Pharmaceutical Needs Assessment 2025-2028

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Acknowledgements 8
Glossary 9
Executive Summary 11
1 INTRODUCTION 15
1.1 Purpose of a Pharmaceutical Needs Assessment 15
1.2 Health and Wellbeing Board duties in respect of the Pharmaceutical Needs Assessment 16
1.3 Pharmaceutical services 16
1.3.1 Pharmaceutical services provided by pharmacy contractors 17
1.3.2 Pharmaceutical services provided by dispensing appliance contractors 20
1.3.3 Pharmaceutical services provided by doctors 21
1.3.4 Local pharmaceutical services 22
1.4 Locally commissioned services 22
1.5 Other NHS services 22
1.6 How the assessment was undertaken 23
1.6.1 Pharmaceutical Needs Assessment Steering Group 23
1.6.2 Pharmaceutical Needs Assessment localities 23
1.6.3 Residents engagement 23
1.6.4 Contractor engagement 23
1.6.5 Other sources of information 25
1.6.6 Consultation 25
1.6.7 Final report 26
2 HULL DEMOGRAPHICS AND HEALTH OVERVIEW 27
2.1 Geography 27
2.2 Population 28
2.2.1 Resident population 28
2.2.2 Patient population registered with Hull GPs 29
2.2.3 Population projections 30
2.2.4 Ethnicity and race 31
2.3 Housing 32
2.4 Deprivation 32
2.5 Economy 34
2.6 Health overview 36
2.6.1 General health 36
2.6.2 Child health 37
2.6.3 Older people health 37
2.6.4 Local health inequalities 41
3 IDENTIFIED PATIENT GROUPS – HEALTH NEEDS 44

3.1 Overview 44
3.2 Age 44
3.3 Disability 45
3.4 Pregnancy and maternity 46
3.5 Race and ethnicity 46
3.6 Religion and belief 46
3.7 Gender 46
3.8 Sexual orientation 47
3.9 Gender re-assignment 47
3.10 Marriage and civil partnership 47
3.11 Students 48
3.12 Prisoners 48
3.13 Homeless and rough sleepers 48
3.14 Traveller and gypsy communities 48
3.15 Refugees and asylum seekers 49
3.16 Visitors to Hull 49
4 PROVISION OF PHARMACEUTICAL SERVICES 51
4.1 Necessary services: current provision within the Health and Wellbeing Board's area 51
4.1.1 Access to premises 53
4.1.2 Access to essential services 61
4.1.3 Access to the new medicine service 61
4.1.4 Access to Pharmacy First 62
4.1.5 Access to the seasonal influenza vaccination service 63
4.1.6 Access to the hypertension case-finding service 63
4.1.7 Access to the minor ailments scheme 64
4.1.8 Dispensing services provided by some GP practices 65
4.1.9 Access to pharmaceutical services on public and bank holidays and Easter Sunday 65
4.2 Necessary services: current provision outside the Health and Wellbeing Board's area 65
4.2.1 Access to essential services and dispensing appliance contractors equivalent services 65
4.2.2 Access to new medicine services, Pharmacy First, seasonal influenza vaccination and hypertension case-finding 66
4.2.3 Dispensing services provided by some GP practices 66
4.3 Other relevant services: current provision within the Health and Wellbeing Board's area 67
4.3.1 Access to appliance use reviews 67
4.3.2 Access to stoma appliance customisations 68
4.3.3 COVID-19 lateral flow device tests supply service 68

4.3.4 Access to the pharmacy contraception service 68
4.3.5 Community pharmacy smoking cessation service 70
4.3.6 COVID-19 vaccination service 70
4.3.7 Access to enhanced services 71
4.4 Other relevant services: current provision outside the Health and Wellbeing Board's area 73
4.5 Choice with regard to obtaining pharmaceutical services 73
5 OTHER HEALTH AND CARE SERVICES 74
5.1 Overview 74
5.2 Hull University Teaching Hospital Pharmacy Service 74
5.3 Minor Injury Units / Urgent Treatment Centres 76
5.4 Dental health primary care services 76
5.5 GP out of hours service 76
5.6 Screening and immunisation services through pharmacies 77
5.7 Children's Public Health services 77
5.8 NHS Health Checks 77
5.9 Weight management 77
5.10 Clinical waste 78
5.11 Prisons 78
6 NORTH AREA COMMITTEE 79
6.1 Key facts 80
6.2 Necessary services: current provision within the locality's area 81
6.3 Necessary services: current provision outside the locality's area 85
6.4 Other relevant services: current provision 86
6.5 Other NHS services 86
6.6 Choice with regard to obtaining pharmaceutical services 87
6.7 Necessary services: gaps in provision 88
6.8 Improvements or better access: gaps in provision 89
7 EAST AREA COMMITTEE 93
7.1 Key facts 94
7.2 Necessary services: current provision within the locality's area 95
7.3 Necessary services: current provision outside the locality's area 99
7.4 Other relevant services: current provision 100
7.5 Other NHS services 101
7.6 Choice with regard to obtaining pharmaceutical services 101
7.7 Necessary services: gaps in provision 102

7.8 Improvements or better access: gaps in provision 102
8 WEST AREA COMMITTEE 107
8.1 Key facts 108
8.2 Necessary services: current provision within the locality's area 110
8.3 Necessary services: current provision outside the locality's area 113
8.4 Other relevant services: current provision 114
8.5 Other NHS services 115
8.6 Choice with regard to obtaining pharmaceutical services 116
8.7 Necessary services: gaps in provision 116
8.8 Improvements or better access: gaps in provision 117
9 HULL CITY COUNCIL COMMISSIONED SERVICES 121
9.1 Sexual health services locally commissioned by Hull City Council and delivered through pharmacies 121
9.2 Alcohol and drug recovery services locally commissioned by Hull City Council and delivered through pharmacies 121
9.3 Stop smoking services locally commissioned by Hull City Council and delivered through pharmacies 121
10 APPENDICES 122
Appendix A 122
Policy context and background papers 122
Appendix B 127
Essential services 127
Appendix C 132
Advanced services 132
Appendix D 139
Enhanced services 139
Appendix E 143
Terms of service for dispensing appliance contractors 143
Appendix F 146
Pharmaceutical Needs Assessment Steering Group 146
Appendix G 149
Community Pharmacy User Survey 149
Appendix H 157
Community Pharmacy User Survey Results Summary 157
Appendix I 159

Pharmacy Contractor & Dispensing Appliance Contractor Survey 159
Appendix J 164
List of all providers of pharmaceutical services in Hull (1 September 2025) 164
Appendix K 166
Opening hours of Hull pharmacies (excluding distance-selling premises, dispensing appliance contractors and dispensing practices) 166
Appendix L 169
Consultation on draft Pharmaceutical Needs Assessment 169

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Glossary

Further information and definitions in relation to the services in Hull can be found in ***section 10*** in relation to essential services (***Appendix B***), advanced services (***Appendix C***) and enhanced services (***Appendix D***).

Consolidation Application - This type of application allows the consolidation of services provided by two or more pharmacies, so that the services are provided at just one pharmacy with the other pharmacy closing, where this change wouldn't create a gap in service provision.

Electronic Prescription Service Release 2 (EPSR2) – The electronic generation, transmission, and receipt of prescriptions. In practice, prescribers such as GPs, are able to send a prescription electronically to a dispenser e.g. a community pharmacy, of the patients' choice. This makes the prescribing and dispensing process more efficient for both patients and staff.

Integrated Care Boards (ICBs) – ICBs took on the NHS planning functions previously held by clinical commissioning groups (CCGs) from the 1 July 2022, along with some planning roles from NHS England. In consultation with local partners, the ICBs will produce a five-year plan (updated annually) for how NHS services will be delivered to meet local needs. ICBs will also contract with providers to deliver NHS services and will be able to delegate some funding at Place level to support joint planning of some NHS and council-led services.

Integrated Care Partnerships (ICPs) – ICPs operate as a statutory committee, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care. ICPs include representatives from the ICB, the local authorities, and other partners such as NHS providers, public health, social care, housing services and voluntary, community and social enterprise (VCSE) organisations.

Integrated Care Systems (ICSs) – ICSs are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners, to plan, co-ordinate and commission health and care services. All parts of England are now covered by one of 42 ICSs. The statutory ICS came into force on the 1 July 2022 and is made up of two key bodies – an Integrated Care Board (ICB) and Integrated Care Partnership (ICP). ICSs are underpinned by joint working at 'Place' level through 'Place-based partnerships' involving NHS organisations, local authorities, voluntary and community sector organisations, and local communities, across a smaller footprint than an ICS, often based on the area covered by a local authority.

Nicotine Replacement Therapy (NRT) – Used to reduce withdrawal systems as a result of stopping smoking by way of delivering nicotine to the body by means other than by tobacco e.g. nicotine patches, gum, nasal sprays, inhalers, and lozenges.

Office for National Statistics (ONS) – Official government statistics department.

Patient Group Direction (PGD) – An NHS document that permits the supply of prescription only medicines to groups of patients without the need for patients to obtain an individual prescription.

Place – In relation to Integrated Care Systems, this refers to a town or district within an Integrated Care System, often (but not always) within the same boundaries of a local authority. In the case of Hull, the Place geographical boundary is the same as the local authority geographical boundary.

Primary Care Networks (PCNs) – A key building block of the NHS long-term plan. They bring general practices together in geographical networks to work at scale.

Executive Summary

This Pharmaceutical Needs Assessment assesses how the provision of pharmaceutical services will meet the health needs of the population for the Hull Health and Wellbeing Board (HWB) area, for the period October 2025 to September 2028.

The Pharmaceutical Needs Assessment will primarily be used by Humber and North Yorkshire Integrated Care Board to make commissioning decisions including in its determination as to whether to approve contractor applications to be included in a pharmaceutical list.

As detailed in chapter 1 of this report, Section 128A of the NHS Act 2006 as amended by the Health and Social Care Act 2012, sets out the overarching provisions for Pharmaceutical Needs Assessment and the duties on Health and Wellbeing Boards. These provisions are then expanded upon in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. The Hull Health and Wellbeing Board sanctioned the formation of a partnership Steering Group, tasked with preparing this Pharmaceutical Needs Assessment in line with the Regulations.

As detailed in chapter 2 of this report, Hull lies on the north bank of the Humber estuary with a city boundary being roughly semi-circular with a radius of approximately 4.4 miles (7 kilometres). The city is compact and highly urbanised. Hull serves large rural and coastal areas in neighbouring East Riding of Yorkshire with the Humber estuary as its southerly boundary. Due to the tight boundaries and many ‘leafy suburbs’ falling outside the city boundary, Hull is among the most deprived local authorities in England. It also has a large travel-to-work area which means a high level of visitor populations who visit Hull for work and study, as well as for retail, sporting and leisure purposes. One in twelve patients registered with Hull GPs live in East Riding of Yorkshire, and with the nearest A&E for many East Riding of Yorkshire residents located within Hull, this means there is significant cross-boundary flow into Hull in relation to health-related services including pharmacies. Hull has an estimated population of 271,942 residents in 2023 living within its 21 electoral wards. The percentage of residents from ethnic minorities has quadrupled in the last 20 year to 16.1% in the 2021 Census with the largest percentage from white ethnic minorities including Polish and Romanian. Due to the highest levels of deprivation and poverty, measures of economic and health indicators are worse in Hull compared to the national and regional averages with higher levels of economic inactivity and poorer quality employment, higher prevalence of smoking, obesity, harmful alcohol and drugs use, poor diet and physical inactivity, and poor health resulting in higher levels of premature death.

In order to ensure that those sharing a protected characteristic, and other patient groups are able to access pharmaceutical services in Hull, chapter 3 presents information on their likely health needs.

Details of the provision of pharmaceutical services throughout Hull is given in chapter 4 which examines the current access to premises and pharmaceutical services on public and bank holidays, the dispensing services provided by some GP practices, and access

to necessary and other relevant services both within the Health and Wellbeing Board area as well as services outside Hull. Levels of activity for different services have been examined. Necessary services include essential services, the new medicines service, Pharmacy First which covers urgent medicines supply and seven clinical pathways, the seasonal influenza vaccination service, and the hypertension case-finding service. Other relevant services include appliance use reviews, stoma appliance customisation, lateral flow device test supply, smoking cessation, contraception services, and COVID vaccinations, as well as enhanced services by the Integrated Care Board. These enhanced services include medication record charts for carers, EL23, COVID medicine support service, optometry hypertension pilot and palliative care scheme. Not all residents of Hull choose to use pharmaceutical services within Hull, so the patient choice is also examined in chapter 4.

There are a total of 60 premises providing pharmaceutical services in the city, operated by 38 different contractors. There are 49 standard contract pharmacies, six extended-hours pharmacies, three distance selling premises, one dispensing GP and one dispensing appliance contractor located in the Health and Wellbeing Board area.

Whilst the majority of people visit a pharmacy during the period 8:30am to 6pm on Monday to Friday, there will be other times when people will need or choose to access a pharmacy outside those times. Of the 55 standard or extended-hour pharmacies in Hull, 13 are opening seven days a week, 43 are open Monday to Friday and Saturday until at least 1pm including 25 that are open both Saturday morning and Saturday afternoon. There are 15 pharmacies that are open past 6pm on a weekday including 11 that are open past 7pm on a weekday. Eight pharmacies are open past 6pm on a Saturday including seven that are open past 7pm on a Saturday. Thirteen pharmacies are open on a Sunday with the majority opening until 4pm or 4:30pm, although one is open until 5pm and another is open until 7pm. One pharmacy opens at 7:30am Monday to Friday, one pharmacy opens at 8am on Saturday, and another pharmacy opens at 6am on a Sunday.

Within chapter 4, travelling times to the nearest pharmacy are examined for all Hull's residents using the SHAPE (Strategic Health Assessment Planning and Evaluation) Place Atlas. It was ascertained that all of Hull's residents lived within a 20-minute walk, 10-minute car journey including in rush hour, and a 15-minute public transport weekday journey of their nearest pharmacy. Nationally in October 2024, around eight in ten people lived within a 20-minute walk of their nearest pharmacy so travel times are shorter in Hull.

Within chapter 5, other health and social services which are deemed by the Health and Wellbeing Board to affect the need for pharmaceutical services within its area are discussed. These include pharmacy and health services provided by the hospital, minor injury units or urgent treatment centres, dental services, GP out of hours services, screening and immunisation services through pharmacies as well as other national or local services such as the NHS Health Checks, children's services and locally commissioned services. These other health and social services have a potential impact on pharmaceutical services within Hull with some reducing pharmacy demand such as

hospital pharmacy services and others could potentially increase demand such as the NHS Health Checks.

Hull's 21 electoral wards are aggregated into three Area Committee Areas, and have been used as the localities for the purpose of this Pharmaceutical Needs Assessment. Chapters 6, 7 and 8 represent information on North, East and West Area Committee Areas respectively. This comprises of key facts in relation to the population, country of birth, number of births, benefit claimant count, number of households and access to a car. Access to pharmaceutical services is presented in terms of the opening hours and access during evenings and weekends as well as the number of practices providing necessary and other relevant services within the locality and outside the locality, as well as access to other NHS services and the impact of patient choice.

Current access to necessary pharmaceutical services is also examined in each of these chapters to ascertain if there were gaps in provision. For North, East and West Area Committee Areas, the Health and Wellbeing Board were satisfied that there were no current gaps in the provision of pharmaceutical services

Future potential gaps in access were also examined in these three chapters. In relation to sites and potential new dwellings identified for each Area Committee Area within Hull's Local Plan, the Health and Wellbeing Board were satisfied that there would be no future gaps anticipated solely due to the proposed new homes during the lifetime of this Pharmaceutical Needs Assessment. This was in part because of the spread of the housing across each locality and that not all the new occupiers would be from outside the locality or Hull and would be existing users of Hull's pharmaceutical services.

It is important to consider potential future gaps within the Pharmaceutical Needs Assessment, and this has been done in chapters 5, 6 and 7 for each locality. Travel times were used to determine if a gap would be created if an existing pharmacy were to close. A gap is defined as having a substantial area of the locality where there is no longer an easy access to a pharmacy - that is there is no pharmacy within a 20-minute walk, a 15-minute public transport journey or a 10-minute car journey.

After completing this review of all localities, the Health and Wellbeing Board were satisfied that there would be no future gaps if a single pharmacy in Hull were to close. Furthermore, the Health and Wellbeing Board are satisfied that the existing pharmacies in Hull can cope with changes in demand due to planned new housing developments and changes in Hull's population within the lifetime of the Pharmaceutical Needs Assessment. However, not all circumstances can be foreseen, and if a gap were to occur in the future – as defined above – then there would be a future need for a pharmacy in that area to provide all essential services, the necessary services of Pharmacy First, New Medicines Service, Hypertension Case-Finding, Seasonal Influenza Vaccination, as well as the Contraception Service, with opening hours on Monday to Friday as well as opening on a Saturday.

Chapter 9 is the final chapter and details the existing pharmaceutical services commissioned through Hull City Council which include emergency hormonal

contraception, supervised administration of methadone or buprenorphine, needle and syringe exchange schemes, and stop smoking services.

Further information is also provided in the appendices.

In summary, based on the information within the draft Pharmaceutical Needs Assessment, the Health and Wellbeing Board has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the lifetime of the Pharmaceutical Needs Assessment.

A draft of the Pharmaceutical Needs Assessment was finalised at the end of June 2025, and a 60-day consultation period ran from Wednesday 25 June 2025 to Sunday 24 August 2025. Statutory consultees were invited to answer a series of questions and provide additional comments on the draft report. The consultation was also added to Hull City Council's Your Say website so members of the public could respond to the consultation. A total of four responses were obtained, and the Health and Wellbeing Board are satisfied that no changes were required because of comments received as part of the consultation process. However, within the consultation period, as two extended-hours pharmacies closed at the end of July and beginning of August, and a new distance selling premise opened on the 1 August, it has been necessary to revise the draft Pharmaceutical Needs Assessment to take into consideration these recent changes. Despite the closures occurring three weeks prior to the end of the consultation period, none of the consultees raised the closures as an issue or suggested that this had resulted in any gaps in pharmacy provision. Further analyses were completed to ascertain if any gaps in provision had resulted following these closures, including a re-assessment of potential gaps should an existing pharmacy close. Following these analyses, the Health and Wellbeing Board were satisfied that there were no gaps in provision following the closure of the two pharmacies.

The final version of Hull's Pharmaceutical Needs Assessment for 2025-2028 will be published in October 2025 and will be made available on Hull City Council's main website at https://www.hull.gov.uk/public-health/needs-assessments.

1 INTRODUCTION

1.1 Purpose of a Pharmaceutical Needs Assessment

The purpose of a Pharmaceutical Needs Assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's area for a period of up to three years, linking closely to reports in the Joint Strategic Needs Assessment. Whilst reports in the Joint Strategic Needs Assessment will focus on the general health needs of the population, the Pharmaceutical Needs Assessment looks at how those health needs can be met by pharmaceutical services commissioned by the relevant Integrated Care Board.

Although NHS England is legally responsible for the commissioning of pharmaceutical services, this function has been delegated to the Integrated Care Boards since 1 April 2023.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the relevant Integrated Care Board to be included in the pharmaceutical list for the Health and Wellbeing Board's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the Health and Wellbeing Board's Pharmaceutical Needs Assessment, or to secure improvements or better access similarly identified in the Pharmaceutical Needs Assessment. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the Pharmaceutical Needs Assessment was published ('unforeseen benefits applications').

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

Whilst Pharmaceutical Needs Assessments are primarily a document for the Integrated Care Boards to use to make commissioning decisions, they may also be used by local authorities. A robust Pharmaceutical Needs Assessment will ensure those who commission services from pharmacies and dispensing appliance contractors target services to areas of health need and reduce the risk of overprovision in areas of less need.

1.2 Health and Wellbeing Board duties in respect of the Pharmaceutical Needs Assessment

Further information on the Health and Wellbeing Boards' specific duties in relation to Pharmaceutical Needs Assessments and the policy background to Pharmaceutical Needs Assessments can be found in ***Appendix A***. However, following publication of its first Pharmaceutical Needs Assessment a Health and Wellbeing Board must, in summary:

- publish revised statements (subsequent Pharmaceutical Needs Assessments), on a three-yearly basis, which comply with the regulatory requirements,
- publish a subsequent Pharmaceutical Needs Assessment sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes, and
- produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

1.3 Pharmaceutical services

The services that a Pharmaceutical Needs Assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Pharmaceutical services may be provided by:

- a pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board,
- a pharmacy contractor who is included in the local pharmaceutical services list for the area of the Health and Wellbeing Board,
- a dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board, and
- a doctor or GP practice that is included in the dispensing doctor list held for the area of the Health and Wellbeing Board.

The Integrated Care Boards are responsible for preparing and maintaining these lists, and NHS England is responsible for publishing them.

As at September 2025, there are a total of 60 premises providing pharmaceutical services in Hull, operated by 38 different contractors. There are 49 standard contract pharmacies, six extended-hours pharmacies, three distance selling premises (DSP), one dispensing GP and one dispensing appliance contractor (DAC).

Pharmacy contractors and dispensing appliance contractors may operate as either a sole trader, partnership or a body corporate and The Medicines Act 1968 governs who can be a pharmacy contractor.

1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, the Integrated Care Boards do not hold contracts with the majority of pharmacy contractors. Instead, contractors provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are:

- Essential services – all pharmacies must provide these services.
    - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
    - Dispensing of repeatable prescriptions
    - Disposal of unwanted drugs
    - Promotion of healthy lifestyles
    - Signposting
    - Support for self-care
    - Home delivery service (during a declared pandemic only)
    - The discharge medicines service.

- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements.
    - New medicine service
    - Stoma appliance customisation
    - Appliance use review
    - Community pharmacy seasonal influenza vaccine service
    - NHS community pharmacy hypertension case-finding service
    - NHS smoking cessation service
    - NHS pharmacy contraception service
    - NHS lateral flow device test supply service
    - NHS pharmacy first service.

- Enhanced services – service specifications for this type of service are developed by NHS England or the Integrated Care Boards and then commissioned to meet specific health needs.
    - Anticoagulation monitoring
    - Antiviral collection service
    - Care home service
    - Coronavirus vaccination service
    - Disease specific medicines management service
    - Gluten free food supply service
    - Independent prescribing service
    - Home delivery service
    - Language access service
    - Medication review service
    - Medicines assessment and compliance support service
    - Minor ailment scheme
    - Needle and syringe exchange*
    - On demand availability of specialist drugs service
    - Out of hours service
    - Patient group direction service
    - Prescriber support service
    - Schools service
    - Screening service
    - Stop smoking service*
    - Supervised administration service*
    - Supplementary prescribing service
    - Emergency supply service.

It should be noted that Hull City Council is responsible for the commissioning of those enhanced services marked with an asterisk. They may be commissioned by the council directly from pharmacies or may be sub-contracted to pharmacies by another organisation that is commissioned to provide the service by the council.

Further information on the essential, advanced and enhanced services requirements can be found in ***section 10*** for essential services (***Appendix B***), advanced services (***Appendix C***) and enhanced services (***Appendix D***).

Underpinning the provision of all of these services is the requirement on each pharmacy contractor to participate in a system of clinical governance and promotion of healthy living. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

- a patient and public involvement programme,
- an audit programme,
- a risk management programme,
- a clinical effectiveness programme,
- a staffing and staff management programme,
- an information governance programme, and
- a premises standards programme.

Pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours.

Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of having 100 core opening hours per week (referred to as 100-hour pharmacies), which meant that they were required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). However, the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 were amended with effect from 25 May 2023 to allow 100-hour pharmacies to reduce their core opening hours where certain requirements are met.

- The pharmacy must have at least 72 core opening hours;
- There can be no loss of any core opening hours between 17.00 and 21.00 Monday to Saturday;
- There can be no loss of any core opening hours between 11.00 and 16.00 on Sundays other than by way of introducing a, or changing an existing, rest break which is no longer than one hour and starts at least three hours after the pharmacy opens and ends at least three hours before the pharmacy closes; and
- The total number of core opening hours on Sundays cannot be reduced.

At the time the previous Pharmaceutical Needs Assessment which was published in October 2022 there were eight 100-hour pharmacies Hull. By February 2025, there were still eight extended-hour pharmacies, but all of them have reduced their total number of core opening hours to between 72 and 82 hours per week. Because of this reduction in hours, those pharmacies that were previously known as 100-hour pharmacies will be referred to as extended-hours pharmacies, to avoid confusion.

Since August 2012 some pharmacy contractors may have successfully applied to open a new pharmacy with a different number of core opening hours in order to meet a need, or secure improvements or better access identified in a Pharmaceutical Needs Assessment.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens, then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours and the Integrated Care Board will assess the application against the needs of the population of the Health and Wellbeing Board area as set out in the Pharmaceutical Needs Assessment to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to reduce or redistribute the supplementary opening hours of its pharmacy, it simply notifies the Integrated Care Board of the change, giving at least five weeks' notice. If a pharmacy contractor wishes to increase the total number of supplementary opening hours of its pharmacy it is required to give notice to the Integrated Care Board in advance of the change, however there is no minimum notice period.

Whilst the majority of pharmacies provide services on a face-to-face basis e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the NHS (Pharmaceutical and Local Pharmaceutical

Services) Regulations 2013, as amended, as distance selling premises (sometimes called mail order or internet pharmacies).

Distance selling premises are required to provide essential services and participate in the system of clinical governance and promotion of healthy living in the same way as other pharmacies; however, they must provide these services remotely. For example, a patient asks for their prescription to be sent to a distance selling premises via the Electronic Prescription Service and the contractor dispenses the item and then delivers it to the patient's preferred address. Distance selling premises therefore interact with their customers via the telephone, email or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery of dispensed items is free of charge. There are three such pharmacies in Hull.

1.3.2 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, Integrated Care Boards do not hold contracts with dispensing appliance contractors. Instead, their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription,
- dispensing of repeatable prescriptions,
- home delivery service for some items,
- supply of appropriate supplementary items (e.g. disposable wipes and disposal bags),
- provision of expert clinical advice regarding the appliances, and
- signposting.

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- stoma appliance customisation, and
- appliance use review.

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

- a patient and public involvement programme,
- a clinical audit programme,
- a risk management programme,
- a clinical effectiveness programme,
- a staffing and staff programme, and
- an information governance programme.

Further information on the requirements for these services can be found in ***Appendix E***.

Dispensing appliance contractors are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours.

The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor's contracted opening hours. The contractor can subsequently apply to change their core opening hours. The Integrated Care Board will assess the application against the needs of the population of the Health and Wellbeing Board area as set out in the Pharmaceutical Needs Assessment to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours, they simply notify the Integrated Care Board of the change, giving at least three months' notice.

1.3.3 Pharmaceutical services provided by doctors

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- patients must live in a 'controlled locality' (an area which has been determined by the Integrated Care Board or a preceding organisation as rural in character), more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises), and
- their practice must have premises approval and consent to dispense to that area.

There are some exceptions to this, for example patients who have satisfied the Integrated Care Board that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

1.3.4 Local pharmaceutical services

Local pharmaceutical services contracts allow Integrated Care Boards to commission services, from a pharmacy, which are tailored to specific local requirements. Local pharmaceutical services complement the national contractual arrangements described above but is an important local commissioning tool in its own right. Local pharmaceutical services provide flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under the national contractual arrangements. For the purposes of the Pharmaceutical Needs Assessment the definition of pharmaceutical services includes local pharmaceutical services. [There are, however, no local pharmaceutical services contracts within the Health and Wellbeing Board's area and the Integrated Care Board does not have plans to commission such contracts within the lifetime of this Pharmaceutical Needs Assessment.]

1.4 Locally commissioned services

Hull City Council may also commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services and they include services commissioned from pharmacies by the Integrated Care Board that are not an enhanced service.

Hull City Council commissions some services directly or indirectly from pharmacies. More information on these services can be found in ***section 9*** which include:

- Emergency hormonal contraception;
- Supervised administration of methadone or buprenorphine;
- Needle and syringe exchange programmes; and
- Nicotine replacement therapy from a specialist stop smoking service.

Locally commissioned services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

1.5 Other NHS services

Other services which are commissioned or provided by Hull City Council, NHS Humber and North Yorkshire Integrated Care Board or Hull University Teaching Hospitals NHS Trust which affect the need for pharmaceutical services are also included within the Pharmaceutical Needs Assessment. Examples include the hospital pharmacies, community nurse prescribers, palliative and end of life services, and pharmacy services to the prison.

1.6 How the assessment was undertaken

1.6.1 Pharmaceutical Needs Assessment Steering Group

The Health and Wellbeing Board has overall responsibility for the publication of the Pharmaceutical Needs Assessment. The Health and Wellbeing Board has established a Pharmaceutical Needs Assessment Steering Group whose purpose is to ensure that the Health and Wellbeing Board develops a robust Pharmaceutical Needs Assessment that complies with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and meets the needs of the local population. The membership of the Steering Group ensured all the main stakeholders were represented and can be found in ***Appendix F***.

1.6.2 Pharmaceutical Needs Assessment localities

The Pharmaceutical Needs Assessment Steering Group have applied the three Area Committee localities – North Area, East Area and West Area – to the needs assessment for the purpose of determining locality level service provision and access to services. This ensures there is sufficient population size to meaningfully analyse the needs and any potential gaps in service, especially given that Hull has a tight urban area compared to a more rural Health and Wellbeing Board area.

1.6.3 Residents engagement

In order to gain the views of residents on pharmaceutical services, a questionnaire was developed and was available online from 20 March 2025 to 2 May 2025 and promoted by the council, council partners and Healthwatch Hull. The survey questionnaire can be found in ***Appendix G***.

There were 187 respondents to the survey, with 21.4% aged 65+ years. Most respondents (69.5%) were female, while almost half (45.5%) had their day-to-day activities limited by a long-term health problem or impairment. Most respondents (80.7%) reported it was very easy to visit or use their pharmacy of choice. Most respondents used their pharmacy to collect prescriptions (86.3%) or to buy non-prescription medicines (43.3%). One in three respondents used their pharmacy to get advice (32.6%) while more than one in four went to get a vaccination (27.3%). The full results can be found in ***Appendix H***.

1.6.4 Contractor engagement

An online questionnaire for pharmacies and dispensing appliance contractor(s) was undertaken and a copy can be found in ***Appendix I***. The survey represents a snapshot of the situation at the time of completion of the questionnaire.

The questionnaire was opened on 16 January 2025 and closed on 19 February 2025. 24 of the pharmacies responded giving a response rate of 42% The Health and Wellbeing Board is grateful for the support of Community Pharmacy Humber in promoting and encouraging the pharmacies to complete the survey.

For the purposes of this document the pharmacy opening hours relied upon are those provided by NHS Humber and North Yorkshire Integrated Care Board as these are the contractual hours that are included in the pharmaceutical list for the area of the Hull Health and Wellbeing Board.

With regard to collection and delivery facilities:

- 3 of the pharmacies have an automated collection point at their premises,
- 17 provide a private, free of charge delivery service, and
- 5 provide a private, chargeable, delivery service.

Of the 17 pharmacies that offer a private, free of charge, delivery service

- 10 provide the service to everyone,
- 5 restrict the service to certain people [for example the elderly, housebound, disabled, those who are ill, a lack of mobility or if there is no-one to collect their medicines for them], and
- 1 restrict the service to certain areas.

Five of the pharmacies provide a delivery service for a fee.

The pharmacies were asked what languages other than English are spoken in the pharmacy every day, and there was a range of languages spoken everyday among the pharmacies responding to the survey as illustrated in ***Table 1***.

Table 1: Languages other than English that are spoken in the pharmacy every day

Language	Number of pharmacies
English only	3
None / N/A	3
Hindi	2
Urdu	2
Punjabi	2
Spanish	2
Portuguese	1
Polish	1
Latvian	1
Russian	1
Romanian	1
German	1
Saraiki	1
Bangladeshi (Bengali?)	1
Chinese	1
Malay	1
Google Translate	1

When asked about the current capacity of their premises to meet an increased demand for pharmaceutical services:

- 9 said they have sufficient capacity to manage an increase in demand,
- 1 said they don't but could make adjustments, and
- 2 said they don't have sufficient capacity and would have difficulty meeting an increase in demand.

The same question was asked with regard to staffing levels.

- 10 said they have sufficient capacity to manage an increase in demand,
- 2 said they don't but could make adjustments, and
- 1 said they don't have sufficient capacity and would have difficulty meeting an increase in demand.

20 of the pharmacies said they dispense all types of appliances at their premises, 1 only dispenses dressings and 2 said they don't dispense any appliances.

An online questionnaire for dispensing practices was also undertaken and was open 16 January 2025 and closed on 19 February 2025.

The only dispensing practice in the area did not respond, resulting in a response rate of 0%. A copy of the questionnaire is not included due to the lack of response.

1.6.5 Other sources of information

Information was gathered from the Integrated Care Board and the council regarding:

- services provided to residents of the Health and Wellbeing Board's area, whether provided from within or outside of the Health and Wellbeing Board's area,
- changes to current service provision,
- future commissioning intentions,
- known housing developments within the lifetime of the Pharmaceutical Needs Assessment, and
- any other developments which may affect the need for pharmaceutical services.

A variety of documents and websites were also used throughout the document and have been referenced accordingly.

1.6.6 Consultation

A draft Pharmaceutical Needs Assessment was finalised at the end of June 2025, and a 60-day consultation period ran from Wednesday 25 June 2025 to Sunday 24 August 2025.

Appendix L includes a copy of the consultation questionnaire and more information relating to the consultation process (also see ***Appendix A***).

A report summarising the responses from the consultation including any changes to the final Pharmaceutical Needs Assessment has been added to ***Appendix L***.

However, during the consultation period, at the end of July and beginning of August, two of Hull's extended-hours pharmacies closed, and on 1 August a new distance selling premise was opened, so it was also necessary to revise the draft Pharmaceutical Needs Assessment following these changes to pharmacy provision in the city.

1.6.7 Final report

This final Pharmaceutical Needs Assessment 2025-2028 will be available on Hull City Council's main website:
https://www.hull.gov.uk/public-health/needs-assessments

2 HULL DEMOGRAPHICS AND HEALTH OVERVIEW

2.1 Geography

Hull lies on the north bank of the Humber estuary with a city boundary being roughly semi-circular with a radius of approximately 4.4 miles (7 kilometres). The city is compact and highly urbanised. It is one of the most densely populated local authorities in the Yorkshire and Humber region. Hull serves large rural and coastal areas in neighbouring local authorities, with Hull surrounded to the north, east and west by East Riding of Yorkshire, and to the south by the Humber estuary. With the tight urban boundary, many East Riding small towns and villages are located on the periphery of the boundary, and generally constitute the 'leafy suburbs' of the city. As a result of these more affluent suburb areas falling outside the city boundary (unlike many other local authorities where parts of these suburbs fall within a city's boundary), Hull is among the most deprived local authority in England. The River Hull runs through the middle of the city from north to south with industries traditionally located around the rivers of Hull and the Humber, forming an inverted T-shape of industrial areas. Hull is flat and low lying, which has previously resulted in problems with flooded properties (in 2007 due to heavy rainfall and in 2013 due to a tidal surge). Hull is a port city with daily overnight ferries to and from Europe.

The Hull travel-to-work areas, which covers a large percentage of East Riding of Yorkshire, has one of the highest levels of commuter self-containment in the country. This means that Hull has high levels of visitor daytime populations who visit Hull for work and study reasons. However, due to the high concentration of retail, sporting and leisure facilities in Hull in close proximity to a high number of East Riding of Yorkshire residents in particular, there are a high number of visitors to Hull both during the day and evening across all age groups for retail, sporting, leisure and other purposes particularly at the weekend. Furthermore, around 8% of all patients registered with Hull GPs live in East Riding of Yorkshire, and with the nearest A&E for many East Riding of Yorkshire residents located within Hull, this means there is significant cross-boundary flow into Hull in relation to health-related services.

Hull has a good distribution of parks and open spaces with green space making up just over one-third of land use. Hull occupies a land area of approximately 71.7 square kilometres and has a resident population of 271,942 according to the Office for National Statistics (ONS) mid-2023 population estimates (Office for National Statistics, 2023). Hull is comprised of 21 electoral wards. These wards are aggregated into three Area Committee Areas and are presented in ***Figure 1***. The Area Committee Areas have been used as the localities for the purpose of this Pharmaceutical Needs Assessment.

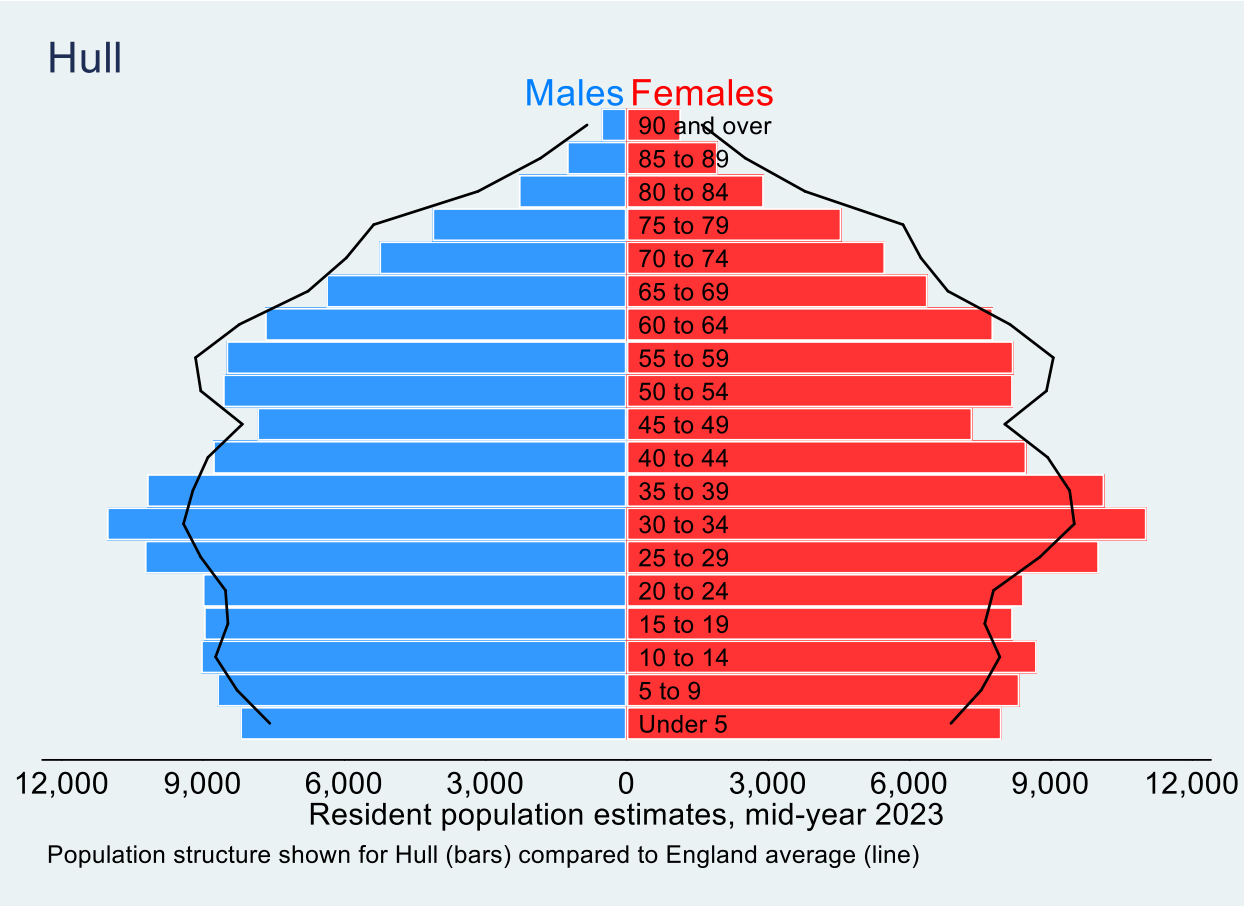
Figure 1: Hull's 21 Electoral Wards and 3 Area Committees Areas

2.2 Population

2.2.1 Resident population

The Office for National Statistics (ONS) mid-2023 population figures estimate Hull's resident population to be 271,942 individuals (Office for National Statistics, 2023). Hull's population is younger than England, with a higher percentage of people aged 25-39 years living in in the city compared to England ***(Figure 2***).

Figure 2: Population pyramid, 2023



The latest population estimates from the Office for National Statistics for geographies below local authority level are for mid-year 2022, so the population estimates in ***section 6***, ***section 7*** and ***section 8*** differ slightly from the numbers quoted in this section.

2.2.2 Patient population registered with Hull GPs

Whilst the geographical boundaries for the local authority and the NHS are the same, there is a considerable difference in the populations. Based on the general registration file for January 2024, there were 292,771 residents of Hull and 314,119 patients registered with Hull GPs. There were 288,916 patients of Hull GPs who also lived in Hull. A relatively small percentage of Hull residents were registered with GPs in East Riding of Yorkshire (3,519 patients or 1.2% of the estimated resident population) or GPs beyond East Riding of Yorkshire (336 patients or 0.1% of the estimated resident population). However, a sizeable percentage of patients registered with Hull GPs lived in East Riding of Yorkshire (25,047 patients or 8.0% of all registered patients) although relatively few lived beyond the East Riding of Yorkshire area (123 patients or 0.04% of all registered patients). The resident population estimate from the GP registration file is 20,829 (7.7%) higher than the Office for National Statistics resident population estimate for mid-year 2023. There are a number of reasons why this is the case with further information presented within Hull's Joint Strategic Needs Assessment. Whilst the ONS estimates represent the official resident population estimates, they are estimates and

subject to errors. However, whilst the general practice registration file represents a count of real people, it also will contain errors, and potentially more errors, as people do not necessarily inform their GP when they move address, or when they move out the area, and they do not necessarily register with another GP in a timely manner. By registering with a new GP within the country, they will be automatically removed from their previous GP practice list. However, if people move abroad or are only visiting Hull temporarily for work or study reason and return to their country, then their GP records will not be updated, and they will still be included as being registered with a Hull GP.

