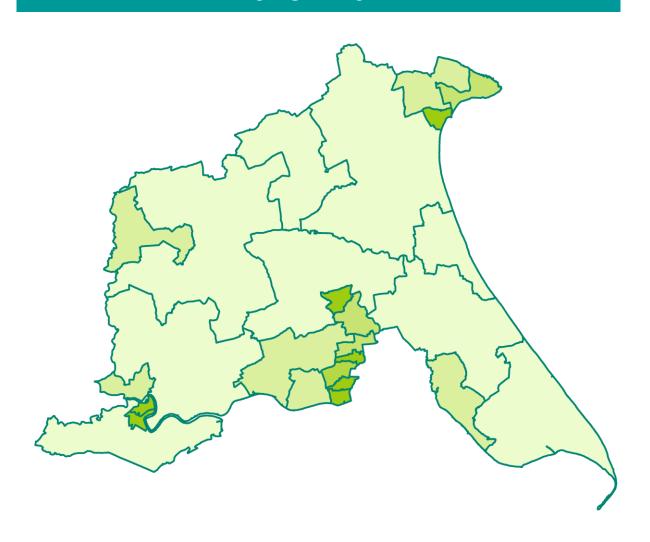




Pharmaceutical Needs Assessment 2018 - 2021





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Appendix Eighteen: ACCOMPANYING MAPS

Due to their large size the maps are provided separately. To view or obtain copies of the current provision maps please visit our website at:dataobs.eastriding.gov.uk/pna, request by telephone on: 01482 391005 or email us on:customer.services@eastriding.gov.uk

Controlled Area Maps may be requested from NHS England: england.pharmacyreturns@nhs.net



GLOSSARY

100 Hours Pharmacy	A pharmacy that was granted an NHS contract under a control of entry exemption requiring it to open for at least 100 hours per week.
Advanced Services	Six services within the NHS Community Pharmacy Contract (including the pilot NHS Urgent Medicine Supply Service to be reviewed 30 September 2017) that Pharmacists can choose to provide as long as they meet the requirements set out in the Secretary of State Directions.
Anticoagulant	Anticoagulant medicines reduce the ability of the blood to clot (coagulation means clotting). This is necessary if the blood clots too much, as blood clots can block blood vessels and lead to conditions such as a stroke or a heart attack.
Any Qualified Provider	A procurement model that commissioners can use to develop a register of providers accredited to deliver a range of specified services within a community setting.
Appliance Use Review (AUR)	An Advanced Service provided either by a pharmacist or dispensing appliance contractor health professional to improve the patient's knowledge and use of specified appliances.
Buprenorphine (see also Methadone)	Buprenorphine is a medicine which is used in the treatment of patients dependent on opioids (e.g. heroin).
Buprenorphine supervised consumption service	A Locally Commissioned Public Health Service where individuals on a buprenorphine programme take their medication under supervision in a private room within the pharmacy.
Census	The official process of counting the number of people in the country and collecting information about them. This document refers to the 2011 Census.
Chronic Obstructive Pulmonary Disease (COPD)	Chronic Obstructive Pulmonary Disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive pulmonary disease. People with COPD have difficulties breathing, primarily due to the narrowing of their airways. This is called airways obstruction.
Commissioning	A continuous cycle of activities that underpins and delivers the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.
Community pharmacy contractor	A pharmacy that is included in the Pharmaceutical List for the Health and Wellbeing Board's area, held by NHS England. See the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
Community pharmacy contractual framework	The nationally agreed NHS pharmacy contract that community pharmacies operate under when



	providing NHS services.	
	An area which has been determined to be 'rural in	
Controlled locality	character'.	
	Coronary heart disease is the term that describes	
Caranami Haart Diagga (CHD)	what happens when the heart's blood supply is	
Coronary Heart Disease (CHD)	blocked or interrupted by a build-up of fatty	
	substances in the coronary arteries.	
	NHS contractors that specialise in the supply (on	
Dispensing appliance	prescription) of appliances, notably stoma and	
contractors (DACs)	incontinence appliances. There are no DACs	
contractors (DAOS)	included in the Pharmaceutical List for the Health and	
	Wellbeing Board's area, held by NHS England.	
	A GP that may dispense NHS prescriptions for their	
Dispensing doctor	own patients who live in a controlled locality and live	
	more than 1.6 km (1 mile in a direct line) from a	
	community pharmacy.	
	The Dispensing Services Quality Scheme (DSQS) is a	
	quality framework, with patient safety at its core,	
Deoe	setting out dispensary standards for dispensing	
DSQS	doctors in England and Wales. The scheme, which	
	was agreed by the NHS, the General Practitioners	
	Committee and the Dispensing Doctors' Association, was introduced in 2006/07.	
DWP		
DVVP	Department for Work and Pensions	
	Electronic Prescribing Analysis and Cost. A service	
ePACT	which provides analysis of prescribing data held on the NHS Prescriptions Services prescribing	
	database.	
	EHC is supplied under a patient group direction	
Emergency Hormonal	(PGD) and is a Locally Commissioned Public Health	
Contraception (EHC)	service, commissioned from Pharmacists accredited	
. , ,	to provide EHC to females aged 13 years and over.	
Enhanced Service	A service commissioned by NHS England in	
Lillianced Service	response to the needs of the local population.	
	A Ward is a subdivision of a Local Authority area,	
	typically used for electoral purposes. Wards are	
Electoral Ward	usually named after neighborhoods, thoroughfares,	
	parishes, landmarks, geographical features and in	
	some cases historical figures connected to the area.	
	Gluten is a protein that is found in three types of cereal; wheat, barley and rye. Some people who	
	have gluten intolerance (known as coeliac disease)	
Gluten free	cannot eat foods that contain gluten. Gluten free	
Gluten nee	food enables individuals to eat foods that normally	
	would contain gluten e.g. pasta, breakfast cereals	
	and most type of bread.	
	Independent/ Non-medical prescribers are	
Indopondent/ Non Medical	responsible and accountable for the assessment of	
	patients with undiagnosed and diagnosed conditions	
Independent/ Non-Medical Prescriber	and for decisions about the clinical management	
FICSCIDE	required, including prescribing.	
	Nurse and pharmacist Independent	



	Prescribers are able to prescribe any medicine for any medical condition within their competence, including any controlled drug in Schedule 2,3,4 or 5 of the Misuse of Drugs Regulations (2002), as amended. • Optometrist Independent Prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and surrounding tissue, but cannot prescribe any controlled drugs. • Physiotherapists and podiatrists or chiropodists can prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice as independent prescribers, but cannot prescribe any controlled drugs at the time of writing.
Immunisation	Immunisation or vaccination is usually given by an injection and makes the body's immune system produce antibodies that will fight off a virus.
Index of Multiple Deprivation (IMD)	The Indices of Deprivation 2015 provide a relative measure of deprivation at small area level across England. Areas are ranked from least deprived to most deprived on seven different dimensions of deprivation and an overall composite measure of multiple deprivation. The domains used in the Indices of Deprivation are: income deprivation; employment deprivation; health deprivation and disability; education deprivation; crime deprivation; barriers to housing and services deprivation; and living environment deprivation. The PNA has focused on overall deprivation and barriers to housing and services.
JSNA (Joint Strategic Needs Assessment)	Joint Strategic Needs Assessment describes a continuous process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness.
Healthwatch England	Healthwatch England is the national consumer champion in health and care. It has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.
LMC (Local Medical Committee)	Local Medical Committees are the local representative organisations for General Practitioners (GPs) in a local health economy area, e.g. within a Clinical Commissioning Group. They represent all GPs in their geographical area on clinical and professional matters.
Long term condition (LTC)	Those conditions (e.g. diabetes, asthma, COPD and arthritis) that cannot, at present, be cured but for



	which progress can be managed and influenced by medication and other therapies.
LPC (Local Pharmaceutical Committee)	Local Pharmaceutical Committees are the local representative organisation for Pharmacies within a Health and Wellbeing Board Area. They represent all Community Pharmacies in their geographical area on clinical and professional matters, NHS matters and commissioned services.
Lower Super Output Areas (LSOAs)	Lower Super Output Area (LSOAs) are units of geographic boundary developed by the Office for National Statistics that are aggregations of Output Areas. Output Areas are subdivisions of Electoral Wards and each contains approximately 129 households (309 residents). LSOAs are the next largest area up and each contains a minimum population of 1,000 persons and on average contain a population of 1,500 persons. There are a total 32,844 LSOAs in England.
Market entry and Exit	The route by which new NHS pharmacy contracts are considered, granted or terminated.
Medicines Use Review and Prescription Intervention Service	The medicines use review (MUR) service is an Advanced Service structured review that is undertaken by an accredited pharmacist, in premises that have been accredited, to help patients to manage their medicines more effectively and provide patients with appropriate information and advice about their medicines. The purpose of carrying out a MUR is to improve the person's knowledge, understanding and use of the medicines that they have been prescribed.
Methadone (see also Buprenorphine)	Methadone hydrochloride is a medicine which is used as a substitute for an opioid drug (e.g. heroin). Methadone can be used in two ways: withdrawal therapy, where the doses of medication are gradually reduced over time before the treatment is withdrawn, and maintenance therapy, where people receive regular doses of medication on a long-term basis. It can also be used to relieve moderate to severe pain.
Minor ailments scheme	NHS scheme that enables pharmacists to advise and treat people with illnesses that can be treated at home, e.g. colds, stomach upsets etc, avoiding the need to see a GP.
Minor Injuries Unit	Examples of minor injuries are cuts, bruises, scalds and suspected closed limb fractures. The role of a minor injury unit or service would be to provide treatment for such minor injuries. This is commissioned locally as an Enhanced service.
Necessary	Essential.
NUMSAS (NHS Urgent Medicine	The NUMSAS is an Advanced Service to facilitate



Supply Service)	appropriate access to repeat medication out of hours via NHS 111 enabling patients to access an urgent supply of regular medicines when appropriate. This service is a pilot service from 1 December 2016 to be reviewed 31 March 2018.	
Non Controlled Area	An area that has been determined as urban and non-rural in nature.	
ONS	Office for National Statistics	
Oral contraceptive	A contraceptive in the form of a pill containing oestrogen and/or progestogen to inhibit ovulation and so prevent conception/pregnancy.	
Out of hours service	Healthcare cover provided outside the normal working hours of community health care professionals, usually from 6:30pm to 8am Monday – Friday and 24 hours during weekends and Bank Holidays. Out of hours services in East Riding are provided in Hedon, Goole, Beverley and Bridlington.	
Palliative care	Supportive service for those who are living with a disease that is not curable e.g. cancer, COPD, end-stage heart failure or multiple sclerosis.	
Patient Group Direction	Patient Group Directions (PGDs) are documents permitting the supply of prescription-only medicines (POMs) to groups of patients, without individual prescriptions.	
Pharmaceutical List	A list of NHS pharmacy contractors and DACs held by NHS England for the area of each Health and Wellbeing Board.	
Pharmacy ("Chemist")	A regulated retail location for the provision of pharmaceutical services.	
Point Of Dispensing Intervention Service (PODIS)	A service where Pharmacists contribute to the reduction of prescribed unwanted medicines, which currently are wasted at the point of dispensing.	
PURMs (Pharmacy Urgent Repeat Medicines Service)	The PURMs is an Enhanced Service to facilitate appropriate access to repeat medication out of hours via NHS111 or via self-referral enabling patients to access an urgent supply of regular medicines when appropriate.	
Prescribing support service (Medicines management, medicines optimisation)	Advice to all prescribers on clinical and cost effective prescribing and legal requirements relating to this.	
Prescription	An order provided by a prescriber (e.g. doctor, nurse, pharmacist) advising of the type and dose of medication for the treatment of illness that is available only with written instructions from a prescriber.	
Prescription Intervention service	See Medicines Use Review	
Primary care	Services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic practitioners together with district nurses and health visitors, with administrative support.	



PSNC	Pharmaceutical Services Negotiating Committee. The body recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters.
(the) Regulations	All un-cited uses of the term "Regulations" in the document refer to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, SI 2013/349 Example: "Regulation 6(2)(a)" refers to Regulation 6, paragraph 2, subparagraph a of SI 2013/349.
Quintile	Deprivation quintiles divide areas into fifths according to some measure of deprivation, and can be used to analyse variations in health between deprived and affluent sections of the population regardless of where they live. They can be of varying size, e.g. Local Authority or enumeration districts. Here they have been mainly used at Electoral Ward level.
Reserved location	A reserved location is designated, in a controlled locality, where the total patient population within 1.6km (1mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received.
Schedule	All un-cited uses of the term "Schedule" refer to Schedules to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, SI 2013/349. Example: "paragraph 26, Schedule 2" refers to paragraph 26 of Schedule 2 to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, SI 2013/349.
Screening service	A service that through a simple test, can diagnose potential illness at various stages of development. Screening can be carried out for various conditions, e.g. Chlamydia and other sexually transmitted diseases.
Sexual health service	A service that provides advice on sexual health and family planning, medical treatment and the promotion of sexual health and wellbeing to men, women and adolescents.
Social prescribing	A way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being. This service could be provided by any professional including community pharmacy.
Standardised Admission Ratio (SAR)	In epidemiology, the standardised admission ratio or SAR, is a value quantifying greater or lesser hospital



	admission rates of a specified population with respect to the general population, in this case the population of England. Values above 100 indicate a higher level of admission than the national average and values below 100 indicate a lower level of admission.
Standardised Mortality Ratio (SMR)	In epidemiology, the standardised mortality ratio or SMR, is a value quantifying greater or lesser mortality of a specified population with respect to the general population, in this case the population of England. Values above 100 indicate higher mortality than the national average and values below 100 indicate lower mortality.
Statistical significance	Statistical significance refers to whether any differences observed between groups being studied are "real" or whether they are simply due to chance. Here comparisons are mostly made against England and East Riding averages.
Stoma	A stoma is an artificial opening of an internal organ on the surface of the body created surgically. They are typically used to treat some types of cancer within the abdominal area where the end of the colon can be re-routed and an external pouch (stoma pouch) is attached to the opening to collect waste products.
Stoma appliance customisation	The customisation of stoma appliances as described
(SAC) Stop smoking/ smoking	above. This is an Advanced Service. Public Health services provided to people who want
cessation service	to stop smoking. Services include the use of medication, group support and counselling.
Substance misuse	The misuse of addictive substances such as drugs and alcohol.
Supplementary prescribing service	With the agreement of an independent prescriber and the patient, a clinical management plan for treatment is established and followed by a supplementary prescriber.
Sustainability and Transformation Partnerships (STPs)	Local partnerships (including NHS organisations and local councils) that are working together to develop shared proposals to improve health and care (Sustainability and Transformation Plans). There are 44 STP areas covering all of England. STPs are designed around the needs of whole areas, not just individual organisations.
Urban/Rural Classification	The Rural/Urban Definition was introduced in 2004 as a joint project between a number of Government Departments and was delivered by the Rural Evidence Research Centre at Birkbeck College (RERC). For SOAs and Wards, there are three settlement types: Urban (population over 10,000); Town and Fringe; Village, Hamlet and Isolated Dwellings. These are assigned to either a 'sparse' or 'less sparse' regional setting to give six classes:



	 Urban (Sparse); Town and Fringe (Sparse); Village, Hamlet and Isolated Dwellings (Sparse); Urban (Less Sparse); Town and Fringe (Less Sparse); Village, Hamlet and Isolated Dwellings (Less Sparse). 	
Urgent Care Centre	A place where people can receive a range of urgent care services as commissioned locally by Clinical Commissioning Groups including: treatment for minor injuries e.g. cuts, bruises, scalds and suspected closed limb fractures; minor non-life threatening illnesses; out of hours services.	
Vascular disease	Vascular disease is a form of cardiovascular disease affecting the blood vessels.	
Walk in Centre (WIC)	NHS Walk in Centres offer convenient access to a range of treatments dealing with minor illnesses and injuries. WICs are managed by Clinical Commissioning Groups.	
Weight management service	Public Health services provided to overweight people who want to become healthier by losing weight. Services include exercise and diet advice, group support and counselling.	



1 EXECUTIVE SUMMARY

A Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services. Pharmaceutical services are provided from Pharmacies, Dispensing Appliance Contractors, Dispensing Doctors and Local Pharmaceutical Services. The PNA states the number of people needing pharmaceutical services and maps the current provision and demography. The PNA is a stand-alone document that is integrated with the Joint Strategic Needs Assessment and provides an overview of risks to health and well-being. As a statement of "need", the PNA analyses the population's health needs, identifies gaps in service provision and provides intelligence to create and improve access.

From 1st April 2013, the Health and Social Care Act 2012 established the Health and Wellbeing Boards (HWBBs) and transferred responsibility to develop and update PNAs from the Primary Care Trusts (PCTs) to the Health and Wellbeing Boards (HWBBs). The Health and Social Care Act 2012 also transferred market entry determinations from PCTs to NHS England.

East Riding of Yorkshire Council (ERYC) has prepared this PNA in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, SI 2013/349 ("the Regulations").

This summary sets out the background to the development of the PNA in the East Riding of Yorkshire. An overview of the Regulations is provided in addition to the range of pharmaceutical services that are currently provided or may be commissioned in the future in Sections 2 and 3.

For this PNA services have been reviewed at Electoral Ward level.

Patients' views of community pharmacy services, obtained from the 2009 PCT Insight Survey and the ERYC Residents Survey in 2014, have also been used to inform the PNA.

A comprehensive range of sources has been used to identify the social and health profile of the ERYC population (See Appendix Seventeen) and this document provides full details at Electoral Ward level of:

- Population demographics: age, income, deprivation, health needs;
- Number and location of community pharmacies and dispensing doctor practices;
- · Analysis of any gaps in necessary services;
- Analysis of any gaps in improved services or access to services;
- Suggested new or future services.

Conclusions reached in this PNA are derived taking into account a number of factors:

- The health needs assessment, the risks to health and wellbeing of people and the health burden within the profile areas (pages 50-112; Appendix Ten, page 150);
- The number of pharmacies per 100,000 population (Appendix Fourteen page 174).
 Note: Although distance selling pharmacies have not been included in these calculations, as these pharmacies serve populations within and without of the East Riding area, the values listed in this Appendix are likely to be higher than those presented in the table;



- Whether a service which should have equity of access is available and accessible within an Electoral Ward (Appendix Thirteen pages 163-171; Appendix Fourteen page 174);
- Where the local services are positioned (e.g. GP OOH, Minor Injuries Units) and whether there are sufficient pharmaceutical services to support these services (pages 50-112; Appendix Thirteen pages 163-171. Note: Attention has been paid in this Assessment to the location of and accessibility to 100 hour pharmacies and pharmacies providing extended (supplementary) hours. Consideration has also been made to the availability of a limited supply of urgent and immediate medicines that could be provided via the GPOOH service outside of these pharmacies' opening hours if needed:
- Availability of similar services commissioned by other providers (e.g. General Practitioners);
- Extended GP hours and whether there are sufficient pharmaceutical services to support these services (Appendix Thirteen pages 163-173; -pages 50-112). Note: GP Extended Hour services are under continuous review and as such, Commissioners of these services should be mindful of the availability of pharmaceutical services to support these GP Extended hour services;
- Engagement with commissioners of services.

Key Findings In Accordance with Regulations

- Gaps in Necessary service provision in zero Electoral Wards;
- Gap in improvements and better access in **zero** Electoral Wards.

Where needs have been identified in accordance with Regulations that if addressed, could result in improvements and better access to pharmaceutical services, it would be the intention of NHS England to seek to commission these from existing providers of pharmaceutical services and other providers.

Areas identified as having more than adequate pharmaceutical cover for necessary services include Beverley, Bridlington, Goole and Hornsea.

Additional Findings

- There are opportunities for improvements and better access in locally commissioned services provided by existing contractors in **fourteen** Electoral Wards;
- There are opportunities for improvements and better access in other discretionary services in two Electoral Wards;
- Potential new provision of commissioned services in twenty four Wards.

An additional comprehensive table is provided at the end of this Executive Summary which indicates potential new commissioned services.

As required by the Regulations, ERYC Health and Wellbeing Board publicly consulted on this PNA for a period of 60 days. The consultation commenced on 2 October 2017 and closed on 1 December 2017.



Summary of Gaps in Provision at Electoral Ward Level: NHS Services As Defined By Regulations

Electoral Ward	Gaps in Necessary Provision	Improvements and Better Access
Beverley Rural	None	None
Minster and Woodmansey	None	None
St Mary's (Beverley)	None	None
Bridlington Central and Old Town	None	None
Bridlington North	None	None
Bridlington South	None	None
Cottingham North	None	None
Cottingham South	None	None
Dale	None	None
Driffield and Rural	None	None
Goole North	None	None
Goole South	None	None
Hessle	None	None
Howden	None	None
Howdenshire	None	None
North Holderness	None	None



Electoral Ward	Gaps in Necessary Provision	Improvements and Better Access
Pocklington Provincial	None	None
Snaith, Airmyn, Rawcliffe and Marshland	None	None
South East Holderness	None	None
South Hunsley	None	None
South West Holderness	None	None
Tranby	None	None
Willerby and Kirk Ella	None	None
Wolds Weighton	None	None



Summary of Potential Future Services at Electoral Ward Level: Local Public Health Services/Enhanced and Advanced Services/ CCG services

Note: Some services currently commissioned as Enhanced Services by NHS England (See Appendix Fifteen) may be co-commissioned with NHS East Riding of Yorkshire CCG in the future; Potential Future Services will only be explored subject to funding and need.

Electoral Ward	Improvements and Better Access: Commissioned Services	Potential future Local Public Health: Commissioned Services	Other Potential Future Commissioned Services and HLP Development
Beverley Rural	 Supervised buprenorphine consumption service Varenicline Patient Group Direction Flu vaccination service NRT eVoucher Scheme Pharmacy Urgent Repeat Medicines Service (PURMs)/ NHS Urgent Medicine Supply Service (NUMSAS) 	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Healthy Living Pharmacy Social Prescribing
Minster and Woodmansey	None Identified	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing
St Mary's (Beverley)	BBV Testing	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation where needed Social Prescribing
Bridlington Central and Old Town	None Identified	 Chlamydia screening and treatment Oral contraceptive services (not EHC) Access to Free Pregnancy Testing Weight management services 	 Medicines management services for specific long term conditions (e.g. CHD and COPD) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing



Electoral Ward	Improvements and Better Access: Commissioned Services	Potential future Local Public Health: Commissioned Services	Other Potential Future Commissioned Services and HLP Development
Bridlington North	None Identified	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Medicines management services for specific long term conditions (e.g. CHD) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing
Bridlington South	None Identified	 Chlamydia screening and treatment Oral Contraception service (not EHC) Access to Free Pregnancy Testing Screening and brief intervention service for alcohol consumption Weight management services 	 Medicines management services for specific long term conditions (e.g. CHD and COPD) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing
Cottingham North	None Identified	 Chlamydia screening and treatment Oral Contraceptive service (Not EHC) Access to Free Pregnancy Testing 	 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing
Cottingham South	 Stoma Appliance Customisation where needed Pharmacy Urgent Repeat Medicines Service (PURMs)/ NHS Urgent Medicine Supply Service (NUMSAS) 	 Oral Contraceptive service (not EHC) Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Medicines management services for long term conditions Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing



Electoral Ward	Improvements and Better Access: Commissioned Services	Potential future Local Public Health: Commissioned Services	Other Potential Future Commissioned Services and HLP Development
Dale	Needle exchange serviceBBV Testing	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Medicines management services for long term conditions (e.g. stroke) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing
Driffield and Rural	BBV Testing	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Medicines management services for long term conditions (e.g. stroke) Palliative care service where needed Social Prescribing
Goole North	None Identified	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Medicines management services for specific long term conditions (e.g. CHD and COPD) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing
Goole South	Pharmacy Urgent Repeat Medicines Service (PURMs)/ NHS Urgent Medicine Supply Service (NUMSAS)	 Chlamydia screening and treatment Oral Contraceptive service (not EHC) Access to Free Pregnancy Testing 	 Medicines management services for specific long term conditions (e.g. CHD, COPD, stroke and diabetes) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing



Electoral Ward	Improvements and Better Access: Commissioned Services	Potential future Local Public Health: Commissioned Services	Other Potential Future Commissioned Services and HLP Development
Hessle	Pharmacy Urgent Repeat Medicines Service (PURMs)/ NHS Urgent Medicine Supply Service (NUMSAS)	 Chlamydia screening and treatment Access to Free Pregnancy Testing Weight Management Services 	 Medicines management services for long term conditions especially targeting COPD Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation where needed Social Prescribing
Howden	None Identified	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation and Palliative care service where needed Social Prescribing
Howdenshire	None Identified	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation and Palliative care service where needed Social Prescribing
North Holderness	None Identified	 Chlamydia screening and treatment Access to Free Pregnancy Testing Weight management services Screening and brief intervention service for alcohol consumption 	 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing



Electoral Ward	Improvements and Better Access: Commissioned Services	Potential future Local Public Health Commissioned Services	Other Potential Future Commissioned Services
Pocklington Provincial	 Needle exchange service NHS Urgent Medicine Supply Service (NUMSAS) 	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Dementia Screening Services Medicines management services for specific long term conditions (e.g. CHD, stroke) Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation where needed Social Prescribing
Snaith, Airmyn, Rawcliffe and Marshland	 EHC Varenicline PGD Supervised buprenorphine consumption service Pharmacy Urgent Repeat Medicines Service (PURM)/ NHS Urgent Medicine Supply Service (NUMSAS) 	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Medicines management services for specific long term conditions (e.g. CHD and circulatory diseases) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation and Palliative care service where needed Social Prescribing
South East Holderness	EHC service in PatringtonBBV Testing	 Chlamydia screening and treatment Access to Free Pregnancy Testing Weight management services Screening and brief intervention service for alcohol consumption 	 Medicines management services for long term conditions (e.g. CHD, COPD and diabetes) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation where needed Social Prescribing



Electoral Ward	Improvements and Better Access: Commissioned Services	Potential future Local Public Health Commissioned Services	Other Potential Future Commissioned Services
South Hunsley	 Supervised buprenorphine 	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Medicines management services for long term conditions (e.g. stroke) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation and Palliative care service where needed Social Prescribing
South West Holderness	Needle exchange serviceBBV Testing	 Chlamydia screening and treatment Access to Free Pregnancy Testing Weight management services 	 Medicines management services for long term conditions (e.g.CHD, stroke) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation where needed Social Prescribing
Tranby	None Identified	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation where needed Social Prescribing



Electoral Ward	Improvements and Better Access: Commissioned Services	Potential future Local Public Health Commissioned Services	Other Potential Future Commissioned Services
Willerby and Kirk Ella	Pharmacy Urgent Repeat Medicines Service (PURM)/ NHS Urgent Medicine Supply Service (NUMSAS)	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation and Palliative care service where needed Social Prescribing
Wolds Weighton	 Pharmacy Urgent Repeat Medicines Service (PURM)/ NHS Urgent Medicine Supply Service (NUMSAS) Needle Exchange 	 Chlamydia screening and treatment Access to Free Pregnancy Testing 	 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation where needed Social Prescribing



- 2.1. This Pharmaceutical Needs Assessment (PNA) is published by the East Riding of Yorkshire Council (ERYC) Health and Wellbeing Board (HWBB) to fulfil the requirements of the Regulations ("Regulations" in the document refer to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, SI 2013/349).
- 2.2. The Regulations are laid by the Secretary of State under the powers granted by the National Health Service Act 2006 as amended.
- 2.3. The Health Act 2009 provided the powers needed to require NHS England (previously Primary Care Trusts) to develop and publish PNAs and use them as the basis for determining market entry to National Health Service (NHS) pharmaceutical services provision subject to further Regulations.
- 2.4. The first PNA was published in February 2011 by the East Riding of Yorkshire PCT as a statutory duty under the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010, SI 2010/914.

PNA Development in East Riding of Yorkshire

- 2.5. The ERYC virtual PNA Group was responsible for overseeing the development of this PNA in 2017/2018. The Terms of Reference and membership of this group is included in Appendix One.
- 2.6. A community pharmacy questionnaire agreed by the ERYC and the Local Pharmaceutical Committee (LPC) was issued taking into account an example published by the Pharmaceutical Services Negotiating Committee (PSNC), to all ERY community pharmacy contractors in May 2017 using PharmOutcomes. Responses were collated between June and July 2017. A copy of the questionnaire and the responses received is included in Appendix Two. The draft PNA was then developed based on information held by the ERYC, NHS England and Clinical Commissioning Group (CCG) and the responses received from the questionnaire.
- 2.7. A 60 day consultation took place from 2 October 2017 to 1 December 2017 in accordance with the Regulations. Prior to consultation, a PNA group meeting event was held on 18 September 2017.
- 2.8. A report was made to the East Riding Health and Wellbeing Board prior to consultation on 21 September 2017 and post consultation on 1 February 2018 and 15 March 2018.
- 2.9. The final version of the PNA was published on 1 April 2018.
- 2.10. In accordance with paragraph 1 of Regulation 6 the HWBB will, as a minimum, publish a revised PNA within 3 years of the publication of this document.
- 2.11. Paragraph 2 of Regulation 6 requires the HWBB to make a new assessment of pharmaceutical need sooner than this, should it identify any changes to the availability of pharmaceutical services that have occurred since the publication



of this PNA. This will be undertaken only where, in the HWBB's view, the changes are so substantial that the publication of a new assessment is a proportionate response.

- 2.12. In accordance with paragraph 3 of Regulation 6, a Supplementary Statement explaining changes to the availability of pharmaceutical services since the publication of this PNA will be issued whenever
 - a. there has been a change to the availability of pharmaceutical services; and
 - b. this change is relevant to the granting of applications to open a new pharmacy, to relocate or to provide additional services; and
 - c. the HWBB is satisfied that the publication of a revised PNA would be a disproportionate response.

The responsibility for issuing Supplementary Statements will be coordinated by the PNA Group. This Group will be chaired by the Director of Public Health on behalf of the HWBB. Supplementary Statements will be a statement of fact and will not make any assessment of the impact of the change on the need for pharmaceutical services within a Ward. All Supplementary Statements will be published with the PNA at: http://dataobs.eastriding.gov.uk/pna.



Market Entry by means of Pharmaceutical Needs Assessment

- 2.13. The Health Act 2009 requires that NHS England (previously Primary Care Trusts) uses PNAs as the basis for determining market entry to NHS pharmaceutical services provision (known as the "Market Entry test"). The detail of the basis for applications is covered by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. This gives the regulatory framework under which applications should be made to NHS England local teams and how they should determine those applications. This supersedes the "Control of Entry" test which had previously been the method for determining pharmacy applications.
- 2.14. There are two types of application that can be made by pharmacy or dispensing appliance contractors within the 2013 Regulations. A brief outline of those types of application is provided below in 2.15-2.16 and include:
 - Routine applications;
 - Excepted applications
- 2.15. Routine applications will;
 - Meet an identified current or future need or needs:
 - Meet identified current or future improvements or better access to pharmaceutical services; or
 - Provide unforeseen benefits, i.e. applications that offer to meet a need that is not identified in a PNA but which NHS England is satisfied would lead to significant benefits to people living in the NHS England local footprint.
- 2.16. Excepted applications will cover:
 - Relocations that do not result in significant change to pharmaceutical services provision;
 - Change of ownership applications;
 - The above combined;
 - Distance selling pharmacies. These pharmacies provide all the essential services within the pharmacy terms of service but without making face to face contact with the patient;
 - Consolidations (Mergers). NHS pharmacy businesses may apply to consolidate the services provided on two or more sites onto a single site. Consolidations may be granted by NHS England where there is continuity of additional services provided and where the HWBB does not consider that a gap in pharmaceutical service provision will be created as a consequence of the consolidation. If the HWBB considers that there is no gap, a Supplementary Statement must be published alongside the PNA recording its view.
- 2.17. NHS England will remove any contractor from its pharmaceutical list who repeatedly fails to meet the terms of service under which the application was approved without good cause, or if a serious breach led to patient safety being put at risk.



Definition of Pharmaceutical Services

- 2.18. When carrying out this assessment of need for pharmaceutical services the HWBB has, in accordance with Regulation 3, firstly considered all the pharmaceutical services that are provided under arrangements made with NHS England.
- 2.19. For community pharmacy contractors in the East Riding, the HWBB, with NHS England, has considered as pharmaceutical services all Essential Services, all Advanced Services and those Enhanced Services as set out in Directions and outlined in the Community Pharmacy Contractual Framework. These have been used in this document to assess the adequacy of provision of pharmaceutical services.

2.20. Essential (Necessary) Services

Essential Services are a range of "core activities" that patients can expect from every Community Pharmacy and include:

- Dispensing of medicines;
- Repeat dispensing (subject to GP Practice agreement);
- Destruction of unwanted medicines;
- Public health advice on healthy living;
- Signposting to other health services;
- Support for self-care;
- Operating within a clinical and practice quality framework.

2.21. Advanced Services

Community pharmacies may also offer (but are not obliged to offer) Advanced Services as defined by the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. Currently there are six Advanced Services (including the NHS Urgent Medicines Supply Service – NUMSAS to be reviewed 30 September 2018):

Seasonal Influenza Vaccination

During the seasonal influenza vaccination campaign period, pharmacy staff will identify people who fall within the nationally agreed target groups, who are a priority for influenza vaccination and will encourage them to be vaccinated:

- Medicines Use Review and Prescription Intervention Service (MUR)
 Underlying purpose is, with agreement with the patient, to improve the patients' knowledge and use of drugs. Community pharmacies are restricted to undertaking a maximum 400 MURs each year;
- New Medicine Service (NMS)
 Underlying purpose is to promote the health and wellbeing of patients prescribed with new medicines for long term conditions;
- **Appliance Use Review** (only in pharmacies providing an appliance dispensing service);
- Stoma Appliance Customisation (SAC)
 Only in pharmacies providing an appliance dispensing service);



NHS Urgent Medicine Supply Advanced Service Pilot (NUMSAS)

Patients contacting NHS 111 to request access to urgently needed medicines or appliances will be referred to a pharmacy that is providing this service for assessment. A pharmacist can supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM. This is a pilot project to be reviewed 30/09/2018.

A fuller definition of these services is included in Appendix Three page 122.

2.22. Enhanced Services

The Enhanced Services listed below as defined by the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, are services that can be locally commissioned by NHS England according to the needs of the population except where services are provided elsewhere as locally commissioned services (see 2.24 – 2.26). The full list of Enhanced Services is bulleted below:

- Anticoagulant Monitoring Service
- Care Homes Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Home Delivery Service
- Independent/ Non-Medical Prescribing Service
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service (EL23)
- Minor Ailments Scheme
- Needle and Syringe Exchange Service
- On Demand Availability Of Specialist Drugs Service
- Out of Hours Service
- Patient Group Direction (PGD) Service
- Prescriber Support Service
- Schools Service
- Screening Service
- Stop Smoking Service
- Supervised Administration Service (e.g. methadone, buprenorphine and directly observed tuberculosis drugs service – known as "TBDOT").
- Supplementary Prescribing Service

A more detailed explanation of the above services has been included in Appendix Three page 126.



2.23. The services listed above, and other services, as required according to the needs of the population, may be commissioned directly by, or co-commissioned jointly by Commissioners e.g. Local Authorities, Clinical Commissioning Groups, NHS England. However, only NHS England has the authority to commission the above services as "Enhanced Services". The services listed in section 2.24 – 2.25 are commissioned directly through pharmacy contractors in the ERY by the ERYC. A summary of which pharmacies are providing what services and where they can be found are in Appendix Fifteen and in the Ward Profiles.

Published evidence shows the value (net benefits) to the NHS, public sector, patients and wider society of specific services commissioned through pharmacies e.g. supervised consumption, emergency hormonal contraception provision, minor ailments, delivering prescriptions and managing drug shortages (See Appendix Sixteen).

2.24. Public Health Service

Health Checks

2.25. Local Authority Public Health Services

- Blood Borne Virus Testing Service
- Needle and Syringe Exchange Service
- Nicotine Replacement Therapy (NRT) e-voucher scheme
- Patient Group Direction (PGD) Service Emergency hormonal contraception
- PGD Service Varenicline
- Supervised Administration Service (buprenorphine, methadone)

2.26. Enhanced Services Co-Commissioned by NHS England with the CCG

- Directly Observed Treatment, Short-Course (DOTS also known as TB-DOTS)
- Domiciliary Medicines Administration Record (domMAR)
- Medicines Assessment and Compliance Support Service (EL23)
- Minor Ailments Scheme
- On Demand Availability Of Specialist Drugs Service
- Out of Hours Service (Rota Service)
- Pharmacy Urgent Medicine Supply Service (PURMs)
- Point of Dispensing Intervention Service (PODIS)

2.27. Other Relevant Services

The HWBB has identified and considered pharmaceutical services and medicines management services provided by other providers including:

- GPs
- NHS Hospital Trusts;
- Foundation Trusts;
- Community Service providers;
- North East Commissioning Support (NECS)Medicines Management Team;
- Private Providers.

A summary of the services identified and considered can be found in Appendix Four page 130.



2.28. Community Pharmacy Quality Payments Scheme

In February 2017, the Department of Health (DH) introduced a Quality Payments Scheme as part of the Community Pharmacy Contractual Framework in 2017/18. This will involve payments being made to community pharmacy contractors meeting certain gateway and quality criteria, with funding taken from the overall funding for 2017/18 of £2.592 billion.

Gateway criteria

To be eligible to collect the points necessary to claim a Quality Payment, the contractor must meet four gateway criteria:

- Provision of at least one specified Advanced Service;
- Have their NHS Choices entry up to date;
- Have the ability for staff to send and receive NHS mail;
- Ongoing utilisation of the Electronic Prescription Service.

Meeting the gateway criteria does not, in itself, attract a Quality Payment; it is subject to the Contractor meeting one or more of quality criteria listed in a table of domains; criteria; and review points. (See Appendix Sixteen).

2.29. The Healthy Living Pharmacy

The Healthy Living Pharmacy (HLP) is a nationally recognised concept enabling pharmacies to help reduce health inequalities within the local community, by consistently delivering high quality health and well-being services, promoting health and providing proactive health advice. Key elements of the HLP service include:

- Promoting healthy living and wellbeing as a core activity (rebranding);
- Having a proactive, innovative and friendly team that supports health and wellbeing and offer advice on a range of health issues;
- As a "Community Hub", has the ethos of the communities' health at the centre of what it does;
- Trained health champions on site;
- Being identifiable by the public and other healthcare professionals by having HLP branding on / in the pharmacy;
- Making every contact count to provide medicines optimisation and selfcare and lifestyle interventions;
- Tailoring HLP services to the local community catering to the PH needs of the community;
- A team that proactively promotes health and wellbeing and will be proactive in stakeholder engagement within the local community.

Healthy Living Level 1 Pharmacy Status is one of the quality criteria included in the Community Pharmacy Quality Payments Scheme (section 2,28 above) within the Public Health Domain (See Appendix Sixteen for table of Domains and links to Healthy Living Pharmacy Assessment and Registration). Pharmacies must declare their status to receive payments and may do so under this Domain in three ways:



- The pharmacy has undertaken a self-assessment and has an entry on the Royal Society for Public Health (RSPH) online registry. At 12/12/2017, East Riding had forty eight pharmacies with this registration;
- The pharmacy was accredited as an HLP level 1 locally between 1
 December 2014 and 28 April 2017 and has a copy of the signed and
 dated documentation that demonstrates this. There were no East
 Riding Pharmacies that were locally approved between these dates;
- Accredited as a HLP level 1 locally prior to 1 December 2014 and has
 a copy of the signed and dated documentation that demonstrates this.
 The pharmacy has also undertaken a self-assessment that it meets
 the requirements of a level 1 HLP, as defined by PHE. There were
 three pharmacies with this accreditation prior to 2014.

East Riding has **fifty** HLPs; **two** self-declared and **forty eight** registered with the RSPH (at 15/12/2017). A number of Pharmacies are working towards their RSPH accreditation to become HLP's in the near future.

2.30. Pandemic Planning

The distribution of antiviral medication to patients urgently requiring them is the responsibility of the NHS England through Contracts in line with the Local and National Pandemic Plans.

2.31. The East Riding Clinical Commissioning Group commissions a Translation and Interpretation Service that can be utilised by all its community pharmacies.



Future Developments in Community Pharmacy

2.32. In England, 438 million visits are made to community pharmacies every year (average 14 visits per person/ year), more than any other NHS setting. Over the three-year term of this PNA, there have been many publications detailing plans, strategies, and visions for improving the public's health. Over the term of this PNA (2018-2021), there is potential for community pharmacy services to be further developed in line with local and national strategies and frameworks. Some of the areas for future developments in community pharmacy are summarised in Appendix Sixteen and in Sections 2.33 to 2.35 below.

The <u>Community Pharmacy Forward View</u>, published by Pharmaceutical Services Negotiating Committee and Pharmacy Voice, with the support of the Royal Pharmaceutical Society English Pharmacy Board, on 30th August 2016, sets out the organisations' shared ambition for the sector, focused on three key roles for the community pharmacy of the future:

- As the facilitator of personalised care for people with long-term conditions;
- As the trusted, convenient first port of call for episodic healthcare advice and treatment;
- As the neighbourhood health and wellbeing hub.

2.33. Pharmacy Integration Fund; Integrating Pharmacy into Urgent Care

Following the announcement of the Department of Health's new Community Pharmacy Contractual Framework and associated funding (comprising a package of proposals for 2016- 2018) on 20 October 2016, NHS England announced a £42m Pharmacy Integration Fund (PhIF) to support pharmacy to transform how it operates across the NHS for the benefit of patients over the next two years as it develops new clinical pharmacy services, working practices and digital platforms to meet the public's expectations for a modern NHS community pharmacy service.

The Pharmacy Integration Fund is the responsibility of NHS England and is separate to any negotiations related to the Community Pharmacy Contractual Framework (CPCF). It will be used to validate and inform any future reform of the CPCF going forward. The key areas for the operational delivery of the Five Year Forward View will be used as the guiding principles for deployment of the Fund (See Appendix Sixteen).

2.34. The aim of the PhIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in more integrated and effective NHS primary care for patients. It will aim to shift the balance of funding from dispensing activity towards clinical activity, putting pharmacists' skills, as well as those of other pharmacy professionals and their teams, to better use. This will improve access for patients, relieve the pressure on GPs and accident and emergency departments, ensure best use of medicines, drive better value and improve patient outcomes.

2.35. Clinical Pharmacists in General Practice

The <u>General Practice Forward View</u> committed to over £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21. This is in addition to over 490 clinical pharmacists already working across approximately 650 GP practices as part of a pilot, launched in July



2015. At the time of writing, NHS England was inviting GP practices and other providers of general practice medical services to apply for funding to help recruit, train and develop more clinical pharmacists. Providers participating in the programme will receive funding for three years to recruit and establish clinical pharmacists in their general practices for the long term. Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks. The role is pivotal to improving the quality of care and ensuring patient safety.

Having clinical pharmacists in GP practices means GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions. This helps GPs manage the demands on their time.

At the time of writing ERY had one Clinical Pharmacist Scheme approved which is with Yorkshire Health Partners and includes the following practices: Yorkshire Health Partners (Hessle Grange); Greengates; Market Weighton; The Ridings; Bartholomew; Park Surgery; Park View; Snaith and Rawcliffe, Montague.

2.36. Community Pharmacy in 2016/17 and Beyond: The Pharmacy Access Scheme (PhAS)

The PhAS was introduced by the Department of Health (DH) as one of the elements of the Community Pharmacy reform package implemented from December 2016. As part of this final package, the Government introduced two-year funding cuts on community pharmacy (<u>Link</u>).

The aim of the PhAS is to ensure that a baseline level of patient access to NHS community pharmacy services is protected in areas where there are fewer pharmacies with higher health needs. Pharmacies in the PhAS will receive fixed monthly payments, in addition to other fees and allowances. The PhAS is to run from 1 December 2016 to 31 March 2018.

Eligibility for the PhAS was calculated nationally, based on the pharmacy satisfying all of the following criteria:

- The pharmacy is more than a mile away from its nearest pharmacy (measured by road distance taking into account footpaths); and,
- The pharmacy is on the pharmaceutical list as at 1 September 2016; and,
- The pharmacy is not in the top 25% largest pharmacies by dispensing volume.

A review process was included in the scheme to allow for consideration of extenuating circumstances such as inaccuracies, physical barriers (e.g. semi-permanent roadblocks) and "Near Miss" Pharmacies. The "Near Miss" review process allowed pharmacies in the most 20% deprived areas by Lower Super Output Area and between 0.8 and 1 mile from their nearest pharmacy and not in the top 25% of pharmacies by prescription volume to apply for the PhAS.

The impact of the funding cuts on Pharmacies may result in services being withdrawn (e.g. discretionary prescription delivery for all), reductions in staff and/or reductions in stock holding. The likelihood of closures / consolidations



and mergers is much higher than previously and the risk of this happening will be higher if the PhAS is not continued beyond March 31st 2018. The future Pharmaceutical Needs Assessment must address any resulting changes accurately and responsively. The Current Provision Maps in Appendix Eighteen provided separately show pharmacies with a mile buffer boundary by road.

In the East Riding Local Authority area, there are currently 11/64 (17%) pharmacies which will be protected from the full effect of the reduction in funding from December 2016 ensuring protection of access to these services across 9/26 (35%) Rural Wards. These pharmacies may be at risk of closure if the PhAS is not continued beyond March 31st 2018 and this may have implications for the future Pharmaceutical Needs Assessment.

- 2.37. Consideration has also been given in this assessment to pharmaceutical services provided by community pharmacy contractors in neighbouring Local Authorities, but who provide services to the ERY population.
- 2.38. In considering current and future access to community pharmacies, a balance between sustainability of the pharmaceutical services provided and value for money must be ensured.

Controlled Localities

- 2.39. A controlled locality is an area which has been determined to be 'rural in character'. The overall objective of defining rural areas as controlled localities is to help NHS England to ensure that patients in rural areas have access to pharmaceutical services which are no less adequate than would be the case in a non-controlled locality.
- 2.40. Where NHS England has determined that an area is controlled (i.e. rural in character), provided certain conditions are met, doctors as well as pharmacies can dispense medicines for patients. However, GPs may only dispense NHS prescriptions for their own patients who live in a controlled locality and live more than 1.6 km (1 mile), in a direct line, from a pharmacy. The main purpose of this is to ensure patients in rural areas who might have difficulty getting to their nearest pharmacy can access the medicines they need. Patients who live in a non-controlled area or within 1.6 km (1mile) of a pharmacy must access their pharmaceutical services from a pharmacy.

The East Riding area is predominantly made up of rural controlled areas. The exceptions to this are the areas within the urban boundaries (as defined by NHS England) of the following: Beverley (including Woodmansey), Bilton, Bridlington, Driffield, Elloughton cum Brough (including Welton), Goole, Haltemprice (including Cottingham, Willerby, Anlaby, Kirk Ella and Hessle), Hedon, Hornsea and Withernsea. These areas are shown in more detail on the Controlled Area maps held by NHS England. These maps can be requested via england.pharmacyreturns@nhs.net.

2.41. The HWBB may review, consider and determine the question of whether an area is, or continues to be, a controlled locality at any time via the LPC. The question may also be raised at any time by the LPC or the Local Medical Committee (LMC).



Dispensing Doctors

- 2.42. For dispensing doctors on the dispensing doctors list, for the purposes of this assessment, the HWBB has only identified and considered dispensing of drugs and appliances services as pharmaceutical services (Regulation 3(2)(c)).
- 2.43. Consideration has also been given in this assessment to dispensing services provided by dispensing doctors in neighbouring Health and Wellbeing Board areas' dispensing doctors' lists, but who provide services to the ERY population. Where these are significant this is highlighted in the individual Ward profiles.
- 2.44. Within the Dispensary Services Quality Scheme for dispensing doctors a review of patients' use of medicines (DRUM) can be done when the practice is participating in the Dispensing Service Quality Scheme (DSQS). The primary purpose of these reviews is to help patients understand their therapy and to identify any problems that they are experiencing and, where appropriate, suggest possible solutions. The review should seek to optimise the impact of treatment for an individual patient and any changes resulting from the review should be agreed with the patient.

Reserved Locations

- 2.45. A reserved location is designated, in a controlled locality, where the total patient population within 1.6km (1mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. The concept of reserved locations was first introduced in the National Health Service (Pharmaceutical Services) Regulations 2005, SI 2005/641 and is primarily intended to protect the dispensing rights of an existing dispensing service with premises in an area to be designated as a reserved location.
- 2.46. In normal circumstances, if a pharmacy opens in a controlled locality, patients living within 1.6km (1 mile) of the pharmacy would cease receiving dispensing services from their dispensing doctor and instead use the services of the pharmacy. In a reserved location this would not apply; patients would continue to be able to exercise a choice as to whether to continue receiving dispensing from their dispensing doctor or from the pharmacy. The reason for this is that below 2,750 patients the viability of a pharmacy is questionable. It therefore allows dispensing practices to continue to provide dispensing services to those patients that wish to continue receiving services.
- 2.47. Reserved location status will continue to be considered and determined by the NHS England as required by the Regulations in response to applications for new pharmacies in controlled localities.



Community Pharmacy Services in East Riding of Yorkshire

2.48. Pharmacy Opening Hours

Appendix Thirteen lists by Ward all community pharmacies on the East Riding Pharmaceutical List and states their "core" hours and core plus supplementary hours (full opening hours). Pharmacies may vary their supplementary hours and it is a requirement of the Quality Points Scheme for pharmacies to keep the NHS Choices web page up to date at the end of the 90 day notice period to NHS England (see section 2.50 below).

