Pharmaceutical Needs Assessment 2025

Nottingham City Health and Wellbeing Board

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Contents

Contents **3**
List of tables **7**
List of figures **8**
Abbreviations **10**
Executive summary **12**
Section 1: Introduction **18**
1.1 Background and context 18
1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA) 19
1.3 Key upcoming changes 20
1.4 Purpose of the PNA 21
1.5 Scope of the PNA 22
1.5.1 Pharmacy contractors 23
1.5.2 Dispensing Appliance Contractors (DACs) 29
1.5.3 Dispensing GP practices 29
1.5.4 Other providers of pharmaceutical services in neighbouring areas 29
1.6 Process for developing the PNA 30
1.7 Localities for the purpose of the PNA 31
Section 2: Context for the PNA **34**
2.1 NHS Long Term Plan 34
2.2 Core20PLUS5 34
2.3 The 10 Year Health Plan 35
2.4 Neighbourhood health guidelines 36
2.5 Pioneers of reform – Strategic commissioning 36
2.6 Joint Strategic Needs Assessment (JSNA) 36
2.7 Joint Local Health and Wellbeing Strategies (JLHWS) 37
2.8 Integrated Care System Strategy 37
2.9 Nottingham City the place 38
2.9.1 Population overview 38
2.9.2 Age and sex 39
2.9.3 Population change 40
2.9.4 Predicted population growth 41
2.9.5 Number of households 44

2.9.6 Household projections 45
2.9.7 Car or van availability 46
2.9.8 Travel to work 47
2.9.9 Ethnicity 48
2.9.10 Religion 50
2.9.11 Household languages 50
2.9.12 Additional population characteristics 51
2.10 Deprivation 56
2.11 Health of the population 57
2.11.1 Life expectancy 57
2.11.2 Health behaviours 58
2.12 Burden of disease 66
2.12.1 Long term conditions 66
Section 3: NHS pharmaceutical services provision, currently commissioned 77
3.1 Overview 77
3.2 Community pharmacies 79
3.2.1 Distance Selling Pharmacies 80
3.2.2 Weekend and evening provision 80
3.2.3 Access to community pharmacies 83
3.2.4 Advanced Service provision from community pharmacies 90
3.2.5 Enhanced Service provision from community pharmacy 92
3.3 Dispensing Appliance Contractors 92
3.4 Dispensing GP practices 92
3.5 PhAS pharmacies 93
3.6 Pharmaceutical service provision provided from outside Nottingham City 93
Section 4: Other services that may impact on pharmaceutical services provision ... 94
4.1 ICB-commissioned services 94
4.2 Local authority-commissioned services provided by community pharmacies in Nottingham City 94
4.2.1 Independent prescribing pathfinder programme 95
4.3 Other services provided from community pharmacies 96
4.3.1 Collection and delivery services 96
4.3.2 Services for less-abled people 96
4.3.3 Languages 96

4.4 Other providers that reduce the need for pharmaceutical service provision 96
4.4.1 NHS hospitals 96
4.4.2 Personal administration of items by GP practices 97
4.4.3 Prison pharmacies 97
4.4.4 Substance use services 97
4.4.5 Flu vaccination service by GP Practices 97
4.5 Other services that may increase the demand for pharmaceutical service provision 97
4.5.1 Urgent care centres 97
4.5.2 Extended hours provided by PCNs 97
4.5.3 Community nursing prescribing 98
4.5.4 Dental services 98
4.6 Other services 98
Section 5: Findings from the public questionnaire 99
5.1 Demographic analysis 99
5.2 Visiting a pharmacy 100
5.3 Reason for visiting a pharmacy 100
5.4 Choosing a pharmacy 100
5.5 Access to a pharmacy 101
5.6 Other comments 101
5.7 Additional insights from Healthwatch Nottingham and Nottinghamshire 101
Section 6: Analysis of health needs and pharmaceutical service provision 103
6.1 Pharmaceutical services and health needs 103
6.2 PNA localities 103
6.2.1 BACHS PCN 105
6.2.2 Bestwood and Sherwood PCN 107
6.2.3 Bulwell and Top Valley PCN 109
6.2.4 Clifton and Meadows PCN 111
6.2.5 Nottingham City East PCN 113
6.2.6 Nottingham City South PCN 116
6.2.7 Radford and Mary Potter PCN 118
6.2.8 Unity PCN 120
6.3 Nottingham City pharmaceutical services and health needs 122
6.3.1 Necessary Services: current provision across Nottingham City 124