The differences between these population estimates and the sizeable percentage of patients of Hull GPs who live in East Riding of Yorkshire represents an important group for consideration in this Pharmaceutical Needs Assessment, as well as the high number of visitor populations who visit Hull for work, study, retail, leisure and other purposes. Further information on some of these different population groups and their health needs is presented in ***section 3***.

2.2.3 Population projections

The latest Office for National Statistics (ONS) subnational population projections are based on the mid-year population estimates for 2022.

Between 2022 and 2028, Hull's resident population is projected to increase by 3,636 residents equating to a 1.4% increase overall. However, over the lifetime of this Pharmaceutical Needs Assessment between 2025 and 2028, it is projected that the overall population will decrease by 806 residents equating to a 0.3% reduction between 2025 and 2028 (***Table 2***).

However, this does mask larger changes within individual five-year age groups, it is projected that there will be reductions in the number of residents aged 0-14, 25-34, 50-64, 75-79 and 85-89 years with the percentage increases for these five-year age groups ranging from 2% to 10% between 2025 and 2028. The increases in the remaining age groups range from 3% to 8%, with the exception of those aged 80-84 years where the population is projected to increase by 27% between 2025 and 2028. However, due to smaller changes among those aged 85+ years, the increase among people aged 80+ years is projected to be smaller at 14%.

Table 2: Resident population projections for Hull based on mid-year 2022 population estimates

Age group	Year					Change between 2025 and 2028	
	2022	2025	2026	2027	2028	Absolute	Relative (%)
0-4	15,814	14,863	14,619	14,243	14,103	–760	–5.1
5-9	17,078	16,307	15,846	15,549	15,193	–1,114	–6.8
10-14	17,328	17,324	17,115	16,751	16,264	–1,060	–6.1
15-19	16,192	17,958	18,212	18,547	18,636	679	3.8
20-24	18,118	19,431	19,859	20,363	20,918	1,487	7.7
25-29	20,227	19,271	18,610	17,890	17,445	–1,825	–9.5
30-34	21,390	22,089	21,638	21,322	20,956	–1,134	–5.1
35-39	19,313	20,767	21,019	21,232	21,294	527	2.5
40-44	16,603	17,928	18,369	18,622	19,101	1,172	6.5
45-49	15,607	15,296	15,496	15,990	16,373	1,077	7.0
50-54	16,957	16,014	15,473	14,904	14,482	–1,533	–9.6
55-59	17,015	16,331	16,293	16,041	15,841	–490	–3.0
60-64	15,297	16,018	16,030	15,917	15,704	–314	–2.0
65-69	12,554	13,348	13,672	13,999	14,235	887	6.6
70-74	10,908	10,774	10,851	11,065	11,295	521	4.8
75-79	8,228	9,300	9,455	9,058	8,917	–383	–4.1
80-84	5,053	5,198	5,465	6,236	6,618	1,420	27.3
85-89	3,252	3,205	3,096	3,043	3,160	–45	–1.4
90+	1,743	1,698	1,718	1,756	1,780	82	4.8
All	**268,677**	**273,119**	**272,834**	**272,525**	**272,313**	**–806**	**–0.3**
65+	41,738	43,523	44,256	45,156	46,005	2,482	5.7
70+	29,184	30,174	30,585	31,157	31,770	1,595	5.3
75+	18,276	19,401	19,734	20,092	20,475	1,074	5.5
80+	10,048	10,101	10,279	11,034	11,558	1,457	14.4
85+	4,995	4,903	4,814	4,799	4,940	37	0.8
90+	1,743	1,698	1,718	1,756	1,780	82	4.8

2.2.4 Ethnicity and race

Hull's population has become more diverse in the last 20-25 years with a higher percentage of the population from minority ethnic groups. In 2001, only 3.6% of Hull's population were from minority ethnic groups, but this increased to 10.3% in 2011 and to 16.1% in the 2021 Census. In 2021, the largest proportion of ethnic minority residents of Hull are from white minority ethnic groups with 7.8% of Hull's population being white Irish (0.2%), Gypsy or Irish Travellers or Roma (0.2%) or other white backgrounds (7.4%) which include a relatively high percentage of people from Poland and Romania (***Table 3***). A further 1.7% of people in Hull had dual or multiple ethnic backgrounds, 2.8% were Asian or British Asian, 1.9% from black, black British, Caribbean or African backgrounds, 0.5% were Arab and 1.8% from other minority ethnic groups.

Between 2011 and 2021, the largest relative increases in the percentages of Hull's population from minority ethnic backgrounds occurred for other ethnic groups (225%

increase), Gypsy and Travellers (200% increase) other white backgrounds (81% increase), black and Black British backgrounds (58% increase).

It is possible that the percentage of Hull's population from minority ethnic backgrounds could have increased since the 2021 Census, as net international migration was relatively high in both 2022 and 2023. Migrant populations are important groups to be understood by health organisations as these populations vary greatly, have specific needs, and are a changing population often at a particularly rapid pace due to shifting work environments.

Table 3: Broad ethnic group in Hull in 2021, and change since 2011

Broad ethnic group	2021 Census		Relative change since 2011
	N	%	
White British/Northern Irish	223,962	83.9	-6.5
White Irish	455	0.2	0.0
Gypsy/Irish Traveller /Roma	737	0.3	200.0
Other White	19,835	7.4	80.5
Asian/Asian British	7,515	2.8	12.0
Black/Black British	5,065	1.9	58.3
Dual or Multiple ethnic group	4,513	1.7	30.8
Arab	1,443	0.5	25.0
Other	3,488	1.3	225.0

2.3 Housing

Hull's Local Plan Local Plan | Hull for the period 2016 – 2032 was adopted on 23 November 2017. The Local Plan is part of the statutory development plan for Hull. It is used to guide new development in the city for the next 15 years, to 2032. The Local Plan provides a vision, strategic priorities for the city, and policies with supporting text based around key themes. The document needs to be read as a whole to understand the spatial issues facing the city and the connection between policies.

For the five-year period from 1 April 2024, around 2,900 dwellings have been identified as potentially being developed. This represents an increase of around 2.5% in the number of homes in Hull, although the increase in population is likely to be lower, as some of the new homes will be occupied by people already resident in the city. Locality level information on the projected housing developments can be found in ***section 6*** (for North Area), ***section 7*** (for East Area) and ***section 8*** (for West Area).

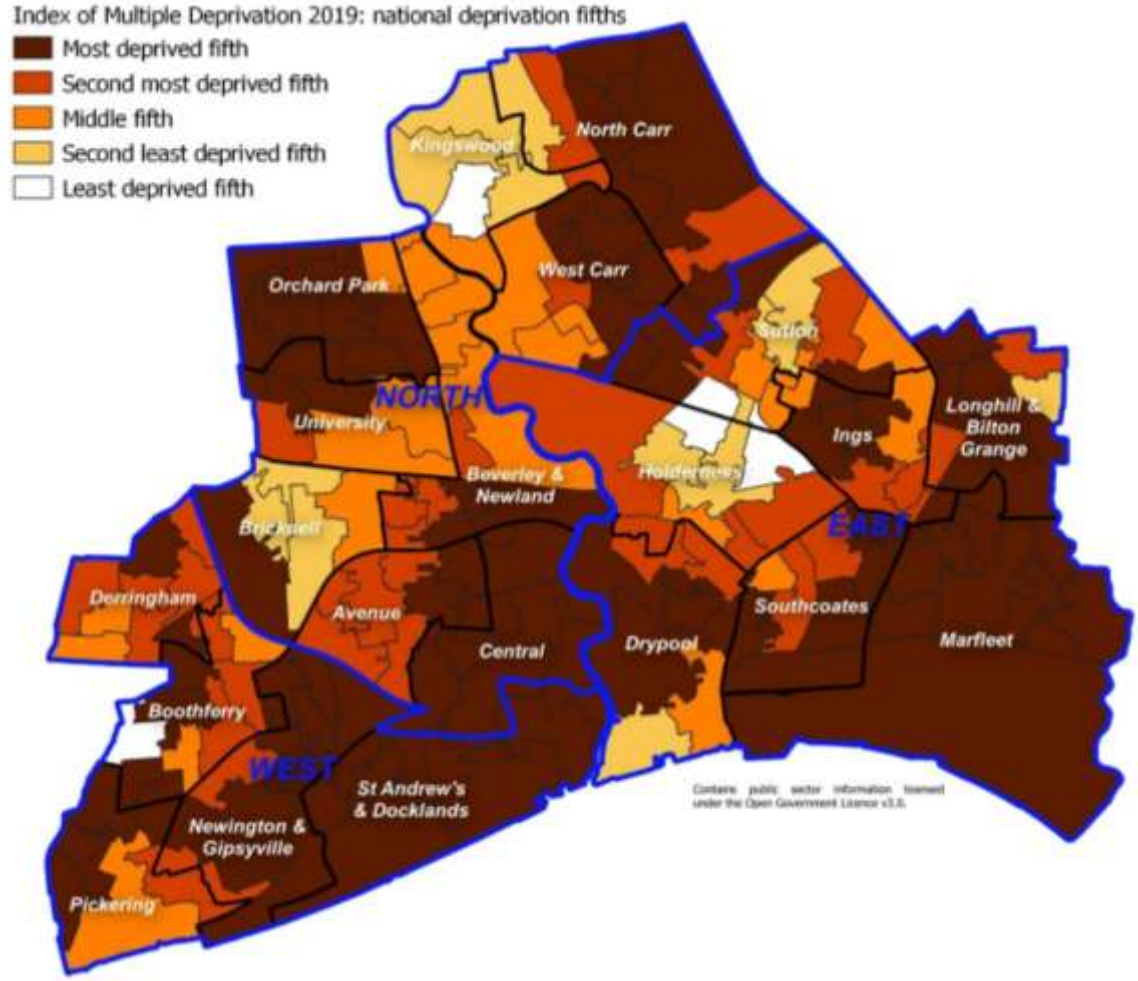
2.4 Deprivation

The Index of Multiple Deprivation (IMD) 2019 is a measure of deprivation at lower super output area (LSOA) level (Ministry of Housing, Communities and Local Government, 2019) which is a geographical area with an average resident population size of around 1,500 people. The IMD 2019 was derived nationally for the 32,844 LSOAs in England at the time. The IMD is based on 39 indicators across seven domains which are weighted according to their importance: income and deprivation (22.5%), employment deprivation (22.5%), health deprivation and disability (13.5%), education, skills and training

deprivation (13.5%), barriers to housing and services (9.3%), living environment (9.3%) and crime (9.3%). Deprivation is not just financial but refers to a general lack of resources and opportunities. The IMD gives an overall score for the relative deprivation of each LSOA and also for each local authority. Based on the IMD 2019, Hull was ranked as the fourth most deprived lower tier local authority in England (out of 317) so fell within the bottom 2% of local authorities.

The spread of relative deprivation within Hull is presented geographically in ***Figure 3***. All LSOAs in England have been divided into five groups depending on their deprivation score. The areas which are within the most deprived fifth of areas of England are shown in the darkest colour, and more than half of Hull's LSOA (54%) fall this group. There are only four (2.4%) of Hull's 166 LSOAs that fall within the least deprived 20% of areas of England.

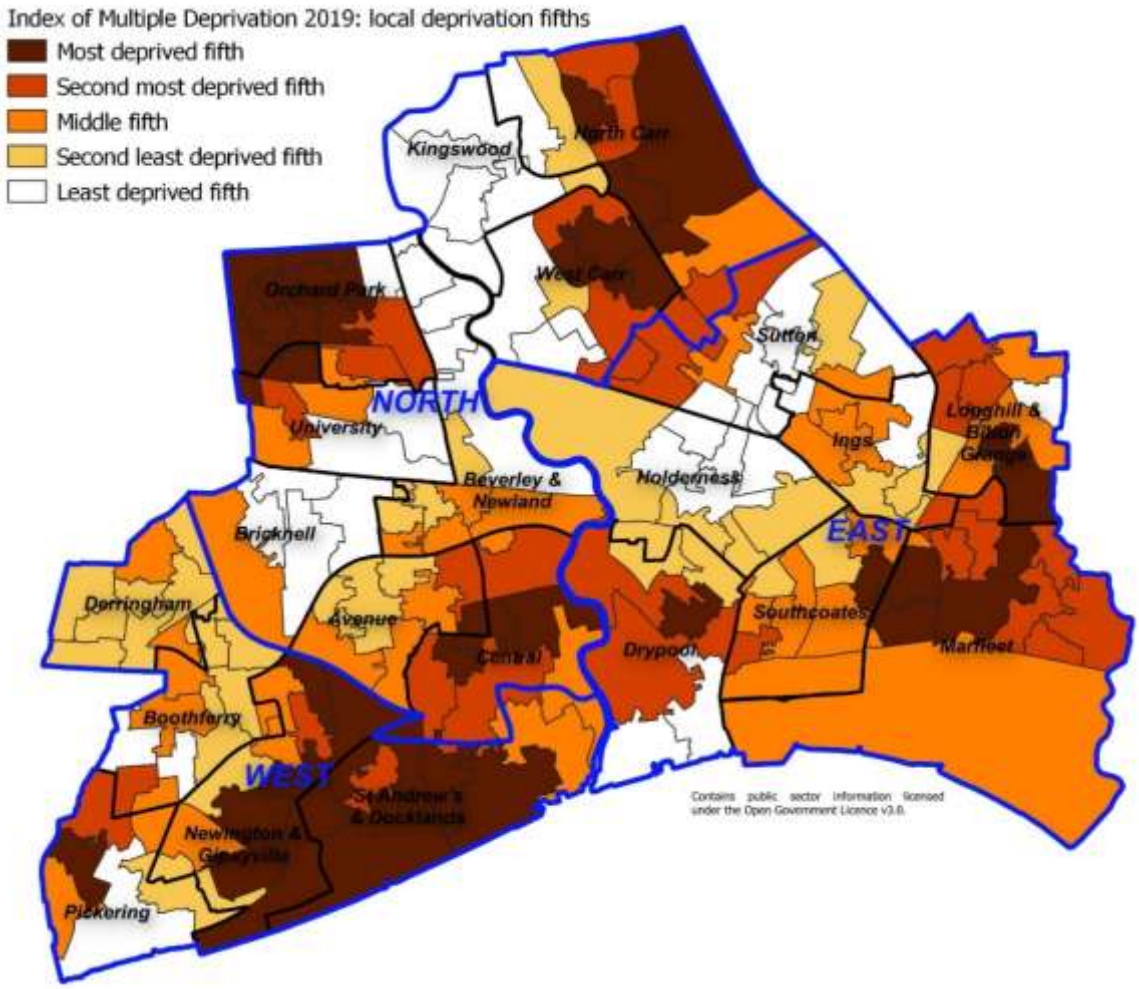
Figure 3: Index of Multiple Deprivation 2019 national fifths



As more than half of all LSOAs in Hull fall within the most deprived fifth of areas of England, it is not possible to ascertain which areas within these are the most deprived in Hull so ***Figure 4*** illustrates the local deprivation fifths where the 166 LSOAs in Hull have been divided into five groups containing around 33 LSOAs to illustrate the differences in deprivation within Hull.

Each of Hull's three Areas Committee Areas (North, East and West) contain areas where deprivation levels are relatively high and relatively low compared to the Hull average, which does mean that inequalities also exist across each of the Areas as well as across Hull overall.

Figure 4: Index of Multiple Deprivation 2019 local fifths



2.5 Economy

From the Official Census and Labour Market Statistics (https://www.nomisweb.co.uk/) which provides a labour market profile for each local authority, there were fewer people in Hull who were economically active with a much higher rate of inactivity due to long-term sickness and disability compared to the region and Great Britain (***Table 4***). Despite Hull being having a large university and colleges, a lower percentage of those who were economically inactive were students, but this could just be because a higher proportion of students were also working and therefore economically active.

The occupational profile of workers in Hull was also lower with far fewer workers in manager, director or professional roles and higher rates of employment in elementary occupations. There were higher rates of employment in Hull in manufacturing,

administration and support service activities, and human health and social work activities.

Fewer working-age people in Hull had HNCs, degrees or higher qualifications and median gross weekly pay was also considerably lower among Hull residents compared to the region and Great Britain (***Table 5***), although among employee jobs a higher percentage in Hull were full-time which could be due to the lower overall salaries.

Table 4: Labour market in Hull

Labour market indicator	Hull (number)	Hull (%)	Yorkshire & Humber (%)	Great Britain (%)
Aged 16-64 (2021 Census)	172,500			
Economically active (Jul 23-Jun 24)	127,500	74.3	75.4	78.4
In employment	124,500	72.6	73.1	75.5
Employees	113,000	65.8	64.8	66.1
Self-employed	10,300	6.1	8.1	9.2
Unemployed (model-based)	3,700	2.9	3.0	3.7
Economically inactive (Jul 23 to Jun 24)	43,300	25.7	24.6	21.6
Student	9,400	21.7	26.1	26.8
Looking after family/home	7,800	18.1	16.7	18.9
Long-term sick	17,200	39.8	29.8	28.1
Other reason*				
Workless households (Jan-Dec 22)	13,400	15.3	15.1	13.9
Soc 2020 major group 1-3 (Jul 23-Jun 24)	42,900	34.7	48.0	52.9
1 Managers, directors, senior officials	9,400	7.6	9.8	11.0
2 Professional occupations	18,800	15.1	24.5	26.6
3 Associated professional occupations	14,700	11.8	13.6	15.3
Soc 2020 major group 8-9 (Jul 23-Jun 24)	28,600	23.1	17.0	14.3
8 Process plant, machine operatives	13,100	10.5	7.1	5.4
9 Elementary occupations	15,500	12.5	9.9	8.9
Highest qualification (Jan-Dec 23)				
HNC, degree or higher degree	53,100	33.0	41.2	47.3
Out-of-work benefits (Sep 24)	11,025	6.4	4.8	4.3
Total employee jobs (2022)	127,000			
Full-time	87,000	68.5	66.8	68.8
Part-time	39,900	30.7	33.2	31.2
Main employee jobs by industry (2022)				
Manufacturing	22,000	17.3	11.4	7.6
Human health and social work activities	20,000	15.7	14.9	13.5
Wholesale and retail trade, motor repair	19,000	15.0	15.2	14.0
Administration and support services	14,000	11.0	8.8	9.0
Education	12,000	9.4	9.1	8.6
Construction	7,000	5.5	4.6	4.9
Accommodation and food services	7,000	5.5	7.3	8.0

*Other reasons include temporarily sick, discouraged, retired and other reasons and the figures not given in Hull for any of these due to small numbers or unreliable estimates.

Table 5: Earnings by place of residence, 2023

Measure of earnings (median)	Hull (£)	Yorkshire & Humber (£)	Great Britain (£)
Gross weekly pay			
Full-time workers	574.7	631.5	682.6
Males	612.5	679.2	728.3
Females	517.2	566.8	628.8
Hourly pay – excluding overtime			
Full-time workers	14.36	15.93	17.49
Males	15.00	16.70	18.15
Females	13.12	14.83	16.64

2.6 Health overview

Hull has significant health and social care needs, with considerable health inequalities between different areas and between Hull and other parts of England, and these needs are documented in Hull's Joint Strategic Needs Assessment (JSNA) available at www.hulljsna.com. The JSNA is an assessment of current and future health and social care needs.

The current JSNA shows a mixed picture with regard to changes in health needs and similarly the change in the inequality gaps both within Hull and between Hull and England also show a differing picture depending on the health need.

2.6.1 General health

The Office for Health Improvement & Disparities Fingertips tool (Office for Health Improvement & Disparities, 2024) includes indicators for health as well as many indicators relating to the determinants of health.

Figure 5 illustrates how Hull compares on a number of these indicators in relation to England and other lower tier local authorities in England. High levels of deprivation have a great impact on Hull with resulting lower levels of employment, life expectancy and screening, and higher levels of poverty, crime, hospital admissions and premature mortality.

Healthy life expectancy at birth which is an indicator of the number of years a person can expect to live in good health based on contemporary mortality rates has been relatively static in Hull particularly men.

Among Hull men, whilst healthy life expectancy at birth increased from 56.3 years in 2011-13 to a high of 57.8 years in 2017-19, it has decreased since the COVID-19 pandemic falling to 54.3 years for 2021-23. Male healthy life expectancy at birth for 2021-23 is 7.2 years lower than England and the difference is statistically significantly lower. Men in Hull are estimated to live around 27.9% of their lives not in good health compared to 22.3% of their lives for England.

Between 2011-13 and 2017-19, healthy life expectancy among Hull women also increased from 57.0 years to a high of 58.5 years, however, it has also decreased since the pandemic falling to 54.6 years for 2021-23. Female healthy life expectancy at birth for 2021-23 is 7.3 years lower than England and the difference is statistically significantly lower. Women in Hull are estimated to live around 31.9% of their lives not in good health compared to 25.5% of their lives for England.

2.6.2 Child health

Figure 6 illustrates the high levels of child poverty, under 18 conceptions, excess weight among children, A&E attendances among Hull's children and hospital admissions for both epilepsy and mental health as well as lower levels of educational attainment.

2.6.3 Older people health

Figure 7 illustrates the higher levels of sight loss due to age-related macular degeneration, lower levels of flu vaccination and higher rates of emergency hospital admission for hip fractures among people aged 65+ years in Hull. Life expectancy at age 65 years is considerably lower in Hull than England for both males (16.4 versus 18.4 years) and females (18.8 versus 20.9 years) for 2020-22.

Figure 5: General measures of health and determinants of health in Hull

Indicator	Period	Kings uHull			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Deprivation score (IMD 2019) (Persons, All ages)	2019	–	-	40.6	21.7	45.0		5.8
Fuel poverty (low income, low energy efficiency methodology)	2022	–	24,308	20.4%	13.1%	24.7%		5.3%
Homelessness: households owed a duty under the Homelessness Reduction Act	2022/23	–	-	*	12.4	32.7		0.0
Homelessness: households in temporary accommodation	2022/23	–	116	1.0	4.2	25.7		0.0
Percentage of people in employment (Persons, 16-64 yrs)	2023/24	→	117,500	69.3%	75.7%	61.6%		87.6%
Violent crime - hospital admissions for violence (including sexual violence) (Persons, All ages)	2020/21 - 22/23	–	425	50.9	34.3	122.3		12.5
Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) (Persons, 18+ yrs) New data	2023	–	-	17.6%	11.6%	22.3%		4.6%
Percentage of physically inactive adults (Persons, 19+ yrs)	2022/23	–	-	30.1%	22.6%	38.4%		10.9%
Overweight (including obesity) prevalence in adults (Persons, 18+ yrs)	2022/23	–	-	70.5%	64.0%	77.7%		45.8%
Admission episodes for alcohol-related conditions (Narrow) (Persons, All ages)	2022/23	→	1,509	625	475	856		247
Killed and seriously injured (KSI) casualties on England's roads (Persons, All ages) New data	2023	→	146	198.2	91.9*	606.3		21.9
Emergency Hospital Admissions for Intentional Self-Harm (Persons, All ages)	2022/23	↓	415	148.5	126.3	382.6		40.9
Diabetes: QOF prevalence (17+ yrs) (Persons, 17+ yrs)	2023/24	↑	21,228	8.4%	7.7%	2.7%		10.7%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (Persons, All ages)	2023	→	1,314	489	520	3,304		177
TB incidence (three year average) (Persons, All ages)	2020 - 22	–	56	7.1	7.6	41.3		0.7
Life expectancy at birth (Male, All ages)	2020 - 22	–	-	75.0	78.9	73.4		82.5
Life expectancy at birth (Female, All ages)	2020 - 22	–	-	79.9	82.8	79.0		86.3
Under 75 mortality rate from all causes (Persons, <75 yrs) New data	2021 - 23	–	3,314	507.4	349.1	609.0		217.2
Under 75 mortality rate from causes considered preventable (Persons, <75 yrs) New data	2021 - 23	–	1,722	263.0	163.7	323.1		93.7
Under 75 mortality rate from cancer considered preventable (Persons, <75 yrs) New data	2021 - 23	–	481	75.3	49.5	91.9		28.0
Under 75 mortality rate from respiratory disease considered preventable (Persons, <75 yrs) New data	2021 - 23	–	218	34.6	18.0	44.2		6.9
Under 75 mortality rate from liver disease considered preventable (Persons, <75 yrs) New data	2021 - 23	–	158	24.2	19.2	42.5		9.8
Suicide rate (Persons, 10+ yrs)	2021 - 23	–	93	13.0	10.7	19.6		4.2
Cumulative percentage of the eligible population aged 40 to 74 who received an NHS Health check (Persons, 40-74 yrs)	2019/20 - 23/24	–	6,659	9.3%	28.1%	3.2%		80.4%
Abdominal Aortic Aneurysm Screening Coverage (Male, 65)	2022/23	↓	793	54.1%	78.3%*	36.1%		90.0%
Cancer screening coverage: cervical cancer (aged 25 to 49 years old) (Female, 25-49 yrs)	2023	↓	33,343	65.7%	65.8%*	42.4%		75.9%
Cancer screening coverage: cervical cancer (aged 50 to 64 years old) (Female, 50-64 yrs)	2023	↓	16,759	72.2%	74.4%*	55.1%		87.7%
Cancer screening coverage: breast cancer (Female, 53-70 yrs)	2023	↓	18,825	67.5%	66.2%*	34.3%		78.9%
Cancer screening coverage: bowel cancer (Persons, 60-74 yrs)	2023	↑	27,401	68.0%	72.0%*	53.3%		79.5%

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Figure 6: General measures of health and determinants of health in Hull among children and young people

Indicator	Period	Kings uHull			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Children in absolute low income families (under 16s) (Persons, <16 yrs)	2022/23	↓	12,406	23.1%	15.6%	35.7%		4.2%
Children in relative low income families (under 16s) (Persons, <16 yrs)	2022/23	↓	15,321	28.5%	19.8%	42.2%		5.2%
School readiness: percentage of children achieving a good level of development at the end of Reception (Persons, 5 yrs)	2022/23	–	2,083	65.5%	67.2%	58.5%		84.2%
School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1 (Persons, 6 yrs)	2022/23	→	2,585	79.7%	78.9%	73.8%		86.9%
Average Attainment 8 score (Persons, 15-16 yrs)	2022/23	–	-	42.2	46.2	36.1		58.4
Children entering the youth justice system (10-17 yrs) (Persons, 10-17 yrs)	2020/21	↓	87	3.6	2.8	5.7		1.1
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2022/23	→	425	6.7%	5.2%	15.2%		0.0%
Children in care (Persons, <18 yrs)	2022/23	–	773	128	71	191		26
Under 18s conception rate / 1,000 (Female, <18 yrs)	2021	→	128	29.0	13.1	31.5		1.1
Teenage mothers (Female, 12-17 yrs)	2022/23	→	55	1.9%	0.6%*	1.9%		0.0%
Low birth weight of term babies (Persons, >=37 weeks gestational age at birth)	2022	→	96	3.4%	2.9%	10.2%		1.8%
Breastfeeding prevalence at 6 to 8 weeks - current method (Persons, 6-8 weeks) New data	2023/24	↑	1,262	41.6%	52.7%*	-	*Insufficient number of values for a spine chart*	-
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons, 15-24 yrs)	2023	–	540	1,575	1,546	803		3,379
Reception prevalence of overweight (including obesity) (Persons, 4-5 yrs) New data	2023/24	↓	780	26.4%	22.1%	29.7%		15.2%
Year 6 prevalence of overweight (including obesity) (Persons, 10-11 yrs) New data	2023/24	↑	1,400	42.2%	35.8%	45.5%		25.5%
Population vaccination coverage: Dtap IPV Hib HepB (2 years old) (Persons, 2 yrs) New data <90% 90% to 95% ≥95%	2023/24	↓	3,160	92.6%	92.4%	72.4%		97.8%
Population vaccination coverage: MMR for one dose (2 years old) (Persons, 2 yrs) New data <90% 90% to 95% ≥95%	2023/24	↓	3,032	88.9%	88.9%	67.7%		96.3%
Percentage of 5 year olds with experience of visually obvious dental decay (Persons, 5 yrs)	2021/22	–	-	32.4%	23.7%	46.0%		9.7%
Children killed and seriously injured (KSI) on England's roads (Persons, <16 yrs)	2020 - 22	–	48	30.0	16.5	64.1		0.0
A&E attendances (under 18 years) (Persons, <18 yrs)	2022/23	–	41,180	684.4	467.5	1,095.1		228.6
Emergency admissions (under 18 years) (Persons, <18 yrs)	2022/23	→	4,285	71.2	70.2	143.5		29.2
Hospital admissions for asthma (under 19 years) (Persons, 0-18 yrs)	2022/23	→	45	71.1	122.2	350.7		51.9
Admissions for diabetes (under 19 years) (Persons, 0-18 yrs)	2022/23	→	40	63.2	52.4	100.4		23.7
Admissions for epilepsy (under 19 years) (Persons, 0-18 yrs)	2022/23	→	70	110.5	74.1	194.5		26.3
Hospital admissions for mental health conditions (Persons, <18 yrs)	2022/23	↑	100	166.2	80.8	308.5		22.3
Hospital admissions due to substance misuse (15 to 24 years) (Persons, 15-24 yrs)	2020/21 - 22/23	–	60	58.9	58.3	184.5		16.7
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) (Persons, 0-4 yrs)	2022/23	↓	120	75.3	92.0	205.9		52.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) (Persons, <15 yrs)	2022/23	↓	405	80.2	75.3	153.5		35.7
Hospital admissions as a result of self-harm (10-24 years) (Persons, 10-24 yrs)	2022/23	→	170	331.6	319.0	1,058.4		89.0
Infant mortality rate (Persons, <1 yr)	2020 - 22	–	39	4.2	3.9	7.6		1.4
Child mortality rate (1-17 years) (Persons, 1-17 yrs)	2020 - 22	–	18	11.0	10.4	21.9		4.8

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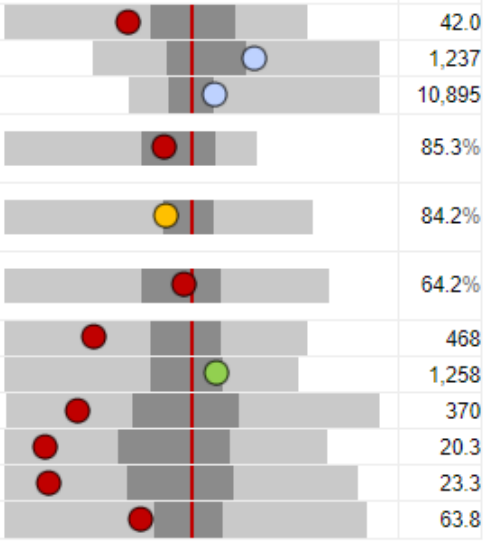
Figure 7: General measures of health and determinants of health in Hull among older people

Indicator	Period	Kings uHull			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Preventable sight loss: age related macular degeneration (AMD) (Persons, 65+ yrs)	2022/23	→	59	141.4	105.6	208.7		42.0
People aged 65-74 registered blind or partially sighted (Persons, 65-74 yrs)	2022/23	→	180	767	533	160		1,237
People aged 75+ registered blind or partially sighted (Persons, 75+ yrs)	2022/23	↓	720	3,940	3,031	375		10,895
Population vaccination coverage: Flu (aged 65 and over) (Persons, 65+ yrs) <75% ≥75%	2023/24	→	36,495	74.5%	77.8%	56.0%		85.3%
Population vaccination coverage: PPV (Persons, 65+ yrs) <65% 65% to 75% ≥75%	2022/23	→	33,565	69.2%	71.8%	52.5%		84.2%
Population vaccination coverage: Shingles vaccination coverage (71 years) (Persons, 71) <50% 50% to 60% ≥60%	2022/23	→	1,131	47.5%	48.3%	26.3%		64.2%
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Persons, 65+ yrs)	2022/23	→	463	1,101	809	1,370		468
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs)	2022/23	↓	705	1,780	1,933	3,130		1,258
Hip fractures in people aged 65 and over (Persons, 65+ yrs)	2022/23	→	265	672	558	744		370
Life expectancy at 65 (Male, 65)	2020 - 22	–	-	16.4	18.4	15.8		20.3
Life expectancy at 65 (Female, 65)	2020 - 22	–	-	18.8	20.9	18.2		23.3
Mortality rate from dementia and Alzheimer's disease, all ages (Persons, All ages) New data	2021 - 23	–	723	123.2	109.9	159.2		63.8



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2.6.4 Local health inequalities

The impact of poverty, deprivation and the adverse determinants of health are illustrated for males and females in ***Figure 8*** and ***Figure 9*** for premature (under 75 years) mortality and in ***Figure 10*** and ***Figure 11*** for life expectancy. For deaths registered during 2021-23, the premature mortality rate is twice as high among men and women living in the most deprived fifth of areas of Hull compared to men and women living in the least deprived fifth of areas of Hull. Male life expectancy at birth is 7.6 years lower among men living in the most deprived fifth of areas of Hull compared the least deprived fifth of areas of Hull, and for women the difference is 6.4 years. The inequalities gap had been 8.2 years for men and 6.3 years for women for deaths registered during 2020-21 so has deceased for men but remained relatively unchanged for women in the last year.

Figure 8: Premature mortality rate among men by local deprivation fifth

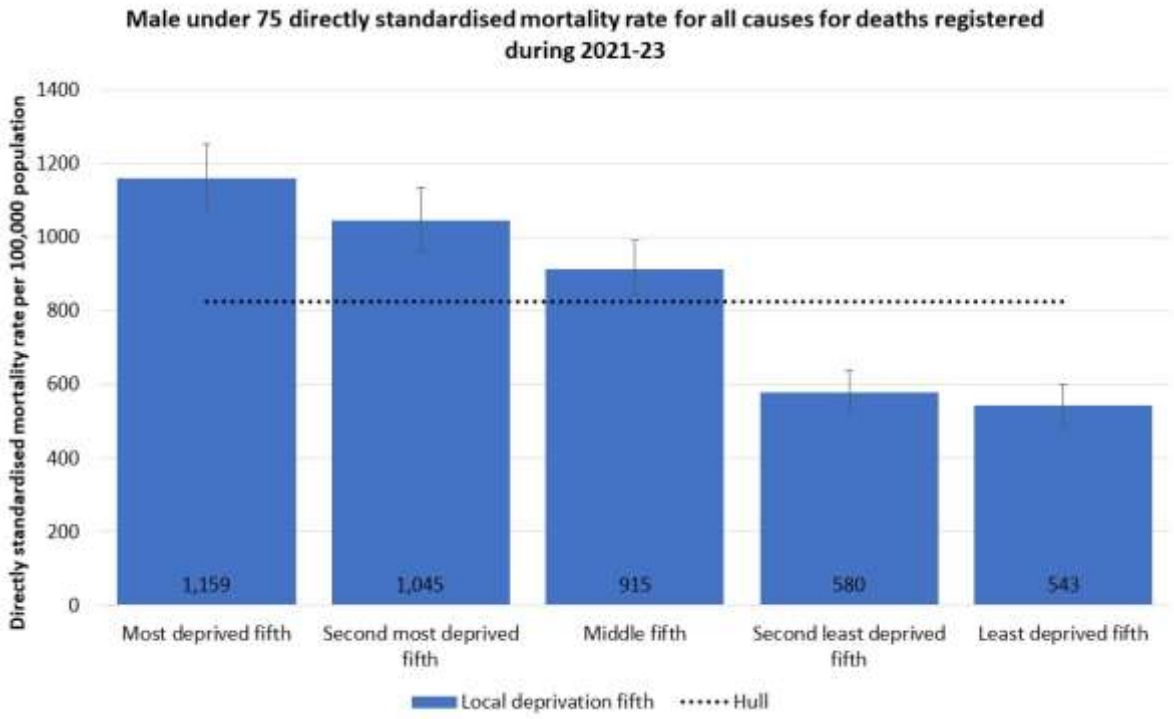


Figure 9: Premature mortality rate among women by local deprivation fifth

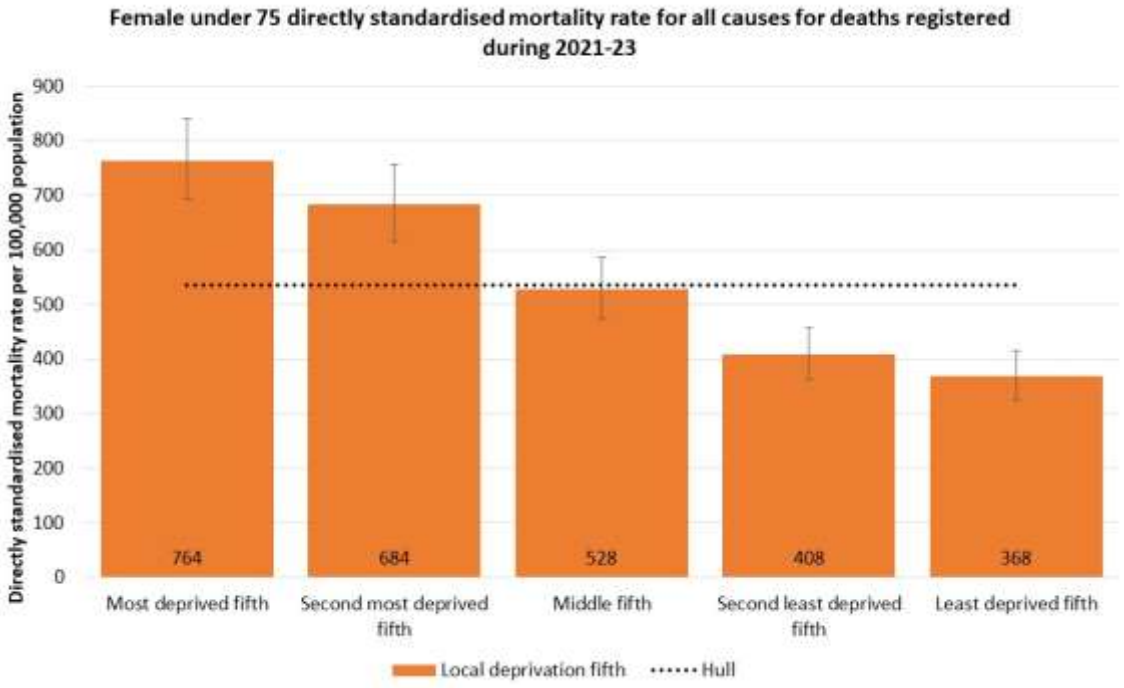


Figure 10: Male life expectancy at birth by local deprivation fifth

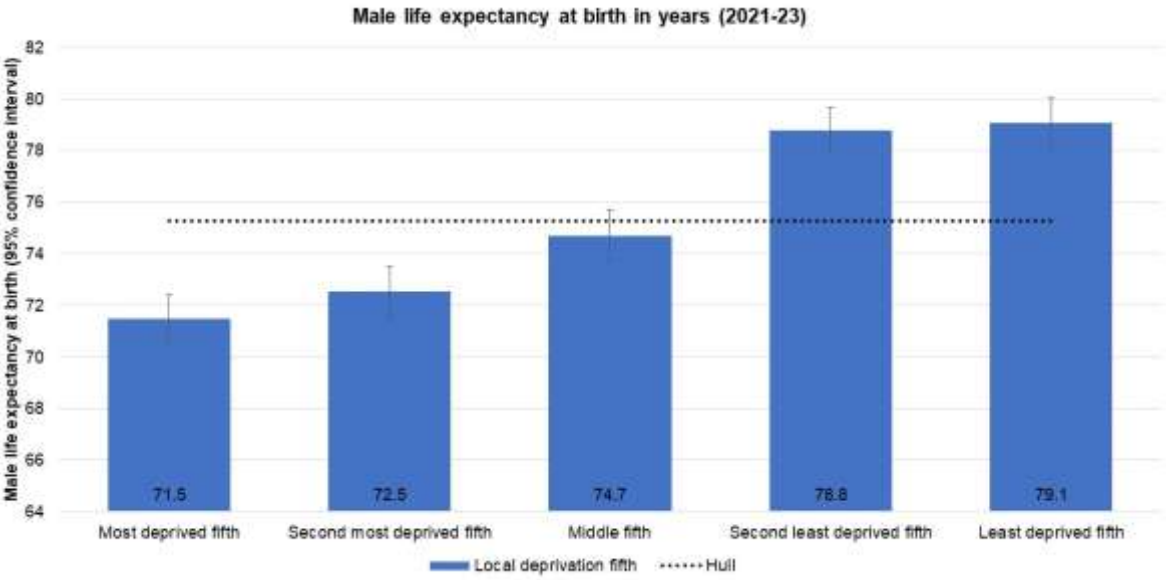
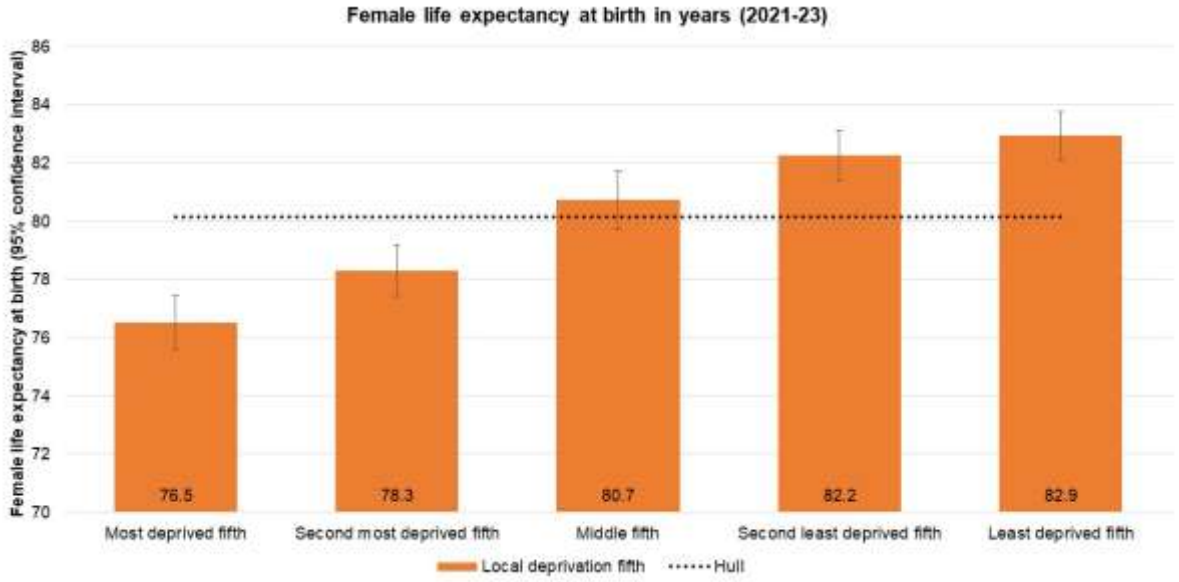


Figure 11: Female life expectancy at birth by local deprivation fifth



3 IDENTIFIED PATIENT GROUPS – HEALTH NEEDS

3.1 Overview

The following patient groups have been identified as living within, or visiting Hull

- Those sharing one of more of the following Equality Act 2010 protected characteristics:
    - Age
    - Disability, which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities
    - Pregnancy and maternity
    - Race which includes colour, nationality, ethnic or national origins
    - Religion (including a lack of religion) or belief (any religious or philosophical belief)
    - Gender
    - Sexual orientation
    - Gender reassignment
    - Marriage and civil partnership
- Students
- Prison population
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Visitors to the city.