2.49. Scheduled Additional Hours ("Rota Service")

The Community Pharmacy Contractual Framework allows NHS England to direct community pharmacies to open for scheduled additional hours (sometimes known as a "rota" service). An assessment of the need and payment for such services must be carried out and discussed with the LPC and contractors.

2.50. NHS England now put in place a direction (3 year bank holiday rota) for specific pharmacies to open on designated bank holidays commencing Christmas 2017.

2.51. Pharmacies with a Standard Contract

NHS England currently has **fifty seven** East Riding pharmacies on its pharmaceutical List with a standard ("40 hour") contract. The Community Pharmacy Contractual Framework requires pharmacies to declare their 40 "core" hours to the NHS England. Once agreed these can only be changed with NHS England approval. In addition pharmacies can declare as "supplementary" hours any additional time beyond their 40 core hours that they are open to the public. Pharmacies can choose to vary their supplementary hours provided they give NHS England at least 90 days' notice. (See Appendix Thirteen).

2.52. There is also a provision within Regulations which allows a pharmacy to apply for a standard contract to open for less than 40 hours. If NHS England does grant such an application it can specify which opening hours the pharmacy must open. There is **one** pharmacy in East Riding of Yorkshire County that is open for less than 40 hours (See Appendix Thirteen).

2.53. Pharmacies with a Contract Previously Approved under the 100 hour Exemption

The East Riding HWBB currently has **five** pharmacies on the Pharmaceutical List where a contract was approved subject to the pharmacy offering pharmaceutical services for at least 100 hours per week. (See Appendix Thirteen). These are located at:

- Bridlington;
- Goole;
- Hedon:
- Hornsea;
- Market Weighton;
- Hessle.

These pharmacies provide essential extended hours access to pharmaceutical services and are considered necessary to maintain an adequate network of pharmaceutical provision in the out of hours periods across a geographically large County. Note 100 hour contractors are not required to open on Bank Holidays



2.54. Other Exemptions: Mail Order/Wholly Internet Pharmacies (Distance Selling)

The HWBB has also considered and assessed pharmaceutical services provided to its population by mail order/wholly internet pharmacies. Previous analysis of ePACT data indicates that the number of prescriptions dispensed by mail order/wholly internet pharmacies is minimal and has therefore no significant impact on the provision of pharmaceutical services across the East Riding.

2.55. The HWBB currently has **two** distance selling Pharmacies on the pharmaceutical list that were approved under the Control of Entry exemption.

Dispensing Appliance Contractors

- 2.56. Dispensing appliance contractors are unable to supply medicines. Most specialise in supplying stoma appliances.
- 2.57. The HWBB has considered and assessed the provision of pharmaceutical services to its population by dispensing appliance contractors that are not on the pharmaceutical list. Less than 1% of the total prescription volume is dispensed by dispensing appliance contractors not on the East Riding's pharmaceutical list. The HWBB therefore considers that the dispensing of prescriptions by dispensing appliance contractors not on the pharmaceutical list has no significant impact on the provision of pharmaceutical services across the East Riding.
- 2.58. The HWBB has **no** dispensing appliance contractor (DAC) included on the NHS England pharmaceutical list.
- 2.59. The contract for appliance contractors was published in April 2010, which allows appliance contractors to provide Appliance Use Reviews (AUR) and stoma customisation services (SAC). Community Pharmacies who dispense appliances can also choose to provide these Advanced Services. NHS England will ensure that, whilst the requirement for such services is low, people who need to access these services can do so within their Ward or neighbouring Wards.
- 2.60. The HWBB has considered and assessed the total provision of pharmaceutical services to its population by Dentists and considers that the dispensing of prescriptions by Dentists has no significant impact on the provision of pharmaceutical services across East Riding of Yorkshire.

Local Pharmaceutical Services (LPS) Contractors

2.61. ERY HWBB area does not currently have any Local Pharmaceutical Service (LPS) contractors.



Determination of Wards

- 2.62. ERYC is one of 15 Local Authorities in the Yorkshire and Humber. The East Riding is the 5th largest unitary authority in England. It covers a geographical area of 930 square miles and had a population of 334,179 (at the 2015 Mid-Year) Estimate. An overview of the population of the East Riding including population projections can be found in Appendix Six (In addition, see section 2.66).
- 2.63. In terms of neighbours the ERY Health and Wellbeing Board has direct borders with the following Health and Wellbeing Boards:
 - Hull City Council;
 - York City Council;
 - North Yorkshire County Council;
 - Doncaster Metropolitan Borough Council;
 - North Lincolnshire Council;
 - Rydale Borough Council;
 - Selby Borough Council;
 - Scarborough Borough Council.
- 2.64. The East Riding of Yorkshire CCG is fully included in the ERY Health and Wellbeing Board area. In terms of neighbours, the ERY Health and Wellbeing Board has direct borders with the following additional Clinical Commissioning Groups(CCGs):
 - Hull CCG (direct boundary);
 - North East Lincolnshire CCG;
 - North Lincolnshire CCG (direct boundary);
 - Scarborough and Rydale CCG (direct boundary);
 - Vale of York CCG (Pocklington and Stamford Bridge included in the ERY Health and Wellbeing Board Area plus an extensive direct boundary area):
 - NHS Doncaster CCG (direct boundary).
- 2.65. The River Humber lies directly between ERY and North East Lincolnshire so North East Lincolnshire has also been considered as a neighbouring County for this assessment. In accordance with Regulation 9, the ERYC assessed the differing needs of 26 Electoral Wards in the area based on the geographic, demographic and social characteristics of the County (See Figure One, page 49). This enables the PNA to be integrated with the Joint Strategic Needs Assessment (JSNA). Wards are a useful size to allow for reliable comparisons to see any variation in factors such as deprivation, age, mortality rates, and admission ratios.



Matters Considered when Conducting the Assessment

- 2.66. The PNA was conducted in accordance with Regulation 9. The HWBB would like to highlight the following factors that were particularly important to this PNA publication:
 - The Joint Strategic Needs Assessment for East Riding of Yorkshire conducted by the ERYC;
 - The Insight Polling exercise conducted by the PCT (2009) and the Resident Survey conducted by the ERYC (2014);
 - The varying demography of the area (urban and rural areas);
 - The differing needs of the population in respect of age;
 - The pharmaceutical services provided by pharmacies on neighbouring NHS England pharmaceutical lists;
 - The differing needs of travelling communities;
 - The differing needs of migrant workers;
 - The seasonal variations in population in some coastal wards through an influx of holidaymakers and long stay occupants at temporary caravan sites:
 - The availability of reasonable choice with regard to obtaining pharmaceutical services;
 - Future housing plans;
 - The ongoing developments in line with the NHS Five Year Forward View; the East Riding CCG Sustainability and Transformation Plan and the Humber, Coast and Vale Sustainability and Transformation Partnerships.

East Riding of Yorkshire Overall Profile

2.67. **Population**

East Riding is predominantly a rural area with over half of the population living in dispersed rural communities. The East Riding's largest town is Bridlington with 38,836 people resident on census night. Other major settlements are Beverley (32,119), Goole (21,937), Cottingham (17,541) and Hessle (14,806). By population, the East Riding is the second largest non-metropolitan district in England. Map 1 shows the population density in East Riding of Yorkshire.

Compared with that of England, the East Riding already has a higher than average older population and a lower than average younger population. The proportion of people aged over 65 is expected to increase at a much higher rate than national and regional averages. Further details and examples of projected figures are included in Appendix Six. The projected increase in the number of patients residing in a care home environment in the next 20 years is also highlighted in Appendix Seven. This is a significant increase and the specific pharmaceutical needs of this population have been considered in this document.

2.68. Increased Prevalence of Long Term Conditions

As the population lives longer, the number of people at risk of developing a chronic illness is likely to grow and the prevalence of chronic long term conditions is set to increase significantly as a result of this. In most cases these increases will be significantly greater for the East Riding than the national and regional averages because of its ageing population. This has obvious



implications in terms of the commissioning and delivery of pharmaceutical services. Further details and examples of projected figures are included in Appendix Eight and Appendix Ten and future services provided by community pharmacists can be found in Appendix Sixteen.

2.69. Ethnicity

According to the 2011 Census:

- 96.2% of the population in East Riding is White: British. This is higher than the regional average of 93.5% and the national average of 79.8%;
- The largest minority ethnic group is White: Other, 5345 people, representing 1.6% of the total population.
- 2.70. Gypsies and Travellers are some of the most vulnerable and marginalised ethnic minority groups in Britain. They present a wide variety of complex and unique issues and their culture and needs are fundamentally different from many aspects of mainstream society. In the East Riding of Yorkshire permanent sites are located in Bridlington, Eppleworth and Cottingham with capacity for 66 caravans. Gypsies and travellers are most likely to suffer ill health, with life expectancy for men and women 10 years lower than the England average. Yet they can experience limited access to primary health care, including immunisation programmes for children, either because they don't have a postal address or leave sites at short notice.

2.71. Migrant Workers

Within the East Riding the majority of migrant worker population is centred in and around Goole. Their awareness of the different types of health provision and ability to access health care are issues that both the local Council and the CCG, through the local strategic partnership, have tried to address in terms of breaking down language barriers and increasing health care workers' understanding of their differing cultural issues.

2.72. Directly Observed Tuberculosis Drugs Service (DOTs)

A daily supervised dosing of treatment for tuberculosis service has on one occasion been commissioned from a community pharmacy. This very low demand service will be commissioned where required only.

2.73. Areas of Deprivation

The East Riding is the 215th most deprived Local Authority out of 326 in England according to the Index of Multiple Deprivation. However, this masks the fact that there are still some very deprived sections of the ERY population. This is highlighted where appropriate in Section 3 of this document and a more detailed paper is included in Appendix Nine.

2.74. Ratio of Pharmacies to Population

The table in Appendix Fourteen determines by Ward the number of pharmacies serving a population of 100,000 people and compares it with the regional average and England average. The following observations are relevant to this PNA:



- The East Riding overall has fewer pharmacies per 100,000 population than both the Yorkshire and Humber and England averages. However because of the very rural nature of large parts of the East Riding where dispensing GP practices provide the dispensing service this is not considered to be an issue to address. An example of this is the East Wolds and Coastal and Mid Holderness Wards where there are dispensing practices and no pharmacies. Indeed other rural Authorities have very similar figures;
- The Ward Profile figures in Appendix Fourteen show a large variation in the number of pharmacies per head of population. However the rurality of the County greatly influences the adequacy of available services and indeed the viability of a community pharmacy. It is also important not to consider Wards in isolation but take into account service provision in neighbouring Wards and Local Authorities;
 - At the bottom of the table in Appendix Fourteen the main settlements of Bridlington, Beverley, Goole, Cottingham and Hessle are presented.

2.75. Indicators of Need for Pharmaceutical Services

Poor health is related to both advancing age and material deprivation. The least healthy are likely to be the greatest users of pharmaceutical services. In addition to the information highlighting where this is particularly relevant in Section 3 of this document, the following areas of the PNA describe deprivation in the East Riding:

- Section 3.4: Access to Health Care;
- Appendix Five: Lower Super Output Areas where there is both material and access deprivation;
- Appendix Nine: An overview of deprivation in the East Riding;
- Appendix Ten: A detailed analysis of a range of health and deprivation indicators to illustrate, at Ward level, how health status varies across East Yorkshire.

Public Surveys ERY PCT Insight Poll (2009) and ERYC Residents Survey (2014)

- 2.76. In 2009 the ERY PCT commissioned two Insight Polls to be conducted on the topics of primary care and patient choice to inform future commissioning plans. Each survey polled 1,000 people who were representative of the wider population of the East Riding.
- 2.77. In 2014, similar questions pertaining to the health and wellbeing agenda and pharmaceutical awareness to those in the Insight Poll were included in the 2014 ERYC Residents Survey. In total 1,067 East Riding of Yorkshire residents took part in this consultation. Interviews were conducted using quota sampling to ensure a representative sample was achieved; quotas were set on age and gender based on the census 2011. More detailed results from the Residents Survey and the demographic and geographical breakdown of responses can be found in Appendix Eleven. Some of the key findings of the Residents Survey are compared with those of the previous Insight Poll with regard to the provision of pharmaceutical services in sections 2.79 to 2.84 below.
- 2.78. Around half (49%) of respondents said that, if they needed to, it would be easy to access a pharmacy service outside of normal opening hours (38.4% in the Insight Poll). Over a third (38%) suggested they would find it difficult to access



these services outside of normal hours, with 22% that said fairly difficult and 16% that said very difficult (19.1% in the Insight Poll stated that pharmacy services were not easy to access out of hours, mostly because they were not open late enough, and 42% were uncertain).

- 2.79. In the Residents survey, ease of access to services out of hours was affected by rurality, age and disability. More than half of urban residents (53%) said that it would be easy to access a pharmacy service outside of normal opening hours compared to 45% of rural residents. Older respondents are less confident about accessing such services with 44% of 55 to 64 year olds and 37% of those aged 65 and over saying it would be easy to access an out of hours pharmacy service. Those with a disability perceived higher levels of difficulty (52%) to access pharmacy services than those without a disability (36%).
- 2.80. When asked if they or their family wanted advice on making lifestyle changes, more than two-thirds (69%) of respondents said they would go to their GP (64.9% in the Insight Survey). Around two-fifths (42%) said they would use the internet to access this type of advice (24% for internet, books and magazines in the Insight Poll) and around a third (35%) mentioned NHS leaflets or publications (15% in the Insight Poll) and sports or leisure centres (34% compared with 11% in the Insight Poll) as sources they would like to go to for help.
- 2.81. Members of the public appear to be accessing lifestyle advice increasingly from the internet (mainly under 65 year olds, men > women), NHS Leaflets and publications (women > men), sports and leisure centres (mainly 16 34 year olds) and diet/slimming clubs (women > men) where health promotion messages are prominent. These sources should be exploited for promoting new services and awareness-raising.
- 2.82. The GP continues to be the person that the majority of respondents would go to for lifestyle advice. Despite England initiatives to increase the use of pharmacy services, the Pharmacy remains an untapped resource. Although 78% of respondents knew about quit smoking services and 51% knew about healthy eating advice available from pharmacies, only 18% of respondents said they would access advice on lifestyle changes such as healthy eating or losing weight from this source (13.8% in the Insight Poll). This figure should improve with Health Checks services becoming available from pharmacies and with the development of Healthy Living Pharmacies.
- 2.83. Other than accessing lifestyle advice, respondents had generally good awareness of the types of services that the pharmacy provides. 92% of respondents were aware that their local pharmacy could provide advice on minor ailments (80% in the Insight Poll). 63% knew that they could provide emergency contraception (48% in the Insight Poll).



Future Housing Plans: The East Riding Local Plan

- 2.84. The East Riding Local Plan (adopted 2016) is the name for the portfolio of planning documents that together provide the framework for managing development and addressing key planning issues in the East Riding up to 2029. Overall, the Plan makes provision for at least 23,800 additional dwellings in the East Riding between 2012 to 2029 (1400 per year), along with additional employment and retail floor space. The Local Plan settlement network is set out below:
 - The <u>Major Haltemprice Settlements</u> those settlements in the East Riding immediately to the west of the City of Hull - Anlaby, Cottingham, Hessle, Kirk Ella and Willerby;
 - **Principal Towns** Beverley, Bridlington, Driffield and Goole;
 - <u>Towns</u> Elloughton-cum-Brough, Hedon, Hornsea, Howden, Market Weighton, Pocklington and Withernsea;
 - <u>Rural Service Centres</u> Aldbrough, Beeford, Bubwith,
 Gilberdyke/Newport, Holme on Spalding Moor, Hutton Cranswick,
 Keyingham, Kilham, Leven, Middleton on the Wolds, Patrington, Snaith,
 Stamford Bridge and Wetwang;
 - <u>Primary Villages</u> Bilton, Brandesburton, Cherry Burton, Dunswell, Easington, Eastrington, Flamborough, Leconfield, Melbourne, Nafferton, North Cave, North Ferriby, Preston, Rawcliffe, Roos, Skirlaugh, South Cave, Swanland, Thorngumbald, Tickton, Walkington, Wawne, Wilberfoss and Woodmansey.
- 2.85. The settlement network responds to the rural nature of the East Riding by ensuring that there is a good geographic spread of service centres of varying sizes across the East Riding. This seeks to ensure that there is a well distributed and efficient network of settlements across the East Riding, which helps to promote accessibility to services for the vast majority of the East Riding's residents. Within the Local Plan the settlement network is used to ensure the right levels of development takes place in the right places. Generally, this means focusing most new development into the East Riding's larger settlements, with lower levels of development taking place in settlements lower down the network, commensurate with their scale and function.
- 2.86. The importance of new infrastructure and facilities being provided, or existing infrastructure and facilities being enhanced to support the planned growth, is emphasised throughout the Local Plan. It is recognised that ensuring good access to a range of infrastructure, services and facilities is an important factor in creating sustainable communities. The settlement network has an important role in this, as it enables the Council, and other providers of services and facilities, to plan efficiently and concentrate future provision in areas where there is likely to be sufficient households (and demand) capable of supporting a particular service.
- 2.87. A summary of residential development proposed in the Local Plan by Ward can be found in the individual Ward Profiles.



Significant housing sites over 100 dwellings where planning permission has already been granted are tabled below:

Location	Parish Name	N ⁰ of Dwellings	Ward
Land to the South of Beverley	Beverley	240	St Mary's; Minster and Woodmansey
Land North of Harland Way	Cottingham	109	Cottingham
Land South of Castle Road	Cottingham	259	North; Cottingham South
Land North of Kingsgate	Bridlington	470	Bridlington South; Bridlington North; Bridlington Central and Old Town
Land North of Middle Garth Drive	South Cave	119	– Dale
Land at Ings Lane and East of Skillings Lane	Elloughton	750	Daie
Land North East of Driffield	Driffield	294	Driffield and
Land West of Scarborough Road	Driffield	229	Rural
Land North of Rawcliffe Road	Goole	800	Goole North; Goole South
Land North of Livingstone Road	Hessle	100	
Land at Hessle Mount	Hessle	152	Hessle
Tranby Park Farm, and Stokedove Wood	Hessle	260	
Land North of Shelford Avenue	Howden	630	Howden
Land North of A166	Stamford Bridge	109	
Land South of A166	Stamford Bridge	184	
Groves Farm, West Green	Pocklington	287	
Land South of Sherbuttfields Farm, Yapham Road	Pocklington	323	Pocklington Provincial
Land West of Woodside, Burnby Lane	Pocklington	120	
Land South of Harland Way	Pocklington	323	
Land East and South of Clearview, Hull Road	Withernsea	156	South East
Village Nurseries, Ottingham Road	Keyingham	200	Holderness
Land Between Lowfield Road and First Lane, Anlaby	Anlaby	146	Tranby
Land South of Great Gutter Lane West, Kirk Ella	Willerby	123	Willerby and
Wolfreton Upper School, South Ella Way, Kirk Ella	Kirkella	207	Kirk Ella



2.88. Note: Where planning permission has been granted, there is no certainty that the developments will take place.

Full details of the Strategic Housing Land Availability Assessment, which assesses the potential supply of land for housing development over the next 5 years can be found at:

www.eastriding.gov.uk/environment/planning-and-building-control/current-strategic-plans/housing-monitoring/

Partnership Involvement and Engagement

- 2.89. The Pharmaceutical Needs Assessment Group was established in January 2014 and is fully represented by the following organisations:
 - Health Watch East Riding;
 - NHS England;
 - East Riding of Yorkshire Clinical Commissioning Group;
 - Local Pharmaceutical Committee;
 - Local Medical Committee;
 - Local Authority Specialists and Commissioners;

A copy of the Terms of Reference and Membership of the Group are included in Appendix One. The HWBB would like to express its gratitude and thanks to the organisations above for their support in this PNA development.

2.90. In accordance with Regulation 8, a draft version of the PNA is shared for comment with a number of local committees, contractors and organisations for a minimum 60-day period in October to December 2017. A full list of all those consulted can be found in Appendix Twelve.



3 ANALYSIS OF PHARMACEUTICAL SERVICES PROVISION BY WARD

Outline of Analysis by Ward

- 3.1. The information set out in the following section is a summary only of the relevant findings of the ERYC having conducted its Pharmaceutical Needs Assessment. More detailed information is included in the appendices as indicated where appropriate.
- 3.2. For each Ward this is summarised into eight sections:
- Ward Profile
- Access to healthcare.
- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other Relevant Services: current provision
- Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations
- Improvements and Better Access: gaps in provision related to (locally) commissioned services
- Potential new commissioned services
- Planned developments

Section Definitions

3.3. Ward Profile

This section includes the number of people in each area who require pharmaceutical services, the demography of the area and insights into the health burden of the area. Details of health burden are included in Appendix Ten. A number of indicators of health and deprivation have been used, indicating, where possible, if an area differs significantly from England average. It should be noted that when interpreting these variations, the large number of significance tests involved, may result in some differences being the result of statistical error. Therefore a broad description of general health based upon these Tables is provided.

Within the Ward profiles, information in the "Other Relevant Services: Current Provision" Sections may be used in combination with information in the "Income", "Deprivation" and "Health Burden" Sections, to provide an illustration of how the availability of and accessibility Advanced services contribute to the reduction of health burden and to the improvement of health and wellbeing. Tables in Appendix Ten illustrate the levels of health burden at County Level.

Additional Ward profiles can be accessed via the East Riding Data Observatory website at

http://dataobs.eastriding.gov.uk/profiles/profile?profileId=1&geoTypeId

3.4. Access to Healthcare

Data from the 2009 Health and Lifestyle Survey have been included because these data are considered to be the best available indicator of access, being both local and relatively recent. Most Electoral Wards have shown no material change in population size or density between the two censuses (2001 and 2011). It is therefore safe to assume that the travel times and distances



recorded in the survey have not changed significantly. Access to healthcare has also been assessed using the "Barriers to Housing and Services" dimension of the IMD2015 which is one of seven domains of the IMD. The indicators used in this domain are; - Household overcrowding; District level rate of acceptances under the homelessness provisions of the 1996 Housing Act, assigned to the constituent LSOAs; Difficulty of access to owner-occupation; Road distance to a GP surgery; Road distance to a general store or supermarket; Road distance to a primary school; Road distance to a Post Office or sub post office.

- a) From the data presented in the Ward profiles access to services was identified as a significant issue for the East Riding because of the rural nature and population sparcity in parts of the County. Where the population is relatively affluent this may not be an issue since residents are likely to have the means to overcome the barriers e.g. own transport, ability to afford alternative arrangements.
- b) A number of LSOAs were identified where populations fell into the bottom two quintiles for England both for overall deprivation in terms of the IMD and in terms of the access dimension of the IMD. Because of the potential vulnerability of these populations, closer examination was merited to establish the situations by which populations can be materially deprived and also deprived in terms of access to services. Twenty one LSOAs were identified and their characteristics are described in Appendix Five. Major roads, rivers, coast and railways appear to be the defining characteristics in areas with overall material and access deprivation.

3.5. Necessary services: current provision

This section details by Electoral Ward the pharmaceutical services that the HWBB has identified that are provided:

- a) In the HWBB area and which are <u>necessary</u> to meet the need for pharmaceutical services;
- Outside the HWBB area but nevertheless <u>contribute</u> towards meeting the need for pharmaceutical services. As stated earlier these would include pharmaceutical services provided by;
 - Pharmacies in neighbouring HWBB areas on NHS England Pharmaceutical Lists
 - Mail order/wholly internet pharmacies
 - Dispensing appliance contractors
 - Dispensing doctors in neighbouring HWBB areas

3.6. Necessary services: gaps in provision

This section details by Electoral Ward the pharmaceutical services that the HWBB has identified that are **not provided** (if any) and:

- a) <u>need</u> to be provided (whether or not they are located in the HWBB area) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type;
- b) <u>will</u> in specified future circumstances <u>need</u> to be provided (whether or not they are located in the HWBB area) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type.



3.7. Other relevant services: current provision

This section details by Electoral Ward the pharmaceutical services that the HWBB has identified that are provided:

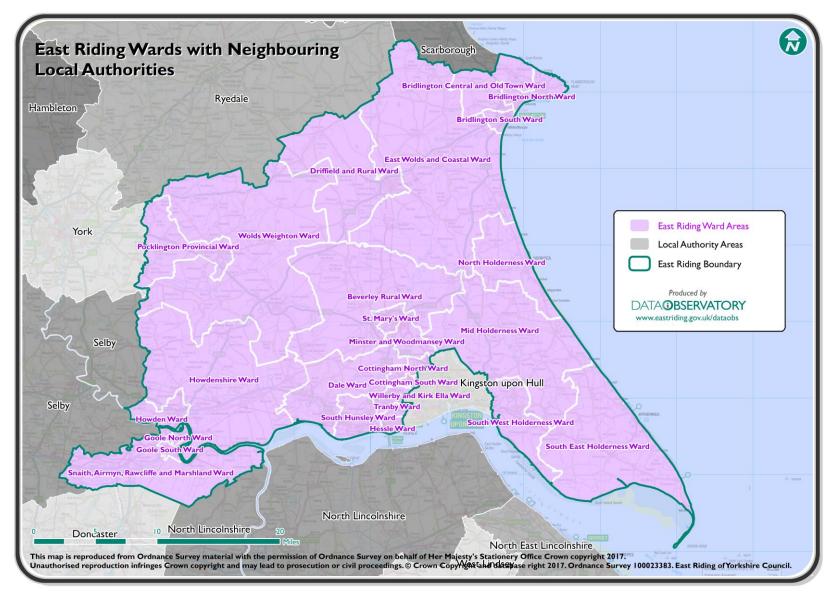
- a) in the East Riding area and which, <u>although they are not necessary</u> to meet the need for pharmaceutical services in the Ward, nevertheless have secured improvements to, or better access to pharmaceutical services:
- b) outside the East Riding area and which, <u>although they don't contribute</u> towards meeting the need for pharmaceutical services in the Ward, nevertheless have secured improvements to, or better access to pharmaceutical services;
- c) in or outside the East Riding area and, whilst not being services of the types described as necessary services or in (a) and (b) above, they nevertheless affect the assessment by the HWBB of the need for pharmaceutical services. As stated earlier these would include pharmaceutical services provided by or on behalf of:
 - NHS Hospital Trusts;
 - Foundation Trusts;
 - Community Services Providers;
 - NHS Clinical Commissioning Groups;
 - NHS Commissioning Support Units;
 - Private providers including Any Qualified Provider..

Note: Appendix Four is a summary of these identified Providers' services.

- 3.8. **Improvements and better access: gaps in provision**. This section details the pharmaceutical services that the HWBB has identified which are not provided in each Electoral Ward and:
 - a) <u>would, if they were provided</u> (whether or not they are located in the HWBB area) secure improvements to, or better access to pharmaceutical services, or pharmaceutical services of a specified type;
 - b) would, if in specified future circumstances they were provided (whether or not they are located in the East Riding area) secure improvements to, or better access to pharmaceutical services, or pharmaceutical services of a specified type.
- 3.9. **Planned Developments:** This section details the areas where total numbers of new homes are proposed through the East Riding Local Plan over the period 2012-2029. Some of these areas will include figures for dwellings where planning permission has been already been granted (see table in 2.86). The distribution of future development may influence the future numbers of people in an area who may require pharmaceutical services (See also section 2.85-2.89).



Figure One **Position of East Riding Wards**





Beverley Rural

Current Provision Maps 3, 4: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

	T
3.10. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was 14,287 with a population density of 0.7 people per hectare (ERY
Population	average 1.4 people per hectare). The Parishes with the largest
1 opulation	populations are Leven (2423), Walkington (2347), Leconfield (2234),
	Tickton (1283), Cherry Burton (1356) and Newbald (1154).
	The proportion of income-deprived households in this Ward at 4.9% is
	lower than the East Riding average of 10.9%. The proportion of people claiming benefits is also lower than the East
	Riding averages. Those people of a pensionable age claiming
Income	Pension Credit (60 years and over) is 5.4% (ERY average 11.4%) and
meeme	those claiming Employment and Support Allowance (ESA) is 2.3%
	(ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is lower than the East Riding average with
	the proportion of people claiming Job Seekers Allowance at 0.5%
	(ERY average 1.5%) (NOMIS, May 2015).
	The level of deprivation in this Ward is low, based on the 2015 Indices
Deprivation	of Deprivation. All of the 9 LSOAs which make up this Ward are ranked in the two least deprived quintiles in England. Overall, this
	Ward ranks the 4 th least deprived in the County.
	Standardised Admission Ratio (SAR) and Standardised Mortality
	Ratio (SMR) data show admission and mortality rates as being lower
Health Burden	(generally significantly lower) than England or East Riding averages. Life expectancies are amongst the highest in the East Riding. This
(See Appendix Ten)	Ward has the highest female life expectancy (87.8 years). These data
	suggest that compared with England averages, in general, the health
3.11. Access to	of residents of this Ward is good. According to the 2009 ERY PCT Lifestyle Survey, in terms of travel
Healthcare	time, 68.4% travelled 15 minutes or less (East Riding average 79.2%).
Tioditiodio	The majority of journeys (71.9%) were made using the patient's own
	car.
	The 2015 IMD barriers to housing and services indicator shows access as being at both extremes within the nine LSOAs that make up
	this Ward; four LSOAs are in the two most deprived and four LSOAs
	are in the least two deprived quintiles in England.
3.12. Planned	60 dwellings are planned in Cherry Burton, 70 in Leconfield, 210 in
Development	Leven, 70 in Middleton on the Wolds, and 70 in Walkington over the period 2012 to 2029.
3.13. Necessary	Pharmacies 1 (40 hour)
Services: current	Although there is no choice of provider within the
provision	Ward the HWBB considers there is adequate choice of pharmaceutical provision taking into consideration
	the rural nature of the Ward and the large number of
	pharmacies in neighbouring Wards (4 pharmacies in
	Hornsea approximately 6 miles away from the
	existing pharmacy and 8 pharmacies in Beverley approximately 7 miles away from the existing
	pharmacy). Indeed for a large part of the Ward
	population, the pharmacies in the Beverley Wards
	are considerably closer than the pharmacy in Leven.



FIRST LAYER				T		
	G	P Surgeries	1		Dispensing	1
	G Hi	P Extended rs	None			•
	O	ut of Hours	18:30pm to 08:0 holidays (St Mar Macmillan Wolds	S Unit opens from 18	nday and bank 3:30pm to 08:00	am
			of Bridlington Dis	ay and bank holiday strict hospital (Bridlii	ngton South Wai	
		rgent Care	Community Hosp (Bridlington Distropen from 7:00a days a year.	e Centres in Beverle pital - St Mary's Wa rict Hospital - Bridlin m to 11:00pm Mond	rd) and Bridlingto gton South Ward day – Sunday 36	d) 65
3.14. Necessary	y Th	ere is currently	no provision of	pharmaceutical ser	vices in the Wa	ard on
Services:	gans in Sa			n or Sundays. Ho		
provision	pro			de the Ward where		
pro monom				Saturday, and 10a orth Holderness Wa		
				Beverley provide ph		
) and two pharmaci		
			rvices on Sunday			
				er that there are		
				ervices in the Wa		
				mmediate need		o be
3.15. Other Rel		Jiiiiiissioneu	in specified fut	ure circumstance Intending to	Not	
Services:			Currently	provide in nex		
provision	Carrent		provide	12 months	provid	_
provision	Me	edicines Use			•	
	Re	eviews	1 pharmacy	0 pharmacies	0 pharmac	ies
	Se	ew Medicine ervice	1 pharmacy	0 pharmacies	0 pharmac	ies
	Re	opliance Use eview	0 pharmacies	0 pharmacies	1 pharmac	ies
	Cı	oma ustomisation	0 pharmacies	0 pharmacies	1 pharmac	-
		ommissioned ervices		missioned service n be found in App		y the
3.16. Improvem	ents and Be	etter				
	aps in provi			None		
	Market Entr	y and Exit		TNOTIC		
Regulatio						
	ents and Be		•	sed buprenorphin	e consumption	
	aps in provi		service	lia - DOD		
	Commissio			line PGD		
	hat could be	e met by		cination service		
existing c	ontractors.			oucher Scheme	Modicines Sa	nvice
				acy Urgent Repeat s)/ NHS Urgent M		



3.18. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development

- Chlamydia screening and treatment
- Access to Access to Free Pregnancy Testing
- Dementia Screening Services
- Pharmaceutical Care Services to older people residing in care homes
- HLP
- Social Prescribing



Minster and Woodmansey

Current Provision Map 5: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.19. Ward Profile Population	From the 2015 ONS mid-year estimate, the population of this Ward at 16,327, was the fourth highest in the County with a population density of 7.8 people per hectare (ERY average 1.4 people per hectare). This Ward covers some of the Beverley urban area, as well as the Parishes of Woodmansey (population 7079) and Thearne. More than half (52%) of the Ward population are aged between 21 years and 50 years.
Income	between 21 years and 59 years. The proportion of income-deprived households in this Ward at 12.0% is higher than the East Riding average of 10.9%. Those people of a pensionable age claiming Pension Credit (60 years and over) at 12.4% is higher than the ERY average of 11.4%, although those claiming Employment and Support Allowance (ESA) at 4.5% is similar to the ERY average (4.7%-NOMIS, May 2015). Unemployment in the Ward is also similar to the East Riding average with the proportion of people claiming Job Seekers Allowance at 1.5% (ERY average 1.5%) (NOMIS, May 2015).
Deprivation	The overall level of deprivation in this Ward is average, based on the 2015 Indices of Deprivation; however two out of ten LSOAs in the Ward are ranked in the two most deprived quintiles for England.
Health Burden (See Appendix Ten)	Standardised Admission Ratio data show that this Ward has significantly lower emergency "all causes" admission rates than England averages including significantly lower admission rates for myocardial infarction and alcohol attributable harm. The Standardised Mortality Ratio for deaths from cancer (< 75 years) is also significantly lower than the England average. These data suggest that compared with England averages, in general, the health of residents of this Ward is good.
3.20. Access to Healthcare	According to the 2009 ERY PCT Lifestyle Survey, 96.9% of people travelled 3 miles or less to their GP surgery (ERY average 84.3%). In terms of travel time 76.7% travelled 15 minutes or less (East Riding average 79.2%) (PCT 2009 Lifestyle Survey). A high proportion of journeys (46.9%) were made on foot (East Riding average 34.3%). The 2015 IMD barriers to housing and services indicator shows access as being at both extremes within the ten LSOAs that make up this Ward; four LSOAs are in the two most deprived and four LSOAs being in the least deprived quintiles in England.
3.21. Planned Development	3,300 new dwellings are planned in Beverley over the period 2012 to 2029, with the south of the town being a key area of growth. 50 new dwellings are also planned in Woodmansey.



5	Necessary Services: current provision	Pharmacies	an extended per are 9am to 8pm.	offers pharmaceutic iod. The weekday of It is open from 9ar 0am to 4pm on Sui	opening hours n to 6pm on
		GP Surgeries	1 Main, 2 Branch	Dispensing	0
		GP Extended Hrs	None	I	
		Out of Hours	from 18:30pm to	nmunity hospital, Bo 08:00am Monday ys (St Mary's Ward	to Sunday
		Urgent Care	The Urgent Care Community Hos from 7:00am to days a year.	e Centre in Beverle pital - St Mary's Wa 11:00pm Monday –	y (East Riding ard) opens Sunday 365
5	Necessary Services: gaps in provision	Ward from 6pm S hour access to neighbouring War is within the 20 m minutes). Immedia OOH. Patients ne pharmacies oper pharmacy. The HWBB does the provision of the provision of the second provision of the provi	aturdays. However pharmaceutical sold (Kingswood) who inute drive time of the and necessary ending other presenting hours are sold to the sold the	pharmaceutical seer, there is availabilities in a Hull nich is 5.6 miles avaconsidered to be reported to the result of the result in the result of the result in the resul	ty of extended City Council vay and which easonable (11 ded by the GP outside of the e Kingswood any gaps in ne Ward that
				t an immediate n ed future circum	
5	Other Relevant Services: current provision		Currently provide	Intending to provide in next 12 months	Not intending to provide
		Medicines Use Reviews	2 pharmacies	0 pharmacies	0 pharmacies
		New Medicine Service	2 pharmacies	0 pharmacies	0 pharmacies
		Appliance Use Review	0 pharmacies	0 pharmacies	2 pharmacies
		Stoma Customisation	1 pharmacy	0 pharmacies	1 pharmacy
		Commissioned Services		ssioned services s can be found in	•
r	Improvements and Access: gaps in pr related to Market E Regulations	ovision		None	



3.26. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors.	None Identified
3.27. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development	 Chlamydia screening and treatment Access to Free Pregnancy Testing Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing



St Mary's (Beverley)

Current Provision Map 6: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

	T =	
3.28. Ward Profile Population	15,792 is the fift density of 15.5 per hectare). Th including the rac	ONS mid-year estimate, the population of this Ward at the highest in the County with a much higher population people per hectare than the ERY average (1.4 people is Ward is urban in nature and covers parts of Beverley ecourse, and Molescroft.
Income	lower than the E The proportion of Riding averages Credit (60 years claiming Employ average 4.7% (N Unemployment the proportion of	of income-deprived households in this Ward at 8.1% is ast Riding average of 10.9%. Of people claiming benefits is also lower than the East of the East OMIS, May 2015). OMIS, May 2015). OMIS, May 2015).
Deprivation	of Deprivation.	privation in this Ward is low, based on the 2015 Indices line out of ten LSOAs in the Ward are ranked in the two quintiles for England, however one is in the most .
Health Burden (See Appendix Ten)	lower emergend than England av myocardial infa Standardised M higher than En	Imission Ratio data show that this Ward has significantly by "all causes" admission and death rates (<75 years) rerages including significantly lower admission rates for retion and alcohol attributable harm. However, the lortality Ratio for deaths from stroke is significantly gland averages. These data suggest that, with the oke, in general the health of residents of this Ward is
3.29. Access to Healthcare	According to the people travelled 84.3%). In terms average 79.2%). A relatively high average 34.3%). The 2015 IMD b as being at both two LSOAs are it two least deprive	proportion of journeys (52.8%) were made on foot (ERY arriers to housing and services indicator shows access extremes within the ten LSOAs that make up this Ward; in the two most deprived and five LSOAs being in the ed quintiles in England.
3.30. Planned Development	1	ings are planned in Beverley over the period 2012 to buth of the town being a key area of growth.
3.31. Necessary	Pharmacies	6
Services:	GP Surgeries	5(4 Main,1 Branch) Dispensing 2
current	GP Extended	3 practices offer extended hours services:
provision	Hrs	One surgery offers services Saturday mornings 8:15am to 11:30am and Monday evenings from 18:30pm – 20:00pm. One surgery offers services from 18:30pm to 21:00pm on Wednesdays and 7:30am to 8:00am Mondays and Wednesdays; One surgery offers services from 18:30pm to 20:00pm on Wednesdays



5 Je F	THE PHILLY				
		Out of Hours		nmunity hospital, Beverley 0am Monday to Sunday a).	
		Urgent Care	Community Hosp	e Centre in this Ward (Eas pital) opens from 7:00am ay 365 days a year.	
3.32.	Necessary Services: gaps in provision	8:00pm weekdays extended hour a neighbouring War the 20 minute driv Immediate and n needing other pre are signposted to The HWBB do provision of ph	r no provision of ps and 5:30pm Saccess to pharma de (Kingswood) where time considered ecessary treatmescription medicine the Kingswood pharmaceutical sacet an immedia	pharmaceutical services aturdays. However, there accutical services in a nich is 5.6 miles away a to be reasonable (11 minut is provided by the Ges outside of the pharmace armacy. The that there are are are rervices in the Ward to be the total armace.	e is availability of Hull City Council and which is within nutes). SP OOH. Patients cies opening hours by gaps in the that either need e commissioned
3.33.	Other Relevant Services: current		Currently provide	Intending to provide in next 12 months	Not intending to provide
	provision	Medicines Use Reviews	6 pharmacies	0 pharmacies	0 pharmacies
		New Medicine Service	6 pharmacies	0 pharmacies	0 pharmacies
		Appliance Use Review	0 pharmacies	0 pharmacies	6 pharmacies
		Stoma Customisation	0 pharmacies	1 pharmacy	5 pharmacies
		Commissioned Services		ssioned services provid n be found in Appendix	
3.34.	Improvements ar Access: gaps in prelated to Market Exit Regulations	orovision	None		
3.35.	Improvements ar Access: gaps in prelated to Comming Services that countries that countries that countries that countries that countries that countries that the count	orovision ssioned Ild be met by ors.	BBV Testing		
3.36.	Potential new Co Services and Hea Pharmacy (HLP)	Ilthy Living	Access tDementiPharmac residingStoma A	dia screening and treatments of Free Pregnancy Testing a Screening Services ceutical Care Services to in care homes appliance Customisation was rescribing	g older people



Bridlington Central and Old Town

Current Provision Map 7: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.37. Ward Profile	The population of this Ward at the 2015 ONS mid-year estimate, was
Population	10,953 with a population density of 2.2 people per hectare (ERY average 1.4 people per hectare).
i opension	This Ward covers some of the Bridlington urban area, but also covers
	the more rural surroundings including the Parishes of Bempton (1041) and Boynton and Grindale (220).
	23.5% of the Ward population are aged under 20 years (2 nd highest in
	the County). Seasonal variation in the Ward population is an important consideration
	as there are a high number of hotels/guest houses/caravan parks within
	the Ward. A number of sites offer longer term accommodation/access
	and the health needs of this longer term, often elderly population are significant.
	The proportion of income-deprived households in this Ward at 24.6% is higher than the East Riding average of 10.9% and this is the second
	most income deprived Ward in the County, after Bridlington South.
	The proportion of people claiming benefits is higher than the East Riding
Income	averages. Those people of a pensionable age claiming Pension Credit (60 years and over) is 20.7% (ERY average 11.4%) and those claiming
income	Employment and Support Allowance (ESA) is 9.5% (ERY average 4.7%
	(NOMIS, May 2015)).
	Unemployment in the Ward is higher than the East Riding average with the amount of people claiming Job Seekers Allowance at 2.9%, (ERY
	average 1.5%) (NOMIS, May 2015).
	Standardised Admission Ratios for coronary heart disease and chronic
	obstructive pulmonary disease are significantly higher than the England averages. The Standardised Mortality Ratios are higher than England
	averages across all selected indicators and significantly higher for
Health Burden	deaths from "all causes" and cancers in people under 75 years and
(See Appendix Ten)	coronary artery disease. This Ward has some of the lowest male life expectancies in the County
	and some of the highest proportions of overweight children.
	People in this Ward will benefit from the services offered in section 3.42
	and Appendix Fifteen. The level of deprivation in this Ward is high, based on the 2015 Indices
	of Deprivation. Five out of the seven LSOAs in the Ward are ranked in
Deprivation	the two most deprived quintiles for England. Four of these LSOAs are both materially and access deprived (See Appendix 5- page 137). This
	Ward ranks the 2 nd most deprived Ward in the County only exceeded by
	Bridlington South.
3.38. Access to	The East Riding PCT 2009 Health and Lifestyle Survey showed that 88.3% of people in the Ward travelled 3 miles or less to their GP surgery
Healthcare	(ERY average 84.3%). In terms of travel time, however it is surprising
	that only 56.5% travelled 15 minutes or less (East Riding average
	79.2%) (PCT 2009 Lifestyle Survey). Residents of this Ward were amongst the most likely to travel by bus to
	the surgery (7.4% of patients - ERY average 2.3%). A further 7.4%
	stated that they usually use a taxi (East Riding average 1.3%). The 2015
	IMD barriers to housing and services indicator shows that of the seven



3 PK 🖟	ALU EN EN EUR. LCL	1			
				, four are in the tv	
				A is in the two least d	
3.39.				3,300 new dwelling	
	Development	•	h key areas of grow	th being the town ce	ntre and the north
- 12		of the town.			
3.40.	•	Pharmacies	1		t
	Services:			no choice of provider	
	current		-	ervices within the War	
	provision			adequate choice of p	_
				the proximity of phar lington Wards and the	
			0	vided by these pharr	
				ngton South Ward or	
			hour pharmacy.	ngton Count Ward of	oratee as a rec
		GP	0	Dispensing	0
		Surgeries		Dioponomy	
		GP	Wolds View Primary	Care Centre opens co	re hours from
		Extended		londay to Sunday (Brid	
		Hrs	Ward).		_
		Out of	Macmillan Wolds Ur	nit opens from 18:30pm	to 08:00am
		Hours		and bank holidays. Enti	
		110013		ospital (Bridlington Sou	
		Urgent Care		entre in Bridlington (Brid	
				n South Ward) opens fi Sunday 365 days a yea	
3.41.	Necessary	The HWBB doe		t there are any gaps	
0.41.	Services: gaps			ard that either need t	
	in provision	•		be commissioned in	
	iii provision	circumstances.			•
3.42.	Other Relevant		Currently	Intending to	Not intending
	Services:			provide in next	_
	current		provide	12 months	to provide
	provision	Medicines Use	1 pharmany	0 phormosics	Opharmasias
		Reviews	1 pharmacy	0 pharmacies	0 pharmacies
		New Medicine	1 pharmany	0 pharmacies	0 pharmasias
		Service	1 pharmacy	o pharmacies	0 pharmacies
		Appliance Use	0 pharmasias	0 phormosics	1 phormony
		Review	0 pharmacies	0 pharmacies	1 pharmacy
		Stoma	1	O mharmanian	O mbarmanian
		Customisation	1 pharmacies	0 pharmacies	0 pharmacies
		Commissioned		sioned services provi	•
		Continue	I pharmacy can b	e found in Appendix	Fifteen.
		Services	pharmacy can b	o round in Appoindix	
3.43.	Improvements a		priarriacy carr b	o rearra in 7 (pperiaix	
3.43.	Improvements as Access: gaps in	nd Better	priamacy can b	•	
3.43.	-	nd Better provision	рнаннасу сан в	None	
3.43.	Access: gaps in	nd Better provision Entry and	рнаннасу сан в	•	
	Access: gaps in related to Market Exit Regulations	nd Better provision Entry and	рнаннасу сан в	•	
3.43.	Access: gaps in related to Market Exit Regulations Improvements as	nd Better provision Entry and	рнаннасу сан в	•	
	Access: gaps in related to Market Exit Regulations Improvements at Access: gaps in	nd Better provision Entry and nd Better provision	рнаннасу сан в	None	
	Access: gaps in related to Market Exit Regulations Improvements at Access: gaps in related to Comm	nd Better provision Entry and nd Better provision issioned	рнаннасу сан в	•	
	Access: gaps in related to Market Exit Regulations Improvements at Access: gaps in	nd Better provision Entry and nd Better provision issioned uld be met by	рнаннасу сан в	None	



3.45. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development

- Chlamydia screening and treatment
- Oral contraception services (Not EHC)
- Access to Free Pregnancy Testing
- Weight management services
- Medicines management services for specific long term conditions (e.g. CHD and COPD)
- Dementia Screening Services
- Pharmaceutical Care Services to older people residing in care homes
- Social Prescribing



Bridlington North

Current Provision Map 8: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.46. Ward Profile	The population of this Ward at the 2015 ONS mid-year estimate, was
Population	13,237 with a population density of 6.1 people per hectare (ERY average 1.4 people per hectare). This indicates the more urban nature of the Ward which covers a large part of Bridlington and the village of Flamborough (population 2104).
	This Ward has the highest proportion of people aged 60 years and over (50%) and the lowest proportion of people aged 20 years or under (14%) in the County.
	Seasonal variation in the Ward population is an important consideration as there are a high number of hotels/guest houses/caravan parks within the Ward. A number of sites offer longer term accommodation/access and the health needs of this longer term, often elderly population are significant.
	The proportion of income-deprived households in this Ward at 12.4% is higher than the East Riding average of 10.9%, but lower than for the other two Bridlington Wards.
Income	At 10.7%, those people of a pensionable age claiming Pension Credit (60 years and over) is slightly lower than the ERY average (11.4%). Unemployment in the Ward is also similar to the East Riding average with 1.4% of people claiming Job Seekers Allowance (ERY average 1.5%) (NOMIS, May 2015)).
	At 6.7%, the proportion of people claiming Employment and Support Allowance (ESA) higher than the ERY average (4.7% (NOMIS, May 2015)).
Deprivation	As measured by The 2015 Index of Multiple Deprivation this Ward as a whole is neither particularly deprived nor particularly affluent since it falls into the third (middle) deprivation quintile. Of the eight Lower Super Output Areas (LSOAs), 3 fall into the two least deprived quintiles and 3 into the middle quintile. The remaining 2 LSOAs fall into the second most deprived quintile, one of these being both materially <u>and</u> access deprived (See Appendix 5- page 137).
Health Burden (See Appendix Ten)	Standardised Admission (SAR) and Mortality (SMR) Ratios across all selected indicators are generally similar to or lower than England averages with both admissions and mortality ratios for "all causes" being significantly lower. However, the SAR for coronary heart disease is significantly higher than the England average in this Ward which may influence targeted services for the groups of people affected in addition to those provided in section 3.51.
3.47. Access to Healthcare	The East Riding PCT 2009 Health and Lifestyle Survey showed that 90.0% of people in the Ward travel 3 miles or less to their GP surgery. (ERY average 84.3%). In terms of travel time however it is surprising that only 65.6% travel 15 minutes or less (ERY average 79.2%). Residents of this Ward were amongst those most likely to travel by bus to the surgery (7.8% of patients - ERY average 2.3%). but are amongst those least likely to walk to the surgery with only 16% stating that they usually did so (ERY average 34.3%). The majority (64.9%) stated that they usually travel in their own car.



