
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.

Contact Details

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Wards Affected: All ☒

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Report Approved ✓ ☐

For further information please contact the author of the report

Annexes

Annex A – Pharmaceutical Needs Assessment 2025-2028