3.2 Age

Health issues tend to be greater amongst the very young and the very old. The age distribution of Hull's population was illustrated in ***Figure 2***.

For older people:

- There are 42,304 residents of Hull are aged 65+ years based on the ONS mid-year 2023 population estimates, representing 15.6% of all residents. This includes 12,772 residents aged 65-69 years, 19,428 residents aged in their 70s, 8,408 residents aged in their 80s and 1,696 residents aged 90+ years.
- Between 2025 and 2028, it is projected that Hull's resident population aged 65+ years will increase by 2,482 residents equating to a 6% increase in this age group, although among those age 80+ years the relative increase will be higher at 14% with the population aged 80+ years projected to increase from 10,101 in 2025 to 11,558 by 2028. This increase is mainly due to occur among those aged 80-84 years as it is projected that there will be a decrease of 1% among those aged 85-89 years (decreasing from 3,205 to 3,160) and a small increase among those aged 90+ years (increasing from 1,698 to 1,780).

For children:

- There are 61,075 residents of Hull are aged under 18 years based on the ONS mid-year 2023 population estimates, representing 22.5% of all residents. This includes 3,072 aged under 1 year, 13,096 aged 1-4 years, 17,036 aged 5-9 years, 17,747 aged 10-14 years and 10,124 aged 15-17 years.
- The infant mortality rate in Hull in 2021-23 was 4.2 per 1,000 live births, similar to the 4.1 per 1,000 live births for England.
- The child mortality rate for 2021-23 in Hull was 11.3 per 100,000 aged 11-17 years, again similar to the 11.2 per 100,000 aged 11-17 years for England.

3.3 Disability

From the 2021 census, 53,395 Hull residents (20.0%) were disabled under the Equality Act, of whom 24,662 (9.2%) had their day-to-day activities limited a lot, and 28,733 (10.8%) with day-to-day activities limited a little. Applying these percentages to the ONS mid-year 2023 population estimates for Hull would give approximately 27,200 residents with day-to-day activities limited a lot and 29,300 with activities limited a little.

Some projections of future needs for adults are provided by the Institute of Public Care at Oxford Brookes University, separately for those aged 18-64 (Projecting Adult Needs and Service Information (PANSI))[1] and those aged 65+ (Projecting Older People Information System (POPPI))[2]. The projections are presented by single year until 2027, then for every five years from 2030 to 2040.

From POPPI, it is projected that by 2027, 12,299 Hull residents aged 65+ years will have their day-to-day activities limited a lot, with a further 11,521 having their day-to-day activities limited a little. It is also projected that in 2027, 7,545 Hull residents aged 65+ years will be unable to manage at least one mobility activity on their own. It is further projected that in 2027, 916 residents aged 65+ years in Hull will have a learning disability, including 124 with a moderate or severe learning disability. 2,794 Hull residents aged 65+ years are projected to have dementia in 2027.

From PANSI, it is projected that by 2027, 8,048 residents of Hull aged 18-64 years will have impaired mobility, 1,299 will have a serious personal care disability, with a further 5,741 having a moderate personal care disability, 105 are projected to have a serious visual impairment, and 893 severe hearing loss. By 2027, 3,966 Hull residents aged 18-64 years are projected to have a learning disability, including 908 with a moderate or severe learning disability.

[1] Projecting Adult Needs and Service Information (PANSI) for adults under 65 years (www.pansi.org.uk)
[2] Projecting Older People Information System (POPPI) for people aged 65+ years (www.poppi.org.uk)

3.4 Pregnancy and maternity

There are around 3,100 babies born to Hull mothers each year. In 2023, there were 3,127 babies born to 3,085 mothers (live births). The number of babies born in Hull has steadily decreased since 2012 and has been relatively constant in the last five years. For the financial year 2023/24, 650 of deliveries in Hull were to women from minority ethnic groups representing 21.2% of all deliveries.

3.5 Race and ethnicity

As mentioned in ***section 2.2.4***, Hull's population has become more diverse in the last 20-25 years with a higher percentage of the population from minority ethnic groups. The largest minority ethnic groups in Hull are from white minority groups which makes up around 7.8% of Hull's population with a relatively high percentage of those people from Poland and Romania. A further 1.7% of people in Hull had dual or multiple ethnic backgrounds, 2.8% were Asian or British Asian, 1.9% from Black, Black British, Caribbean or African backgrounds, and 1.8% from other minority ethnic groups.

There is a much higher percentage of people from minority ethnic groups in Hull among people aged under 40 years.

3.6 Religion and belief

From the 2021 Census, 6.4% of usual residents in Hull did not answer the question on religion. Of the remaining 250,059 residents, 131,424 (52.6%) stated they had no religion, 106,411 (42.6%) classified them as Christians, 9,285 (3.7%) as Muslim, 746 (0.3%) as Buddhist, 646 (0.3%) as Hindu, 277 (0.1%) as Sikh, 146 (0.1%) as Jewish and 1,124 (0.4%) as having another religion.

3.7 Gender

From mid-year 2023 resident population estimates from ONS, Hull has a similar number of males (136,575) compared to females (135,367) although the average age of males is lower with more men than women in each successive five-year age band from 0-4 to 55-59 except for those aged 30-34 years where there are a handful more women compared to males.

The percentage of men ranges from 50.0% to 52.2% across the five-year age bands below 60 years with the percentage of males lowest among 30-34s and highest among 15-19s.

The percentage of women increases with age from around 50% among those in their 60s to 52.5% among those aged 75-79 years, and to 56.0% among those aged 80-84

years. Among residents aged 85-89 years, 60.4% are women, and among residents aged 90+ years, 68.3% are women. The differences in the age distribution of Hull's population by gender was illustrated in ***Figure 2***.

3.8 Sexual orientation

From the 2021 Census, 3.8% of Hull's population identified as lesbian, gay, bisexual or another minority sexual orientation (referred collectively in the Census as LGB+). Younger people were much more likely to identify as LGB+ in the Census with 6.9%, 5.6%, 3.5%, 2.4%, 1.6%, 0.8% and 0.4% identifying as LGB+ for residents of Hull aged 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75+ years respectively.

In a local survey conducted among eight of the 12 secondary schools in Hull between March and May 2024 in which 3,910 young people participated in the survey, 17.8% of pupils identified as LGBTQ+ and the percentages increased with age from 6.2% of boys and 13.9% of girls in Year 7 (aged 11-12 years) to 19.5% of boys and 20.9% of girls in Year 11 (aged 15-16 years). The highest percentages were for bisexual (7.5%) and for gay or lesbian (4.2%).

3.9 Gender re-assignment

Gender re-assignment is where an individual lives with a different gender to the one they were assigned at birth. The term applies equally to those who have undergone, or are intending to undergo, or who are currently undergoing medical or surgical treatment to alter their body as well as those who choose not to undergo medical treatment.

In the 2021 census, respondents aged 16 years and over were asked a question about whether their gender identity was the same as their assigned sex at birth. From the 2021 census, 0.64% of Hull residents aged 16 years and over reported that their gender was different to their assigned sex at birth.

3.10 Marriage and civil partnership

From the 2021 Census, 36.7% of residents had never been married or registered a civil partnership, 28.5% were married or in a civil partnership, 2.2% were separated but still married or in a civil partnership, 8.1% were divorced or had been in a civil partnership that had been legally dissolved, and 4.6% were widowed or the surviving partner from a civil partnership.

3.11 Students

The University of Hull had 15,575 students enrolled in 2023-24. The University is within the North Area Committee area of Hull. The University is also home to the Hull York Medical School, a joint initiative with the University of York.

Student primary care services are mainly provided by Campus Health, on Cottingham Road (part of Acclaim Primary Care Network) and by Modality Practice (with branches at Alexandra Road and at Oakfield Court, off Cottingham Road (part of Modality Primary Care Network).

Hull also has post-16 educational provision at several colleges and schools, some of which will have cross-boundary flows of students from outside of the Health and Wellbeing Board area.

3.12 Prisoners

Hull Prison is located within the Hull local authority boundary and has an operational capacity of around 1,100 prisoners. It is a prison and young offender institution (YOI) for men aged 18 and over.

3.13 Homeless and rough sleepers

In Hull, the rate of statutorily homeless households in temporary accommodation is 1.4 per 1,000 households in 2023/24. This is much lower than the national rate of 4.6 households per 1,000 and the regional rate of 1.3 per 1,000 household.

There were an estimated 31 people sleeping rough in Hull in 2024, counted in the Autumn annual snapshot (Tables on rough sleeping - GOV.UK)

3.14 Traveller and gypsy communities

The Gypsy and Traveller population often present with varying health needs both for adults and children. Due to lifestyle and the nomadic nature of this population, healthy living and wellbeing may be disrupted, therefore when settled for a temporary period, access to pharmaceutical services is vital to support good health.

Whenever a new encampment that travels through Hull the Council's Liaison team will carry out a risk assessment which includes health needs, including signposting to relevant health providers or pharmacies if a specific health need was identified within the community.

As of July 2024, there were 110 known traveller caravans in Hull (Source: ONS Traveller caravan count) Traveller caravan count: July 2024 - GOV.UK

Hull City Council have a Gypsy Liaison team which is responsible for the management of permanent caravan parks in Hull. They help residents to get access to mainstream services and liaise with residents and external services to promote community development.

There are 4 permanent sites within the city, located within the following Areas:

North Area
- Bankside Park, Bankside, Hull, HU5 1RN. 27 Pitches

East Area
- Bedford Park, Bedford Park, Cleveland Street, Hull, HU8 8AQ. 10 pitches
- Wilmington Park, Bedford Street, Cleveland Street, Hull, HU8 8AP. 23 pitches

West Area
- Newington Street, Newington Street, Hawthorne Avenue, Hull, HU3 5ND. 10 pitches

3.15 Refugees and asylum seekers

At December 2024 there were 1,363 people in Hull[3] who were either
- arrivals through the Homes for Ukraine visa route
- those settled and in bridging accommodation arriving through the Afghan citizens resettlement scheme (ACRS) and Afghan Relocations and Assistance Policy (ARAP)
- those being supported following claims for asylum.

Hull City Council has several services that offer signposting (for instance, the refugee integration team, the refugee resettlement team and Refugee Council) as well as voluntary and community services who provide advice on a range of support needs which would include access to healthcare. The contractor responsible for providing accommodation to dispersed asylum seekers, also has a requirement to provide orientation information (e.g. location of GPs and info on how to register etc) to people placed in the city.

3.16 Visitors to Hull

The Hull travel-to-work areas, which covers a large percentage of East Riding of Yorkshire, has one of the highest levels of commuter self-containment in the country. This means that Hull has high levels of visitor daytime populations who visit Hull for work and study reasons.

[3] Regional and local authority data on immigration groups - GOV.UK

Hull also has a high concentration of retail, sporting and leisure facilities in close proximity to a high number of East Riding of Yorkshire residents.

Around 8% of all patients registered with Hull GPs live in East Riding of Yorkshire, and with the nearest A&E for many East Riding of Yorkshire residents located within Hull, this means there is significant cross-boundary flow into Hull in relation to health-related services.

Hull is a port with significant flow of goods into the docks, and also the daily overnight ferry service between Hull and Rotterdam Europort.

Hull is home to three professional sports teams – Hull City, Hull FC and Hull KR, for which there may be flows of people coming into the city on matchdays from outside of the area.

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Hull. As they may only be in the area for day visits, their health needs are likely to be things such as:

- Treatment of an acute condition which requires the dispensing of a prescription.
- The need for repeat medication.
- Support for self-care.
- Signposting to other health services such as a GP or dentist.

4 PROVISION OF PHARMACEUTICAL SERVICES

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

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

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

For the purposes of this Pharmaceutical Needs Assessment, the Hull Health and Wellbeing Board has defined 'necessary services' as:

- essential services provided at all premises included in the pharmaceutical list,
- the advanced services of the new medicine service, Pharmacy First, seasonal influenza vaccination, hypertension case-finding
- the dispensing service provided by some GP practices, and
- the minor ailments scheme enhanced service commissioned by the Integrated Care Board.

The Hull pharmaceutical list was supplied by NHS Humber and North Yorkshire Integrated Care Board (ICB) on 25th February 2025 and has been updated with any changes made by 1 September 2025.

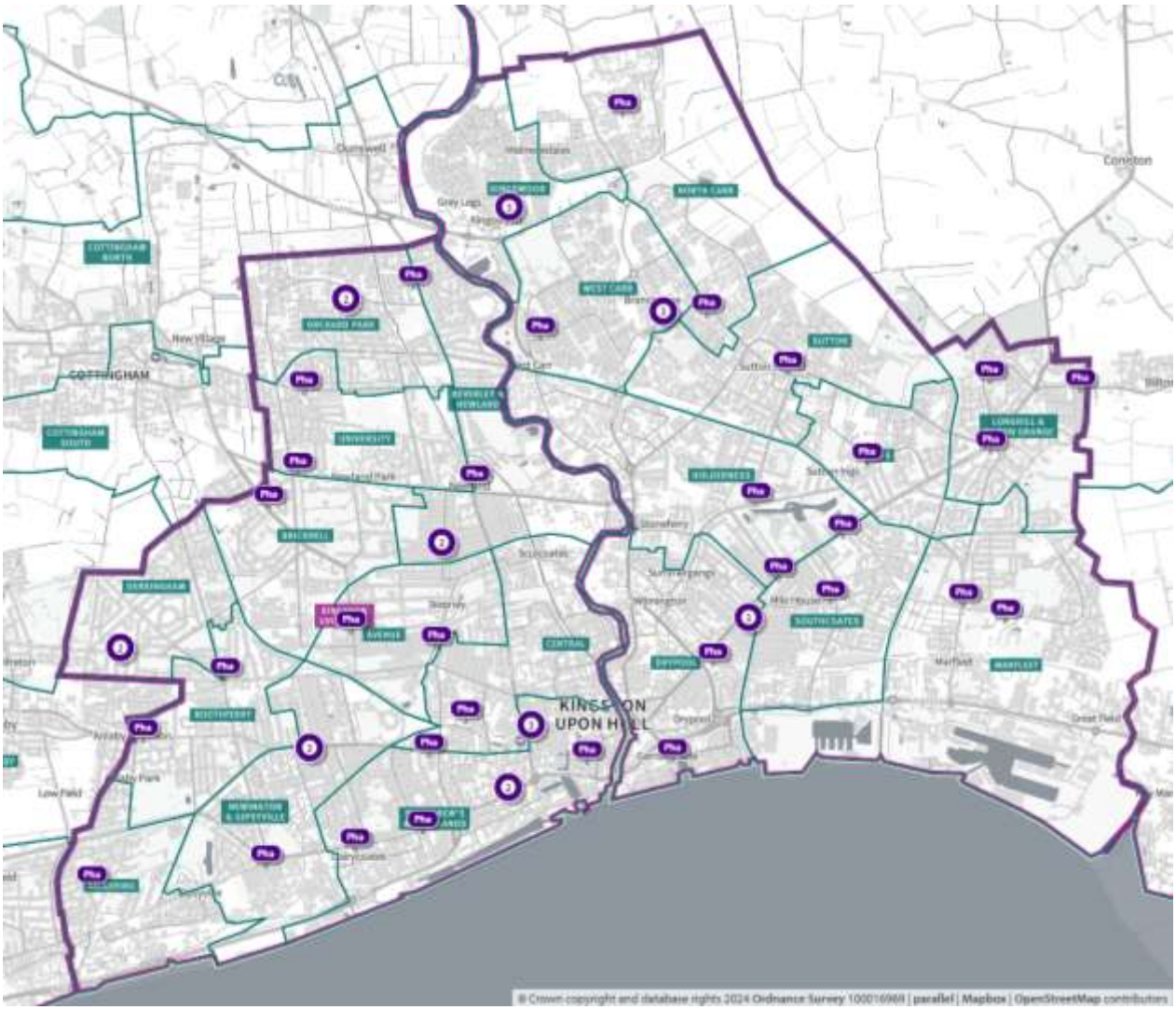
There are a total of 60 premises providing pharmaceutical services in the city, operated by 38 different contractors. There are 49 standard contract pharmacies, six extended-hours pharmacies, three distance selling premises (DSP), one dispensing GP and one dispensing appliance contractor (DAC) located in the Health and Wellbeing Board area. The locations of the pharmacies are shown in ***Figure 12***. A full list of all current providers of pharmaceutical services in Hull can be found in ***Appendix J***.

Figure 13 gives the location of the 49 standard contract pharmacies and six extended-hours pharmacies in Hull.

An application for distance selling premises at HU3 2AA was approved by NHS Humber and North Yorkshire Integrated Care Board in June 2025, and the applicant submitted a notice of commencement, and started to provide pharmaceutical services on 1 August 2025. This distance selling premises is included in the above figures.

Figure 12: Location of all 60 pharmacies in Hull including the three distance selling premises, one dispensing GP and one dispensing appliance contractor

Figure 13: Location of all 55 standard contract or extended-hours pharmacies in Hull



4.1.1 Access to premises

Pharmacies operate in the centre of communities and are often the public's first point of healthcare contact. In addition to being a health asset, pharmacies are also an important social asset as often they are the only healthcare facility located in an area of deprivation.

It is estimated that 84% of adults visit a pharmacy at least once a year (Local Government Association, 2013). Access to pharmaceutical services has been analysed by geography (distance and travel time to pharmaceutical services), and opening times (weekday / weekend / extended hours).

In September 2016 the Department of Health and Social Care undertook a mapping exercise which confirmed that 88% of the population was within a 20-minute walk of a

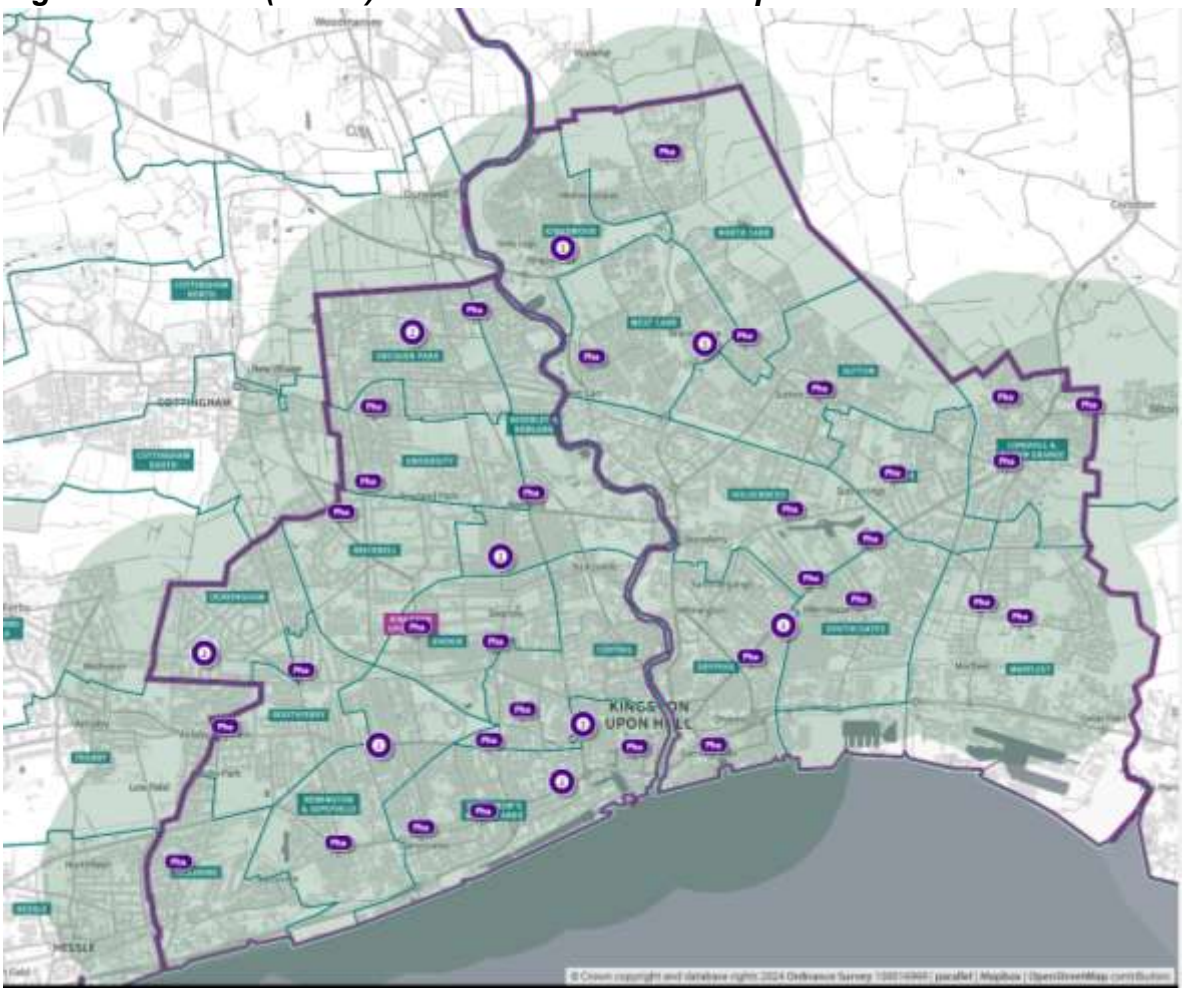
pharmacy[4]. However, since then pharmacies have begun to close across the country and the figure in October 2024 had fallen to 80% of the population living within a 20-minute walk of a pharmacy, although there are twice as many pharmacies in areas of deprivation.[5]

The SHAPE (Strategic Health Assessment Planning and Evaluation) Place Atlas is an evidence-based application which supports the strategic planning of services and physical assets across the whole health economy. SHAPE is free to NHS professionals and local authority professionals with a role in public health or social care, and access to the application is by formal registration and licence agreement (Office for Health Improvement & Disparities, 2022).

All the maps which illustrate the location of pharmacies in Hull and travel times to Hull's pharmacies have been produced using the SHAPE Place Atlas.

Figure 14 shows the 1.6-kilometre (1 mile) catchment areas for all pharmacies within Hull. All of the city's population reside within a 1.6-kilometre (1mile) straight-line radius of a pharmacy.

Figure 14: 1.6km (1 mile) catchment areas of Hull pharmacies



[4] Post-implementation report on the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Department of Health and Social Care March 2018
[5] Delivery plan for recovering access to primary care, NHS England October 2024

All 268,677 residents of the Health and Wellbeing Area live within a 20-minute walk, a 10-minute car journey or a 15-minute weekday journey on public transport of their nearest pharmacy (***Table 6***). For the majority of the residents of Hull, the travel times to the nearest pharmacy are much shorter than this.

Due to Hull being a highly urban local authority with tightly constrained boundaries, a much higher percentage of the population have relatively short travel times to their nearest pharmacy compared to the national average.

Table 6: Travel times to nearest pharmacies and number of residents with longer travel times

Mode of transport	Travel time (minutes)	Total resident population beyond stated travel time	
		Number	Percentage
Walking	5	141,275	52.6
	10	51,439	19.1
	15	3,158	1.2
	20	0	0
Car (not rush hour)	5	0	0
Car (rush hour)	5	4,366	1.6
	10	0	0
Public transport (weekday morning)	5	99,352	37.0
	10	1,768	0.7
	15	0	0
Public transport (weekday afternoon)	5	105,469	39.3
	10	10,320	3.8
	15	0	0

From SHAPE, the travel times are illustrated in map form for walking (***Figure 15***), a car journey not in rush hour (***Figure 16***), a car journey in rush hour (***Figure 17***), using public transport on a weekday morning (***Figure 18***) and using public transport on a weekday afternoon (***Figure 19***). Whilst there are areas of Hull that do appear to have longer travel times than those stated in ***Table 6***, these are areas of the city without population such as major roads, parks, non-residential buildings, retail and industrial areas, and the River Hull.

Figure 15: Access to a pharmacy: time to walk to nearest pharmacy

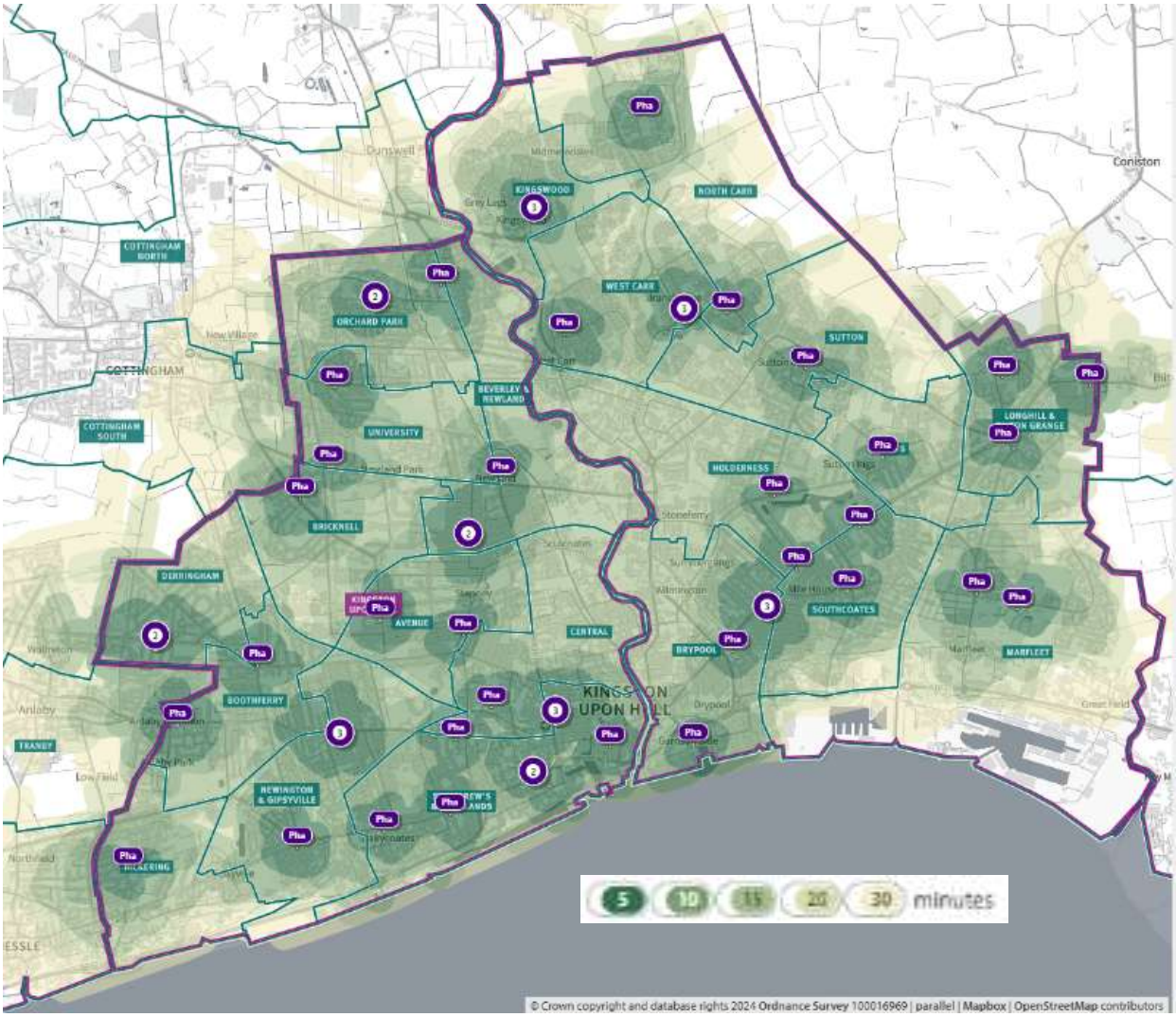


Figure 16: Access to a pharmacy: time to drive to nearest pharmacy outside the rush hour

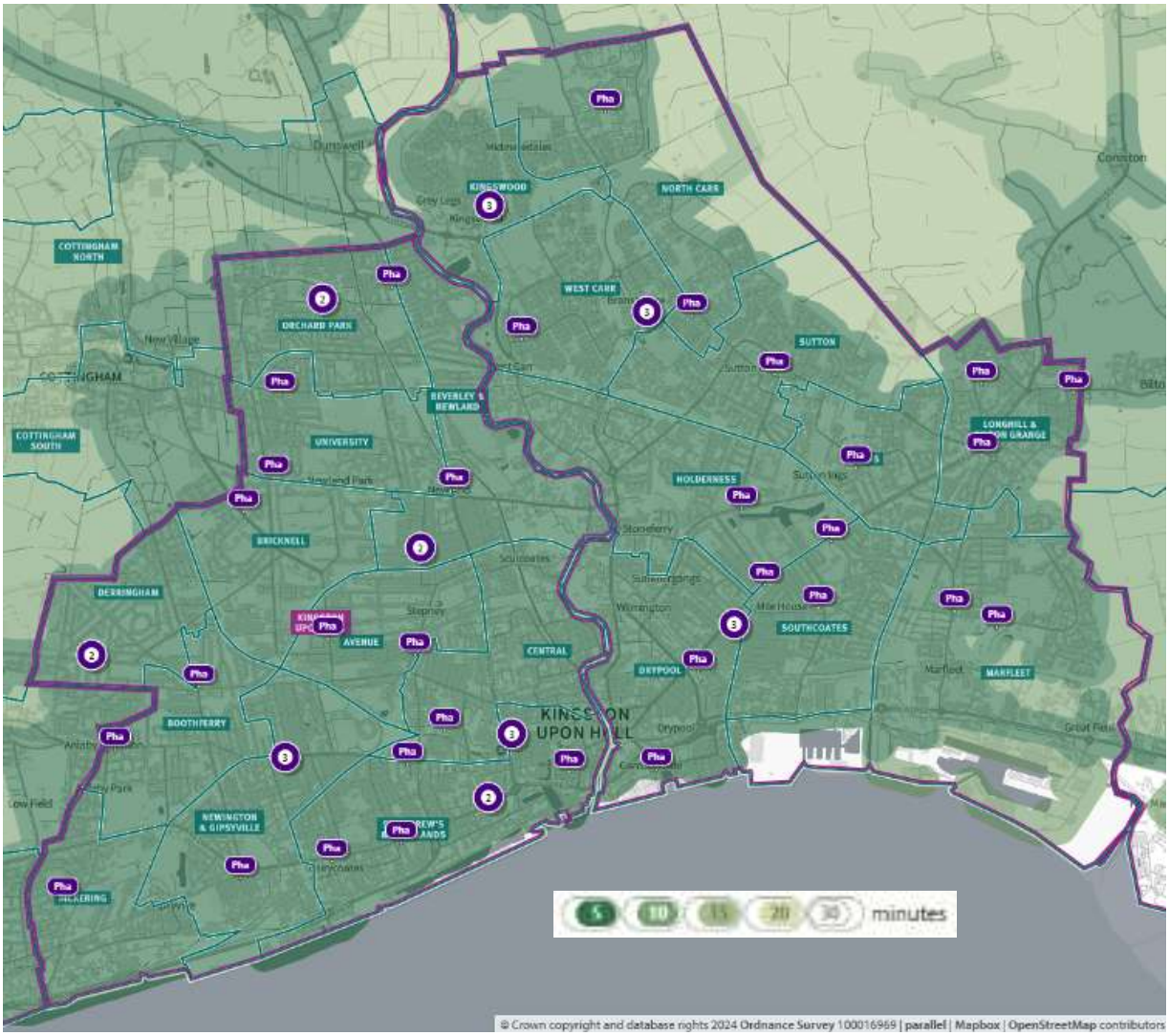


Figure 17: Access to a pharmacy: time to drive to nearest pharmacy in rush hour

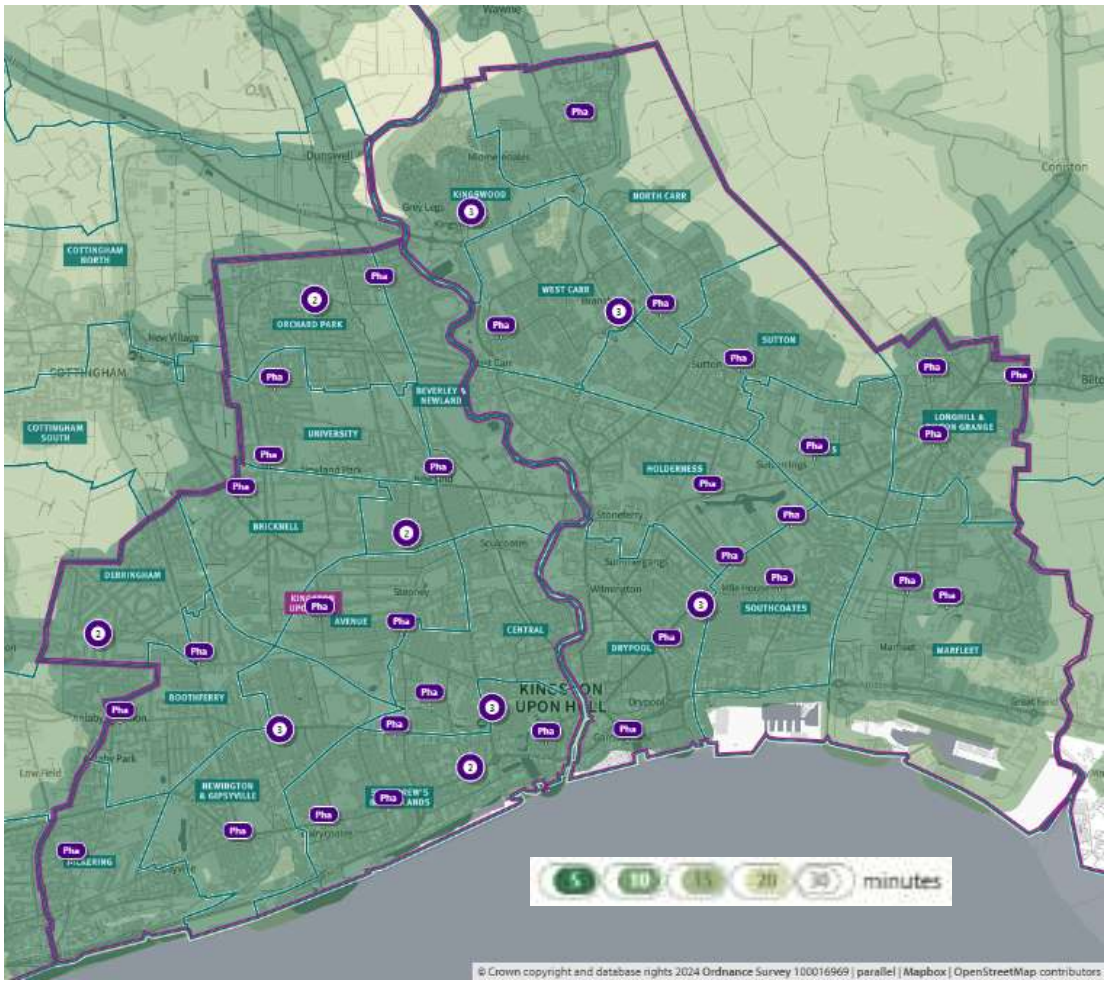


Figure 18: Access to a pharmacy: time on public transport to nearest pharmacy travelling on a weekday morning

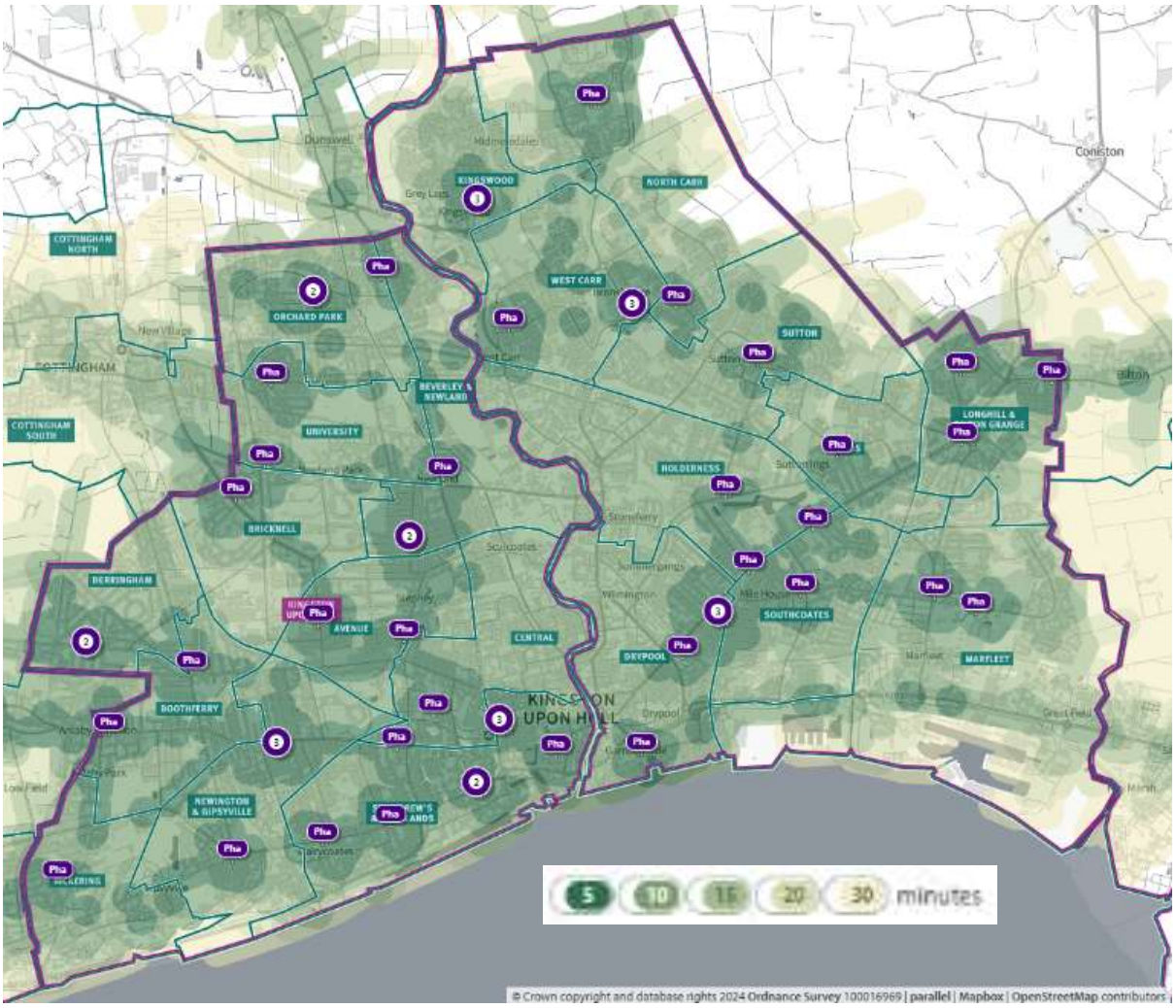
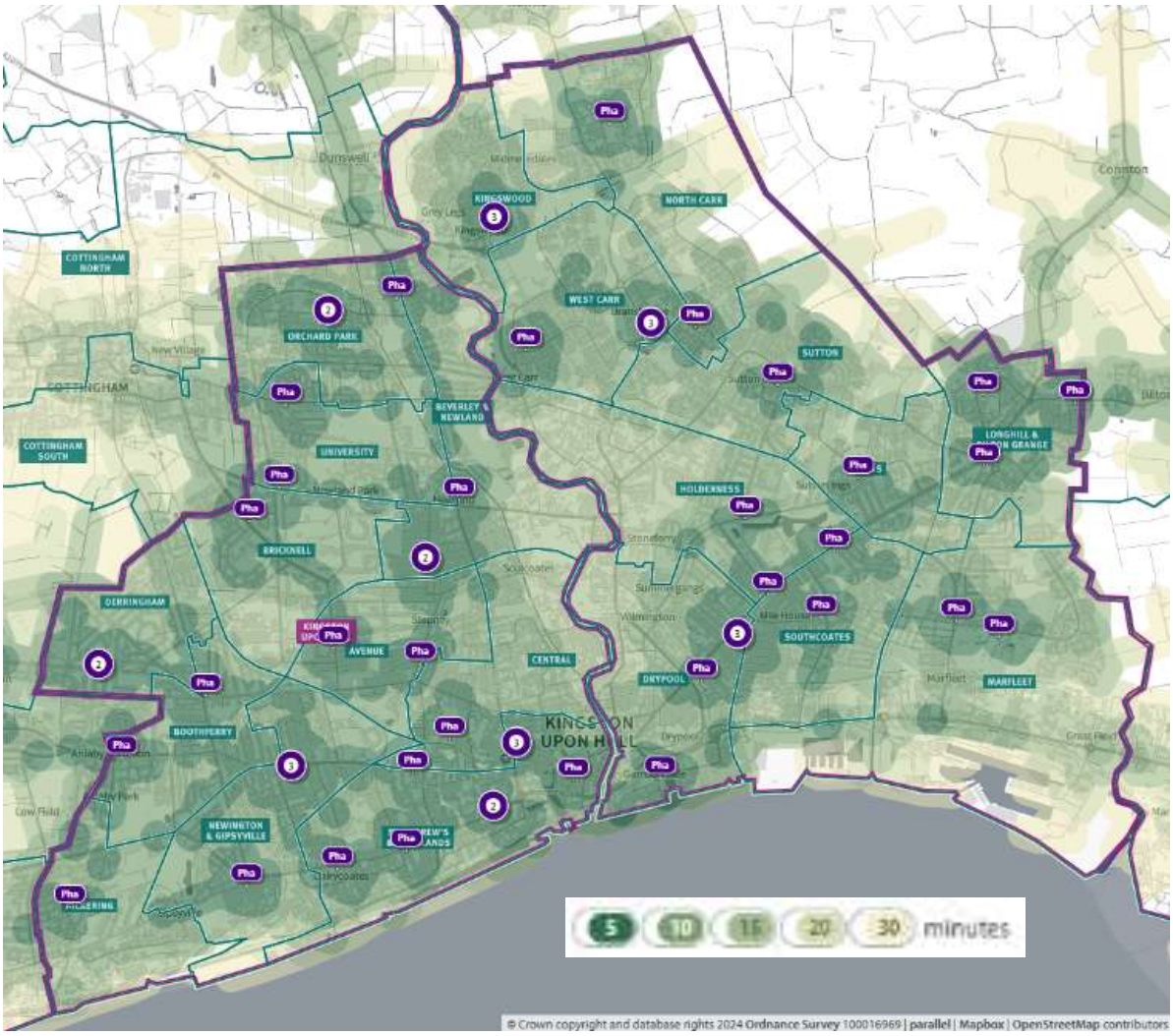


Figure 19: Access to a pharmacy: time on public transport to nearest pharmacy travelling on a weekday afternoon



4.1.2 Access to essential services

Whilst most people will visit a pharmacy during the 8:30am to 6:00pm period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need or choose to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, to collect dispensed items on their way to or from work or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

The opening hours (as at the time of writing on 1 September 2025) of all community pharmacies in Hull are given in ***Appendix K***. At this point in time, of the 55 pharmacies there were:

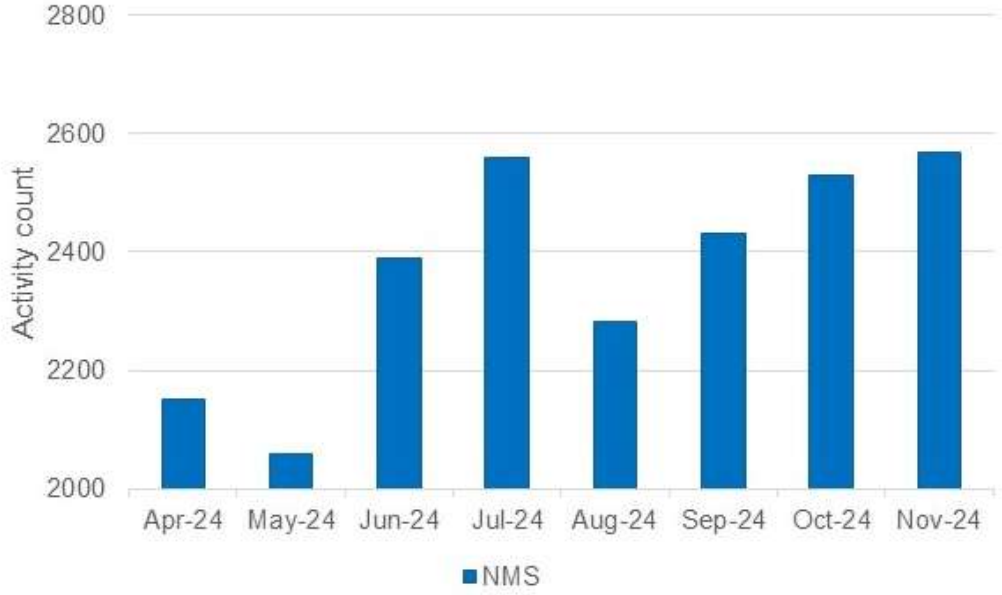
- 13 pharmacies are open seven days a week (including all of the extended-hours pharmacies)
- 46 pharmacies are open Monday to Saturday including 43 of them opening at least until 1pm on Saturday
- 25 pharmacies are open Monday to Friday and both Saturday morning and Saturday afternoon
- 9 pharmacies are open Monday to Friday only
- 15 pharmacies are open past 6pm Monday to Friday including 11 pharmacies that are open past 7pm Monday to Friday
- 8 pharmacies are open past 6pm on Saturday and including 7 pharmacies there are also open past 7pm on Saturday
- 1 pharmacy is open past 6pm on Sunday which closes at 7pm on a Sunday.