			ng and services in his Ward none are		
			n the least deprive		
3.48. Planned	•		3,300 new dwell		
Development			wth being the town are also planned		
	the period 2012	•	are also planned	iii i lailiboloag	JII OVCI
3.49. Necessary	Pharmacies	2			
Services:	GP	1 Branch (Flam	borough)	Dispensing	0
current	Surgeries				
provision	GP		ry Care Centre opens Monday to Sunday (E		
	Extended Hrs	Ward).		-	
	Out of		Jnit opens from 18:30 and bank holidays.		
	Hours		hospital (Bridlington		ai oi
	Urgent Care	The Urgent Care C Hospital - Bridlington	Centre in Bridlington (on South Ward) oper - Sunday 365 days a	(Bridlington Distr	
	Although there		hour pharmaceutic		ovision
	week days, Sa	turday afternoons	s and Sundays, th	nere is one 10	0 hour
		•	idlington South Wa	•	
			estern part of the our GP surgeries		
		nu some access	s pharmaceutical s	services at th	e nine l
			pharmaceutical s Bridlington Central		
3.50. Necessary	pharmacies local The HWBB does	ated there and in es not consider that	Bridlington Central at there are any ga	and Old Town aps in the provi	Ward. sion of
Services:	pharmacies local The HWBB doesnot pharmaceutical	ated there and in es not consider that services in the W	Bridlington Central at there are any ga /ard that either nee	and Old Town aps in the provi ed to be filled t	Ward. sion of o meet
Services: gaps in	pharmacies local The HWBB does pharmaceutical an immediate	ated there and in es not consider that services in the W	Bridlington Central at there are any ga	and Old Town aps in the provi ed to be filled t	Ward. sion of o meet
Services: gaps in provision	pharmacies local The HWBB doesnot pharmaceutical	ated there and in es not consider that services in the W	Bridlington Central at there are any ga /ard that either need be commissioned	and Old Town aps in the provi ed to be filled t d in specified	Ward. sion of o meet future
Services: gaps in provision 3.51. Other Relevant	pharmacies local The HWBB does pharmaceutical an immediate	es not consider the services in the Water or should	Bridlington Central at there are any gate and that either need be commissioned Intending to	and Old Town aps in the provied to be filled	Ward. sion of o meet future
Services: gaps in provision	pharmacies local The HWBB does pharmaceutical an immediate	ated there and in es not consider the services in the Waneed or should	Bridlington Central at there are any ga /ard that either need be commissioned	and Old Town aps in the provied to be filled	Ward. sion of o meet future ot ng to
Services: gaps in provision 3.51. Other Relevant Services:	pharmacies local The HWBB does pharmaceutical an immediate	es not consider the services in the Water or should	Bridlington Central at there are any gate and that either need be commissioned Intending to provide in new	and Old Town aps in the provied to be filled	Ward. sion of o meet future tt ng to
Services: gaps in provision 3.51. Other Relevant Services: current	pharmacies local The HWBB does pharmaceutical an immediate circumstances. Medicines Use	es not consider the services in the Water or should Currently provide	Bridlington Central at there are any gate and that either need be commissioned Intending to provide in new 12 months	and Old Town aps in the provi ed to be filled t d in specified No att intendi provi	Ward. sion of o meet future ot ng to ide cies
Services: gaps in provision 3.51. Other Relevant Services: current	pharmacies loca The HWBB doe pharmaceutical an immediate circumstances. Medicines Use Reviews New Medicine Service Appliance Use Review	cated there and in the services in the Water need or should Currently provide 2 pharmacies	Bridlington Central at there are any gard that either need be commissioned. Intending to provide in new 12 months 0 pharmacies	and Old Town aps in the provi ed to be filled t d in specified No xt intendi provi 0 pharma	Ward. sion of o meet future ot ng to ide cies cies
Services: gaps in provision 3.51. Other Relevant Services: current	pharmacies local The HWBB does pharmaceutical an immediate circumstances. Medicines Use Reviews New Medicine Service Appliance Use	cated there and in the services in the Water need or should Currently provide 2 pharmacies 2 pharmacies 0 pharmacy 1 pharmacies	Bridlington Central at there are any gar and that either need be commissioned. Intending to provide in new 12 months 0 pharmacies 0 pharmacies 0 pharmacy 0 pharmacy	and Old Town aps in the provi ed to be filled t d in specified No intendi provi 0 pharma 2 pharma 1 pharma	Ward. sion of o meet future ot ng to ide cies cies
Services: gaps in provision 3.51. Other Relevant Services: current	pharmacies local The HWBB does pharmaceutical an immediate circumstances. Medicines Use Reviews New Medicine Service Appliance Use Review Stoma	cated there and in the services in the Water need or should Currently provide 2 pharmacies 2 pharmacies 0 pharmacy 1 pharmacies A list of commissions	Bridlington Central at there are any gar and that either need be commissioned. Intending to provide in new 12 months 0 pharmacies 0 pharmacies	and Old Town aps in the provi ed to be filled t d in specified No xt Intendi provi 0 pharma 2 pharma 1 pharma rovided by the	Ward. sion of o meet future ot ng to ide cies cies
Services: gaps in provision 3.51. Other Relevant Services: current provision 3.52. Improvements	pharmacies local The HWBB does pharmaceutical an immediate circumstances. Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation Commissioned Services and Better	cated there and in the services in the Water need or should Currently provide 2 pharmacies 2 pharmacies 0 pharmacy 1 pharmacies A list of commissions	Intending to provide in next 12 months O pharmacies O pharmacy O pharmacy Sioned services pr	and Old Town aps in the provi ed to be filled t d in specified No xt Intendi provi 0 pharma 2 pharma 1 pharma rovided by the	Ward. sion of o meet future ot ng to ide cies cies
Services: gaps in provision 3.51. Other Relevant Services: current provision 3.52. Improvements Access: gaps	pharmacies local The HWBB does pharmaceutical an immediate circumstances. Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation Commissioned Services and Better in provision	cated there and in the services in the Water need or should Currently provide 2 pharmacies 2 pharmacies 0 pharmacy 1 pharmacies A list of commissions	Intending to provide in next 12 months O pharmacies O pharmacy O pharmacy Sisioned services provide in Appending to pharmacy	and Old Town aps in the provi ed to be filled t d in specified No xt Intendi provi 0 pharma 2 pharma 1 pharma rovided by the	Ward. sion of o meet future ot ng to ide cies cies
Services: gaps in provision 3.51. Other Relevant Services: current provision 3.52. Improvements	The HWBB does pharmaceutical an immediate circumstances. Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation Commissioned Services and Better in provision set Entry and	cated there and in the services in the Water need or should Currently provide 2 pharmacies 2 pharmacies 0 pharmacy 1 pharmacies A list of commissions	Intending to provide in next 12 months O pharmacies O pharmacy O pharmacy Sioned services pr	and Old Town aps in the provi ed to be filled t d in specified No xt Intendi provi 0 pharma 2 pharma 1 pharma rovided by the	Ward. sion of o meet future ot ng to ide cies cies



3.53. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors.	None Identified
3.54. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development	 Chlamydia screening and treatment Medicines management services for specific long term conditions (e.g. CHD) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Access to Free Pregnancy Testing Social Prescribing



Bridlington South

Current Provision Map 9: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.55. Ward Profile	The population of this Ward at the 2015 ONS mid-year estimate was
Population	14,646 with a population density of 17.7 people per hectare (ERY average 1.4 people per hectare). This indicates the urban nature of the Ward which covers the Harbour/ Promenade, Hilderthorpe and West Hill areas of Bridlington. Seasonal variation in the Ward population is an important consideration as there are a high number of hotels/guest houses/caravan parks within the Ward. A number of sites offer longer term accommodation/access and the health needs of this longer term, often elderly population are significant.
Income	The proportion of income-deprived households in this Ward at 28.9% is higher than the East Riding average of 10.9% and this is the most income deprived Ward in the County. The proportion of people claiming benefits is much higher than the East Riding averages. Those people of a pensionable age claiming Pension Credit (60 years and over) is 21.2% (ERY average 11.4%) and those claiming Employment and Support Allowance (ESA) is 13.7% (ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is higher the East Riding average with the amount of people claiming Job Seekers Allowance at 4.6%, (ERY average 1.5%).
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that people in this Ward may experience particularly poor health, with both SARs and SMRs across all of the selected conditions being significantly higher than the England averages. Hospital admissions for coronary heart disease, myocardial infarction and alcohol related harm are the highest in the County as are deaths from circulatory diseases, coronary heart disease and respiratory disease. Teen conception rates are also the highest in the County, significantly higher than the East Riding average. This Ward has some of the highest proportions of overweight Year 6 children in the County. People in this Ward will benefit from long term conditions management services in addition to the services provided in Appendix Fifteen and section 3.60.
Deprivation	This Ward has the highest level of deprivation in the East Riding. Based on the 2015 Indices of Deprivation seven out of ten LSOAs in the Ward are ranked in the most deprived quintile for England and a further two in the second most deprived. Three of the most deprived LSOAs are both materially and access deprived (See Appendix 5- page 137).
3.56. Access to Healthcare	The East Riding PCT 2009 Health and Lifestyle Survey showed that 97.3% of people travelled 3 miles or less to their GP surgery (ERY average 84.3%). In terms of travel time 75.7% travelled 15 minutes or less (East Riding average 79.2%). Residents of this Ward were the most likely to walk to the surgery with 53.7% of patients doing so (East Riding average 34.3%). The 2015 IMD barriers to housing and services indicator shows that of the ten LSOAs that make up this Ward, one is in the most deprived quintile and seven are in the middle quintile or above.



3.57.						
1	Planned	Over the period 2012 to 2029 3,400 new dwellings are planned in				
	Development	•	ngton, with key areas of growth being the town centre and the north			
		of the town.				
3.58.	•		9			
	Services:		One operates as a 100 hour pharmacy providing essential			
	current		extended hour access to pharmaceutical services early in the			
	provision		mornings, late in the evenings and at week-ends. They are open 8am – 11pm on Monday to Friday, 9am to 9.30pm			
	•		Saturday and Sunday. These services are considered to be			
				in an adequate level of		
				ort the network of out of		
			services across the East Riding.			
		GP	6 Dispensing 0			0
		Surgeries		•		
		GP		Care Centre opens co	<u>re</u> hours from	
		Extended	08:00am – 09:00pm	Monday to Sunday.		
		Hrs				
		Out of		nit opens from 18:30pm		_
		Hours		and bank holidays. Enti		
				ospital. Access to a limon the out of hours ser		
			pharmacy hours sta		vice outside o	ı 111 0
		Urgent Care		entre in this Ward (Bridl	ington District	
				n 7:00am to 11:00pm N		
			365 days a year.			
3.59.	Necessary	The HWBB doe	s not consider that	t there are any gaps	in the provis	ion of
	Services:		s not consider that there are any gaps in the provision of services in the Ward that either need to be filled to meet			
	gaps in	•	need or should be commissioned in specified future			
	provision	circumstances.	·			
3.60.			_	Intending to	_	
0.00.	Relevant		currently provide in next Not intending			
	Services:		provide	provide 12 months to provide		
	current	Medicines Use		12 months		
	provision	Reviews	9 pharmacies	0 pharmacies	0 pharmaci	
	provision				o pilaimao	es
		Now Madiaina	cine o		o priarrido	es
		New Medicine	9 pharmacies	0 pharmacies	0 pharmaci	
		Service	9 pharmacies	0 pharmacies		
		Service Appliance Use	9 pharmacies 1 pharmacy	0 pharmacies 1 pharmacy		ies
		Service Appliance Use Review			0 pharmaci	ies
		Service Appliance Use Review Stoma			0 pharmaci	ies
		Service Appliance Use Review Stoma Customisation	1 pharmacy 1 pharmacy	1 pharmacy 1 pharmacy	0 pharmaci 7 pharmaci 7 pharmaci	ies
		Service Appliance Use Review Stoma Customisation Commissioned	1 pharmacy 1 pharmacy A list of commiss	1 pharmacy 1 pharmacy sioned services provide	0 pharmaci 7 pharmaci 7 pharmaci ded by the	ies
2.04	Improvements.	Service Appliance Use Review Stoma Customisation Commissioned Services	1 pharmacy 1 pharmacy A list of commiss	1 pharmacy 1 pharmacy	0 pharmaci 7 pharmaci 7 pharmaci ded by the	ies
3.61.		Service Appliance Use Review Stoma Customisation Commissioned Services and Better	1 pharmacy 1 pharmacy A list of commiss	1 pharmacy 1 pharmacy sioned services provide	0 pharmaci 7 pharmaci 7 pharmaci ded by the	ies
3.61.	Access: gaps	Service Appliance Use Review Stoma Customisation Commissioned Services and Better in provision	1 pharmacy 1 pharmacy A list of commiss	1 pharmacy 1 pharmacy sioned services provide	0 pharmaci 7 pharmaci 7 pharmaci ded by the	ies
3.61.	Access: gaps in related to Mark	Service Appliance Use Review Stoma Customisation Commissioned Services and Better in provision set Entry and	1 pharmacy 1 pharmacy A list of commiss	1 pharmacy 1 pharmacy sioned services provice found in Appendix F	0 pharmaci 7 pharmaci 7 pharmaci ded by the	ies
	Access: gaps related to Mark Exit Regulation	Service Appliance Use Review Stoma Customisation Commissioned Services and Better in provision tet Entry and	1 pharmacy 1 pharmacy A list of commiss	1 pharmacy 1 pharmacy sioned services provice found in Appendix F	0 pharmaci 7 pharmaci 7 pharmaci ded by the	ies
3.61.	Access: gaps related to Mark Exit Regulation Improvements	Service Appliance Use Review Stoma Customisation Commissioned Services and Better in provision set Entry and and Better	1 pharmacy 1 pharmacy A list of commiss	1 pharmacy 1 pharmacy sioned services provice found in Appendix F	0 pharmaci 7 pharmaci 7 pharmaci ded by the	ies
	Access: gaps in related to Mark Exit Regulation Improvements Access: gaps	Service Appliance Use Review Stoma Customisation Commissioned Services and Better in provision and Better in provision	1 pharmacy 1 pharmacy A list of commiss	1 pharmacy 1 pharmacy sioned services provice found in Appendix F	0 pharmaci 7 pharmaci 7 pharmaci ded by the	ies
	Access: gaps related to Mark Exit Regulation Improvements Access: gaps related to Com	Service Appliance Use Review Stoma Customisation Commissioned Services and Better in provision set Entry and and Better in provision missioned	1 pharmacy 1 pharmacy A list of commiss	1 pharmacy 1 pharmacy sioned services provice found in Appendix F	0 pharmaci 7 pharmaci 7 pharmaci ded by the	ies
	Access: gaps in related to Mark Exit Regulation Improvements Access: gaps	Service Appliance Use Review Stoma Customisation Commissioned Services and Better in provision and Better in provision missioned could be met	1 pharmacy 1 pharmacy A list of commiss	1 pharmacy 1 pharmacy sioned services provice found in Appendix F	0 pharmaci 7 pharmaci 7 pharmaci ded by the	ies



3.63. Potential new commissioned services and Healthy Living Pharmacy (HLP) Development

- Chlamydia screening and treatment
- Oral Contraception service (not EHC)
- Access to Free Pregnancy Testing
- Screening and brief intervention service for alcohol consumption
- Weight management services
- Medicines management services for specific long term conditions (e.g. CHD and COPD)
- Dementia Screening Services
- Pharmaceutical Care Services to older people residing in care homes
- Social Prescribing



Cottingham North

Current Provision Map 10: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.64. Ward Profile	At the 2015 (ONS mid-year estimate, the populati	on of this Ward	was	
	8,541 with a p	opulation density of 8.6 people per h	nectare (ERY ave	rage	
Population	1.4 people per hectare). This indicates the more urban nature of the V covering a large area of Cottingham and the village of Dunswell.				
	23% of the population is aged less than 20 years – the 3 rd highest				
	proportion in the County.				
	The proportion	this Ward at 7.1	% is		
	lower than the East Riding average of 10.9%.				
	The proportion of people claiming benefits is also lower than the East Riding averages. Those people of a pensionable age claiming Pension				
la a a us a		ars and over) is 8.5% (ERY average			
Income	claiming Emp	loyment and Support Allowance (I	•		
	_	(NOMIS, May 2015)).	-10		
		t in the Ward is similar to the East Ri people claiming Job Seekers Allow			
	·	(NOMIS, May 2015).	varioc at 1.070 (
	The level of o	deprivation in this Ward is very low			
Deprivation	•	rivation. Four out of the six LSOAs in			
'		prived quintile in England and no LS0 ved quintiles for England.	JAs are ranked in	i the	
		Admission Ratio (SAR) and Standar	rdised Mortality F	Ratio	
Health Burden		ow that this Ward has generally bette			
(See Appendix Ten)		ators than England averages. The S			
	significantly so	t disease is higher than the England	a average inough	HOL	
3.65. Access to	According to the ERY PCT 2009 Lifestyle Survey, 100% of people				
Healthcare		les or less to their GP surgery (ER	•	•	
	terms of travel time 83.3% travelled 15 minutes or less (East Riding average 79.2%). A high proportion of journeys (40.5%) were made on foot (East Riding average 34.3%)				
	•	,	70) Were made on	foot	
	(East Riding av The 2015 IMD	verage 34.3%) barriers to housing and services indi	cator shows a m	iixed	
	(East Riding av The 2015 IMD picture for this	verage 34.3%) barriers to housing and services indi Ward, with two of the six LSOAs bei	cator shows a m	iixed most	
	(East Riding av The 2015 IMD picture for this deprived quint	verage 34.3%) barriers to housing and services indi	cator shows a m	iixed most	
3.66. Planned	(East Riding av The 2015 IMD picture for this deprived quint quintiles. A total of 3,55	verage 34.3%) barriers to housing and services indi Ward, with two of the six LSOAs being in England and four being in the O new houses are proposed across to	cator shows a ming in the second in the second in the second in the two least depi	nixed most rived orice	
3.66. Planned Development	(East Riding av The 2015 IMD picture for this deprived quint quintiles. A total of 3,55 Settlements (w	verage 34.3%) barriers to housing and services indi Ward, with two of the six LSOAs being ille in England and four being in the O new houses are proposed across the value of the six LSOAs being the interval of	cator shows a mang in the second in the second in the two least depi	nixed most rived orice e) of	
	(East Riding av The 2015 IMD picture for this deprived quint quintiles. A total of 3,55 Settlements (w the period 201	verage 34.3%) barriers to housing and services indi Ward, with two of the six LSOAs being ile in England and four being in the Onew houses are proposed across to which also includes Anlaby, Willerby, K 2 to 2029. Of these, approximately 119	cator shows a mag in the second of the two least deposite two least deposite Major Haltempirk Ella and Hessled are proposed to	nixed most rived orice e) of o be	
	(East Riding av The 2015 IMD picture for this deprived quint quintiles. A total of 3,55 Settlements (w the period 201 in Cottingham.	verage 34.3%) barriers to housing and services indi Ward, with two of the six LSOAs being ille in England and four being in the O new houses are proposed across the value of the six LSOAs being the interval of	cator shows a mag in the second of the two least deposite two least deposite the Major Haltempirk Ella and Hesslad are proposed todmansey. No special communication in the major Haltempirk Ella and Hesslad are proposed todmansey.	nixed most rived orice e) of o be ecific	
Development	(East Riding average The 2015 IMD picture for this deprived quint quintiles. A total of 3,55 Settlements (weather the period 201 in Cottingham, development in evidence regares)	verage 34.3%) barriers to housing and services indi Ward, with two of the six LSOAs being ille in England and four being in the Onew houses are proposed across to which also includes Anlaby, Willerby, K 2 to 2029. Of these, approximately 11st and 50 dwellings are planned in Wood s planned in Dunswell in the Local reding the level of flood risk.	cator shows a mag in the second of the two least deposite two least deposite the Major Haltempirk Ella and Hesslad are proposed todmansey. No special communication in the major Haltempirk Ella and Hesslad are proposed todmansey.	nixed most rived orice e) of o be ecific	
Development 3.67. Necessary	(East Riding average The 2015 IMD picture for this deprived quint quintiles. A total of 3,55 Settlements (we the period 201 in Cottingham. development in evidence regare Pharmacies	verage 34.3%) barriers to housing and services indi Ward, with two of the six LSOAs being ille in England and four being in the Onew houses are proposed across to which also includes Anlaby, Willerby, K 2 to 2029. Of these, approximately 119 and 50 dwellings are planned in Wood s planned in Dunswell in the Local reding the level of flood risk.	cator shows a mag in the second of the two least deposite two least deposite Major Haltempirk Ella and Hessler are proposed todmansey. No specification of the two seconds are proposed todmansey.	rived price e) of o be ecific rrent	
3.67. Necessary Services:	(East Riding av The 2015 IMD picture for this deprived quint quintiles. A total of 3,55 Settlements (w the period 201 in Cottingham. development i evidence regar Pharmacies GP	verage 34.3%) barriers to housing and services indi Ward, with two of the six LSOAs being in England and four being in the Onew houses are proposed across to thich also includes Anlaby, Willerby, Karamately 11st and 50 dwellings are planned in Woods planned in Dunswell in the Local and the level of flood risk.	cator shows a mag in the second of the two least deposite two least deposite the Major Haltempirk Ella and Hesslad are proposed todmansey. No special communication in the major Haltempirk Ella and Hesslad are proposed todmansey.	nixed most rived orice e) of o be ecific	
3.67. Necessary Services: current	(East Riding average The 2015 IMD picture for this deprived quint quintiles. A total of 3,55 Settlements (we the period 201 in Cottingham. development in evidence regare Pharmacies	verage 34.3%) barriers to housing and services indi Ward, with two of the six LSOAs being in England and four being in the Onew houses are proposed across to thich also includes Anlaby, Willerby, Koard 2 to 2029. Of these, approximately 11st and 50 dwellings are planned in Woods planned in Dunswell in the Local reding the level of flood risk. Onew houses are proposed across to the thick also includes Anlaby, Willerby, Koard 2 to 2029. Of these, approximately 11st and 50 dwellings are planned in Woods planned in Dunswell in the Local reding the level of flood risk. Onew houses are proposed across to the thick also includes Anlaby, Willerby, Koard 2 to 2029. Of these, approximately 11st and 50 dwellings are planned in Woods 2 to 2029. Of these thick are proposed across to the thick also includes Anlaby, Willerby, Koard 2 to 2029. Of these thick are proposed across to the thick also includes Anlaby, Willerby, Koard 2 to 2029. Of these thick are proposed across to the thick are proposed across to the thick also includes Anlaby, Willerby, Koard 2 to 2029. Of these thick are proposed across to the thick are p	cator shows a mag in the second of the two least deposite two least deposite Major Haltempirk Ella and Hessler are proposed todmansey. No specification of the two seconds are proposed todmansey.	rived price e) of o be ecific rrent	
3.67. Necessary Services:	(East Riding av The 2015 IMD picture for this deprived quint quintiles. A total of 3,55 Settlements (w the period 201 in Cottingham. development i evidence regar Pharmacies GP	verage 34.3%) barriers to housing and services indi Ward, with two of the six LSOAs being in England and four being in the Onew houses are proposed across to thich also includes Anlaby, Willerby, Karamately 11st and 50 dwellings are planned in Woods planned in Dunswell in the Local and the level of flood risk.	cator shows a mag in the second of the two least deposite two least deposite Major Haltempirk Ella and Hessler are proposed todmansey. No specification of the two seconds are proposed todmansey.	rived price e) of o be ecific rrent	
3.67. Necessary Services: current	(East Riding average The 2015 IMD picture for this deprived quintiquintiles. A total of 3,55 Settlements (weather the period 201 in Cottingham, development in evidence regared Pharmacies GP Surgeries GP Extended	barriers to housing and services indi Ward, with two of the six LSOAs being ille in England and four being in the Onew houses are proposed across to thich also includes Anlaby, Willerby, Korney 2 to 2029. Of these, approximately 11 and 50 dwellings are planned in Woods planned in Dunswell in the Local reding the level of flood risk. Onew houses are proposed across to the thick also includes Anlaby, Willerby, Korney 2 to 2029. Of these, approximately 11 and 50 dwellings are planned in Woods planned in Dunswell in the Local reding the level of flood risk. Onew houses are proposed across to the thick across the thick are proposed across to the thick are	cator shows a mag in the second of the two least deposite two least deposite Major Haltempirk Ella and Hessler are proposed todmansey. No specification of the two seconds are proposed todmansey.	rived price e) of o be ecific rrent	
3.67. Necessary Services: current	(East Riding aver The 2015 IMD picture for this deprived quint quintiles. A total of 3,55 Settlements (we the period 201 in Cottingham. development in evidence regard Pharmacies GP Surgeries GP	barriers to housing and services indi Ward, with two of the six LSOAs being ille in England and four being in the Onew houses are proposed across to thich also includes Anlaby, Willerby, Korney 2 to 2029. Of these, approximately 11 and 50 dwellings are planned in Woods planned in Dunswell in the Local reding the level of flood risk. Onew houses are proposed across to the thick also includes Anlaby, Willerby, Korney 2 to 2029. Of these, approximately 11 and 50 dwellings are planned in Woods planned in Dunswell in the Local reding the level of flood risk. Onew houses are proposed across to the thick across the thick are proposed across to the thick are	cator shows a mag in the second of the two least deposite two least deposite Major Haltempirk Ella and Hessler are proposed todmansey. No specification of the two seconds are proposed todmansey.	rived price e) of o be ecific rrent	
3.67. Necessary Services: current	(East Riding average The 2015 IMD picture for this deprived quintiquintiles. A total of 3,55 Settlements (weather the period 201 in Cottingham, development in evidence regared Pharmacies GP Surgeries GP Extended	barriers to housing and services indi Ward, with two of the six LSOAs being ille in England and four being in the Onew houses are proposed across to thich also includes Anlaby, Willerby, Korney 2 to 2029. Of these, approximately 11 and 50 dwellings are planned in Woods planned in Dunswell in the Local reding the level of flood risk. Onew houses are proposed across to the thick also includes Anlaby, Willerby, Korney 2 to 2029. Of these, approximately 11 and 50 dwellings are planned in Woods planned in Dunswell in the Local reding the level of flood risk. Onew houses are proposed across to the thick across the thick are proposed across to the thick are	cator shows a mag in the second of the two least deposite two least deposite Major Haltempirk Ella and Hessler are proposed todmansey. No specification of the two seconds are proposed todmansey.	rived price e) of o be ecific rrent	



PNA 2018-2021 http://dataobs.eastriding.gov.uk/pna

	25.3 RHC 91 P4 H 10	Out of Hours	East Riding Community hospital, Beverley open from 18:30pm to 08:00am Monday to Sunday and bank holidays (St Mary's Ward).			
			The Urgent Care Centre in Beverley (East Riding Community Hospital - St Mary's Ward) opens from 7:00am to 11:00pm Monday – Sunday 365 days a year; Bransholme Urgent Care Centre, opens for 24 hours 365 days a year (Hull Local Authority); Storey Street GP Walk in Centre opens from 8:00am to 20:00 pm (Hull Local Authority).			
3.68.	Necessary Services: gaps in provision	in the Ward we out of hours pro	ently no extended hours provision of pharmaceutical services weekdays and on Sundays. However in view of the fact that provision is currently provided outside the Ward the HWBB re is no gap in necessary service provision.			
3.69.	Other Relevant Services:		Currently provide	Intending to provide in next 12 months	Not intending to provide	
	current provision	Medicines Use Reviews	2 pharmacies	0 pharmacies	0 pharmacies	
		New Medicine Service	2 pharmacies	0 pharmacies	0 pharmacies	
		Appliance Use Review	0 pharmacies	0 pharmacies	2 pharmacies	
		Stoma Customisation	on 1 pharmacies 0 pharmacies 1 pharmacy			
		Commissioned Services	I .	ssioned services provid be found in Appendix F		
3.70.	Improvements Access: gaps i related to Mark Exit Regulation	n provision et Entry and		None		
3.71.	Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors. None Ide			None Identified		
3.72.	Potential new Commissioned Healthy Living (HLP) Develop	Pharmacy	 Chlamydia screening and treatment Oral Contraceptive service (not EHC) Access to Free Pregnancy Testing Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing 			



Cottingham South

Current Provision Map 11: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

	<u></u>				
3.73. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was 9,000 with a population density of 18.5 people per hectare (ERY				
Population	average 1.4 people per hectare). This indicates the urban nature of the Ward, covering the bulk of Cottingham and a small amount of the				
	surrounding area.				
	34.5% of the population is aged 60 years or over (5 th highest in the				
	County). 19% of the population is aged 20 years or under (4 th lowest in				
	the County).				
	The proportion of income-deprived households in this Ward at 11.8% is slightly higher than the East Riding average of 10.9%. The proportion of people claiming benefits in this Ward is slightly higher				
	than ERY averages. The proportion of people of a pensionable age				
Income	claiming Pension Credit (60 years and over) is 12.4% (ERY average				
em	11.4%). The proportion of people claiming Employment and Support				
	Allowance (ESA) is 5.6% (ERY average 4.7% (NOMIS, May 2015)).				
	Unemployment in the Ward is similar to the East Riding average with the proportion of people claiming Job Seekers Allowance at 1.8% (ERY				
	average 1.5%) (NOMIS, May 2015).				
	The overall level of deprivation in this Ward shows it to be neither				
	particularly deprived nor particularly affluent, based on the 2015 Indices				
Deprivation	of Deprivation. However at LSOA level the profile of deprivation is				
Deprivation	mixed. None of the six LSOAs in the Ward is ranked in the most				
	deprived quintile for England, athough one is in the second most				
	deprived quintile. Two are in the least deprived quintile.				
	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that this Ward has generally better health across all				
Health Burden	the selected indicators compared with England averages, despite				
(See Appendix Ten)	having a relatively elderly population. A possible exception is deaths				
(,	from coronary artery disease in people under 75 years, which was				
	higher than the England average but not significantly so.				
3.74. Access to	According to the East Riding 2009 PCT Lifestyle Survey 98.2% of				
Healthcare	people travelled 3 miles or less to their GP surgery (ERY average				
	84.3%). In terms of travel time 77.9% travelled 15 minutes or less (East				
	Riding average 79.2%). A high proportion of journeys (50.0%) were made on foot (East Riding average 34.3%).				
	The 2015 IMD barriers to housing and services indicator shows no				
	particular problems for this Ward with all of the six LSOAs being				
	average or above average.				
3.75. Planned	A total of 3,550 new houses are proposed across the Major				
Development	Haltemprice Settlements (which also includes Anlaby, Willerby, Kirk				
	Ella and Hessle) of the period 2012 to 2029. Of these, approximately				
2.70 Neessan	1000 are proposed to be in Cottingham. Pharmacies 1				
3.76. Necessary Services:	Pharmacies 1				
	pharmaceutical services within the Ward the HWBB				
current	considers there is adequate choice of provider taking				
provision	into consideration the proximity of pharmacies in				
	neighbouring Cottingham North Ward.				



	ATHEM PARK LCL						
		GP	3		Dispensing	0	
		Surgeries					
		GP	None				
		Extended					
		Hrs					
		Out of			pital, Beverley open from		
		Hours	18:30pm to 08:00am Monday to Sunday and bank holidays (St Mary's Ward).			-	
		Urgent Care	The Urgent Care Centre in Beverley (East Riding Communit Hospital - St Mary's Ward) opens from 7:00am to 11:00pm Monday – Sunday 365 days a year; The Bransholme Urgent Care Centre, opens for 24 hours 365 days a year (Hull Local Authority); The Storey Street GP Walk in Centre opens from 8:00am to			m ·	
			20:00 pm (Hull Loc		•		
3.77.	Necessary		ently no extende	d hour provision			
	Services: gaps		Ward weekdays				
	in provision		ut of hours provis				
		provision.	BB considers the	ere is no gap i	n necessary ser	vice	
3.78.	Other	provision.		Intending to	=		
3.76.	Relevant		Currently	provide in	Not intend	ina	
	Services:		provide	next 12	to provide	_	
	current		provide	months	ιο ριονια	-	
	provision	Medicines Use		months			
	provision	Reviews	1 pharmacy	0 pharmacies	0 pharmacies		
		New Medicine Service	1 pharmacies	0 pharmacies	0 pharmacies		
		Appliance Use Review	0 pharmacies	0 pharmacies	1 pharmacy		
		Stoma Customisation	0 pharmacies	0 pharmacies	1 pharmacy		
		Commissioned	A list of comm	issioned service	s provided by the	ne	
		Services	pharmacies ca	an be found in A	ppendix Fifteen		
3.79.	Improvements a						
	Access: gaps in	•		None			
	related to Marke	•		INOHE			
	Exit Regulations						
3.80.	Improvements a		c Ctomes /	Innliance Custom	vication where		
	Access: gaps in	•	Stoma F needed	Appliance Custom	iisation where		
	related to Comm			cy Urgent Renea	Medicines Servi	ce	
	Services that co	•	 Pharmacy Urgent Repeat Medicines Service (PURMs)/ NHS Urgent Medicine Supply 				
	existing contract	ctors.	Service (NUMSAS)				
3.81.	Potential new C	ommissioned	Oral Con	traceptive service	(not EHC)		
	Services and He			lia screening and tr	•		
	Pharmacy (HLP	•	Access to	o Free Pregnancy	Γesting		
	······································	,	Dementia	a Screening Service			
			Pharmaceutical Care Services to older people and the services		es to older people		
				in care homes rescribing			
			- Social Pl	escribing			



Dale

Current Provision Map 12: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.82. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was
Population	17,780 with a population density of 2.0 people per hectare (ERY average 1.4 people per hectare). This indicates the rural nature of the Ward. More than half (52%) of the Ward population are aged between 20 years and 59 years and this Ward has one of the lowest populations of people aged 60 years or over in the County. By population this is the largest Ward in the East Riding. The majority of the population in this Ward are living in the civil parish of Elloughton-cum-Brough (10401). Other Parishes with large populations are South Cave (4475), North Cave (1191) and Skidby (1244).
Income	The proportion of income-deprived households in this Ward at 4.4% is much lower than the East Riding average of 10.9%. The proportion of people claiming benefits is lower than the East Riding averages. The proportion of people of a pensionable age claiming Pension Credit (60 years and over) is 5.7% (ERY average 11.4%) and of those claiming Employment and Support Allowance (ESA) is 2.1% (ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is also lower than the East Riding average with the proportion of people claiming Job Seekers Allowance at 0.7% (ERY average 1.5%) (NOMIS, May 2015).
Deprivation	The level of deprivation in this Ward is very low, based on the 2015 Indices of Deprivation (the third lowest in the County). All of the ten LSOAs in the Ward are ranked in the two least deprived quintiles for England and nine of these are in the least deprived quintile.
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show a significantly high rate of deaths from stroke compared with the England average where targeted services may be beneficial for people affected. However, the data for other selected indicators suggest that the health of the residents of this Ward is, on the whole, significantly better than England averages. Teen conceptions are also significantly lower than the East Riding average.
3.83. Access to Healthcare	The PCT 2009 Lifestyle Survey showed that 92.7% of people travelled 3 miles or less to their GP surgery. This is higher than the East Riding average of 84.3%. In terms of travel time 88.4% travelled 15 minutes or less (East Riding average 79.2%) and the majority of journeys (56.3%) were made using the patient's own car, though a fairly high proportion (34.9%) responded that they usually walk to the GP surgery. The 2015 IMD barriers to housing and services indicator shows a mixed picture for this Ward, with four of the ten LSOAs being in the two most deprived quintiles in England and six being in the two least deprived quintiles in England.
3.84. Planned Development	1000 new dwellings are planned in Elloughton-cum-Brough over the period 2012 to 2029, with the majority being located on a large site to the south of the town. 160 new dwellings are also planned in South Cave.



3.85.	Necessary Services: current provision	Pharmacies	One pharmacy opens 8:30am to 8:30pm Tuesdays and 8:30pm to 7pm on other week day evenings; 9am to 5pm Saturdays and 10am to 2pm Sundays			
		GP Surgeries	1 Main and 2 Branch (South Dispensing Cave and Little Weighton)			
		GP Extended Hrs	None			
		Out of Hours	East Riding Community hospital, Beverley, open from 18:30pm to 08:00am Monday to Sunday and bank holiday (St Mary's Ward); Rosedale Community Centre, Hedon (South West Holderness Ward from 18:30pm to 23:00pm. 23:00pm to 08:00am equation provided by Royerlay)			
		Urgent Care	08:00am cover is provided by Beverley) The Urgent Care Centre in Beverley (East Riding Community Hospital - St Mary's Ward) opens from 7:00am to 11:00pm Monday – Sunday 365 days a year.			
3.86.	Necessary Services: gaps in provision		es not consider that there are any gaps in the provision cal services in the Ward that need to be filled to meet an			
3.87.	Other Relevant Services: current provision		Currently provide	Intending to provide in next 12 months	Not intending to provide	
		Medicines Use Reviews	3 pharmacies	0 pharmacies	0 pharmacies	
		New Medicine Service	3 pharmacies	0 pharmacies	0 pharmacies	
		Appliance Use Review	0 pharmacies	0 pharmacies	3 pharmacies	
		Stoma Customisation	1 pharmacy	0 pharmacies	2 pharmacies	
		Commissioned Services		sioned services pro be found in Appen	•	
3.88.	Improvements an Access: gaps in related to Market Exit Regulations	provision	None			
3.89.	Improvements an Access: gaps in related to Comm Services that couexisting contract	provision issioned uld be met by	 Needle exchange service BBV Testing 			



3.90.	Potential new Commissioned
	Services and Healthy Living
	Pharmacy (HLP) Development

- Chlamydia screening and treatment
- Access to Free Pregnancy Testing
- Medicines management services for long term conditions (e.g. stroke)

 Dementia Screening Services
- Pharmaceutical Care Services to older people residing in care homes
- Social Prescribing



Driffield and Rural

Current Provision Maps 13, 14: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

Population 1.4 people per her of the Ward is spare area to the north of The proportion of similar to the East The proportion of Riding averages. Credit (60 years a claiming Employing average 4.7% (NC Unemployment in proportion of peo average 1.5%) (NC Unemployment in proportion of peo average 4.7% (NC Unemployment in proportion of peo average 4.7% (NC Unemployment in proportion of peo average 4.7% (NC Unemployment in proportion of Riding averages. Credit (60 years a claiming Employing average 4.7% (NC Unemployment in proportion of Riding averages. Credit (60 years a claiming Employing average 4.7% (NC Unemployment in proportion of Riding averages. Credit (60 years a claiming Employing average 4.7% (NC Unemployment in proportion of Riding averages. Credit (60 years a claiming Employing average 4.7% (NC Unemployment in proportion of peo average 1.5%) (NC Unemployment in proportion of peo average 4.7% (NC Unemployment in proportion of people 4.7% (NC Unempl	of this Ward at the 2015 ONS mid	d-year estimate, was			
of the Ward is spared to the north of The proportion of similar to the East The proportion of Riding averages. Credit (60 years a claiming Employing average 4.7% (NO Unemployment in proportion of peo average 1.5%) (NO Employment in proportion of peoployment in pro	15,058 with a population density of 1.1 people per hectare (ERY average				
Income Income	hectare). Apart from the market towr				
Income Income	of the Ward is sparsely populated. The Sledmere estate covers a large				
Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income I	n of the ward. of income-deprived households in th	via Ward at 10 69/ ia			
Income Income	ast Riding average of 10.9%.	115 Walu at 10.0% 15			
Riding averages. Credit (60 years a claiming Employing average 4.7% (NC) Unemployment in proportion of peo average 1.5%) (NC) Based on the 2015 particularly deprive LSOAs in the Warfor England, three of the most deprive Appendix 5- page Standardised Adm (SMR) data show coronary heart dis average), this Warross the remain circulatory disease England averages and c	The proportion of people claiming benefits is also similar to the East				
Claiming Employn average 4.7% (NC) Unemployment in proportion of peo average 1.5%) (NC) Based on the 2015 particularly deprive LSOAs in the Walfor England, three of the most deprive Appendix 5- page Standardised Adm (SMR) data show coronary heart dis average), this Walfor England averages and circulatory disease England a	s. Those people of a pensionable a				
Deprivation Based on the 2015 particularly deprive LSOAs in the Wa for England, three of the most deprive daracross the remain circulatory disease England averages and circulatory d	s and over) is 10.4% (ERY averag				
Deprivation Based on the 2015 particularly deprive LSOAs in the War for England, three of the most deprive Appendix 5- page Standardised Adm (SMR) data show coronary heart dis average), this War across the remain circulatory disease England averages and circulatory disease England avera	syment and Support Allowance (E	(SA) is 4.5% (ERY			
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Deprivation Depri	in the Ward is similar to the East Rid eople claiming Job Seekers Allowa				
Deprivation Standardised Adm (SMR) data show coronary heart dis average), this Wa across the remain circulatory disease England averages and circulato		1100 at 1.270, (LIVI			
Deprivation Standardised Adm (SMR) data show coronary heart dis average), this Wa across the remain circulatory disease England averages and cir	015 Indices of Deprivation, this Ward	as a whole is neither			
for England, three of the most deprive Appendix 5- page. Standardised Adm (SMR) data show coronary heart disaverage), this Walter across the remain circulatory disease England averages and circulatory	rived nor particularly affluent. Although	gh six out of the nine			
Health Burden (See Appendix Ten) Health Care Health Care The 2015 IMD bar the nine LSOAs the least deprived quir 3.93. Planned Development 3.94. Necessary Services: current provision The 2015 IMD bar the feast of the town be east of the town be garden. Same of the solution of the town be garden. Same of the solution of the town be garden. Same of the solution of the town be garden. Same of the solution of the town be garden. Same of the solution of the town be garden. Same of the solution of the town be garden. Same of the solution of the town be garden. Same of the solution of the town be garden. Same of the solution of the town be garden. Same of the solution of the town be garden. Same of the solution of the town be garden. Same of the solution of the solution of the town be garden. Same of the solution of the	Vard are ranked in the middle or lea				
Appendix 5- page Standardised Adm (SMR) data show coronary heart dis average), this Wa across the remain circulatory disease England averages and circulatory average), this Wa across the remain circulatory disease England averages and circulatory average), this Wa across the remain circulatory disease England averages and circulatory average), this Wa across the remain circulatory average), this Wa across the remain circulatory averages and	ree are ranked in the second most de				
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Health Burden (See Appendix Ten) Health Burden (See Appendix Ten) 3.92. Access to Healthcare Healthcare According to the Etravelled 3 miles of terms of travel time 79.2%). Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs the least deprived quire Over the period 20 Driffield, with the feest of the town be east of	Admission Ratio (SAR) and Standard	dised Mortality Ratio			
Health Burden (See Appendix Ten) Access to Healthcare 3.92. Access to Healthcare According to the End travelled 3 miles on terms of travel time 79.2%). Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs the least deprived quire Over the period 20 Driffield, with the feest of the town be east of	ow that with the exception of emerg				
(See Appendix Ten) across the remain circulatory disease England averages and	disease, (which are significantly high				
circulatory disease England averages and circulatory disease and circulatory dis	average), this Ward has generally lower than England averages SARs				
England averages and circulatory dissection 3.96. 3.92. Access to Healthcare According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.96. According to the England averages and circulatory dissection 3.92. According to the England averages and circulatory dissection 3.92. According to the England averages and circulatory dissection 3.92. According to the England averages and circulatory dissection 3.92. According to the England averages and circulatory dissection 3.92. According to the England averages and circulatory dissection 3.92. According to the England averages and circulatory dissection 3.92. According to the England average average and circulatory dissection 3.92. According to the England average average average average	across the remaining selected indicators. However, deaths from stroke, circulatory disease and "all causes" are significantly higher than the				
and circulatory dissection 3.96. 3.92. Access to Healthcare According to the Etravelled 3 miles of terms of travel time 79.2%). Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs the least deprived quire Over the period 20 Driffield, with the feest of the town because of the to	England averages. This Ward may benefit from targeted cardiovascular				
3.92. Access to Healthcare According to the E travelled 3 miles of terms of travel time 79.2%). Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs the least deprived quire Over the period 20 Driffield, with the foreast of the town be east of the town be say of the town be care	and circulatory disease services in addition to the services provided in				
Healthcare travelled 3 miles of terms of travel time 79.2%). Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs the least deprived quire. 3.93. Planned Development Over the period 20 Driffield, with the feest of the town becomes a current provision. GP Travelled 3 miles of travel time 79.2%). Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs the least deprived quire. Over the period 20 Driffield, with the feest of the town becomes a current state.					
terms of travel time 79.2%). Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs th least deprived quir Over the period 20 Driffield, with the fo east of the town be services: current provision terms of travel time 79.2%). Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs th least deprived quir Over the period 20 Driffield, with the fo east of the town be services: GP GP 2	According to the East Riding PCT 2009 Lifestyle Survey, 91.6% of people				
79.2%). Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs the least deprived quire. 3.93. Planned Development Over the period 20 Driffield, with the feet east of the town been services: Current Services: Current GP Ordinary GP 79.2%). Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs the least deprived quire. Over the period 20 Driffield, with the feet east of the town been services: GP GP 2	travelled 3 miles or less to their GP surgery (ERY average 84.3%). In terms of travel time 84.5% travelled 15 minutes or less (ERY average				
Patients were quite they usually did so car. The 2015 IMD bar the nine LSOAs the least deprived quire. 3.93. Planned Development Over the period 20 Driffield, with the feet of the town been say of	,				
car. The 2015 IMD bar the nine LSOAs th least deprived quir 3.93. Planned Development 3.94. Necessary Services: current provision Car. The 2015 IMD bar the nine LSOAs th least deprived quir Over the period 20 Driffield, with the feast of the town be as of the t	Patients were quite likely to walk to the surgery with 45.0% stating that				
The 2015 IMD bar the nine LSOAs the least deprived quire ast deprived quire. 3.93. Planned Development Over the period 20 Driffield, with the feet of the town been ast of the t	so, whilst 45.7% stated that they usu	ally used their own			
the nine LSOAs th least deprived quir 3.93. Planned Development Over the period 20 Driffield, with the feest of the town becast of the town becas					
3.93. Planned Development 3.94. Necessary Services: current provision least deprived quir Over the period 20 Driffield, with the foreast of the town between the period 20 Pharmacies 3 Or Sa GP GP 2	The 2015 IMD barriers to housing and services indicator shows that of the nine LSOAs that make up this Ward seven are in the middle or two				
3.93. Planned Development 3.94. Necessary Services: current provision Over the period 20 Driffield, with the foreast of the town because of the	•	THE THIUDIE OF TWO			
Development 3.94. Necessary Services: current provision Driffield, with the fereast of the town bereast	2012 to 2029 2,300 new dwellings ar	re planned in			
ast of the town be ast of the to	e former military site at Alamein Barra				
Services: current provision GP Or Sa	east of the town being key areas of growth.				
current GP 2		to 7nm Manday to			
provision GP 2	One pharmacy opens from 8am Saturday and from 10am to 4nm Sun				
nrovision -					
Surgeries	_				
53.9555					
Surgeries	Saturday and from 10am to 4pm Sun				



3 Je 1	THE PERMIT LOT				
		GP	None		
		Extended Hrs			
		Hours	Open from 18:30pm to 08:00am: East Riding Community Hospital, Beverley (St Mary's Ward); Macmillan Wolds Unit (Entrance is at rear of Bridlington District hospital - Bridlington South Ward).		
		Urgent Care	The Urgent Care Ce Hospital - St Mary's Hospital - Bridlingto 11:00pm Monday – The 8-8 Centre for p	entres in Beverley (East Ward) and Bridlington n South Ward) open fro Sunday 365 days a yea planned care at the Alfro yes people the ability to	(Bridlington District om 7:00am to ar. ed Bean Community
3.95.	Necessary Services: gaps in provision	pharmaceutical	services in the W	at there are any gaps ard that either need to be commissioned i	to be filled to meet
3.96.	Other Relevant Services:		Currently provide	Intending to provide in next 12 months	Not intending to provide
	current provision	Medicines Use Reviews	3 pharmacies	0 pharmacies	0 pharmacies
		New Medicine Service	3 pharmacies	0 pharmacies	0 pharmacies
		Appliance Use Review	0 pharmacies	0 pharmacies	3 pharmacies
		Stoma Customisation	1 pharmacy	0 pharmacies	2 pharmacy
		Commissioned Services		sioned services provides be found in Appendix	
3.97.	Access: gaps in related to Marke Exit Regulations	provision t Entry and s		None	
3.98.	98. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors.			BBV Testing	
3.99.			 Acces Medic condit CHD) Palliat 	nydia screening and treats to Free Pregnancy Teleines management servitions (e.g. stroke, circulative care service where I Prescribing	esting ices for long term atory diseases,



