30-17:30 <b>Tuesday</b> 08:30-17:30 <b>Wednesday</b> 08:30-17:30 <b>Thursday</b> 08:30-17:30 <b>Friday</b> 08:30-17:30 <b>Saturday</b> Closed <b>Sunday</b> Closed	FWF90	Standard	Bishopthorpe Pharmacy, 22-24 Acaster Lane, Bishopthorpe, York, YO23 2SJ	<b>Monday</b> 09:00-18:00 <b>Tuesday</b> 09:00-17:00 <b>Wednesday</b> 09:00-18:00 <b>Thursday</b> 09:00-18:00 <b>Friday</b> 09:00-18:00 <b>Saturday</b> 09:00-13:00 <b>Sunday</b> Closed

## Annex A:

**Appendix 4: Dispensing GP Practices and Addresses**

<b>Haxby Group Practice</b>	Haxby and Wigginton Health Centre, The Village, Wigginton, York, YO32 2LL
<b>Old School Medical Practice</b>	Horseman Lane, Copmanthorpe, York, YO23 3UA
<b>MyHealth Group</b>	Southfields Road, Strensall, York, YO32 5UA
<b>Elvington Medical Practice</b>	York Road, Elvington, York, YO41 4DY

*Table 4: List of GP Practices in York that also dispense to registered patients who live at least one mile from nearest pharmacy*

**Appendix 5: Consultation Results**

**Q1. Do you think the draft PNA captures all the relevant information needed to identify gaps in pharmacy provision in your area?**

- 14 responses, 84 skipped this question

Some respondents felt the draft PNA did not sufficiently identify or address the key gaps in pharmacy provision, particularly in Clifton, Westfield, and rural areas. There were calls for more transparent processes when deciding pharmacy provision which will be fed back to the ICB. Other respondents noted that the PNA needed to align more with the NHS 10-Year Plan. As this was published during the consultation period, this has now been added into the document.

**Q2. Do you think the draft PNA captures all the relevant information needed to enable commissioning decisions about pharmaceutical service provision over the next 3 years?**

- 14 responses, 84 skipped this question

One respondent noted that information about Elvington Medical Practice's opening hours and services to Wheldrake was incorrect. This has since been amended. Other respondents noted concerns about the

prioritising of privately owned housing developments (e.g., near Nestlé) over areas with greater social need like Clifton. Others acknowledged that York's demographics are continually changing which poses a challenge for the PNA to remain relevant at later time points. Where a need is identified, supplementary statements will be published to account for this.

While some feel the document is sufficiently detailed, there's low confidence that it will lead to effective commissioning decisions due to past issues with understanding and using the PNA correctly. There were also concerns about increasing pressure on pharmacies and their role in supporting medical practitioners. As these points fall outside the scope of the PNA, they have been fed back to the relevant stakeholders.

Whilst one respondent raised concerns about whether the needs of elderly and disabled people have been adequately considered, a few other responses acknowledged that the draft captured a wide range of information and was forward-looking, especially regarding an ageing population.

### **Q3. Do you agree with the conclusions identified in the draft PNA?**

- 14 responses, 84 skipped this question

While some respondents agreed with the conclusions in principle, some felt there needed more evidence of how to address critical gaps in service, and the necessary action to bridge these. There was a call for greater responsiveness, accountability, and clarity in future iterations of the PNA. Other respondents, however, stated that the conclusion were robust.

### **Q4. Is there anything that you think is missing from the PNA that should be included or considered when reaching conclusions about services and need?**

- 13 responses, 85 skipped this question

Respondents felt the PNA could be strengthened by addressing service gaps, accessibility challenges, and strategic alignment with national health priorities. There was also a call for greater transparency, community input, and recognition of the role of dispensing practices in delivering local pharmaceutical care.

Respondents highlighted the importance of recognising the benefits of dispensing practices. They expressed concerns that reducing patient eligibility (e.g., through new pharmacies opening) could destabilise practices and inconvenience patients. Dispensing GP practices were valued for providing integrated, local, flexible, and convenient support for long-term and chronic disease management. They were also seen as enhancing continuity of care, with patients appreciating access to medication at their local surgery. Many practices additionally offer delivery services where needed.

**Q5. Pharmacies provide a range of services. How do you think these should be communicated and published?**

- 11 responses, 87 skipped this question

Respondents recommended a multi-channel, inclusive approach to communicating pharmacy services, with a focus on clarity, centralised access, and free local distribution. There was a clear need for better public understanding of pharmacy roles and when to use them, especially in relation to other health services.

**Q6. Any other comments?**

- 10 responses, 88 skipped this question

Respondents highlighted the need for greater recognition of pharmacy professionals. There was also a clear desire for urgent action, improved access to primary care, and system-wide support for safety and service delivery.