4.1.3 Access to the new medicine service

60 pharmacies provided the new medicine service in the period April 2024 to November 2024, completing a total of 18,968 full-service interventions. The range at pharmacy level was 19 to 1,522.

Figure 20 shows the pattern of claiming each month for the period April 2024 to November 2024 by those pharmacies providing this service.

Figure 20: Number of full-service interventions claimed by pharmacies April 2024 to November 2024

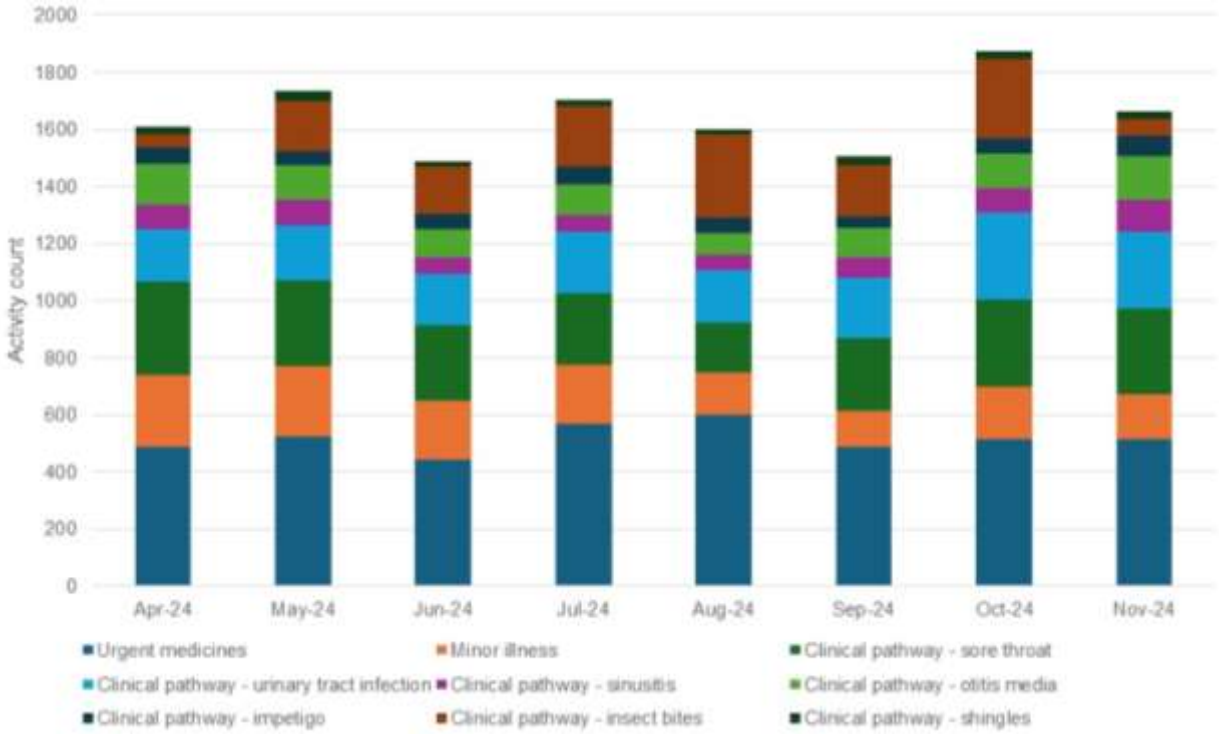


The service is limited to a specific range of drugs and can only be provided in certain circumstances, and this therefore limits the total number of eligible patients. Since April 2025, the number of new medicine service intervention consultations that each pharmacy will be paid for is subject to an overall cap of 1% of their monthly prescriptions.

4.1.4 Access to Pharmacy First

The Pharmacy First service was launched nationally on 31 January 2024, replacing the previous community pharmacist consultation service. As of November 2024, 57 of the pharmacies have signed up to provide it, with 56 claiming activity in the first 8 months of 2024/25. In respect of the seven clinical pathways, 7,512 consultations were claimed for in the first 8 months of 2024/25. ***Figure 21*** shows the monthly breakdown for each pathway.

Figure 21: Number of consultations claimed by pharmacies April 2024 to November 2024 by clinical pathway



In relation to the supply of urgent repeat medicines, a total of 4,137 supplies were made in the first 8 months of 2024/25. In relation to the referral of patients for low acuity, minor illnesses, a total of 1,531 consultations were claimed for in the first 8 months of 2024/25.

With the recent closure of two pharmacies, 55 are now signed up to provide Pharmacy First as at July 2025.

4.1.5 Access to the seasonal influenza vaccination service

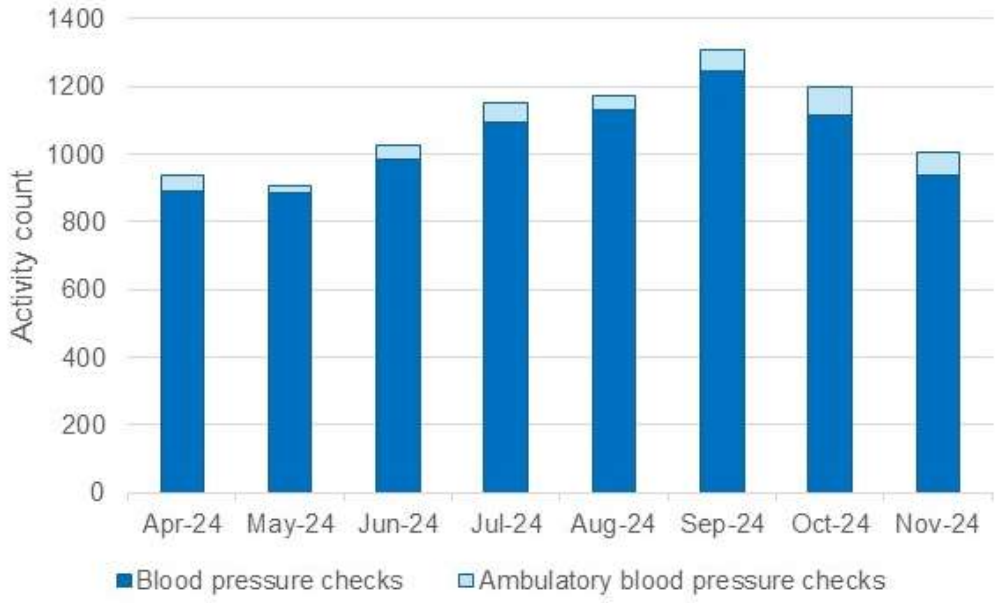
During the 2024/25 influenza vaccination season, for the period September 2024 to January 2025, a total of 22,438 influenza vaccinations were administered, with the majority (77%) of these occurring during October. The number given at pharmacy level varied from 29 vaccinations to 3,359, across 51 pharmacies.

4.1.6 Access to the hypertension case-finding service

In November 2024, 60 pharmacies had signed up to provide the hypertension case-finding service. In the period April to November 2024, a total of 8,273 blood pressure checks were completed in a pharmacy and 426 ambulatory checks had been undertaken.

Figure 22 shows the pattern of claiming each month for financial year to November 2024 by those pharmacies providing the service.

Figure 22: Number of blood pressure and ambulatory blood pressure checks claimed by pharmacies April 2024 to November 2024



With the recent closure of two pharmacies and one de-registering, 54 are now signed up to provide the hypertension case-finding service as at July 2025.

4.1.7 Access to the minor ailments scheme

The minor ailment scheme service is available to all patients in Hull who are eligible to receive free NHS prescriptions. The patients must be registered with a GP practice or be resident within one of the Places (Hull, East Riding, North Lincolnshire or North East Lincolnshire) who are participating in this service or who have no fixed abode but who are resident in the local area (one of Hull, East Riding, North Lincolnshire or North East Lincolnshire). Patients can receive advice and/or treatment under the Minor Ailments Service on the conditions listed in the service specification.

Patients who pay for their prescriptions should be referred to a pharmacy for advice and to purchase over the counter medicines in the usual way.

This service sits as a potential output from a Minor Ailments Service consultation within the Pharmacy First service specification, to allow those to obtain a supply of a required medicine to help manage or treat a minor illness. It is not a substitution for Pharmacy First and is symbiotic with the self-care approach to healthcare.

4.1.8 Dispensing services provided by some GP practices

There is one dispensing practice in Hull, which is the Sutton Manor Practice located in the East Area.

The dispensing service will be provided during its core hours which are 08.30 to 18.30, Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practice. As of January 2025, 8,337 people were registered as a patient with the Practice (NHS England, 2025).

Data for prescriptions dispensed or personally administered by GP practices were obtained from the NHS BSA (NHS Business Services Authority, 2025) Dispensing contractors' data | NHSBSA. Figures for Hull GP practices for 2024, show that 78,627 items were dispensed via these routes, with 11% (8,993 items) being dispensed by Hull's only dispensing GP practice (The Sutton Manor Practice).

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

NHS Humber and North Yorkshire Integrated Care Board (HNY ICB) has a duty to ensure that residents of the Health and Wellbeing Board's area can access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so.

NHS HNY ICB asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open all or part of these days to ensure adequate access.

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

4.2.1 Access to essential services and dispensing appliance contractors equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work, or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Hull are dispensed within the Health and Wellbeing Board's area, although the vast majority of items are. Further details are given in ***section 4.5***. In 2024, 8% of items (570,444) were dispensed outside of the Health and Wellbeing Board's area by a total of 1,365 different contractors. This will include distance selling premises and dispensing appliance contractors (each of which may be based anywhere in England).

Further, people generally choose to use pharmacies that are most convenient for them – this often means those that are near where they work.

Of course, there are some pharmacies outside of Hull that are still relatively close to many Hull residents, due to the Hull urban area extending beyond the city boundaries, especially to the west of the city. There are five pharmacies outside of Hull that are within 1.6km (1 mile) of the Hull boundary, all in the neighbouring East Riding of Yorkshire Health and Wellbeing Board area. These additional pharmacies are listed in ***Table 7***.

Table 7: Additional pharmacies within 1.6 km of the Hull boundary

Town	ODS Code	Address
Cottingham	FK665	Boots, HU16 5QE
Anlaby	FVL19	Boots, HU10 6UA
Hessle	FWL80	Hessle Pharmacy, HU13 9BB
Hessle	FAQ50	Cohens, HU13 9LZ
Hessle	FLL20	Boots, HU13 0AA

Two pharmacies in North Lincolnshire have core opening hours until 8pm on a Sunday (***Table 8***). Ancora Healthcare in Scunthorpe are commissioned to provide additional opening hours on a Sunday between 8pm and midnight. All Hull residents are within a 45-drive of the pharmacy in Brigg and within a one-hour drive of the pharmacy in Scunthorpe.

Table 8: Additional pharmacies open on a Sunday evening within an hour's drive of Hull's residents

Town	ODS Code	Address
Scunthorpe	FF058	Ancora Healthcare, 291 Ashby Road, Scunthorpe, DN16 2AB
Brigg	FWW94	Riverside Pharmacy, Barnard Avenue, Brigg, DN20 8AS

4.2.2 Access to new medicine services, Pharmacy First, seasonal influenza vaccination and hypertension case-finding

Information on the type of advanced services provided by pharmacies outside the Health and Wellbeing Board's area to residents of Hull is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However, even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that residents of the Health and Wellbeing Board's area will access these services from contractors outside of Hull.

4.2.3 Dispensing services provided by some GP practices

Some residents of the Health and Wellbeing Board's area will choose to register with a GP practice outside of the Health and Wellbeing Board and will access the dispensing service offered by their practice, if eligible.

4.3 Other relevant services: current provision within the Health and Wellbeing Board's area

'Other relevant services' are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as services that are provided in and/or outside the Health and Wellbeing Board's area which are not necessary to meet the need for pharmaceutical services but have secured improvements or better access to pharmaceutical services in its area.

For the purposes of this Pharmaceutical Needs Assessment, the Health and Wellbeing Board has agreed that other relevant services are:

- Appliance Use Reviews
- Stoma appliance customisation
- Lateral flow device test supply service
- Pharmacy contraception service
- Community pharmacy smoking cessation service
- COVID-19 vaccination service, and
- The following enhanced services commissioned by the ICB:
    - Medication Record Charts for carers
    - EL23
    - COVID Medicines Support Service
    - Optometry Hypertension Pilot, and
    - Palliative Care Scheme.

Note that within this section, the total number of pharmacies providing these services may appear greater than the total number of pharmacies currently open in the Health and Wellbeing Board area. This is because the data will include pharmacies that have changed ownership and have had new ODS codes assigned to them.

4.3.1 Access to appliance use reviews

None of the pharmacies provided appliance use reviews during the period April 2024 to November 2024, despite 20 of the 24 pharmacies that responded to the contractor questionnaire saying that they dispense all types of appliances.

The dispensing appliance contractor did not provide the service either. However, it is noted that prescriptions written by the GP practices are dispensed by dispensing appliance contractors outside of Hull. It is therefore likely that they are providing this service to residents.

In addition, stoma nurses employed by dispensing appliance contractors will provide the service at the patient's home and the stoma care department at the hospitals may provide a similar service.

4.3.2 Access to stoma appliance customisations

None of the pharmacies provided the stoma appliance customisation service in the period April 2024 to November 2024. This is despite 20 out of 24 saying that they dispense all types of appliances on the pharmacy contractor survey.

The dispensing appliance contractor customised 8,818 stoma appliances in 2024.

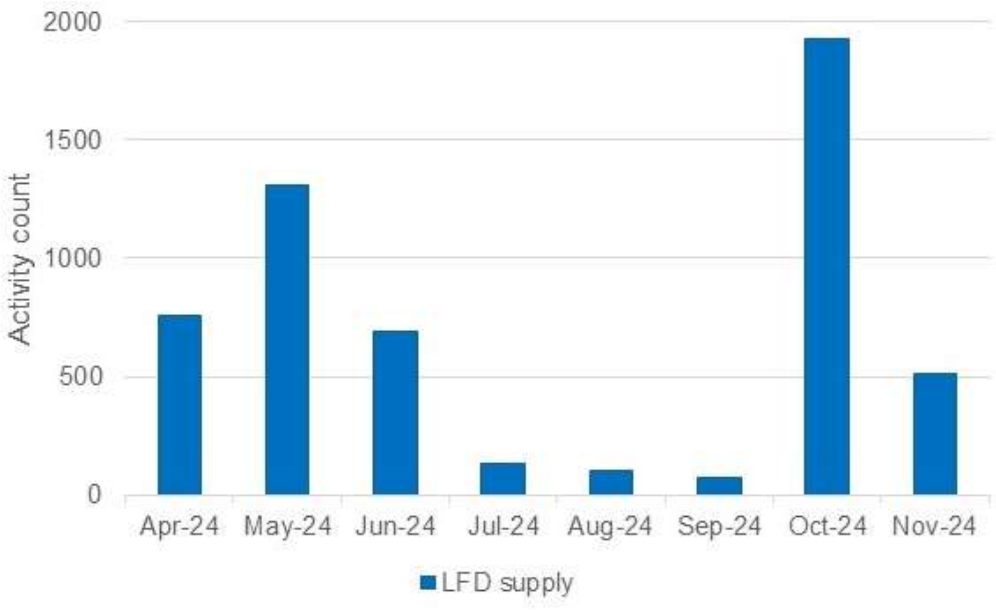
It is noted that:

- not all stoma appliances need to be customised, and
- prescriptions written by the GP practices may be dispensed by dispensing appliance contractors outside of Hull.

4.3.3 COVID-19 lateral flow device tests supply service

The COVID-19 lateral flow device test supply service was introduced nationally on 6 November 2023, and under it a participating pharmacy may supply COVID-19 lateral flow devices to eligible patients. 5,499 supplies were made in the period April 2024 to November 2024 by 24 pharmacies (***Figure 23***).

Figure 23: Number of lateral flow device test supplies claimed by pharmacies April 2024 to November 2024



4.3.4 Access to the pharmacy contraception service

As of November 2024, 59 of the pharmacies had signed up to provide the contraception service. In the period April 2024 to November 2024, a total of 1,039 consultations for an ongoing supply of existing oral contraception were claimed for (***Figure 24***).

The service was expanded from 1 December 2023 to include the initiation of oral contraception. In the period April 2024 to November 2024, a total of 241 consultations were claimed for this element of the service (***Figure 25***).

Figure 24: Number of ongoing supplies of oral contraception consultations claimed by pharmacies April 2024 to November 2024

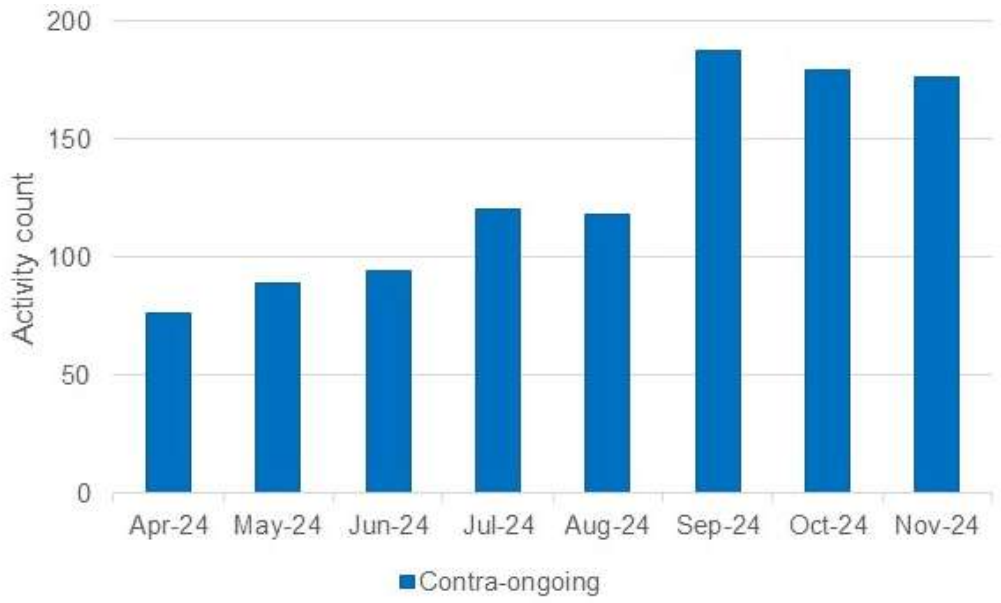
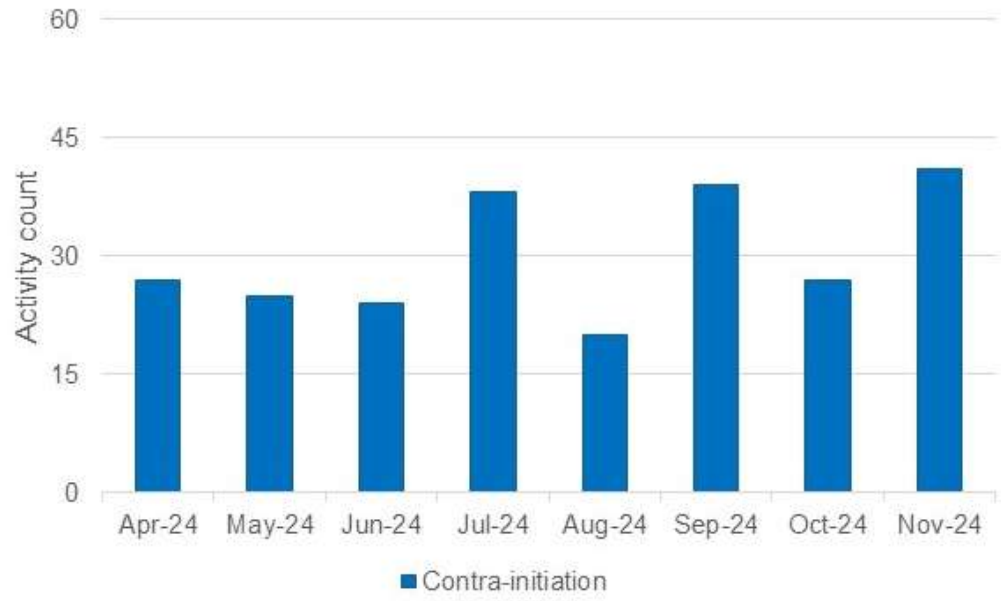


Figure 25: ***Number of initiations of oral contraception consultations claimed by pharmacies April 2024 to November 2024***



With the recent closure of two pharmacies and four de-registrations, 53 are now signed up to provide the contraception service as at July 2025.

4.3.5 Community pharmacy smoking cessation service

In November 2024, 22 pharmacies had signed up to provide the community pharmacy smoking cessation service. No claims have been submitted in the period April 2024 to November 2024.

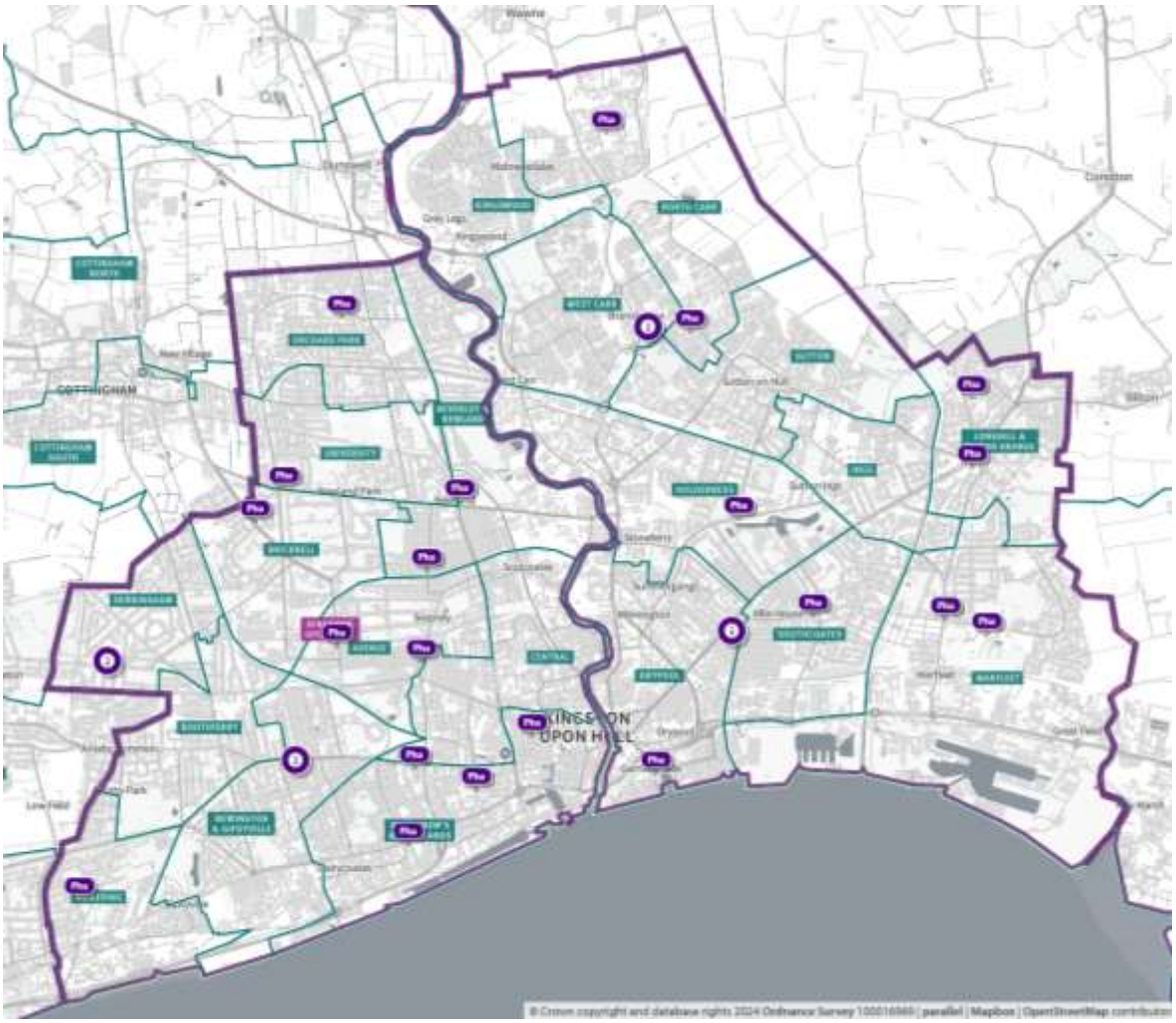
The Health and Wellbeing Board has noted that demand for this service is generated by referrals from the hospital and Foundation Trusts, which are currently not happening due to alternative services that are in place.

4.3.6 COVID-19 vaccination service

On 30 May 2024, NHS England opened a new expression of interest process for pharmacy contractors that wished to take part in COVID-19 vaccination service campaigns between September 2024 and March 2026.

Thirty-one pharmacies in the Hull Health and Wellbeing Board area were successful. ***Figure 26*** shows the location of these pharmacies.

Figure 26: Pharmacies offering COVID vaccination (until March 2026)



4.3.7 Access to enhanced services

Medication Record Charts for carers

The Medical Records Charts service allows community pharmacies to support patients staying in their own homes rather than other care settings. Community pharmacies will support domiciliary care workers in the safe administration of medication by preparing medical record charts for patients under their care.

EL23

The aim of the EL23 service is to:

- Support independent living;
- Help people manage their medicines safely and appropriately;
- Reduce wastage of medicines; and
- Improve patient compliance with therapy.

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.

The pharmacy may provide advice, support and assistance to the person, family member or informal carer with a view to improving the patient's knowledge and use of their drugs and their compliance or who may need to refer to their GP for further referral to other health and social care professionals where appropriate.

COVID Medicines Support Service

The COVID Medicines Supply Service (CMSS) has been developed specifically to:

- To relieve pressure from acute Trusts providing clinical screening and treatment services currently to individuals at highest risk of hospitalisation from COVID-19 following a positive PCR (polymerase chain reaction test) or LFT (lateral flow test).
- To provide a primary care pathway ensuring routine access to COVID-19 treatment for individuals at highest risk of hospitalisation.

This service ensures there is sustainable community access to COVID-19 treatments for individuals at highest risk of hospitalisation, to ensure ongoing local service provision and to support transition to more sustainable services over the longer term.

The Optical Practices and Community Pharmacy Hypertension Pilot

The Optical Practices and Community Pharmacy Hypertension Pilot has been developed to align with the existing NHS Hypertension Case Finding service in pharmacies and aims specifically to:

i. To reduce health inequalities and risk across the community by enabling those with high blood pressure to be identified early and supported with timely advice, guidance and treatment from a range of primary care services including Optical Practices, Community Pharmacy and General Practice.

ii. To improve access to primary care services by offering blood pressure checks at a variety of healthcare settings, ensuring patients can access the right care, in the right place, at the right time.

iii. To support GP practices in managing demand through establishing Optical Practices and Community Pharmacies as key partners in identifying patients at risk of hypertension / high blood pressure.

iv. To relieve pressure across General Practice and Emergency Departments by offering screening and advice in the community for those with high blood pressure, before urgent treatment is needed.

v. To improve collaboration among primary care contractors, building upon the existing Community Pharmacist Consultation Service (CPCS) to further expand joint working and shared outcomes across Primary Care Networks.

vi. To develop leadership skills, knowledge and skills among primary care contractors by providing opportunities to work together, share experiences and expand their knowledge of other services.

vii. To build patient confidence in a range of primary care contractors so that they are able to make informed choices about how and where they access support for their healthcare needs, offering a safe and professional alternative to GP practices.

Palliative Care Scheme

This Palliative Care Scheme service aims to ensure that palliative care medicines are available during the participating pharmacy's normal working hours.

Where requested, the pharmacist will provide advice to health care professionals regarding the prescribing or dosage of palliative care medicines that should be administered to a patient.

4.4 Other relevant services: current provision outside the Health and Wellbeing Board's area

Information on the appliance use review, stoma appliance customisation, smoking cessation, contraception, lateral flow device, palliative care, and COVID-19 vaccination services provided by pharmacies and dispensing appliance contractors outside the Health and Wellbeing Board's area to residents of Hull is not available due to the way contractors claim. It can be assumed however that residents of the Health and Wellbeing Board's area will access these services from pharmacies and dispensing appliance contractors outside of Hull.

4.5 Choice with regard to obtaining pharmaceutical services

As can be seen from ***section 4.1*** and **section 4.2**, the residents of the Health and Wellbeing Board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the Health and Wellbeing Board's area they currently have a choice of 55 standard or extended-hours pharmacies, operated by 32 different contractors. Outside of the Health and Wellbeing Board's area residents chose to access a further 1,365 contractors, including distance selling premises, during 2024, although many are not used on a regular basis.

When asked what influences their choice of pharmacy in the community pharmacy user survey conducted between March and May 2025, the most common responses were (multiple options could be chosen):

- Close to home (78%)
- Location of the pharmacy is easy to get to (44%)
- Pharmacy usually has what I need in stock (29%)
- Pharmacy opening hours (29%)
- Close to my doctor (24%)
- Easy to park (24%)
- Trust the staff (24%)

A full analysis of the patient survey results is presented in ***Appendix H***.

5 OTHER HEALTH AND CARE SERVICES

5.1 Overview

The following health and social care services are deemed by the Health and Wellbeing Board to affect the need for pharmaceutical services within its area:

- Hospital pharmacy services
- Minor Injuries Units/Urgent Treatment Centres
- Dental health primary care services
- GP Out of Hours
- Screening/Immunisation services through pharmacies
- Children's public health services
- NHS Health Checks
- Weight management service
- Sharps disposal
- Out of area attendances
- Locally commissioned services (see ***section 9***)

5.2 Hull University Teaching Hospital Pharmacy Service

The pharmacy service at Hull University Teaching Hospital Trust provides the following:

Management of the supply of medication throughout the Trust by:
- Procurement and distribution services
- Managing ward stock

Safe supply of medication to patients through the following activities:
- Medication history taking
- Medication reconciliations
- Clinical pharmacy services
- Inpatient and discharge medication supplies
- Aseptic services

Advice and support on the safe and effective use of medication through:
- Enquiries services including medicines information (M.I.)
- Formulary management through Drugs and Therapeutics (D&T)
- Safe medication practice committee (SMPC)
- And links through care group structures

The service is based from four locations, of which the following two are located within the Hull Health and Wellbeing Board boundary area:

Rowlands Pharmacy - Hull Royal Infirmary
Open times
Monday - Friday - 8.30am to 6pm
Saturday - 10am to 2pm
Sundays and Christmas day - closed
Bank holidays (excluding Christmas day) - 10am to 2pm

Hull Royal Infirmary in-patient pharmacy
Open times
Monday - Friday - 8.30am to 6pm
Saturday - 9.30am to 4pm
Sunday - 9.30am to 4pm

Pharmacy Aseptic Compounding Services
The staff in the pharmacy aseptic unit prepare and dispense 35,000 sterile injections and infusions each year for patients at Castle Hill Hospital and Hull Royal Infirmary. These include the following:

- Chemotherapy drugs
- Monoclonal antibodies infusions
- Intravenous nutrition products (PN)

Pharmacy Clinical Trials Services
The role of the pharmacy in relation to clinical research is:

- To safeguard subjects and health care professionals by ensuring that Investigational Medicinal Products are appropriate for use and are procured, handled, stored and used safely and correctly in line with current guidance.
- To ensure that Investigational Medicinal Products are managed and dispensed to patients in accordance with the duly approved current clinical trial protocol.
- To ensure that all pharmacy clinical trials procedures comply with relevant guidelines and regulations.

This thereby ensures that patients have access to new and investigational medicines both safely and at the earliest opportunity.

https://www.hey.nhs.uk/queens/services/pharmacy/

5.3 Minor Injury Units / Urgent Treatment Centres

There are two urgent treatment centres (UTCs) located in Hull, Bransholme UTC located at Bransholme Health Centre in North Area, and Hull Royal Infirmary UTC located at Hull Royal Infirmary in West Area. Both UTCs are managed by City Health Care Partnership CIC.

The service provides treatment for a range of conditions which are not critical or life threatening. This includes:

- broken bones and sprains
- injuries, cuts and bruises
- minor burns and scalds
- coughs, colds and breathing problems
- sore throats and earache
- vomiting and diarrhoea
- skin infections and rashes
- high temperature (fever) in children and adults
- mental health problems
- minor eye complaints
- access to x-ray to assess for fractures (broken bones) in areas of the body such as shoulder, elbow, arm, hand and fingers, knee, lower leg, ankle, and foot.

5.4 Dental health primary care services

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in Hull. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies and dispensing doctors in Hull. In 2023/24 there were 16,140 dental prescriptions dispensed by pharmacies in Hull, with 15,264 dispensed between April 2024 and January 2025.

5.5 GP out of hours service

City Health Care Partnership CIC runs the GP Out of Hours service in Hull and East Riding of Yorkshire.

The GP Out of Hours Service is for patients registered with a Hull or East Riding of Yorkshire GP who are experiencing a medical problem that cannot wait until they can contact their own practice, in-hours.

Care is provided between 6.30pm and 8am on weekdays and around the clock at weekends and bank holidays. Patients registered to a Hull GP, if they need an appointment, are sent to Bransholme Health Centre in the North Area.

5.6 Screening and immunisation services through pharmacies

NHS England along with the Office for Health Improvement & Disparities, commission a range of immunisation and screening programmes mainly with primary care / school nurse providers. There are no local prescribing costs associated with these programmes as these are funded and supplied (in the case of childhood immunisations) directly from the Department of Health and Social Care via NHS England. In addition, some employers will commission local pharmacies to provide flu vaccines for their employees on a private basis. The responsibility for funding the seasonal flu vaccine and its administration to staff (other than those that are in a clinical risk group) lies with the employer (Department of Health, 2013). This service will therefore affect the need for pharmaceutical services, in particular the flu vaccination advanced service

5.7 Children's Public Health services

Hull City Council commission public health services for children aged 0 to 19 years Locally, child immunisation is commissioned by Humber and North Yorkshire Integrated Care Board and provided by GPs, with stocks of vaccine ordered through an online system (ImmForm).

Therefore, there is no impact on local community pharmacies from these children's public health services.

5.8 NHS Health Checks

NHS Health Checks in Hull are currently delivered via a number of GP practices with an additional pilot delivery being delivered by the GP Federation, Hull Care, with an aim to increase the number of NHS Health Checks delivered and target those groups most at risk.

This may have an impact on pharmacies in the city if more people are identified with high blood pressure and blood cholesterol, thereby increasing the demand for medication.

5.9 Weight management

Hull City Council Public Health funds the Healthy Lifestyle Team that provide a number of programmes that tackle childhood excess weight including, HENRY Early Years and HENRY Growing Up that works with families with children identified as overweight via the National Childhood Measurement Programme. The Team also deliver Healthy Cooking sessions and Early Years Physical Activity sessions.

The ICB commission a Tier 3 Specialist Weight Management programme for children and adults that are identified as very overweight.

These services should not impact on pharmacies in the city.

5.10 Clinical waste

All pharmacies provide patients with a service to dispose of unwanted medicines as part of the contractual framework's Essential services, however this service does not cover the disposal of sharps generated by patients.

Hull City Council does however commission a needle exchange service for the disposal of substance misuse sharps (see ***section 9.2***), and also operates a clinical waste service Clinical waste collection service | Clinical waste collection service | Hull, thus negating the need for a sharps collection and disposal service to be commissioned under pharmaceutical services.

5.11 Prisons

There is one prison within the Health and Wellbeing Board's area – His Majesty's Prison (HMP) Hull.

Health services are provided by the following providers:

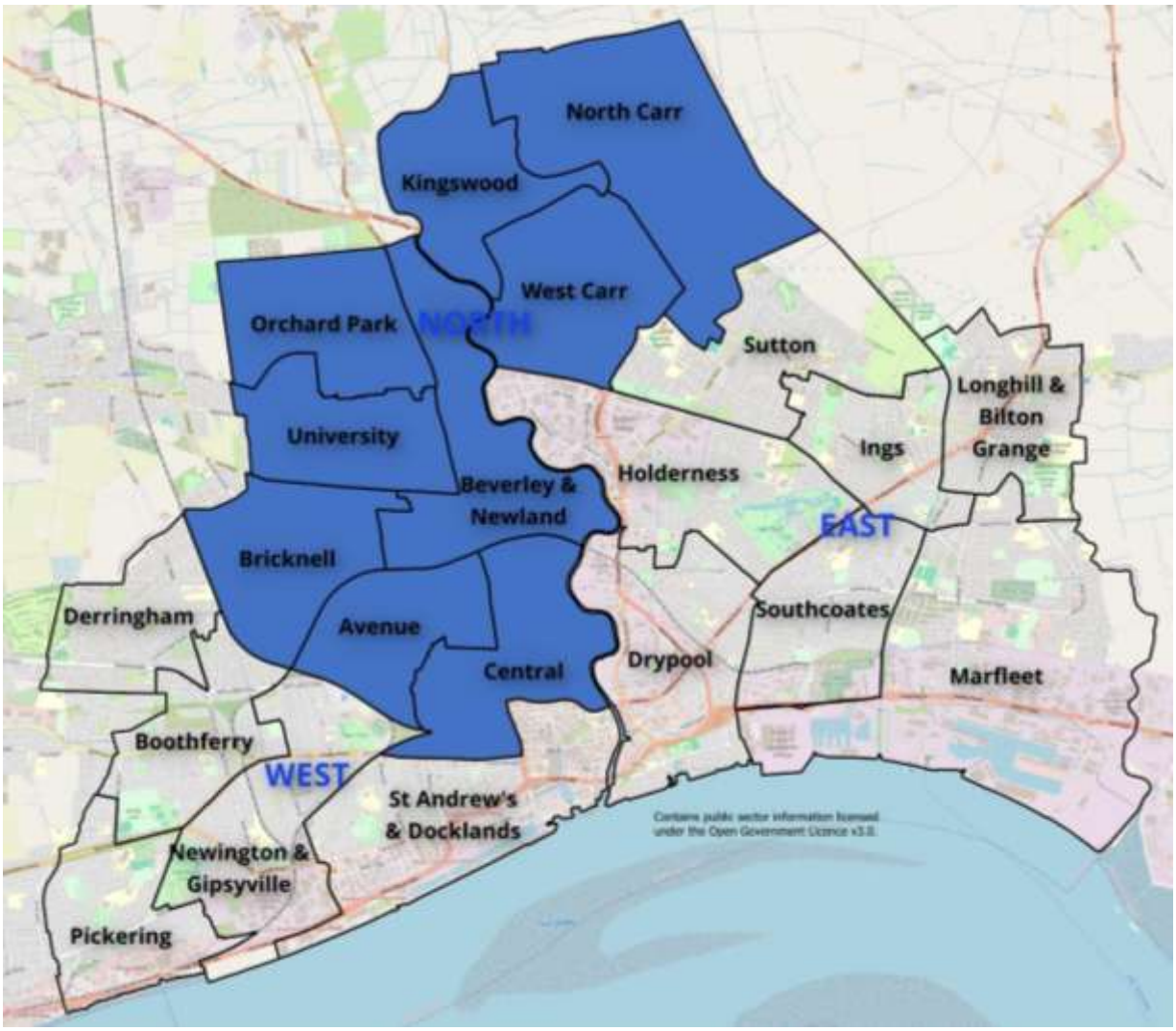
- Physical health provider: Spectrum
- Mental health provider: Tees, Esk and Wear Valley
- Substance misuse treatment provider: Change, Grow, Live
- Dental health provider: Time for Teeth.