Goole North

Current Provision Map 15: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.100. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was		
Population	11,188 with a population density of 23.4 people per hectare (ERY average 1.4 people per hectare). This indicates the urban nature of the Ward, covering a large part of Goole and the village of Hook (1412) on the River Ouse.		
	More than half (51%) of the Ward population are aged between 20		
	years and 59 years. This Ward and some of the highest numbers of people aged less than 20 years and some of the lowest numbers of		
	people aged 60 years and over in the County.		
Income	The proportion of income-deprived households in this Ward at 11.7% is slightly higher than the East Riding average of 10.9%. The proportion of people claiming benefits tends to be higher than the East Riding averages. The proportion of people of a pensionable age claiming Pension Credit (60 years and over) is 12.5% (ERY average 11.4%). Unemployment in the Ward is also higher than the East Riding average (1.5%) (NOMIS, May 2015)) with the proportion of people claiming Job Seekers Allowance at 2.1%, The proportion of people claiming Employment and Support Allowance (ESA) is similar to the ERY average (4.7%) at 4.5% (NOMIS, May 2015).		
	The level of deprivation in this Ward is mixed, based on the 2015		
Deprivation	Indices of Deprivation. Two out of the six LSOAs in the Ward are		
	ranked in the second most deprived quintile for England, however four are in the middle and least deprived quintiles.		
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that emergency admissions for chronic obstructive pulmonary disease and coronary heart disease are significantly higher than the England averages. Deaths from respiratory disease are higher than England average but not significantly so. This Ward has one of the highest rates of teen conceptions in the County, significantly higher than the East Riding average. People in this Ward would benefit from targeted long term conditions management services in addition to those provided in Appendix Fifteen and section 3.105.		
3.101. Access to Healthcare	According to the East Riding PCT 2009 Lifestyle Survey, 96.9% of people travelled 3 miles or less (ERY average 84.3%). In terms of travel time 84.1% travelled 15 minutes or less (ERY average 79.2%) (PCT 2009 Lifestyle Survey). The 2015 IMD barriers to housing and services indicator shows that none of the six LSOAs in this Ward experienced access deprivation.		
3.102. Planned	Over the period 2012 to 2029 1950 new dwellings are planned in		
developments	Goole, with the west of the town (north of Rawcliffe Road) being a key		
3.103. Necessary	area of growth. Pharmacies 3		
Services:	One pharmacy operates as a 100 hour pharmacy in		
current	Goole giving essential extended hour access to		
provision	pharmaceutical services in the early morning, evenings and at weekends (see Appendix 13). These		
	services are considered to be necessary to maintain an adequate level of pharmaceutical provision and		

PNA 2018-2021 http://dataobs.eastriding.gov.uk/pna

Support the network of out of hours pharmacy services across the East Riding. GP Surgeries GP Extended Two practices offer extended provision Wednesday mornings 7:30am-08:00am, and Saturday soggoam to 11:30am Out of Hours An Out of Hours Service offers extended provision Saturdays 09:00am to 11:30am Out of Hours Service offers extended provision Saturdays 09:00am to 11:30am Out of Hours Service offers extended provision Saturdays 09:00am to 11:30am One practice offers extended provision Saturdays 09:00am to 11:30am Out of Hours Service offers extended provision Saturdays 09:00am to 11:30am One provision staturday mornings (one provision staturday soggoam to 11:30am One provision staturday services in the Ward that device obsolid by North Incoinshire and Goole Hospitals Trust at Goole District Hospital from 18:30pm to 08:00am Opharmaceutical services in the Ward that either need to be filled to direct of the provision of the provide of pharmaceutical services in the Ward that either need to be filled to meet an immediate need or should be commissioned in specified future circumstances. Services: Currently	36.70 C 25.1 JUHU 1 P4 JUM				
GP Surgeries GP Extended Hrs				•	harmacy services
Surgeries GP Extended Hrs		GP		rtiding.	Dispensing 0
GP Extended Hrs GP Extended Hrs Two practices offer extended hours: One practice offers extended provision Wednesday mornings 7:30am-08:00am, and Saturday mornings 08:30am to 11:00am; One practice offers extended provision Saturdays 08:30am to 11:00am; One practice offers extended provision Saturdays 09:00am to 11:30am Out of Hours Urgent Care Urgen		_			Dispensing
Hrs One practice offers extended provision Wednesday mornings 7:30am-08:00am, and Saturday mornings 08:30am to 11:00am; One practice offers extended provision Saturdays 09:00am to 11:30am An Out of Hours Service is provided in Goole District Hospital from 18:30pm to 08:00am. Urgent Care Urgent Care Centre in this Ward (provided by North Lincolnshire and Goole Hospitals Trust at Goole District Hospital) opens from 7:00am to 11:00pm Monday – Sunday 365 days a year. 3.104. Necessary Services: gaps in provision of pharmaceutical services in the Ward that either need to be filled to meet an immediate need or should be commissioned in specified future circumstances. 3.105. Other Relevant Services: current provide				ffer extended hours:	· · · · · · · · · · · · · · · · · · ·
Mornings 7:30am-08:00am, and Saturday mornings 08:30am to 11:00am; One practice offers extended provision Saturdays 09:00am to 11:30am		Hrs	-		ision Wednesday
Out of Hours Out					
Out of Hours Out of Hours Out of Hours An Out of Hours Service is provided in Goole District Hospital from 18:30pm to 08:00am. Urgent Care The Urgent Care Centre in this Ward (provided by North Lincolnshire and Goole Hospitals Trust at Goole District Hospital) opens from 7:00am to 11:00pm Monday – Sunday 365 days a year. The HWBB does not consider that there are any gaps in the provision of pharmaceutical services in the Ward that either need to be filled to meet an immediate need or should be commissioned in specified future circumstances. Currently provide Intending to provide in next 12 months Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation Customisation Customisation Customisation Customisation and Eetter Access: gaps in provision related to Market Entry and Exit Regulations 3.107. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors. 3.108. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development Out of Hours The Urgent Care Centre in this Ward (provided by North Lincolnshire and Goole Hospitals Trust a Goole District Hospitals Trust and Goole Hospital Trust and Services in the Ward that either are any gaps in the provision for provide in next 12 months Opharmacies			08:30am to 11:0	00am;	
Out of Hours					vision Saturdays
Hospital from 18:30pm to 08:00am.		Out of House			aala Diatriat
Lincolnshire and Goole Hospitals Trust at Goole District Hospital) opens from 7:00am to 11:00pm Monday – Sunday 365 days a year. 3.104. Necessary Services: gaps in provision			Hospital from 18:	30pm to 08:00am.	
The HWBB does not consider that there are any gaps in the provision of pharmaceutical services in the Ward that either need to be filled to meet an immediate need or should be commissioned in specified future circumstances. Currently provide Currently provide in next 12 months Not intending to provide in next 12 months O pharmacies		Urgent Care	Lincolnshire and Hospital) opens f	Goole Hospitals Trust a	t Goole District
Services: gaps in provision of pharmaceutical services in the Ward that either need to be filled to meet an immediate need or should be commissioned in specified future circumstances. 3.105. Other Relevant Services:	2.104 Naccoom/	The UMPR doe		act there are any gan	a in the provision
in provision meet an immediate need or should be commissioned in specified future circumstances. 3.105. Other Relevant Services:	_				
Currently provide Intending to provide in next 12 months Not intending to provide Not 12 months O pharmacies O pha					
3.105. Other Relevant Services: current provision Medicines Use Reviews 3 pharmacies 0 pharmacies 1 pharmacy 1 pha	in provision		iiate Heed OF SHUL	aid be commissioned	iii specilieu lulult
Services: current provision Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customissioned Services: 3 pharmacies 0 pharmacie	3 105 Other Relevant	on our notariood.	_	Intending to	Not
current provision Medicines Use Reviews 3 pharmacies 0 pharmacies 3 pharmacies 0 pharmacies 3 pharmacies 0 pharmacies 3 pharmacies 4 phar			_	_	= -
Medicines Use Reviews 3 pharmacies 0 pharmacies 3 pharmaci			provide		_
New Medicine Service 3 pharmacies 0 pharmacies 0 pharmacies 0 pharmacies 3 pharmacies 2 pharmacies 0 pharmacies 1 pharmacy 1 pharmacy 2 pharmacies 2 pharmacies 1 pharmacy 2 pharmacies 2 pharmacies 2 pharmacies 2 pharmacies 3			3 pharmacies		•
Review Stoma Customisation Commissioned Services 3.106. Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations 3.107. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors. 3.108. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development Rollist of commissioned services provided by the pharmacies can be found in Appendix Fifteen None None None Chlamydia screening and treatment Access to Free Pregnancy Testing Medicines management services for specific long term conditions (e.g. CHD and COPD) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes		New Medicine	3 pharmacies	0 pharmacies	0 pharmacies
Customisation Commissioned Services 3.106. Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations 3.107. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors. 3.108. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development Customisation A list of commissioned services provided by the pharmacies can be found in Appendix Fifteen None None Chlamydia screening and treatment • Access to Free Pregnancy Testing • Medicines management services for specific long term conditions (e.g. CHD and COPD) • Dementia Screening Services • Pharmaceutical Care Services to older people residing in care homes			0 pharmacies	0 pharmacies	3 pharmacies
3.106. Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations 3.107. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors. 3.108. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development Services Pharmaceutical Care Services to older people residing in care homes		Customisation	2 pharmacies	0 pharmacies	1 pharmacy
3.106. Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations 3.107. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors. 3.108. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development • Chlamydia screening and treatment • Access to Free Pregnancy Testing • Medicines management services for specific long term conditions (e.g. CHD and COPD) • Dementia Screening Services • Pharmaceutical Care Services to older people residing in care homes				•	•
Access: gaps in provision related to Market Entry and Exit Regulations 3.107. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors. 3.108. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development • Chlamydia screening and treatment • Access to Free Pregnancy Testing • Medicines management services for specific long term conditions (e.g. CHD and COPD) • Dementia Screening Services • Pharmaceutical Care Services to older people residing in care homes			pharmacies can	be found in Appendix	k Fifteen
related to Market Entry and Exit Regulations 3.107. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors. 3.108. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development • Chlamydia screening and treatment • Access to Free Pregnancy Testing • Medicines management services for specific long term conditions (e.g. CHD and COPD) • Dementia Screening Services • Pharmaceutical Care Services to older people residing in care homes					
3.107. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors. 3.108. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development - Chlamydia screening and treatment - Access to Free Pregnancy Testing - Medicines management services for specific long term conditions (e.g. CHD and COPD) - Dementia Screening Services - Pharmaceutical Care Services to older people residing in care homes	related to Market			None	
Services that could be met by existing contractors. 3.108. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development • Chlamydia screening and treatment • Access to Free Pregnancy Testing • Medicines management services for specific long term conditions (e.g. CHD and COPD) • Dementia Screening Services • Pharmaceutical Care Services to older people residing in care homes	3.107. Improvements and Better Access: gaps in provision			None Identified	
 Services and Healthy Living Pharmacy (HLP) Development Access to Free Pregnancy Testing Medicines management services for specific long term conditions (e.g. CHD and COPD) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes 	Services that could be met by			. To to facilities	
 Pharmacy (HLP) Development Medicines management services for specific long term conditions (e.g. CHD and COPD) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes 	3.108. Potential new Commissioned		•	<u>-</u>	
term conditions (e.g. CHD and COPD) • Dementia Screening Services • Pharmaceutical Care Services to older people residing in care homes	Services and Healthy Living				
 Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes 	Pharmacy (HLP) Development				
Pharmaceutical Care Services to older people residing in care homes	_			, -	UPD)
			 Pharmac residing i 	eutical Care Services n care homes	to older people



Goole South

Current Provision Map 16: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.109. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was			
	10,749 with a population density of 19.1 people per hectare (ERY			
Population	average 1.4 people per hectare). This Ward covers the largest part of Goole.			
	80% of the population in this Ward are less than 60 years old with the			
	highest proportion of people less than 20 years and the lowest proportion			
	of people aged 60 and over in the County.			
	The proportion of income-deprived households in this Ward at 20.9% is			
	much higher than the East Riding average of 10.9%.			
	The proportion of people claiming benefits tends to be much higher than the East Riding averages. The proportion of people of a pensionable age			
	claiming Pension Credit (60 years and over) is 18.0% (ERY average			
Income	11.4%) and of those claiming Employment and Support Allowance (ESA)			
	is 7.2 % (ERY average 4.7% (NOMIS, May 2015)).			
	Unemployment in the Ward is also higher than the East Riding average			
	with the proportion of people claiming Job Seekers Allowance at 3.7%			
	(ERY average 1.5%) (NOMIS, May 2015). The level of deprivation in this Ward is the third highest in the County			
	based on the 2015 Indices of Deprivation. Five out of six LSOAs in the			
Deprivation	Ward are ranked in the two most deprived quintiles for England. One of			
	the most deprived LSOAs is both materially and access deprived (See			
	Appendix 5- page 138).			
	This Ward has some of the lowest female and male life expectancies at			
	birth and some of the highest rates of overweight Reception and Year 6 children in the County.			
	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio			
	(SMR) data show that with the exception of stroke, death rates and			
Health Burden	admission rates are higher than the England averages for all of the			
(See Appendix Ten)	remaining selected indicators (mostly significantly higher). Teen			
(Coo Apportaix Fort)	conceptions are the second highest (to Bridlington South) in the County,			
	significantly higher than the East Riding average. This Ward also has the highest proportion of pensioners living alone. People living in Goole			
	South Ward would benefit from long term conditions management			
	services in addition to those provided in Appendix Fifteen and section			
	3.114.			
3.110. Access to	According to the ERY PCT 2009 Lifestyle Survey, 96.4% of people			
Healthcare	travelled 3 miles or less to their GP surgery (ERY average 84.3%). However, in terms of travel time only 66% travelled 15 minutes or less			
	(ERY average 79.2%).			
	The 2015 IMD barriers to housing and services indicator shows that most			
	of the six LSOAs in this Ward do not experience access deprivation.			
	However there is one LSOA which is in the second most deprived quintile			
0.444 Dlammad	for access.			
3.111. Planned	Over the period 2012 to 2029 1950 new dwellings are planned in Goole, with the west of the town (north of Rawcliffe Road) being a key area of			
development	growth.			
3.112. Necessary	Pharmacies 3			
Services:	Note: One pharmacy in the neighbouring Goole North			
	Ward operates as a 100 hour pharmacy.			



M M M M CC 1 KC	GP Surgeries	1 Branch		Dispensing 0	
current	GP Surgeries GP Extended	None	L	oispensing 0	
provision	Hrs	None			
	Out of Hours		ervice is provided in Gool 8:00am (Goole North Wa		
	Urgent Care		Centre in Goole (provided		
			Soole Hospitals Trust at G North Ward) opens from 7		
		Monday – Sunday		ooani to 11.00pm	
3.113. Necessary		ly no extended ho	our provision of pharma		
Services:			s and Sundays. Howev		
gaps in			ole North Ward operat		
provision			consider that there are ces in the Ward that e		
	1 -	immediate need	or should be commission		
3.114. Other	ratare direarrista		Intending to	Not	
Relevant Services:		Currently provide	provide in next 12 months	intending to provide	
current provision	Medicines Use Reviews	3 pharmacies	0 pharmacies	0 pharmacies	
	New Medicine Service	3 pharmacies	0 pharmacies	0 pharmacies	
	Appliance Use Review	0 pharmacies	0 pharmacies	3 pharmacies	
	Stoma Customisation	0 pharmacies	0 pharmacies	3 pharmacies	
	Enhanced Services		ed services provided by Appendix Fifteen	the pharmacies	
3.115. Improvement					
Access: gaps	•		None		
related to Mar	_		INOTIC		
Exit Regulation					
3.116. Improvements Access: gaps		Pharmacy Urgent Repeat Medicines Service (PURM)/ NHS Urgent Medicine Supply Service			
related to Cor					
Services that		(. 5.44)	(NUMSAS)		
by existing co			,		
	3.117. Potential new		ia screening and treatmer		
Commissioned Services and			traceptive service (not EF	•	
	Healthy Living Pharmacy		o Free Pregnancy Testing s management services f		
(HLP) Development			ditions (e.g. CHD, COPD,		
		diabetes)			
			a Screening Services	ldor noon!-	
		residing i	eutical Care Services to c n care homes	oider people	
		Social Pr	escribing		



Hessle

Current Provision Map 17: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

0.440 Mand Brofile	A+ +b- 2045 Ob	NO mainly and another than many latin	a of this Mand	
3.118. Ward Profile		NS mid-year estimate, the population		
		opulation density of 25.9 people per h		
Population		1.4 people per hectare). This indicates the urban nature of the Ward, lying on the edge of Hull and including the northern end of the Humber Bridge.		
		(52%) of the Ward population are ago		
	and 59 years.	32 %) of the ward population are ago	eu between 20 years	
		of income-deprived households in th	ic Ward at 10.5% ic	
		ist Riding average of 10.9%. Unemplo		
		ast Riding average with the proportion		
		bwance at 1.4% (ERY average 1.5%)		
Income		people of a pensionable age claimin		
Intoditio		is slightly higher than the East Ridi	•	
	, •	roportion of people claiming Emplo	• • • • • • • • • • • • • • • • • • • •	
		(a) is 3.8%, which is lower than the		
	`	.7% (NOMIS, May 2015)).	_act raining avoiage	
		el of deprivation in this Ward is low,	based on the 2015	
Demokratic		vation. Eight of the ten LSOAs in this		
Deprivation	·	prived quintiles in England and none		
	deprived quintile			
	Standardised Ad	dmission Ratio (SAR) and Standard	dised Mortality Ratio	
	(SMR) data sh	low SMRs that are generally sign	ificantly higher than	
		es with a significantly higher than Engl	•	
Health Burden		ive pulmonary disease. This Ward has	•	
(See Appendix Ten)		verweight Year 6 children in the Cou	•	
		fe expectancies. People living in this		
	_	conditions management services	in addition to those	
0.110.4		endix Fifteen and section 3.123.	40/ ()	
3.119. Access to		ERY PCT 2009 Lifestyle Survey, 93.4		
Healthcare		or less to their GP surgery (ERY aver	•	
	of travel time 87.2% travelled 15 minutes or less (ERY average 79.2%) The highest proportion of journeys (51.8%) were made on foot with quite a low			
	proportion (40.0%) being made by car (East Riding average 54.0%).			
	The 2015 IMD barriers to housing and services indicator shows that of the			
		s Ward, two are in the two most depriv		
		s of access, but because of the relative	•	
	LSOAs this is not considered to be an issue.			
3.120. Planned		ses are proposed across the Major Hal		
Development		ich also includes Anlaby, Willerby, Kirl		
_		he period 2012 to 2029. Of these, app	roximately 1164 are	
	proposed to be in			
3.121. Necessary		3		
Services:	Note: There is a 100 hour pharmacy on the boundary with			
current	Hull HWBB area in Pickering Ward on Sainsbury Way			
provision		open until 10pm Monday, until 11pm	i uesaay – Friday,	
_		10pm Saturday and 4pm Sunday.	Dispensing 0	
	J O.	J	Dispensing 0	
	Surgeries	One Proctice offers sylanded have	vision on Manday sad	
	J • .	One Practice offers extended hour pro- Wednesday evenings from 18:30pm to 2		
	Extended	vveunesuay evenings nom 16.30pm to 2	to ropin. The 100 nour	



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	Hrs	pharmacy is located	d at the Hessle Grange P	rimary Care Centre.	
	Out of Hours	East Riding Commute to 08:00am (St Mar	unity hospital, Beverley o	pen from 18:30pm	
	Urgent Care	The Urgent Care Co Hospital - St Mary's Monday - Sunday 3	entre in Beverley (East R : Ward) opens from 7:00a 365 days a year; : Care Centre opens for 2	am to 11:00pm	
	Notes	A relatively high n Ward surgeries a	number of prescriptions re dispensed outside the tion of these are disper	ne Ward. A	
3.122. Necessary Services: gaps in provision		services in the Wa	at there are any gaps ard that either need to l be commissioned in	be filled to meet an	
3.123. Other Relevant Services:		Currently provide	Intending to provide in next 12 months	Not intending to provide	
current provision	Medicines Use Reviews	3 pharmacies	0 pharmacies	0 pharmacies	
	New Medicine Service	3 pharmacies	0 pharmacies	0 pharmacies	
	Appliance Use Review	0 pharmacies	0 pharmacies	3 pharmacies	
	Stoma Customisation	0 pharmacies	0 pharmacies	3 pharmacies	
	Commissioned Services		sioned services provide be found in Appendix		
3.124. Improvement Access: gaps related to Mai Exit Regulation	in provision rket Entry and		None		
3.125. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors.		_	Urgent Repeat Medic HS Urgent Medicine (NUMSAS)		
3.126. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development		 Access to Weight M Dementia Pharmace in care ho Medicines conditions 	s management services for sespecially targeting CO opliance Customisation w	older people residing for specific long term PD	



Howden

Current Provision Map 18: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.127. Ward Profile		NS mid-year estimate, the population pulation density of 2.3 people per hec		
Population	1.4 people per	hectare). The Howden Ward is small	and rural cove	ring
'		Asselby (365) and Barmby on the M		
		25). By population this is the smalles		
	20 years and 59	an half (51%) of the Ward population	are aged between	een
		of income-deprived households in thi	s Ward at 8.19	% is
		East Riding average of 10.9%.	o mara at o. 17	70 10
		of people claiming benefits is lower th	an the East Ric	ding
	_	proportion of people of a pensional	•	_
Income		(60 years and over) is 9.1% (ERY av	•	
		claiming Employment and Support A rage 4.7% (NOMIS, May 2015)).	lllowance (ESA	() IS
	`	in the Ward is lower than the East R	iding average v	with
		of people claiming Job Seekers Allowa		
		(NOMIS, May 2015).	,	
		el of deprivation in this Ward is low, b		
Deprivation	•	ivation. All three LSOAs in the Ward a	are in the two le	east
	deprived quintile	es in England. dmission Ratio (SAR) and Standardis	sed Mortality R	atio
		ow that this Ward has significantly	•	
Health Burden		sion rates than the England avera		
(See Appendix Ten)	similar or lowe	r admissions and mortality rates ac	cross all the of	ther
	selected indicators. This Ward has one of the highest female life			
2 129 Access to	expectancies in the County. According to the ERY PCT 2009 Lifestyle Survey, 79.8% of people			
3.128. Access to Healthcare	travelled 3 miles or less to their GP surgery (ERY average 84.3%). In			
ricaltricare	terms of travel time 88.1% travelled 15 minutes or less (ERY average			
	79.2%) A fairly high proportion (43.9%) responded that they usually			
		surgery, though a similar number (4	46.9%) stated	that
	they usually use	e their own car. barriers to housing and services indic	otor chows the	st of
		As in this Ward, one is in the most of		
		is of access, but because of the relative		
	LSOA, this is no	ot considered to be an issue.		
3.129. Planned		ngs are planned in Howden over the		2 to
Development		orth of the town being a key area of g	rowth.	
3.130. Necessary	Pharmacies	1	lor of	
Services:		Although there is no choice of provid pharmaceutical services within the W		L .
current		considers there is adequate choice of		
provision		into consideration the proximity of ph		3
		neighbouring Goole North Ward.		1
	GP	1	Dispensing	0
	Surgeries		<u> </u>	
	GP Extended	The GP surgery offers an extend		rom
	Hrs	6.30pm to 8.30pm on a Thursday ea	cn week.	



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WIN Ed to HER TST OF W				
	Out of Hours		vice is provided by Hoct Hospital from 18:30	
	Urgent Care	Lincolnshire and Go Hospital – Goole No	entre in Goole (provide ole Hospitals Trust at orth Ward) opens from Sunday 365 days a ye	Goole District 7:00am to
	Notes	A relatively high n	umber of prescriptions of the dispensed in neighborsed in neighborsed in management of the dispensed in the dispense dispensed in the dispense dispensed in the dispense di	ons generated by
3.131. Necessary Services: gaps in provision	Although there is no pharmacy service covering extended hour provision within the Ward, there are pharmacy services accessible within 4 miles in the neighbouring Goole North Ward. One of these pharmacies is open until 8pm weekdays whilst another 100 hour pharmacy is open from 6:30am to 10.30pm weekdays, 6:30am to 10pm Saturday and 10am to 4pm Sunday. These pharmacies are within the 20 minute drive time considered reasonable (9-12 minutes). The HWBB considers therefore that there is no gap in provision.		extended hour rvices accessible rd. One of these nother 100 hour 6:30am to 10pm ies are within the	
3.132. Other Relevant Services: current provision		Currently provide	Intending to provide in next 12 months	Not intending to provide
	Medicines Use Reviews	1 pharmacy	0 pharmacies	0 pharmacies
	New Medicine Service	1 pharmacy	0 pharmacies	0 pharmacies
	Appliance Use Review	0 pharmacies	0 pharmacies	1 pharmacy
	Stoma Customisation	0 pharmacies	0 pharmacies	1 pharmacy
	Commissioned Services		oned services provi se found in Appendi	
3.133. Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations			None	
3.134. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors.			None identified	
3.135. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development		Access to FDementia SPharmaceu	screening and treatm Free Pregnancy Testin Screening Services utical Care Services to care homes scribing	ng



Howdenshire

Current Provision Maps 19,20: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.136. Ward Profile	At the 2015 Of	US mid-year estimate, the population of this Ward was	
Population	At the 2015 ONS mid-year estimate, the population of this Ward was 14,738 with a population density of 0.6 people per hectare (ERY average 1.5 people per hectare). This indicates the rural nature of the Ward, covering the M62 corridor and Parishes such as Gilberdyke (3255), Holme on Spalding Moor (3187), Newport (1435), Bubwith (1257), Eastrington (1099) and North Cave (1991).		
Income	The proportion of income-deprived households in this Ward at 7.8% is lower than the East Riding average of 10.9%. The proportion of people claiming benefits is lower than the East Riding averages. The proportion of people of a pensionable age claiming Pension Credit (60 years and over) is 8.6% (ERY average 11.4%) and the proportion claiming Employment and Support Allowance (ESA) is 3.3% (ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is lower than the East Riding average with the proportion of people claiming Job Seekers Allowance at 0.8% (ERY average 1.5%) (NOMIS, May 2015).		
Deprivation	of Deprivation.	privation in this Ward is low, based on the 2015 Indices All of the nine LSOAs in the Ward are ranked in the two deprived quintiles for England.	
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that this Ward has generally better than England average health across the indicators selected. The SARs and SMRs are generally similar to or lower than England averages with emergency admissions for "all causes", stroke and alcohol attributable harm significantly lower. Teen conceptions are also significantly lower than the East Riding average.		
3.137. Access to Healthcare	According to the 2009 ERY PCT Lifestyle Survey, 91.6% of people travel 3 miles or less to their GP surgery (ERY average of 84.3%. In terms of travel time 84.5% travelled 15 minutes or less (ERY average 79.2%) (PCT 2009 Lifestyle Survey). Patients were quite likely to walk to the surgery with 45.0% stating that they usually did so, whilst 45.7% stated that they usually used their own car. The 2015 IMD barriers to housing and services indicator shows that of the nine LSOAs in this Ward, five are in the most deprived quintile in England in terms of access, but because of the relative affluence of these LSOAs this is not considered to be an issue.		
3.138. Planned Development	Over the period 2012 to 2029 80 new dwellings are planned in Bubwith, 40 in Eastrington, 225 in Holme on Spalding Moor and 60 in North Cave. No specific development is planned in Gilberdyke/Newport in the Local Plan due to current evidence regarding the level of flood risk.		
3.139. Necessary Services:	Pharmacies	2	
current provision	GP Surgeries	1 Main and 2 Branch (Bubwith Dispensing and Holme On Spalding Moor)	
	GP Extended Hrs	Two practices offer extended provision One practice offers an extended provision 6.30pm to 7.00pm on Mondays to Wednesdays;	



THE RUNG LAZAK				
			rovides extended hou pm-8:15pm and Sat noon.	
	Out of Hours East Riding Community hospital, Beverley opens from 18:30pm to 08:00am (St Mary's Ward); An Out of Hours Service is provided in Goole District Hospital from 18:30pm - 08:00am (Goole North Ward).			ole District
	Urgent Care			
			ouring Local Authority).	
3.140. Necessary Services: gaps in provision	services in the V the fact that out	Vard on week da of hours provisio	our provision of pharm ys and Sundays. Howe n is currently provided is no gap in necessar	ever, in view of outside the y service
3.141. Other Relevant Services: current		Currently provide	Intending to provide in next 12 months	Not intending to provide
provision	Medicines Use Reviews	2 pharmacies	0 pharmacies	0 pharmacies
	New Medicine Service	2 pharmacies	0 pharmacies	0 pharmacies
	Appliance Use Review	0 pharmacies	0 pharmacies	2 pharmacies
	Stoma Customisation	0 pharmacies	0 pharmacies	2 pharmacies
	Commissioned Services		ssioned services provion be found in Appendix	•
3.142. Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations			None	
3.143. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors.		None Identified		
3.144. Potential new Co Services and Hea Pharmacy (HLP)	lthy Living	 Chlamydia screening and treatment Access to Free Pregnancy Testing Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Social Prescribing 		



North Holderness

Current Provision Maps 21,22: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

	1
3.145. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was 10,223 with a population density of 1.5 people per hectare (ERY
Population	average 1.4 people per hectare). The Ward is mainly rural in nature covering the town of Hornsea (8528) and some sparsely populated Parishes.
	This Ward has the second highest proportion of people aged 60 years and over (38%) and one of the lowest proportions of people aged 19
	or under (19%) in the County.
	Seasonal variation in the Ward population is an important consideration as there are a high number of hotels/guest
	houses/caravan parks within the Ward. A number of sites offer longer term accommodation/access and the health needs of this longer term,
	often elderly population are significant.
	The proportion of income-deprived households in this Ward at 14.6% is higher than the East Riding average of 10.9%.
	The proportion of people claiming benefits is generally higher than the East Riding averages. Those people of a pensionable age claiming
Income	Pension Credit (60 years and over) is 12.3% (ERY average 11.4%)
	and those claiming Employment and Support Allowance (ESA) is 7.2% (ERY average 4.7% (NOMIS, May 2015)).
	Unemployment in the Ward is similar to the East Riding average with the proportion of people claiming Job Seekers Allowance at 1.4%
	(ERY average 1.5%) (NOMIS, May 2015).
	The level of deprivation in this Ward is relatively high with the Ward as a whole being in the second most deprived quintile in England, based
Deprivation	on the 2015 Indices of Deprivation. Four out of six LSOAs in the Ward are ranked in the second most deprived quintile for England. One of
	the most deprived LSOAs is both materially and access deprived (See
	Appendix 5- page 138). Along with some of the lowest life expectancies for men and women
	in the County, this Ward has one of highest proportions of overweight Reception Year children. Standardised Admission Ratio (SAR) and
Health Burden	Standardised Mortality Ratio (SMR) data show that although SARs
(See Appendix Ten)	are generally lower than England averages, there is a significantly higher emergency admission rate for alcohol attributable harm than
	England average and a higher mortality rate for cancer in the under
3.146. Access to	75s than the England average, though this is not significantly so. According to the East Riding PCT 2009 Lifestyle Survey, 93.9% of
Healthcare	people travel 3 miles or less to their GP surgery (ERY average 84.3%). In terms of travel time 83.9% travel 15 minutes or less (East
	Riding average 79.2%).
	The majority of journeys (52.9%) are made using the patient's own car, though a relatively high proportion (39.4%) stated that they
	usually go to their GP surgery on foot.
	The 2015 IMD barriers to housing and services indicator shows that of the six LSOAs that make up this Ward two are in the most deprived
	quintile with the remainder being in the two least deprived quintiles in England.



3.147. Planned Development		•	n Hornsea over the per and around the town.	riod 2012 to
-	<u> </u>	1 .		
3.148. Necessary	Pharmacies	ies 4 One operates as a 100 hour pharmacy giving essential		
Services:		extended hour access to pharmaceutical services early in		
current		the mornings, in late in the evenings and at weekends. It		
provision		is open from 8am to 10.30pm on Monday, 7am to 11pm		
			y; 7am-10:30pm Saturda ese services are consider	
			intain an adequate level	
		pharmaceutical p	provision and support the	network of out
			y services across the Eas	
	GP Surgeries	nours provision is	s currently provided outsi	
	GP Surgeries GP Extended	None tbc	Dis	spensing 1
	Hrs	None toc		
	Out of Hours	Fast Riding Com	munity hospital, Beverley	v open from
	Out of Flours		Dam (St Mary's Ward);	, opo
			Unit (Entrance is at rear	
	Live and Care		Bridlington South Ward) Centres in Beverley (Ea	
	Urgent Care		oital - St Mary's Ward) an	
			ict Hospital - Bridlington	
			m to 11:00pm Monday –	Sunday 365
3.149. Necessary	The HWRR does	days a year.	at there are any gaps	in the provision
Services: gaps				
in provision		utical services in the Ward that either need to be filled to neediate need or need to be commissioned in specified		
-	future circumsta	nces.		•
3.150. Other Relevant		Currently	Intending to	Not
Services:		provide	provide in next	intending
current		promo	12 months	to provide
provision	Medicines Use Reviews	4 pharmacies	0 pharmacies	0 pharmacies
	New Medicine Service	4 pharmacies	0 pharmacies	0 pharmacies
	Appliance Use Review	0 pharmacies	0 pharmacies	4 pharmacies
	Stoma Customisation	1 pharmacy	0 pharmacy	3 pharmacies
	Commissioned		ssioned services provid	
	Services	pharmacies can be found in Appendix Fifteen		
3.151. Improvements	and Better			
Access: gaps in provision				
			None	
related to Marke	et Entry and		None	
related to Marke Exit Regulation	et Entry and s		None	
related to Marke Exit Regulation 3.152. Improvements a	et Entry and s and Better		None	
related to Marke Exit Regulation 3.152. Improvements a Access: gaps in	et Entry and s and Better a provision			
related to Marke Exit Regulation 3.152. Improvements a Access: gaps in related to Comr	et Entry and s and Better n provision nissioned		None None Identified	
related to Marke Exit Regulation 3.152. Improvements a Access: gaps in	et Entry and s and Better a provision nissioned ould be met by			



3.153. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development

- Chlamydia screening and treatment
- Access to Free Pregnancy Testing
- Weight management services
- Screening and brief intervention service for alcohol consumption
- Dementia Screening Services
- Pharmaceutical Care Services to older people residing in care homes
- Social Prescribing



Pocklington Provincial

Current Provision Map 23: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.154. Ward Profile	At the 2015 ON	IS mid-year estimate	, the population	on of this Ward was
Population	16,496 with a population density of 2.5 people per hectare (ERY average 1.4 people per hectare). This Ward covers the town of Pocklington (8689) as well as the Parishes of Stamford Bridge (3466), Wilberfoss (1906) and Barmby Moor (1150).			
Income	The proportion of income-deprived households in this Ward at 6.4% is lower than the East Riding average of 10.9%. The proportion of people claiming benefits is also lower than the East Riding averages. The proportion of people of a pensionable age claiming Pension Credit (60 years and over) is 7.6% (ERY average 11.4%) and the proportion claiming Employment and Support Allowance (ESA) is 3.0% (ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is lower than the East Riding average with the proportion of people claiming Job Seekers Allowance at 0.6% (ERY average 1.5%) (NOMIS, May 2015).			
Deprivation	The level of deprivation in this Ward is low, based on the 2015 Indices of Deprivation. Seven out of ten LSOAs in the Ward are ranked in the least deprived quintile for England and none are in the two most deprived quintiles.			
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that the health of the Ward population is better than England average across most of the selected indicators. However the SMR for stroke is significantly higher than the England average and deaths from circulatory disease and coronary artery disease are higher than England average but not significantly so. Compared with the East Riding average, the SMR for myocardial infarction is significantly higher. People in this Ward would benefit from targeted long term condition management for CHD and circulatory diseases in addition to those provided in section 3.159.			
3.155. Access to Healthcare	According to the East Riding 2009 Lifestyle Survey, 81.7% of people travelled 3 miles or less to their GP surgery (ERY average 84.3%). In terms of travel time 86.9% travelled 15 minutes or less (East Riding average 79.2%). Residents of this Ward were amongst the most likely to walk to the GP surgery with 44.3% stating that they usually did so, whilst 47.3% responded that they usually use their own car. The 2015 IMD barriers to housing and services indicator shows that of the ten LSOAs that make up this Ward, seven are in the middle or least deprived quintiles.			
3.156. Planned Development	1250 new dwellings are planned in Pocklington over the period 2012 to 2029, distributed across sites around the town. 295 dwellings are also planned in Stamford Bridge, and 80 in Wilberfoss.			
3.157. Necessary Services:	Pharmacies	3		
current provision	GP Surgeries	1 Main	Dispensing	1
	GP Extended Hrs	None tbc		



	Out of Hours	East Riding Comm	nunity hospital, Beverle	y opens from
	18:30pm to 08:00am (St Mary's Ward		am (St Mary's Ward)	•
	Urgent Care		Centre in Beverley (Eas	
			tal - St Mary's Ward) op ay – Sunday 365 days a	
			Centre in York (York Ho	
			year. (Neighbouring Lo	
3.158. Necessary	There is current		ur provision of pharm	
Services:			nd Sundays. Howeve	
gaps in		•	currently provided out	
provision	the HWBB cons	siders there is no g	ap in necessary servi	ce provision.
3.159. Other		C	Intending to	Not
Relevant		Currently	provide in next	intending to
Services:		provide	12 months	provide
current provision	Medicines Use Reviews	3 pharmacies	0 pharmacies	0 pharmacies
	New Medicine Service	3 pharmacies	0 pharmacies	0 pharmacies
	Appliance Use Review	0 pharmacies	0 pharmacies	3 pharmacies
	Stoma Customisation	0 pharmacies	0 pharmacies	3 pharmacies
	Commissioned	A list of commiss	ioned services provid	led by the
	Services	pharmacies can l	oe found in Appendix	Fifteen.
3.160. Improvements				
Access: gaps	-	None		
related to Mari	•			
Exit Regulation				
3.161. Improvements				
Access: gaps	•		e exchange service	
related to Com		NHS Urgent Medicine Supply Service		
Services that of		(NUM	SAS)	
	by existing contractors.		valio o ana animar anal trad	dina a ind
3.162. Potential new		Chlamydia screening and treatmentAccess to Free Pregnancy Testing		
Commissioned Services and Healthy Living Pharmacy			ntia Screening Services	
(HLP) Develop		 Medici 	nes management servi	ces for specific
(LIEF) Develop	ment	_	rm conditions (e.g. CH	•
			aceutical Care Services	s to older people
		 Stoma 	g in care homes Appliance Customisati Prescribing	on where needed



Snaith, Airmyn, Rawcliffe and Marshland

Current Provision Map 24: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.163. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was
Population	9,644 with a population density of 0.7 people per hectare (ERY average 1.4 people per hectare). This indicates the rural nature of the Ward, covering Parishes to the south of Goole including Snaith & Cowick (3570) and Rawcliffe (2304). Half of the Ward population are aged between 20 years and 59 years.
Income	The proportion of income-deprived households in this Ward at 9.3% is slightly lower than the East Riding average of 10.9%. The proportion of people claiming benefits tends to be lower than the East Riding averages. Unemployment in the Ward is lower than the East Riding average with the proportion of people claiming Job Seekers Allowance at 0.9% (ERY average 1.5%) (NOMIS, May 2015)). The proportion of those claiming Employment and Support Allowance (ESA) is 2.4% (ERY average 4.7% (NOMIS, May 2015)). At 5.8%, the proportion of those people of a pensionable age claiming Pension Credit (60 years and over) is also lower than the East Riding average of 11.4%.
Deprivation	The overall level of deprivation in this Ward is around average, based on the 2015 Indices of Deprivation. Five out of the six LSOAs in the Ward are ranked in the middle or lower quintiles for deprivation in England. One of the most deprived LSOAs is both materially and access deprived (See Appendix 5- page 138).
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that SMRs for the selected indicators are similar to or generally higher than England averages and significantly so for "all causes" and circulatory diseases. However although SARs are generally lower than England averages (significantly lower for all causes, all ages), compared with East riding averages, the SAR is significantly higher for coronary heart disease. This Ward has some of the lowest life expectancies for men and women in the County. People in this Ward would benefit from targeted long term conditions management services for CHD and circulatory diseases in addition to those provided in section 3.168.
3.164. Access to Healthcare	According to the East Riding PCT 2009 Lifestyle Survey, 79.2% of people travelled 3 miles or less to their GP surgery (ERY average 84.3%). However, in terms of travel time 80.9% travelled 15 minutes or less (ERY average 79.2%). The highest proportion of journeys (64.3%) being made by car. The 2015 IMD barriers to housing and services indicator shows that of the six LSOAs in this Ward, three are in the two most deprived quintiles in England for access.
3.165. Planned developments	Over the period 2012 to 2029 245 dwellings are planned in Snaith. No specific development is planned in Rawcliffe in the Local Plan due to current evidence regarding the level of flood risk.



MINIPARIMI LCINK	Dis a mas a si s s	4		
3.166. Necessary	Pharmacies	1	no oboico of prov	idar of
Services:		Although there is no choice of provider of pharmaceutical services within the Ward, the		
current		HWBB considers there is adequate choice of		
provision		provider taking into consideration the proximity of		
		two 100 hour pharmacies in neighbouring Wards		
		within 8 miles, one in Goole (see Goole North		
		Ward) and one in Thorne (Doncaster Metropolitan		
		Borough Council).		
	GP Surgeries	1 Main and 1 Bran	_	spensing 2
	GP Extended	The main surgery		
	Hrs	provision on Mond		
		7.45am to 8am, M	londays 6:30pm	to 8.30pm
	Out of Hours	An Out of Hours Se Hospital from 18:30		
	Urgent Care	The Urgent Care Ce		
	3	Lincolnshire and Go		
		Hospital – Goole No		
	Notes	11:00pm Monday –		
	Notes	A number of pre		
		Council.	ald ill Noltil i	Orkshile County
3.167. Necessary	The HWBB cons	iders that whilst the	ere is a gap in p	rovision when the
Services: gaps			•	
		n Snaith is open extended hours, there is reasonable ended hours pharmaceutical services outside the Ward.		
in provision	access to exterio	ours provision is currently provided outside the Ward,		
in provision				
•	As the out of ho		rently provided of	outside the Ward,
in provision 3.168. Other Relevant	As the out of ho	urs provision is cur ders there is no gap	rently provided of	outside the Ward, ervice provision.
•	As the out of ho	urs provision is cur	rently provided of in necessary seal Intending to provide in	outside the Ward, ervice provision.
3.168. Other Relevant Services: current	As the out of ho	urs provision is cur ders there is no gap	rently provided of in necessary seal Intending to	outside the Ward, ervice provision. Not intending to
3.168. Other Relevant Services:	As the out of hot the HWBB consider	urs provision is cur ders there is no gap Currently	rently provided of in necessary seal Intending to provide in	outside the Ward, ervice provision.
3.168. Other Relevant Services: current	As the out of ho	urs provision is cur ders there is no gar Currently provide	rently provided of in necessary sea Intending to provide in next 12 months	Not intending to provide
3.168. Other Relevant Services: current	As the out of hot the HWBB consider	urs provision is cur ders there is no gap Currently	rently provided of in necessary seal Intending to provide in next 12	outside the Ward, ervice provision. Not intending to
3.168. Other Relevant Services: current	As the out of hot the HWBB consideration of	Currently provide 1 pharmacy	Intending to provide in necessary second in necessary second in provide in next 12 months O pharmacies	Not intending to provide 0 pharmacies
3.168. Other Relevant Services: current	As the out of hot the HWBB consideration of	urs provision is cur ders there is no gar Currently provide	rently provided of in necessary sea Intending to provide in next 12 months	Not intending to provide
3.168. Other Relevant Services: current	As the out of hot the HWBB consideration of	Currently provide 1 pharmacy	Intending to provide in necessary season in ne	Not intending to provide 0 pharmacies 0 pharmacies
3.168. Other Relevant Services: current	As the out of hot the HWBB considerable Medicines Use Reviews New Medicine Service	Currently provide 1 pharmacy	Intending to provide in necessary second in necessary second in provide in next 12 months O pharmacies	Not intending to provide 0 pharmacies
3.168. Other Relevant Services: current	As the out of hot the HWBB consider the HWBB consideration the	Currently provide 1 pharmacy 1 pharmacy 0 pharmacies	Intending to provided in necessary sea Intending to provide in next 12 months O pharmacies O pharmacies O pharmacies	Not intending to provide 0 pharmacies 1 pharmacy
3.168. Other Relevant Services: current	Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation	Currently provide 1 pharmacy	Intending to provide in necessary season in ne	Not intending to provide 0 pharmacies 0 pharmacies
3.168. Other Relevant Services: current	As the out of hot the HWBB consider the HWBB consideration the	Currently provide 1 pharmacy 1 pharmacy 0 pharmacies A list of commiss	Intending to provide in necessary set in necessary set in necessary set in next 12 months O pharmacies O pharmacies O pharmacies O pharmacies ioned services p	Not intending to provide O pharmacies O pharmacies O pharmacy 1 pharmacy rovided by the
3.168. Other Relevant Services: current	Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation	Currently provide 1 pharmacy 1 pharmacy 0 pharmacies	Intending to provide in necessary set in necessary set in necessary set in next 12 months O pharmacies O pharmacies O pharmacies O pharmacies ioned services p	Not intending to provide O pharmacies O pharmacies O pharmacy 1 pharmacy rovided by the
3.168. Other Relevant Services: current	Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation Commissioned Services	Currently provide 1 pharmacy 1 pharmacy 0 pharmacies A list of commiss	Intending to provide in necessary set in necessary set in necessary set in next 12 months O pharmacies O pharmacies O pharmacies O pharmacies ioned services p	Not intending to provide O pharmacies O pharmacies O pharmacy 1 pharmacy rovided by the
3.168. Other Relevant Services: current provision	As the out of hot the HWBB consideration the HWBB consideration and the HWB	Currently provide 1 pharmacy 1 pharmacy 0 pharmacies A list of commiss	Intending to provided in necessary set in necessary set in necessary set in next 12 months O pharmacies	Not intending to provide O pharmacies O pharmacies O pharmacy 1 pharmacy rovided by the
3.168. Other Relevant Services: current provision 3.169. Improvements ar	As the out of hot the HWBB consider the HWBB consideration the	Currently provide 1 pharmacy 1 pharmacy 0 pharmacies A list of commiss	Intending to provide in necessary set in necessary set in necessary set in next 12 months O pharmacies O pharmacies O pharmacies O pharmacies ioned services p	Not intending to provide O pharmacies O pharmacies O pharmacy 1 pharmacy rovided by the
3.168. Other Relevant Services: current provision 3.169. Improvements at Access: gaps in	As the out of hot the HWBB consider the HWBB consideration the	Currently provide 1 pharmacy 1 pharmacy 0 pharmacies A list of commiss	Intending to provided in necessary set in necessary set in necessary set in next 12 months O pharmacies	Not intending to provide O pharmacies O pharmacies O pharmacy 1 pharmacy rovided by the
3.168. Other Relevant Services: current provision 3.169. Improvements ar Access: gaps in related to Market	Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation Commissioned Services nd Better provision Entry and Exit	Currently provide 1 pharmacy 1 pharmacy 0 pharmacies A list of commiss	Intending to provided in necessary set in necessary set in necessary set in next 12 months O pharmacies O pharmacies O pharmacies O pharmacies ioned services poe found in Appe	Not intending to provide O pharmacies O pharmacies O pharmacy 1 pharmacy rovided by the
3.168. Other Relevant Services: current provision 3.169. Improvements ar Access: gaps in related to Market Regulations	Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation Commissioned Services nd Better provision Entry and Exit	Currently provide 1 pharmacy 0 pharmacies A list of commiss pharmacies can	Intending to provided in necessary set Intending to provide in next 12 months O pharmacies O pharmacies O pharmacies O pharmacies ioned services poe found in Appe	Not intending to provide O pharmacies O pharmacies O pharmacy 1 pharmacy rovided by the
3.168. Other Relevant Services: current provision 3.169. Improvements ar Access: gaps in related to Market Regulations 3.170. Improvements ar	Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation Commissioned Services nd Better provision Entry and Exit	Currently provide 1 pharmacy 1 pharmacies O pharmacies A list of commiss pharmacies can be expected by a commission of the commission	Intending to provided in necessary set Intending to provide in next 12 months O pharmacies O pharmacies O pharmacies O pharmacies ioned services poe found in Appe	Not intending to provide 0 pharmacies 1 pharmacy 1 pharmacy rovided by the ndix Fifteen
3.168. Other Relevant Services: current provision 3.169. Improvements ar Access: gaps in related to Market Regulations 3.170. Improvements ar Access: gaps in related to Comm	Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation Commissioned Services nd Better provision Entry and Exit	Currently provide 1 pharmacy 1 pharmacies 0 pharmacies A list of commiss pharmacies can be can be commissed.	Intending to provide in necessary set Intending to provide in next 12 months O pharmacies O pharmacies O pharmacies ioned services poe found in Apper None	Not intending to provide 0 pharmacies 1 pharmacy 1 pharmacy rovided by the ndix Fifteen
3.168. Other Relevant Services: current provision 3.169. Improvements ar Access: gaps in related to Market Regulations 3.170. Improvements ar Access: gaps in	Medicines Use Reviews New Medicine Service Appliance Use Review Stoma Customisation Commissioned Services nd Better provision Entry and Exit nd Better provision issioned ald be met by	Currently provide 1 pharmacy 1 pharmacies O pharmacies A list of commiss pharmacies can be supervised. EHC PGE Varenicling Supervised. Pharmacy	Intending to provided in necessary set in necessary set in necessary set in next 12 months O pharmacies O pharmacies O pharmacies O pharmacies ioned services poe found in Apper in next	Not intending to provide 0 pharmacies 1 pharmacy 1 pharmacy rovided by the ndix Fifteen e service Medicines



3.171. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development

- Chlamydia screening and treatment
- Access to Free Pregnancy Testing
- Medicines management services for specific long term conditions (e.g. CHD and circulatory diseases)
- Dementia Screening Services
- Pharmaceutical Care Services to older people residing in care homes
- Stoma Appliance Customisation and Palliative care service where needed
- Social Prescribing



South East Holderness

Current Provision Maps 25,26: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.172. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was 14,948 with a population density of 0.8 people per hectare (ERY average 1.4 people per hectare). This Ward is rural and lowland in
Population	nature. Aside from the town of Withernsea (6363), the population is spread between Parishes such as Keyingham (2359), Patrington (1978) and Roos (1188). Seasonal variation in the Ward population is an important consideration as there are a high number of hotels/guest houses/caravan parks within the Ward. A number of sites offer longer term accommodation/access and the health needs of this longer term, often elderly population are significant.
Income	The proportion of income-deprived households in this Ward at 19.6% is much higher than the East Riding average of 10.9%. The proportion of people claiming benefits is also much higher than the East Riding averages. The proportion of people of a pensionable age claiming Pension Credit (60 years and over) is 27.9% (ERY average 11.4%) and the proportion claiming Employment and Support Allowance (ESA) is 12.8% (ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is higher than the East Riding average with the proportion of people claiming Job Seekers Allowance at 3.2% (ERY average 1.5%) (NOMIS, May 2015).
Deprivation	The level of deprivation in this Ward is high. Based on the 2015 Indices of Deprivation all of the ten LSOAs in the Ward are ranked in the middle and most deprived quintiles for England. Four of the most deprived LSOAs are both materially <u>and</u> access deprived (See Appendix 5- page 138).
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that long term conditions are an issue for people living in this Ward. SMRs are higher than England averages across the selected indicators and significantly so for deaths from respiratory disease. This coupled with high SARs both generally and in particular for coronary heart disease, stroke and chronic obstructive pulmonary disease suggests that the health burden is significant. This Ward has the highest proportion of overweight Reception Year and Year 6 children in the County. People in this Ward would benefit from targeted long term conditions services in addition to those provided in Appendix Fifteen and section 3.177.
3.173. Access to Healthcare	According to the ERY PCT 2009 Lifestyle Survey, 79.3% of people travel 3 miles or less to their GP surgery (ERY average 84.3%. In terms of travel time 82.4% travelled 15 minutes or less (East Riding average 79.2%). The majority of journeys (45.2%) were made on foot, though a relatively high proportion (41.7%) stated that they usually went to their GP surgery in their own car. The 2015 IMD barriers to housing and services indicator shows access as mixed, with six of the ten LSOAs that make up this Ward being in the two most deprived quintiles in England and four in the middle and second least deprived quintile.