6.3.2 Necessary Services: gaps in provision across Nottingham City 124
6.3.3 Other relevant services: current provision 125
6.4 Improvements and better access: gaps in provision across Nottingham City 125
Section 7: Conclusions 127
7.1 Statements of the PNA 127
7.1.1 Current provision of Necessary Services 127
7.1.2 Future provision of Necessary Services 128
7.1.3 Other relevant services – gaps in provision 128
7.1.4 Improvements and better access – gaps in provision 129
7.2 Future opportunities for possible community pharmacy services in Nottingham City 130
7.2.1 Introduction 130
7.2.2 Opportunities for pharmaceutical service provision 130
7.2.3 Existing services 130
7.2.4 Further considerations 133
Appendix A: List of pharmaceutical services providers in Nottingham City 136
BACHS PCN 137
Bestwood and Sherwood PCN 138
Bulwell and Top Valley PCN 139
Clifton and Meadows PCN 140
Nottingham City East PCN 141
Nottingham City South PCN 142
Radford and Mary Potter PCN 143
Unity PCN 143
Appendix B: PNA project plan 145
Appendix C: PNA Steering Group terms of reference 146
Appendix D: Public questionnaire 148
Appendix E: Consultation stakeholders 154
Appendix F: Summary of consultation responses 155
Appendix G: Consultation comments 158

List of tables

Table 1: Timeline for PNAs 18
Table 2: Percentage of households across Nottingham City with access to at least one car or van 46
Table 3: Life expectancy and healthy life expectancy for males and females in Nottingham City, Nottinghamshire County, East Midlands and England, 2021-2023 (years) 57
Table 4: Age adjusted prevalence of obesity per 1,000 population by PCN area (March 2024) 59
Table 5: Age adjusted prevalence of overweight per 1,000 population by PCN area (March 2024) 59
Table 6: Age adjusted prevalence of smoking per 1,000 population (March 2024) 60
Table 7: Age adjusted prevalence of history of alcohol use per 1,000 population (March 2024) 61
Table 8: Cancer screening uptake among eligible population (%) in City, County and England in 2023 74
Table 9: Age adjusted prevalence of depression per 1,000 population by PCN (March 2024) 75
Table 10: Contractor type and number in Nottingham City 77
Table 11: Number of community pharmacies in Nottingham City 79
Table 12: Number of community pharmacies per 100,000 population 79
Table 13: Average number of community pharmacies in 100,000 population by PCN 79
Table 14: Number of 72-hour community pharmacies by PCN 81
Table 15: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday 89
Table 16: Percentage of providers August-October 2024 (and signed up) for Advanced Services and Enhanced Services 91
Table 17: Percentage of providers for Nottingham and Nottinghamshire ICB commissioned services in Nottingham City 94
Table 18: Percentage of providers for NCC commissioned services in Nottingham City ... 95
Table 19: BACHS PCN Relevant Services 106
Table 20: Bestwood and Sherwood PCN Relevant Services 108
Table 21: Bulwell and Top Valley PCN Relevant Services 110
Table 22: Clifton and Meadows PCN Relevant Services 112
Table 23: Nottingham City East PCN Relevant Services 115
Table 24: Nottingham City South PCN Relevant Services 117
Table 25: Radford and Mary Potter PCN Relevant Services 119
Table 26: Unity PCN Relevant Services 121