A contract is in place between the Trust and a pharmacy contractor for the provision of pharmacy services to those housed in the prison.

6 NORTH AREA COMMITTEE

Figure 27 illustrates location of North Area Committee Area which covers nine electoral wards in the city.

Figure 27: Location of North Area Committee Area



6.1 Key facts

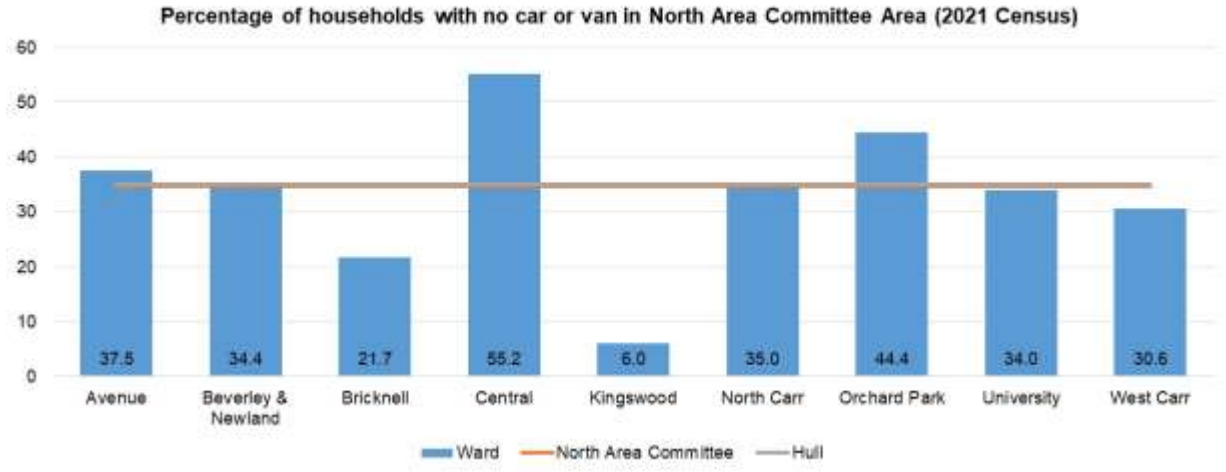
North Hull Area Committee Area	North Hull		Hull	
	n	%	n	%
Age structure (1)				
0 to 19	29,249	25.5	66,412	24.7
20 to 64	70,293	61.4	160,527	59.7
65+	14,962	13.1	41,738	15.5
Total	114,504		268,677	
Country of birth (2)				
United Kingdom	94,560	83.8	232,051	86.9
Europe (excluding UK)	11,795	10.5	22,610	8.5
Africa	2,149	1.9	3,894	1.5
Middle East and Asia	3,859	3.4	7,498	2.8
The Americas and the Caribbean	368	0.3	690	0.3
Antarctica and Oceania	84	0.1	224	0.1
Other	31	0.0	46	0.0
Live births, 2023 (3)	1,360		3,144	
Claimant count, age 16+, Feb 2025 (4)				
Number	4,800		10,875	
Proportion of residents aged 16-64	6.5		6.2	
Households (5)				
Number of households	46,893		115,472	
Persons per household	2.4		2.3	
Access to Car or Van (2)				
No cars or vans in household	16,279	34.7	40,476	35.1
1 car or van or more in household	30,613	65.3	74,996	64.9

Data sources
(1) 2022 ONS mid-year population estimates
(2) From 2021 census
(3) Local authority births extract
(4) NOMIS
(5) Number of households from 2021 census, Persons per household divides ONS mid-year population 2021 by number of households

North Area Committee Area contains areas where deprivation levels are relatively high and relatively low compared to the Hull average as is the case for the other two Area Committee Areas, which does mean that inequalities also exist across each of the Areas as well as across Hull overall as illustrated in ***Figure 4***.

Just over one-third (34.7%) of households in North Area Committee Area do not have a car or van (compared to 35.1% for Hull as a whole) although this differs from 6% in Kingswood ward to 55% in Central ward as illustrated in ***Figure 28***. Whilst residents in Central have much lower rates of car ownership, it is a centrally located ward close to services and amenities.

Figure 28: Percentage of households without a car or van by ward for North Area Committee Area (2021 Census)

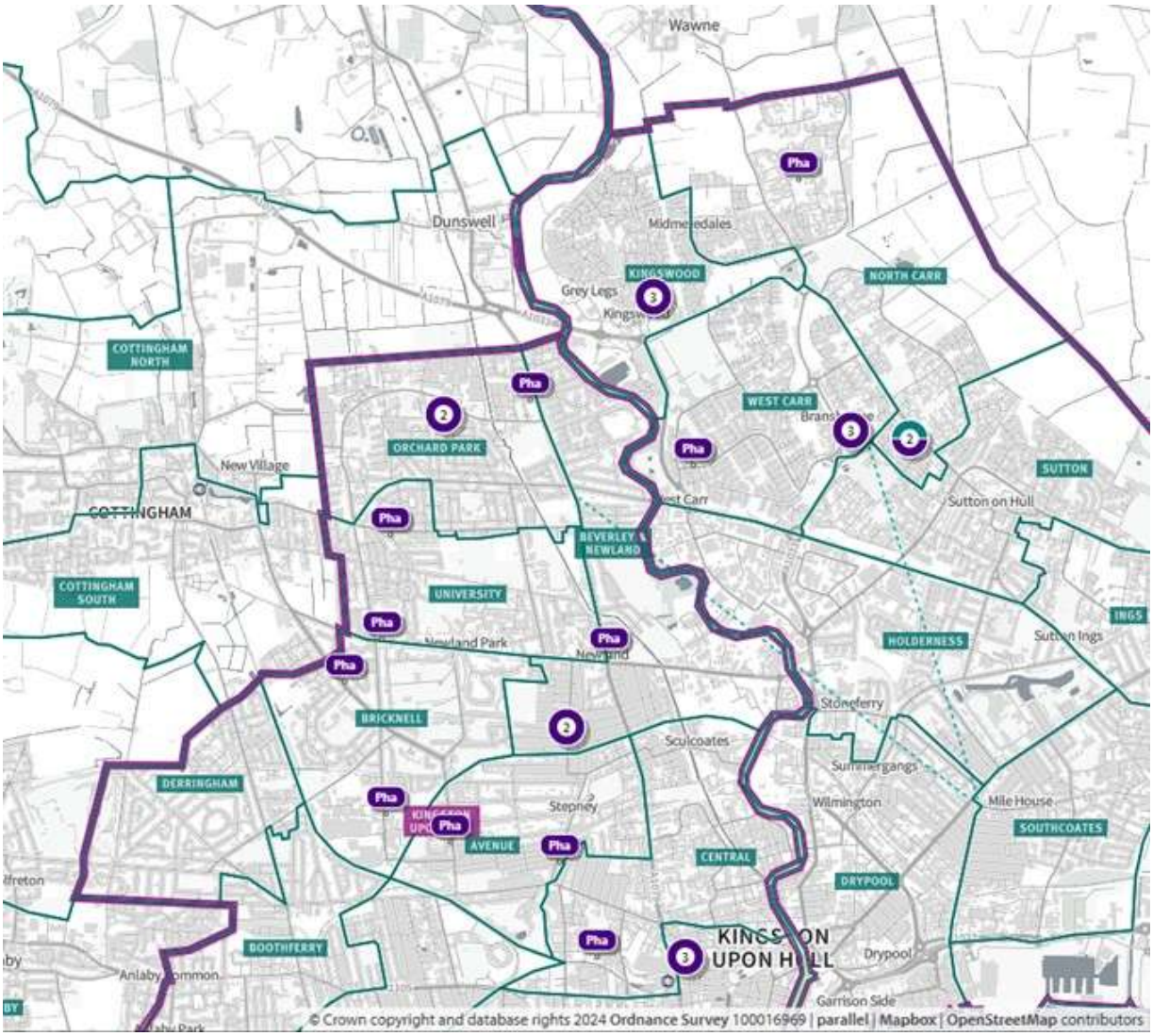


Hull's Local Plan identifies the sites and potential for new dwellings in each Area Committee Area of the city [Local Plan | Hull]. The Health and Wellbeing Board notes that 1,070 new homes are due to be built in North Area Committee Area during the lifespan of this Pharmaceutical Needs Assessment across 15 sites spread across the North Area Committee Area.

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

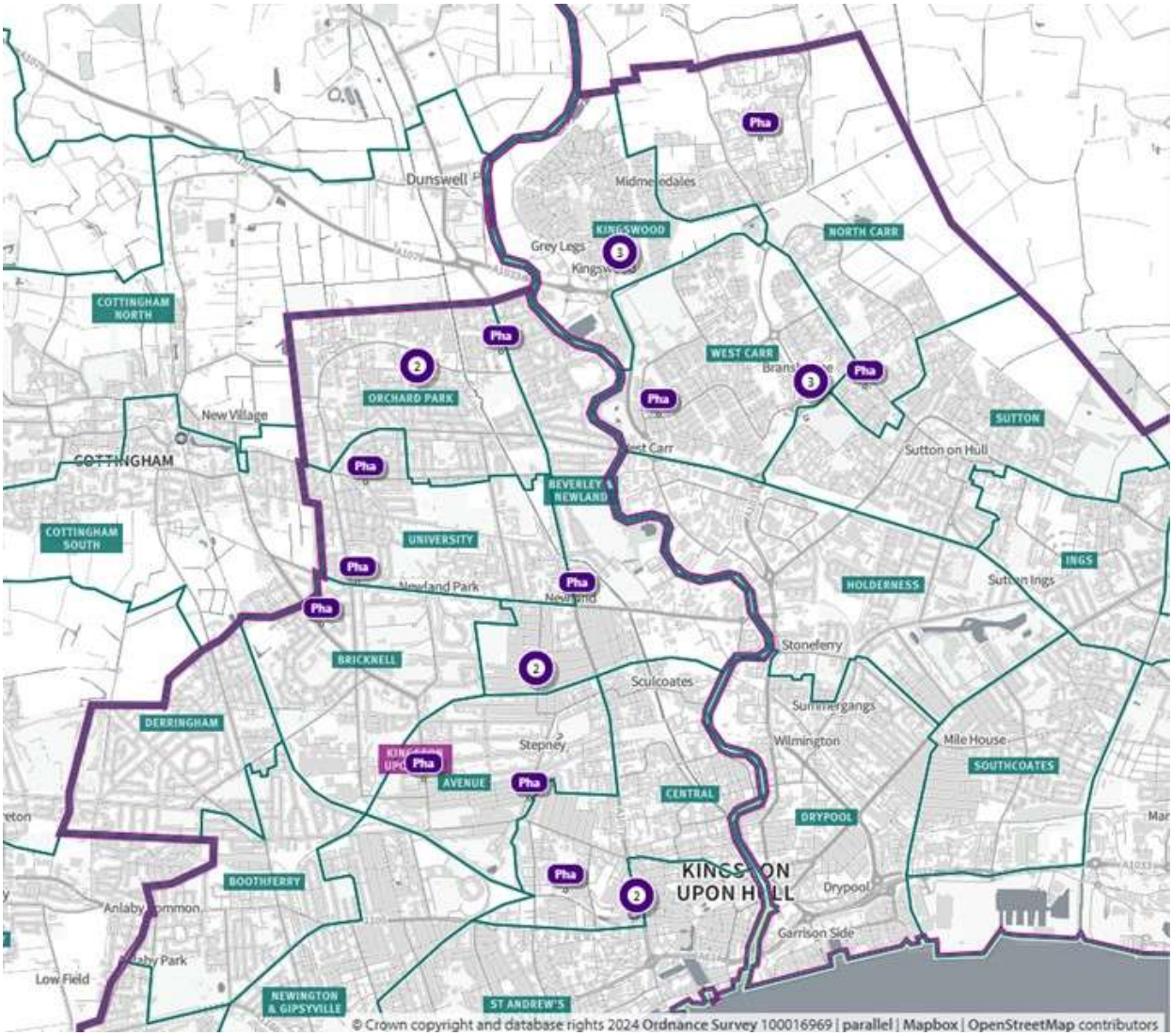
There are 26 premises providing pharmaceutical services, including one distance selling premise, one dispensing appliance contractor and one dispensing practice (Sutton Manor Surgery) located within the North Area Committee Area as illustrated in ***Figure 29***. The distance selling premise is located in Bricknell ward, the dispensing appliance contractor is located in Central ward, and the dispensing practice is located in North Carr ward.

Figure 29: Location of all 26 pharmacies in North Area Committee Area including the one distance selling premise, one dispensing GP and one dispensing appliance contractor



The 21 standard and 2 extended-hour pharmacies are illustrated in ***Figure 30***. The two extended-hour pharmacies are located in the south of North Carr ward and in Central ward close to the boundary with St Andrew's & Dockland's ward.

Figure 30: Location of all 23 standard and extended-hour pharmacies in North Area Committee Area excluding the one distance selling premise, one dispensing GP and one dispensing appliance contractor



Looking at the total opening hours of these 23 pharmacies: [6]

- 2 are open Monday to Friday only.
- 10 are open Monday to Friday and Saturday morning only.
- 5 are open Monday to Friday, Saturday after 1pm, but not open on Sundays.
- 6 are open seven day per week, including the two extended-hour pharmacies.

However, when looking solely at core opening hours:

- 9 have core opening hours Monday to Friday only.
- 4 have core opening hours Monday to Friday and Saturday morning.
- 7 have core opening hours Monday to Saturday (after 1pm on Saturday).
- 3 have core opening hours seven days per week.

With regard to core opening hours, Monday to Friday:

- 1 has core hours until 12:30 on a Monday (17:30 for other weekdays)
- 3 have core opening hours until 17:00.
- 7 have core opening hours until 17:30 (including one that closes at 12:30 on a Monday).
- 1 has core opening hours until 17.45.
- 10 have core opening hours until 18:00.
- 2 have core opening hours until 21.00 (both extended-hour pharmacies).

When supplementary opening hours on Monday to Friday are taken into account:

- 3 are open until 17:30 (four on a Wednesday).
- 1 is open until 17:45.
- 12 are open until 18.00 (11 on a Wednesday).
- 1 is open until 18.15.
- 1 is open until 18:30.
- 3 are open until 20.00.
- 2 are open until 21:00 (the extended-hour pharmacies).

Of the 21 pharmacies that are open on Saturdays:

- 1 opens at 07:30 on Monday to Friday, and 08:00 on Saturday.
- 1 opens at 08:30 on Monday to Saturday.
- 1 opens at 08:30 on Monday to Friday, and 09:00 on Saturday.
- 1 opens at 09:00 on Monday to Friday, and 08:30 on Saturday.
- 17 open at 09:00 on Monday to Saturday.

27 pharmacies provided the new medicine service in the period April 2024 to November 2024, claiming a total of 7,514 full-service interventions with a range of 12 to 766 full-service interventions at pharmacy level.

[6] Opening hours information provided by Humber and North Yorkshire Integrated Care Board, correct as at September 2025.

All of the pharmacies have signed up to provide the Pharmacy First service. All have provided consultations for the clinical pathways in the period April 2024 to November 2024. There were 3,524 consultations with a range at pharmacy level of 25 to 346. 11 pharmacies have made supplies of urgent repeat medicines over the same timescale with a total of 679 supplies with a range at pharmacy level of nine to 256. 26 pharmacies have provided consultations for low acuity, minor illness with 554 consultations, with a range at pharmacy level of two to 67.

21 of the pharmacies provided influenza vaccinations under the advanced service in 2024/25 vaccinating a total of 11,111 people with a range at pharmacy level of 47 to 3,359.

All of the pharmacies have signed up to provide the hypertension case finding service as at April 2025.

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

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- offered by dispensing appliance contractors,
- offered by distance selling premises, or
- which are located near to where they work, shop or visit for leisure or other purposes.

Of 3,581,586 items prescribed by GPs based in the North Area (January to December 2024):

- 64% were dispensed by contractors in the North Area.
- 13% were dispensed by 18 contractors in the East Area (including one distance selling premise).
- 14% were dispensed by 16 contractors in the West Area (none from distance selling premises).
- 3% were dispensed by 56 contractors in the East Riding of Yorkshire Health and Wellbeing Board area (including one distance selling premise).
- The remaining 6% were dispensed by 842 contractors in 137 different Health and Wellbeing Board areas.
- While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 4.2% were dispensed by distance selling premises, and 0.7% were dispensed by dispensing appliance contractors.

6.4 Other relevant services: current provision [7]

- As of November 2024, nine of the pharmacies have signed up to provide the smoking cessation service, but to date have not had any referrals.
- All of the pharmacies have signed up to provide the contraception service as of November 2024, with 13 pharmacies providing this service in the period April 2024 to November 2024 (ongoing supply of oral contraception), claiming a total of 375 full-service interventions with a range of five to 97 full-service interventions at pharmacy level. As at July 2025, there have been no de-registrations and all are still providing the contraception service.
- 13 of the pharmacies have made 1,821 supplies of lateral flow device tests in the period April 2024 to November 2024.
- 11 of the pharmacies are commissioned to provide the COVID-19 vaccination service.
- No pharmacies in this locality provided appliance use reviews during April to November 2024. They may be available from dispensing appliance contractors, although the one based in this locality did not provide any during the period. However most prescriptions for appliances are dispensed by dispensing appliance contractors outside of Hull, some of whom may provide this service.
- No pharmacy in this locality provided a stoma customisation service during April to November 2024, but this service is available from dispensing appliance contractors across the country, with the dispensing appliance contractor based in the locality customising 8,818 stoma appliances during April to November 2024.
- All pharmacies are currently signed up to the Pharmacy First scheme which covers urgent medicines supply and seven clinical pathways.
- The Integrated Care Board has moved to commissioning services from community pharmacies using a short form NHS Standard Contract. An integral part of this piece of work is to ask community pharmacies to re-sign up to the services they would like to provide. This process is underway, so the final numbers providing any of the commissioned services is not currently known. It is not anticipated that there will be any major changes in the number of pharmacies signing up to deliver specific services.

6.5 Other NHS services

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

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

[7] Note that the number of pharmacies included here will include some that have changed ownership

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in the locality. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies in the locality. A total of 6,578 items prescribed by dental practices items were dispensed in 2023/24 and 6,310 between April 2024 and January 2025.

The Bransholme Urgent Treatment Centre is managed by City Healthcare Partnership CIC and is based at Bransholme Health Centre, within this locality. The service provides treatment for a range of conditions which are not critical or life threatening. This includes:

- broken bones and sprains
- injuries, cuts and bruises
- minor burns and scalds
- coughs, colds and breathing problems
- sore throats and earache
- vomiting and diarrhoea
- skin infections and rashes
- high temperature (fever) in children and adults
- mental health problems
- minor eye complaints
- access to x-ray to assess for fractures (broken bones) in areas of the body such as shoulder, elbow, arm, hand and fingers, knee, lower leg, ankle, and foot.

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

- hospital pharmacy departments,
- special allocation scheme,
- drug and alcohol services,
- GP out of hours service, and
- services provided by Humber Teaching University Trust.

Details on these services can be found in ***section 5***.

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

6.6 Choice with regard to obtaining pharmaceutical services

As can be seen from ***section 6.3***, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality or elsewhere in Hull in order to have their prescriptions dispensed. Those that look outside

the Health and Wellbeing Board's area usually do so either to access distance selling premises or dispensing appliance contractors.

Between January and December 2024, a total of 959 pharmaceutical contractors dispensed items written by one of the GP practices in the locality. Of these contractors, 898 were based outside of Hull. While 56 of these contractors were based in the neighbouring East Riding of Yorkshire Health and Wellbeing Board area, some were quite a distance from Hull, for example Brighton, Chorley, Gateshead and Liverpool.

6.7 Necessary services: gaps in provision

All residents of Hull, and thus all residents living in North Area Committee Area, live within a short travel time of a pharmacy as illustrated in ***Table 6*** with all residents living within a 20-minute walk (***Figure 17***), 10-minute car journey (***Figure 16*** and ***Figure 17***)) and a 15-minute journey on public transport (***Figure 18*** and ***Figure 19***). Furthermore, the majority of residents have a much shorter travel time than these times to their nearest pharmacy.

As at May 2025, 20 of the pharmacies in this locality have signed up to the New Medicine Service. Whilst the majority of residents in this locality live within a 20-minute walk of their nearest pharmacy providing this service, a small number of North Carr residents (1,328) live further than a 30-minute walk of their nearest pharmacy providing this service. However, all North Carr residents live within a 10-minute car journey outside rush hour, a 15-minute journey in rush hour, and within the 20-minute morning and 30-minute afternoon public transport journey of their nearest pharmacy providing the New Medicine Service. Therefore, the Health and Wellbeing Board have not identified a current gap in the provision of this service.

All pharmacies in this locality have signed up to Pharmacy First, therefore there are no current gaps in the provision of this service.

The majority of pharmacies in North Area Committee Area provide seasonal influenza vaccinations. Furthermore, there are other nearby pharmacies outside the locality and GP practices nearby both within and outside the locality that do provide seasonal influenza vaccinations. It is also a service that is only required once a year. Therefore, Health and Wellbeing Board has not identified a current gap in the provision of seasonal influenza vaccinations in this locality.

All pharmacies in this locality have signed up to the Hypertension Case Finding Service, therefore there are no current gaps in the provision of this service.

As a result, the Health and Wellbeing Board are satisfied that there are currently no gaps in the provision of necessary pharmaceutical services in this locality.

6.8 Improvements or better access: gaps in provision

Currently, only nine pharmacies are signed up to provide the smoking cessation service, but as there are no referrals currently being made, by definition there are no gaps in this service. If the hospital starts making referrals to this service, the Health and Wellbeing Board is satisfied that other pharmacies in this locality will sign up to provide this service.

All pharmacies in this locality have signed up to provide the contraception service. While not all have provided the service yet, it is demand-driven, and more of the signed-up pharmacies will provide the service when asked for by a patient. Therefore, there are no current gaps in the provision of this service.

Only 13 pharmacies supplied lateral flow test devices in the period April to November 2024. While this is only just over half of the pharmacies, the patients eligible to receive these devices is a small subset of the population, and the eligibility criteria have been tightened recently so even fewer are eligible. The service is due to end on 31st March 2026. Further, these devices can be ordered from distance selling premises, and therefore be delivered free-of-charge to patients. Therefore, there is no current gap in the provision of this service.

None of the pharmacies provide the appliance use review or stoma appliance customisation services. It is not known how many of them dispense prescriptions for appliances. However, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor (with only one based in this locality). Patients will therefore be able to access these two services via these contractors. In addition, stoma care nurses at the stoma care department at the hospital may provide an appliance review service.

In general, if any single pharmacy closed in the North Area Committee Area, then there are sufficient nearby pharmacies either in North Area Committee Area or into neighbouring East or West Area Committee Areas such that travel times to the nearest pharmacy would not be substantially affected.

It is important to consider potential future gaps within the Pharmaceutical Needs Assessment, and this has been undertaken for North Area Committee Area. Travel times were used to determine if a gap would be created if an existing pharmacy were to close. A gap is defined as having a substantial area of the locality where there is no longer an easy access to a pharmacy - that is there is no pharmacy within a 20-minute walk, a 15-minute public transport journey or a 10-minute car journey.

If a pharmacy in the north of North Carr ward closed (see ***Figure 30***), then there would be some residents with a higher travel time to their nearest pharmacy. A total of 4,408 residents would live more than a 20-minute walk away from their nearest pharmacy, and this would include 1,328 residents who lived more than a 30-minute walk away (***Figure 31***). This represents a small percentage of Hull's residents with 1.6% living further than a 20-minute walk away and 0.5% of Hull's residents living further than a 30-minute walk away from their nearest pharmacy. All residents would remain within a 10-minute car

journey of their nearest pharmacy outside rush hour. In rush hour, all residents would be within a 15-minute car journey of their nearest pharmacy. However, as stated in ***Figure 28***, 35% of residents in North Carr ward do not have access to a car or a van, so likely would be reliant on public transport. If a pharmacy in the north of North Carr ward closed, then there would be 1,328 residents who would live beyond a 15-minute public transport journey on a weekday morning, although all would live within a 20-minute journey. However, on a weekday afternoon, the journey times would be longer with these 1,328 residents living beyond a 20-minute public transport journey of the nearest pharmacy, although all would live within a 30-minute travel time (***Figure 32***). Again, this represents a relatively small proportion of Hull's residents with 0.5% having public transport journey times of longer than 15-minutes on a weekday morning and longer than 20-minutes on a weekday afternoon, but all living within a 30-minute public transport journey of their nearest pharmacy.

Figure 31: Walking travel times should a pharmacy in the north of North Carr ward close

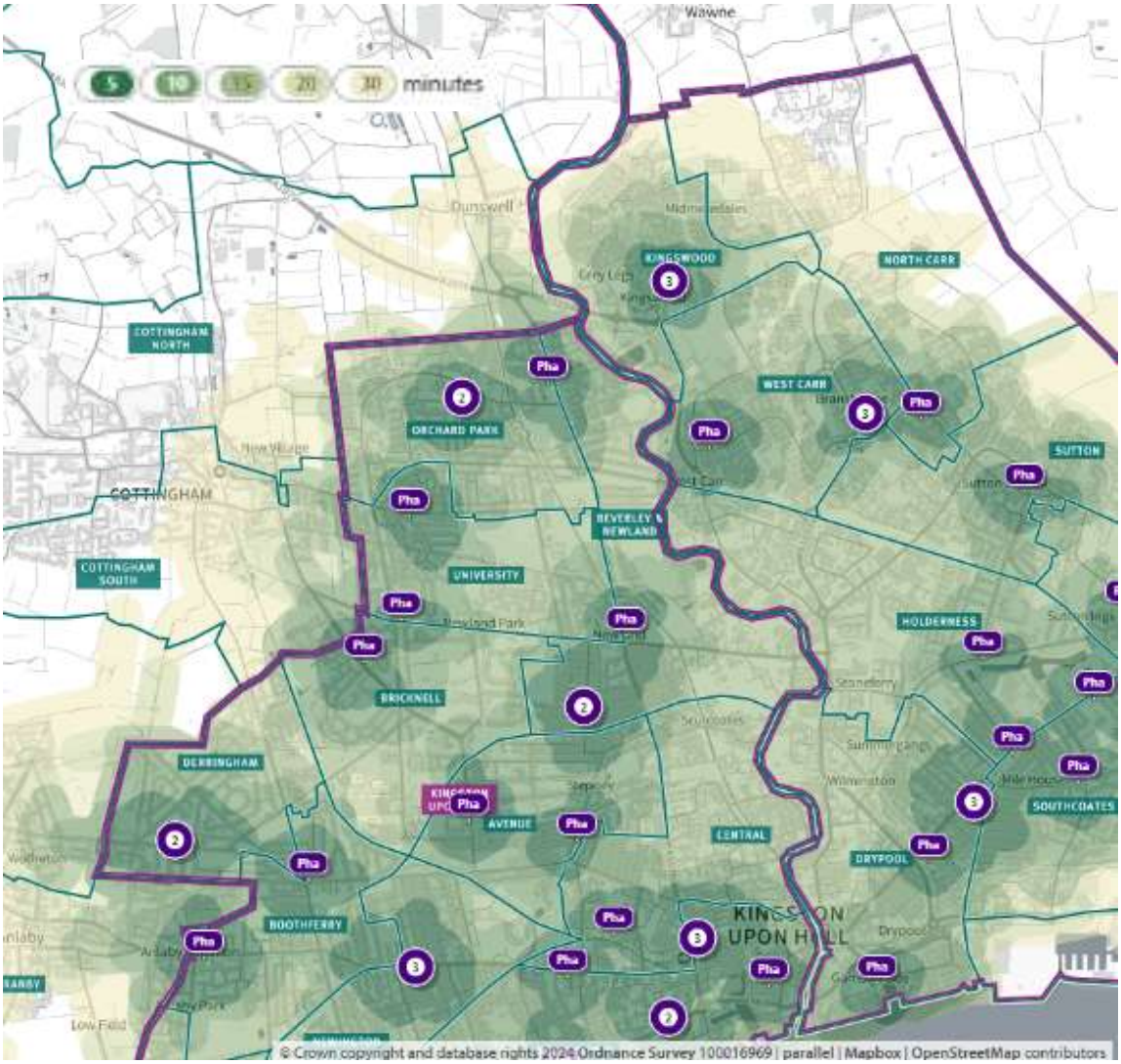
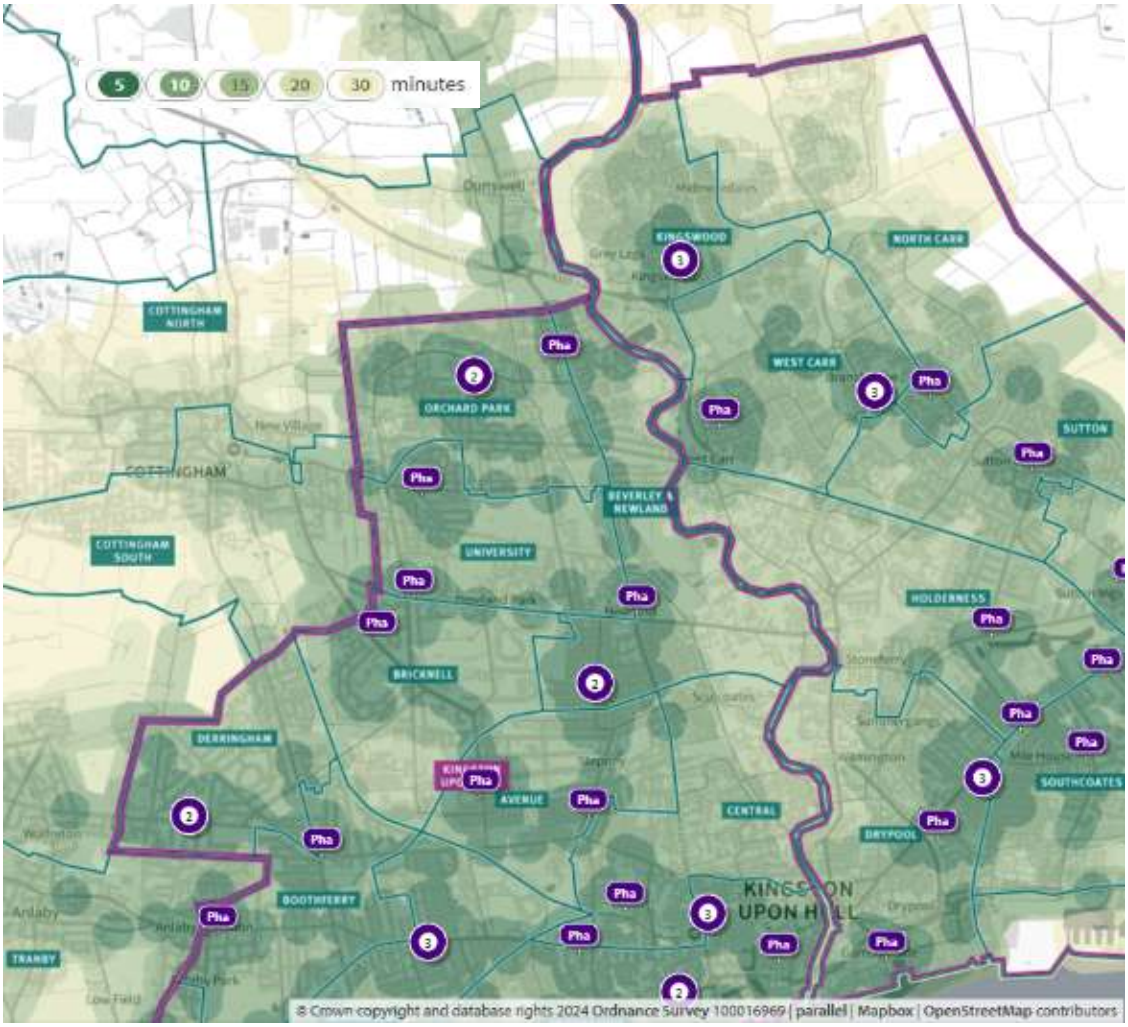


Figure 32: Public transport travel times on a weekday afternoon should a pharmacy in the north of North Carr ward close



Further scenarios were examined in relation to the impact of a closure of a pharmacy to examine potential future gaps. If a pharmacy in the west of West Carr ward closed or a pharmacy in Bricknell ward closed (see ***Figure 30***) then there would be slightly higher travel times for some residents, but all residents within Hull would remain within a 20-minute walk, 10-minute car journey both outside and within rush hour, and a 15-minute public transport journey of their nearest pharmacy on a weekday (regardless of whether they were using public transport in the morning or the afternoon).

After finishing this review, the Health and Wellbeing Board were satisfied that there would be no future gaps if a single pharmacy in North Area Committee were to close. However, not all circumstances can be foreseen, and if a gap were to occur in the future then there would be a future need for a pharmacy in that area to provide all essential services, the necessary services of Pharmacy First, New Medicines Service, Hypertension Case-Finding, Seasonal Influenza Vaccination, as well as the Contraception Service, with opening hours on Monday to Friday as well as opening on a Saturday.

Between 2025 and 2028, the resident population who are aged 65+ years is projected to increase by 2,482 across Hull, and this age group are among the greatest users of pharmacies. Whilst population projections are not available at ward or Area Committee Area level, and increases will not be evenly spread across Hull's 21 wards, it was important to consider the impact of this increase within the Pharmaceutical Needs Assessment. From ***section 6.1***, there are 14,962 residents aged 65+ years living in North Area Committee representing 35.8% of the city's population aged 65+ years. If the projected increase was proportionate to the existing population, this would equate to an increase of around 890 more people aged 65+ years living in North Area Committee between 2025 and 2028. Given that there are 24 pharmacies in North Area Committee, this would equate to an increase of around 37 residents per pharmacy. To counter this, the population aged 0-64 years is projected to decrease by 3,288 residents across Hull between 2025 and 2028. Among all residents aged 0-64 years living in Hull in 2023, it is estimated that 43.9% of them live in North Area Committee. If the projected decrease was proportionate to the population in North Area Committee, then there could be a decrease of 1,442 residents between 2025 and 2028 which equates to around 60 residents on average per pharmacy. However, these are not new people to the locality but existing users of pharmacies who currently live in Hull, and their needs may be slightly different over the course of the three-year period of the Pharmaceutical Needs Assessment as they age. Given the overall changes across the age groups, the Health and Wellbeing Board are satisfied that the existing pharmacies will be sufficient to cope with the changing population during the lifetime of this Pharmaceutical Needs Assessment.

Hull's Local Plan identifies the sites and potential for new dwellings in each Area Committee Area of the city [Local Plan | Hull]. The Health and Wellbeing Board notes that 1,070 new homes are due to be built in North Area Committee Area during the lifespan of this Pharmaceutical Needs Assessment across 15 sites spread across the North Area Committee Area.

All of these homes are expected to be built in groups of under 500 homes and dispersed across the planning area and are therefore considered unlikely to create additional community pharmacy needs beyond that which can be absorbed by existing local pharmacies or distance selling premises.

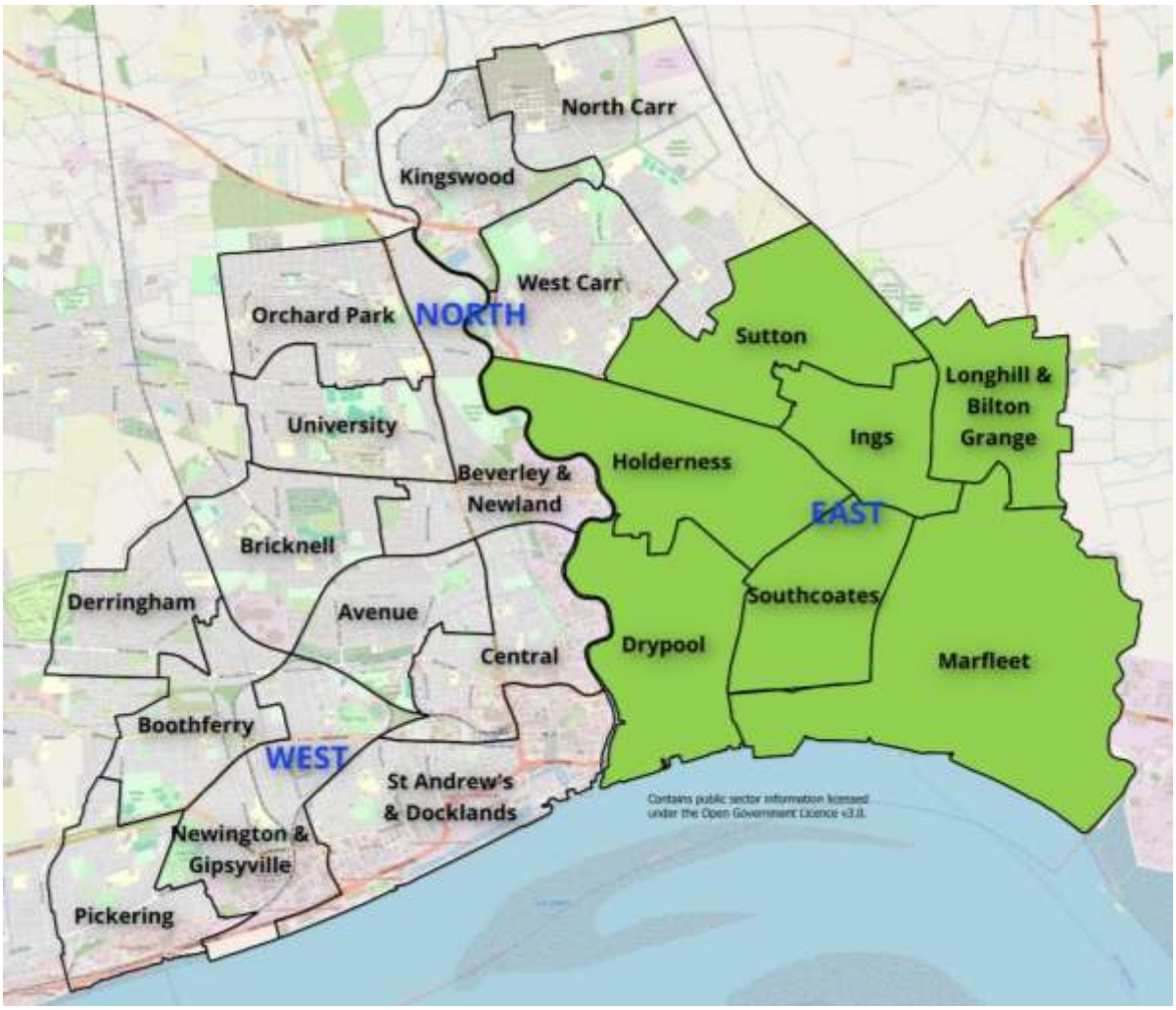
Furthermore, Hull's population is only projected to change marginally over the course of the next three years over this Pharmaceutical Needs Assessment period, and it is anticipated that not all the occupiers will be from outside the North Area Committee or outside Hull (for example, with new houses for existing residents such as adult children moving out of the family home).

Therefore, given the geographical relationship between several existing pharmacies and the site of this housing growth, and that it is not necessarily new people moving into Hull, but existing residents already using Hull's pharmaceutical services, the Health and Wellbeing Board are satisfied that the current pharmacy provision within the North Area Committee Area will be sufficient to cope with any extra demand, so no future gaps are anticipated solely due to the proposed new homes during the lifetime of this Pharmaceutical Needs Assessment.

7 EAST AREA COMMITTEE

Figure 33 illustrates the location of East Area Committee Area which covers seven electoral wards in the city.