3.174. Planned Development	In Withernsea 550 new dwellings are planned, on sites primarily to the south and west of the town. 215 dwellings are also planned in Keyingham, 140 are planned in Patrington and 40 are planned in Roos. No specific development is planned in Easington in the Local Plan as the settlement lies within a consultation zone where the Health and Safety Executive would advise against development of more than 3 dwellings. Pharmacies 3				
3.175. Necessary	Pharmacies CD Surgarias				1
Services: current provision	GP Surgeries	Branch (Patringt Keyingham)	on, Roos and	Dispensing	4
provident.	GP Extended Hrs		gery in Withernse and Wednesday 6:		ended
	Out of Hours	Holderness Ward)	inity Centre, Hedon () until 23:00. 23:00 to Riding Community h	08:00 cover is	
	Urgent Care	Community Hospi (Bridlington District from 7:00am to 11 year; Bransholme Urger days a year (Hull I The 8-8 Centre fo	Centres in Beverley tal - St Mary's Ward's tal - St Mary's Ward's Hospital - Bridlingt 1:00pm Monday – Sunt Care Centre, oper Local Authority); r planned care at the ability to book urgent	and Bridlingtor on South Ward) unday 365 days as for 24 hours 3	open a 365 ospital
3.176. Necessary	There is curre		d hour provision		
Services: gaps in provision	there is provision that the out of Holderness War 7:30am – 11pm	services week days and Sundays. However, in view of the fact that there is provision during the opening hours of the Minor Injury unit, and that the out of hours service is in Hedon (neighbouring South West Holderness Ward) where there is a 100 hour pharmacy open from 7:30am – 11pm Monday to Friday, 9am – 10pm Saturday and 11am – 10:30pm Sunday, the HWBB considers there is no gap in necessary			t, and West from am –
3.177. Other Relevant Services: current		Currently provide	Intending to provide in nex 12 months	Not intending provid	g to
provision	Medicines Use Reviews	2 pharmacy	1 pharmacy	0 pharmac	
	New Medicine Service	2 pharmacies	1 pharmacy	0 pharmac	ies
	Appliance Use Review	0 pharmacies	1 pharmacy	2 pharmac	ies
	Stoma Customisation	0 pharmacies	1 pharmacy	2 pharmac	
	Commissioned Services	can be found in A	oned services provid ppendix Fifteen.	ed by the pharn	nacies
3.178. Improvements ar	nd Better				
Access: gaps in provision related to Market Entry and Exit Regulations		None			
3.179. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors. • EHC service in Patrington • BBV Testing					



3.180. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development

- Chlamydia screening and treatment
- Access to Free Pregnancy Testing
- Weight management services
- Medicines management services for long term conditions
- Dementia Screening Services
- Pharmaceutical Care Services to older people residing in care homes
- Stoma Appliance Customisation where needed
- Social Prescribing



South Hunsley

Current Provision Map 27: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.181. Ward Profile		ONS mid-year estimate, the population of this Ward was		
	•	population density of 3.7 people per hectare (ERY average		
Population		r hectare). This Ward is mainly rural in nature with the uated in the larger Parishes of North Ferriby (3895),		
		14) and Welton (2536).		
		of income-deprived households in this Ward at 3.8% is		
		East Riding average of 10.9%.		
		of people claiming benefits is much lower than the East		
		es. The proportion of people of a pensionable age claiming		
Income		t (60 years and over) is 2.8% (ERY average 11.4%) and		
		claiming Employment and Support Allowance (ESA) is erage 4.7% (NOMIS, May 2015)).		
		t in the Ward is lower than the East Riding average with		
		of people claiming Job Seekers Allowance at 0.4% (ERY		
		(NOMIS, May 2015).		
Donrivation		leprivation in this Ward is the lowest in the East Riding.		
Deprivation		2015 Indices of Deprivation, all of the six LSOAs in the ed in the least deprived quintile for England.		
		Admission Ratio (SAR) and Standardised Mortality Ratio		
		now that with the exception of deaths from stroke (SMR		
Health Burden		gher than the England average), this Ward has generally		
(See Appendix Ten)	good health compared with England averages across all of the remaining			
(555) 4 555		ators. People in this Ward would benefit from targeted long		
	term condition management services for stroke in addition to those provided in section 3.186.			
3.182. Access to	In terms of access to healthcare, the ERY PCT 2009 Lifestyle Survey			
Healthcare		33.3% of people travelled 3 miles or less to their GP		
	• •	is a little lower than the East Riding average of 84.3%.		
	· ·	terms of travel time 90.8% travelled 15 minutes or less		
	(62.4%) being	average 79.2%) with the highest proportion of journeys		
		barriers to housing and services indicator shows that of		
		in this Ward, two are in the two most deprived quintiles in		
		ms of access, but because of the relative affluence of this		
2.402 Dlanned	area this is not considered to be an issue.			
3.183. Planned Development	Over the period 2012 to 2029 85 dwellings are planned in North Ferriby and 165 are planned in Swanland.			
3.184. Necessary	Pharmacies	2		
Services:	GP	1 Main and 2 Branch (Swanland Dispensing 1		
current	Surgeries	and North Ferriby)		
provision	GP	One practice offers extended provision on Saturday		
•	Extended	mornings 11:00am to 12:00 noon.		
	Hrs			
	Out of	East Riding Community hospital, Beverley open from 18:30pm		
	Hours	to 08:00am (St Mary's Ward)		



WIN Ed to Hill T CC 2 DC **				
2.405 Noocoomi	3	Hospital - St Mary's Monday - Sunday The Bransholme U days a year (Hull L The Storey Street © 20:00 pm (Hull Loc	rgent Care Centre, oper ocal Authority); GP Walk in Centre oper al Authority).	0am to 11:00pm ns for 24 hours 365 ns from 8:00am to
3.185. Necessary Services: gaps in provision	in the Ward we view of the fact	ekdays, Saturday that out of hours	our provision of pharm	ndays. However, in y provided outside
3.186. Other Relevant Services: current		Currently provide	Intending to provide in next 12 months	Not intending to provide
provision	Medicines Use Reviews	2 pharmacies	0 pharmacies	0 pharmacies
	New Medicine Service	2 pharmacies	0 pharmacies	0 pharmacies
	Appliance Use Review	0 pharmacies	0 pharmacies	2 pharmacies
	Stoma Customisation	0 pharmacies	0 pharmacies	2 pharmacies
	Commissioned Services		sioned services provi be found in Appendi	
3.187. Improvements a Access: gaps in related to Marke Exit Regulations	provision et Entry and	None		
3.188. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors.		 Supervis 	sed buprenorphine	
3.189. Potential new Commissioned Services and Healthy Living Pharmacy (HLP) Development		 Access to Medicine condition Dementia Pharmac residing i Stoma Ap 	ia screening and treatmoneries Free Pregnancy Testings management services (e.g. stroke) a Screening Services eutical Care Services to n care homes opliance Customisation where needed	ng s for long term o older people



South West Holderness

Current Provision Map 28: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.190. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was
Population	14,596 with a population density of 2.7 people per hectare (ERY average 1.4 people per hectare). The Ward is rural in nature with the vast majority of its population living in Hedon (7263) and the Parishes of Thorngumbald (3277), and Preston (3350). There is also industry in the area with the power station and chemical works located in Salt End.
Income	The proportion of income-deprived households in this Ward at 9.4% is slightly lower than the East Riding average of 10.9%. The proportion of people claiming benefits is higher than the East Riding averages. The proportion of people of a pensionable age claiming Pension Credit (60 years and over) is 15.1% (ERY average 11.4%) and the proportion claiming Employment and Support Allowance (ESA) is 6.1% (ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is also higher than the East Riding average with the proportion of people claiming Job Seekers Allowance at 2.1% (ERY average 1.5%) (NOMIS, May 2015).
Deprivation	The level of deprivation in this Ward is low, based on the 2015 Indices of Deprivation. Seven out of the nine LSOAs in the Ward are ranked in the second least deprived quintile for England. However, one LSOA is both materially <u>and</u> access deprived (See Appendix 5- page 139).
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that with the exception of emergency admissions for chronic obstructive pulmonary disease and deaths from stroke (SAR and SMR significantly higher than England averages), the health of the Ward population is better than England averages across all remaining selected conditions. This Ward has some of the highest proportions of overweight Reception Year and Year 6 children in the County.
3.191. Access to Healthcare	According to the 2009 ERY PCT Lifestyle Survey, 93.8% of people travelled 3 miles or less to their GP surgery (ERY average 84.3%). In terms of travel time 85.8% travelled 15 minutes or less (East Riding average 79.2%) (PCT 2009 Lifestyle Survey). The majority of journeys (54.2%) were made by car, though a relatively high proportion (45.2%) stated that they usually went to their GP surgery on foot. The 2015 IMD barriers to housing and services indicator shows that of the nine LSOAs that make up this Ward three are in the two most deprived quintiles.
3.192. Planned Development	In Hedon 91 new dwellings are planned (no new allocations are being made due to current evidence about flood risk). 95 dwellings are also planned in Preston. No specific development is planned in Thorngumbald in the Local Plan due to current evidence regarding the level of flood risk.



3.193. Necessary Services: current provision	GP Surgeries GP Extended Hrs Out of Hours Urgent Care	in providing esser pharmaceutical se and at weekends. Monday to Friday 8.30pm on Sunda necessary to mair provision and sup services across the 2 Extended hours Saturday morning to 12:00 noon) a 18:30pm to 20:00 opened by the 1 Rosedale Community Holderness Ward provided by East Mary's Ward). The Urgent Care Community Hospito 11:00pm Monda The Bransholme 1365 days a year (1)	Hedon operates as a 100 ntial extended hour access ervices in the early morning. It is open from 7.30 am to 9 am to 10 pm on Saturdary. These services are contain an adequate level of port the network of out of the East Riding. Dispersion of the East Riding. Dispersion of the Dispersion of the East Riding. Dispersion of the East Riding Community Contract phare and the East Riding Community hospit of the East Mary's Ward) operation of the East Mary's Ward Mary'	ngs, evenings of 11pm on ay and 11am to ensidered to be of pharmaceutical chours pharmacy nsing 2 GP practices on and 09:00am of Mondays from ed by the hours macy th West 00 cover is al, Beverley (St Riding ens from 7:00am ensign of 24 hours of 12 man
3.194. Necessary Services: gaps	pharmaceutical	gives people the as s not consider tha services in the Wa	r planned care at the Witt ability to book urgent slots at there are any gaps in ard that either need to	s 7 days a week. the provision of be filled to meet
in provision 3.195. Other Relevant Services: current	circumstances.	Currently provide	Intending to provide in next 12 months	Not intending to provide
provision	Medicines Use Reviews New Medicine	2 pharmacies 2 pharmacies	0 pharmacies 0 pharmacies	1 pharmacy 1 pharmacy
	Service Appliance Use Review	0 pharmacies	0 pharmacies	3 pharmacies
	Stoma Customisation	0 pharmacies	0 pharmacies	3 pharmacies
2 406 Improvements	Commissioned Services		sioned services provide be found in Appendix	
3.196. Improvements a Access: gaps in related to Marke Exit Regulations	provision t Entry and		None	



3.197. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors.	Needle exchange serviceBBV Testing
3.198. Potential new Commissioned Services	 Chlamydia screening and treatment Access to Free Pregnancy Testing Weight management services Medicines management services for long term conditions (e.g. CHD, stroke) Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation where needed Social Prescribing



Tranby

Current Provision Map 29: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.199. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was 9,910 with a population density of 19.3 people per hectare (ERY			
Population	1	ople per hectare). This Ward covers	•	
Income	The proportion of income-deprived households in this Ward at 10.4% is similar to the East Riding average of 10.9%. The proportion of people claiming benefits is lower than the East Riding averages. Those people of a pensionable age claiming Pension Credit (60 years and over) is 9.7% (ERY average 11.4%) and those claiming Employment and Support Allowance (ESA) is 4.3% (ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is slightly higher than the East Riding average with the proportion of people claiming Job Seekers Allowance at 2.0% (ERY average 1.5%) (NOMIS, May 2015).			
Deprivation	The level of deprivation in this Ward is generally low, based on the 2015 Indices of Deprivation. Six out of the seven LSOAs that make up this Ward are ranked in the middle and least deprived quintiles for England.			
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that this Ward has generally lower than England average SMRs and SARs across the selected indicators with the exception of deaths from coronary heart disease where the SMR is higher but not significantly so.			
3.200. Access to Healthcare	According to the East Riding PCT 2009 Lifestyle Survey, 93.7% of people travel 3 miles or less to their GP surgery (ERY average 84.3%). In terms of travel time only 70.5% travelled 15 minutes or less (East Riding average 79.2%). The majority of journeys (51.4%) were made by car. The 2015 IMD barriers to housing and services indicator shows that of the seven LSOAs in this Ward, six are ranked in the middle and least deprived quintiles for England.			
3.201. Planned Development	3,550 new houses are proposed across the Major Haltemprice Settlements (which also includes Hessle and Cottingham) of the period 2012 to 2029. Of these, approximately 1153 are proposed to be in Anlaby, Willerby and Kirk Ella.			
3.202. Necessary Services: current provision	Pharmacies	1 (plus 1 distance selling) Although there is no choice of provide pharmaceutical services within the V considers there is adequate choice of into consideration the proximity of phasing houring Hessle, Willerby and K the City of Hull. There are three 100 within 3 miles - two in the Hessle are Anlaby Road.	Vard the HWBB of provider taking narmacies in the irk Ella Wards a hour pharmacie a and one on	g ind es
	GP Surgeries GP Extended Hrs	1 Main and 1 Branch (Anlaby) One GP practice offers extended hor 18:30pm to 19:00pm and Wednesda 08:00am.		0



				unity hospital, Beverley om (St Mary's Ward)	open from
		Urgent Care The Urgent Care Centre in Beverley (East Riding Communi Hospital - St Mary's Ward) opens from 7:00am to 11:00pm Monday – Sunday 365 days a year; The Bransholme Urgent Care Centre, opens for 24 hours 365 days a year (Hull Local Authority); The Storey Street GP Walk in Centre opens from 8:00am to 20:00 pm (Hull Local Authority).		s for 24 hours	
			dispensed outsic Wards. A numbe	ns generated by the r le the Tranby, Willerb er of pharmacies in b to the Ward boundary	oy and Kirk Ella both East Riding
	cessary rvices: gaps provision	There is currently no extended hour provision of pharmaceutical services in the Ward weekdays and on Sundays. However, in view of the fact that out of hours provision is currently provided outside the Ward the HWBB considers there is no gap in necessary service provision.			
	ner levant rvices:		Currently provide	Intending to provide in next 12 months	Not intending to provide
	rent ovision	Medicines Use Reviews	2 pharmacies	0 pharmacies	0 pharmacies
		New Medicine Service	1 pharmacy	0 pharmacies	1 pharmacy
		Appliance Use Review	0 pharmacies	0 pharmacies	2 pharmacies
		Stoma Customisation	0 pharmacies	0 pharmacies	2 pharmacies
		Commissioned Services			
3.205. Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations			None		
3.206. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors.		None Identified			
3.207. Po t	2.207. Potential new Commissioned Services		 Chlamydia screening and treatment Access to Free Pregnancy Testing Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation where needed Social Prescribing 		



Willerby and Kirk Ella
Current Provision Map 30: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.208. Ward Profile	At the 2015 ONS	S mid-year estimate,, the populati	on of this War	d was
		population density of 13.0 people		
Population		ple per hectare). This Ward is ma		
	•	shes of Willerby and Kirk Ella near		
		ulation is aged 60 or over which		iignest
		ngton North and North Holderness)		00/ :-
		f income-deprived households in the East Riding average of 10.9%.		.2% IS
		f people claiming benefits is lower		Riding
	averages. The	proportion of people of a pension	onable age cla	aiming
Income	Pension Credit (6	60 years and over) is 5.1% (ERY	average 11.4%	6) and
lincome		laiming Employment and Support	Allowance (E	SA) is
	`	age 4.7% (NOMIS, May 2015)).		
	' '	n the Ward is also lower than the	•	
		on of people claiming Job Seeker	s Allowance at	0.7%
		5%) (NOMIS, May 2015).	the second love	voot in
Deprivation		rivation in this Ward is very low – pased on the 2015 Indices of Depri		
Deprivation	0	ard are ranked in the least deprived		
		mission Ratio (SAR) and Standar		
Lia altia Danalan		w that this Ward has generally	•	
Health Burden	` ,	and SARs across the selected indi-		•
(See Appendix Ten)	_	e expectancy in the County and	•	
	female life expec	tancy.		
3.209. Access to		e East Riding PCT 2009 Lifestyl	e Survey, 89.9	9% of
Healthcare		3 miles or less to their GP su	rgery (ERY av	/erage
Healthcare	84.3%). In terms	3 miles or less to their GP su of travel time, 83.6% travelled 15	rgery (ERY av	/erage
Healthcare	84.3%). In terms average 79.2%).	of travel time, 83.6% travelled 15	rgery (ERY av minutes or less	/erage
Healthcare	84.3%). In terms average 79.2%). The majority of jo	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car.	rgery (ERY av minutes or less	/erage s (ERY
Healthcare	84.3%). In terms average 79.2%). The majority of jo	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. coarriers to housing and services	rgery (ERY av minutes or less indicator show	verage s (ERY vs that
Healthcare	84.3%). In terms average 79.2%). The majority of jo The 2015 IMD to eight out of the results.	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. carriers to housing and services nine LSOAs in this Ward are in the	rgery (ERY av minutes or less indicator show	verage s (ERY vs that
	84.3%). In terms average 79.2%). The majority of jo The 2015 IMD to eight out of the requintiles in Engla	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. carriers to housing and services nine LSOAs in this Ward are in the and in terms of access.	rgery (ERY av minutes or less indicator show he two least de	verage s (ERY vs that eprived
3.210. Planned	84.3%). In terms average 79.2%). The majority of jo The 2015 IMD beight out of the requintiles in Engla 3,550 new hou	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. carriers to housing and services nine LSOAs in this Ward are in the	rgery (ERY av minutes or less indicator show the two least de	verage (ERY vs. that eprived mprice
	84.3%). In terms average 79.2%). The majority of jo The 2015 IMD to eight out of the quintiles in Engla 3,550 new hou Settlements (which period 2012 to 20	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. carriers to housing and services nine LSOAs in this Ward are in the land in terms of access. Uses are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 is	rgery (ERY av minutes or less indicator show the two least de Major Halter ottingham) over	verage (ERY) vs that eprived mprice er the
3.210. Planned	84.3%). In terms average 79.2%). The majority of journel The 2015 IMD is eight out of the requintiles in Engla 3,550 new housettlements (which period 2012 to 20 Anlaby, Willerby 20 average 79.2%).	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. carriers to housing and services nine LSOAs in this Ward are in the land in terms of access. Uses are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 is	rgery (ERY av minutes or less indicator show the two least de Major Halter ottingham) over	verage (ERY) vs that eprived mprice er the
3.210. Planned	84.3%). In terms average 79.2%). The majority of jo The 2015 IMD to eight out of the quintiles in Engla 3,550 new hou Settlements (which period 2012 to 20	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. coarriers to housing and services nine LSOAs in this Ward are in the and in terms of access. Uses are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 and Kirk Ella.	rgery (ERY av minutes or less indicator show he two least de Major Halter ottingham) ove are proposed to	verage (ERY) vs that eprived mprice er the
3.210. Planned Development	84.3%). In terms average 79.2%). The majority of journel The 2015 IMD is eight out of the requintiles in Engla 3,550 new housettlements (which period 2012 to 20 Anlaby, Willerby 20 average 79.2%).	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. coarriers to housing and services nine LSOAs in this Ward are in the services are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 and Kirk Ella. 1 Although there is no choice of pro-	rgery (ERY avminutes or less indicator show the two least de Major Halter ottingham) over are proposed to vider of	verage s (ERY vs that eprived emprice er the o be in
3.210. Planned Development 3.211. Necessary	84.3%). In terms average 79.2%). The majority of journel The 2015 IMD is eight out of the requintiles in Engla 3,550 new housettlements (which period 2012 to 20 Anlaby, Willerby 20 average 79.2%).	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. coarriers to housing and services nine LSOAs in this Ward are in the order of access. Uses are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 and Kirk Ella. 1 Although there is no choice of propharmaceutical services within the	rgery (ERY averagery (ERY averagery) (ERY aver	verage (ERY) vs that eprived exprined exprined exprined exprise be in
3.210. Planned Development 3.211. Necessary Services:	84.3%). In terms average 79.2%). The majority of journel The 2015 IMD is eight out of the requintiles in Engla 3,550 new housettlements (which period 2012 to 20 Anlaby, Willerby 20 average 79.2%).	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. coarriers to housing and services nine LSOAs in this Ward are in the and in terms of access. Uses are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 and Kirk Ella. 1 Although there is no choice of propharmaceutical services within the considers there is adequate choice.	rgery (ERY averagery (ERY averagery) (ERY aver	verage (ERY) vs that eprived er the cobe in BB king
3.210. Planned Development 3.211. Necessary Services: current	84.3%). In terms average 79.2%). The majority of journel The 2015 IMD is eight out of the requintiles in Engla 3,550 new housettlements (which period 2012 to 20 Anlaby, Willerby 20 average 79.2%).	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. coarriers to housing and services nine LSOAs in this Ward are in the and in terms of access. Uses are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 and Kirk Ella. 1 Although there is no choice of propharmaceutical services within the considers there is adequate choice into consideration the proximity of	rgery (ERY averagery (ERY averagery) and indicator show the two least demander of the two determined are proposed to the two determined are proposed to the two determined are provider of the two determined are provider the two determined are pharmacies in the two determined are provided at the two determined are provided at the two determined are pharmacies in the two determined are two determined ar	rerage (ERY) resthat eprived mprice er the pobe in BB king the
3.210. Planned Development 3.211. Necessary Services: current	84.3%). In terms average 79.2%). The majority of journel The 2015 IMD is eight out of the requintiles in Engla 3,550 new housettlements (where period 2012 to 20 Anlaby, Willerby 20 average 79.2%).	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. coarriers to housing and services nine LSOAs in this Ward are in the and in terms of access. Uses are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 and Kirk Ella. 1 Although there is no choice of propharmaceutical services within the considers there is adequate choice into consideration the proximity of neighbouring Hessle and Tranby N	rgery (ERY averagery (ERY averagery) and indicator show the two least de and the two least de are proposed to are proposed to are provider of the Ward the HW e of provider tall pharmacies in Wards and the	verage (ERY) vs that eprived mprice er the pobe in BB king the City
3.210. Planned Development 3.211. Necessary Services: current	84.3%). In terms average 79.2%). The majority of journel The 2015 IMD is eight out of the requintiles in Engla 3,550 new housettlements (where period 2012 to 20 Anlaby, Willerby 20 average 79.2%).	of travel time, 83.6% travelled 15 purneys (65.8%) were made by caracterists to housing and services nine LSOAs in this Ward are in the services are proposed across the ich also includes Hessle and Co29. Of these, approximately 1153 and Kirk Ella. 1 Although there is no choice of propharmaceutical services within the considers there is adequate choic into consideration the proximity of neighbouring Hessle and Tranby of Hull. There are three 100 hour parameters are three 100 hour parameters.	rgery (ERY averagery (ERY averagery) and indicator shows the two least demander of the Ward the HW e of provider tall pharmacies in Wards and the other macies with	verage (ERY) vs that eprived exprived exprive exprise
3.210. Planned Development 3.211. Necessary Services: current	84.3%). In terms average 79.2%). The majority of journel The 2015 IMD is eight out of the requintiles in Engla 3,550 new housettlements (where period 2012 to 20 Anlaby, Willerby 20 average 79.2%).	of travel time, 83.6% travelled 15 purneys (65.8%) were made by car. coarriers to housing and services nine LSOAs in this Ward are in the and in terms of access. Uses are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 and Kirk Ella. 1 Although there is no choice of propharmaceutical services within the considers there is adequate choice into consideration the proximity of neighbouring Hessle and Tranby N	rgery (ERY averagery (ERY averagery) and indicator shows the two least demander of the Ward the HW e of provider tall pharmacies in Wards and the other macies with	verage (ERY) vs that eprived exprived exprive exprise
3.210. Planned Development 3.211. Necessary Services: current	84.3%). In terms average 79.2%). The majority of journel The 2015 IMD is eight out of the requintiles in Engla 3,550 new housettlements (where period 2012 to 20 Anlaby, Willerby 20 average 79.2%).	of travel time, 83.6% travelled 15 purneys (65.8%) were made by caracterists to housing and services nine LSOAs in this Ward are in the and in terms of access. Uses are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 and Kirk Ella. 1 Although there is no choice of propharmaceutical services within the considers there is adequate choic into consideration the proximity of neighbouring Hessle and Tranby of Hull. There are three 100 hour puriles - two in the Hessle area and	rgery (ERY averagery (ERY averagery) and indicator shows the two least demander of the Ward the HW e of provider tall pharmacies in Wards and the other macies with	verage (ERY) vs that eprived exprived exprive exprise
3.210. Planned Development 3.211. Necessary Services: current	84.3%). In terms average 79.2%). The majority of journal of the region of the regular and the region of the regular and the region of the regular and the region of the re	of travel time, 83.6% travelled 15 purneys (65.8%) were made by carporarriers to housing and services nine LSOAs in this Ward are in the and in terms of access. Uses are proposed across the ich also includes Hessle and CO29. Of these, approximately 1153 and Kirk Ella. 1 Although there is no choice of propharmaceutical services within the considers there is adequate choic into consideration the proximity of neighbouring Hessle and Tranby of Hull. There are three 100 hour puriles - two in the Hessle area and Road.	rgery (ERY averagery (ERY averagery indicator shown the two least defect the least d	rerage (ERY) resthat eprived mprice er the pobe in BB king the City hin 3



		T 05			
	GP Extended		ry offers extended		
	Hrs		nesdays and Thursda	ys from 07:30am	
	Out of Hours	to 8:00am.	nunity hospital, Beverley	onen from	
	Out of Hours	18:30pm to 08:00a	am (St Mary's Ward)	•	
	Urgent Care	•	Centre in Beverley (East	<u> </u>	
			tal - St Mary's Ward) op		
			ay – Sunday 365 days a Jrgent Care Centre, ope		
			Hull Local Authority);	110 101 Z+ 110013	
			GP Walk in Centre oper	ns from 8:00am to	
		20:00 pm (Hull Loc			
3.212. Necessary			ur provision of pharma		
Services:			afternoons or Sunda		
gaps in			provision is currently here is no gap in no		
provision	provision.	INVIDE CONSIDERS (nere is no gap in ni	ecessary service	
3.213. Other	proviolori:		Intending to	Not	
Relevant		Currently	provide in next	intending to	
Services:		provide	12 months	provide	
current	Medicines Use	1 pharmacy	0 pharmacies	0 pharmacies	
provision	Reviews	Грпаппасу	o priarriacies	o priarriacies	
	New Medicine	1 pharmacy	0 pharmacies	0 pharmacies	
	Service	1 priarriacy	o priarriacios	o priarriacies	
	Appliance Use	0 pharmacies	0 pharmacies	1 pharmacy	
	Review	o pridimadico	o priarriadico	Priarriday	
	Stoma	0 pharmacies	0 pharmacies	1 pharmacy	
	Customisation	-			
	Commissioned		ioned services provid be found in Appendix		
2.244 Improvements	Services	priarriacies carri	be round in Appendix	FIILEEII.	
3.214. Improvements					
Access: gaps i		None			
related to Mark	•				
Exit Regulation 3.215. Improvements					
Access: gaps i					
related to Com	-	, ,	nt Repeat Medicines S	` ,	
	Services that could be met		NHS Urgent Medicine Supply Service (NUMSAS)		
by existing contractors.					
3.216. Potential new		Chlamydia	screening and treatme	nt	
Commissioned	Services	Access to Free Pregnancy Testing			
			Screening Services		
			utical Care Services	to older people	
		_	care homes	and Palliative acre	
			pliance Customisation a ere needed	and Famalive Cafe	
		service wh Social Pres	ere needed scribing		



Wolds Weighton

Current Provision Maps 31,32,33: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.217. Ward Profile	At the 2015 ON	S mid-year estimate, the populat	tion of this Ward was
Population	16,430 with a paverage 1.4 peolargest population. The Parishes of (779) are the new are sparsely populaged between 20	copulation density of 0.4 people per hectare). This Ward is on is found in the town of Mark Full Sutton (1032), Melbourne at largest settlements. Much of the pulated. More than half of the 0 years and 59 years (51%).	e per hectare (ERY rural in nature - the set Weighton (6922). (795) and Wetwang he surrounding Wolds Ward population are
Income	The proportion of income-deprived households in this Ward at 6.7% is lower than the East Riding average of 10.9%. The proportion of people claiming benefits is also lower than the East Riding averages. The proportion of people of a pensionable age claiming Pension Credit (60 years and over) is 7.0% (ERY average 11.4%) and the proportion claiming Employment and Support Allowance (ESA) is 2.3% (ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is lower than the East Riding average with the proportion of people claiming Job Seekers Allowance at 0.5% (ERY average 1.5%) (NOMIS, May 2015).		
Deprivation	of Deprivation. T least deprived q	rivation in this Ward is low, based wo out of nine LSOAs in the Wa uintile for England and the rem fluent or middle quintiles.	ard are ranked in the
Health Burden (See Appendix Ten)	Ratio (SMR) da England average	dmission Ratio (SAR) and Stata show that this Ward has go SMRs and SARs across the sedeaths from coronary heart discognificantly so.	generally lower than lected indicators with
3.218. Access to Healthcare	people travelled 84.3%). Howeve or less (East Rid The majority of jucar. The 2015 IMD by the nine LSOAs	East Riding PCT 2009 Lifestyle 3 miles or less to their GP surger, in terms of travel time, 82.5% thing average 79.2%). Dourneys (63.9%) were made using arriers to housing and services in that make up this Ward seven are in terms of access deprivation.	ry (ERY average ravelled 15 minutes g the patient's own adicator shows that of
3.219. Planned	•	2012 to 2029 30 new dwellings a	re planned in
Development 3.220. Necessary	Pharmacies	70 are planned in Wetwang. 2 (1 Pharmacy is a 100 hour ph	narmacy)
Services:			
current	GP Surgeries	1 Main and 1 Branch (Wetwang)	Dispensing 2
provision	GP Extended Hrs	None	•
	Out of Hours	East Riding Community hospital, E 18:30pm to 08:00am (St Mary's W	•



3.221. Necessary	issued at the Ma rarely take prescr	Community Hospi 7:00am to 11:00p s of data on dis arket Weighton s iptions outside th	Centre in Beverley (Ea ital - St Mary's Ward) of m Monday – Sunday 3 spensing locations f surgery demonstrate ne Ward. t there are any gaps	opens from 365 days a year. or prescriptions ed that patients
Services: gaps in provision	of pharmaceutical services in the Ward that either need to be filled to meet an immediate need or should be commissioned in specifie future circumstances.			ed to be filled to ned in specified
3.222. Other Relevant Services: current		Currently provide	Intending to provide in next 12 months	Not intending to provide
provision	Medicines Use Reviews	1 pharmacy	0 pharmacies	0 pharmacies
	New Medicine Service	1 pharmacy	0 pharmacies	0 pharmacies
	Appliance Use Review	0 pharmacies	0 pharmacies	1 pharmacy
	Stoma Customisation	0 pharmacies	0 pharmacies	1 pharmacy
	Commissioned Services		ssioned services pro n be found in Appen	
3.223. Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations		None		
3.224. Improvements and Better Access: gaps in provision related to Commissioned Services that could be met by existing contractors.		 Pharmacy Urgent Repeat Medicines Service (PURM)/ NHS Urgent Medicine Supply Service (NUMSAS) Needle Exchange 		
3.225. Potential new Commissioned Services		 Chlamydia screening and treatment Access to Free Pregnancy Testing Dementia Screening Services Pharmaceutical Care Services to older people residing in care homes Stoma Appliance Customisation where needed Social Prescribing 		



East Wolds and Coastal

Current Provision Map 34,35: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.226. Ward Profile	The population of this Ward at the 2015 ONS mid-year estimate, was
Population	14,572 with a population density of 0.4 people per hectare (ERY average 1.4 people per hectare). This indicates the rural nature of the Ward, with the largest Parishes being Nafferton (2565), Hutton Cranswick (2158), Brandesburton (1546), Beeford (1035) and Kilham (1035). 35% of the Ward population are aged 60 or more. Seasonal variation in the Ward population is an important consideration as there are a high number of hotels/guest houses/caravan parks within the Ward. A number of sites offer long term accommodation/access and the health needs of this long term, often elderly population are significant.
Income	The proportion of income-deprived households in this Ward at 10.0% is similar to the East Riding average (10.9%). The proportion of people claiming benefits is similar the East Riding averages. Those people of a pensionable age claiming Pension Credit (60 years and over) is 9.4% (ERY average 11.4%) and those claiming Employment and Support Allowance (ESA) is 4.4% (ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is lower the East Riding average with the amount of people claiming Job Seekers Allowance at 0.9%, (ERY average 1.5%) (NOMIS, May 2015).
Deprivation	The level of deprivation in this Ward is generally low, based on the 2015 Indices of Deprivation. Three of the nine LSOAs in the Ward are ranked in the second most deprived quintile for England and all of these LSOAs are both materially <u>and</u> access deprived (See Appendix 5, page 137). However, the remaining six LSOAs are ranked in the middle or least deprived quintiles.
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that this Ward has generally similar to or lower than England average SARs and SMRs across the selected indicators with the exception of deaths from coronary heart disease where the SAR and SMR are higher but not significantly so. This Ward has the second highest proportion of overweight Reception Year children in the County.
3.227. Access to Healthcare	According to the East Riding PCT 2009 Lifestyle Survey, 57.3% of people travelled 3 miles or less to their GP surgery (ERY average of 84.3%). In terms of travel time, 72.3% travelled 15 minutes or less (ERY average 79.2%). The majority of journeys (74.8%) were made using the patient's own car. The 2015 IMD barriers to housing and services indicator shows that of the nine LSOAs that make up this Ward, seven are in the two most deprived quintiles.
3.228. Planned Development	90 new dwellings are planned in Beeford, 60 in Brandesburton, 170 in Hutton Cranswick, 90 in Kilham and 105 in Nafferton over the period 2012 to 2029.



3.229. Necessary Services: current provision	Pharmacies	Note: As an excepted application under the Regulations, this pharmacy dispenses to people nationwide and does not have face to face contact with people. The services it provides were not considered as part of the needs assessment for this Ward.		
	GP Surgeries	2 Branch (Beeford and Nafferton)	Dispensing	2
	GP Extended Hrs	None		
	Out of Hours	Open from 18:30pm to 08:00am: East Riding Community Hospital, Beverley (St Mary's Ward); Macmillan Wolds Unit (Entrance is at rear of Bridlington District hospital - Bridlington South Ward).		
	Urgent Care			
3.230. Necessary Services: gaps in provision	All patients living in the Ward either have their prescriptions dispensed by one of the GP branch surgeries or at pharmacies in neighbouring Wards (Bridlington, Hornsea or Driffield). The HWBB considers that their dispensing needs are adequately met. The HWBB therefore considers this to be adequate provision of necessary services.			
3.231. Other Relevant Services: current provision	None Identified			
3.232. Improvements and Better Access: gaps in provision	Other than the General Practice dispensing service, patients are not able to access a wider range of pharmaceutical services in the Ward. However, these services are available from pharmacies and other providers on the Ward boundaries in Bridlington, Driffield and Hornsea. The HWBB therefore considers this is adequate service provision for the population of the East Wolds and Coastal Ward.			
	Three of the LSOAs were found to be both access and material deprived (see Appendix 5). People living in these areas might benefit from delivery services.			
	Population figures for the parishes within the Ward show none has a population of greater than 2750, the limit for reserved location status within a controlled area.			
3.233. Potential new services	None Identified			



Mid Holderness

Current Provision Map 36: Note - Controlled Area maps held by NHS England can be requested via england.pharmacyreturns@nhs.net

3.234. Ward Profile	At the 2015 ONS mid-year estimate, the population of this Ward was
Population	13,837 with a population density of 0.6 people per hectare (ERY average 1.4 people per hectare). This indicates the rural nature of the Ward, covering a large swathe of the lowland Holderness area but none of the larger Parishes or towns. The largest Parishes found in this Ward are Bilton (2221) Burstwick (1992), Skirlaugh (1491), Sproatley (1266), Aldbrough (1195) and Wawne (1015). At 19%, this Ward has one of the lowest proportions of people less than 20 years in the County.
Income	The proportion of income-deprived households in this Ward at 8.9% is lower than the East Riding average of 10.9%. The proportion of people claiming benefits is also lower than the East Riding averages. The proportion of people of a pensionable age claiming Pension Credit (60 years and over) is 8.3% (ERY average 11.4%) and the proportion claiming Employment and Support Allowance (ESA) is 3.9% (ERY average 4.7% (NOMIS, May 2015)). Unemployment in the Ward is similar to the East Riding average with the proportion of people claiming Job Seekers Allowance at 1.3% (ERY average 1.5%) (NOMIS, May 2015).
Deprivation	The level of deprivation in this Ward is generally low, based on the 2015 Indices of Deprivation. One of the nine LSOAs in the Ward which is ranked in the second most deprived quintile for England is both materially <u>and</u> access deprived (See Appendix 5- page 138. The remaining eight LSOAs are ranked in the middle or least deprived quintiles.
Health Burden (See Appendix Ten)	Standardised Admission Ratio (SAR) and Standardised Mortality Ratio (SMR) data show that this Ward has lower than England average SMRs and SARs across the selected indicators.
3.235. Access to Healthcare	According to the East Riding PCT 2009 Lifestyle Survey, 53.8% of people travelled more than 3 miles to their GP surgery (ERY average 15.7%). This represents the longest journey distances in the County. However travel times were more similar to the East Riding average. For example 70.3% travelled 15 minutes or less (East Riding average 79.2%). The majority of journeys (84.8%) were made using the patient's own car. The 2015 IMD barriers to housing and services indicator shows that of the nine LSOAs that make up this Ward, seven are in the two most deprived quintiles.
3.236. Planned Development	In Aldbrough 100 new dwellings are planned over the period 2012 to 2029. 70 dwellings are also planned in Skirlaugh and 40 in Wawne. No specific development is planned in Bilton in the Local Plan due to current evidence regarding the level of flood risk.



Surgeries (Aldborough) Surgeries	3.237	Necessary Services: current provision	Pharmacies	Note: Depending on where they live, people could access extended hour pharmacy services within a radius of 7 miles that are located on the outskirts of their villages - in Hedon; Thorngumbald (South West Holderness Ward); Hornsea (North Holderness Ward) and other pharmacies that are located on the village borders within the Hull City Council HWBB area (e.g. Wawne Road, Bilton).		
Extended Hrs Out of Hours Out of Hours Friday from 9:00am to 17:00pm; weekends and bank holidays from 9:00am to 18:00pm (St Mary's Ward). Bransholme Urgent Care Centre, open 24 hours year round; Storey Street GP Walk in Centre opens from 8:00am to 20:00 pm (Hull Local Authority). Macmillan Wolds Unit 18:30pm to 08:00am (Entrance is at rear of Bridlington District hospital - Bridlington South Ward); Rosedale Community Centre, Hedon (South West Holderness Ward) 18:30pm until 23:00. Urgent Care Urgent Care Urgent Care Centres in Beverley (East Riding Community Hospital - Bridlington (Bridlington District Hospital - Bridlington South Ward) open from 7:00am to 11:00pm Monday – Sunday 365 days a year; The 8-8 Centre for planned care at the Withernsea hospital gives people the ability to book urgent slots 7 days a week. 3.238. Necessary Services: gaps in provision All patients living in the Ward either have their prescriptions dispensed by the GP branch surgery or at pharmacies or GP dispensing services in neighbouring Wards or Counties. The HWBB considers that their dispensing needs are adequately met. The HWBB therefore considers this to be adequate provision of necessary services: None Identified			Ü	` U	Dispensing	Note: Sutton Manor Surgery (Hull County Council) dispenses for residents of East
Friday from 9:00am to 17:00pm; weekends and bank holidays from 09:00am to 18:00pm (St Mary's Ward). Bransholme Urgent Care Centre, open 24 hours year round; Storey Street GP Walk in Centre opens from 8:00am to 20:00 pm (Hull Local Authority). Macmillan Wolds Unit 18:30pm to 08:00am (Entrance is at rear of Bridlington District hospital - Bridlington South Ward); Rosedale Community Centre, Hedon (South West Holderness Ward) 18:30pm until 23:00. Urgent Care Urgent Care The Urgent Care Centres in Beverley (East Riding Community Hospital - St Mary's Ward) and Bridlington (Bridlington District Hospital - Bridlington South Ward) open from 7:00am to 11:00pm Monday – Sunday 365 days a year; The 8-8 Centre for planned care at the Withernsea hospital gives people the ability to book urgent slots 7 days a week. 3.238. Necessary Services: gaps in provision All patients living in the Ward either have their prescriptions dispensed by the GP branch surgery or at pharmacies or GP dispensing services in neighbouring Wards or Counties. The HWBB therefore considers that their dispensing needs are adequately met. The HWBB therefore considers this to be adequate provision of necessary services: None Identified			Extended	None		
Community Hospital - St Mary's Ward) and Bridlington (Bridlington District Hospital - Bridlington South Ward) open from 7:00am to 11:00pm Monday – Sunday 365 days a year; The 8-8 Centre for planned care at the Withernsea hospital gives people the ability to book urgent slots 7 days a week. All patients living in the Ward either have their prescriptions dispensed by the GP branch surgery or at pharmacies or GP dispensing services in neighbouring Wards or Counties. The HWBB considers that their dispensing needs are adequately met. The HWBB therefore considers this to be adequate provision of necessary services: None Identified Community Hospital - St Mary's Ward) and Bridlington (Bridlington (Bridlington District Hospital - Bridlington (Bridlington (Out of Hours	Friday from 9:00am to holidays from 09:00am Bransholme Urgent Caround; Storey Street G8:00am to 20:00 pm (I Macmillan Wolds Unit rear of Bridlington Dist Ward); Rosedale Community Holderness Ward) 18:	o 17:00pm; week in to 18:00pm (S are Centre, oper GP Walk in Central Hull Local Autho 18:30pm to 08:0 trict hospital - Br Centre, Hedon 30pm until 23:00	tends and bank It Mary's Ward). In 24 hours year It opens from It opens
3.238. Necessary Services: gaps in provision All patients living in the Ward either have their prescriptions dispensed by the GP branch surgery or at pharmacies or GP dispensing services in neighbouring Wards or Counties. The HWBB considers that their dispensing needs are adequately met. The HWBB therefore considers this to be adequate provision of necessary services. 3.239. Other Relevant Services: Current None Identified			Urgent Care	Community Hospital - (Bridlington District Hoopen from 7:00am to 2 a year; The 8-8 Centre for pla	St Mary's Ward ospital - Bridlingt 11:00pm Monda anned care at the) and Bridlington on South Ward) y – Sunday 365 days
Services: gaps in provision dispensed by the GP branch surgery or at pharmacies or GP dispensing services in neighbouring Wards or Counties. The HWBB considers that their dispensing needs are adequately met. The HWBB therefore considers this to be adequate provision of necessary services. 3.239. Other Relevant Services: None Identified	3.238	. Necessary	All patients living			
considers that their dispensing needs are adequately met. The HWBB therefore considers this to be adequate provision of necessary services. 3.239. Other Relevant Services: Current None Identified						
Services: None Identified current		in provision	considers that their dispensing needs are adequately met. The HWBB therefore considers this to be adequate provision of necessary			
	3.239.	Services:		None Identified		



3.240. Improvements and Better Access: gaps in provision	Other than the General Practice dispensing service, patients are not able to access a wider range of pharmaceutical services in the Ward. However, these services are available from pharmacies and other providers on the Ward boundaries in Hull, Leven, Beverley, Hedon and Withernsea. The HWBB therefore considers this is adequate service provision for the population of the Mid-Holderness Ward. Population figures for the parishes within the Ward show none has a population of greater than 2750, the limit for reserved location status within a controlled area. People living in the LSOA area found to be both access and material deprived (coastal area mainly in Alborough) might benefit from delivery services.	
3.241. Potential new services	None Identified	



Appendix One

1. Pharmaceutical Needs Assessment Group Terms of Reference Note: This Group operates mainly via email communications and collaborative outreach.

Background

From 1st April 2013, the Health and Social Care Act 2012 established the Health and Wellbeing Boards (HWBBs) and transferred responsibility to develop and update PNAs from the PCTs to the HWBBs. The HWBB has taken over responsibility from the PCT to publish Supplementary Statements explaining changes to the availability of pharmaceutical services since the last PNA of which there were no published Statements necessary for the 2015-2018 PNA. The HWBB's second revised PNA must be published by 1st April 2018. To comply with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, widespread consultation of the draft PNA is needed with a minimum period of 60 days for response.

Key Responsibilities

- 1. In accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS Act 2009 (chapter 21, part 3), to revise the current PNA and to update the PNA with any new information that has become available.
- 2. To assure the HWBB that all statutory requirements regarding the PNA and Supplementary Statements are met. To ensure systems and processes are in place for assuring that the pharmaceutical needs of the local population are identified, optimised and provided for.
- 3. To ensure active engagement with key stakeholders throughout the process of revision including the Local Pharmaceutical Committee (LPC), Local Medical Council (LMC), Public Health, NHS England (NHS ENGLAND), Clinical Commissioning Group (CCG) and a range of other teams within the East Riding of Yorkshire Council.
- **4.** To ascertain and collate the core information needed from local needs data to support the process and to consider other sources of information where needed.
- **5.** To publish Supplementary Statements for the current PNA explaining changes to the availability of pharmaceutical services.
- **6.** To produce reports and briefing papers for the HWBB.
- **7.** To inform the Joint Strategic Needs Assessment and to integrate with the commissioning strategic plan. To ensure that the outputs of the PNA are utilised to influence commissioning.
- **8.** To establish milestones for completion of the PNA and to oversee progress.



Core Membership

Chair: Director of Public Health

- Public Health Pharmaceuticals and Medicines Manager
- Health Watch representative
- NHS England representative
- Clinical Commissioning Group representative
- Local Pharmaceutical Committee representative
- Local Medical Committee representative
- Local Authority Commissioner representative
- Others may be co-opted as necessary

Quorum for Decision Making

One Council representative member One Local Committee representative member One NHS ENGLAND representative member

Reporting Arrangements for HWBB Assurance

The HWBB will be notified in the event of addenda to the PNA such as the issue of a Supplementary Statement or other significant revision as a result of the identification of changes to the need for Pharmaceutical services.

Frequency of the Meetings

The PNA Steering Group will meet/ collaborate on such occasions as deemed necessary to achieve its agreed responsibilities.