List of figures

Figure 1: Map of Nottingham City HWB area 33
Figure 2: Core20PLUS5 priorities 35
Figure 3: Office for National Statistics (ONS) mid-year-estimates 2022 by sex for the PCN areas 39
Figure 4: ONS 2021 Census - population density of residents per square kilometre 2021 39
Figure 5: Office for National Statistics (ONS) 2022 mid-year estimate – Proportion of Nottingham population by sex and five-year age band 40
Figure 6: Primary Care Network (PCN) population change from the 2011 census compared to the 2021 census 41
Figure 7: ONS mid-year estimates alongside ONS population projection data for Nottingham from 2018 through to 2043 42
Figure 8: ONS population projections for Nottingham with components of change (births, deaths and migration) 2021-2043 42
Figure 9: ONS 2023 mid-year estimates by age group alongside ONS age population projection data for Nottingham in 2043 43
Figure 10: ONS 2023 mid-year estimate alongside ONS population projection data for Nottingham in 2043 44
Figure 11: ONS household projections for Nottingham 45
Figure 12: Nottingham travel to work methods 47
Figure 13: ONS Census 2021 travel to work method by PCN areas 47
Figure 14: Proportion of distance travelled to work for people aged 16+ in employment 48
Figure 15: ONS Census 2021- percentage of usual residents by ethnic group by PCN areas in Nottingham 49
Figure 16: ONS Census 2021- percentage of adults by religion by PCN areas in Nottingham 50
Figure 17: ONS Census 2021 - percentage of households with English as main household language across different PCN areas in Nottingham 51
Figure 18: Proportion of people by deprivation decile within each PCN area 56
Figure 19: New STI diagnoses (excluding Chlamydia aged under 25) per 100,000 – crude rate – Nottingham and England 62
Figure 20: HIV testing rate per 100,000 population, Nottingham and England 63
Figure 21: Quality and Outcomes Framework (QOF) prevalence of atrial fibrillation by PCN area compared to Nottingham and England 67
Figure 22: QOF prevalence of CHD by PCN compared to Nottingham and England 67
Figure 23: QOF prevalence of heart failure by PCN compared to Nottingham and England 68
Figure 24: QOF prevalence of hypertension by PCN compared to Nottingham and England 69
Figure 25: QOF prevalence of PAD by PCN compared to Nottingham and England 69
Figure 26: QOF prevalence of STIA by PCN compared to Nottingham and England 70
Figure 27: QOF prevalence of diabetes mellitus by PCN compared to Nottingham and England 71

Figure 28: QOF prevalence of asthma by PCN compared to Nottingham and England 72
Figure 29: QOF prevalence of COPD by PCN compared to Nottingham and England.....72
Figure 30: QOF prevalence of cancer by PCN compared to Nottingham and England 73
Figure 31: QOF prevalence of mental health by PCN area compared to Nottingham and England.....75
Figure 32: Map of pharmacies in Nottingham City and across borders 78
Figure 33: Map of 72-hour community pharmacies.....82
Figure 34: Map of pharmacies and population density 83
Figure 35: Map of pharmacies and deprivation areas.....84
Figure 36: Average walk times to community pharmacies.....86
Figure 37: Drive times by car to the nearest pharmacy.....87
Figure 38: Public transport times to the nearest pharmacy.....88

Abbreviations

AF	Atrial Fibrillation
AS	Advanced Service
AUR	Appliance Use Review
BSA	Business Services Authority
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CP	Community Pharmacy
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
DMS	Discharge Medicines Service
DSP	Distance Selling Pharmacy
EHC	Emergency Hormonal Contraception
ES	Essential Service
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JLHWS	Joint Local Health and Wellbeing Strategy
JSNA	Joint Strategic Need Assessment
LCS	Locally Commissioned Services
LE	Life Expectancy
LES	Local Enhanced Service
LFD	Lateral Flow Device
LGBT	Lesbian, Gay, Bisexual and Transgender

LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Areas
LTC	Long Term Condition
NCC	Nottingham City Council
NES	National Enhanced Service
NHS	National Health Service
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NPA	National Pharmacy Association
OC	Oral Contraception
ONS	Office for National Statistics
PAD	Peripheral Arterial Disease
PAF	Paroxysmal Atrial Fibrillation
PhAS	Pharmacy Access Scheme
PLPS	NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
PNA	Pharmaceutical Needs Assessment
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCT	Primary Care Trust
PGD	Patient Group Direction
QOF	Quality and Outcomes Framework
RSV	Respiratory Syncytial Virus
SAC	Stoma Appliance Customisation
SAIU	Systems Analytics Intelligence Unit
SCS	Smoking Cessation Service
SMD	Severe Multiple Disadvantage
STI	Sexually Transmitted Infection
STIA	Stroke and Transient Ischaemic Attack
WHO	World Health Organisation

Executive summary

Introduction

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. The last PNA for Nottingham City was published in October 2022 and has been kept up to date with supplementary statements reflecting changes in provision. This 2025 PNA for Nottingham City HWB meets the regulatory requirement by being published within three years.

Aim, objectives and methodology

The aim of the Pharmaceutical Needs Assessment (PNA) is to enable local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population.
- Gain a clearer picture of pharmaceutical services currently provided.
- Make appropriate decisions on applications for National Health Service (NHS) pharmacy contracts.
- Commission appropriate and accessible services from community pharmacies.
- Clearly identify and address any local gaps in pharmaceutical services.
- Target services to reduce health inequalities within local health communities.

Soar Beyond were commissioned by Nottingham City Council (NCC) to complete the PNA, overseen by a steering group to ensure the process was followed and the PNA intended for publication was fit for purpose as per the NHS Regulations.

The process consisted of:

- Governance setup: Forming a Steering Group to oversee the process and define roles and timelines. This included members from the Council Public Health Team, Integrated Care Board (ICB), Local Medical Committee, Local Pharmaceutical Committee (LPC), and Healthwatch.
- Data collection: Gathering data on pharmaceutical services, population demographics, and public health needs.
- Service assessment: Mapping and evaluating existing services, including those from neighbouring areas.
- Gap identification: Identifying current and future service gaps based on population growth and access issues.
- Consultation: Conducting a 60-day public consultation to gather feedback from stakeholders and the public.
- Finalisation and publication: Reviewing feedback to finalise the PNA, and publishing.

National Health Service (NHS) pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). The types of providers are:

- **Community Pharmacy (CP) contractors, including Distance-Selling Pharmacies (DSPs):** Community contractors refer to persons providing local pharmaceutical services from registered pharmacy premises in Nottingham City, neighbouring areas, and remote suppliers, including DSPs, who are required to offer services throughout England.
- **Dispensing Appliance Contractors (DACs):** DACs are required to provide a range of 'Essential Services' including advice on and home delivery of appliances, but they are unable to supply medicines.
- **Local Pharmaceutical Service (LPS):** LPS refers to pharmacy providers contracted by the NHS to perform specified services to their local population or a specific population, outside the national framework.
- **Dispensing doctors:** refers to General Practitioners (GPs) who are allowed to dispense the medicines they prescribe for their patients.

NHS pharmaceutical services refers to services commissioned through NHS England. ICBs took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.

The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF), are as follows:

- **Essential Services:** These are services that every community pharmacy providing NHS pharmaceutical services must provide and are set out in their terms of service. These include: the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance, and promotion of healthy lifestyles.
- **Advanced Services:** These are services community pharmacy contractors and DACs can choose to provide, subject to accreditation as set out in the Secretary of State Directions.
- **Enhanced Services:** These are services commissioned by NHS England and introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services.

However, in the absence of a particular service being commissioned by NHS England, it is in some cases addressed by **Locally Commissioned Services,** funded by the local authority (Council) or the ICB. These are services community pharmacy contractors could choose to provide and are therefore included in the PNA.

Nottingham City the place

Nottingham City is a unitary authority in East Midlands. It borders with Broxtowe, Rushcliffe, Gedling, and Ashfield, which are all part of Nottinghamshire County Council. It is centrally located within England and lies close to Derby and Leicester, with important and complementary economic linkages between the cities.