Figure 33: Location of East Area Committee Area



7.1 Key facts

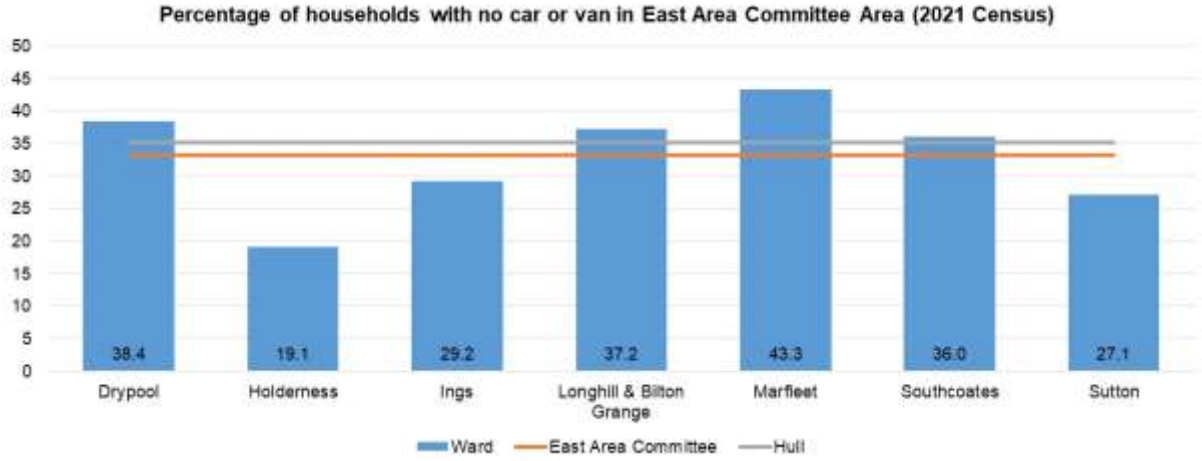
East Hull Area Committee Area	East Hull		Hull	
	n	%	n	%
Age structure (1)				
0 to 19	21,612	24.6	66,412	24.7
20 to 64	50,183	57.1	160,527	59.7
65+	16,108	18.3	41,738	15.5
Total	87,903		268,677	
Country of birth (2)				
United Kingdom	82,372	93.2	232,051	86.9
Europe (excluding UK)	4,157	4.7	22,610	8.5
Africa	576	0.7	3,894	1.5
Middle East and Asia	1,059	1.2	7,498	2.8
The Americas and the Caribbean	161	0.2	690	0.3
Antarctica and Oceania	68	0.1	224	0.1
Other	12	0.0	46	0.0
Live births, 2023 (3)	985		3,144	
Claimant count, age 16+, Feb 2025 (4)				
Number	3,225		10,875	
Proportion of residents aged 16-64	6.0		6.2	
Households (5)				
Number of households	38,248		115,472	
Persons per household	2.3		2.3	
Access to Car or Van (2)				
No cars or vans in household	12,717	33.2	40,476	35.1
1 car or van or more in household	25,530	66.8	74,996	64.9

Data sources
(1) 2022 ONS mid-year population estimates
(2) From 2021 census
(3) Local authority births extract
(4) NOMIS
(5) Number of households from 2021 census, Persons per household divides ONS mid-year population 2021 by number of households

East Area Committee Area contains areas where deprivation levels are relatively high and relatively low compared to the Hull average as is the case for the other two Area Committee Areas, which does mean that inequalities also exist across each of the Areas as well as across Hull overall as illustrated in ***Figure 4***.

Around one-third (33.2%) of households in East Area Committee Area do not have a car or van (compared to 35.1% for Hull as a whole) although this varies between 19% in Holderness to 43% in Marfleet as illustrated in ***Figure 34***.

Figure 34: Percentage of households without a car or van by ward for East Area Committee Area (2021 Census)

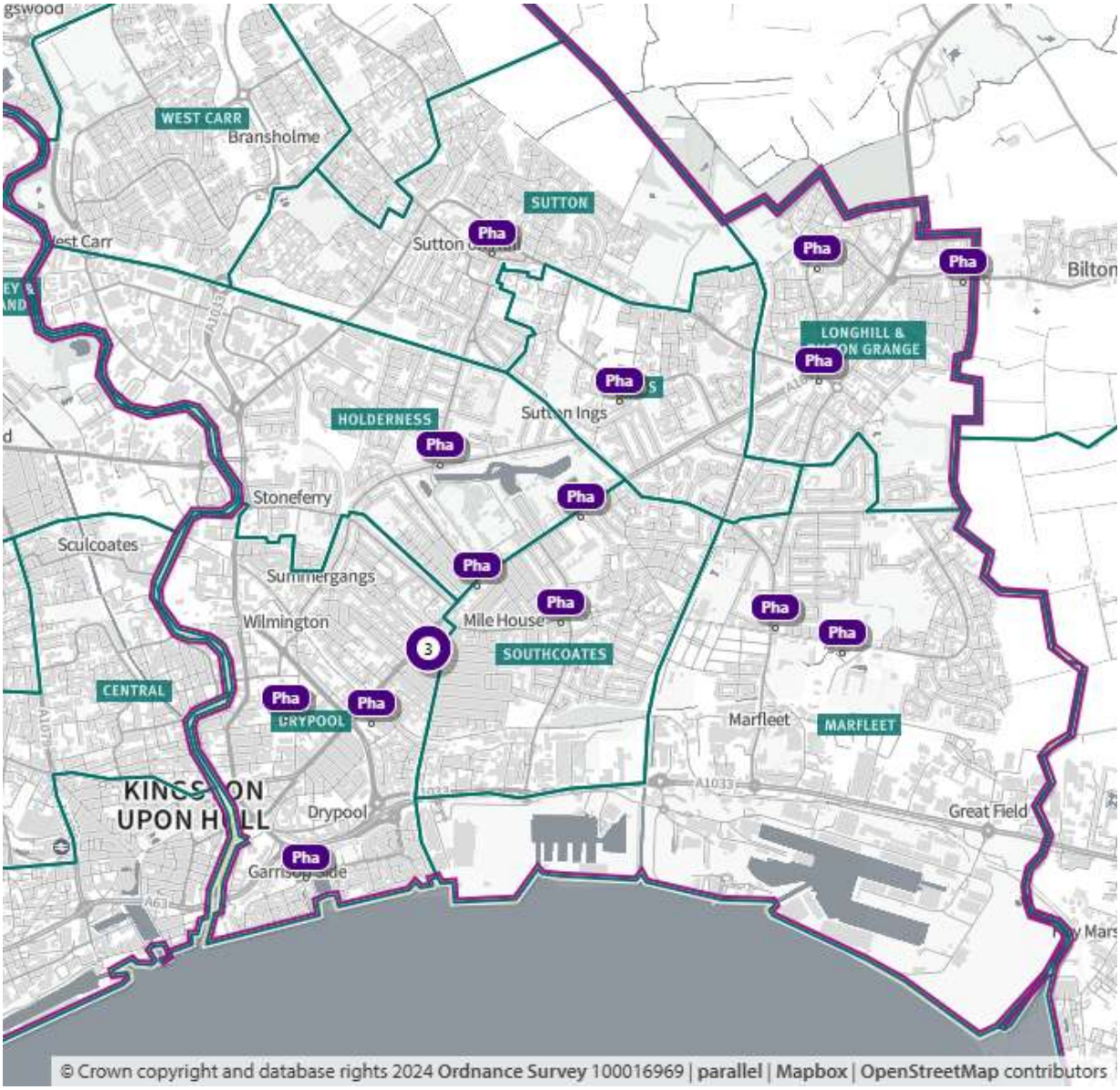


Hull's Local Plan identifies the sites and potential for new dwellings in each Area Committee Area of the city [Local Plan | Hull]. The Health and Wellbeing Board notes that 842 new homes are due to be built in East Area Committee Area during the lifespan of this Pharmaceutical Needs Assessment across 16 sites spread across the East Area Committee Area.

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

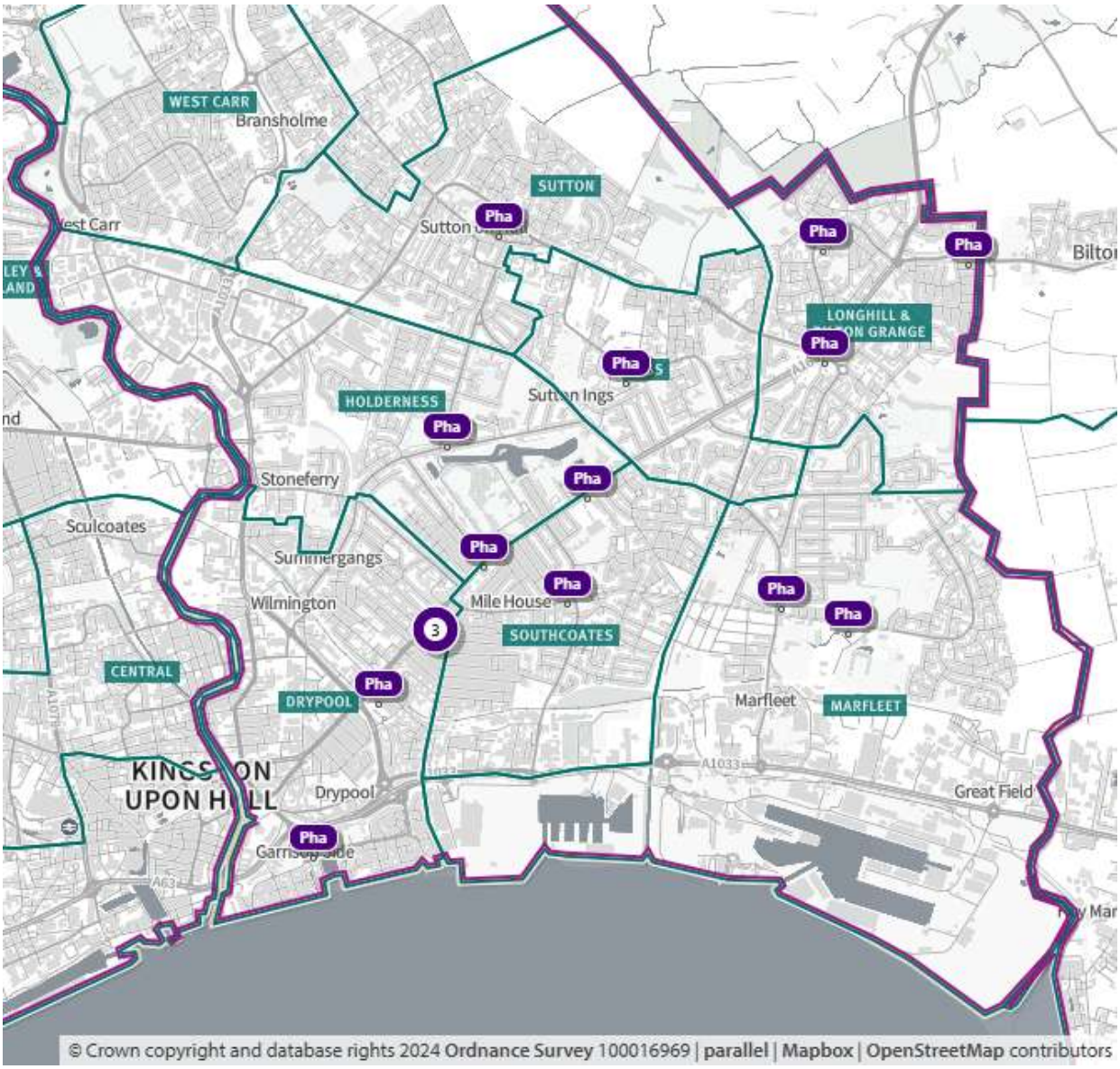
There are 17 premises providing pharmaceutical services in the East Area Committee Area, including one distance selling premise located in Drypool ward (***Figure 35***).

Figure 35: Location of all 17 pharmacies in East Area Committee Area including the one distance selling premise



There are 16 standard pharmacies and no extended-hour pharmacies in East Area Committee Area ***(Figure 36***).

Figure 36: Location of all 16 pharmacies in East Area Committee Area excluding the one distance selling premise



Looking at the total opening hours of the 16 pharmacies in this locality:[8]

- 4 are open Monday to Friday.
- 5 are open Monday to Friday and Saturday morning only until 1pm.
- 4 are open Monday to Friday, and Saturday after 1pm.
- 3 are open seven day per week.

However, when looking solely at core opening hours:

- 8 have core opening hours Monday to Friday only.
- 2 have core opening hours Monday to Friday and Saturday morning.
- 6 have core opening hours Monday to Saturday.
- 0 have core opening hours seven days per week.

With regard to core opening hours, Monday to Friday:

- 1 has core opening hours until 17:00 (and another pharmacy has core opening hours until 17:00 on a Friday).
- 2 have core opening hours until 17:30.
- 13 have core opening hours until 18:00 (including one that has open until 17:00 on a Friday).
- 0 have core opening hours after 18:00.

When supplementary opening hours on Monday to Friday are taken into account:

- 1 is open until 17:30.
- 11 are open until 18.00.
- 1 is open until 18:30.
- 1 is open until 19.30.
- 2 are open until 20.00.

Of the 12 pharmacies that are open on Saturdays:

- 1 opens at 08:30 Monday to Saturday.
- 1 opens at 09:00 Monday to Friday, and 08:30 on Saturday.
- 10 open at 09:00 Monday to Saturday.

All pharmacies provided the new medicine service in the period April 2024 to November 2024, claiming a total of 6,785 full-service interventions with a range of 37 to 1,522 full-service interventions at pharmacy level.

All of the pharmacies have signed up to provide the Pharmacy First service. All but one have provided consultations for the clinical pathways in the period April 2024 to November 2024 with 2,206 consultations with a range at pharmacy level of 25 to 414. 10 pharmacies have made supplies of urgent repeat medicines over the same timescale

[8] Opening hours information provided by Humber and North Yorkshire Integrated Care Board, correct as at February 2025.

with 719 supplies with a range at pharmacy level of nine to 330. 17 pharmacies have provided consultations for low acuity, minor illness with 408 consultations, with a range at pharmacy level of one to 81.

15 of the pharmacies provided influenza vaccinations under the advanced service in 2024/25 vaccinating a total of 5,818 people with a range at pharmacy level of 34 to 962.

All of the pharmacies have signed up to provide the hypertension case finding service as of July 2025.

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

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- offered by dispensing appliance contractors,
- offered by distance selling premises, or
- which are located near to where they work, shop or visit for leisure or other purposes.

Of 2,047,630 items prescribed by GPs based in the East Area (January to December 2024):

- 67.5% were dispensed by contractors in the East Area
- 15% were dispensed by 26 contractors in the North Area (including one distance selling premise)
- 8% were dispensed by 16 contractors in the West Area (of which none were distance selling premises)
- 2% were dispensed by 55 contractors in the East Riding of Yorkshire's Health and Wellbeing Board area (including one distance selling premise)
- The remaining 7.5% were dispensed by 397 contractors in 115 different Health and Wellbeing Board areas.
- While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 6.5% were dispensed by distance selling premises and 0.7% were dispensed by dispensing appliance contractors.

7.4 Other relevant services: current provision [9]

- As of November 2024, nine of the pharmacies have signed up to provide the smoking cessation service, but to date have not had any referrals.
- All of the pharmacies have signed up to provide the contraception service as of November 2024, with 14 pharmacies providing this service in the period April 2024 to November 2024 (ongoing supply of oral contraception), claiming a total of 322 full-service interventions with a range of one to 80 full-service interventions at pharmacy level. As at July 2025, there have been no de-registrations and all are still providing the contraception service.
- Seven of the pharmacies have made 1,056 supplies of lateral flow device tests in the period April 2024 to November 2024.
- 10 of the pharmacies are commissioned to provide the COVID-19 vaccination service.
- No pharmacies in this locality provided appliance use reviews during April to November 2024. They may be available from dispensing appliance contractors. However most prescriptions for appliances are dispensed by dispensing appliance contractors, some of whom may provide this service.
- No pharmacy in this locality provided a stoma customisation service during April to November 2024, but this service is available from dispensing appliance contractors across the country, including the dispensing appliance contractor based in a neighbouring locality within the Health and Wellbeing Board area.
- All pharmacies are currently signed up to the Pharmacy First scheme which covers urgent medicines supply and seven clinical pathways.
- The Integrated Care Board has moved to commissioning services from community pharmacies using a short form NHS Standard Contract. An integral part of this piece of work is to ask community pharmacies to re-sign up to the services they would like to provide. This process is underway, so the final numbers providing any of the commissioned services is not currently known. It is not anticipated that there will be any major changes in the number of pharmacies signing up to deliver specific services.

[9] Note that the number of pharmacies included here will include some that have changed ownership

7.5 Other NHS services

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

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

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in the locality. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies in the locality. A total of 4,363 items prescribed by dental practices items were dispensed in 2023/24 and 4,295 between April 2024 and January 2025.

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

- hospital pharmacy departments,
- special allocation scheme,
- drug and alcohol services,
- GP out of hours service, and
- services provided by Humber Teaching University Trust.

Details on these services can be found in ***section 5***.

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

7.6 Choice with regard to obtaining pharmaceutical services

As can be seen from ***section 7.3***, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality or elsewhere in Hull in order to have their prescriptions dispensed. Those that look outside the Health and Wellbeing Board's area usually do so either to access distance selling premises or dispensing appliance contractors.

Between January and December 2024, a total of 512 pharmaceutical contractors dispensed items written by one of the GP practices in this locality. Of these contractors, 452 were based outside of Hull. While 55 of these contractors were based in the neighbouring East Riding of Yorkshire health and wellbeing area, some were quite a distance from Hull, for example Barnsley, Keighley, Luton and Windsor.

7.7 Necessary services: gaps in provision

All residents of Hull, and thus all residents living in East Area Committee Area, live within a short travel time of a pharmacy as illustrated in ***Table 6*** with all residents living within a 20-minute walk (***Figure 17***), 10-minute car journey (***Figure 16*** and ***Figure 17***)) and a 15-minute journey on public transport (***Figure 18*** and ***Figure 19***). Furthermore, the majority of residents have a much shorter travel time than these times to their nearest pharmacy.

As at May 2025, 15 of the pharmacies in this locality have signed up to the New Medicine Service. All residents within this locality live within a 20-minute walk, 10-minute car journey and a 15-minute public transport journey of their nearest pharmacy providing this service. Therefore, the Health and Wellbeing Board have not identified a current gap in the provision of this service.

All pharmacies in this locality have signed up to Pharmacy First, therefore there are no current gaps in the provision of this service.

The majority of pharmacies in East Area Committee Area provide seasonal influenza vaccinations. Furthermore, there are other nearby pharmacies outside the locality and GP practices nearby both within and outside the locality that do provide seasonal influenza vaccinations. It is also a service that is only required once a year. Therefore, Health and Wellbeing Board has not identified a current gap in the provision of seasonal influenza vaccinations in this locality.

All pharmacies in this locality have signed up to the Hypertension Case finding service, therefore there are no current gaps in the provision of this service.

As a result, the Health and Wellbeing Board are satisfied that there are currently no gaps in the provision of necessary pharmaceutical services in this locality.

7.8 Improvements or better access: gaps in provision

Currently, only nine pharmacies are signed up to provide the smoking cessation service, but as there are no referrals currently being made, by definition there are no gaps in this service. If the hospital starts making referrals to this service, the Health and Wellbeing Board is satisfied that other pharmacies in this locality will sign up to provide this service.

All pharmacies in this locality have signed up to provide the contraception service. While not all have provided the service yet, it is demand-driven, and more of the signed-up pharmacies will provide the service when asked for by a patient. Therefore, there are no current gaps in the provision of this service.

Only seven pharmacies supplied lateral flow test devices in the period April to November 2024. While this is only just under half of the pharmacies, the patients eligible to receive these devices are a small subset of the population, and the eligibility criteria have been

tightened recently so even fewer are eligible. The service is due to end on 31st March 2026. Further, these devices can be ordered from distance selling premises, and therefore be delivered free-of-charge to patients. Therefore, there is no current gap in the provision of this service.

None of the pharmacies provide the appliance use review or stoma appliance customisation services. It is not known how many of them dispense prescriptions for appliances. However, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via these contractors. In addition, stoma care nurses at the stoma care department at the hospital may provide an appliance review service.

In general, if any single pharmacy closed in the East Area Committee Area, then there are sufficient nearby pharmacies either in East Area Committee Area or into neighbouring North or West Area Committee Areas such that travel times to the nearest pharmacy would not be substantially affected.

It is important to examine potential future gaps within the Pharmaceutical Needs Assessment, and this has been undertaken for East Area Committee Area. Travel times were used to determine if a gap would be created if an existing pharmacy were to close. A gap is defined as having a substantial area of the locality where there is no longer an easy access to a pharmacy - that is there is no pharmacy within a 20-minute walk, a 15-minute public transport journey or a 10-minute car journey.

If a pharmacy in Sutton closes, then there would be slightly longer walking travel times with 1,472 residents beyond a 20-minute walk of their nearest pharmacy, although all residents would be within a 30-minute walk away of their nearest pharmacy (***Figure 37***). However, all of these residents would remain within a 10-minute car journey away (including in rush hour) and a 15-minute public transport journey away (for both weekday morning and weekday afternoon public transport).

Figure 37: Walking travel times should a pharmacy in Sutton ward close

Further scenarios were examined in relation to the impact of a closure of a pharmacy to examine potential future gaps. If a pharmacy furthest east in Marfleet ward closed (see ***Figure 30***) then there would be slightly higher travel times for some residents, but all residents within Hull would remain within a 20-minute walk, 10-minute car journey both outside and within rush hour, and a 15-minute public transport journey of their nearest pharmacy (regardless of whether they were using public transport in the morning or the afternoon on a weekday).

After finishing this review, the Health and Wellbeing Board were satisfied that there would be no future gaps if a single pharmacy in East Area Committee were to close. However, not all circumstances can be foreseen, and if a gap were to occur in the future then there would be a future need for a pharmacy in that area to provide all essential services, the necessary services of Pharmacy First, New Medicines Service, Hypertension Case-Finding, Seasonal Influenza Vaccination, as well as the Contraception Service, with opening hours on Monday to Friday as well as opening on a Saturday.

Between 2025 and 2028, the resident population who are aged 65+ years is projected to increase by 2,482 across Hull, and this age group are among the greatest users of pharmacies. Whilst population projections are not available at ward or Area Committee

Area level, and increases will not be evenly spread across Hull's 21 wards, it was important to consider the impact of this increase within the Pharmaceutical Needs Assessment. From ***section 7.1***, there are 16,108 residents aged 65+ years living in East Area Committee representing 38.6% of the city's population aged 65+ years. If the projected increase was proportionate to the existing population, this would equate to an increase of around 958 more people aged 65+ years living in East Area Committee between 2025 and 2028. Given that there are 17 pharmacies in East Area Committee, this would equate to an increase of around 56 residents per pharmacy. To counter this, the population aged 0-64 years is projected to decrease by 3,288 residents across Hull between 2025 and 2028. Among all residents aged 0-64 years living in Hull in 2023, it is estimated that 31.6% of them live in East Area Committee. If the projected decrease was proportionate to the population in East Area Committee, then there could be a decrease of 1,040 residents between 2025 and 2028 which equates to around 61 residents on average per pharmacy. However, these are not new people to the locality but existing users of pharmacies who currently live in Hull, and their needs may be slightly different over the course of the three-year period of the Pharmaceutical Needs Assessment as they age. Given the overall changes across the age groups, the Health and Wellbeing Board are satisfied that the existing pharmacies will be sufficient to cope with the changing population during the lifetime of this Pharmaceutical Needs Assessment.

Hull's Local Plan identifies the sites and potential for new dwellings in each Area Committee Area of the city [Local Plan | Hull]. The Health and Wellbeing Board notes that 842 new homes are due to be built in East Area Committee Area during the lifespan of this Pharmaceutical Needs Assessment across 16 sites spread across the East Area Committee Area.

All of these homes are expected to be built in groups of under 500 homes and dispersed across the planning area and are therefore considered unlikely to create additional community pharmacy needs beyond that which can be absorbed by existing local pharmacies or distance selling premises.

A planning application for just over 400 new homes on the easterly boundary of Sutton ward has been submitted in June 2025, and whilst this was included in the Local Plan, the development was provisionally scheduled to commence from 2029 onwards with 72 homes built each year from 2029 to 2034 inclusive. These new homes are not included within the 842 new homes mentioned above for East Area Committee. So if planning permission is granted this would take the total number of new homes in East Area Committee to 1,275 within the lifetime of the Pharmaceutical Needs Assessment. The travel times have been examined in relation to this potential new development, and it is anticipated that the majority of these new homes would fall within a 20-minute walk of existing pharmacies, and all would fall within a 30-minute walk of existing pharmacies.

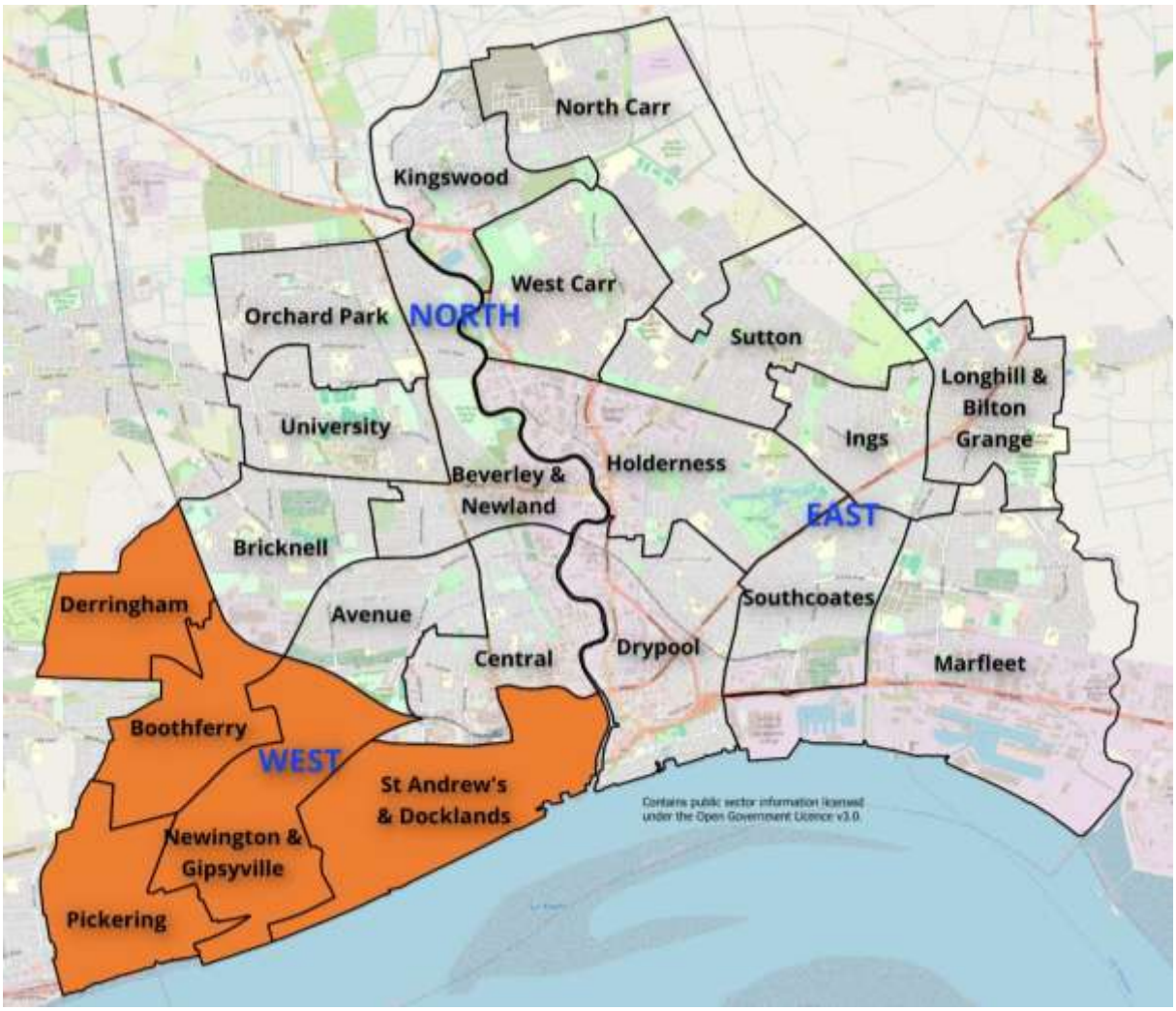
Furthermore, Hull's population is only projected to change marginally over the course of the next three years over this Pharmaceutical Needs Assessment period, and it is anticipated that not all the occupiers will be from outside the East Area Committee or outside Hull (for example, with new houses for existing residents such as adult children moving out of the family home).

Therefore, given the geographical relationship between several existing pharmacies and the site of this housing growth, and that it is not necessarily new people moving into Hull, but existing residents already using Hull's pharmaceutical services, the Health and Wellbeing Board are satisfied that the current pharmacy provision within the East Area Committee Area will be sufficient to cope with any extra demand, so no future gaps are anticipated solely due to the proposed new homes during the lifetime of this Pharmaceutical Needs Assessment.

8 WEST AREA COMMITTEE

Figure 38 illustrates the location of West Area Committee Area which covers five electoral wards in the city.

Figure 38: Location of West Area Committee Area



8.1 Key facts

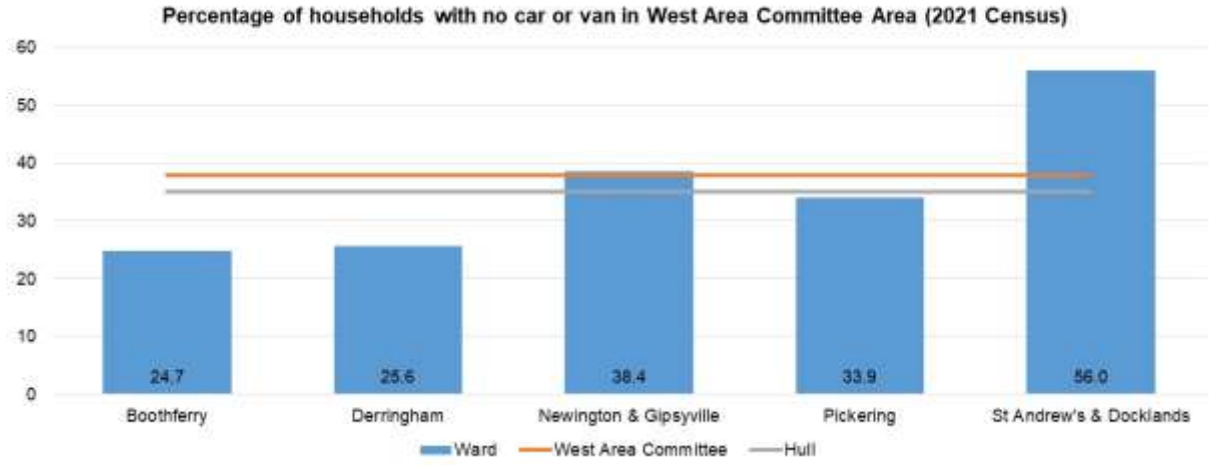
West Hull Area Committee Area	West Hull		Hull	
	n	%	n	%
Age structure (1)				
0 to 19	15,551	23.5	66,412	24.7
20 to 64	40,051	60.4	160,527	59.7
65+	10,668	16.1	41,738	15.5
Total	66,270		268,677	
Country of birth (2)				
United Kingdom	55,117	83.8	232,051	86.9
Europe (excluding UK)	6,656	10.1	22,610	8.5
Africa	1,170	1.8	3,894	1.5
Middle East and Asia	2,578	3.9	7,498	2.8
The Americas and the Caribbean	165	0.3	690	0.3
Antarctica and Oceania	71	0.1	224	0.1
Other	5	0.0	46	0.0
Live births, 2023 (3)	799		3,144	
Claimant count, age 16+, Feb 2025 (4)				
Number	2,845		10,875	
Proportion of residents aged 16-64	7.0		6.2	
Households (5)				
Number of households	30,332		115,472	
Persons per household	2.2		2.3	
Access to Car or Van (2)				
No cars or vans in household	11,479	37.8	40,476	35.1
1 car or van or more in household	18,856	62.2	74,996	64.9

Data sources
(1) 2022 ONS mid-year population estimates
(2) From 2021 census
(3) Local authority births extract
(4) NOMIS
(5) Number of households from 2021 census, Persons per household divides ONS mid-year population 2021 by number of households

West Area Committee Area contains areas where deprivation levels are relatively high and relatively low compared to the Hull average as is the case for the other two Area Committee Areas, which does mean that inequalities also exist across each of the Areas as well as across Hull overall as illustrated in ***Figure 4***.

Overall, 37.8% of households in West Area Committee Area do not have a car or van (compared to 35.1% for Hull as a whole) although this varies from 25% in Boothferry to 56% in St Andrew's & Docklands as illustrated in ***Figure 39***.

Figure 39: Percentage of households without a car or van by ward for West Area Committee Area (2021 Census)

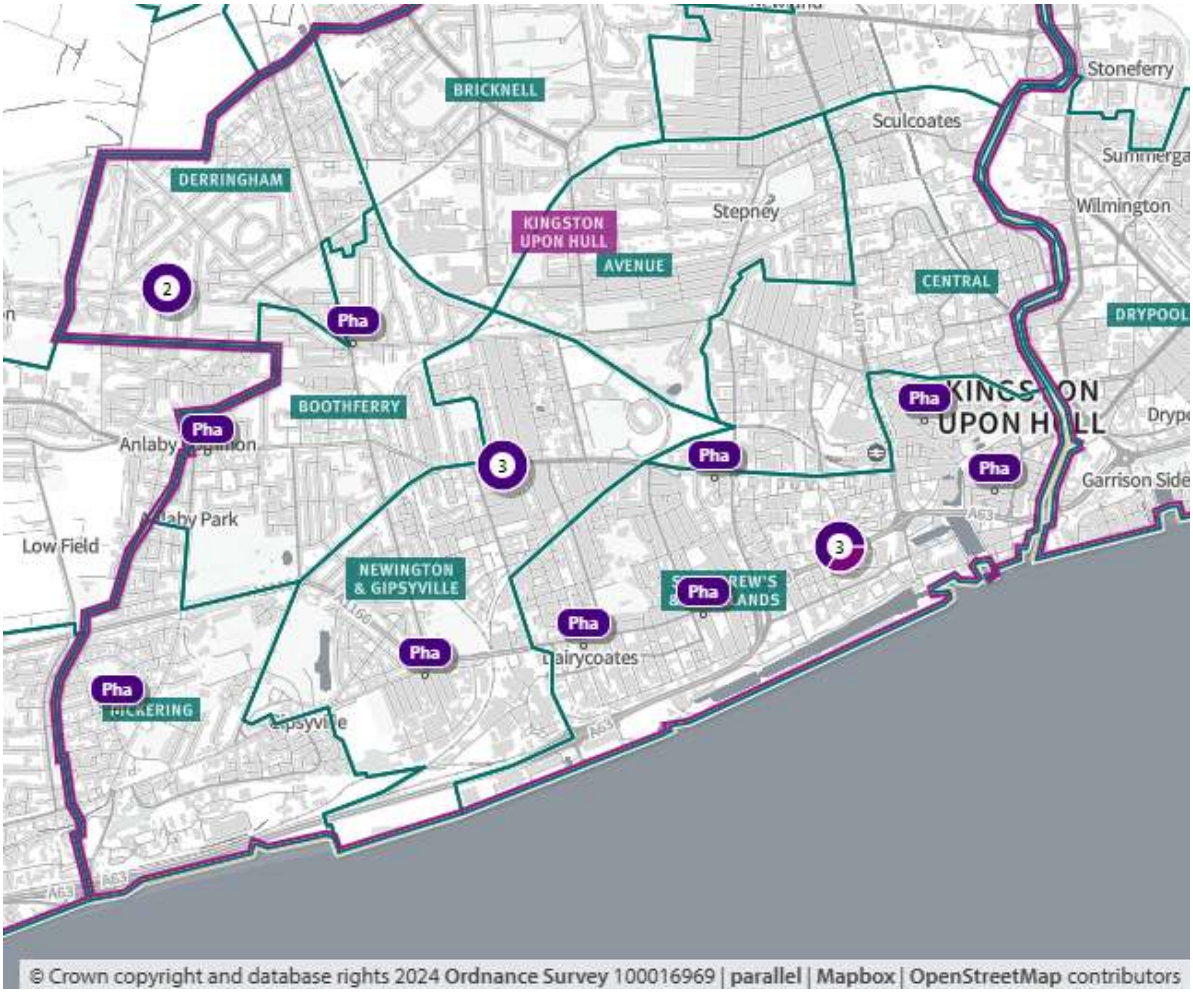


Hull's Local Plan identifies the sites and potential for new dwellings in each Area Committee Area of the city [Local Plan | Hull]. The Health and Wellbeing Board notes that 977 new homes are due to be built in West Area Committee Area during the lifespan of this Pharmaceutical Needs Assessment across 20 sites spread across the West Area Committee Area.

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

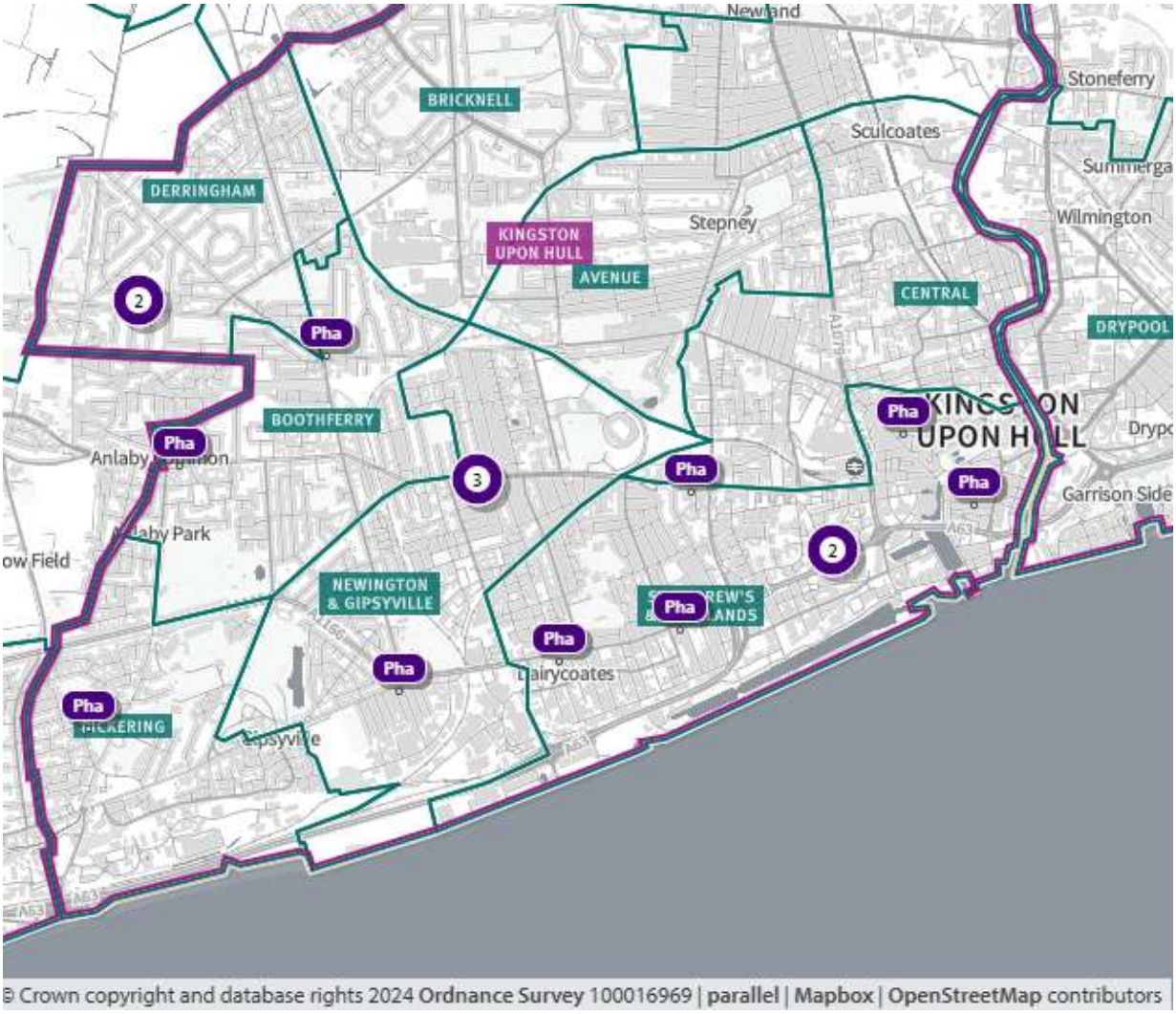
There are 17 pharmacies located within the West Area Committee Area, including one distance selling premise located in St Andrew's & Docklands ward (***Figure 40***).

Figure 40: Location of all 17 pharmacies in West Area Committee Area including the one distance selling premise



There are 12 standard and four extended-hours pharmacies in West Area Committee Area (***Figure 41***). One of the extended-hours pharmacies is in Newington & Gipsyville ward and the other three are in St Andrew's & Docklands ward.

Figure 41: Location of all 16 pharmacies in West Area Committee Area excluding the one distance selling premise



The 16 pharmacies are open as follows:[10]

- 3 are open Monday to Friday only.
- 6 are open Monday to Friday and Saturday morning only.
- 3 are open Monday to Friday, and after 1pm on Saturday.
- 4 are open seven day per week, these are all extended-hours pharmacies.

However, when looking solely at core opening hours:

- 10 have core opening hours Monday to Friday only.
- 1 has core opening hours Monday to Friday and Saturday morning.
- 1 has core opening hours Monday to Saturday.
- 4 have core opening hours seven days per week.

With regard to core opening hours, Monday to Friday:

- 1 has core opening hours until 17:00.
- 4 have core opening hours until 17:30.
- 7 have core opening hours until 18:00.
- 4 have core opening hours until 21.00 (the extended-hours pharmacies).

When supplementary opening hours on Monday to Friday are taken into account:

- 3 are open until 17:30.
- 9 are open until 18.00.
- 4 are open until 21:00 (the extended-hours pharmacies).

Of the 13 pharmacies that are open on Saturdays:

- 2 open at 08:30 Monday to Friday, and 09:00 on Saturday.
- 1 opens at 08:45 Monday to Saturday.
- 9 open at 09:00 Monday to Saturday.
- 1 opens at 09:00 Monday to Friday, 10:00 on Saturday.

All 16 pharmacies provided the new medicine service in the period April 2024 to November 2024, claiming a total of 4,669 full-service interventions with a range of nineteen to 1,021 full-service interventions at pharmacy level.