## **Appendix 6: Findings and Recommendations from the 2022-2025 Pharmaceutical Needs Assessment**

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

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

- *Community pharmacy services play an important role of the landscape in supporting the services provided by GP practices/dispensing GP practices and the PCNs.*
- *Community pharmacies can support the wider health needs of their population by providing the essential, advanced, and locally commissioned services as described in this report.*
- *York Health and Wellbeing Board also wishes to acknowledge the contribution that Community pharmacy services have made to the recent COVID-19 pandemic response. Community pharmacies provided support to the local community both in terms of maintaining essential medicine services, and also in the delivery of medicines to those unable to leave their homes, supplying Lateral Flow Device testing kits and in the support and administration of the COVID-19 vaccination programme.*
- *There is adequate choice of pharmacies and a good geographic spread of pharmacies in York. The majority of people are within reasonable walking or travel distance of a pharmacy.*
- *Overall, there is good pharmaceutical service provision in most of York from Monday to Friday. In urban areas there is good provision of pharmaceutical services on Saturday and Sundays.*
- *Community pharmacy opening hours in York are sufficient to meet*

*need, and there is adequate provision in the evening and weekends. This is reflected in the survey results which identified that most people could find a pharmacy open in the evening or at weekends. There was one concern raised by a resident about the availability of pharmacies/opening hours on a bank holiday.*

- *The survey also identified that people in York value extended opening hours, and value the better access that this provides. Therefore, any applications to reduce pharmacy opening hours in York should be considered carefully, with appreciation of the importance to the public in this matter.*
- *Overall, the quantity of community pharmacies in York is good and appears sufficient to broadly meet the health needs of residents in York. The data suggests that a large proportion of the adult population of York use a pharmacy at least once a month and public satisfaction in community pharmacy services in York appears good.*
- *One respondent in the residents' survey felt there needs to be a pharmacy on the University site so that local people can have more access to the pharmacy services. Currently the University of York website directs students to the closest pharmacies - Missionstart Ltd on Fulford Road, Whitworth Chemists on Melrosegate and Badger Hill Pharmacy on Yarburgh Way (which is within a moderate walking distance for many students). Students on campus are supported by a regular bus route which allows them to access a choice of pharmacies nearer the centre of York. Additionally, many of the student areas are well served by bus routes allowing students to access pharmacies closer to where they live.*
- *The population in York is growing and is getting older. Within the next three years it is that the population of York will include a greater number of people with long-term health conditions, this will rise faster than the total number of people. Overall, this means that the population need for community pharmacies in York may*

*be expected to increase.*

- *There is good pharmacy coverage in the more deprived wards in York. This is partly because the more deprived wards of York tend to be the more urban wards nearer the city centre, where the majority of pharmacies are situated.*
- *Some population groups have more limited access to pharmacies. This includes residents living in the rural areas on the edge of the city boundaries. If community pharmacy services were not maintained, then travel time to the next available pharmacy would be significantly increased for some residents.*
- *Opening times are important to people and are an important element of the overall accessibility of that pharmacy, at present there appear to be a sufficient number of pharmacies open during evenings and weekends, most people report they can find a pharmacy when they need one. York has a high rate of employment and an overrepresentation of employment sectors that use shift work rotas. This means reduced flexibility to access pharmacy services during the working day. Therefore, any applications to reduce pharmacy opening hours in York should be considered carefully, with appreciation of the importance to the public in this matter.*
- *The residents of York currently have better health than their peers nationally and are a well skilled and well-educated group. This means that there will be opportunities for greater self-care and self-monitoring of conditions, some of which may be facilitated by community pharmacies.*
- *The current provision of “standard 40 hour” pharmacies should be maintained, especially in rural/outlying areas.*
- *Pharmacists can support the opportunistic delivery of consistent and concise healthy lifestyle information to individuals by using the MECC approach. MECC maximises the opportunity within*

*routine health and care interactions for a brief or very brief discussion on health or wellbeing factors to take place.*

- The HWB recognises the importance of the supplementary hour provision by pharmacies within the area and the possible impact a change of these hours of delivery could have on access to pharmacy provision in York. The HWB will continue to be vigilant in monitoring the impact of changes of hours of community pharmacy providers.*
- The extended opening hours that are currently in place provide adequate access to both essential pharmaceutical services and locally commissioned services, however the HWB will continue to be vigilant in monitoring the impact of any changes to 100-hour provision or supplementary hours.*
- There are proposed future housing developments across York which may mean that these areas will need to be reviewed on a regular basis to identify any significant increases or changes in pharmaceutical need. In the case of the very large developments individually, the developments may result in an increased need for community pharmacy services.*
- The area is changing rapidly and as well as consulting this PNA, the Pharmaceutical Services Regulations Committee (PSRC) at NHS England should carry out a rapid review of any area where there is an application, to ensure that the needs of this area have not changed in the lifetime of the PNA. This could include review of rural and urban classification and should be published alongside the PNA in the supplementary statements.*
- There is good awareness and uptake of both advanced services and locally commissioned services in York. There could also be better awareness and improved multi-agency working to significantly improve uptake of services in York.*
- Promotion of the available community pharmacy services to both*