Appendix Two

2. Copy of Pharmacy PNA Questionnaire

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Help

Date of completion 14-Jun-2017

Service Design

PNA Questionnaire 2017 (Preview)

- Browse Service Library
- · View service accreditations
- · Preview Claim for this service

Provision Reports Preview

Basic Provision Record (Sample)

Service Support



If you have any questions about the PNA process, please contact Nicky Bush

(nicola.bush@eastriding.gov.uk) at East Riding of Yorkshire Council.



If you have any questions about how to fill out this questionnaire using PharmOutcomes, please contact Community Pharmacy Humber on 01482 335824 or email humber.lpc@nhs.net.

Premises Details -	
Name of Contractor	
	(i.e. rame of individual, partnership or company owning the pharmacy business)
Address of Contractor	
Please enter your ODS	
Code:	
Trading Name	
Post Code	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax	
Pharmacy website address	
r is this a Distance Sellin	ig Pharmacy?
O Yes	

Opening Hours

Oyes

O No

Please look up your opening hours on the following files (either PDF or Spreadsheet) and confirm whether they are correctly recorded.

Entitled to Pharmacy Access scheme payments?

Click here for PDF version

is this a 100 hr Pharmacy?

Click here for Excel version

Action to take if you believe your hours to be incorrectly recorded:

If you are a multiple, in the first instance contact your line manager.

You should then contact your NHS England Area Team by email on

England.primarycare@nhs.net

Are your hours correct O Yes O No as recorded above?

Bank Holidays and Directed Opening -

Are you regularly open on Bank Holidays?

O Yes

O No

Would you consider signing up to a 3-5 year Bank Holiday rota if NH3E were to commission one?



Would you sign up?	I
O Yes	
O No	
Consultation Facilities	
Is there a consultation area?	1
O Yes, on the premises	
O Yes, away from the premises	
O No consultation area is available	
(Counsultation area should meet the criteria for the Medicines Use Review service)	
Information facilities —	*
r Is the pharmacy EPS* R2 enabled?	1
O Yes, EPS R2 enabled	
O Planning to become EPS R2 enabled in the next 12 months	
O No current plans to provide EPS R2	
EPS R2: Electronic Prescription Service Release 2	
Can you access the following websites from a computer within the pharmacy?	
http://www2.eastriding.gov.uk	
https://www.nhs.uk/pages/home.aspx	
http://communitypharmacyhumber.org	
Please check you can access the above links and confirm those you can	
access below:	
We can access from within the pharmacy:	1
☐ East Riding of Yorkshire Council	
□ NH3 Choices	
☐ Community Pharmacy Humber	
NHS Mall	
Information is often distributed to pharmacies as email attachments or	
via websites. Please indicate whether you are able to use the following	
common file formats in your pharmacy:	
Adobe PDF files (.pdf)	1
O Not able to view or open	
O Able to view only	
Microsoft Word files (.doo or .doox)	1
O Not able to view or open	
O Able to view only	
O Able to open fully, edit and save	
Microsoft Excel files (.xis or .xisx)	1
O Not able to view or open	
O Able to view only	
O Able to open fully, edit and save	
Essential Services (appliances)	
In this section, please give details of the essential services your	
pharmacy provides.	
Does the pharmacy dispense appliances?]
O Yes - All types, or	
O Yes, excluding stoma appliances, or	
O Yes, excluding incontinence appliances, or	
O Yes, excluding stoma and incontinence appliances, or	
O Yes, Just dressings, or	



1	O None					
	O Other					
Д	dvanced Services					
pħ	lease give details of the Advanced Services provided by your harmacy.					
	lease tick the box that applies for each service.					
80	es - Currently providing oon - Intending to begin with o - Not intending to provide					
	Medicines Use Review service	□Yes □ Soon □No				
	New Medicine Service	☐Yes ☐ Soon ☐ No				
	Appliance Use Review service	Yes Soon No				
	NHS Urgent Medicine Supply Service (NUMSAS)	□Yes □Soon □No				
	Seasonal Influenza Vaccination service	Yes Soon No				
	Stoma Appliance Customisation service	□Yes □ Soon □No				
C	commissioned Sen	vices ——————				
P	ease give details of the Con	missioned Services provided by your				
pħ	narmacy. These can be Enh	anced Services commissioned jointly by				
NI	HSE or the CCG, or Public H	lealth Services commissioned by a Local				
Ai	uthority.					
P	ease tick the box that applie	s for each service.				
NI	HSE/CCG - Currently comm	issioned jointly by NHSE and the CCG				
u	A - Currently commissioned by Local Authority					
Pr	r - Currently offering as a pri	vately funded service				
w	tp - Willing to provide					
f)	you are not providing the se	rvice then leave that line blank.				
	Anticoagulant Monitoring Service	□NHSE/CCG □ LA □Pr □Wtp				
	Anti-viral Distribution	□NHSE/CCG □ LA □ Pr □ Wtp	Local Authority Commissioned			
	Service	D	Services Exet Riding of Yorkshire Council			
		□NHSE/CCG □LA □Pr □Wtp	currently commissions the following Public Health Services from			
	Service	□NHSE/CCG □LA □Pr □Wtp	Community Pharmacies: Emergency Hormonal			
		□ NHSE/CCG □ LA □ Pr □ Wtp (not an EHC service)	Contraception Service Needle and Syringe Exchange			
	Prescription Intervention Scheme (Not dispensed	□NHSE/CCG □ LA □Pr □Wbp	Screening Service - Hepstits - HIV			
	scheme)		Stop Smoking Service			
	Locally commissioned	□NHSE/CCG □ LA □ Pr □ Wtp	which includes the NRT evoucher			
	Pharmacy Urgent Repeat		service and Varenidine PGD.			
	Medicine Service		Supervised Consumption Service			
			Includes Methadone and			
DI	sease Specific Medicines	Management Service:	Buprenorphine			
	The state of the s	NHSE/CCG LA Pr Who				
		□NHSE/CCG □LA □Pr □Wtp				
	A with many	□NHSE/CCG □ LA □ Pr □ Wto				





CHD	□NH8E/CCG	□ LA	□ Pr	Πv	VΦ
COPD	□NHSE/CCG	DLA	□ Pr	Πv	Vτρ
Depression	□NHSE/CCG	□ LA	□ Pr	Πv	VΦ
Diabetes type I	□NH3E/CCG	DLA	□ Pr	Πv	VΦ
Diabetes type II	NHSE/CCG	LA	Pr	□ v	VΦ
Epilepsy	□NH8E/CCG	□ LA	□ Pr	□ v	VΦ
Gluten Free Food Supply Service	NHSE/CCG (i.e. not supply on I	DLA FP10)	□ Pr	□ v	VΦ
Heart Fallure	□NHSE/CCG	LA	□ Pr	□ v	VΦ
Hypertension	□ NHSE/CCG	LA	□ Pr	□ v	Vτρ
Parkinson's disease	□NH8E/CCG	DLA	□ Pr	Uv	VΦ
Other (please state - including funding source)					
End of Disease specific Medic	ines Manageme	ent Sen	vice op	tions	i.
Emergency Hormonal Contraception Service	□NH8E/CCG	DLA	□Pr	□v	VΦ
Home Delivery Service	□ NH3E/CCG (not appliances)	DLA	□Pr	□ v	VΦ
Independent Prescribing Service	□NHSE/CCG	LA	Pr	O _V	VΦ
Therapeutic areas covered (if providing)					
Language Access Service	NH3E/CCG				
Language Access Service	Note: This is not	the NN	13 or M	IUR :	sen
Language Access Service	Note: This is not	the NN	IS or M	UR	sen
Language Access Service Medication Review Service Medication Review Service	Note: This is not NHSE/CCG Compilance \$1	LA upport	IS or M	NUR :	sen Vtp
Language Access Service Medication Review Service Medicines Assessment and	Note: This is not NHSE/CCG Compliance St	LA upport	B or M	UR:	sen Vip
Language Access Service Medication Review Service Medication Review Service	Note: This is not NHSE/CCG Compliance 3: NHSE/CCG In the EL23 servic Elderly / Adults Ser	the NN LA upport LA s (previo	Pr Servic	UR:	vtp vtp
Language Access Service Medicason Review Service Medicines Assessment and Medicines Management Support Service:	Note: This is not NHSE/CCG Compliance \$1 NHSE/CCG i.e. the EL73 service Elderly / Adults Ser	the NN	S or h	UR:	sen Vito
Language Access Service Medication Review Service Medicines Assessment and Medicines Management Support Service: DomMAR Carer's Charts	Note: This is not NH9E/CCG Compliance \$1 NH9E/CCG is the \$123 servic Blainty / Adults Ser NH9E/CCG t and Compliance	the NN LA upport LA s (previo	Pr Service Pr usly the	UR :	sen Vito
Language Access Service Medication Review Service Medicines Assessment and Medicines Management Support Service: DomMAR Carer's Charts End of Medicines Assessmen	Note: This is not NHSE/CCG Compliance 3: NHSE/CCG Lo the EL23 servic El3erly i Adults der and Compliance and Compliance	the NN	Bervie	We:	sen Vito Vito
Language Access Service Medication Review Service Medicines Assessment and Medicines Management Support Service: DomMAR Carer's Charts End of Medicines Assessmen	Note: This is not NHSE/CCG Compliance 3: NHSE/CCG Lo the EL23 servic El3erly i Adults der and Compliance and Compliance	the NN	Bervie	We:	sen Vito Vito
Language Access Service Medication Review Service Medicines Assessment and Medicines Management Support Service: DomMAR Carer's Charts End of Medicines Assessmen Minor Allments Scheme	Note: This is not NHSE/CCG Compliance 3: NHSE/CCG Lo the EL23 servic El3erly i Adults der and Compliance and Compliance	the NN	Bervie	We:	sen Vito Vito
Language Access Service Medication Review Service Medicines Assessment and Medicines Management Support Service: DomMAR Garer's Charts End of Medicines Assessmen Minor Aliments Scheme MUR Plus/Medicines Optimisation Service Therapeutic areas covered	Note: This is not NHSE/CCG Compliance 3: NHSE/CCG In HSE/CCG NHSE/CCG and Compliance and Compliance NHSE/CCG NHSE/CCG	LA apport	Service Pr Service Pr unity the Pr Pr Pr Pr	MUR:	sen Vitp Vitp Vitp
Language Access Service Medication Review Service Medicines Assessment and Medicines Management Support Service: DomMAR Carer's Charts End of Medicines Assessmen Minor Allments Scheme MUR Plus/Medicines Optimisation Service Therapeutic areas covered (if providing)	Note: This is not NHSE/CCG Compliance & 1 NHSE/CCG i.e. the EL22 service Elderly / Adults Ser NHSE/CCG NHSE/CCG NHSE/CCG	the NN LA upport LA upport LA se (prewise) LA LA LA	S or h	WE:	sen vitp vitp vitp
Language Access Service Medication Review Service Medicines Assessment and Medicines Management Support Service: DomMAR Carer's Charts End of Medicines Assessmen Minor Aliments Scheme MUR Plus/Medicines Optimisation Service Therapeutic areas covered (if providing) Needle and Syringe Exchange Service Obesity management	Note: This is not NHSE/CCG Compilance 81 NHSE/CCG Is the E23 servic Elserly / Adults Ser NHSE/CCG NHSE/CCG NHSE/CCG	the NN	S or h	WE:	sen vitp vitp vitp

of TB medicines

NHSE/CCG Services
NHS England currently commission
the following local services jointly
with the CCG:
Medicines Assessment and
Compliance Support Service (EL23
and Donthlar service)
Minor Allments Service
On Demand Availability of
Specialist Drugs Service (DOT TB
and Pallative Care)
PURM Service (Community
Pharmacy Emergency Supply
Service)



Palliative Care scheme	□NHSE/CCG □ LA □Pr □ Wbp
End of On Demand Availability	y of Specialist Drugs Service options
Patient Group Direction Service	□ NHSE/CCG □ LA □ Pr □ Witp Not including EHC or Varenicline (see separate question)
Please list the names of the m services	nedicines available if providing PGD
Medicines available	
Phiebotomy Service	□NHSE/CCG □ LA □Pr □Wtp
Prescriber Support Service	□NHSE/CCG □ LA □Pr □Wto
Schools Service	□NHSE/CCG □ LA □Pr □Wtp
Screening Service:	
Alcohol	□NHSE/CCG □ LA □Pr □Wto
Chlamydia	□NHSE/CCG □ LA □Pr □Wtp
Chalesterol	□NHSE/CCG □ LA □Pr □Wtp
Diabetes	□NHSE/CCG □ LA □Pr □Wto
Gonorrhoea	□NHSE/CCG □ LA □Pr □Wbp
H. pylori	□NHSE/CCG □ LA □Pr □Wtp
HbA1C	□NHSE/CCG □ LA □Pr □Wtp
Hepatitis	□NHSE/CCG □ LA □ Pr □ Wtp
HIV	□NHSE/CCG □ LA □ Pr □ Wtp
Vascular Risk Assessment Service (NHS Health Check)	□NHSE/CCG □ LA □ Pr □ Wbp
Other (please state -	
including funding source)	
End of screening service option	
Do you provide a private Seasonal Influenza Vaccination Service	□Yes □ No
Other vaccinations	
Childhood vaccinations	□NHSE/CCG □ LA □Pr □Wb
If Yes, please provide details:	
Hepatitis (at risk workers or patients)	□NHSE/CCG □ LA □ Pr □ Wtp
Travel vaccines	□NHSE/CCG □ LA □ Pr □ Wtp
Other (please state - including funding source)	
End of Other vaccinations opt	ions
Sharps Disposal Service	□NHSE/CCG □ LA □Pr □Wp



EXCLUDING Needle Exchange

Stop Smoking Service:
NRT eVoucher Service NHSE/CCG LA Pr Wtp
Varenicline PGD Service ☐ Yes ☐ No
End of Stop Smoking Service options
Supervised Administration Service:
Supervised Methadone ☐ NHSE/CCG ☐ LA ☐ Pr ☐ Wtp
Supervised Buprenorphine NHSE/CCG LA Pr Wtp
End of Supervised Administration Service options
Healthy Living Pharmacy
is this a Healthy Living Pharmacy
O Yes
O Currently working towards HLP status
O No
If Yes, how many Healthy Full Time Equivalents
Living Champions do you
currently have?
Non Commissioned services
Does the pharmacy provide any of the following?
Collection of prescriptions Yes No
from surgeries
Delivery of dispensed ☐ Yes ☐ No
medicines - Free of charge
on request
Delivery of dispensed
medicines - Selected
patient groups (list criteria)
Delivery of dispensed
medicines - Selected areas (ilst areas)
Delivery of dispensed ☐ Yes ☐ No
medicines - chargeable
MDS Free of charge on Yes No
request
MD3 Chargeable? O Yes O No
Languages ————————————————————————————————————
One potential barrier to accessing a pharmacy can be language. To help the local authority better understand any access issues caused by
language please answer the following two questions:
What languages other than
English are spoken in the
pharmacy
What languages other than
English are spoken by the
community your pharmacy
serves



PNA 2018-2021 http://dataobs.eastriding.gov.uk/pna

		Test Values
Thank you for completing this	PNA questionnaire.	
	if different to pharmacy number given above	
Contact telephone number		
Contact name		
ou about and queries.		
lease tell us who has compl	eted this form in case we need to contact	
Other		
clude details here:		
there is a particular need for	r a locally commissioned service, please	

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3. Description of Community Pharmacy NHS Services

Essential Services

Dispensing services - Supply of medicines or appliances ordered on NHS prescriptions, together with information and advice given to the patient about the medicines being dispensed and advice about possible interactions with other medicines to enable safe and effective use by patients and carers. Also recording all medicines dispensed and significant advice provided, referrals and interventions made.

Repeat dispensing services - Management of repeatable NHS prescriptions for medication and appliances for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine. The pharmacist will communicate all significant issues to the prescriber with suggestions on medication changes as appropriate. This is an essential service of the community pharmacy contract.

Promotion and healthy lifestyles advice - The provision of opportunistic one to one advice about healthy lifestyle topics (such as smoking cessation or weight management), to certain patients who present prescriptions for dispensing. Pharmacies are required to have proactive involvement in up to six Public Heath Campaigns a year. Campaign examples can include smoking cessation, sexual health, mental health etc. These campaigns promote public health messages to general pharmacy visitors during specific targeted campaign periods. Public Health Campaigns may be agreed locally but must take into account mandatory national campaigns in agreement with NHS England.

Signposting patients to other services - Pharmacist and staff will refer patients who require further support, advice or treatment which cannot be provided by the pharmacy on to other health care professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient groups. Where appropriate this may take the form of a referral.

Support for self-care - Includes the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The service will initially focus on self-limiting illness, but support for people with long-term conditions is also a feature of the service.

Disposal of unwanted medicines - Acceptance of unwanted medicines from households and individuals via pharmacies. Special arrangements will apply to controlled drugs (post Shipman inquiry). The NHS England Area Team will need to have in place suitable arrangements for the collecting and disposal of waste medicines from pharmacies. This is an essential service of the community pharmacy contract.

Clinical governance - Pharmacies have an identifiable clinical governance lead. Requirements include use of standard operating procedures, patient safety incident reporting to National Patient Safety Agency, and learning from adverse incidents, demonstrating evidence of pharmacist continuing professional development, conducting clinical audits and patient satisfaction surveys. This is an essential service of the community pharmacy contract.



<u>Advanced Services: NHS England Nationally Commissioned Services</u>

See Appendix 15 pages 179-182

Medicines Use Reviews (MURs) and the New Medicine Service (NMS)

MURs and the NMS are both services within the Community Pharmacy Contractual Framework that are key medicines optimisation services. All contractors are encouraged to offer these services to eligible patients to help them to ensure that they get the most benefit from their prescribed medicines.

Medicines Use Review and Prescription Intervention Service (MUR) - The MUR consists of accredited pharmacists undertaking structured adherence-centered reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.

The service specification contains four national target groups (numbered below) which have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their medicines and it will identify any problems they are experiencing along with possible solutions. An MUR feedback form will be provided to the patient's GP where there is an issue for them to consider.

- 1. Patients taking one or more high risk medicines: Non-steroidal anti-inflammatory drugs; antiplatelets; anticoagulants (including low molecular weight heparin); diuretics.
- 2. Patients recently discharged from hospital taking two or more medicines, who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge.
- 3. <u>Patients with respiratory disease</u> taking two or more medicines including one of the following adrenoceptor agonists; antimuscarinic bronchodilators; theophylline; compound bronchodilator preparations; corticosteroids; cromoglicate and related therapy; leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors.
- 4. Patients at risk of or diagnosed with cardiovascular disease taking at least four medicines including at least one of the medications in the following sections of the British National Formulary 2 Cardiovascular System; 6.1 Drugs used in Diabetes; 6.2 Thyroid and Anti-Thyroid Drugs.

At least 70% of all MURs undertaken by each pharmacy in each year should be for patients within the four national target groups. MURs can also be carried out on patients who are not within the target groups. MURs cover all the patient's medicines not just those that fall within a target group.

Link to-MUR-Poster-Target-Groups-June-2015.pdf



New Medicine Service (NMS) - This service provides support for people who are newly prescribed a medicine to manage a long-term condition and improve their medication adherence. The service is split into three stages: <u>patient engagement</u>; <u>intervention</u> (two weeks after engagement) and <u>follow up</u> (two weeks after intervention). The service is for people diagnosed with asthma, COPD, diabetes (Type 2), antiplatelet / anticoagulant therapy or hypertension. Outcomes of successful implantation of the NMS include:

- Better health outcomes though improved adherence with prescribed medicines;
- Increased patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management;
- Reduced medicines wastage;
- Reduced hospital admissions due to adverse events from medicines;
- Increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmacovigilance.

<u>Link to further service information - NMS</u>

AUR (Appliance Use Review) - AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any specified appliance as indicated in the Drug Tariff. The aim of an AUR is to establish the way the patient uses the appliance and their experience of such use by identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient. It involves advising the patient on the safe and appropriate storage and the safe and proper disposal of appliances that are used or unwanted.

Link to further service information - AUR

SAC (Stoma Appliance Customisation) - This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

Link to further service information - SAC

Seasonal Influenza Vaccination (Flu Vaccination) - Each year from September through to January the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

On 20th July 2015, the previously locally commissioned seasonal influenza vaccination service was superseded by a nationally commissioned service and added to the Community Pharmacy Contractual Framework as an Advanced Service alongside the nationally commissioned GP vaccination service. From 20 November 2017, NHS England published an amended Patient Group Direction (PGD) and service specification for the Flu Vaccination Advanced Service which enables community pharmacists to also administer NHS flu vaccinations to care home and domiciliary care workers. This service aims to:



- Sustain and maximise uptake of flu vaccine in at risk groups;
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations;
- Reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England;
- Reduce morbidity and mortality of those patients most likely to have a serious or complicated illness should they develop influenza.

During the seasonal influenza vaccination campaign period, pharmacy staff will identify people who fall within the nationally agreed target groups, who are a priority for influenza vaccination and will encourage them to be vaccinated, making that offer during the period from 1st September to 31st March. The immunisation programme will be focussed between 1st September and 31st January. Eligible patients who do not have any contraindications to vaccination will be offered vaccination by an accredited pharmacist. The vaccination will be administered under the authority of a nationally agreed Patient Group Direction.

Link to further information - FLU Vaccination August-2016.pdf

NHS Urgent Medicine Supply Advanced Service (NUMSAS) – NUMSAS is a national pilot of a community pharmacy Urgent Medicine Supply Service. The service is being commissioned as an Advanced Service and it will run from 1st December 2016 to 30 September 2018 with a review point to consider progress in 2018.

Patients contacting NHS 111 to request access to urgently needed medicines or appliances will be referred to a pharmacy that is providing this service for assessment. A pharmacist can supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM. These 'emergency supplies' are made under the provisions and requirements of Regulations 225, 253 and Schedules 18 and 23 of the Human Medicines Regulations 2012 (HMR). They include a requirement that the pharmacist has interviewed the person requesting the POM and is satisfied that there is an immediate need for it to be supplied and that it is impracticable in the circumstances for the patient to obtain a prescription without undue delay. For the purposes of this service, any medicine or appliance that has previously been prescribed to the patient on an NHS prescription can be supplied as long as the requirements of the HMR are met; where the HMR refers specifically to a POM the same requirements are made for medicines or appliances that are not a POM. The main objectives of this service are to:

- Manage appropriately NHS 111 requests for urgent medicine supply;
- Reduce demand on the rest of the urgent care system;
- · Resolve problems leading to patients running out of their medicines; and
- Increase patients' awareness of electronic repeat dispensing.

<u>Link to further information - NUMSAS.pdf</u>



Enhanced Services Currently Commissioned by NHS England

See Appendix Fifteen pages 178-181

Note: Services commissioned as part the Pharmacy Contract by NHS England are Enhanced and Advanced services. Other services commissioned with pharmacies are e.g. "Local Public Health Services" or "Commissioned Services" (See below).

On Demand Availability of Specialist Drugs (Availability of Palliative Care Medicines)

To enable the prompt supply of specialist palliative care medicines, the demand for which may be urgent and/or unpredictable. The pharmacy contractor is commissioned to stock a locally agreed range of palliative care medicines and makes a commitment to ensure that users of this service have prompt access to these medicines at all times agreed with NHS England. The pharmacy also provides information and advice to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

Domiciliary Medication Record Charts (dom MAR)

The pharmacy will help support domiciliary care workers by preparing medication record charts (MRC) for patients under their care who need help to take their prescribed medication.

Directly Observed Treatment, Short-Course (DOTS also known as **TB-DOTS**).

This service is provided by pharmacies to patients who have tuberculosis and ensures that patients take the prescribed medication at the time it is dispensed by the pharmacy to avoid non-concordance issues.

Minor ailment scheme (Pharmacy Care Scheme)

An enhanced service whereby patients registered with a GP in the East Riding Clinical Commissioning Group Area can present to a community pharmacy instead of a GP practice in order to receive advice and an appropriate medicine, where clinically necessary, for a limited range of minor ailments e.g. athlete's foot, threadworms, head lice. The service is a "stepping stone" towards the self-care approach to healthcare and offers a safe, controlled and convenient alternative to the traditional way of supplying care and medicines for self-limiting conditions, thus avoiding unnecessary GP appointments.

NHS England has already provided a wide range of guidance to CCGs and Urgent Care Networks related to how they can most effectively commission minor ailment services from community pharmacy, the latest one being the <u>Out of Hospital Urgent Care Programme Quick Guide: Extending the role of community pharmacy in urgent care.</u>

Medicines Assessment & Compliance Support Service (Management Support Service – EL23)

The pharmacy will help support vulnerable people, who require more support than a one off adjustment, as covered under the Disability Discrimination Act 1995 criteria. Patients are assessed and an agreed action plan is put in place to ensure that they are able to manage their own medication independently. **This service is currently under review.**

Pharmacy Urgent Medicines Service (PURMSs)

This locally commissioned enhanced service is similar to the NUMSAS service (page 125) but this service, unlike NUMSAS, is only available to patients registered with East Riding GPs and can be accessed directly by patients with or without referral from NHS 111. This service, unlike NUMSAS is only available during the out of hour's period.

Point of Dispensing Intervention Service (PODIS)

The object of this scheme is to reduce the burden of waste medicines within East Riding of Yorkshire, which has far reaching implications both financially and in terms of harm and health outcomes for patients. Community Pharmacists will contribute to the reduction of prescribed unwanted medicines, which currently are wasted at the point of dispensing. This will help to prevent patient's stockpiling of prescribed medicines and reduce inefficiencies in prescribing on FP10s. The service will inform GP



repeat prescribing processes thus contributing to improved patient outcomes through harm reduction, reduced hospital admissions, and increased medicine concordance. It is expected that the service will encourage Pharmacists to carry out Medicine Use Reviews (MUR) with patients who they have identified as having issues with their prescribed medicines or processes around ordering repeat medicines.

At the time of publication, as this service was a new service for East Riding, pharmacies were still in the process of accreditation (six pharmacies were accredited at 8 February 2018)

Local Public Health Commissioned Services

Drug and Alcohol Services (See Figure Two Page 129)

The East Riding Council commissions integrated services to address drug and alcohol misuse. Pharmacy services play a key role in this provision and include the supervised administration of methadone and buprenorphine and needle exchange services. East Riding public health consults with service providers and users in commissioning of these services as well as relevant national guidance to identify additional services and gaps in provision.

Supervised Administration of methadone

This service will require the pharmacist to supervise the consumption of prescribed methadone, as requested by a prescriber on a prescription, at the point of dispensing in the pharmacy, making sure that the dose has been administered to the patient. The pharmacist will provide support and advice to the patient and liaise with the primary care or specialist centres where appropriate.

Supervised Administration of Buprenorphine

This service will require the pharmacist to supervise the consumption of buprenorphine (Subutex® or Suboxone®) at the point of dispensing in the pharmacy, as requested by a specialist substance misuse service prescriber on a prescription, making sure that the dose has been administered to the patient. The pharmacist will provide support and advice to the patient and liaise with the primary care or specialist centres where appropriate.

Needle and syringe exchange schemes

A service to reduce the risk of blood borne disease and facilitate the safe disposal of used 'sharps' from substance misusers.

Blood Borne Virus Testing

A service offered by accredited needle exchange pharmacies to consenting service users resident in the East Riding and aged 18 years or over. The service increases access to hepatitis and/or HIV testing for service users believing themselves to be at risk. This includes direct referral by pharmacists of those testing positive into local specialist infectious diseases and sexual health treatment and care services in the early stages of disease. The aims of the service are to:

- Prevent new infections of HIV and hepatitis and build awareness of hepatitis and HIV in high risk groups;
- Reduce the long term costs of managing HIV and hepatitis C;
- Determine the local prevalence of infection.

Emergency hormonal contraception supplied via a Patient Group Direction (See Figure Three Page 130)

Accredited pharmacists will supply Levonorgestrel or Ulipristal Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD will specify the age range of clients that are eligible for the service; it may facilitate supply to young persons under 16 in appropriate circumstances. This is a Local Public Health Service commissioned by the ERYC from a high proportion of the East Riding community pharmacies and some pharmacies in Hull providing extensive coverage for the whole East Riding.



This is important to improve rapid access. Some patients prefer to access this service from a location away from where they live.

Smoking Cessation: Varenicline supplied via a Patient Group Direction (See Figure Four Page 131)

Accredited pharmacists will supply varenicline to consenting service users resident in the East Riding and over 18 years who are accessing the East Riding Stop Smoking Service and who would benefit from pharmacological treatment following appropriate clinical assessment by the pharmacist.

To access this service, service users must agree to receive behavioural support from the Stop Smoking Service and must be dependent tobacco users identified by the Stop Smoking Service as sufficiently motivated to quit with varenicline or who are allergic to nicotine or any excipients of Nicotine Replacement Therapy products.

Smoking Cessation: NRT e - voucher scheme (See Figure Four Page 131 and Figure Five Page 132)

Accredited pharmacies will provide NRT to service users of the Stop Smoking Service (SSS) who have been referred to pharmacy via the East Riding Stop Smoking Service using an e-voucher. This will mean that service users will not have to make an appointment with their GP for a prescription for any recommended NRT products. Pharmacies receive the e-voucher electronically and will supply the NRT to the service user when they present to the pharmacy.

Public Health Services

NHS Health Checks

It is a mandatory requirement that each local authority shall make arrangements to deliver NHS Health Checks for its eligible population The pharmacy will provide a vascular risk assessment and management service for people in the target group (people aged 40 to 74 years of age who have not had a previous diagnosis of vascular disease). The pharmacy will contribute to the achievement of the following aims:

- improved health outcomes and quality of life for residents of the ERY aged between 40 and 74 by increasing awareness of cardiovascular disease, enabling early identification of vascular change and substantially reducing the risk of cardiovascular morbidity, premature death or disability;
- raising awareness of the health risks associated with specific lifestyles and behaviours including smoking, excessive alcohol consumption, low physical activity levels and poor nutrition;
- encourage appropriate lifestyle changes and offer referrals into lifestyle services were appropriate;
- raising awareness of the benefits and achievement of healthy weight by providing practical advice, information and support;
- raising awareness of common signs and symptoms of dementia particularly for those aged between 65 and 75 years;
- reducing health inequalities resulting from a variety of deprivation factors.

The service will comply with the DH national requirements, in order that NHS Health Checks are delivered in a uniform, systematic and integrated manner.



Figure Two (For Map Codes, See Appendix Eighteen Current Provision Maps (Provided Separately)

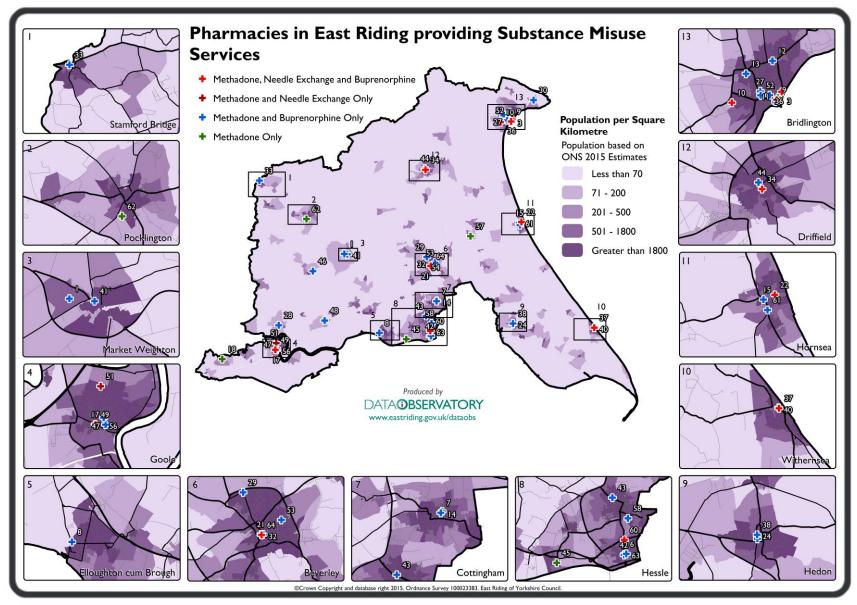




Figure Three (For Map Codes, See Appendix Eighteen Current Provision Maps (Provided Separately)

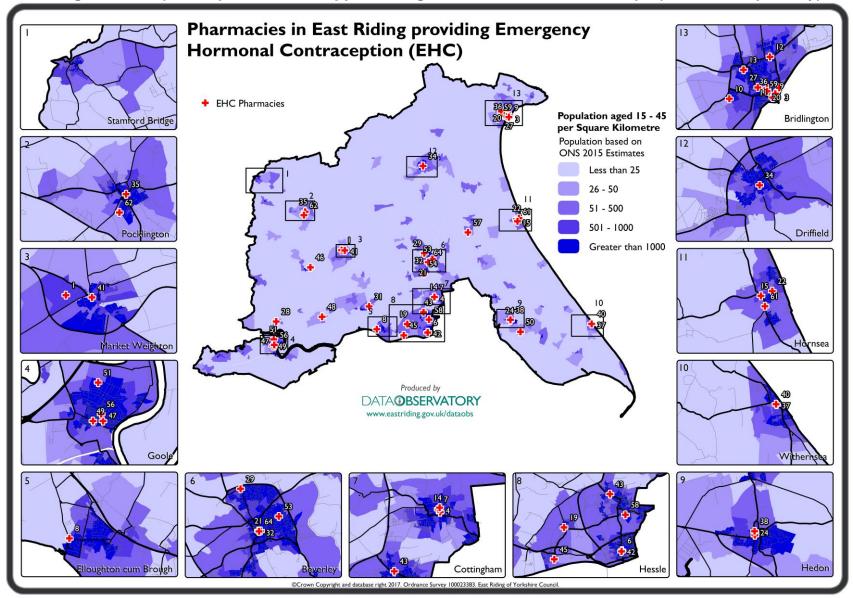




Figure Four (For Map Codes, See Appendix Eighteen Current Provision Maps (Provided Separately)

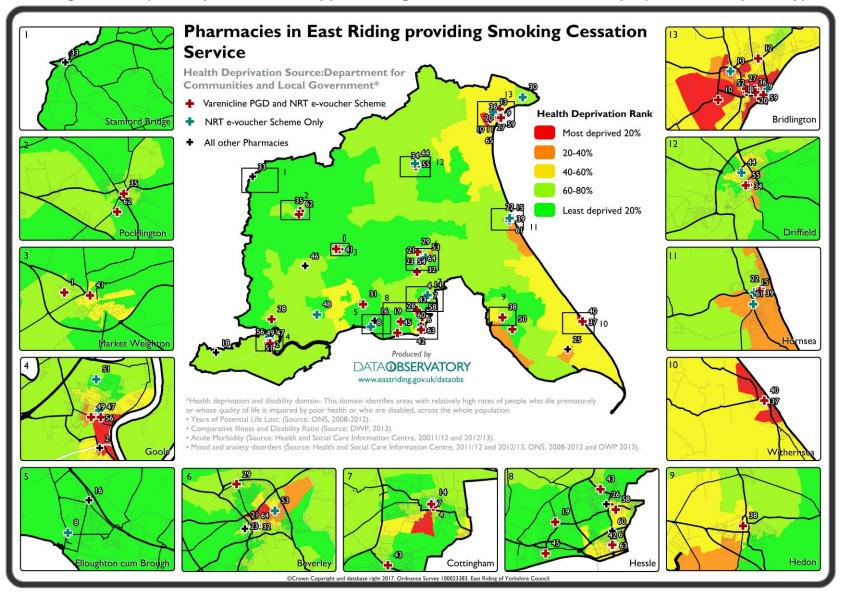
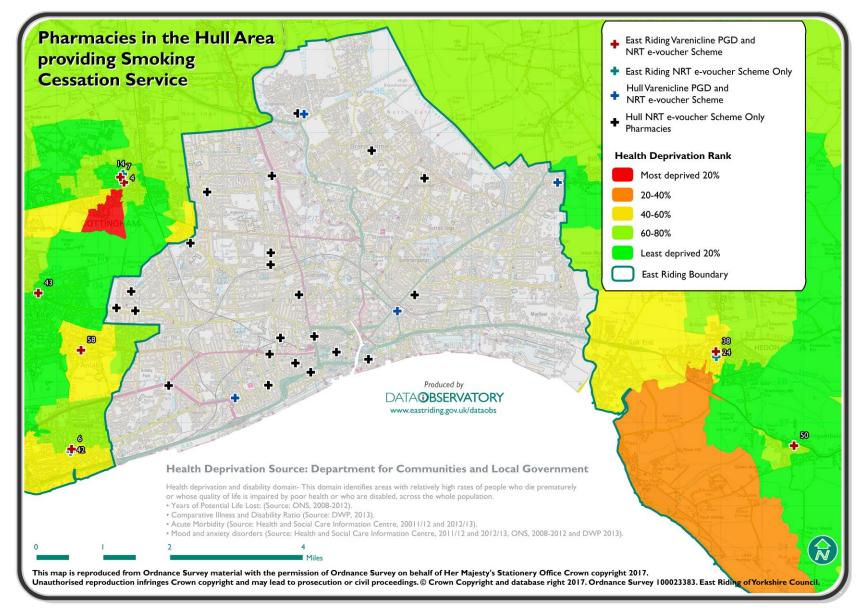




Figure Five





Potential Future Commissioned Services

These services may be explored subject to funding and need.

Alcohol Screening and Brief Intervention

Pharmacies would screen and provide one to one support and advice to people over 18 years of age. The service would identify higher-risk and increasing-risk drinking and provide brief interventions to motivate individuals to take positive action and help them modify their drinking patterns, in conjunction with the local Harm Reduction Team providing referral to specialist services if necessary.

Atrial Fibrillation (AF) detection

Pharmacies would provide a targeted atrial fibrillation detection service aimed at closing the AF detection gap and preventing stroke.

Chlamydia screening

Chlamydia self-screening kits would be available for self-selection by clients and would be provided free of charge to clients under 25 from community pharmacies.

Chlamydia Treatment under PGD

Accredited Pharmacists would provide treatment for Chlamydia to asymptomatic clients in line with the requirements of a locally agreed Patient Group Direction (PGD).

Dementia Screening Services

There is scope for Community Pharmacists to work alongside GPs to increase the early dementia diagnosis rates and to signpost people affected to appropriate services for ongoing assessment and management.

Hypertension Detection and Referral

Pharmacies would provide blood pressure checks for undiagnosed hypertension.

Lung Cancer Screening and Direct Referral – The aim is to identify patients presenting with symptoms for direct referral for x-ray.

Long term conditions management utilising Patient Activation Measures (PAMs)

http://psnc.org.uk/the-healthcare-landscape/psnc-briefings-the-healthcare-landscape/psncbriefing-06016-patient-activation-and-why-it-is-relevant-to-community-pharmacy-october-2016/

Minor Ailments Scheme Extensions

- Pharmacies would supply prescription only medicines for a list of conditions under Patient Group Directions.
- Pharmacies would recieve direct referral from Optoms via signed orders rather than Optoms sending a letter to the GP to prescribe.

Musculoskeletal Service

Pharmacies would provide devices/appliances.

Oral Contraceptive Service

Accredited Pharmacists would make repeat supplies of oral contraceptives under PGD to women, by appointment, provided there are no significant changes in health. The initial supply would be from Local Community Contraceptive Services.

Sexual health screening

To increase the uptake of screening for sexually transmitted diseases in the community through the provision of an on-demand testing service. To increase availability of, and access to, testing for individuals less likely to access mainstream services.



Weight Management service (adults) - To raise awareness among individuals and their families of the health problems associated with being overweight so they can take more responsibility for their own health. To improve diet and nutrition, promote healthy weight and increase levels of physical activity in overweight or obese people and to reduce obesity levels in people who have a Body Mass Index (BMI) greater than 30 (or ≥28 in patients with Asian ethnicity).

Weight Management service (children) - To raise awareness among children and their families of the health problems associated with being overweight so they can take more responsibility for their own health. To improve diet and nutrition, promote healthy weight and increase levels of physical activity in overweight or obese children and their families and to reduce overweight levels in children who have a Body Mass Index (BMI) at the 91st centile or above.



Appendix Four

4. Summary of Other Relevant Pharmaceutical Services Considered When Preparing the Pharmaceutical Needs Assessment

The following pharmaceutical services have been considered as other relevant services (See Appendix Eighteen Current Provision Map 2 provided separately):

GP Practices in the East Riding CCG provide the following enhanced and commissioned services which have been considered in this needs assessment as other relevant services:

- Anticoagulant Initiating and Monitoring Service
- Influenza and Pneumonia Vaccination Service
- Health Checks

Hull and East Yorkshire Hospitals NHS Trust Pharmacy Department provides a range of services including:

- Patient focussed Clinical Pharmacy and medicines management technician services across the Trust including some targeted service provision 7 days a week;
- Dispensing services to both in and out-patients. The departments are now open 365 days a year and the service is supported by an on-call service provision;
- An aseptic unit to provide chemotherapy and other aseptically prepared items;
- A purchasing and distribution function to ensure value for money on the £40m plus spent on medicines each year. This is linked to robust formulary management based on best practice guidance eq. NICE;
- A Pharmacy clinical trials service to support research and innovation;
- Education provision around use of medicines to both Pharmacy and other professionals;
- Working across traditional boundaries providing services to intermediate care and care homes:
- A number of Pharmacist prescribers supporting new ways of working.

The Castle Hill Hospital site is located within the Cottingham North Ward.

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust also provides in-patient and out-patient services to some of the East Riding population, mainly at the Goole and District Hospital site. This is located in the Goole North Ward.

York Teaching Hospitals NHS Trust also provides in-patient and out-patient services to some of the East Riding population, mainly those from the Holme-on-Spalding Moor, Pocklington and Stamford Bridge area. Trust premises are located in the Vale of York CCG area, and the Scarborough and Rydale CCG area. In-patient and out-patient services are also provided to some of the East Riding population via Scarborough hospital and mainly at the Bridlington and District Hospital site. This is located in the Bridlington South Ward.

Humber NHS Foundation Trust provides mental health, learning disability and addictions services for most of the East Riding population. In addition, the following community services are provided by Humber NHS Foundation Trust:

- Wound management supply service;
- Medication supply on Patient Group Direction from Minor Injuries Units;
- Out of Hours medication supply.



City Health Care Partnership Community Interest Company (Hull) (CHCP)

provides sexual health services including emergency contraception and chlamydia screening services through the Hull and East Riding Sexual and Reproductive Healthcare Partnership. CHCP is also the main provider of Out of Hours, Urgent care and Minor Injuries Services.

North of England Commissioning Support provides medicines optimisation services on behalf of East Riding of Yorkshire CCG, which include:

- Strategic planning and medicines related commissioning advice to the CCG
- Prescribing advice and support to GPs;
- Medicines Administration policy development and training for Domiciliary Care Providers.

Offender Health Services

Offender Health Services are commissioned by the NHS in the East Riding Area by the West Yorkshire Area Team.



5. Lower Super Output Areas where there is both material and access deprivation

Ward	2011 LSOA code	Population (mid 2015 ONS estimate)	Comments
	E01012928	1712	A fairly small LSOA geographically with a slightly larger than average population. It is divided by a major A road. The Northern part is bounded by two major A roads and open countryside. The local pharmacy offers a free prescription collection and delivery service.
Bridlington Central and	E01012931	1549	An averaged size LSOA from a population perspective. Fairly small geographically, serving a mainly residential area in central Bridlington Old Town. The local pharmacy offers a free prescription collection and delivery service.
Old Town (See Page 58)	E01012932	1724	A large geographically sized LSOA which is predominantly composed of a larger rural area on the outskirts of Bridlington combined with a smaller urban residential area within Bridlington Old Town. Part of the LSOA is divided by a major A road. The local pharmacy offers a free prescription collection and delivery service.
	E01012934	1541	A geographically large LSOA but with a typical size population. It lies mainly in the rural area outside Bridlington. Only a small part of the LSOA contains part of the built up area of the town. The local pharmacy offers a free prescription collection and delivery service.
Bridlington North (See Page 61)	E01012938	2382	A larger LSOA in terms of both geography and population size. The majority of the LSOA is a rural area to the north of Bridlington but the LSOA does encompass some of the more northerly residential areas of Bridlington town. Both pharmacies offer a free prescription collection and delivery service.



Ward	2011 LSOA code	Population (mid 2015 ONS estimate)	Comments					
	E01012944	1484	A small LSOA geographically but average size in population. Situated close to the harbour area, it includes residential areas and leisure facilities next to the sea. All nine pharmacies in this Ward offer a free prescription collection and delivery service.					
Bridlington South (See Page 64)	E01012946	1664	A geographically large LSOA, largely open countryside, but containing an area of Bridlington to the East of the A614 and South of the A165. All nine pharmacies in this Ward offer a free prescription collection and delivery service.					
	E01012952	1398	An LSOA in the centre of Bridlington, serving residential areas divided by the railway line. Both parts of the LSOA are surrounded by main roads connecting it to the rest of the town and Ward. All nine pharmacies in this Ward offer a free prescription collection and delivery service.					
Driffield and Rural (See Page 74)	E01012981	1383	An extremely large LSOA geographically, with a average LSOA population. It is located to the woof Driffield town, an area dominated by rurality a encompassing a number of villages such as Tibthorpe, Kirkburn and Sledmere, amongst othe One pharmacy in this Ward offers a free prescription collection and delivery service.					
	E01012986	1687	A geographically large LSOA with a coastal boundary and most dwellings situated close to the coast. Skipsea, Beeford, Ulrome and Lisset are amongst the larger settlements. People living in this area may benefit from a prescription (medicines) delivery service.					
East Wolds and Coastal (See Page 108)	E01012990	1392	This is a large rural LSOA and the most northerly of all within ERY. Within it are the settlements of Rudston, Burton Fleming and Wold Newton. People living in this area may benefit from a prescription (medicines) delivery service.					
	E01012992	1407	A geographically large LSOA with a typically sized population but no particularly large settlements. Carnaby, Burton Agnes and Fraisthorpe are amongst the largest. This LSOA lies to the South of Bridlington and has a coastal boundary. People living in this area may benefit from a prescription (medicines) delivery service.					



Ward	2011 LSOA code	Population (mid 2015 ONS estimate)	Comments				
Goole South (See Page 78)	E01013003	1465	A geographically small LSOA largely bounded by river and railway line. All three pharmacies in this Ward offer a free collection and delivery service.				
Mid Holderness (See Page 110)	E01013029	1454	A coastal LSOA, within which, the largest settlement is Aldborough. People living in this area may benefit from a prescription (medicines) delivery service.				
North Holderness (See Page 86)	E01013050	1762	A large rural LSOA geographically, which encompasses a long stretch of coast line from the south of Hornsea to the area of Cowden. It includes the settlements of Mappleton and Rolston, amongst others. All four pharmacies in this Ward offer a free collection and delivery service.				
Snaith Airmyn Rawcliffe and Marshland (See Page 91)	E01013076	1511	A large rural LSOA with river to the North boundary. Swinefleet and Reedness are in the Northern part of this area. The local pharmacy in this Ward offers a free collection and delivery service.				
	E01013079	1507	A large rural LSOA (geographically) to the south and south west of Withernsea. The LSOA includes parts of the most southerly residential areas of Withernsea town and a number of the caravan sites. Other settlements within the LSOA include Hollym and Winestead.				
South East Holderness (See Page 94)	E01013084	1438	This LSOA is predominantly residential and covers a portion of the southern half of the Withernsea town area. There are two smaller caravan parks within this area. Two pharmacies in this Ward offer a free collection and delivery service.				
	E01013086	1480	A typical size LSOA with two main settlements, Patrington and Patrington Haven, otherwise surrounded by open countryside. Two pharmacies in this Ward offer a free collection and delivery service.				
	E01013087	1349	A rural LSOA encompassing Spurn point and largely surrounded by sea. Two pharmacies in this Ward offer a free collection and delivery service.				



South West Holderness (See Page 99)	E01013099	1372	A long narrow strip of land largely bordered by river and containing the villages of Paull and Thorngumbald All three pharmacies in this Ward offer a free collection and delivery service.
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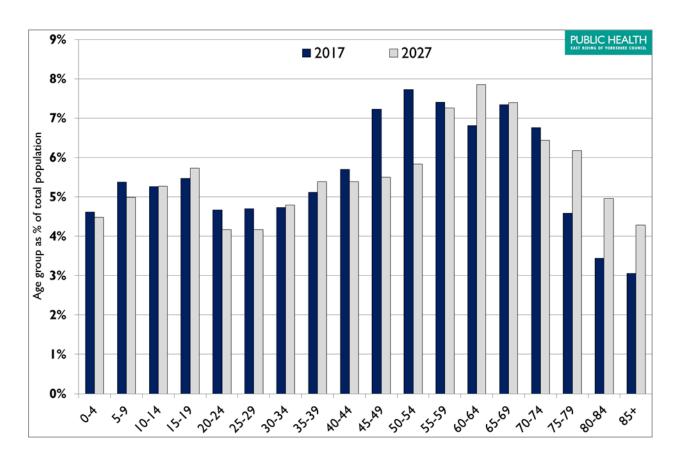
Appendix Six

6. Population Projection - East Riding of Yorkshire

The England population has grown by 8% from 49 million in 2001 to 53 million in 2011. Following this trend, the East Riding has also experienced considerable growth in population as a whole. It is also projected that the population of the East Riding will carry on seeing considerable growth into the future, particularly in older groups (see Appendix Seven). Over the period 2017 to 2027 the population of the East Riding is predicted to increase by around 12,500, an increase of 3.7%. Figure One illustrates longer term population trends by five year age bands.