- **The population**

Nottingham City has a diverse population of 328,513, of which:[1]

  - 66% is white, compared to 81% for England.
  - 15% is Asian/Asian British, compared to 9.6% for England.
  - 10% is Black/Caribbean/African, compared to 4.2% for England.
  - 6% is Mixed or Multiple ethnic groups, compared to 3% nationally.
  - 86% of people cited their first language as English, compared to almost 91% for England.

This makes Nottingham a very diverse city. Ethnicity varies across the Primary Care Networks (PCNs).

- **Health inequalities**

Index of Multiple Deprivation (IMD) data (2019) shows that Nottingham City is ranked 11th out of 317 local authorities across the whole of England, where 1 is the most deprived and 317 is the least deprived.

- **Health of Nottingham City**

The overall health of Nottingham's population is generally poorer than the national average in England, as seen in lower life expectancy and healthy life expectancy. Nottingham City faces health challenges, particularly in long-term conditions, sexual health, smoking, obesity, alcohol and drug use, respiratory diseases and immunisation uptake.

These health challenges present opportunities for the ICB and the local authority to maximise the benefits of national CPCF services and Locally Commissioned Services to improve patient outcomes.

- **Community pharmacy access**

Since the last PNA, the number of community pharmacies has reduced from 64 in September 2022 to 59 in January 2025. In Nottingham City, there are 18.0 community pharmacies per 100,000 of population, which is slightly fewer than the England average of 18.1 community pharmacies per 100,000. To note the England average has decreased from 20.6.

At the time of writing the PNA, it was noted that community pharmacies on the border with Nottinghamshire County also provide access to further community pharmacy services for the residents across Nottingham.

Community pharmacies are well distributed across the eight localities, with the majority of the residents being able to travel to a pharmacy within a reasonable time:

  - All of the population who are able, can walk to a pharmacy within 30 minutes.
  - All residents who have access to private transport can get to a pharmacy within 10 minutes by car.

[1] ONS mid-year estimate 2022 for population numbers. Census 2021 for ethnicity and language.

- All residents who are able to travel via public transport can get to a pharmacy within 20 minutes

The number of households in Nottingham City that own a car or van is 62%, which is below the England level (76.5%). Nottingham has an award-winning and well-connected transport system.

- **Community pharmacy market**

The PNA steering group has noted the current pressures facing community pharmacy due to financial and workforce pressures and medicine shortages, which have led to closures nationwide, including within Nottingham City. Despite this, Nottingham City still has slightly fewer community pharmacies per 100,000 population than the England average.

The viability of existing pharmacies remains at risk due to these ongoing pressures. Additionally, any new pharmacy applications in areas where a pharmacy has recently closed could further impact the sustainability of existing pharmacies. This is mitigated by contract regulation.

Feedback on pharmaceutical services

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the public in Nottingham. There was a total of 249 responses; however, it should be noted that this number is not fully representative of the population across Nottingham. The sociodemographic characteristics of the residents who completed the survey are not reflective of Nottingham City.

- 82% had a regular or preferred local community pharmacy, with 39% of responders visiting a pharmacy once a month, and 36% a few times a month.
- When presented with a single choice, the most common response for convenient time to visit a pharmacy was during the week between 1pm-7pm (34%), followed by weekdays between 9am-1pm (31%).
- The main reason for visiting a pharmacy for 33% was to collect prescriptions for themselves, and 23% visited to buy over-the-counter medication.
- 17% indicated that they went to get advice from a pharmacist, and 5% for support and treatment for a minor illness.
- When choosing a pharmacy, the availability of medicines was a very important factor (76%), followed by location (70%), quality of service (68%) and customer service (63%).
- Communication/languages services, the pharmacy being accessible, public transport being available, and parking were considered as not being important at all by 74%, 67%, 62% and 46% respectively; however, this may be due to a low number of respondents who reported they were disabled who completed the survey (23%).
- 47% usually walked to their pharmacy, followed by 36% who used a car.
- 85% reported that they were able to travel to a pharmacy in less than 20 minutes.

Adequacy of pharmaceutical services in Nottingham City

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (PLPS) detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the Health and Wellbeing Board (HWB) area under five key themes:

- Necessary Services: current provision.
- Necessary Services: gaps in provision.
- Other relevant services: current provision.
- Improvements and better access: gaps in provision.
- Other services.