*pharmacy contractors and the local community could be increased as feedback from both surveys identified there was a lack of service awareness. It is important for the pharmaceutical needs assessment to consider 'knowledge gaps' as well as 'service gaps;' if the public is not broadly aware of a service, then it will not be used to its fullest extent. In particular, there were knowledge gaps in the services offered beyond a pharmacies core contractual duty.*

- *The closure of the Lloyds pharmacy, 3 Intake Avenue, York, YO30 6HB, area indicates that there may be an increased walking distance of more than 1.2km for people to access pharmacy services. This will need to remain under review with consideration for the new homes planned for the Nestle South ST17 site.*
- *The response from the GP practice stating they are unaware about the Healthy Living Pharmacy (HLP) framework suggests that pharmaceutical services may still require regular promotion to stakeholders. The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. This is important to ensure that the available services are used to improve and protect health in primary care.*
- *Feedback from both the residents and pharmacy surveys indicates the provision of interpretation and translation services could be better promoted.*
- *Community pharmacists are keen to offer services to their community but may face barriers which are preventing them from provision of service. One contractor commented that "currently not having a blood pressure monitor is preventing us from starting the Hypertension Case-Finding Service. Likewise, a lack of scales and height measurement is preventing us from providing a useful weight loss service."*

- *The Health and Wellbeing Board should note that opening hours of pharmacies alone is not an indicator of improved pharmaceutical services. Therefore, they should avoid identifying a need for, or improvement or better access to, opening hours. If there is a gap in the provision of services of certain times this would be articulated as an improvement or better access to specified services at specified times.*
- *Any application must demonstrate that it is necessary, will provide value to the NHS and can improve on the availability of services across the specific area. Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.*
- *The Health and Wellbeing Board has the responsibility for publishing supplementary statements when the pharmaceutical need and services to an area change significantly. It is the responsibility of the organisation managing the GMS contracts to inform NHS England when a practice ceases to dispense as this could affect the overall provision of pharmaceutical services across an area. It is the responsibility of NHS England to inform the HWB of any changes to pharmaceutical service provision, including dispensing services, so that a decision can be made as to whether this change will affect access. This is particularly important where pharmacies are closing or consolidating due to the impact of recent funding cuts. The HWB has a duty to respond to all notifications under Regulation 26A (consolidation of pharmacies). It is proposed that the supplementary statements are issued every 3 months by NHS England (a member of the Board) as they hold all the relevant data. They will be published on the City of York Council website alongside the PNA.*



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## Health and Wellbeing Board

24 September 2025

Report of the Director of Public Health

### Progress Against Goal 5 in the Joint Local Health and Wellbeing Strategy 2022-2032

#### Summary

1. This paper provides the Health and Wellbeing Board (HWBB) with an update on the implementation and delivery of Goal 5 in the Joint Local Health and Wellbeing Strategy 2022-2032. It also includes information on performance monitoring.
2. The Board are asked to note the report.

#### Background

3. At their March 2023 meeting Health and Wellbeing Board members agreed an action plan and population health outcomes monitor to gauge delivery of the goals and priorities in the current Joint Local Health and Wellbeing Strategy. Progress reports on the action plan have been provided at HWBB meetings over the last two years.
4. At their meeting in March 2025 HWBB members agreed a revised action plan for the next two years. Progress reports on the actions within this will be presented to HWBB members over the course of the next 18 to 24 months.
5. The population health outcomes monitor agreed in 2023 remains the same and regular updates will be provided as annexes to these progress reports.
6. At the last meeting of the HWBB updates were given on **Goals 3 and 4** in the strategy. This report sets out updates on the five actions associated with **Goal 5** in the current strategy '*Reverse the rise in the number of children and adults living with an unhealthy weight*'.

7. **Population Health Outcomes Monitor**: this is linked to the ten big goals and is designed to provide board members with a holistic view of whether the strategy is making a difference to the health and wellbeing of York's population, using outcome data rather than data on what health and care services are 'doing'. Today's updates at **Annexes A & B** to this report provide information on **Goal 5**.