All of the pharmacies have signed up to provide the Pharmacy First service. All have provided consultations for the clinical pathways in the period April 2024 to November 2024 with 1,744 consultations with a range at pharmacy level of 25 to 414. 14 pharmacies have made supplies of urgent repeat medicines over the same timescale with 1,247 supplies with a range at pharmacy level of one to 540. 14 pharmacies have

[10] Opening hours information provided by Humber and North Yorkshire Integrated Care Board, correct as at February 2025.

provided consultations for low acuity, minor illness with 569 consultations, with a range at pharmacy level of two to 222.

15 of the pharmacies provided influenza vaccinations under the advanced service in 2024/25 vaccinating a total of 5,509 people with a range at pharmacy level of 29 to 1,962

All but one pharmacy have signed up to provide the hypertension case finding service as of July 2025.

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

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- offered by dispensing appliance contractors,
- offered by distance selling premises, or
- which are located near to where they work, shop or visit for leisure or other purposes.

Of 1,601,912 items prescribed by GPs based in the West Area (January to December 2024):

- 60% were dispensed by contractors in the West Area
- 14% were dispensed by 18 contractors in the East Area (of which 1 were by distance selling premises)
- 14% were dispensed by 26 contractors in the North Area (of which 1 were distance selling premises)
- 6% were dispensed by 58 contractors in the East Riding of Yorkshire's Health and Wellbeing Board area (of which 1 was a distance selling premises)
- The remaining 6% were dispensed by 541 contractors in 122 different Health and Wellbeing Board areas.
- While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 6.0% were dispensed by distance selling premises. 1.0% were dispensed by dispensing appliance contractors.

8.4 Other relevant services: current provision [11]

- As of November 2024, four of the pharmacies have signed up to provide the smoking cessation service, but to date have not had any referrals.
- All of the pharmacies have signed up to provide the contraception service as of November 2024, with 10 pharmacies providing this service in the period April 2024 to November 2024 (ongoing supply of oral contraception), claiming a total of 328 full-service interventions with a range of one to 178 full-service interventions at pharmacy level. As at July 2025, there have been two de-registrations so 14 are still providing the contraception service.
- Four of the pharmacies have made 2,622 supplies of lateral flow device tests in the period April 2024 to November 2024.
- 10 of the pharmacies are commissioned to provide the COVID-19 vaccination service.
- No pharmacies in this locality provided appliance use reviews during April to November 2024. They may be available from dispensing appliance contractors. However most prescriptions for appliances are dispensed by dispensing appliance contractors, some of whom may provide this service.
- No pharmacy in this locality provided a stoma customisation service during April to November 2024, but this service is available from dispensing appliance contractors across the country, including the dispensing appliance contractor based in a neighbouring locality within the Health and Wellbeing Board area.
- All pharmacies are currently signed up to the Pharmacy First scheme which covers urgent medicines supply and seven clinical pathways.
- The Integrated Care Board has moved to commissioning services from community pharmacies using a short form NHS Standard Contract. An integral part of this piece of work is to ask community pharmacies to re-sign up to the services they would like to provide. This process is underway, so the final numbers providing any of the commissioned services is not currently known. It is not anticipated that there will be any major changes in the number of pharmacies signing up to deliver specific services.

[11] Note that the number of pharmacies included here will include some that have changed ownership

8.5 Other NHS services

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

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

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in the locality. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies in the locality. A total of 5,816 items prescribed by dental practices items were dispensed in 2023/24 and 4,917 between April 2024 and January 2025.

The Hull Royal Infirmary Urgent Treatment Centre is managed by City Healthcare Partnership and is based at Hull Royal Infirmary, within this Area. The service provides treatment for a range of conditions which are not critical or life threatening. This includes:

- broken bones and sprains
- injuries, cuts and bruises
- minor burns and scalds
- coughs, colds and breathing problems
- sore throats and earache
- vomiting and diarrhoea
- skin infections and rashes
- high temperature (fever) in children and adults
- mental health problems
- minor eye complaints
- access to x-ray to assess for fractures (broken bones) in areas of the body such as shoulder, elbow, arm, hand and fingers, knee, lower leg, ankle, and foot.

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

- hospital pharmacy departments,
- special allocation scheme,
- drug and alcohol services,
- GP out of hours service, and
- services provided by Humber Teaching University Trust.

Details on these services can be found in ***section 5***.

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

8.6 Choice with regard to obtaining pharmaceutical services

As can be seen from ***section 8.3***, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality or elsewhere in Hull in order to have their prescriptions dispensed. Those that look outside the Health and Wellbeing Board's area usually do so either to access distance selling premises or dispensing appliance contractors.

Between January and December 2024, a total of 659 pharmaceutical contractors dispensed items written by one of the GP practices in the locality. Of these contractors, 599 were based outside of Hull. While 58 of these contractors were based in the neighbouring East Riding of Yorkshire health and wellbeing area, some were quite a distance from Hull, for example Crawley, Manchester, Sheffield and Wolverhampton.

8.7 Necessary services: gaps in provision

All residents of Hull, and thus all residents living in West Area Committee Area, live within a short travel time of a pharmacy as illustrated in ***Table 6*** with all residents living within a 20-minute walk (***Figure 17***), 10-minute car journey (***Figure 16*** and ***Figure 17***)) and a 15-minute journey on public transport (***Figure 18*** and ***Figure 19***).

As at May 2025, 13 of the pharmacies in this locality have signed up to the New Medicine Service. Whilst the majority of residents in this locality live within a 20-minute walk of their nearest pharmacy providing this service, a small number of residents in Derringham (2,606) live further than this, but all residents of this locality live within a 30-minute walk and 10-minute car journey of their nearest pharmacy providing this service. The majority live within a 15-minute public transport journey of the nearest pharmacy providing the New Medicines Service with only 1,671 residents living outside a 15-minute public transport journey on a weekday morning, and only 4,277 residents living outside a 15-minute public transport journey on the weekday afternoon. All residents live within a 20-minute weekday public transport journey of their nearest pharmacy providing this service. Therefore, the Health and Wellbeing Board have not identified a current gap in the provision of this service.

All pharmacies in this locality have signed up to Pharmacy First, therefore there are no current gaps in the provision of this service.

The majority of pharmacies in West Area Committee Area provide seasonal influenza vaccinations. Furthermore, there are other nearby pharmacies outside the locality and GP practices nearby that do provide seasonal influenza vaccinations in this locality. It is also a service that is only required once a year. Therefore, Health and Wellbeing Board

has not identified a current gap in the provision of seasonal influenza vaccinations in this locality.

All but one pharmacy in this locality have signed up to the Hypertension Case finding service, and with the 15 pharmacies providing this service means that there are currently no gaps in the provision of this service.

As a result, the Health and Wellbeing Board are satisfied that there are currently no gaps in the provision of necessary pharmaceutical services in this locality.

8.8 Improvements or better access: gaps in provision

Currently, only four pharmacies are signed up to provide the smoking cessation service, but as there are no referrals currently being made, by definition there are no gaps in this service. If the hospital starts making referrals to this service, the Health and Wellbeing Board is satisfied that other pharmacies in this locality will sign up to provide this service.

All but two pharmacies in this locality have signed up to provide the contraception service. While not all have provided the service yet, it is demand-driven, and more of the signed-up pharmacies will provide the service when asked for by a patient. Therefore, there are no current gaps in the provision of this service.

Only four pharmacies supplied lateral flow test devices in the period April to November 2024. While this is only available at four of the pharmacies, the patients eligible to receive these devices are a small subset of the population, and the eligibility criteria have been tightened recently so even fewer are eligible. The service is due to end on 31st March 2026. Further, these devices can be ordered from distance selling premises, and therefore be delivered free-of-charge to patients. Therefore, there is no current gap in the provision of this service.

None of the pharmacies provide the appliance use review or stoma appliance customisation services. It is not known how many of them dispense prescriptions for appliances. However, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via these contractors. In addition, stoma care nurses at the stoma care department at the hospital may provide an appliance review service.

In general, if any single pharmacy closed in the West Area Committee Area, then there are sufficient nearby pharmacies either in West Area Committee Area or into neighbouring North or East Area Committee Areas such that travel times to the nearest pharmacy would not be substantially affected.

It is important to examine potential future gaps within the Pharmaceutical Needs Assessment, and this has been undertaken for West Area Committee Area. Travel times were used to determine if a gap would be created if an existing pharmacy were to close. A gap is defined as having a substantial area of the locality where there is no longer an

easy access to a pharmacy - that is there is no pharmacy within a 20-minute walk, a 15-minute public transport journey or a 10-minute car journey.

If a pharmacy in Pickering ward closes, then there would be slightly longer walking travel times with 1,889 residents living beyond a 20-minute walk of their nearest pharmacy in Hull, although all residents would be within a 30-minute walk away of their nearest Hull pharmacy (***Figure 42***). This represents 0.7% of all of Hull's residents so a small percentage of Hull's total population. All of these residents would remain within a 10-minute car journey away (including in rush hour) and a 15-minute public transport journey away (for weekday morning and weekday afternoon public transport). However, there are pharmacies in East Riding of Yorkshire Health and Wellbeing Board area in Hessle (***Table 7***) which would be accessible for some residents of Pickering ward, although the nearest pharmacy would still be beyond a 20-minute walk for some residents of Pickering but all residents of the ward would be within a 30-minute walk of their nearest pharmacy (***Figure 43***).

Figure 42: Walking travel times to nearest pharmacy in Hull should a pharmacy in Pickering ward close

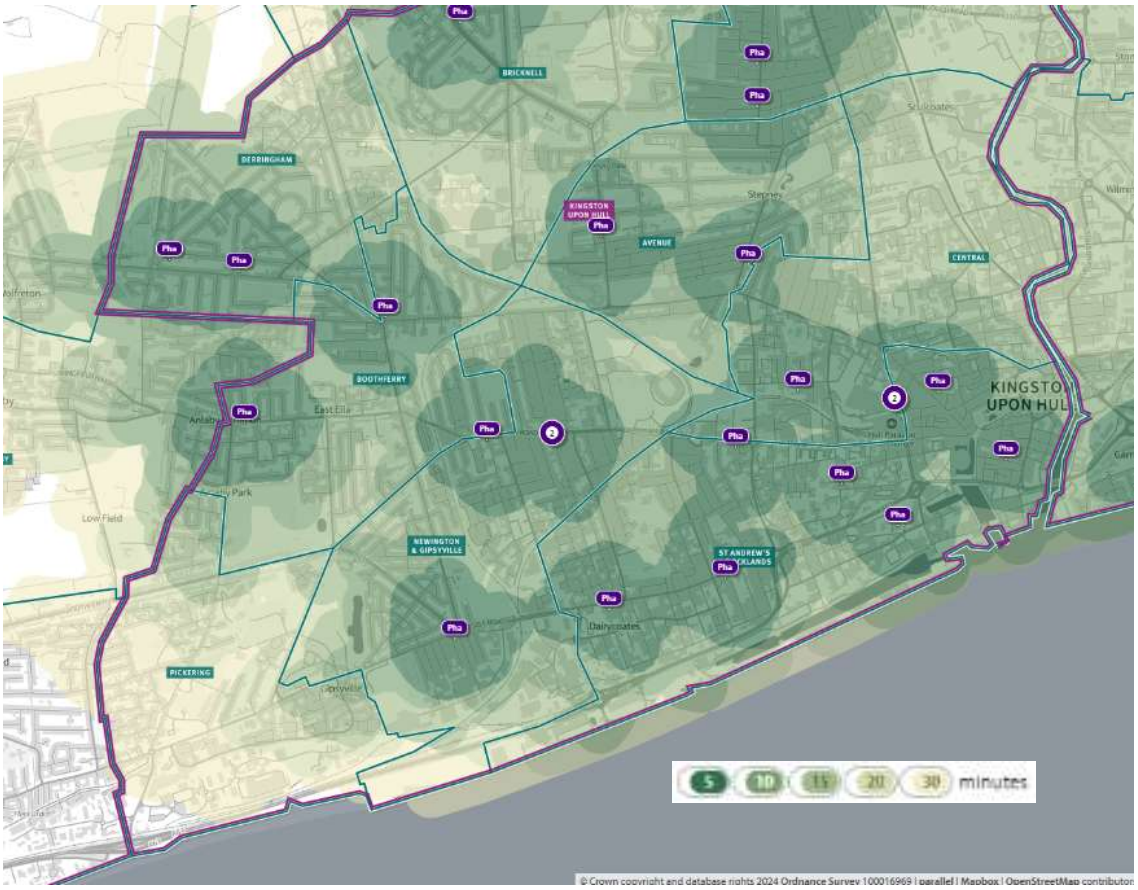
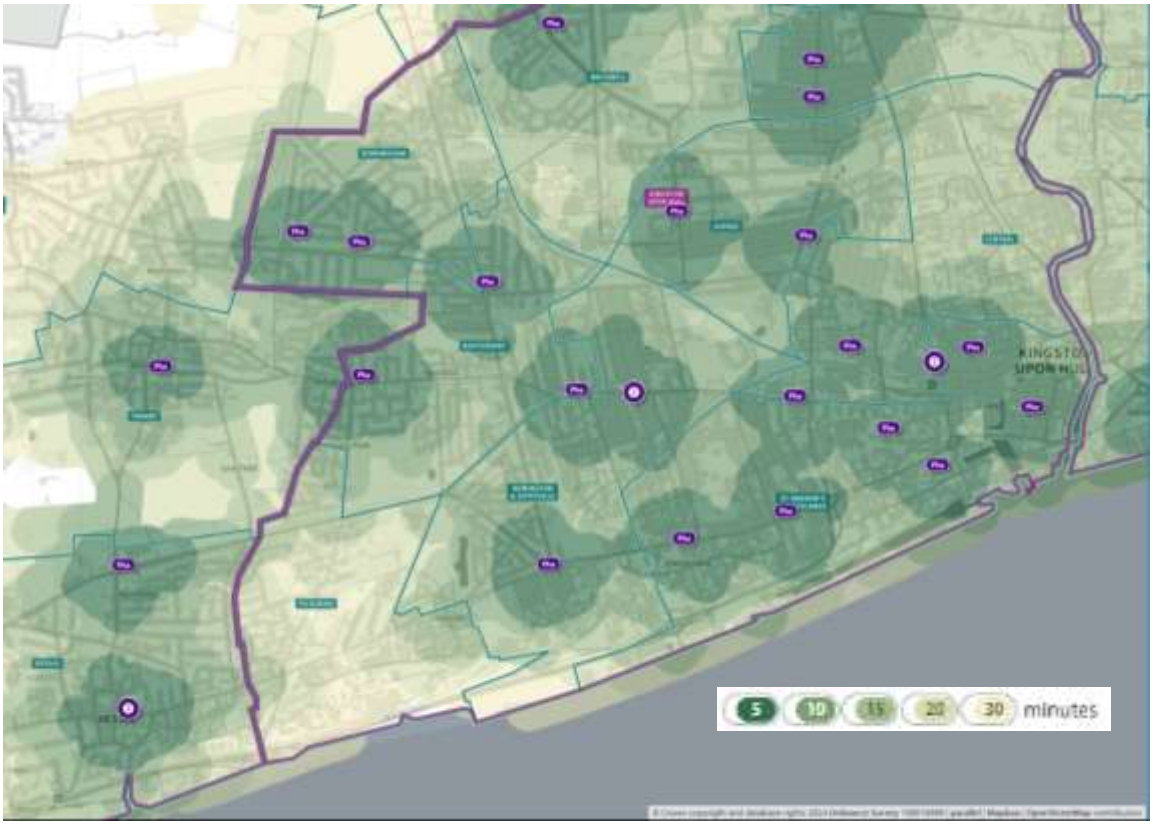


Figure 43: Walking travel times to nearest pharmacy within either Hull or neighbouring East Riding of Yorkshire should a pharmacy in Pickering ward close



Further scenarios were examined in relation to the impact of a closure of a pharmacy to examine potential future gaps. If a pharmacy on the east boundary of Boothferry ward closed then there would be slightly higher travel times for some residents, but all residents within Hull would remain within a 20-minute walk, 10-minute car journey both outside and within rush hour, and a 15-minute public transport journey of their nearest pharmacy (regardless of whether they were using public transport on a weekday morning or a weekday afternoon). Additionally, some of these residents may live in an area where there is a shorter walk to pharmacies in East Riding of Yorkshire (***Table 7***).

After finishing this review, the Health and Wellbeing Board were satisfied that there would be no future gaps if a single pharmacy in West Area Committee were to close. However, not all circumstances can be foreseen, and if a gap were to occur in the future then there would be a future need for a pharmacy in that area to provide all essential services, the necessary services of Pharmacy First, New Medicines Service, Hypertension Case-Finding, Seasonal Influenza Vaccination, as well as the Contraception Service, with opening hours on Monday to Friday as well as opening on a Saturday.

Between 2025 and 2028, the resident population who are aged 65+ years is projected to increase by 2,482 across Hull, and this age group are among the greatest users of pharmacies. Whilst population projections are not available at ward or Area Committee Area level, and increases will not be evenly spread across Hull's 21 wards, it was

important to consider the impact of this increase within the Pharmaceutical Needs Assessment. From ***section 8.1***, there are 10,668 residents aged 65+ years living in West Area Committee representing 25.6% of the city's population aged 65+ years. If the projected increase was proportionate to the existing population, this would equate to an increase of around 634 more people aged 65+ years living in West Area Committee between 2025 and 2028. Given that there are 16 pharmacies in West Area Committee, this would equate to an increase of around 40 residents per pharmacy. To counter this, the population aged 0-64 years is projected to decrease by 3,288 residents across Hull between 2025 and 2028. Among all residents aged 0-64 years living in Hull in 2023, it is estimated that 24.5% of them live in West Area Committee. If the projected decrease was proportionate to the population in West Area Committee, then there could be a decrease of 806 residents between 2025 and 2028 which equates to around 50 residents on average per pharmacy. However, these are not new people to the locality but existing users of pharmacies who currently live in Hull, and their needs may be slightly different over the course of the three-year period of the Pharmaceutical Needs Assessment as they age. Given the overall changes across the age groups, the Health and Wellbeing Board are satisfied that the existing pharmacies will be sufficient to cope with the changing population during the lifetime of this Pharmaceutical Needs Assessment.

Hull's Local Plan identifies the sites and potential for new dwellings in each Area Committee Area of the city [Local Plan | Hull]. The Health and Wellbeing Board notes that 977 new homes are due to be built in West Area Committee Area during the lifespan of this Pharmaceutical Needs Assessment across 20 sites spread across the West Area Committee Area.

All of these homes are expected to be built in groups of under 500 homes and dispersed across the planning area and are therefore considered unlikely to create additional community pharmacy needs beyond that which can be absorbed by existing local pharmacies or distance selling premises.

Furthermore, Hull's population is only projected to change marginally over the course of the next three years over this Pharmaceutical Needs Assessment period, and it is anticipated that not all the occupiers will be from outside the West Area Committee or outside Hull (for example, with new houses for existing residents such as adult children moving out of the family home).

Therefore, given the geographical relationship between several existing pharmacies and the site of this housing growth, and that it is not necessarily new people moving into Hull, but existing residents already using Hull's pharmaceutical services, the Health and Wellbeing Board are satisfied that the current pharmacy provision within the West Area Committee Area will be sufficient to cope with any extra demand, so no future gaps are anticipated solely due to the proposed new homes during the lifetime of this Pharmaceutical Needs Assessment.

9 HULL CITY COUNCIL COMMISSIONED SERVICES

9.1 Sexual health services locally commissioned by Hull City Council and delivered through pharmacies

Emergency hormonal contraception

Appropriately trained pharmacists will supply Levonorgestrel or Ulipristal acetate Emergency Hormonal Contraception (EHC) when appropriate to clients. It may facilitate supply to young persons under 16 in appropriate circumstances. This is a Local Public Health Service commissioned through a sub contractual arrangement (lead provider CHCP) by Hull City Council from a high proportion of the Hull community pharmacies providing extensive coverage for the whole of Hull. This is important to improve rapid access. Some patients prefer to access this service from a location away from where they live.

9.2 Alcohol and drug recovery services locally commissioned by Hull City Council and delivered through pharmacies

Supervised Administration of Methadone or Buprenorphine

This service requires the pharmacist to supervise the consumption of prescribed methadone, or buprenorphine, as requested by a prescriber, at the point of dispensing in the pharmacy, making sure that the dose has been administered to the patient to prevent diversion of illicit substances.

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.

9.3 Stop smoking services locally commissioned by Hull City Council and delivered through pharmacies

A specialist stop smoking service to help people quit smoking including nicotine replacement therapy via a voucher issued by a SmokeFree Hull Advisor after an initial assessment and subsequent appointments. The vouchers are sent to the pharmacy of choice via the PharmOutcomes platform and processed when the client attends the pharmacy. Hull City Council commission SmokeFree Hull through Change Grow Live.

10 APPENDICES

Appendix A

Policy context and background papers

Between the 1980s and 2012 the ability for new pharmacy or dispensing appliance contractor premises to open was largely determined by the regulatory system that became known as 'control of entry'. Broadly speaking an application to open new premises was only successful if a primary care trust or a preceding organisation considered it was either necessary or expedient to grant the application in order to ensure that people could access pharmaceutical services.

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the 'necessary or expedient' test were introduced – namely 100 hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies.

In January 2007 a review of the system was published by the government[12], and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could access a pharmacy within 20 minutes, including in deprived areas[13]), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process.

Primary care trusts believed that they did not have sufficient influence to commission pharmaceutical services that reflected the health needs of their population. This was at odds with the thrust of the then NHS reforms which aimed to give primary care trusts more responsibility to secure effective commissioning of adequate services to address local priorities.

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services[14]. One of the recommendations of this second review was that primary care trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow primary care trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

The government responded to the outcomes of both reviews, as well as a report by the All-Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper "Pharmacy in England. Building on strengths – delivering the future"

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[12] Review of progress on reforms in England to the "Control of Entry" system for NHS pharmaceutical contractors. Department of Health 2007
[13] Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008
[14] Review of NHS pharmaceutical contractual arrangements. Anne Galbraith 2007

published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However it was recognised that at the time there was considerable variation in the scope, depth and breadth of Pharmaceutical Needs Assessments. Some primary care trusts had begun to revise their Pharmaceutical Needs Assessments (first produced in 2004) in light of the 2006 re-organisations, whereas others had yet to start the process. The White Paper confirmed that the government considered that the structure of, and data requirements for, primary care trusts Pharmaceutical Needs Assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported primary care trusts decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health and Social Care established an advisory group with representation from the main stakeholders. The terms of reference for the group were as follows.

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to publish Pharmaceutical Needs Assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for Pharmaceutical Needs Assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all primary care trusts to produce their first Pharmaceutical Needs Assessment which complied with the requirement of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second Pharmaceutical Needs Assessment no later than three years after the publication of the first Pharmaceutical Needs Assessment. The group also drafted regulations on how Pharmaceutical Needs Assessments would be used to determine applications for new pharmacy and dispensing appliance contractor premises (referred to as the ‘market entry’ system) and these regulations took effect from 1 September 2012.

The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established Health and Wellbeing Boards and transferred responsibility to develop and update Pharmaceutical Needs Assessments from primary care trusts to Health and Wellbeing Boards. Responsibility for using Pharmaceutical Needs Assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England from 1 April 2013.

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for Health and Wellbeing Boards to develop and update Pharmaceutical Needs Assessments and gives the Department of Health and Social Care powers to make regulations.

Section 128A Pharmaceutical Needs Assessments

(1) Each Health and Wellbeing Board must in accordance with regulations--
- (a) assess needs for pharmaceutical services in its area, and
- (b) publish a statement of its first assessment and of any revised assessment.

(2) The regulations must make provision--
- (a) as to information which must be contained in a statement;
- (b) as to the extent to which an assessment must take account of likely future needs;
- (c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
- (d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment.

(3) The regulations may in particular make provision--
- (a) as to the pharmaceutical services to which an assessment must relate;
- (b) requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
- (c) as to the manner in which an assessment is to be made;
- (d) as to matters to which a Health and Wellbeing Board must have regard when making an assessment.

The regulations referred to in the NHS Act 2006 are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[15], as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

- Services that are to be covered by the Pharmaceutical Needs Assessment,
- Information that must be included in the Pharmaceutical Needs Assessment (it should be noted that Health and Wellbeing Boards are free to include any other information that they feel is relevant),
- Date by which Health and Wellbeing Boards must publish their first Pharmaceutical Needs Assessment,
- Requirement on Health and Wellbeing Boards to publish further Pharmaceutical Needs Assessments on a three-yearly basis,
- Requirement to publish a revised assessment sooner than on a three-yearly basis in certain circumstances,
- Requirement to publish supplementary statements in certain circumstances,
- Requirement to consult with certain people and organisations at least once during the production of the Pharmaceutical Needs Assessment, for at least 60 days, and
- Matters the Health and Wellbeing Board is to have regard to when producing its Pharmaceutical Needs Assessment.

[15] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Each Health and Wellbeing Board was under a duty to publish its first Pharmaceutical Needs Assessment by 1 April 2015. In the meantime the Pharmaceutical Needs Assessment produced by the preceding primary care trust remained in existence and was used by NHS England to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

Once a Health and Wellbeing Board has published its first Pharmaceutical Needs Assessment it is required to produce a revised Pharmaceutical Needs Assessment within three years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the Health and Wellbeing Board is satisfied that producing a revised Pharmaceutical Needs Assessment would be a disproportionate response to those changes.

In addition, a Health and Wellbeing Board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate.

1. The Health and Wellbeing Board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes.
2. The Health and Wellbeing Board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and is in the course of producing a new Pharmaceutical Needs Assessment and is satisfied that it needs to immediately modify its current Pharmaceutical Needs Assessment in order to prevent significant detriment to the provision of pharmaceutical services in its area.
3. Where a pharmacy is removed from a pharmaceutical list as a result of the grant of a consolidation application, if the Health and Wellbeing Board is of the opinion that the removal does not create a gap in pharmaceutical services that could be met by a routine application offer to meet a current or future need, or secure improvements or better access to pharmaceutical services, it must publish a supplementary statement explaining that the removal does not create such a gap.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended were subject to a post implementation review by the Department of Health and Social Care in 2017/18[16] the aim of which is to determine whether they have met their intended objectives. The review determined that:

- the regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand,
- there is flexibility within the system where an unforeseen benefit is identified,
- access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services, and
- there remains a degree of ‘clustering’.

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

The review concluded that the regulations have largely achieved the original policy objectives which remain relevant and appropriate for the regulation of pharmaceutical services in England. It recommended that the Department of Health and Social Care consult on a number of amendments to the regulations and that changes were made to the underpinning guidance to address several unintended consequences and realise opportunities to more effectively deliver against the policy objectives. However none of these relate to the requirements for Pharmaceutical Needs Assessment.

With effect from 1 October 2020 the regulations were amended to delay the requirement on Health and Wellbeing Boards to publish their third Pharmaceutical Needs Assessment by 1 April 2021. Health and Wellbeing Boards had until 1 April 2022, although this was subsequently extended again until October 2022. The amendments were due to the impact the COVID-19 pandemic had on all commissioners and providers of health and social care services.

Further amendments were made in 2021 to clarify what is to happen if a new Health and Wellbeing Board is created following the making of an Order to establish one or more new upper tier authorities. Where that happens, the new Health and Wellbeing Board would have 12 months to publish its first Pharmaceutical Needs Assessment after the upper tier authority is established. NHS England, and since 1 April 2023 the Integrated Care Boards, would continue to refer to the Pharmaceutical Needs Assessment published by the preceding Health and Wellbeing Board when determining applications for inclusion in a pharmaceutical list.

A second implementation report should have been published within five years of the previous report being published ie by 31 March 2023.

Appendix B

Essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, or via an order for the supply of a drug in accordance with a pandemic treatment protocol or a pandemic treatment patient group direction or a listed prescription items voucher, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy by:

- performing appropriate legal, clinical and accuracy checks,
- having safe systems of operation, in line with clinical governance requirements,
- having systems in place to guarantee the integrity of products supplied,
- maintaining a record of all medicines and appliances supplied which can be used to assist future patient care, and
- maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- providing information and advice to the patient or carer on the safe use of their medicine or appliance, and
- providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient’s need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing patients to obtain their regular prescribed medicines and appliances directly from a pharmacy for a period agreed by the prescriber.
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient.
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

Acceptance by pharmacies of unwanted medicines which require safe disposal from households and individuals. Integrated Care Boards are required to arrange for the collection and disposal of unwanted medicines from pharmacies on behalf of NHS England.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines.
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them.
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods.
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- have diabetes, or
- be at risk of coronary heart disease, especially those with high blood pressure, or
- who smoke, or
- are overweight.

To pro-actively participate in national/local campaigns and promote public health messages to general pharmacy visitors during specific targeted campaign periods.

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations.
- To enable people to contact and/or access further care and support appropriate to their needs.
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families.
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines.
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in the essential service – promotion of healthy lifestyles service.
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones.
- To minimise inappropriate use of health and social care services.

7. Home delivery service while a disease is or in anticipation of a disease being imminently pandemic

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England, with the agreement of the Secretary of State for Health and Social Care, that certain patient groups are advised to stay away from pharmacy premises:

- in a specified area,
- in specified circumstances, and
- for the duration specified in the announcement.

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided, pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS and care volunteer responders, where either are available.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients have their medicines delivered. This can be done in one of the following ways.

- Deliver the medicine themselves as part of the advanced service,
- Arrange for another pharmacy to deliver it on their behalf as part of the advanced service, or
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of the advanced service.

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

8. Discharge medicines service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission to ensure that all changes are identified, and patient records are amended accordingly. In addition, patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it, and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended outcomes

The discharge medicines service has been established to ensure better communication about changes made to a patient's medicines in hospital and the aims of the service are to:

- optimise the use of medicines, whilst facilitating shared decision making,
- reduce harm from medicines at transfers of care,
- improve patients' understanding of their medicines and how to take them following discharge from hospital,
- reduce hospital readmissions, and
- support the development of effective team-working across hospital, community and primary care network pharmacy teams and general practice teams and provide clarity about respective roles.

Appendix C

Advanced services

1. New medicine service

Service description

The new medicine service is provided to patients who have been prescribed, for the first time, a medicine for a specified long-term condition with a view to improving their adherence. The new medicine service involves three stages - recruitment into the service, an intervention about one or two weeks later, and a follow up after two or three weeks.

Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, in order—

- as regards the long-term condition—
    - to help reduce symptoms and long-term complications, and
    - in particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support, and

- to help the patients—
    - make informed choices about their care,
    - self-manage their long-term conditions,
    - adhere to agreed treatment programmes, and
    - make appropriate lifestyle changes.

2. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- the stoma appliance to be customised is listed in Part IXC of the Drug Tariff,
- the customisation involves modification to the same specification of multiple identical parts for use with an appliance, and
- modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- ensure the proper use and comfortable fitting of the stoma appliance by a patient, and
- improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

3. Appliance use review

Service description

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

- establishing the way the patient uses the specified appliance and the patient's experience of such use,
- identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient,
- advising the patient on the safe and appropriate storage of the specified appliance, and
- advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

4. Seasonal influenza vaccination service

Service description

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction and the national protocol.

Aims and intended outcomes

The aims of this service are to:

- sustain and maximise uptake of seasonal influenza vaccination in at risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance,
- to protect those who are most at risk of serious illness or death should they develop seasonal influence, by offering protection against the most prevalent strains of seasonal influenza virus through administration of seasonal influenza vaccination to eligible patients, and
- to provide more opportunities and improve convenience for eligible patients to access seasonal influenza vaccinations.

5. Home delivery services during a pandemic etc

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England, with the agreement of the Secretary of State for Health and Social care, that certain patient groups are advised to stay away from pharmacy premises:

- in a specified area
- in specified circumstances and
- for the duration specified in the announcement

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided, pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient’s prescription and deliver it to them. This must include local provision of volunteers and NHS and care volunteer responders, where either are available. This falls within the essential services home delivery service.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways.

- Deliver the medicine themselves as part of this advanced service,
- arrange for another pharmacy to deliver it on their behalf as part of this advanced service, or
- arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of this advanced service.

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

6. Community pharmacy hypertension case-finding service

Service description

Cardiovascular disease is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life years. Hypertension is the biggest risk factor for the disease and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Early detection of hypertension is vital and there is evidence that community pharmacy has a key role in detection and subsequent treatment of hypertension and cardiovascular disease, improving outcomes and reducing the burden on GPs.

Under this service, potential patients who meet the inclusion criteria will be proactively identified and offered the service. Where the patient accepts, the pharmacist will then conduct a face-to-face consultation in the pharmacy consultation room (or other suitable location if the service is provided outside of the pharmacy) and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacist will discuss the results with the patient and complete the appropriate next steps as set out in the service specification which includes (as appropriate):

- sending the test results to the patient’s GP,
- providing advice on maintaining healthy behaviours, or promoting health behaviours,
- offering ambulatory blood pressure monitoring,
- urgent referral to their GP, and
- repeating the test.

Aims and intended outcomes

The aims and objectives of this service are:

- to identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management,
- at the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements, and
- promote healthy behaviours to patients.

7. NHS smoking cessation service

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (directly or indirectly and where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.

The objective of the service is to ensure that any patients referred by NHS trusts to community pharmacy for the service receive a consistent and effective offer, in line with National Institute for Health and Care Excellence guidelines and the Ottawa Model for Smoking Cessation.

8. NHS pharmacy contraception service

This service specification covers initiation of oral contraception and routine monitoring and ongoing supply of oral contraception via a patient group direction.

The aim of the service is to offer greater choice from where people can access contraception services and create additional capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments. It will support the important role community pharmacy teams can play to help address health inequalities by providing wider healthcare access in their communities and signposting service users to local sexual health services in line with Health and Care Excellence guideline NG 102.

Objectives

The objectives of the service are to:

- provide a model for community pharmacy teams to initiate provision of oral contraception, and to continue the provision of oral contraception supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply will be undertaken using patient group directions to support the review and supply process, and
- establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering starting or continuing their current form of oral contraception.

In 2025/26 the service will be expanded to include the provision of emergency contraception. Pharmacies will be able to initiate a patient on oral contraception as part of an emergency contraception consultation.

9. NHS lateral flow device tests supply service

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. Prior to the introduction of this service, rapid lateral flow device (LFD) tests were available to order by these patients on GOV.UK or by calling NHS 119. These kits were then delivered directly to the patient's home.

Since 6 November 2023, LFD tests are no longer available via GOV.UK or via NHS 119. LFD tests still need to be available and easily accessible to people who are potentially eligible for COVID-19 treatments through routine NHS access routes. It is estimated that in the short-term, the number of potentially eligible patients is around 5.3m.

Although access to LFD tests may be supplemented by other pathways (e.g. through anticipatory or specialist care), community pharmacy is well placed within the local community to provide local and rapid access for patients.

Access to COVID-19 community-based treatment will continue to be based on a confirmed COVID-19 infection, achieved with a diagnostic lateral flow device test, in line with some of the recommended treatment's product licences. Given the short efficacy window for treatment and practical implications of point-of-care testing, tests need to be available for eligible patients to access in advance of developing symptoms.

Objective

The objective of this service is to offer eligible, at-risk patients access to lateral flow device tests to enable testing at home for COVID-19, following symptoms of infection. Wherever possible, eligible patients should obtain lateral flow device tests in advance of developing symptoms.

A positive lateral flow device test result will be used to inform a clinical assessment by the patient's clinician to determine whether the patient is suitable for, and will benefit

from, National Institute for Health and Care Excellence -recommended COVID-19 treatments.

10. NHS Pharmacy First service

The Pharmacy First advanced service incorporates the previous community pharmacist consultation service (both urgent medicines supply and minor illness elements) and builds on this to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. This will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and, only if appropriate, supplying certain over the counter and prescription only medicines via clinical protocol and patient group directions. Patients may access this service either by referral or when they are identified as suitable by the pharmacist providing self-care as an essential service. This addition enhances the previous community pharmacist consultation service, making further appropriate use of community pharmacists' skills and opportunities to engage and support patients.

Objectives

The objectives of this service are to:

- Offer patients who contact:
    - NHS 111 (by telephone or on-line)
    - 999 service
    - their own GP practice
    - a primary care out-of-hours service, or
    - an urgent and emergency care setting (e.g. an emergency department, urgent treatment centre, urgent care centre)

- The opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting.

- Free up clinician capacity in the above settings, for the treatment of patients with higher acuity conditions.

- Identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent inappropriate use of urgent and emergency care setting services in the future.

- Provide urgent access to patients who are not registered with a GP for treatment of low acuity minor illnesses, and to ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine requested, and

- Further utilise the clinical skills of community pharmacy teams to complete episodes of care for patients and improve access, displacing activity from general practice and urgent care settings.

Appendix D

Enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

2. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

3. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—

    - the proper and effective ordering of drugs and appliances for the benefit of residents in the care home,
    - the clinical and cost-effective use of drugs,
    - the proper and effective administration of drugs and appliances in the care home,
    - the safe and appropriate storage and handling of drugs and appliances, and
    - the recording of drugs and appliances ordered, handled, administered, stored or disposed of.

4. A coronavirus vaccination service, the underlying purpose of which is to provide for the administration of a medicinal product for vaccination or immunisation against coronavirus in accordance with—

    - a patient group direction that meets the conditions of regulation 233 of the Human Medicines Regulations 2012 (exemption for supply etc under a PGD by a person conducting a retail pharmacy business), or
    - (ii) a protocol that meets the conditions of regulation 247A of the Human Medicines Regulations 2012 (protocols relating to coronavirus and influenza vaccinations and immunisations).

5. A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

6. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

7. An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England.

8. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home drugs, and appliances other than specified appliances.

9. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—

- drugs which they are using
- their health and
- general health matters relevant to them, and where appropriate referral to another health care professional.

10. A medication review service, the underlying purpose of which is for a registered pharmacist—

- to conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
- to advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
- where appropriate, to refer the patient to another health care professional

11. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor—

- to assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
- to offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens

12. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.

13. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist to—

- provide sterile needles, syringes and associated materials to drug misusers,
- receive from drug misusers used needles, syringes and associated materials, and
- to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre.

14. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

15. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

16. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

17. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

- the clinical and cost effective use of drugs,
- prescribing policies and guidelines, and
- repeat prescribing.

18. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to the—

- clinical and cost effective use of drugs in the school,
- proper and effective administration and use of drugs and appliances in the school,
- safe and appropriate storage and handling of drugs and appliances, and
- the recording of drugs and appliances ordered, handled, administered, stored or disposed of

19. A screening service, the underlying purpose of which is for a registered pharmacist to—

- identify patients at risk of developing a specified disease or condition,
- offer advice regarding testing for a specified disease or condition,
- carry out such a test with the patient's consent, and
- offer advice following a test and refer to another health care professional as appropriate.

20. A stop smoking service, the underlying purpose of which is for the pharmacy contractor—

- to advise and support patients wishing to give up smoking, and
- where appropriate, to supply appropriate drugs and aids.

21. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.

22. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient's agreement.

23. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances—

    - which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription, and
    - where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health).

Appendix E

Terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- performing appropriate legal, clinical and accuracy checks,
- having safe systems of operation, in line with clinical governance requirements,
- having systems in place to guarantee the integrity of products supplied,
- maintaining a record of all appliances supplied which can be used to assist future patient care,
- maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate,
- providing the appropriate additional items such as disposable bags and wipes, and
- delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient’s need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions

3. Home delivery service

Service description

The delivery of certain appliances to the patient's home.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- with reasonable promptness, at a time agree with the patient,
- in a package that displays no writing or other markings which could indicate its content, and
- in such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to other providers who can provide advice

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- with the consent of the patient, passed to another provider of appliances, or
- if the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

Appendix F

Pharmaceutical Needs Assessment Steering Group

Hull Pharmaceutical Needs Assessment Steering Group
Terms of Reference

Purpose

The key purpose of the Steering Group is to provide advice, wisdom and oversight to ensure that the Pharmaceutical Needs Assessment (PNA) meets the following success criteria:

- That the PNA effectively identifies current and future needs of our local populations and communities
- That the PNA is a useful and practical resource which stakeholders will use to develop service improvements.
- That the PNA helps improve health outcomes for our residents of Hull.
- That the PNA fulfils the legal requirements set out in The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Objectives

Planning

1. To advise on processes to support the preparation of a comprehensive, well researched and meaningful PNA, using expertise from across the local healthcare community.

2. Develop a project plan with milestones and ensure representation of the full range of stakeholders, and ensure progress is reported to local Health and Wellbeing Board.

Developing the PNA

3. To ascertain and collate the core information needed from local needs data to ensure that the PNA reflects any current or future needs for pharmaceutical services, and improvements or better access to pharmaceutical services, as needed by the population of Hull.

4. Ensure that the PNA, informs on and aligns with the Joint Strategic Needs Assessment (JSNA) and links with national and local priorities.

5. Ensure that the PNA informs the nature, location and duration of enhanced services that are to be commissioned by NHS Humber and North Yorkshire ICB.

6. Develop the PNA so that it can be utilised as an evidence base to influence future health related commissioning intentions.

Consultation

7. To ensure active engagement with key stakeholders throughout the process of revision including the Local Pharmaceutical Committee (LPC), Local Medical Council (LMC), NHS Humber and North Yorkshire ICB, and a range of other teams within Hull City Council, including Public Health.

8. Ensure a robust and meaningful consultation is undertaken, as defined by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. Consultation of the draft PNA is needed with a minimum period of 60 days for response.

Legal

9. Ensure that the PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Membership

Membership of the group shall Include:

- Hull City Council Public Health
- Community Pharmacy Humber
- NHS Humber and North Yorkshire ICB
- Healthwatch Hull

A deputy may be used where the regular member of the group is unable to attend.

Advice on the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 along with a range of associated support will be provided by an adviser from PCC CIC. Other staff members/ stakeholders may be invited to attend meetings for the purpose of providing advice and/ or clarification to the group.

The group will be chaired by Hull City Council Public Health.

A register of conflicts of interest will be maintained.