Figure Six

Population Projection for East Riding of Yorkshire
Source: ONS population projections 2014





7. Population Ageing

The population of the UK is ageing; the proportion aged 65 and over is increasing and the percentage below the age of 19 is generally falling. This is reflected in the population of the East Riding as illustrated in Figure Seven. The changing demographic of the East Riding is clearly visible when ages are grouped into three categories; working age, older people and children. It is clear that as the working age groups are decreasing within the East Riding, the older people group is increasing.

The East Riding population is older than the England population. At the 2011 Census, the East Riding population count was 334,179 of which 21% of people were aged 65+ (71455 people) and 10% were aged 75 and over (32739 people). This compares with 16% of people aged 65+ and 8% aged 75+ in England as a whole. A further feature of the East Riding elderly population is that it is predicted to grow faster than the England population. The relative population growth is illustrated in Figure Eight.

The number of people aged over 65 is expected to increase from 85,700 in 2017 to 103,200 by 2027 – an additional 17,500 older people, an increase of 20%.

As the population gets older then the proportion of people living in a care home will increase too. Table 1 details the projected increase in this figure up to 2035.

Figure Seven

Change in demographics in East Riding of Yorkshire between 2017 and 2027.

Source: ONS population projections 2014

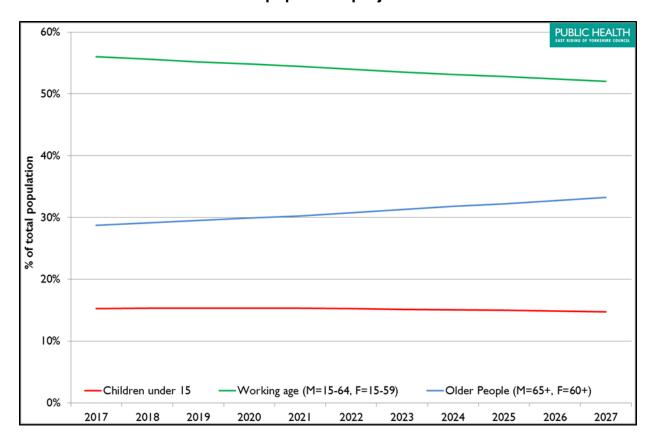
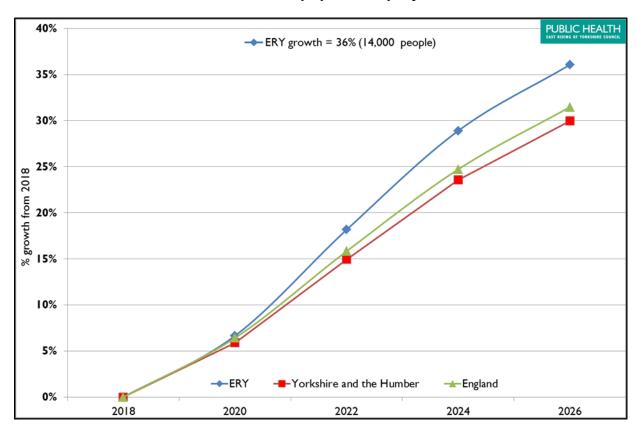




Figure Eight % Projected growth in 75+ population from 2018 base Source: ONS 2014 population projections



Dementia Diagnosis

All CCGs were set a target of achieving increased diagnosis rates of 67%; this means that the number of people identified on GP dementia registers is equal to 67% of the expected prevalence rate of dementia in the East Riding.

To achieve this, NHS East Riding CCG provided active support and encouragement to GP practices to take up the dementia DES (Direct Enhanced Service) while it was available from NHS England, and arranged additional support for practices who were not able to achieve the target. East Riding of Yorkshire CCG worked in partnership with the Alzheimer's Society, the Local Authority and Humber NHS Foundation Trust to increase public awareness of dementia and how to get help. The CCG is also working in partnership with the Alzheimer's Society, Local Authority and Humber NHS Foundation Trust to deliver training in dementia care to family carers, paid carers in domiciliary and residential care.

In March 2017, within NHS ERY CCG it was estimated that there were 5,178 individuals (of all ages) with dementia. At June 2017, NHS ERY CCG was estimated to have diagnosed 65% of all 65+ year olds registered with the disease.

Source: https://www.england.nhs.uk/publication/dementia-diagnosis-rate-workbook/



Table One

East Riding of Yorkshire population aged 65 and over, living in a care home with or without nursing by local authority / non-local authority, projected to 2035

	2017	2018	2019	2020	2021	2025	2030	2035
Total population aged 65 and over living a LA care home with or without nursing	119	124	127	131	136	157	181	217
Total population aged 65 and over living in non-LA care home with or without nursing	3,063	3,171	3,272	3,377	3,502	4,093	4,759	5,769
Total population aged 65 and over living in a care home with or without nursing		3,295	3,399	3,508	3,638	4,250	4,940	5,986

Notes:

Figures are taken from Office for National Statistics (ONS) 2011 Census, Communal establishment management and type by sex by age, reference DC4210EWL.

Numbers have been calculated by applying percentages of people living in care homes/nursing homes in 2011 to projected population figures. Source: http://www.poppi.org.uk



Appendix Eight

8. Increase in Prevalence of Long Term Conditions in East Riding of Yorkshire

As the population lives longer, the number of people at risk of developing a chronic illness is likely to grow and the prevalence of chronic conditions is set to increase significantly as a result. For example local cases of dementia are projected to increase between 2017 and 2025 by 28% and cases of bronchitis/emphysema by 16% as illustrated in Figures Nine and Ten below. This would mean that there would be around 1,600 additional cases of dementia and around 230 extra cases of bronchitis/emphysema. Increases in other long term conditions such as stroke, heart disease and diabetes are also to be expected if current population trends continue. This will be true for the Country as whole, but especially so for the East Riding. There are obvious implications for how the delivery of pharmacy services will need to change.

Figure Nine

People aged 65 and over predicted to have dementia (% increase from 2017)

Source: POPPI

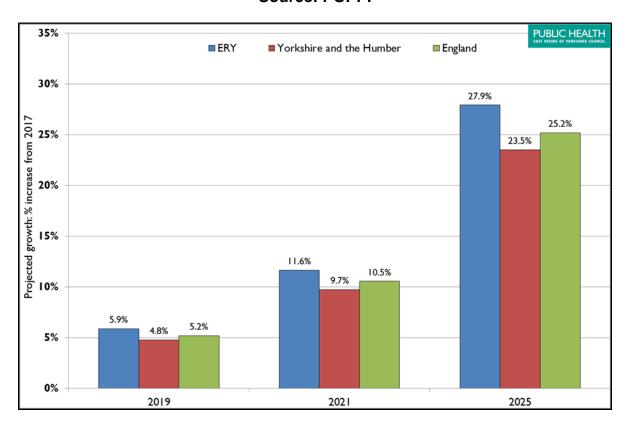
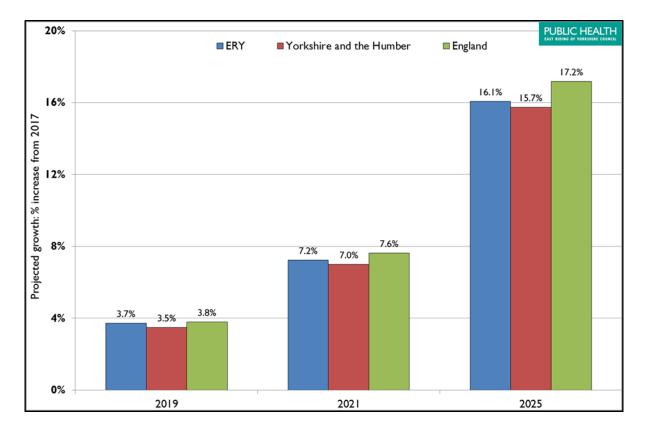




Figure Ten

People aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema (% increase from 2017)

Source: POPPI



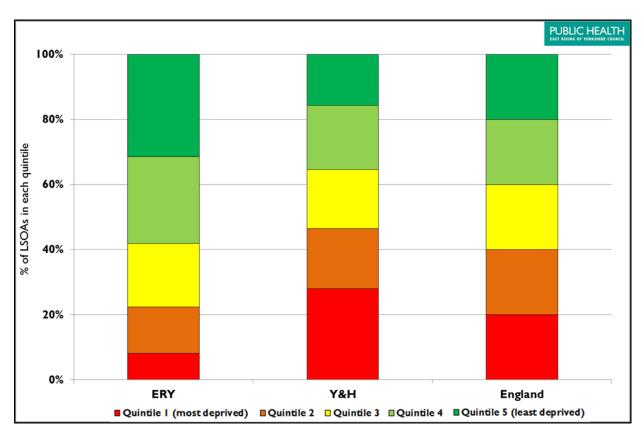


9. Overview of Deprivation in East Riding of Yorkshire

The Index of Multiple Deprivation (IMD) 2015 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area (Lower Super Output Area or LSOA) in England. This allows areas to be ranked relative to one another according to their level of deprivation. The data used to compile the IMD include domains such as housing, average incomes and transport within the East Riding. The East Riding is the 215th most deprived local authority of 326 in England on the Index of Multiple Deprivation. However Figure Six shows that, whereas the East Riding has more LSOAs that would be classed as affluent than does England as a whole, there is still a very deprived section of the population.

Figure Eleven

Comparative Deprivation in the East Riding (Indices of Deprivation 2015)



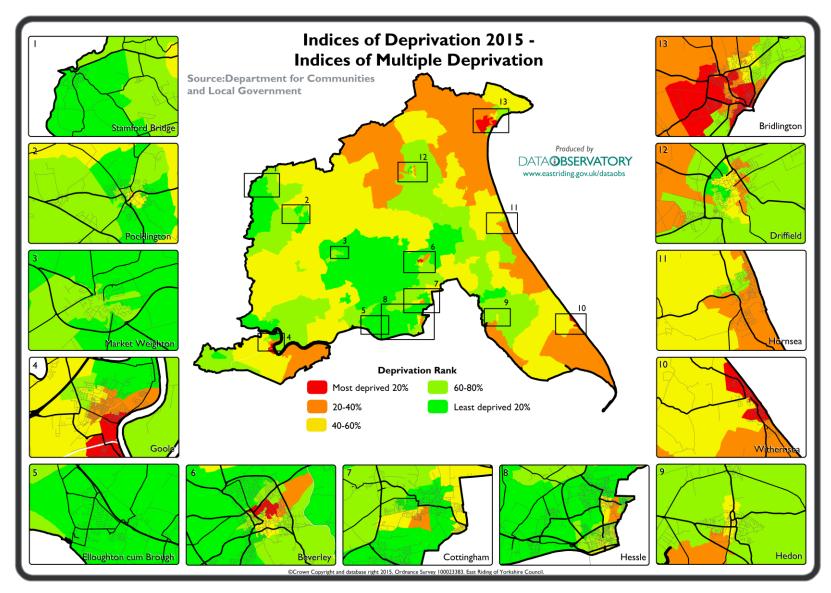
There are areas of affluence in Pocklington Provincial and South Hunsley and pockets of deprivation in parts of Bridlington and Goole. The location of these pockets of deprivation is illustrated in Figure Twelve, Page 148. In terms of electoral Wards, Bridlington South contains the Lower Super Output Area with the highest deprivation score in the East Riding. There are twelve areas within the East Riding in the '10% most deprived' LSOAs in England - five in Bridlington South; three in South East Holderness; one in Goole South and three in Bridlington Central and Old Town. In contrast, the East Riding has 43 LSOAs in the '10% least deprived' LSOAs in England (20 % of East Riding LSOAs).



Studying the domains individually, 11 LSOAs in the East Riding are in the '10% most deprived' using the Income domain, 15 using the Employment domain, 16 in the Education Skills and Training domain, 5 using the Health Deprivation and Disability domain, 25 using the Barriers to Housing and Services domain, 5 using the Crime domain and 11 using the Living Environment domain.



Figure Twelve
Index of Multiple Deprivation (IMD) 2015





Appendix Ten

10. Indicators of Need for Pharmacy Services in East Riding of Yorkshire

Given that poor health is related to both advancing age and material deprivation, and the least healthy are likely to be the greatest users of pharmacy services, a range of indicators of health and deprivation have been provided in the following three Tables to illustrate at Electoral Ward level, how health status varies across East Riding of Yorkshire.

Tables Two, Three and Four show the indicator data for the Electoral Wards in the East Riding ranked in order of the Index of Multiple Deprivation (IMD) with the highest IMD score (most deprived) at the top.

The Office for National Statistics (ONS) ranks some indicators at Electoral Ward level and then divides the Wards into quintiles (fifths). The East Riding has four Electoral Wards in the first quintile i.e. amongst the 20% most deprived Wards in England, despite the County being for the most part, relatively affluent (See Appendix Nine page 147).

Where possible, indication has been provided of where Electoral Wards differ significantly from the England average. Where a Ward has an indicator value that is significantly worse than the England average, this is shown in red and values that are significantly better are shown in green.

It is clear that significantly "worse" scores tend to cluster towards the top of the Tables, in the most deprived areas, whereas significantly "better" scores cluster towards the bottom in the more affluent areas. It is also towards the top of Table 4 that the lowest life expectancies and the highest rates of teenage conceptions can be seen.

This set of indicators also illustrates that Wards may differ in the amount and type of pharmaceutical services that might be needed. For example, Bridlington North is exceptional in having half of its population aged over 60, though not particularly deprived (deprivation quintile 3) whereas Bridlington South, which falls in the most deprived quintile has a lower proportion of its population aged 60+ and a high proportion aged under 20. It is likely that although these two Wards are both in the Bridlington area, they will have differing needs in terms of services such as emergency hormonal contraception (EHC) and management of long term conditions.



TableTwo

A. Indicators of Health and Deprivation by Ward: Standardised *Mortality* Ratios Compared with *England* Averages

Ward Name	IMD 2015 Population Weighted Score	ERY rank (1 is more deprived)	IMD 2015 National Quintile	Deaths from All Causes, all ages (2010- 14) SMR	Deaths from All Causes, U75 (2010- 14) SMR	Deaths from all cancer, all ages (2010-14) SMR	Deaths from all cancer, U75 (2010- 14) SMR	Deaths from all circulatory disease, all ages (2010- 14) SMR	Deaths from all circulatory disease, U75 (2010- 14) SMR	Deaths from all CHD, all ages (2010- 14) SMR	Deaths from all CHD, U75 (2010- 14) SMR	Deaths from stroke, all ages (2010-14) SMR	Deaths from all respiratory disease, all ages (2010- 14) SMR
Bridlington South	46.6	1	1	140		121	127				204	160	
Bridlington Central and Old Town	34.5	2	1	108		111	126	114				113	
Goole South	33.9	3	1	121	147	117	112	123			187	84	
South East Holderness	31.1	4	1	104		101	105		121	118	133	114	121
North Holderness	21.3	5	2	110	110	114	108		98		96	97	104
Bridlington North	17.4	6	3	90	87	96	99		83		91	81	90
Goole North	17.2	7	3	105		102	98		93		97	94	
East Wolds and Coastal	16.9	8	3	91	87	91	96		103		108	104	89
Cottingham South	15.9	9	3	94	75	93	71	104	93		114	108	87
Driffield and Rural	15.4	10	3	109	98	96	83	123	109		103	161	96
Minster and Woodmansey	14.6	11	3	106	87	98	75	110	88		97	122	118
Snaith, Airmyn, Rawcliffe and Marshland	14.2	12	3	115	99	111	97	126	127	124	147	111	99
Mid Holderness	14.0	13	3	86	84	93	87	90	91	104	89	80	
Howdenshire	13.3	14	4	96		95		104	98	102	91	97	91
South West Holderness	13.3	15	4	98		79	75	102	83		72	136	
Tranby	13.3		4	91	85	98	100	98	92	110	88	94	
Hessle	12.9		4	132	115	123	130		112		96	168	
Wolds Weighton	12.4	18	4	90	82	93	93		84		89	91	87
St Mary's	9.7	19	4	98		89	88		84		89	147	99
Howden	9.3	20	5	98		106	94		63		76	102	120
Cottingham North	8.5	21	5	87	65	87	80		61	115	58	72	
Pocklington Provincial	7.4	22	5	97	95	92			97	112	110	130	89
Beverley Rural	6.6	23	5	72	66	84	77	76	62	80	63	86	
Dale	4.9	24	5	93	59	83	68	101	61	86	61	147	86
Willerby and Kirk Ella	4.2	25	5	80	62	81	76	83	56	77	46	106	
South Hunsley	4.1	26	5	85	67	102	96	85	40	73	30	137	78
ERY				100	92	97	94	106	95	105	99	116	102
England				100	100	100	100	100	100	100	100	100	100

Please note: some data has come from PHE's Local Health tool, which uses a different methodology from other sources, therefore the values shown here may differ from those other sources



B. Indicators of Health and Deprivation by Ward: Standardised Mortality Ratios Compared with East Riding Averages

Ward Nam e	IMD 2015 Population Weighted Score	ERY rank (1 is more deprived)	2015	Deaths from All Causes, all ages (2010-14) SMR	Deaths from All Causes, U75 (2010- 14) SMR	Deaths from all cancer, all ages (2010-14) SMR	Deaths from all cancer, U75 (2010- 14) SMR	Deaths from all circulatory disease, all ages (2010- 14) SMR	Deaths from all circulatory disease, U75 (2010-14) SMR	Deaths from all CHD, all ages (2010- 14) SMR	SMR	Deaths from stroke, all ages (2010- 14) SMR	Deaths from all respiratory disease, all ages (2010- 14) SMR
Bridlington South	46.6	1	1	140	157	121	127	147	173	151	204	160	152
Bridlington Central and Old Town	34.5	2	1	108	133	111	126	114	132	123		113	
Goole South	33.9	3	1	121	147	117	112	123	174	137	187	84	
South East Holderness	31.1	4	1	104	110	101	105	113	121	118	133	114	121
North Holderness	21.3	5	2	110	110	114	108	98	98	97	96	97	104
Bridlington North	17.4	6	3	90	87	96	99	96	83	97	91	81	90
Goole North	17.2	7	3	105	97	102		100	93	94			
East Wolds and Coastal	16.9	8	3	91	87	91	96	109	103	117	108	104	
Cottingham South	15.9	9	3	94	75	93	71	104	93	103	114	108	
Driffield and Rural	15.4	10	3	109	98	96	83	123	109	111	103	161	96
Minster and Woodmansey	14.6	11	3	106	87	98	75	110	88	105	97	122	
Snaith, Airm yn, Rawcliffe and Marshland	14.2	12	3	115	99	111	97	126	127	124	147	111	
Mid Holdemess	14.0	13	3	86	84	93	87	90	91	104	89	80	83
Howdenshire	13.3	14	4	96	94	95	92	104	98	102	91	97	
South West Holdemess	13.3	15	4	98	82	79	75	102	83	90	72	136	99
Tranby	13.3	16	4	91	85	98	100	98	92	110	88	94	108
Hessle	12.9	17	4	132	115		130	128	112	104	96	168	150
Wolds Weighton	12.4	18	4	90	82	93	93	100	84	106	89	91	87
St Mary's	9.7	19	4	98	84	89	88	107	84	97	89	147	99
Howden	9.3	20	5	98	80	106	94	104	63	119	76		120
Cottingham North	8.5	21	5	87	65	87	80	99	61	115	58	72	100
Pocklington Provincial	7.4	22	5	97	95	92	96	109	97	112	110	130	
Beverley Rural	6.6	23	5	72	66	84	77	76	62	80	63	86	64
Dale	4.9	24	5	93	59	83	68	101	61	86	61	147	86
Willerby and Kirk Ella	4.2	25	5	80	62	81	76	83	56	77	46	106	
South Hunsley	4.1	26	5	85	67	102	96	85	40	73	30	137	78
ERY				100	92	97	94	106	95	105	99	116	102
England				100	100	100	100	100	100	100	100	100	100

Please note: some data has come from PHE's Local Health tool, which uses a different methodology from other sources, therefore the values shown here may differ from those other sources



Table Three

A. Indicators of Health and Deprivation by Ward: Standardised <u>Admission</u> Ratios Compared with <u>England</u> Averages

Ward Name	IMD 2015 Population Weighted Score	ERY rank (1 is more deprived)	IMD 2015 National Quintile	Emergency Admissions, All Causes, All Ages (2010/11 to 2014/15) SAR	Emergency Admissions, CHD, All Ages (2010/11 to 2014/15) SAR	Emergency Admissions, Stroke, All Ages (2010/11 to 2014/15) SAR	Emergency Admissions, Myocardial Infarction, All Ages (2010/11 to 2014/15)	Emergency Admissions, COPD, All Ages (2010/11 to 2014/15) SAR	Hospital Admissions for Alcohol Attributable Harm (2010/11 to 2014/15) SAR
Bridlington South	46.6	1	1	107	148	126	130	141	145
Bridlington Central and Old Town	34.5	2	1	96	140	107	120	126	110
Goole South	33.9	3	1	94	138	91	103	156	111
South East Holderness	31.1	4	1	112	118	139	64	160	102
North Holderness	21.3	5	2	88	84	94	55	89	115
Bridlington North	17.4	6	3	84	132	96	108	83	103
Goole North	17.2	7	3	89	131	91	99	124	107
East Wolds and Coastal	16.9	8	3	78	109	80	93	53	87
Cottingham South	15.9	9	3	90	93	88	65	70	83
Driffield and Rural	15.4	10	3	88	114	96	92	83	90
Minster and Woodmansey	14.6	11	3	88	101	93	71	81	89
Snaith, Airm yn, Rawcliffe and Marshland	14.2	12	3	84	131	92	96	106	92
Mid Holderness	14.0	13	3	85	100	99	55	78	89
Howdenshire	13.3	14	4	85	101	74	87	71	83
South West Holderness	13.3	15	4	91	99	84	64	109	85
Tranby	13.3	16	4	88	95	88	60	70	90
Hessle	12.9	17	4	95	94	109	55	112	88
Wolds Weighton	12.4	18	4	84	100	80	96	72	75
St Mary's	9.7	19	4	87	93	101	56	71	90
Howden	9.3	20	5	81	115	94	90	88	92
Cottingham North	8.5	21	5	88	94	84	68	65	
Pocklington Provincial	7.4	22	5	80	75		102	60	70
Beverley Rural	6.6	23	5	75	82	88	61	64	81
Dale	4.9	24	5	72	75		55		69
Willerby and Kirk Ella	4.2	25	5	80	71	85	50	51	100
South Hunsley	4.1	26	5	73	78	75	38	53	73
ERY				87	103	94	78	87	92
England				100	100		100		100
<i>g</i>									

Please note: some data has come from PHE's Local Health tool, which uses a different methodology from other sources, therefore the values shown here may differ from those other sources



Table Three

B. Indicators of Health and Deprivation by Ward: Standardised <u>Admission</u> Ratios Compared with <u>East Riding</u> Averages

Ward Name	IMD 2015 Population Weighted Score	ERY rank (1 is m ore deprived)	IMD 2015 National Quintile	Emergency Admissions, All Causes, All Ages (2010/11 to 2014/15) SAR	Emergency Admissions, CHD, All Ages (2010/11 to 2014/15) SAR	Emergency Admissions, Stroke, All Ages (2010/11 to 2014/15) SAR	Emergency Admissions, Myocardial Infarction, All Ages (2010/11 to 2014/15) SAR	Emergency Admissions, COPD, All Ages (2010/11 to 2014/15) SAR	Hospital Admissions for Alcohol Attributable Harm (2010/11 to 2014/15) SAR
Bridlington South	46.6	1	1	107	148	126	130	141	145
Bridlington Central and Old Town	34.5	2	1	96	140	107	120	126	
Goole South	33.9	3	1	94	138	91	103.2	156	111
South East Holdemess	31.1	4	1	112	118	139	63.5	160	102
North Holderness	21.3	5	2	88	84	94	55	89	
Bridlington North	17.4	6	3	84	132	96	108	83	103
Goole North	17.2	7	3	89	131	91	99	124	107
East Wolds and Coastal	16.9	8	3	78	109	80	92.8	53	87
Cottingham South	15.9	9	3	90	93	88	64.9	70	
Driffield and Rural	15.4	10	3	88	114	96	91.6	83	90
Minster and Woodmansey	14.6	11	3	88	101	93	70.9	81	89
Snaith, Airm yn, Rawcliffe and Marshland	14.2	12	3	84	131	92	95.5	106	92
Mid Holderness	14.0	13	3	85	100	99	55	78	89
Howdenshire	13.3	14	4	85	101	74	87.3	71	83
South West Holderness	13.3	15	4	91	99	84	63.9	109	85
Tranby	13.3	16	4	88	95	88	59.6	70	90
Hessle	12.9	17	4	95	94	109	55	112	88
Wolds Weighton	12.4	18	4	84	100	80	96.2	72	
St Mary's	9.7	19	4	87	93	101	56	71	90
Howden	9.3	20	5	81	115	94	90.4	88	
Cottingham North	8.5	21	5	88	94	84	68.3	65	79
Pocklington Provincial	7.4	22	5	80	75	98	102	60	
Beverley Rural	6.6	23	5	75	82	88	61.2	64	81
Dale	4.9	24	5	72	75	80	55	51	69
Willerby and Kirk Ella	4.2	25	5	80	71	85	50	51	100
South Hunsley	4.1	26	5	73	78	75	38	53	73
ERY				87			78	87	92
England				100	100	100	100	100	100



Table Four

Indicators of Health and Deprivation by Ward: Population

Ward Name	IMD 2015 Population Weighted Score	ERY rank (1 is more deprived)	IMD 2015 National Quintile	Population (ONS 2015 mid year estimate)	% aged <20	% aged >=60	% Excess weight, Reception Year children (2012/13- 2014/15)**	% Excess Weight, Year 6 children (2012/13- 2014/15)**	Male Life Expectancy at birth (2011-13)	Female Life Expectancy at birth (2011-13)	% Pensioners Living Alone (2011 Census, via PHE Local Health)	Under 18 Conceptions (rate per 1000) 2012-14
Bridlington South	46.6	1	1	14,646	21.7%	31.2%	21.7%	35.7%	74.5	77.9	29.1%	56.38 (sh)
Bridlington Central and Old Town	34.5	2	1	10,953	23.5%	32.0%	23.2%	34.7%	77.5	83.3	33.0%	24.05 (ns
Goole South	33.9	3	1	10,749	25.7%	19.8%	25.1%	37.0%	76.7	82.0	35.9%	54.11 (sh)
South East Holderness	31.1	4	1	14,948	20.7%	34.3%	27.1%	39.1%	79.1	81.7	27.7%	32.79 (ns
North Holderness	21.3	5	2	10,223	18.8%	38.2%	24.6%	33.7%	77.7	82.5	26.9%	28.87 (ns)
Bridlington North	17.4	6	3	13,237	13.7%	50.1%	22.8%	33.7%	82.3	83.7	25.5%	15.73 (ns)
Goole North	17.2	7	3	11,188	22.8%	26.2%	22.5%	34.7%	79.2	83.0	28.8%	44.26 (sh)
East Wolds and Coastal	16.9	8	3	14,572	19.8%	35.0%	25.3%		81.8	84.0	24.3%	10.91 (ns)
Cottingham South	15.9	9	3	9,000	19.4%	34.5%	19.3%	29.6%	80.4	84.8	31.1%	26.09 (ns)
Driffield and Rural	15.4	10	3	15,058	20.7%	31.2%	20.4%	33.1%	79.2	81.9	28.9%	21.07 (ns)
Minster and Woodmansey	14.6	11	3	16,327	22.6%	25.7%	19.1%	31.3%	80.4	82.9	30.7%	21.95 (ns)
Snaith, Airmyn, Rawcliffe and Marshland	14.2	12	3	9,644	20.6%	29.3%	18.4%	33.2%	77.9	82.3	22.2%	supp
Mid Holderness	14.0	13	3	13,837	18.9%	33.3%	22.7%	34.1%	81.7	83.0	24.6%	15.36 (ns)
Howdenshire	13.3	14	4	14,738	21.1%	29.4%	15.9%	32.2%	78.6	83.9	26.0%	6.93 (sl)
South West Holderness	13.3	15	4	14,596	20.1%	32.5%	24.0%	34.9%	80.9	82.9	25.5%	20.56 (ns)
Tranby	13.3	16	4	9,910	21.5%	32.4%	22.1%	34.1%	82.1	84.3	31.8%	24.83 (ns
Hessle	12.9	17	4	14,806	21.6%	26.2%	20.7%	34.9%	79.4	78.7	28.7%	26.09 (ns
Wolds Weighton	12.4	18	4	16,430	21.0%	28.1%	19.4%	31.1%	80.5	83.5	24.9%	13.38 (ns
St Mary's	9.7	19	4	15,792	19.9%	31.6%	20.8%	30.7%	80.7	84.4	29.7%	12.72 (ns
Howden	9.3	20	5	5,115	19.7%	29.1%	16.3%	32.6%	78.8	84.4	28.4%	supp
Cottingham North	8.5	21	5	8,541	23.2%	32.2%	19.5%	27.6%	83.1	84.0	30.0%	supp
Pocklington Provincial	7.4	22	5	16,496	21.3%	31.7%	17.0%	29.1%	81.2	82.9	27.4%	15.17 (ns)
Beverley Rural	6.6	23	5	14,287	22.0%	30.9%	20.0%	28.3%	82.7	87.8	24.2%	11.59 (ns)
Dale	4.9	24	5	17,780	21.8%	25.9%	14.2%	28.3%	81.3	84.4	22.9%	8.26 (sl)
Willerby and Kirk Ella	4.2	25	5	13,537	20.2%	35.0%	20.1%	29.5%	83.5	85.5	26.5%	9.54 (ns
South Hunsley	4.1	26	5	10,275	22.5%	31.6%	16.6%	20.9%	82.8	83.6	23.5%	9.09 (ns
ERY				336,685	20.9%	31.4%	20.7%	32.2%	80.1	82.9	27.3%	19.6
England				54 786 327	23.7%	23.0%	22.2%	33.4%	79 4	83.1	31 5%	25 (

England 54,786,327 23.7% 23.0% 22.2% 33.4% 79.4 83.1 31.5%

White cells in this table, does not mean the values are statististically simliar - as no statistical comparison has been made

Please note: some data has come from PHE's Local Health tool, which uses a different methodology from other sources, therefore the values shown here may differ from those other sources

Under 18 Conceptions

supp: suppressed, withheld due to small numbers (conceptions)

sh: significantly higher than East Riding Average

sl: significantly lower than East Riding Average

ns: not significantly different from East Riding Average

Note: Excess weight represents a combined figure of overweight and obese children



Appendix Eleven

11. ERYC "Have Your Say" Residents survey 2014

In total 1,067 East Riding of Yorkshire residents took part in this consultation. Interviews were conducted using quota sampling to ensure a representative sample was achieved. Quotas were set on age and gender based on the Census 2011. The demographic and geographical breakdown of responses is shown in Table Five below

Table Five: Demographics and Geography of Residents Surveyed

Gender	Number	% of sample
Male	479	44.9
Female	588	55.1
	•	
Age	Number	% of sample
16 to 24	81	7.6
25 to 34	102	9.6
35 to 44	168	15.7
45 to 54	222	20.8
55 to 64	193	18.1
65 and over	299	28.0
Declined	2	0.2
Disability	Number	% of sample
Yes	148	13.9
No	914	85.7
Declined	5	0.5
Location	Number	% of sample
Urban	545	51.1
Rural	522	48.9



Questions in the Residents Survey Pertaining to the Health and Wellbeing Agenda and Pharmaceutical Awareness

East Riding of Yorkshire Council - Have Your Say 2014	
ID Respondent ID	
Good afternoon/evening my name is [INSERT NAME] and I'm calling on behalf of East Riding of Yorkshire Council. I work for SMSR Ltd an independent research company and we have been asked to carry out an important survey on the Council and its services.	
Is it convenient for you to talk to us about this? It shouldn't take more than 10 minutes.	
All of the information you provide will be totally anonymous but some calls may be recorded for quality control and training purposes.	
Health and Wellbeing Agenda	
If you or your family wanted advice on making lifestyle changes, such as healthy eating or losing weight, where would you like to go for help?	
GP 1	
Pharmacist 2	
Internet	
Books or magazines 4	
NHS leaflets or publications 5	
Sports or leisure centres 6	
Diet or slimming clubs 7	
None of the above 8	
Pharmaceutical Awareness	
If you needed to access a pharmacy service outside of normal opening hours (eg evenings, nights and weekends), how easy do you think it would be to do so?	
Neither easy Very easy Fairly easy nor difficult Fairly difficult Very difficult Don't kn	ow 6
Which of the following services do you think are available at local pharmacies? Yes No	
Don't Know	^
Advice on minor ailments 1 2 Disposal of medicines you no longer need 1 2	3



PNA 2018-2021 http://dataobs.eastriding.gov.uk/pna

	Advice on current health problems and/or long term conditions		1		2
	Quit smoking advice		1		2
	Healthy eating advice		1		2
	Advice on physical exercise		1		2
	Medicines use reviews		1		2
	Advice on health services available elsewhere		1		2
	Emergency contraception		1		2
	Blood testing		1		2
Dem	ographics				
	Please could I take your postcode?				
	Gender				
	Male] 1
	Female				2
	Please could you tell me which of the following age bands yo	u are ir	۱?		
	16-24				1
	25-34			$\overline{\underline{}}$	2
	35-44				3
	45-54				4
	55-64				5
	65+				6
	Prefer not to say				7
	Do you consider yourself to have a disability? The Disability Discrimination Act defines a person as having or she 'has a physical or mental impairment, which has a sub term adverse effect on his or her ability to carry out normal dactivities'. (Tick one box only)	stantia	l an		
	Yes] 1
	No				2
	Prefer not to say				3

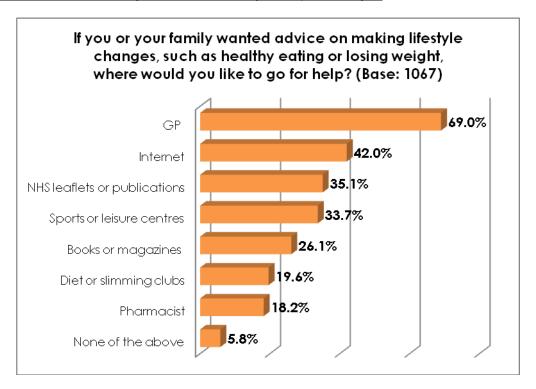


Health and Wellbeing Agenda

When asked if they or their family wanted advice on making lifestyle changes, more than two-thirds (69%) of respondents said they would go to their GP. Around two-fifths (42%) said they would use the internet to access this type of advice and around a third mentioned NHS leaflets or publications (35%) and sports or leisure centres (34%) as sources they would like to go to for help.

Despite national initiatives to increase the use of pharmacy services, only 18% of respondents said they would access advice on lifestyle changes from this source.

Figure Thirteen: Accessing Advice on Making Lifestyle Changes



Older residents (55 to 64: 72% and 65 and over: 71%) and those with a disability (80%) were more likely to visit their GP for advice on health and lifestyle. In addition, almost three-quarters (74%) of those aged 25 to 34 said they would go to their GP.

Accessing health and lifestyle advice via the internet was higher among male respondents (45%) when compared with their female counterparts (40%). Female respondents on the other-hand expressed greater preference towards obtaining advice through books and magazines (33%), NHS leaflets and publications (38%) and diet / slimming clubs (27%).

The use of the internet as a source of advice tended to decrease with age, with 64% of respondents aged 16 to 24 selecting this as their preferred source compared with just 17% of those aged 65 and over. Accessing information through sports and leisure centres also decreased with age; although more than half (52%) of respondents aged 16 to 34 selected this as a preferred source this preference decreased to 21% among respondents aged 65 and over.

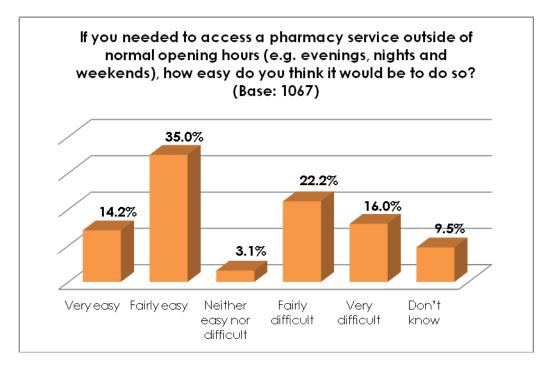


The preferred method for accessing advice on health and lifestyle issues varied by area, with those living in rural areas less frequently saying they would access advice from pharmacies (14%, 8% lower than those in urban areas) or sports / leisure centres (30%, 7% lower than those in urban areas).

Pharmaceutical Awareness: Access to Pharmaceutical Services Out Of Hours Around half (49%) of respondents that, if they needed to, it would be easy to access a pharmacy service outside of normal opening hours, with 35% that said it was fairly easy and 14% said it was very easy. Over a third (38%) suggested they would find it difficult to access these services outside of normal hours, with 22% that said fairly difficult and 16% that said very difficult.

Figure Fourteen

Ease of Access to Pharmacy Services Outside Normal Opening Hours



More than half of urban residents (53%) said that it would be easy to access a pharmacy service outside of normal opening hours compared to 45% of rural residents.

Older respondents are less confident about accessing such services with 44% of 55 to 64 year olds and 37% of those aged 65 and over saying it would be easy to access an out of hours pharmacy service.

Those with a disability perceived higher levels of difficulty (52%) to access pharmacy services than those without a disability (36%).

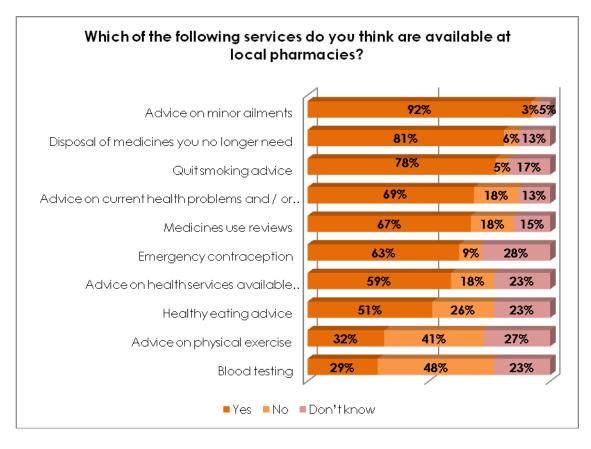


Pharmaceutical Awareness: Services

The chart below shows that the vast majority of all respondents (92%) were aware of the minor ailments advice service within local pharmacies, while more than three-quarters were aware of the disposal of medicines (81%) and quit smoking services (78%).

Awareness was lowest of the pharmacy's provision of blood testing (29%) and advice on physical exercise (32%).

Figure Fifteen
Awareness of Pharmacy Services





Appendix Twelve

12. List of Organisations/Individuals Consulted

City Healthcare Partnership

East Riding General Practitioners

East Riding Community Pharmacists

East Riding of Yorkshire Council Public Health Specialists

East Riding of Yorkshire Council Health and Wellbeing Board

East Riding Disability Advisory and Monitoring Group

East Riding Equalities Network

East Riding Voluntary Action Group

Chief Pharmacists at local Hospitals and Foundation Trust

Chief Executives and commissioners at local and neighbouring Hospitals

Chief Executives and commissioners at local and neighbouring Clinical

Commissioning Groups

Clinical Commissioning Group Locality leads

Health Overview and Scrutiny Committee

Health Watch East Riding

Local Pharmaceutical Committees

Local Medical Committees

NHS England

Parish Councillors

Spire



Appendix Thirteen 13. Table of Community Pharmacy Opening Hours

		Pharmacy	Details				C	ore Hou	ırs			Core	and Su		ntary H Hours)	ours (F	ull Oper	ing
Ward Name	Trading Name	Address	Town	Post code	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
Beverley Rural	Leven Pharmacy	29 High Stile	LEVEN	HU17 5NL	9:00- 17:00	9:00- 17:00	9:00- 17:00	9:00- 17:00	9:00- 17:00			8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30 12:30	
Minster and	Lloyds Pharmacy	1 Samman Road	BEVERLEY	HU17 0BS	9:00- 12:15 14:00- 18:00	9:00- 12:15 14:00- 18:00	9:00- 12:15 14:00- 18:00	9:00- 12:15 14:00- 18:00	9:00- 12:00 14:00- 18:00	9:00- 13:00		9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00	
Woodmansey	Morrisons Pharmacy	Wm Morrison Supermarket Wingfield Way, Victoria Road	BEVERLEY	HU17 8XE	9:00- 12:30 13:30- 18:00	9:00- 12:30 13:30- 18:00	9:00- 12:30 13:30- 18:00	9:00- 12:30 13:30- 18:00	9:00- 12:30 13:30- 18:00			9:00- 20:00	9:00- 20:00	9:00- 20:00	9:00- 20:00	9:00- 20:00	9:00- 18:00	10 am- 4pm
	Boots UK Ltd	43-45 Toll Gavel	BEVERLEY	HU17 9AE	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 15:30		8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	10 :30 am- 4:00 pm
St Manda	Hengate Pharmacy	Manor Road Health Centre	BEVERLEY	HU17 7BZ	9:00- 13:00 13:30- 17:00	9:00- 13:00 13:30- 17:00	9:00- 13:00 13:30- 17:00	9:00- 13:00 13:30- 17:00	9:00- 13:00 13:30- 17:00	9:00- 11:30		08:00- 18:00	08:00- 18:00	08:00- 18:00	08:00- 18:00	08:00- 18:00	08:30- 13:00	
St Mary's	Spinks Chemist	Old Fire Station	BEVERLEY	HU17 8JU	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00			9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00		
	Superdrug Pharmacy	23-25 Toll Gavel	BEVERLEY	HU17 9AA	9:00- 13:00 15:00- 17:30	9:00- 13:00 15:00- 17:30	9:00- 13:00 15:00- 17:30	9:00- 13:00 15:00- 17:30	9:00- 13:00 15:00- 17:30	9:00- 13:30 14:30- 17:30		8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	9:00- 17:30	





		Pharmacy	Dotaile				C	ore Hou	ıre			Core	and Su	ppleme	ntary H Hours)	ours (F	ull Opei	ning
Ward Name	Trading Name	Address	Town	Post code	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
St Mary's	Molescroft Pharmacy	Pighill Lane	BEVERLEY	HU17 7JY	9:00- 12:30 13:00- 17:30	9:00- 12:30 13:00- 17:30	9:00- 12:30 13:00- 17:30	9:00- 12:30 13:00- 17:30	9:00- 12:30 13:00- 17:30			9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00		
Continued	Boots UK Ltd	119 Walkergate	BEVERLEY	HU17 9BP	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00		9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 17:30	
Bridlington Central and Old Town	Lloyds Pharmacy	1 - 5 Westgate	BRIDLINGTON	YO16 4QF	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30			9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 13:00	
	Lloyds Pharmacy	High Street	FLAMBOROUGH	YO15 1JX	9:00- 12:00 12:30- 17:30	9:00- 12:00 12:30- 17:30	9:00- 12:00 12:30- 17:30	9:00- 12:00 12:30- 17:30	9:00- 12:00 12:30- 17:30			9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 12:30	
Bridlington North	Marton Road Pharmacy	151 Marton Road	BRIDLINGTON	YO16 7DJ	9:00- 12:00 13:00- 17:30	9:00- 12:00 13:00- 17:30	9:00- 12:00 13:00- 17:30	9:00- 12:00 13:00- 17:30	9:00- 12:00 13:00- 17:30	10:00- 12:30		9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 13:00	
	Boots UK Ltd	7 Quay Road	BRIDLINGTON	YO15 2AB	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:30- 12:00		8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	9:00- 13:00	
Bridlington South	Boots UK Ltd	122 Quay Road	BRIDLINGTON	YO16 4JB	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:30- 12:00		9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00	
	Boots UK Ltd	9-13 Promenade	BRIDLINGTON	YO15 2PY	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 15:30		9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	10: 30 am- 4:30 pm



		Pharmacy	Details				C	ore Hou	ırs			Core	and Su		ntary H Hours)	ours (F	ull Oper	ning
Ward Name	Trading Name	Address	Town	Post code	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
	Boots UK Ltd	41 Promenade	BRIDLINGTON	YO15 2PY	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00			9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 17:30	
	Boots UK Ltd	18 Victoria Road	BRIDLINGTON	YO15 2AT	8:30- 12:30 13:30- 17:30	8:30- 12:30 13:30- 17:30	8:30- 12:30 13:30- 17:30	8:30- 12:30 13:30- 17:30	8:30- 12:30 13:30- 17:30			8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00		
Bridlington South (Continued)	Bridlington Late Night Pharmacy	86 The Promenade	BRIDLINGTON	YO15 2QL	8:00 - 23:00	8:00- 23:00	8:00 - 23:00	8:00 - 23:00	8:00 - 23:00	9:00 - 21:30	9:00 - 21:30	8:00 - 23:00	8:00 - 23:00	8:00- 23:00	8:00- 23:00	8:00- 23:00	9:00- 21:30	9am - 9:30 pm
	Station Avenue Pharmacy	Station Avenue	BRIDLINGTON	YO16 4LZ	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00			8:30- 18:30	8:30- 18:30	8:30- 18:30	8:30- 18:30	8:30- 18:30		
	Superdrug Pharmacy	22-24 King Street	BRIDLINGTON	YO15 2DQ	9:00- 13:00 15:00- 17:30	9:00- 13:00 15:00- 17:30	9:00- 13:00 15:00- 17:30	9:00- 13:00 15:00- 17:30	9:00- 13:00 15:00- 17:30	9:00- 13:30 14:30- 17:30		9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	
	Westhill Pharmacy	29 Bessingby Gate	BRIDLINGTON	YO16 4RB	9:00- 12:00 13:00- 17:30	9:00- 12:00 13:00- 17:30	9:00- 12:00 13:00- 17:30	9:00- 12:00 13:00- 17:30	9:00- 12:00 13:00- 17:30	10:00- 12:30		9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	09:00- 13:00	
Cottingham North	Boots UK Ltd	156 Hallgate	COTTINGHAM	HU16 4BD	9:00- 13:30 14:30- 18:00	9:00- 13:30 14:30- 18:00	9:00- 13:30 14:30- 18:00	9:00- 13:30 14:30- 18:00	9:00- 13:30 14:30- 18:00			9:00- 13:30 14:00- 18:30	9:00- 13:30 14:00- 18:30	9:00- 13:30 14:00- 18:30	9:00- 13:30 14:00- 18:30	9:00- 13:30 14:00- 18:30	9:00- 13:30- 14:00- 17:30	





		Pharmacy	Details				C	ore Hou	ırs			Core	and Su	ippleme	entary H Hours)	ours (F	ull Opei	ning
Ward Name	Trading Name	Address	Town	Post code	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
Cottingham North (Continued)	Lloyds Pharmacy	Unit 1, Kings Parade	COTTINGHAM	HU16 5QQ	9:00- 12:00 13:45- 16:00	9:00- 12:00 13:45- 18:00	9:00- 12:00 13:45- 18:00	9:00- 12:00 13:45- 18:00	9:00- 12:00 13:45- 18:00	9:00- 12:45		8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	9:00- 16:00	
Cottingham South	Boots UK Ltd	42-44 King Street	COTTINGHAM	HU16 5QE	9:00- 12:30 13:30- 18:00	9:00- 12:30 13:30- 18:00	9:00- 12:30 13:30- 18:00	9:00- 12:30 13:30- 18:00	9:00- 12:30 13:30- 18:00			8:30- 12:30 13:30- 18:00	8:30- 12:30 13:30- 18:00	8:30- 12:30 13:30- 18:00	8:30- 12:30 13:30- 18:00	8:30- 12:30 13:30- 18:00	9:00- 12:30 13:30- 17:00	
	Boots UK Ltd	55 Market Place	SOUTH CAVE	HU15 2AS	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00			9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 15:30	
Dale	Elloughton Pharmacy	63 Main Street, Elloughton	BROUGH	HU15 1HU	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00			9:00- 18:20	9:00- 18:20	9:00- 18:20	9:00- 18:20	9:00- 18:20	9:00- 13:30	
	Lloyds Pharmacy	Unit 6, Welton Road	BROUGH	HU15 1AF	8:30- 11:30 14:15- 18:15	8:30- 11:30 16:30- 20:30	8:30- 11:30 14:15- 18:15	8:30- 11:30 14:15- 18:15	8:30- 11:30 15:15- 18`:15	9:00- 12:00 14:00- 17:00		8:30- 19:00	8:30- 20:30	8:30- 19:00	8:30- 19:00	8:30- 19:00	9:00- 17:00	10 am- 2pm
	Boots UK Ltd	55 Middle Street South	DRIFFIELD	YO25 6PS	9:30- 12:30 13:30- 17:30	9:30- 12:30 13:30- 17:30	9:30- 12:30 13:30- 17:30	9:30- 12:30 13:30- 17:30	9:30- 12:30 13:30- 17:30	9:30- 12:30 13:30- 15:30		8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	
Driffield and Rural	Lloyds Pharmacy	Unit 3, The Viking Centre	DRIFFIELD	YO25 6ST	9:00- 12:00 12:30- 17:30	9:00- 12:00 12:30- 17:30	9:00- 12:00 12:30- 17:30	9:00- 12:00 12:30- 17:30	9:00- 12:00 12:30- 17:30			8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	9:00- 13:00	
	Tesco In- Store Pharmacy	George Street	DRIFFIELD	YO25 6RA	9:00- 13:00 14:00- 17:00	9:00- 13:00 14:00- 17:00	9:00- 13:00 14:00- 17:00	9:00- 13:00 14:00- 17:00	9:00- 13:00 14:00- 17:00	9:00- 13:00 14:00- 17:00		8:00- 19:00	8:00- 19:00	8:00- 19:00	8:00- 19:00	8:00- 19:00	8:00- 19:00	10 am- 4pm