### **Progress Updates**

#### **Goal 5: Reverse the rise in the number of children and adults living with a healthy weight:**

8. Updates on these actions have been provided by the Public Health Team who are leading these 5 actions on behalf of the HWBB
9. **Action 13:** Support adult residents to achieve improved health behaviours in relation to eating, moving and mental wellbeing, as part of a wider shift to a compassionate approach to weight.
  - The Health Trainer service continues to provide support to residents of York, in a holistic person-centred way. The service helps residents to identify and define, realistic goals relating to movement, eating and mental well-being. The service is making a conscious move away from any weight-centric outcomes (e.g., weight loss, BMI) to weight-neutral (happiness, engagement with community, wider health measures – blood pressure, mental wellbeing scores). The compassionate approach to healthy weight will be gradually introduced across Public Health, and the wider local authority over the next 3-6 months. There will be a paper coming to Health and Wellbeing Board in early 2026 to discuss the approach in more detail.
10. **Action 14:** Continue to deliver the National Child Measurement Programme and offer targeted support to families with children and young people in bigger bodies (>91st centile).
  - The NCMP programme continues to be delivered by the Healthy Child Service, to children in Reception and Year 6. In 2023/2024, 95.4% of children in those year groups were measured, which is in line with the national average of 94.2%. The Public Health team are in the final stages of developing a Healthy Families programme, which will offer targeted support around movement, eating and healthy routines. It will be a family centred model, based upon the needs of each individual family with outcomes

based upon goals set by the family. The service is in the final stages of development and due to launch in Jan 2026.

11. **Action 15:** Deliver the Breastfeeding and Infant Feeding Strategy across the city, to support parents to make informed feeding choices and practise age-appropriate introduction of solids; and ensure that families are supported to achieve their feeding goals by professionals with evidence-based training
- York's Breastfeeding and Infant Feeding Partnership is a multi-agency group consisting of representation from key stakeholders across the city, including families through the Maternity Voices Partnership. A multi-agency delivery plan, led by Public Health, has been developed to start to remove the practical, emotional and cultural barriers to breastfeeding, reduce health inequalities, and create an enabling environment for all women who want to breastfeed. The vision is to support all families with infant feeding, however they choose to feed their baby.
  - Work is ongoing across the various workstreams, outlined in the delivery plan, and currently the key priorities are progression of the UNICEF Baby Friendly Initiative (BFI) accreditation; and to make York a "Feeding Friendly City".
  - BFI is an evidence based, staged accreditation programme that will support CYC to improve breastfeeding and infant feeding by setting standards for sustainable improvement, providing training for professionals to give consistent information and personalised support to families; and gaining feedback from families about their experiences of care. This programme of work also helps families in building close parent-infant relationships and supports with good mental health for both parent and baby. Work is underway to achieve Stage 1 accreditation.
  - Key achievements against the delivery plan are: provision of training for the Healthy Child Service; staff and service user audits and feedback; review of all policies and guidance related to infant feeding; development and mobilisation of a Specialist Feeding Clinic; funding of a health visitor to become a Lactation Consultant; provision of supervision for clinical staff around feeding; implementation of a Food Insecurity Pathway.

12. **Action 16:** Deliver the HENRY approach in our 0–5-year population

- The HENRY programme continues to be delivered across the city. Four courses have been delivered in 2024/2025, two from The Avenues and two from Hob Moor children's centres. The programmes consistently receive positive feedback, with 100% of attendees rating the courses as good or great. The HENRY offer continues to grow, with additional Child Development Workers attending training in October 2025 to enable them to deliver the HENRY programme. This will enable more courses to be delivered, with a phased increase to 2 courses per term (6 per year).

13. **Action 17:** Support the implementation of HENRY awareness for professionals

- HENRY "Raise, Engage, Refer" training has been delivered to all Health Child Service staff. Within the Healthy Child Service there is dedicated HENRY programme lead, who is overseeing the programme uptake, working with colleagues to see who is referring and where improvements to the referral process can be made.

**Consultation and Engagement**

14. As a high-level document setting out the strategic vision for health and wellbeing in the city, the current Joint Local Health and Wellbeing Strategy capitalised on existing consultation and engagement work undertaken on deeper and more specific projects in the city. Co-production is a principle that has been endorsed by the HWBB and will form a key part of the delivery, implementation, and evaluation of the strategy
15. The actions in the action plan have been identified in consultation with HWBB member organisations and those leading on specific workstreams that impact the ten big goals.
16. The performance management framework has been developed by public health experts in conjunction with the Business Intelligence Team within the City of York Council.



## Options

17. There are no specific options for the HWBB in relation to this report. HWBB members are asked to note the update and provide comment on the progress made.

## Implications

18. It is important that the priorities in relation to the current Joint Local Health and Wellbeing Strategy are delivered. Members need to be assured that appropriate mechanisms are in place for delivery.