Conclusions

For the purposes of this PNA, Nottingham City HWB has agreed that Necessary Services are all Essential Services and the Pharmacy First Advanced Service. All other remaining Advanced and Enhanced Services, apart from the Smoking Cessation Service, are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Nottingham City HWB area, and are commissioned by the ICB or the local authority, rather than NHSE.

There are 59 community pharmacies, all of which provide the Essential Services as per the current CPCF, and 95% provide Pharmacy First services, demonstrating very good access of the Necessary Services across Nottingham City.

Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Nottingham City, it is imperative that accessibility to pharmacy services is monitored, and the recommendations actioned to ensure the services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

This Nottingham City Pharmaceutical Needs Assessment 2025 concludes that there are no identified gaps in provision of NHS Necessary Services to meet current and future (next three years) needs of the population. This includes provision during working and non-working hours.

The PNA highlights good uptake of Advanced and Enhanced Services, defined as Relevant Services (excluding the Smoking Cessation Service), with opportunities to improve awareness in some areas. Ongoing monitoring of service provision is recommended to ensure continued alignment with evolving local health needs. Future priorities include enhancing collaboration between Integrated Care Boards and community pharmacies to further embed services.

There are no gaps in the provision of Advanced or Enhanced Services at present or in the future (next three years) that would secure improvements or better access to services in Nottingham City.

Nottingham City Council and the ICB commission a range of services that complement the NHS pharmaceutical services. These are aimed at improving access and addressing specific local needs. Opportunities exist for collaboration between the commissioners and to improve awareness of the availability of locally commissioned services to maximise the uptake.

Based on current information, no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in the future (next three years) across Nottingham City to meet the needs of the population.

Although there are no gaps for the purpose of market entry decisions, there are opportunities to improve awareness and understanding of community pharmacy services, particularly among minority and younger populations. Enhanced use of the available translation and interpretation services could support access for non-English speakers. Additionally, targeted engagement and health promotion in areas with higher deprivation or lower service uptake could help reduce health inequalities and optimise the use of the existing pharmacy network.

Opportunities also exist to strengthen pharmacy services in Nottingham City in alignment with the proposed NHS 10 Year Health Plan and Change NHS initiative, focusing on prevention, long-term conditions, primary care access, medicines engagement, health inequalities and integrated care.

Section 1: Introduction

1.1 Background and context

The Health Act 2009, implemented in April 2010, mandated Primary Care Trusts (PCTs) in England to undertake and publish PNAs within specific timeframes. These PNAs:

- Inform local commissioning decisions regarding pharmaceutical services. They provide evidence of the current and future needs for pharmaceutical services in the area, helping NHSE, local authorities and ICBs make informed decisions about service provision and commissioning.
- Are a key tool in determining market entry for new pharmaceutical services. They identify any gaps in service provision and help decide whether new pharmacies or service providers are needed to meet the pharmaceutical needs of the population.
- Can contribute to public health strategies by assessing how pharmaceutical services can support broader health initiatives, such as reducing hospital admissions, promoting healthy lifestyles, and improving access to services for vulnerable populations.
- Help plan for future pharmaceutical service provision, ensuring the area's needs are met as the population grows or changes by assessing upcoming developments such as housing projects or demographic changes.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). PNAs are a statutory requirement, and they must be published in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (hereafter referred to as PLPS).

The PLPS (SI 2013/349),[2] came into force on 1 April 2013.

The initial PNAs were published in 2011 (see Table 1 for timelines)

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces a statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The PLPS outlines PNA requirements for HWB	HWB is required to publish its own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during the COVID-19 pandemic, and PNAs were published by October 2022

This document should be revised within three years of its previous publication. The last PNA for Nottingham City HWB was published in October 2022.

This PNA for Nottingham City HWB fulfils this regulatory requirement.