Quorum

For the purpose of decision making, a meeting of the group shall be regarded as quorate where all three of the following stakeholder groups are represented:

1. Hull City Council
2. NHS Humber and North Yorkshire ICB
3. Humber Local Pharmaceutical Committee

Should one of these groups not be represented, the meeting can still take place for the purpose of progressing already agreed actions and scheduled work.

Frequency of meetings

At key stages throughout the PNA life cycle. Subsequent meeting to be confirmed at each meeting. It is anticipated that 3-4 meetings may be required.

The final draft PNA will be presented to the Health and Wellbeing Board for approval and sign-off.

Date agreed: 20 December 2024

Appendix G

Community Pharmacy User Survey

Using Our Local Pharmacies

We are currently updating our Pharmaceutical Needs Assessment and would like to invite you to let us know how and why you use pharmacies in the city.

Many people call them chemists, but in this survey, we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription dispensed or buy medicines which you can only buy from a pharmacy. We don't mean the pharmacy at a hospital or the part of a pharmacy where you buy beauty products. We also don't mean other places such as convenience stores, garages and shops where you buy medicines such as paracetamol.

The Pharmaceutical Needs Assessment is a document which we must produce every 3 years. The next one is due in October 2025. It is a document which explains what people may need from pharmacies now and in the future, to help make decisions about opening pharmacies or when pharmacies move locations.

Please fill in our survey and share your thoughts. The results from this survey will be published within the Pharmaceutical Needs Assessment for Hull in October 2025.

Section One: Your Pharmacy Use

1) Have you used / visited a pharmacy in the last year?

- ☐ Yes **(Please answer Q2 – Q4, then go to Q6)**
- ☐ No **(Go to Q5)**

Pharmacy Users

2) What have you visited / used a pharmacy for in the last year? **Please tick all that apply**

- ☐ To collect prescription medicine for myself
- ☐ To collect prescription medicine for someone else
- ☐ To buy non-prescription medicines (e.g. paracetamol / cough medicine) for myself
- ☐ To buy non-prescription medicines (e.g. paracetamol / cough medicine) for someone else
- ☐ To get advice for myself
- ☐ To get advice for someone else
- ☐ To get vaccinated (for example, a flu vaccination)
- ☐ To access other pharmacy products / services (please state)

3) Typically, how often have you used a pharmacy in the last year? **Please tick one**

- ☐ More than once a week
  - ☐ Once a week
  - ☐ Once every couple of weeks
  - ☐ Once a month / Every 4 weeks
- ☐ Once every couple of months
- ☐ Less frequently

4) Which of the following statements best describes you? **Please tick one**

- ☐ I always use the same pharmacy
- ☐ I use different pharmacies but prefer to visit one most often
- ☐ I always use different pharmacies

Pharmacy Non-Users

5) Why haven't you used a pharmacy in the last year? **Please tick all that apply**

- ☐ I haven't needed any pharmacy products / services
- ☐ Someone else has collected / bought any pharmacy products / services I have needed
- ☐ My medicines are delivered to me at home
- ☐ Another reason (please state)

Section 2: Your Nearest Pharmacy

Q6) Do you know where your nearest / closest pharmacy is? **Please tick one**

☐ Yes ☐ No **(Go to Q9)**

Q7) If you needed pharmacy products / services, would you typically use / visit your nearest / closest pharmacy? **Please tick one**

☐ Yes **(Go to Q9)** ☐ No

Q8) What are the reasons why you would not typically use / visit your nearest / closest pharmacy? **Please tick all that apply**

- ☐ It is not open when I need it
- ☐ It is not easy to park at the pharmacy
- ☐ I have had a bad experience in the past
- ☐ The service is too slow
- ☐ The staff are always changing
- ☐ The staff know me
- ☐ The staff don't know me
- ☐ They don't have what I need in stock
- ☐ The pharmacy doesn't deliver medicines
- ☐ There is not enough privacy
- ☐ It is not wheelchair / baby buggy friendly
- ☐ Other (please state)

Section 3: Your Pharmacy of Choice

Imagine that you needed to visit / use your pharmacy of choice.

This is either the pharmacy you currently use most often or, if you do not currently regularly use a pharmacy, the pharmacy you would be most likely to use / visit if needed.

Q9) How easy would you find it to visit / use your pharmacy of choice? **Please tick one**

- ☐ Very difficult
- ☐ Difficult
- ☐ Neither difficult nor easy
- ☐ Easy
- ☐ Very easy

Q10) How are you most likely to get there? **Please tick one**

- ☐ On foot
- ☐ By wheelchair / mobility scooter
- ☐ By bus
- ☐ By car
- ☐ By bicycle
- ☐ By taxi
- ☐ I would ask someone else to visit on my behalf
- ☐ Other (please state)

Q11) How long would it take you to get there? **Please tick one**

- ☐ Less than 5 minutes
- ☐ Between 5 and 15 minutes
- ☐ More than 15 minutes but less than 20 minutes
- ☐ 20 minutes or more

Q12) How satisfied are you with the following when it comes to your pharmacy of choice? **Please tick one on each row**

	Very poor	Poor	Neither poor nor good	Good	Very good	Don't know
Opening hours						
Location						
Parking						
Speed of service / wating times						
Knowledge of staff						
Friendliness / attitude of staff						
Availability of products / medicines						
Accessibility e.g. to buggies and wheelchairs						
The pharmacy overall						

Section 3: Your Pharmacy Preferences

Q13) What time is typically the most convenient to you to use / visit a pharmacy? **Please tick all that apply**

- ☐ Before 7am
- ☐ 7am to 9am
- ☐ 9am to 12 noon
- ☐ 12 noon to 3pm
- ☐ 3pm to 6pm
- ☐ 6pm to 9pm
- ☐ 9pm to midnight
- ☐ I don't have a preference

Q14) What day is the most convenient for you to use / visit a pharmacy? **Please tick all that apply**

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday
- ☐ Weekdays in general
- ☐ Weekends in general
- ☐ I don't have a preference

Q15) When choosing which pharmacy to use / visit, which of the following are most important to you? **Please tick the five most important**

- ☐ Close to my home
- ☐ Close to work
- ☐ Close to my doctor
- ☐ Close to children's school or nursery
- ☐ Close to other shops
- ☐ The pharmacy delivers my medicines
- ☐ The location of the pharmacy is easy to get to
- ☐ It is easy to park at the pharmacy
- ☐ I just like the pharmacy
- ☐ I trust the staff who work there
- ☐ The staff know me and look after me
- ☐ The staff don't know me
- ☐ I've always used this pharmacy
- ☐ The service is quick
- ☐ They usually have what I need in stock
- ☐ The pharmacy opening hours suit me
- ☐ The pharmacy was recommended to me
- ☐ The pharmacy provides good advice and information
- ☐ The customer service
- ☐ It is very accessible i.e. wheelchair / baby buggy friendly
- ☐ It is a well-known big chain
- ☐ It is not one of the big chains
- ☐ Other (please state)

16) Do you have any other comments that you would like to add regarding pharmaceutical services in Hull?

About You

The following questions help us to make sure that we have received the views of a representative sample of people and also help us to understand if different groups have different views and experiences. This helps us to make sure that we deliver our services fairly.

At the end of this section there is space for you to tell us anything else about yourself that we have not asked.

This information will remain confidential and will not be shared with anyone else. This information will not be reported at an individual level and will not be tied back to you.

Leave any questions you do not want to answer blank

Q17. What is your full postcode at home?

Q18. In which of the following age ranges are you? **Please tick one**

☐ 16 – 24 ☐ 25 – 34 ☐ 35 – 44 ☐ 45 – 54 ☐ 55 -64 ☐ 65+

Q19. What sex were you registered at birth? **Please tick one**

Note that a question about your gender identity will follow

☐ Female ☐ Male

Q20. Is the gender you identify as the same as your sex registered at birth? **Please tick one**

☐ Yes **(Go to Q22)** ☐ No

Q21. Please tell us how you describe yourself? **Please tick one**

☐ Female / Woman
☐ Male / Man
☐ Trans man / FTM
☐ Trans woman / MTF
☐ Gender fluid
☐ Gender non-conforming
☐ Non binary
☐ I describe myself in another way (please state)

Q22. Which of the following best describes your ethnic background? **Please tick one**

☐ White British
☐ Other White (please state)
☐ Black / Black British
☐ Asian / Asian British
☐ Mixed / Multiple ethnicities
☐ Arab
☐ Other (please state)

Q23. Are your day-to-day activities limited because of a health problem or an impairment which has lasted, or is expected to last, at least 12 months? (Please include conditions such as mental health issues or those related to ageing). **Please tick one**

☐ Yes, a little
☐ Yes, a lot
☐ No

Q24. If there is anything else you'd like to tell us about yourself, use the space below. Examples of things other people have told us are the different languages they speak, that they are transgender, or the voluntary work that they do.

Appendix H

Community Pharmacy User Survey Results Summary

The Public Health Department of Hull City Council carried out a public engagement survey between 24 March 2025 and 2 May 2025 to identify public perception of pharmaceutical services in Hull. A total of 187 residents completed the questionnaire. The analysis involved summarising both quantitative and qualitative data.

Demographics

Of the 187 respondents to the public engagement survey, 21.4% reported their age as over 65 years and 74.3% as under 65 years, while 4.4% chose not to disclose their age. 69.5% of respondents were female, and 26.2% were male. 4.3% did not disclose their gender. 45.5% consider that their day-to-day activities are limited because of a health problem either a little or a lot. The location of the respondents varied considerably. Whilst 42.1% of respondents said that they resided in the North Area Committee area of the city, 40.6% said that they resided in the West Area Committee area of the city, but only 17.3% of respondents said that they resided in the East Area Committee area of the city.

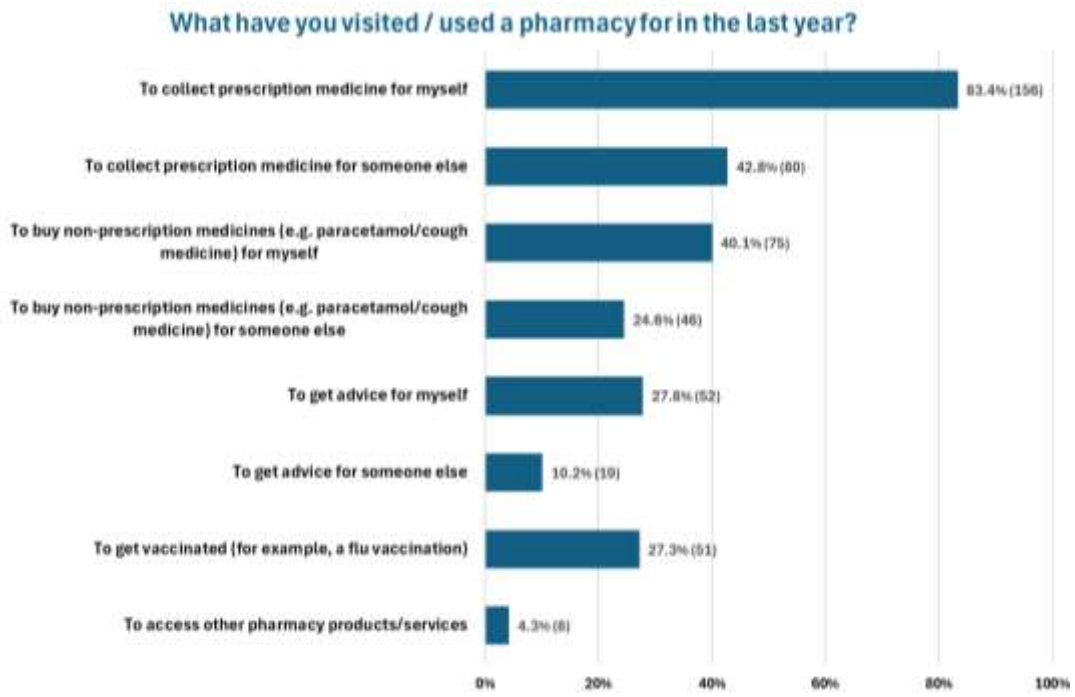
Based on mid-year 2022 population estimates, 15.5% of Hull's population is aged 65 years and older, and 42.6% live in North Area Committee area, 32.7% in East Area Committee area and 24.7%% in West Area Committee area. From the 2021 Census, 20.0% of Hull's residents had daily activities limited because of a health problem. Therefore, response rates were higher among women, people aged 65 years and older, people with poorer health, and residents of West Area Committee area, with response rates lower among residents of East Area Committee area.

Access

When asked how it was to visit / use their pharmacy of choice, 80.7% said it was either very easy or easy, whilst 8.6% said that it was either difficult or very difficult. 9.6% of people said that it was neither difficult nor easy, whilst 1.1% of people declined to reply. People were asked what the reasons were for not typically using or visiting their nearest pharmacy, and the most cited answers were that the service was too slow (8), it is not open when needed (7), and they don't have what is needed in stock (7). Respondents could also leave an open text response to this question. The most popular answer was that they used a pharmacy nearest to their doctor's surgery (4), preferring the branded pharmacy Boots (2), low staffing levels (2), and them being too slow (2).

When asked the reason for visiting a pharmacy in the past year, the majority (83.4%) of respondents stated it was for collection of their own prescription, 42.8% collected prescriptions for someone else, and 40.1% purchased over the counter items for themselves. ***Figure 44*** shows the multiple reasons given for accessing a pharmacy.

***Figure 44**: Reasons provided for visiting a pharmacy*



Satisfaction

Overall, satisfaction with pharmacies and their services was high. Many respondents rated their pharmacy of choice as good or very good in relation to opening hours (76.5%), the location (84.5%), knowledge of staff (80.2%), availability of products (71.1%), accessibility for buggies and wheelchairs (58.8%), speed of service (53.5%) and the pharmacy overall (81.8%).

Parking was the only area in which less than a majority thought the provision was either good or very good (33.7%), although smaller numbers thought it poor or very poor (21.4%) or neither poor nor good (24.1%).

Appendix I

Pharmacy Contractor & Dispensing Appliance Contractor Survey

Pharmacy and Dispensing Appliance Contractors Questionnaire for the Hull PNA

Hull City Council has commenced work on preparing the new pharmaceutical needs assessment, which we anticipate will be published by 1st October 2025. We need your help to gather / confirm important information to support the development of these documents which:

- May identify unmet needs for, or improvements or better access to pharmaceutical services for the population of Hull. This questionnaire will confirm / tell us where community pharmacies and dispensing appliance contractors are already contributing to meeting these needs and may be able to help us and other commissioners meet the needs of the population in the future, and
- Will be the basis for market entry applications to open new premises and may inform relocation of existing premises, applications to change core opening hours or to provide additional pharmaceutical services. NHS Humber and North Yorkshire Integrated Care Board will use the document to make decisions regarding these matters.

We have developed a questionnaire with the support of the pharmaceutical needs assessment steering group of which Community Pharmacy Humber is a member. In developing the questionnaire we are only asking for information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take no more than 5 minutes to complete.

Whilst available until **Friday, 14 February 2025,** we would appreciate if you could complete the questionnaire at your earliest convenience.

For more information regarding PNAs we would recommend you go to: https://cpe.org.uk/quality-and-regulations/market-entry/pharmaceutical-needs-assessment/.

The responses you provide will be collected by Hull City Council and will only be used for the purpose of this survey and

Pharmacy / Dispensing Appliance Contractor Premises Details

1. Please insert the ODS code (also known as the F code or pharmacy code and starts with the letter F) of the pharmacy or dispensing appliance contractor premises you are completing the questionnaire on behalf of: *

2. Please insert the address of the pharmacy / dispensing appliance contractor premises you are completing the questionnaire on behalf of: *

Opening Hours

NHS Humber and North Yorkshire Integrated Care Board has provided us with the opening hours for the pharmacies and dispensing appliance contractor premises in North Lincolnshire and a copy was attached to the email inviting you to complete this questionnaire.
Please review the recorded opening hours for the premises you are completing the questionnaire on behalf of.

3. Are the opening hours recorded by NHS Humber and North Yorkshire Integrated Care Board correct?

- ◯ Yes
- ◯ No

Appliances

4. Are prescriptions for appliances dispensed at the premises?

- ◯ Yes, all types
- ◯ Yes, excluding stoma appliances
- ◯ Yes, excluding incontinence appliances
- ◯ Yes, excluding stoma and incontinence appliances
- ◯ Yes, just dressings
- ◯ No, appliances are not dispensed

Other Facilities

5. Please tick whether you currently provide a delivery service or have installed an automated prescription collection point below.

	Yes	No
Private, free of charge delivery service	◯	◯
Is this service available to all patients?	◯	◯
Private, chargeable delivery service	◯	◯
Is the service available to all patients?	◯	◯
Automated prescription collection point?	◯	◯

6. If the delivery service is restricted please confirm the patient groups who may use the service.

7. Apart from English which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken

Capacity

Housing Developments
There are currently a number of housing and other developments taking place across Hull with more planned and the pharmaceutical needs assessment will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacy and dispensing appliance contractor premises. With this in mind, please select the options that best reflect your situation at the moment with regard to your premises and staffing levels.

8. We have sufficient capacity to manage the increase in demand in our area.

- [ ] Premises
- [ ] Staffing Levels
- [ ] Not Applicable

9. We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in or area.

- [ ] Premises
- [ ] Staffing Levels
- [ ] Not Applicable

10. We don't have sufficient capacity and would have difficulty in managing an increase in demand.

- [ ] Premises
- [ ] Staffing Levels
- [ ] Not Applicable

Please provide us with your contact details

11. Full name

12. Job title

13. Email

14. Telephone number

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Microsoft Forms

Appendix J

List of all providers of pharmaceutical services in Hull (1 September 2025)

Pharmacy Code (ODS	Contractor name	"Contract" type	Pharmacy trading name	Address 1	Postcode	Ward	Locality (Area Committee)
FHJ42	Mackenzie JE	Standard	**Chanterlands Pharmacy\Mackenzie JE**	121-123 Chanterlands Ave	HU5 3TG	Avenue	North
FHX22	El Chon Ltd	Standard	**Princes Pharmacy**	Unit 4 Princes Court, Princes Avenue	HU5 3QA	Avenue	North
FF055	Boots UK Ltd	Standard	**Boots Pharmacy**	139 Newland Avenue	HU5 2ES	Beverley & Newland	North
FH891	Day Lewis Plc	Standard	**Day Lewis Pharmacy**	59 - 61 Newland Avenue	HU5 3BG	Beverley & Newland	North
FEH50	Associated Apothecaries Ltd	Standard	**Hull Pharmacy**	564 Beverley Road	HU6 7LG	Beverley & Newland	North
FED94	Care First Clinic Limited	Distance Selling	**Care First Pharmacy & Clinic**	Unit 299 National Avenue	HU5 4JB	Bricknell	North
FDC27	KPharm Enterprises Ltd	Standard	**Keith's Pharmacy**	264 Bricknell Avenue	HU5 4QG	Bricknell	North
FDY08	Boots UK Ltd	Standard	**Boots Pharmacy**	St Stephens Shopping Centre	HU2 8LN	Central	North
FH715	Pharmanuel Ltd	Standard	**Botanic Pharmacy**	Wolseley Medical Centre, Londesborough St	HU3 1DS	Central	North
FND22	Salts Healthcare Ltd	DAC	**Salts Medilink**	3 Albion House, Albion Street	HU1 3TE	Central	North
FW050	Tesco Stores Ltd	Extended-hours	**Tesco Pharmacy**	St Stephens Shopping Centre	HU2 8RW	Central	North
FDE47	Asda Stores Ltd	Standard	**Asda Pharmacy**	Kingswood Retail Park, Bude Road	HU7 3DA	Kingswood	North
FKJ52	Boots UK Ltd	Standard	**Boots Pharmacy**	Unit 6 Kingswood Retail Park, Althorpe Road	HU7 3DA	Kingswood	North
FM846	Jhoots Pharmacy Ltd	Standard	**Jhoots Pharmacy**	School Lane, Kingswood	HU7 3JQ	Kingswood	North
FXH62	The Pharmacy Group Corporation Ltd	Standard	**Grampian Way - The Pharmacist**	Grampian Way Shopping Centre	HU7 5BJ	North Carr	North
FTF93	Sutton Manor Pharma Services Ltd	Extended-hours	**Sutton Manor Pharmacy**	St Ives Close, Wawne Road	HU7 4PT	North Carr	North
B81020	Hull Nexus PCN	DispPractice	**Sutton Manor Surgery**	St Ives Close, Wawne Road	HU7 4PT	North Carr	North
FGE19	Boots UK Ltd	Standard	**Boots Pharmacy**	The Orchard Centre, 210 Orchard Road	HU6 9BX	Orchard Park	North
FNV07	Exel (Chemists) Ltd	Standard	**Orchard 2000 Pharmacy**	480 Hall Road	HU6 9BS	Orchard Park	North
FC789	Tesco Stores Ltd	Standard	**Tesco Pharmacy**	Hall Road	HU6 7XP	Orchard Park	North
FTQ10	Boots UK Ltd	Standard	**Boots Pharmacy**	479 Endike Lane	HU6 8AQ	University	North
FM908	Keith's Chemist Ltd	Standard	**Keith's Chemist**	404 Cottingham Road	HU6 8QE	University	North
FL087	Boots UK Ltd	Standard	**Boots Pharmacy**	55 Northpoint Shopping Centre, Goodhart Road	HU7 4EF	West Carr	North
FNC57	Middlefield Enterprises Ltd	Standard	**Bransholme Pharmacy**	48-49 Northpoint Shopping Centre	HU7 4EE	West Carr	North
FL102	LP SD Ninety Four Limited	Standard	**Jhoots Pharmacy**	3-4 Littondale Shopping Centre, Sutton Park	HU7 4BJ	West Carr	North
FE758	Lincolnshire Co-Operative Ltd	Standard	**Lincolnshire Co-operative Ltd**	19 North Point Shopping Centre	HU7 4EE	West Carr	North
FE548	Asda Stores Ltd	Standard	**Asda Pharmacy**	Mount Pleasant Retail Park	HU9 2BN	Drypool	East
FQJ68	City Health Pharmacy Ltd	Standard	**City Health Pharmacy**	81 Southbridge Road	HU9 1TR	Drypool	East
FWH25	Holderness Pharm Ltd	Standard	**Holderness Pharmacy**	394 Holderness Road	HU9 3DL	Drypool	East
FXC74	Morrill Investments Ltd	Standard	**Morrill Pharmacy**	312 Holderness Road	HU9 3DA	Drypool	East
FK213	The Pharmacy Group Corporation Ltd	Standard	**Morrill Street - The Pharmacist**	26 Morrill Street	HU9 2LJ	Drypool	East
FNV89	Medix-AG Ltd	Distance Selling	**Wilberforce Pharmacy Online**	Unit 5 Shine Knowledge and Innovation Park	HU8 7FB	Drypool	East
FK685	F.F. & R. Stevenson	Standard	**F.F. & R. Stevenson**	389a James Reckitt Avenue	HU8 0JE	Holderness	East
FR816	Boots UK Ltd	Standard	**Boots Pharmacy**	8 Ings Centre, Savoy Road	HU8 0TX	Ings	East
FCJ99	Asda Stores Ltd	Standard	**Asda Pharmacy**	Main Road Bilton	HU11 4AL	Longhill & Bilton Grange	East
FMH51	LP SD Fifty Three Limited	Standard	**Jhoots Pharmacy**	Unit 1-4 Diadem Grove, Bilton Grange	HU9 4AL	Longhill & Bilton Grange	East
FW300	LP SD Twenty Six Ltd	Standard	**Longhill Pharmacy**	Longhill Healthcare Centre, 164 Shannon Road	HU8 9RW	Longhill & Bilton Grange	East
FCW34	LP SD Sixty Nine Limited	Standard	**Allied Pharmacy Marfleet**	304 Marfleet Lane	HU9 5AQ	Marfleet	East

Pharmacy Code (ODS	Contractor name	"Contract" type	Pharmacy trading name	Address 1	Postcode	Ward	Locality (Area Committee)
FC576	VMA Healthcare Services Limited	Standard	**Marfleet Pharmacy**	Marfleet Primary Care Centre, Preston Road	HU9 5HH	Marfleet	East
FCT56	Boots UK Ltd	Standard	**Boots Pharmacy**	464 Holderness Road	HU9 3DS	Southcoates	East
FJ602	Exel (Chemists) Ltd	Standard	**Exel Pharmacy**	284-286 Southcoates Lane	HU9 3AP	Southcoates	East
FW574	WM Morrisons Supermarkets Ltd	Standard	**Morrisons Pharmacy**	716-718 Holderness Road	HU9 3JA	Southcoates	East
FCD13	Boots UK Ltd	Standard	**Boots Pharmacy**	63a Church Street, Sutton-on-Hull	HU7 4TG	Sutton	East
FHQ26	Boots UK Ltd	Standard	**Boots Pharmacy**	912 Spring Bank West	HU5 5BL	Boothferry	West
FF903	Barshaw Ltd	Standard	**Newtons Pharmacy**	1028 Anlaby High Road	HU4 7RA	Boothferry	West
FMG97	Brocklehurst Chemist Ltd	Standard	**Brocklehurst Chemist**	214 Willerby Road	HU5 5JW	Derringham	West
FVN84	Brocklehurst Chemist Ltd	Standard	**Brocklehurst Chemist**	801 Hotham Road South	HU5 5JX	Derringham	West
FC001	Pharmedix Ltd	Standard	**Anlaby Pharmacy**	442 Anlaby Road	HU3 6QP	Newington & Gipsyville	West
FXQ44	Boots UK Ltd	Standard	**Boots Pharmacy**	763 Hessle Road, Gipsyville	HU4 6PJ	Newington & Gipsyville	West
FDA45	Sutton Manor Pharma Services Ltd	Standard	**J E MacKenzie Pharmacy**	633 Anlaby Road	HU3 6SX	Newington & Gipsyville	West
FPE12	Regal 100 Ltd	Extended-hours	**Newington Pharmacy**	525 Anlaby Road	HU3 6EN	Newington & Gipsyville	West
FQW70	Associated Apothecaries Ltd	Standard	**Bethune Avenue Pharmacy**	75 Bethune Avenue	HU4 7EH	Pickering	West
FVF30	El Chon Ltd	Standard	**Princes Pharmacy**	253 Anlaby Road	HU3 2SE	St Andrew's & Docklands	West
FE336	Asda Stores Ltd	Extended-hours	**Asda Pharmacy**	Hessle Road	HU3 4PE	St Andrew's & Docklands	West
FCG94	Boots UK Ltd	Extended-hours	**Boots Pharmacy**	Unit 3a Kingston Retail Park, Kingston Street	HU1 2TX	St Andrew's & Docklands	West
FGL30	City Health Pharmacy Ltd	Standard	**City Health Pharmacy**	16 Goodwin Parade, Walker Street	HU3 2HA	St Andrew's & Docklands	West
FD005	Jhoots Pharmacy Ltd	Standard	**Jhoots Pharmacy**	Elliot Chappell Health Centre, 217 Hessle Road	HU3 4BB	St Andrew's & Docklands	West
FQ217	Superdrug Stores Plc	Standard	**Superdrug Pharmacy**	64-66 Whitefriargate	HU1 2HU	St Andrew's & Docklands	West
FCF18	Medix-AG Ltd	Extended-hours	**Wilberforce Pharmacy**	21 Story Street	HU1 3SA	St Andrew's & Docklands	West
FFX50	Pharmesthetics UK Limited	Distance Selling	**Pharmago**	23-31 Hessle Road	HU3 2AA	St Andrew's & Docklands	West

Appendix K

Opening hours of Hull pharmacies (excluding distance-selling premises, dispensing appliance contractors and dispensing practices)

Locality	Ward	ODS code	Trading name	Contract type	Opening hours by day of the week						
					Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
North	Avenue	FHJ42	Chanterlands Pharmacy\ Mackenzie JE	Standard	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	09:00-18:00	09:00-17:30	Closed
North	Avenue	FHX22	Princes Pharmacy	Standard	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
North	Beverley & Newland	FF055	Boots Pharmacy	Standard	09:00-14:00 15:00-18:00	09:00-14:00 15:00-18:00	09:00-14:00 15:00-18:00	09:00-14:00 15:00-18:00	09:00-14:00 15:00-18:00	09:00-14:00 15:00-17:30	Closed
North	Beverley & Newland	FH891	Day Lewis Pharmacy	Standard	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-13:00	Closed
North	Beverley & Newland	FEH50	Hull Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
North	Bricknell	FDC27	Keith's Pharmacy	Standard	09:00-17:45	09:00-17:45	09:00-17:45	09:00-17:45	09:00-17:45	09:00-13:00	Closed
North	Central	FDY08	Boots Pharmacy	Standard	08:30-14:00 15:00-18:00	08:30-14:00 15:00-18:00	08:30-14:00 15:00-18:00	08:30-14:00 15:00-18:00	08:30-14:00 15:00-18:00	08:30-14:00 15:00-18:00	10:30-16:30
North	Central	FH715	Botanic Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
North	Central	FW050	Tesco Pharmacy	Extended-hours	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	11:00-17:00
North	Kingswood	FDE47	Asda Pharmacy	Standard	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	10:00-16:00
North	Kingswood	FKJ52	Boots Pharmacy	Standard	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-18:00	10:30-16:30
North	Kingswood	FM846	Jhoots Pharmacy	Standard	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	Closed	Closed
North	North Carr	FXH62	Grampian Way - The Pharmacist	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	08:30-13:00	Closed
North	North Carr	FTF93	Sutton Manor Pharmacy	Extended-hours	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-15:00	09:00-15:00
North	Orchard Park	FGE19	Boots Pharmacy	Standard	07:30-13:00 14:00-18:30	07:30-13:00 14:00-18:30	07:30-13:00 14:00-18:30	07:30-13:00 14:00-18:30	07:30-13:00 14:00-18:30	08:00-13:00	Closed
North	Orchard Park	FNV07	Orchard 2000 Pharmacy	Standard	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:00	Closed
North	Orchard Park	FC789	Tesco Pharmacy	Standard	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	10:00-16:00
North	University	FTQ10	Boots Pharmacy	Standard	09:00-12:00 13:00-18:00	09:00-12:00 13:00-18:00	09:00-12:00 13:00-18:00	09:00-12:00 13:00-18:00	09:00-12:00 13:00-18:00	09:00-13:00	Closed
North	University	FM908	Keith's Chemist	Standard	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
North	West Carr	FL087	Boots Pharmacy	Standard	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	Closed
North	West Carr	FNC57	Bransholme Pharmacy	Standard	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	Closed

Locality	Ward	ODS code	Trading name	Contract type	Opening hours by day of the week						
					Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
North	West Carr	FL102	Jhoots Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
North	West Carr	FE758	Lincolnshire Co-operative Ltd	Standard	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
East	Drypool	FE548	Asda Pharmacy	Standard	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	10:00-16:00
East	Drypool	FQJ68	City Health Pharmacy	Standard	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
East	Drypool	FWH25	Holderness Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
East	Drypool	FXC74	Morrill Pharmacy	Standard	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-17:30	Closed
East	Drypool	FK213	Morrill Street - The Pharmacist	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed
East	Holderness	FK685	F.F. & R. Stevenson	Standard	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	Closed	Closed
East	Ings	FR816	Boots Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
East	Longhill & Bilton Grange	FCJ99	Asda Pharmacy	Standard	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	10:00-16:00
East	Longhill & Bilton Grange	FMH51	Jhoots Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed
East	Longhill & Bilton Grange	FW300	Longhill Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	08:30-13:00	Closed
East	Marfleet	FCW34	Allied Pharmacy Marfleet	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed
East	Marfleet	FC576	Marfleet Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
East	Southcoates	FCT56	Boots Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
East	Southcoates	FJ602	Exel Pharmacy	Standard	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
East	Southcoates	FW574	Morrisons Pharmacy	Standard	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-18:00	10:00-16:00
East	Sutton	FCD13	Boots Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
West	Boothferry	FHQ26	Boots Pharmacy	Standard	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	09:00-13:00	Closed
West	Boothferry	FF903	Newtons Pharmacy	Standard	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	Closed
West	Derringham	FMG97	Brocklehurst Chemist	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
West	Derringham	FVN84	Brocklehurst Chemist	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
West	Newington & Gipsyville	FC001	Anlaby Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
West	Newington & Gipsyville	FXQ44	Boots Pharmacy	Standard	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	10:00-16:00	Closed
West	Newington & Gipsyville	FDA45	J E MacKenzie Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
West	Newington & Gipsyville	FPE12	Newington Pharmacy	Extended-hours	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	09:00-18:00	06:00-14:00

Locality	Ward	ODS code	Trading name	Contract type	Opening hours by day of the week						
					Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
West	Pickering	FQW70	Bethune Avenue Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
West	St Andrew's & Docklands	FVF30	Princes Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
West	St Andrew's & Docklands	FE336	Asda Pharmacy	Extended-hours	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	10:00-16:00
West	St Andrew's & Docklands	FCG94	Boots Pharmacy	Extended-hours	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	10:30-16:30
West	St Andrew's & Docklands	FGL30	City Health Pharmacy	Standard	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-12:00	Closed
West	St Andrew's & Docklands	FD005	Jhoots Pharmacy	Standard	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
West	St Andrew's & Docklands	FQ217	Superdrug Pharmacy	Standard	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	Closed
West	St Andrew's & Docklands	FCF18	Wilberforce Pharmacy	Extended-hours	10:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-19:00

Appendix L

Consultation on draft Pharmaceutical Needs Assessment

Consultation process

Further details on the consultation process are given in ***Appendix A*** in terms of the regulatory requirements.

The draft version of the Pharmaceutical Needs Assessment for consultation was approved by the Pharmaceutical Needs Assessment Steering Group on Tuesday 24 June.

The statutory consultees were emailed directly and invited to answer a series of questions and provide additional comments on the draft report (see questionnaire below). The consultation was also included on the Hull City Council Your Say website.

The 60-day consultation period ran from Wednesday 25 June to Sunday 24 August 2025.

No responses were obtained from members of the public, and four responses were received from pharmacies or organisations within the consultation period. The responses are summarised below in the next section.

However, during the consultation period, at the end of July and beginning of August, two of Hull's extended-hours pharmacies closed, and on 1 August a new distance selling premise was opened, so it was necessary to revise the Pharmaceutical Needs Assessment following these changes to pharmacy provision in the city. Despite the closures occurring three weeks prior to the end of the consultation period, none of the consultees raised the closures as an issue or suggested that this had resulted in any gaps in pharmacy provision.

The final version of Hull's Pharmaceutical Needs Assessment for 2025-2028 should be published in October 2025 and will be made available on Hull City Council's main website at https://www.hull.gov.uk/public-health/needs-assessments.

Consultation questions

Note that all response options are displayed but will only be appear if specific response options are stated. The “About You” section will only be completed by members of the public.

Hull Health and Wellbeing Board Pharmaceutical Needs Assessment Consultation 2025

Hull's Health and Wellbeing Board is under a statutory obligation to draft, consult upon and publish a pharmaceutical needs assessment in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, by 1 October 2025.

The pharmaceutical needs assessment is designed to assess the current provision of pharmaceutical services (i.e. those services that NHS England and the Integrated Care Board commission from pharmacies, dispensing doctors and dispensing appliance contractors), have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services. The pharmaceutical needs assessment assists the Integrated Care Board in determining applications by pharmacies and dispensing appliance contractors for new, additional or relocated premises, changes to opening hours or the provision of more pharmaceutical services.

Whilst not falling within the legal definition of 'pharmaceutical services', there may be services currently commissioned by Hull City Council or NHS Hull Integrated Care Board that inform the conclusions reached in this process and may assist those organisations in considering their commissioning intentions of other local services from pharmacies.

As part of this process, Hull's Health and Wellbeing Board is conducting a consultation process on the draft pharmaceutical needs assessment for 2025-2028 and seeks your views on the document. The consultation period starts on Wednesday 25 June 2025 and **ends on Sunday 24 August 2025**.

If you would like more information about the consultation or have questions about the pharmaceutical needs assessment, please email publichealthintelligence@hullcc.gov.uk

We will publish a feedback report after the consultation closes, and we will use your responses to consider if we need to make changes to the Pharmaceutical Needs Assessment 2025-2028.

Your details and responses will be held, stored and processed by Hull City Council's Public Health Intelligence Team who are working on the Pharmaceutical Needs Assessment on behalf of the Health and Wellbeing Board. Please do not include any personal data such as your name and contact details.

The draft pharmaceutical needs assessment can be found here: LINK

Q1a **Please select in which capacity you are responding**
1

Please tick one

- ☐ On behalf of a pharmacy
- ☐ On behalf of a dispensing appliance contractor
- ☐ On behalf of a dispensing doctor
- ☐ On behalf of an organisation (please state)
- ☐ A personal response

Please state which organisation:

Q2a1 **Has the purpose of the pharmaceutical needs assessment been explained?**

Please tick one

- ☐ Yes
- ☐ No
- ☐ Don't know

Please let us know why you answered the question in the way you did.

Q3a1 **Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?**

Please tick one

- ☐ Yes
- ☐ No
- ☐ Don't know

If no, please let us know which services and which area your comment refers to for example the whole of the area covered by the council, or the part that your organisation covers, or the area that you live in.

Q4a1 **Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?**

Please tick one

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, please let us know what they are.

Q5a1 **Does the draft pharmaceutical needs assessment reflect the needs of your area's population?**

Please tick one

- ☐ Yes
- ☐ No
- ☐ Don't know

If no, please let us know why and which area your comment refers to.

Q6a1 **Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?**

Please tick one

- ☐ Yes
- ☐ No
- ☐ Don't know

If no, please let us know why.

Q7a1 **Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**

Please tick one

- ☐ Yes
- ☐ No
- ☐ Don't know

If no, please let us know why.

Q8a1 **Do you agree with the conclusions of the pharmaceutical needs assessment?**

Please tick one

- ☐ Yes
- ☐ No
- ☐ Don't know

If no, please let us know why.

Q9a1 **Do you have any other comments?**

Please tick one

- ☐ Yes
- ☐ No

If yes, please specify below with reference to the page and section number.

About You

The following questions help us to understand if different groups of people have different views and experiences and also help us to make sure that we have collected the views of a variety of different people.

This information will remain confidential and will not be shared with anyone else.It will be used only for analysis / reporting purposes and will not be reported at an individual level. If you leave your contact details at the end of this survey, they will be removed before analysis of the results is carried out and will not be reported.

There is a space at the end for you to tell us anything else about yourself that you think is relevant, or that you feel you want us to know.

If there are any questions you do not want to answer, please leave them blank.

Q10 **What is your full postcode at home?**

Q11 **In which of the following age ranges are you?** Please tick one

- ☐ 16-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+

Q12 **What sex were you registered at birth? Please tick one**

Note that a question about your gender identity will follow

- ☐ Female
- ☐ Male

Q13 Is the gender you identify as the same as your sex registered at birth?

Please tick one

- ☐ Yes
- ☐ No

Q14 **Please tell us how you describe yourself?**

Please tick one

- ☐ Female/Woman
- ☐ Male/Man
- ☐ Trans man/FTM
- ☐ Trans woman/MTF
- ☐ Gender fluid
- ☐ Gender non-conforming
- ☐ Non binary
- ☐ I describe myself in another way (please state)

Please specify: _____

Q15 Which of the following best describes your ethnic background?

Please tick one

- ☐ White British
- ☐ Other White (please state)
- ☐ Black/Black British
- ☐ Asian/Asian British
- ☐ Mixed/Multiple ethnicities
- ☐ Arab
- ☐ Other (please state)

Other White (please state)

_____

Other (please state)

_____

Q16 Are your day-to-day activities limited because of a health problem or an impairment which has lasted, or is expected to last, at least 12 months? (Please include conditions such as mental health issues or those related to ageing).

Please tick one

- ☐ Yes, a little
- ☐ Yes, a lot
- ☐ No

Q17 **If there is anything else you'd like to tell us about yourself, use the space below.**

_____

Take part in other surveys and make a difference

Sign up for the People's Panel

Have you signed up for the People's Panel yet? Have your say on the way public services are delivered, and on the future of the city and take part in local and national research projects that are both interesting and important.

People's Panel members influence many local decisions that affect them and their families. It couldn't be easier. You don't have to come to any meetings; we will send a survey straight to you by email. Every time you complete a survey, you will be entered into a prize draw to win a fabulous prize.

Q18 **Name**

Q19 **Email**

Thank you for your time. Please click submit

We will consider all responses from this consultation, and where appropriate update our Pharmaceutical Needs Assessment. Details of the consultation and a summary of the anonymised responses from the consultation, including your response, will be published within the final Pharmaceutical Needs Assessment.

Thank you for taking part in our consultation on Health and Wellbeing Board's draft Pharmaceutical Needs Assessment for Hull.

The final Health and Wellbeing Board's Pharmaceutical Needs Assessment for Hull 2025-2028 will be published in October 2025. It will be available at https://www.hull.gov.uk/public-health/needs-assessments

Responses obtained as part of the consultation process

At the end of the consultation on the 24 August 2025, four responses had been received within the 60-day consultation period.

Three of the responses were undertaken on behalf a pharmacy and one response was on behalf of an organisation.

All four responses gave the same responses to all the questions with the responses given below for each of the questions, namely:

- Has the purpose of the pharmaceutical needs assessment been explained? **YES**
- Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area? **YES**
- Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment? **NO**
- Does the draft pharmaceutical needs assessment reflect the needs of your area's population? **YES**
- Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises? **YES**
- Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? **YES**
- Do you agree with the conclusions of the pharmaceutical needs assessment? **YES**
- Do you have any other comments? **NO**

There were no additional comments provided which related to the draft Pharmaceutical Needs Assessment.

Given that the purpose of the Pharmaceutical Needs Assessment had been explained, it reflected current provision and needs of the population, no gaps were identified, there were sufficient information to inform market entry decisions and future provision, and that all four consultees agreed with the conclusions of the draft Pharmaceutical Needs Assessment, the Health and Wellbeing Board were satisfied that no changes to the Pharmaceutical Needs Assessment were necessary as a result of statutory consultation.

Furthermore, despite the closure of two extended-hour pharmacies occurring three weeks prior to the end of the consultation period, none of the consultees raised these closures as an issue or suggested that this had resulted in any gaps in pharmacy provision.