## Recommendations

19. Health and Wellbeing Board are asked to note and comment on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

## Contact Details

### Author:

Compiled by Tracy Wallis  
Health and Wellbeing  
Partnerships Co-ordinator

### Chief Officer Responsible for the report:

Peter Roderick  
Director of Public Health

Report  
Approved



Date 12.09.2025

### Specialist Implications Officer(s)

None

### Wards Affected:

All ☒

For further information please contact the author of the report

## Annexes:

**Annex A:** HWBB Scorecard (for Goal 5)

**Annex B:** HWBB Trends (for Goal 5)

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# Health and Wellbeing 10 Year Strategy (2022-2032) 2023/2024

No of Indicators = 4 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub August 2025

Annex A:

				Previous Years								2023/2024			
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Year	Polarity	DOT	
Goal 05: Reduce unhealthy weight	NCMP03	% of reception year children recorded as being overweight (incl. obese) (single year)	Annual	22.37%	20.83%	24.07%	23.65%	21.40%	NC	22.70%	19.90%	22.80%	Up is Bad	◀▶ Neutral	
		Benchmark - National Data	Annual	22.14%	22.63%	22.38%	22.59%	23.00%	27.70%	22.25%	21.31%	22.10%			
		Benchmark - Regional Data	Annual	22.39%	22.19%	22.93%	23.68%	24.10%	29.50%	23.73%	22.50%	23.80%			
		Regional Rank (Rank out of 15)	Annual	8	3	9	9	3	NC	3	2	4			
	NCMP04	% of children in Year 6 recorded as being overweight (incl. obese) (single year)	Annual	27.99%	29.05%	31.78%	29.97%	33.80%	NC	31.54%	32.50%	33.50%	Up is Bad	▲ Red	
		Benchmark - National Data	Annual	34.17%	34.25%	34.32%	34.29%	35.20%	40.90%	37.76%	36.57%	35.80%			
		Benchmark - Regional Data	Annual	34.63%	34.64%	34.71%	35.09%	35.80%	42.20%	39.19%	38.10%	37.50%			
		Regional Rank (Rank out of 15)	Annual	1	1	3	1	4	NC	1	1	2			
	NCMP10	Absolute gap in % of Year 6 recorded obesity between highest and lowest York ward (3 year aggregated)	Annual	13.10%	19.50%	15.80%	14.40%	18.60%	NC	19.70%	19.29%	17.04%	Up is Bad	▼ Green	
	PHOF44a	% of adults (aged 18+) classified as overweight or obese (New definition)	Annual	59.30%	58.90%	56.50%	57.20%	62.20%	63.60%	59.50%	63.30%	60.10%	Up is Bad	◀▶ Neutral	
		Benchmark - National Data	Annual	61.20%	61.30%	61.90%	62.00%	62.60%	63.30%	63.80%	64.00%	64.50%			
		Benchmark - Regional Data	Annual	64.30%	65.60%	64.20%	65.00%	64.80%	66.30%	66.50%	66.60%	67.20%			
		Regional Rank (Rank out of 15)	Annual	1	2	1	1	4	5	1	2	1			

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## Annex B:

# Business Intelligence Hub

## Joint Health and Wellbeing Strategy 2022-2032:

### Performance Monitoring for September 2025 Board.

### Indicator Trends – Healthy Weight

Author: CYC Business Intelligence Hub

Date: August 2025

### Contents

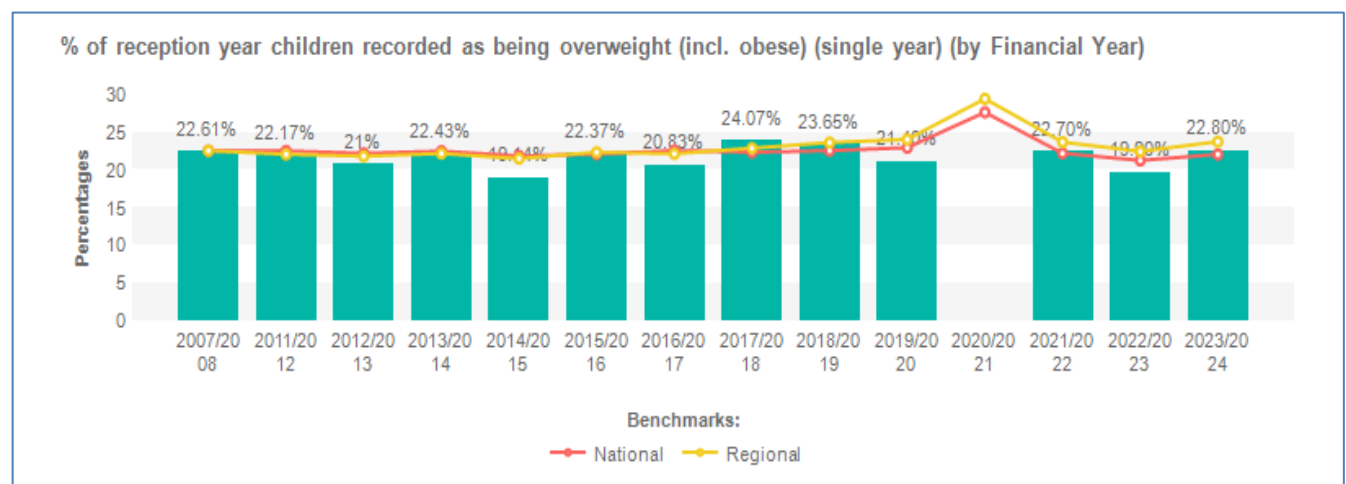
Goal 5: Reverse the rise in the number of children and adults living with an unhealthy weight .....	2
% of reception year children recorded as being overweight (incl. obese) (single year) .....	2
% of children in Year 6 recorded as being overweight (incl. obese) (single year) .....	3
Absolute gap in % of Year 6 recorded obesity between highest and lowest York ward (3 year aggregated) .....	4
% of adults (aged 18+) classified as overweight or obese (New definition) .....	5