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		Pharmacy	Dotoilo					ore Hou	ıro			Core	and Su		entary H Hours)	ours (F	ull Oper	ning
Ward Name	Trading Name	Address	Town	Post code	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
	Lloyds Pharmacy	Fifth Avenue	GOOLE	DN14 6JD	9:00- 13:30 15:00- 18:00	9:00- 13:30 15:00- 18:00	9:00- 13:30 15:00- 18:00	9:00- 13:30 15:00- 18:00	9:00- 13:30 15:00- 18:00	9:00- 11:30	CON	8:45- 18:00	8:45- 18:00	8:45- 18:00	8:45- 18:00	8:45- 18:00	9:00- 12:00	CON
Goole North	Lloyds Pharmacy	Goole and District Hospital	GOOLE	DN14 6RU	9:00- 12:00 14:00- 18:00	9:00- 12:00 14:00- 18:00	9:00- 12:00 14:00- 18:00	9:00- 12:00 14:00- 18:00	9:00- 12:00 14:00- 18:00	8:00- 13:00		08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 20:00	08:00- 13:00	
	Tesco Pharmacy	Boothferry Road	GOOLE	DN14 6BB	08:00- 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:00	10:00 - 16:00	08:00 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:00	10– am- 4pm
	Boots UK Ltd	Units 9&10	GOOLE	DN14 5EZ	9:00- 13:30 14:30- 17:00	9:00- 13:30 14:30- 17:00	9:00- 13:30 14:30- 17:00	9:00- 13:30 14:30- 17:00	9:00- 13:30 14:30- 17:00	9:00- 13:30 14:30- 15:00		9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	
Goole South	Coggrave Chemist	86 Boothferry Road	GOOLE	DN14 6AD	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30			9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 12:30	
	N & J Drummond	Alfred's Place	GOOLE	DN14 5RL	9:00- 12:30 13:30- 17:30	9:00- 12:30 13:30- 17:30	9:00- 12:30 13:30- 17:30	9:00- 12:30 13:30- 17:30	8:30- 12:30 13:30- 17:30			9:00- 12:30 13:30- 17:30	9:00- 12:30 13:30- 17:30	9:00- 12:30 13:30- 17:30	9:00- 12:30 13:30- 17:30	8:30- 12:30 13:30- 17:30		





		Pharmacy	Details				C	ore Hou	ırs			Core	and Su		ntary H Hours)	ours (F	ull Oper	ning
Ward Name	Trading Name	Address	Town	Post code	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
	Boots UK Ltd	2 The Square	HESSLE	HU13 0AA	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 17:30	9:30- 13:00 14:00- 15:30		8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 17:30	
Hessle	Cohens Chemist	The Hessle Grange Primary Care Centre, 11 Hull Road	HESSLE	HU12 9LX	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:30- 12:00		8:30- 13:00 14:00- 18:00	8:30- 13:00 14:00- 18:00	8:30- 13:00 14:00- 18:00	8:30- 13:00 14:00- 18:00	8:30- 13:00 14:00- 18:00	9:00 – 12:30, 13:00- 17:30	
	Hessle Pharmacy	225 Boothferry Road	HESSLE	HU13 9BB	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30			9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 12:30	
Howden	Boots UK Ltd	27 Bridgegate	HOWDEN	DN14 7AA	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00		8:45- 13:00 14:00- 18:15	8:45- 13:00 14:00- 18:15	8:45- 13:00 14:00- 18:15	8:45- 13:00 14:00- 18:15	8:45- 13:00 14:00- 18:15	8:45- 13:00 14:00- 17:30	
Howdenshire	Boots UK Ltd	Unit 2	GILBERDYKE	HU15 2UJ	9:00- 13:30 14:30- 18:00	9:00- 13:30 14:30- 18:00	9:00- 13:00	9:00- 13:30 14:30- 18:00	9:00- 13:30 14:30- 18:00	9:00- 13:00		8:45- 13:30 14:30- 18:00	8:45- 13:30 14:30- 18:00	8:45- 13:30 14:30- 18:00	8:45- 13:30 14:30- 18:00	8:45- 13:30 14:30- 18:00	9:00- 13:00 14:00- 17:30	
Tiowdensiiie	Holme Pharmacy	Rush View	YORK	YO43 4BJ	8:30- 12:30 14:00- 18:00	8:30- 12:30 14:00- 18:00	8:30- 12:30 14:00- 18:00	8:30- 12:30 14:00- 18:00	8:30- 12:30 14:00- 18:00			8:30- 12:30 14:00- 18:00	8:30- 12:30 14:00- 18:00	8:30- 12:30 14:00- 18:00	8:30- 12:30 14:00- 18:00	8:30- 12:30 14:00- 18:00		



		Pharmacy	Details				С	ore Hou	ırs			Core	and Su	ippleme	entary H Hours)	ours (F	ull Oper	ning
Ward Name	Trading Name	Address	Town	Post code	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
	B A Whittle Chemist	130-132 Newbegin	HORNSEA	HU18 1PB	9:00 - 17:30			9:00 - 17:30	9:00 - 12:30									
North	Day Lewis Pharmacy	85 Newbegin	HORNSEA	HU18 1PA	8:45- 13:00 13:45- 17:30	8:45- 13:00 13:45- 17:30	8:45- 13:00 13:45- 17:30	8:45- 13:00 13:45- 17:30	8:45- 13:00 13:45- 17:30			8:45- 18:00	8:45- 18:00	8:45- 18:00	8:45- 18:00	8:45- 18:00	9:00- 12:30	
Holderness	Instore Pharmacy	Tesco Stores Ltd Southgate Road	HORNSEA	HU18 1RE	8:00– 22:30	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 22:30	10:00- 16:00	8:00– 22:30	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 23:00	07:00- 22:30	10 am- 4pm
	Lloyds Pharmacy	55a Newbegin	HORNSEA	HU18 1AB	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30	9:00- 13:00 13:30- 17:30			9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 17:30	9:00- 13:00	
	Boots UK Ltd	The Beckside Centre 1 Amos Drive	Pocklington	YO42 2BS	9:00- 12:00 13:00- 18:00	9:00- 12:00 13:00- 18:00	9:00- 13:00	9:00- 12:00 13:00- 18:00	9:00- 12:00 13:00- 18:00	9:00- 13:00		08:00- 18:00	08:00- 18:00	08:00- 18:00	08:00- 18:00	08:00- 18:00	9:00- 13:00	
Pocklington Provincial	Boots UK Ltd	53-55 Market Place	POCKLINGTON	YO42 2AL	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 16:00		9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:00	
	Stamford Bridge Pharmacy	2E The Square	STAMFORD BRIDGE	YO41 1AF	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00			9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00	
Snaith, Airmyn, Rawcliffe and Marshland	Day Lewis Plc	The Pharmacy 28 Court Gardens, Snaith	SNAITH	DN14 9JP	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00			9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00		



PNA 2018-2021 http://dataobs.eastriding.gov.uk/pna

		Pharmacy	Details				C	ore Hou	ırs			Core	and Su	ppleme	ntary H Hours)	ours (F	ull Oper	ning
Ward Name	Trading Name	Address	Town	Post code	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
	Boots UK Ltd	94-96 Queen Street	WITHERNSEA	HU19 2HB	8:30- 12:00 13:00- 17:30	8:30- 12:00 13:00- 17:30	13:00- 17:30	8:30- 12:00 13:00- 17:30	8:30- 12:00 13:00- 17:30	8:30- 12:00		8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	8:30- 17:30	
South East Holderness	P Rowbotham Dispensing Chemist	13 Market Place	PATRINGTON	HU12 0RA	9:00- 18:00	9:00- 18:00	9:00- 13:00	9:00- 18:00	9:00- 18:00			9:00- 18:00	9:00- 18:00	9:00- 13:00	9:00- 18:00	9:00- 18:00	9:00- 12:30	
	Boots UK Ltd	124 Queen Street	WITHERNSEA	HU19 2HB	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00			9:00- 13:00 14:00- 18:30	9:00- 13:00 14:00- 18:30	9:00- 13:00 14:00- 18:30	9:00- 13:00 14:00- 18:30	9:00- 13:00 14:00- 18:30	9:00- 13:00	
Quarth Have also	Boots UK Ltd	The Pharmacy 44 Church Street	NORTH FERRIBY	HU14 3BU	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00			8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	9:00- 13:00	
South Hunsley	Boots UK Ltd	16 West End	SWANLAND	HU14 3PE	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 11:30		9:00- 13:00 13:30- 18:00	9:00- 13:00 13:30- 18:00	9:00- 13:00 13:30- 18:00	9:00- 13:00 13:30- 18:00	9:00- 13:00 13:30- 18:00	9:00- 13:00	
South West	Boots UK Ltd	15 Market Place	HEDON	HU12 8JA	9:00- 13:00 14:00- 18:00	9:00- 13:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00 14:00- 18:00	9:00- 13:00		08:30- 18:15	08:30- 18:15	08:30- 18:15	08:30- 18:15	08:30- 18:15	09:00- 17:00	
Holderness	Boots UK Ltd	Unit 1	THORNGUM- BALD	HU12 9PD	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 13:00 14:00- 17:30	9:00- 11:30		9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 13:00	



PNA 2018-2021 http://dataobs.eastriding.gov.uk/pna

		Pharmacy	Details				C	ore Hou	rs			Core	and Su		ntary H Hours)	ours (F	ull Oper	ning
Ward Name	Trading Name	Address	Town	Post code	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
South West Holderness (Continued)	East Riding Pharmacy	16-20 St Augustines Gate	HEDON	HU12 8EX	07:30- 23:00	07:30- 23:00	07:30- 23:00	07:30- 23:00	07:30- 23:00	09:00- 22:00	11:00- 20:30	07:30- 23:00	07:30- 23:00	07:30- 23:00	07:30- 23:00	07:30- 23:00	09:00- 22:00	11 am- 8:30 pm
Tranby	Boots UK Ltd	28 Hull Road	ANLABY	HU10 6UA	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:00- 12:30 14:00- 18:00	9:30- 12:00		8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	9:00- 1:00 13:30- 17:30	
Willerby and Kirk Ella	Boots UK Ltd	5-7 Kingston Road	WILLERBY	HU10 6AD	9:00- 13:30 14:00- 17:30	9:00- 13:30 14:00- 17:30	9:00- 13:30 14:00- 17:30	9:00- 13:30 14:00- 17:30	9:00- 13:30 14:00- 17:30			8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	8:30- 13:00 13:30- 18:00	9:00- 13:00	
Wolds	Boots UK Ltd	43 Market Place	MARKET WEIGHTON	YO43 3AJ	8:30- 12:30	8:30- 12:30 13:30- 17:30	8:30- 12:30 13:30- 17:30	8:30- 12:30 13:30- 17:30	8:30- 12:30 13:30- 17:30	8:30- 12:30		8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 18:00	8:30- 17:00	
Weighton	Cohens Chemist	Wolds House, Medforth Street	MARKET WEIGHTON	YO43 3FF	7:00- 23:00	7:00- 23:00	7:00- 23:00	7:00- 23:00	7:00- 23:00	7:00- 19:00	9:00- 17:00	7:00- 23:00	7:00- 23:00	7:00- 23:00	7:00- 23:00	7:00- 23:00	7:00- 19:00	9am - 5pm

Distance	Care Meds UK	Lancaster House, Lancaster Road	CARNABY (EAST WOLDS AND COASTAL WARD)	YO15 3QY	9:00- 17:00	9:00- 17:00	9:00- 17:00	9:00- 17:00	9:00- 17:00		9:00- 17:00	9:00- 17:00	9:00- 17:00	9:00- 17:00	9:00- 17:00	
Sellng	Haltemprice Online Ltd	15 South Ella Way, Kirkella	HULL (TRANBY WARD)	HU10 7HB	9:00- 17:00	9:00- 17:00	9:00- 17:00	9:00- 17:00	9:00- 17:00		9:00 - 18:00					



Figure Sixteen

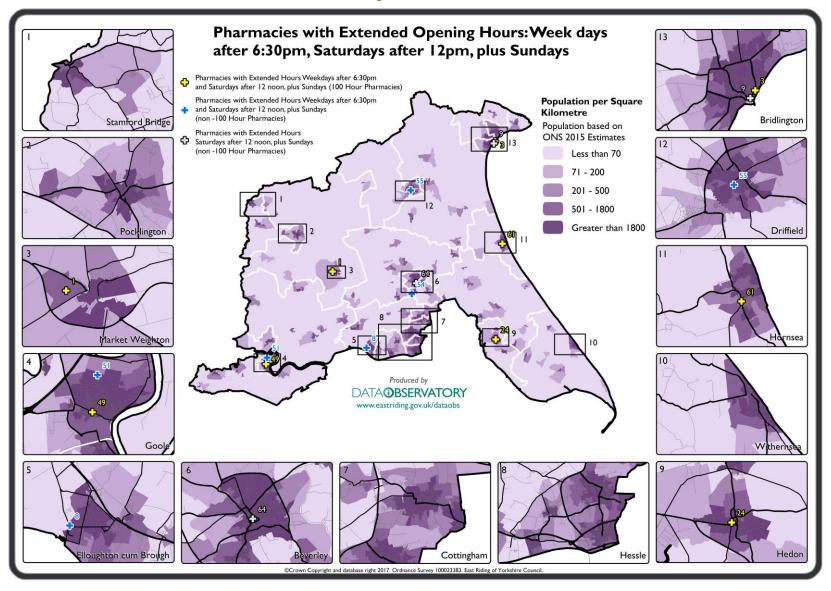
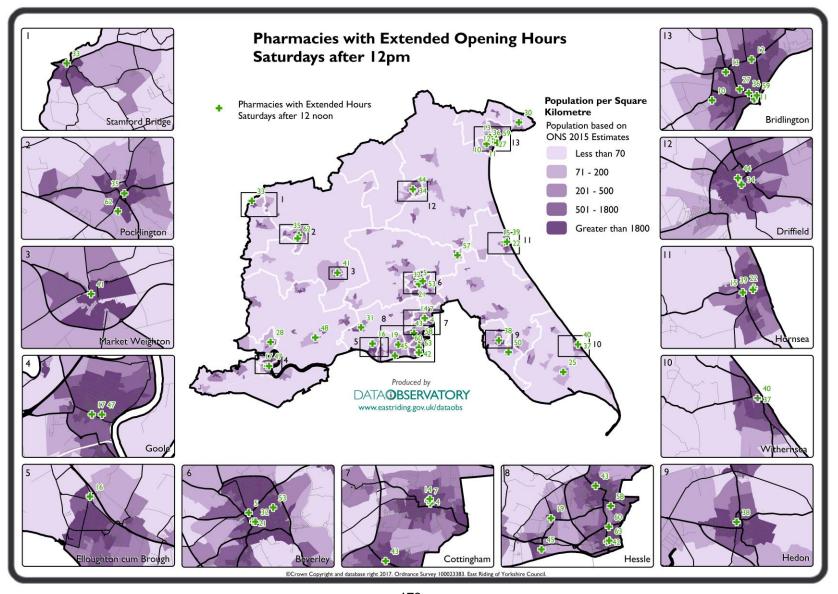




Figure Seventeen





Appendix Fourteen

14. Number of Pharmacies per 100,000 Population by Ward (Calculations Excluding Distance Selling Pharmacies)

	Population 2015 Mid- Year Estimate	Pharmacies (Excluding Distance Selling)	Distance Selling Pharmacies	Pharmacies per 100,000 population	Estimated Population Served Per Pharmacy
Bridlington South	14,646	9		61	1627
Bridlington Central and Old	10,953	1		0	10053
Town Goole South	10.740	3		9	10953
South East Holderness	10,749	3		28	3583
	14,948			20	4983
North Holderness	10,223	4		39	2556
Bridlington North	13,237	2		15	6619
Goole North	11,188	3		27	3729
East Wolds and Coastal	14,572	0	1		
Cottingham South	9,000	1		11	9000
Driffield and Rural	15,058	3		20	5019
Minster and Woodmansey	16,327	2		12	8164
Snaith, Airmyn, Rawcliffe and Marshland	9,644	1		10	9644
Mid Holderness	13,837	0			
Howdenshire	14,738	2		14	7369
South West Holderness	14,596	3		21	4865
Tranby	9,910	1	1	10	9910
Hessle	14,806	3		20	4935
Wolds Weighton	16,430	2		12	8215
St Mary's	15,792	6		38	2632
Howden	5,115	1		20	5115
Cottingham North	8,541	2		23	4271
Pocklington Provincial	16,496	3		18	5499
Beverley Rural	14,287	1		7	14287
Dale	17,780	3		17	5927
Willerby and Kirk Ella	13,537	1		7	13537
South Hunsley	10,275	2		19	5138
Distance Selling Pharmacies	-, -		2		
East Riding Total Population	336,685	63		19	5344
Yorkshire and Humber	5,390,576	1,275*		24	4228
England	54,786,327	11,688*		21	4687
Main Settlements	- ,,-	,,,,,,			
Bridlington	38,836	12		31	3236
Beverley	32,119	8		25	4015
Goole	21937	6		27	3656
Cottingham	17541	3		17	5847
Hessle	14806	4		27	3702
*Source: NHS Digital 2015/2016	l .	· ·	I	<u> </u>	

http://www.content.digital.nhs.uk/catalogue/PUB22317



Appendix Fifteen

Commissioned Services

Public Health Commissioned Services Including Healthy Living Pharmacy Status ("soon": currently working towards)

Note: These tables were correct at 31 January 2018 and are subject to change when services are newly commissioned/ re-commissioned.

WARD	PharmacyName	Street	Town	Post Code Post Code	Methadone	Buprenor- -phine	Needle Exchange	EHC	NRT Voucher Scheme	Varenidine PGD	BBV Testing	Health Check	HLP 12/12/2017
Beverley Rural	Leven Pharmacy	29 High Stile	Leven	HU17 5NL									
	Boots UK Ltd	43-45 Toll Gavel	Beverley	HU17 9AE									Regiser ed
	Hengate Pharmacy	24 Hengate	Beverley	HU17 7BZ									
	Molescroft Pharmacy	Pig Hill Lane, Woodhall Way	Beverley	HU17 7JY									Regiser ed
St Mary's	Spinks The Chemist	The Old Fire Station, Albert Terrace	Beverley	HU17 8JU									soon
	Superdrug Pharmacy	23-25 Toll Gavel	Beverley	HU17 9AA									Regiser ed
	Boots UK Ltd	119 Walkergate	Beverley	HU17 9BP									Regiser ed
Minster and	Lloyds Pharmacy	1 Samman Road	Beverley	HU17 0BS									Regiser ed
Woodmansey	Wm Morrison Pharmacy	Wingfield Way, Victoria Road	Beverley	HU17 8XE									Regiser ed
Bridlington Central and Old Town	Lloyds Pharmacy	1-5 Westgate	Bridlington	YO16 4QF									Regiser ed
Pridlington North	Lloyds Pharmacy	Central Stores, High Street	Flamborough	YO15 1JX									Regiser ed
Bridlington North	Marton Road Pharmacy	151 Marton Road	Bridlington	YO16 7DJ									Regiser ed

WARD	PharmacyName	Street	Town	Post Code	Methadone	Buprenor phine	Needle Exchange	EHC	NRT Voucher Scheme	Varenicline PGD	BBVTesting	Health Check	HLP 12/12/2017
	Boots UK Ltd	7 Quay Road	Bridlington	YO15 2AB									Regiser ed
	Boots UK Ltd	122 Quay Road	Bridlington	YO15 4JB									Regiser ed
	Boots UK Ltd	9-13 The Promenade	Bridlington	YO15 2PY									Regiser ed
	Bridlington Late Night Pharmacy	86 The Promenade	Bridlington	YO15 2QL									Regiser ed
Bridlington South	Station Avenue Pharmacy	Station Avenue	Bridlington	YO16 4LZ									
Ü	Superdrug Pharmacy	22-24 King Street	Bridlington	YO15 2DQ									soon
	Boots UK Ltd	Field House Surgery, 18 Victoria Road	Bridlington	YO15 2AT									Regiser ed
	Boots UK Ltd	41 The Promenade	Bridlington	YO15 2PY									Regiser ed
	Westhill Pharmacy	29 Bessingby Gate	Bridlington	YO16 4RB									Regiser ed
Cattingham North	Lloyds Pharmacy	Unit 1, Kings Parade,King St	Cottingham	HU16 5QQ									Regiser ed
Cottingham North	Boots UK Ltd	156 Hallgate	Cottingham	HU16 4BD									Regiser ed
Cottingham South	Boots UK Ltd	42-44 King Street	Cottingham	HU16 5QE									Regiser ed
	Elloughton Pharmacy	63 Main Street Elloughton	Brough	HU151HU									soon
Dale	Lloyds Pharmacy	Unit 6, Welton Road	Brough	HU15 1AF									Regiser ed
	Boots UK Ltd	55 Market Place	South Cave	HU15 2AS									Regiser ed
	Boots	55 Middle Street South	Driffield	YO25 6PS									Regiser ed
Driffield and Rural	Lloyds Pharmacy	The Viking Centre,	Middle Street North Driffield	YO25 6ST									Regiser ed
	Tesco In-Store Pharmacy	George Street	Driffield	YO25 6RA									Regiser ed

WARD	PharmacyName	Street	Town	Post Code	Methadone	Buprenor phine	Needle Exchange	EHC	NRT Voucher Scheme	Varenicline PGD	BBVTesting	Health Check	HLP 12/12/2017
	Lloyds Pharmacy	Fifth Avenue	Goole	DN14 6JD									Regiser ed
Goole North	Lloyds Pharmacy	Goole & District Hospital	Woodland Ave Goole	DN14 6RU									Regiser ed
Goole Notth	Tesco In-Store Pharmacy	Boothferry Road	Goole	DN14 6BB									Regiser ed
	Boots UK Ltd	Unit 2, Scalby Lane	Gilberdyke	HU15 2UJ									Regiser ed
	Boots UK Ltd	Units 9 & 10, Wesley Square	Goole	DN14 5EZ									Register ed
Goole South	Coggrave Chemist	86 Boothferry Road	Goole	DN14 6AD									Regiser ed
	N & J Drummond Chemist	Alfreds Place, Swinefleet Road	Goole	DN14 5RL									
	Boots UK Ltd	2 The Square	Hessle	HU13 0AA									Regiser ed
Hessle	Cohens Chemist	The Hessle Grange Primary Care Centre, 11 Hull Road	Hessle	HU129LX									Register ed
	Hessle Pharmacy	225 Boothferry Road	Hessle	HU13 9BB									Regiser ed
Howden	Boots UK Ltd	27 Bridgegate	Howden	DN14 7AA									Register ed
Howdenshire	Holme Pharmacy	Rush View	Holme-on- Spalding Moor	YO43 4BJ								-	Regiser ed
	Lloyds Pharmacy	55a Newbegin	Hornsea	HU18 1AB									Regiser ed
North Holderness	Day Lewis Pharmacy	85 Newbegin	Hornsea	HU18 1PA									Register ed
	Tesco Instore Pharmacy	Southgate Road	Hornsea	HU181RE									Regiser ed
	Whittles Chemists	130 Newbegin	Hornsea	HU18 1PB									
	Stamford Bridge Pharmacy	2E The Square	Stamford Bridge	YO41 1AF									soon
Pocklington Provincial	Boots UK Ltd	53-55 Market Place	Pocklington	YO42 2AL									Regiser ed
	Boots UK Ltd	The Beckside Centre 1 Amos Drive	Pocklington	YO42 2BS									Regiser ed

WARD	PharmacyName	Street	Town	Post Code	Methadone	Buprenor -phine	Needle Exchange	EHC	NRT Voucher Scheme	Varenicline PGD	BBV Testing	Health Check	HLP 12/12/2017
Snaith, Airmyn, Rawclifffe & Marshland	Day Lewis Plc	28 Court Gardens	Snaith	DN14 9JP									Regiser ed
	Boots UK Ltd	124 Queen Street	Withernsea	HU19 2HB									Regiser ed
South East Holderness	P Rowbotham Chemist	13 Market Place	Patrington	HU12 0RA									
	Boots UK Ltd	94-96 Queen Street	Withernsea	HU19 2HB									Regiser ed
Courtle I I was also	Boots UK Ltd	16 West End	Swanland	HU14 3PE									Regiser ed
South Hunsley	Boots UK Ltd	44 Church Street	North Ferriby	HU14 3BU									Regiser ed
	East Riding Pharmacy	16-20 St Augustine's Gate	Hedon	HU12 8EX									soon
South West Holderness	Boots UK Ltd	15 Market Place	Hedon	HU12 8JA									Regiser ed
	Boots UK Ltd	Unit 1, Church Lane	Thorngumbald	HU12 9PD									Regiser ed
Tranby	Boots UK Ltd	28 Hull Road, Anlaby	Hull	HU10 6UA									Regiser ed
Willerby and Kirk Ella	Boots UK Ltd	5-7 Kingston Road	Willerby	HU10 6AD									Regiser ed
Wolds Weighton	Cohens Chemist	Wolds House Medforth Street	Market Weighton	YO433FF									soon
vvoids vveigntori	Boots UK Ltd	43 Market Place	Market Weighton	YO43 3AJ									Regiser ed
	Haltemprice Pharmacy online	15 South Ella Way, Kirkella	Hull (Tranby Ward)	HU107HB					_				
Distance Selling	Caremeds UK	Lancaster House, Lancaster Road	Carnaby (East Wolds and Coastal Ward)	YO153QY									

NHS England Commissioned Enhanced and Advanced Services

Note: These tables were correct at 31 January 2018 and are subject to change when services are newly commissioned/ re-commissioned. ("Soon": The pharmacy indicates on the PNA Questionnaire that they are working towards/ intending to provide)

							NHSAre	ea Tearn Comn	nissioned Enha	anced Services					and Commi nced Servic		
WARD	PharmacyName	Street	Town	Post Code	PURM s	EL23	PODIS	Palliative care	Minor Ailments	DOMMAR	DOTS	MUR	NMS	AUR	SAC	Flu Vacc	NUMSAS
Beverley Rural	Leven Pharmacy	29 High Stile	Leven	HU17 5NL													
	Boots UK Ltd	43-45 Toll Gavel	Beverley	HU17 9AE													
	Hengate Pharmacy	24 Hengate	Beverley	HU17 8BZ													
	Molescroft Pharmacy	Pig Hill Lane, Woodhall Way	Beverley	HU17 7JY													
St Mary's	Spinks The Chemist	The Old Fire Station, Albert Terrace	Beverley	HU17 8JU													
	Superdrug Pharmacy	23-25 Toll Gavel	Beverley	HU17 9AA										soon	soon		
	Boots UK Ltd	119 Walkergate	Beverley	HU17 9BP													
Minster and	Lloyds Pharmacy	1 Samman Road	Beverley	HU17 0BS													
Woodmansey	Wm Morrison Pharmacy	Wingfield Way, Victoria Road	Beverley	HU17 8XE													
Bridlington Central and Old Town	Lloyds Pharmacy	1-5 Westgate	Bridlington	YO16 4QF													
Bridlington North	Lloyds Pharmacy	Central Stores, High Street	Flamborough	YO15 1JX													
Bridington North	Marton Road Pharmacy	151 Marton Road	Bridlington	YO16 7DJ													

					NHS Area Team Commissioned Enhanced Services						NHS England Commissioned Advanced Services						
WARD	PharmacyName	Street	Town	Post Code	PURM s	EL23	PODIS	Palliative care	Minor Ailments	DOMMAR	DOTS	MUR	NMS	AUR	SAC	Flu Vacc	NUMSAS
	Boots UK Ltd	7 Quay Road	Bridlington	YO15 2AB													
	Boots UK Ltd	122 Quay Road	Bridlington	YO15 4JB													
	Boots UK Ltd	9-13 The Promenade	Bridlington	YO15 2PY													
	Bridlington Late Night Pharmacy	86 The Promenade	Bridlington	YO15 2QL													
Bridlington South	Station Avenue Pharmacy	Station Avenue	Bridlington	YO16 4LZ										soon	soon		
	Superdrug Pharmacy	22-24 King Street	Bridlington	YO15 2DQ													
	Boots UK Ltd	18 Victoria Road	Bridlington	YO15 2AT													
	Boots UK Ltd	41 The Promenade	Bridlington	YO15 2PY													
	Westhill Pharmacy	29 Bessingby Gate	Bridlington	YO16 4RB													
Cottingham North	Lloyds Pharmacy	Unit 1, Kings Parade,King St	Cottingham	HU16 5QQ													
Collingham North	Boots UK Ltd	156 Hallgate	Cottingham	HU16 4BD													
Cottingham South	Your Local Boots Pharmacy	42-44 King Street	Cottingham	HU16 5QE													
	Elloughton Pharmacy	63 Main Street Elloughton	Brough	HU15 1HU										soon	soon	soon	
Dale	Lloyds Pharmacy	Unit 6, Welton Road	Brough	HU15 1AF													
	Boots UK Ltd	55 Market Place	South Cave	HU15 2AS													
	Boots UK Ltd	55 Middle Street South	Driffield	YO25 6PS													
Driffield and Rural	Lloyds Pharmacy	The Viking Centre,	Middle Street North Driffield	YO25 6ST													
	Tesco In-Store Pharmacy	George Street	Driffield	YO25 6RA													

						NHS Area Team Commissioned Enhanced Services				NHS England Commissioned Advanced Services							
WARD	PharmacyName	Street	Town	Post Code	PURM s	EL23	PODIS	Palliative care	Minor Ailments	DOMMAR	DOTS	MUR	NMS	AUR	SAC	Flu Vacc	NUMSAS
	Lloyds Pharmacy	Fifth Avenue	Goole	DN14 6JD													
Goole North	Lloyds Pharmacy	Goole & District Hospital	Woodland Ave Goole	DN14 6RU													
	Tesco In-Store Pharmacy	Boothferry Road	Goole	DN14 6BB													
	Boots	Units 9 & 10, Wesley Square	Goole	DN14 5EZ													
Goole South	Coggrave Chemist	86 Boothferry Road	Goole	DN14 6AD												soon	
	N & J Drummond Chemist	Alfreds Place, Swinefleet Road	Goole	DN14 5RL													
	Boots UK Ltd	2 The Square	Hessle	HU13 0AA													
Hessle	Cohens Chemist	Hessle Grange Primary Care Centre, 11 Hull Rd	Hessle	HU129 LX													
	Hessle Pharmacy	225 Boothferry Road	Hessle	HU13 9BB											soon	soon	
Howden	Boots UK Ltd	27 Bridgegate	Howden	DN14 7AA													
Howdenshire	Holme Pharmacy	Rush View	Holme-on- Spalding Moor	YO43 4BJ													
Howdenstille	Boots UK Ltd	Unit 2, Scalby Lane	Gilberdyke	HU15 2UJ													
	Lloyds Pharmacy	55a Newbegin	Hornsea	HU18 1AB													
North Holdernoon	Day Lewis Pharmacy	85 Newbegin	Hornsea	HU18 1PA													
North Holderness	Tesco Instore Pharmacy	Southgate Road	Hornsea	HU181 RE													
	Whittles Chemists	130 Newbegin	Hornsea	HU18 1PB													

					NHS Area Team Commissioned Enhanced Services						NHS England Commissioned Advanced Services						
WARD	PharmacyName	Street	Town	Post Code	PURM s	EL23	PODIS	Palliative care	Minor Ailments	DOMMAR	DOTS	MUR	NMS	AUR	SAC	Flu Vacc	NUMSAS
	Stamford Bridge Pharmacy	2E The Square	Stamford Bridge	YO1 1AF													
Pocklington Provincial	Boots UK Ltd	53-55 Market Place	Pocklington	YO42 2AL													
	Boots UK Ltd	The Beckside Centre 1 Amos Drive	Pocklington	YO42 2BS													
Snaith, Airmyn, Rawclifffe & Marshland	Day Lewis Plc	28 Court Gardens	Snaith	DN14 9JP													
	Boots UK Ltd	124 Queen Street	Withernsea	HU19 2HB													
South East Holderness	P Rowbotham Chemist	13 Market Place	Patrington	HU12 0RA								soon	soon	soon	soon		
	Boots UK Ltd	94-96 Queen Street	Withernsea	HU19 2HB													
South Hunsley	Boots UK Ltd	16 West End	Swanland	HU14 3PE													
South Hunsley	Boots UK Ltd	44 Church Street	North Ferriby	HU14 3BU													
	East Riding Pharmacy	16-20 St Augustine's Gate	Hedon	HU12 8EX													
South West Holderness	Boots UK Ltd	15 Market Place	Hedon	HU12 8JA													
	Boots UK Ltd	Unit 1, Church Lane	Thorngumbald	HU12 9PD													
Tranby	Boots UK Ltd	28 Hull Road, Anlaby	Hull	HU10 6UA													
Willerby and Kirk Ella	Boots UK Ltd	5-7 Kingston Road	Willerby	HU10 6AD													
Malda Mainhtan	Cohens Chemist	Wolds House, Medforth Street	Market Weighton	YO433 FF													
Wolds Weighton	Boots UK Ltd	43 Market Place	Market Weighton	YO43 3AJ													
	Haltemprice Pharmacy online	15 South Ella Way, Kirkella	Hull (Tranby Ward)	HU107 HB													
Distance Selling	Caremeds UK	Lancaster House, Lancaster Road	Carnaby (East Wolds and Coastal Ward)	YO153 QY								soon		soon	soon		

Appendix Sixteen

16. Future Developments in Community Pharmacy Services, Links and Further Information

Since the last published PNA, there have been many publications detailing plans, strategies, and visions for improving the public's health. Some of these, where there is a significant potential for community pharmacy are summarised below.

Focus on variation in local authority commissioning of community pharmacy public health services

This study published by BMJ Open, evaluated the variation in local authority (LA) commissioning of community pharmacy public health services in England in 2014/15. There were 833 reported commissioned services with four types being commissioned by over 90% of local authorities which included emergency hormonal contraception (EHC), smoking cessation support, supervised consumption of methadone or other opiates and needle and syringe programmes.

Frequency on the use of services was also gathered in the study which showed that supervised consumption and needle and syringe programmes were the most frequently used services. This study showed the significant variations in the delivery of public health services in community pharmacies, but also highlighted that the services are not always commissioned in relation to need. For more information about this study visit:

http://bmjopen.bmj.com/content/7/7/e01551

PricewaterhouseCoopers LLP (PwC) study to examine and quantify the economic contribution of community pharmacy in England in 2015

This report analysed the value (net benefits) to the NHS, public sector, patients and wider society of 12 specific services provided by community pharmacy. Services analysed included supervised consumption, emergency hormonal contraception provision, minor ailments, delivering prescriptions and managing drug shortages.

Community pharmacies contributed a net value of £3 billion to the NHS, public sector, patients and wider society in England in 2015 through just 12 services, with a further £1.9 billion expected to accrue over the next 20 years. This means that community pharmacies deliver substantially more in benefits than they receive in compensation, providing excellent value.

Pharmacies made more than 150 million interventions through the services in 2015 and there was a benefit of more than £250,000 per pharmacy or £54.61 for every resident of England. Breaking the combined contribution down into the areas which are benefitting, it was found that:

- The NHS received a net value of £1,352 million, including cash savings as a result of cost efficiencies, and avoided NHS treatment costs;
- Other public sector bodies (e.g. local authorities) and wider society together received over £1 billion through increased output, avoided deaths and reduced pressure on other services such as social care and justice; and
- Patients received around £600 million, mainly in the form of reduced travel time to alternative NHS settings.

http://psnc.org.uk/wp-content/uploads/2016/09/The-value-of-community-pharmacy-detailed-report.pdf

Community Pharmacy 2016 and Beyond

This document set out the package of reforms that was developed and approved by Department of Health Ministers, following consultation with the Pharmaceutical Services Negotiating Committee (PSNC) and other key stakeholders, including patient and public representatives. Information in the document lays out the funding settlement in relation to pharmacy remuneration and the changes to Fees and Services from December 2016 to include:

- Introduction of a Pharmacy Access Scheme to run from 1 December 2016 to 31 March 2018 (see section 2.36);
- Introduction of a quality payments scheme (see link below and section 2.28);
- Commissioning by NHS England of a new urgent medicines supply pilot as an advanced service, which will require changes to Directions (NUMSAS see section 2.21).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

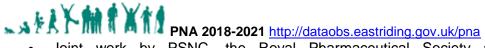
The Murray Review of Community Pharmacy Clinical Services (December 2016)

This report concludes that there needs to be "renewed efforts to make the most of the existing clinical services that community pharmacy can provide and to do so at pace".

It sets out how the skills of community pharmacists and their teams can be used to help people to manage long-term conditions and to embed medicines optimisation within care pathways. This may require national action through the Community Pharmacy Contractual Framework, as well as local progress on integrating pharmacies into evolving models of care, the report states.

The report sets out a number of recommendations for the future development of community pharmacy services including:

- Incentivising use of electronic repeat dispensing so that this becomes the default for repeat prescribing;
- A redesign of MURs to develop them into full clinical reviews including ongoing monitoring and follow-up of patients, consideration of prescription duration, and utilising independent prescribing as part of the care pathway;
- Consideration of making smoking cessation services an element of the national contractual framework;
- Use of the Vanguard programmes to develop the evidence base for community pharmacists, including integrating community pharmacists into long term condition management pathways, involving them in case finding programmes, and using new ways of contracting that mitigate any perceived conflicts of interest;
- Support from NHS England and national partners to help STP leads to integrate community pharmacy into their plans and local commissioners to contract for services; and



Joint work by PSNC, the Royal Pharmaceutical Society and national GP representatives to explore what practical steps can be taken to unravel professional boundary issues and ensure closer working between community pharmacists and GPs.

The report also called for NHS England to set out how it intends to deliver on its commitment to ensure that minor ailments services are commissioned across England by April 2018. It stressed the need for community pharmacists and their teams to share information with clinical records held by other healthcare professionals, and said pharmacy technicians should be able to work under Patient Group Directions to improve better use of the skill mix within pharmacies.

https://www.england.nhs.uk/commissioning/wpcontent/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

NHS England Five Year Forward View Next Steps

Published on 31 March 2017, this document reviews the progress made since the launch of the NHS Five Year Forward View in October 2014 and sets out a series of practical and realistic steps for the NHS to deliver a better, more joined-up and more responsive NHS in England. The key areas for the operational delivery of the Five Year Forward View will be used as the guiding principles for deployment of the Pharmacy Integration Fund (See section 2.33).

The Five Year Forward View Next Steps sets out the NHS' main national service improvement priorities over the next two years, within the constraints of what is necessary to achieve financial balance across the health service. The main areas involving community pharmacy include plans for integration into urgent care; placing an extra 1300 clinical pharmacists in general practice to work alongside GPs; deployment of pharmacy professionals into care homes to contribute to "helping frail and older people stay healthy and independent"; bookable GP appointments being made available at evenings and weekends; development of digital technologies and innovation to support the clinical developments; and investments in Health Education England.

To accelerate delivery of the plan by 2020/2021, NHS England are creating local partnerships between the various care providers and organisations providing the funding for care so that they can work together better. These partnerships are called 'Sustainability and Transformation Partnerships' and are classified as Accountable Care Systems. In the East Riding of Yorkshire area, the agreed geographical area for the STP encompasses six CCG boundaries, six local authority boundaries as well as a number of health and social care service providers to work together across the Humber, Coast and Vale.

Some of the main national service improvement priorities from the Five Year Forward View Next Steps are summarised below:

- Providing urgent and emergency care 24 hours a day, 7 days a week taking practical action to take the strain off A&E;
- Working closely with community services, councils and hospitals to free up 2,000-3,000 hospital beds. In addition, patients with less severe conditions will be offered more convenient alternatives, including a network of newly designated Urgent Treatment Centres, GP appointments, and more nurses, doctors and paramedics handling calls to NHS 111. (Chapter Two);
- Having enough GPs, backed up by the resources, support and other professionals required to enable them to deliver the quality of care they want to provide allowing for



an extra 3,250 GP recruits, with an extra 1,300 clinical pharmacists and 1,500 more mental health therapists working alongside them. Improved access during the working week, development of bookable appointments at evenings and weekends everywhere by 2018. (Chapter Three);

- Improving outcomes and treatment of Cancer (Chapter Four).. mental health (Chapter Five);
- Helping frail and older people stay healthy and independent resulting in slower growth in emergency hospitalisations and less time spent in hospital particularly for people over 75, who often face a revolving door of emergency admission, delayed discharge and then hospital re-admission. (Chapter Six).

https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forwardview/

General Practice Forward View

NHS England published the General Practice Forward View (GPFV) on 21 April 2016, setting out a programme of support for general practice over the next five years. The GPFV committed to over £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21. Clinical pharmacists work as part of the general practice team to resolve day-to-day medicines issues and consult with and treat patients directly. This includes providing extra help to manage long term conditions, advice for those people taking multiple medications and better access to health checks. The role is pivotal to improving the quality of care and ensuring patient safety.

Having pharmacists in GP practices means GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions. This helps GPs manage their time.

https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

Community Pharmacy in 2016/17 and Beyond: The Pharmacy Access Scheme Link (See Section 2.36)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561497/Phar macy access scheme A.pdf

Pharmacy Integration Fund (See section 2.33) Priorities: Years 1 and 2

• Workforce development

Health Education England (HEE) has been commissioned to produce a workforce plan for pharmacy professionals in primary care that covers the whole health care system. From April 2017 there will be educational grants for community pharmacists to access postgraduate clinical pharmacy education and training courses up to diploma level and a programme of pharmacy technician clinical leadership development. In addition, from April 2017, there will be funding for and training and development programmes for pharmacists working in care homes and integrated urgent care clinical hubs including NHS 111 and GP Out of Hours – to include independent prescribing qualifications.

Care homes

Deployment of pharmacy professionals into care homes and evaluation of the models of integrated clinical pharmacy that achieve the best outcomes for patients. The intention is to develop the new models of integrated clinical pharmacy for people looked after in their own homes.

• Integrated Urgent Care

NHS England is working to embed pharmacy into the urgent care pathway by expanding the services already provided by community pharmacies in England for those who need urgent repeat prescriptions and treatment for urgent minor ailments and common conditions.

Deployment of pharmacists into Integrated Urgent Care (IUC) Clinical hubs to roll out with the IUC

Deployment of pharmacists into Integrated Urgent Care (IUC) Clinical hubs to roll out with the IUC clinical hub development and evaluation of the role within the hub as part of the multi-disciplinary teams (MDT) to identify the impact on the referral rates and patient outcomes. Identification of the tools and infrastructure that best support the role of the pharmacist to provide safe and effective care. Identification of the optimum case mix handled by the pharmacists to ensure efficiency.

Urgent Care

Development of a national pharmacy urgent care programme. This will be piloted in two work streams to run in parallel from December 2016 to April 2018.

NHS Urgent Medicines Supply Advanced Service NUMSAS (See Appendix Fifteen and section 2,21)

The aim is to reduce the approximate 200,000 calls per year to NHS 111 for urgent repeat prescription medicines. Over the course of the pilot the service will be evaluated to inform the development of a national service with particular focus on integration into the wider NHS to support existing urgent care and general practice.

Urgent minor illness care:

Making the referral of people with minor ailments from NHS 111 to community pharmacy much more robust. So supporting people with minor ailments becomes a core part of NHS pharmacy practice, and pharmacy becomes an integral part of the NHS' urgent care system.

General Practice

Building on the models already in place in parts of England to roll out the employment of clinical pharmacists in General Practice.

Digital

Developing Pharmacy Integration through digital technologies is key to achieving efficiencies and modernising community pharmacy to link it to the rest of the health care system (NHS Digital).

Pharmacy Integration Fund Links

https://www.england.nhs.uk/wp-content/uploads/2016/11/pharmacy-integration-fund-briefing.pdf

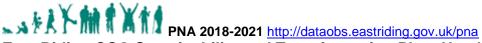
https://www.england.nhs.uk/wp-content/uploads/2016/11/pharmacy-urgent-care-briefing.pdf https://www.gov.uk/government/publications/putting-community-pharmacy-at-the-heart-of-the-nhs

https://www.gov.uk/guidance/delivering-the-forward-view-nhs-planning-guidance-for-201617-to-202021

Urgent and emergency care channel shift model

NHS England, as part of its Urgent and Emergency Care Review, aims to connect all urgent and emergency care (UEC) services together so the overall system becomes more than just the sum of its parts. This entails dissolving traditional boundaries between hospital and community based services and supporting the free flow of information and specialist expertise needed to achieve the delivery of patient care in the most appropriate and convenient setting. NHS England has developed a Consolidated Channel Shift Model (CCSM) to help commissioners and providers to understand shift activity and what happens when interventions are put in place.

https://www.england.nhs.uk/euc-channel-shift/



East Riding CCG Sustainability and Transformation Plan; Humber, Coast and Vale Sustainability and Transformation Partnerships

STPs are local partnerships (including NHS organisations and local councils) that are working together to develop shared proposals to improve health and care (Sustainability and Transformation Plans). There are 44 STP areas covering all of England. STPs are designed around the needs of whole areas, not just individual organisations.

Every local health and care system must develop a five year Sustainability and Transformation Plan. Local Clinical Commissioning Groups, health providers and councils are part of the Humber Coast and Vale STP which is submitting plans to improve health and well-being transform quality of care delivery and ensure sustainability finances over the next five years.

The vision for the Humber, Coast and Vale Sustainability & Transformation Plan is to be seen as a health and care system that has the will and the ability to help patients start well, live well and age well. To achieve the vision the aim is to move the health and care system from one which relies on care delivered in hospitals and institutions to one which helps people and communities proactively care for themselves. The Humber Coast and Vale will deliver this plan by focussing on three "triple aims" in its footprint: achieving its desired outcomes, maintaining quality services and closing its financial gap .

Website: http://humbercoastandvale.org.uk

http://www.eastridingofyorkshireccg.nhs.uk/data/uploads/stp/hcv-october-

submission_v.4.0.pdf

Healthy Living Pharmacy Assessment of Compliance and Register Links

https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/assessment-of-compliance.html

https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register/yorkshire-and-the-humber.html

Forthcoming Community Pharmacy Service Guidance

Public Health England is developing a "value proposition" to inform the local commissioning of community pharmacy services by local authorities as referenced in the December 2015 letter.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417629/Public_ Health_England_Remit_Priorities_Letter_2015-16_Final_2_.pdf

NICE is expected to publish a guideline in 2018 about the role of community pharmacy in promoting health and wellbeing. This work is separate to the PhIF but will inform the future local commissioning of services for public health services from community pharmacy.

Pharmacy: a way forward for public health

This document sets out a range of opportunities for pharmacy teams working in communities, and through their daily interactions with patients and the public, to play an important role in protecting and improving the health of the nation. https://www.gov.uk/government/publications/community-pharmacy-public-health-interventions

Quality Payments Scheme: Quality Criteria (See Section 2.28)

Pharmacies passing the gateway will receive a quality payment if they meet one or more of the criteria listed in the table below. The criteria have been weighted based on an assessment of the difficulty of achieving them and the benefit to patients from doing so, with each criterion being designated a number of 'points'. The total number of points that each



PNA 2018-2021 http://dataobs.eastriding.gov.uk/pna
contractor can qualify for over the two reviews is 100. Three of the quality criteria, which account for 45 points between them, only need to be met once in the year and therefore can only be claimed for once at one of the two review points.

http://psnc.org.uk/services-commissioning/essential-services/quality-payments/



Domain	Criteria	Number of review points at which it can be claimed	Total points over the two review points	Points at any one review point
Patient Safety	Written safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.	One	20	20
Patient Safety	On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.	Two	10	5
Patient Experience	On the day of the review, the results of the Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy's NHS Choices page or for distance selling pharmacies it is displayed on their website and the NHS Choices service desk has been notified as per the NHS England guidance document, "Pharmacy Quality Payments – Quality Criteria Guidance".	One	5	5
Public Health	On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1 (selfassessment).	One	20	20
Digital	On the day of the first review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 27 June 2016 to Sunday 27 November 2016 compared to Monday 28 November 2016 to Sunday 30 April 2017); and on the day of the second review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 3 October 2016 to Sunday 30 April 2017 compared to Monday 1 May 2017 to Sunday 26 November 2017).	Two	10	5
Digital	On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date.	Two	5	2.5
Clinical Effectiveness	On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.	Two	20	10
Workforce	On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'.	Two	10	5
			Total number of points: 100	

Appendix Seventeen

17. Data Sources

Population ONS 2015 population estimates **Population Density** ONS 2015 population estimates

Urban/Rural classification

Income deprived households Pension Credit (60 years and over) claimants

Employment Support Allowance and Incapacity Benefits

Job Seekers Allowance Claimants

Indices of Deprivation

Overweight and Obese Children

Life Expectancy

Team

Pensioners living alone Under 18 conceptions

Standardised Admission Ratios Standardised Mortality Ratios

RERC 2004 PHE Local Health* May 2015 NOMIS May 2015 NOMIS May 2015 NOMIS

NCMP 2012/13-2014/15 Hull City Council Public Health

PHE Local Health*

GOV.UK 2015

ONS

PHE Local Health* PHE Local Health*

Abbreviations

RERC Rural Evidence Research Centre

PHE Public Health England

NOMIS UK labour market statistics provided by the Office for National Statistics

Office for National Statistics ONS

DCLG Department of Communities and Local Government

National Childhood Measurement Programme NCMP

^{*}available at http://www.localhealth.org.uk