***Goal 5: Reverse the rise in the number of children and adults living with an unhealthy weight.***

**% of reception year children recorded as being overweight (incl. obese) (single year)**

The percentage of reception year children recorded as being overweight (incl. obese) has been recorded annually since 2007/08 through the National Child Measurement Programme (NCMP). The trend chart is shown below. Measurements for 2008/09, 2009/10 and 2010/11 are not considered reliable for York so have been excluded from the chart. Data from 2020/21 was not published at local authority level due the small number of children measured as a result of the Covid-19 pandemic.

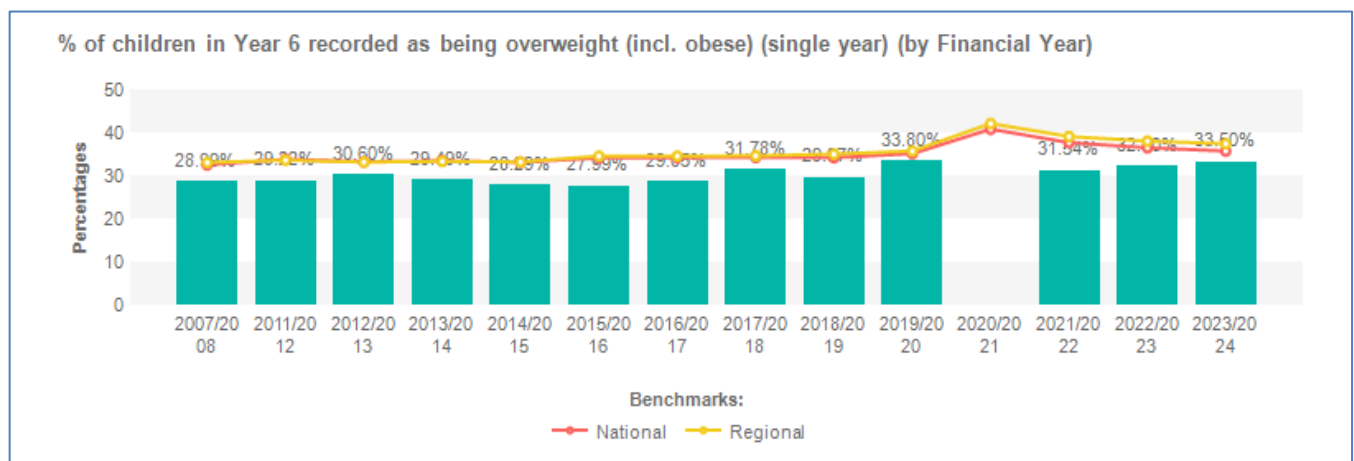
There is no clear trend in York for the percentage of reception year children recorded as being overweight (incl. obese). The most recent value in 2023/24 (22.8%) is similar to the value in 2007/08 (22.61%). Values have ranged from 19.2% in 2014/15 up to the peak value of 24.1% in 2017/18.



### % of children in Year 6 recorded as being overweight (incl. obese) (single year)

The percentage of Year 6 children recorded as being overweight (incl. obese) has been recorded annually since 2007/08 through the National Child Measurement Programme (NCMP). The trend chart is shown below. Measurements for 2008/09, 2009/10 and 2010/11 are not considered reliable for York so have been excluded from the chart. Data from 2020/21 was not published at local authority level due to the small number of children measured as a result of the Covid-19 pandemic.

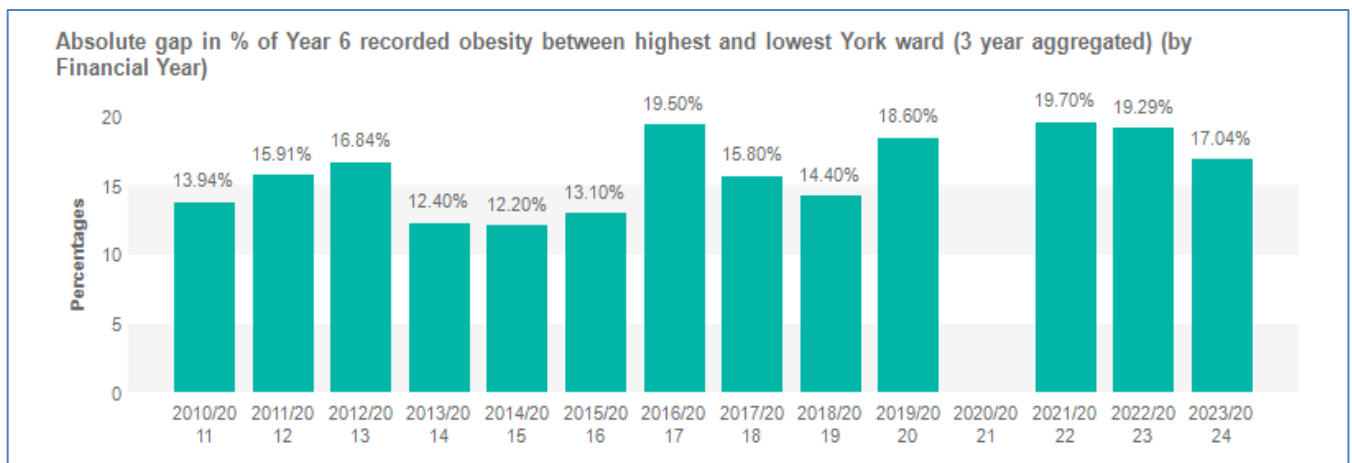
There has been a steady rise in the percentage of Year 6 children recorded as being overweight (incl. obese) from 28.0% in 2015/16 to 33.5% in 2023/24. Values in York have, however, remained consistently below the regional and national averages.



### Absolute gap in % of Year 6 recorded obesity between highest and lowest York ward (3 year aggregated)

The 'health gap' indicators show the difference between the wards with the highest and lowest values. A lower value is desirable as it indicates less variation in health outcomes based on where people live within the City. Trend data for these indicators helps to monitor whether the gaps are narrowing or widening over time.

The value for this indicator for the 3 year period 2021/22 to 2023/24 was **17.04%** (the gap between 26.42% in Westfield and 9.38% in Wheldrake). This represents an improvement compared with the three year period 2019/20 to 2021/22 when the gap was 19.7% (the gap between 27.37% in Westfield and 7.69% in Copmanthorpe).

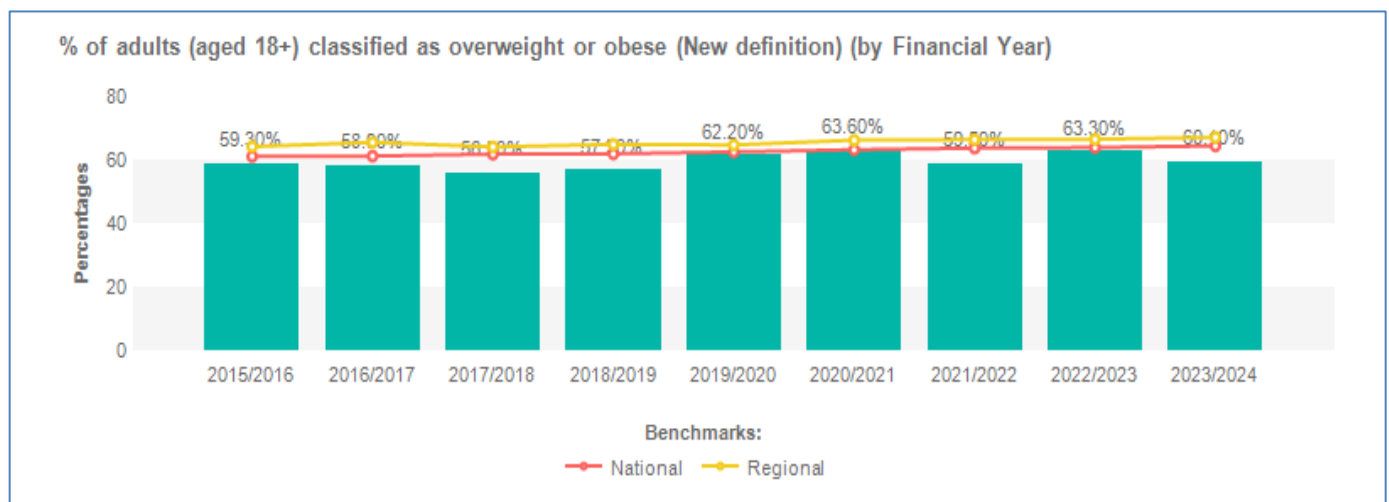




### % of adults (aged 18+) classified as overweight or obese (New definition)

Data on the estimated percentage of adults who are overweight or obese is obtained from the Active Lives Adult Survey. The survey provides self-reported height and weight, which can be used to produce BMI estimates. The data collected also allows for adjustments to be applied to the self-reported height and weight measurements at an individual level to give likely actual height and weight. The data for 2023/24 is based on 312 people from York taking part in the survey. Trend data is available from 2015/16 to 2023/24 and is shown in the chart below.

There is no clear trend in York over the nine year period. The percentage did, however, fall in the most recent period from 63.3% in 2022/23 to 60.1% in 2023/24.



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## Health and Wellbeing Board

24 September 2025

Report of the Chair of the York Health and Wellbeing Board

### Chair's report and updates

#### Summary

1. This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board (HWBB), giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.

#### Key Updates for the Board

##### Updates from Healthwatch York

2. Healthwatch York produce a quarterly report summarising what people have told them. The last report covers April to June 2025 and can be accessed at: <https://www.healthwatchyork.co.uk/seecmsfile/?id=98>
3. Healthwatch York's trained volunteers also visit care homes across the city as part of their assessors' programme. The aim is to get a snapshot of the care or nursing home based on their observations, conversations with residents and feedback from staff and residents' family and friends. All reports can be found here: [Healthwatch York - Reports from our care home visits](#)

##### National and Local Updates

4. **10 year Health plan 'Fit for the Future'**: Members of the Health and Wellbeing Board will be invited to a separate briefing this coming month on this document, which will summarise the main policies in the plan and local implications.
5. There are a number of areas of the plan which help deliver the ten big goals of the York Health and Wellbeing Strategy 2022-2032:
  - **Tobacco** – Tobacco and Vapes Bill will mean children turning 16 this year or younger can never legally be sold tobacco.
  - **Obesity** – Updated school food standards and reduce junk food advertising. New mandatory targets to increase the healthiness of sales in all communities and work with the Food Strategy Advisory

Board. Industry collaboration to test innovative models of delivering weight loss services and a national campaign aimed at encouraging people to move more.

- **Helping our children to flourish** – Expansion of Mental Health Support Teams in schools and new Young Future Hubs to provide additional support for children and young people's mental health.
- **Employment and work** – Patient employment goals will be part of care plans and local NHS services targets will be set for reducing unemployment and economic inactivity.
- **Prevention** – Immediate opportunities available to deliver prevention: vaccination, screening and early diagnosis.

6. **Neighbourhood health:** York developed a bid across multiple partners to take part in the National Neighbourhood Health Implementation Programme. Even though this bid was not successful, the health and care system is continuing to build a programme of work around neighbourhoods which includes primary and community services as well as local government and VCSE partners. The 4-area model has been agreed and the York Health and Care Collaborative brings together partners monthly to discuss how services delivered in these areas will start to integrate. Further details will be included in the aforementioned briefing to Board members, as well as taking through public scrutiny process in the autumn.
7. **Vaccination and winter preparedness:** Our school-aged vaccination rates improved markedly in 2024/5, although we are keen to get closer to the 95% coverage particularly of the MMR vaccine by age 5. A change to the childhood immunisation schedule, including the addition of the Varicella (Chickenpox) vaccination and the bringing forward of the second dose of MMR to 18 months, will come in from the new Year. We are commencing winter vaccination preparation and the programme will start for most people in October 2025. On the 31<sup>st</sup> October, we are hosting a Seasonal Health Summit at West Offices for staff across health, care and voluntary sectors to come together to discuss preparedness for the upcoming winter.
8. **2- 2 ½ year-old review:** The uptake of the 2- 2 ½ year-old review of all children in the city undertaken by our Healthy Child Service was lower than average, but following work supported by the national charity NESTA, we have increased to well above the national average, at almost 90%. The public health team have recently taken part in visits and discussions with the national Mission Delivery Unit to spread the learning.
9. **All-Age Autism and ADHD Strategy 2025-2030:** An Autism and ADHD Health Needs Assessment for York has recently been published, and in October 2025, the Council are publishing an All-Age Autism and

ADHD Strategy 2025-2030 through an Executive meeting, which sets out how partners are going to focus on three areas aimed at making York a City that Works for all. These are ‘Change society for inclusion’, ‘Make diagnosis and assessment work’ and ‘Improve support in every setting’.

**Author:**

Compiled by Tracy Wallis  
Health and Wellbeing  
Partnerships Co-ordinator

**Responsible for the report:**

Cllr Lucy Steels-Walshaw  
Executive Member for Health, Wellbeing and  
Adult Social Care

**Report  
Approved**

**Date**

**Wards Affected:**

**All**

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**For further information please contact the author of the report**

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