[2] The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed February 2025] www.legislation.gov.uk/uksi/2013/349/contents/made

1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA)

- There was an **update to the PLPS in May 2023,** which, in the main, was in response to the number of requests for temporary closures. Key changes were made for:
  - Notification procedures for changes in core opening hours.
  - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week.
  - Local arrangements with ICBs for the temporary reduction in hours.
  - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **ICBs** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- **Independent Prescribing 'Pathfinder' Programme**[3] – NHSE has developed a programme of pilot sites, referred to as 'pathfinder' sites, across integrated care systems, enabling a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care. This will prepare community pharmacy and the system for when all pharmacists will graduate as prescribers from 2026.
- The Community Pharmacy sector has reported **workforce challenges** and pressures reported by the National Pharmacy Association (NPA)[4] and Healthwatch.[5] Both highlighted that the current rate of **pharmacy closures** for 2024 was higher than previous years, mainly due to a combination of funding and workforce challenges. A recent report commissioned by NHSE found that around 47% of pharmacies were not profitable in their last accounting year.[6]

[3] NHS England. Independent prescribing. [Accessed February 2025] https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/

[4] NPA. 2024 pharmacy closures second highest on record. [Accessed February 2025] https://www.npa.co.uk/news/2025/january/2024-pharmacy-closures-second-highest-on-record/

[5] Healthwatch. Pharmacy closures in England. September 2024. [Accessed February 2025] https://www.healthwatch.co.uk/report/2024-09-26/pharmacy-closures-england

[6] Economic Analysis of NHS Pharmaceutical Services in England. March 2025 [Accessed February 2025] https://www.frontier-economics.com/media/aazb0awt/frontier-iqvia-economic-analysis-pharmacy-final-report-web.pdf

- **Pharmacy First service[7] –** The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates elements of the CPCS, i.e., minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions, which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings, or by attending or contacting the pharmacy directly without referral.
- **Hypertension case-finding service[8]** requirements were updated from 1 December 2023, which means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023. The service was focused on the provision of point-of-care testing for Hepatitis C antibodies to people who inject drugs, i.e., individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people tested positive for Hepatitis C antibodies, they were referred for a confirmatory test and treatment, where appropriate.

1.3 Key upcoming changes

An announcement was made in March 2025, which included changes to some of the services and changes to the Pharmaceutical and Local Pharmaceutical Services Regulations. Some of the key changes are listed below:

- Ability to change core opening hours: These amendments to the PLPS Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of this PNA.
- DSPs will no longer be permitted to provide Advanced and Enhanced services on their premises, though remote provision will still be allowed where specified.
- From 23 June 2025, no new applications for DSPs will be accepted, following amendments to the PLPS Regulations 2013, which close entry to the DSP market.
- Funding and fees: Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.

Service developments:

- From October 2025 (IT allowing), the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception.
- New Medicine Service will be expanded to include depression from October 2025.

[7] Community Pharmacy England (CPE). Pharmacy First Service. November 2024 [Accessed February 2025] https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/

[8] Community Pharmacy England. Hypertension Case-Finding service. July 2024. [Accessed February 2025] https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/

- Childhood Flu Vaccination Service, which covers all children aged two and three years old, will be trialled as an Advanced Service for one season from October 2025.[9]
- Smoking Cessation Service will have Patient Group Directions (PGDs) introduced to enable the provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.
- There is a plan to bundle services together to improve service uptake.

In March 2025, the government decided to merge NHS England into the Department of Health and Social Care (DHSC), aiming to reduce bureaucracy and improve the management of health services. A timeline for this is still being developed.

1.4 Purpose of the PNA

The ICB, through their delegated responsibility from NHSE, is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. NHSE must consider any applications for entry to the pharmaceutical list. The PLPS require the ICB to consider applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

The PNA is the basis for the ICB to make determinations on such applications. It is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by the ICB regarding applications to the pharmaceutical list may be appealed, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through an application for a judicial review of the process undertaken to conclude the PNA.

The PNA should be read alongside the Nottingham Joint Strategic Need Assessment (JSNA). The JSNA is available on the Nottinghamshire Insight website[10] and is updated regularly and informs the Health and Wellbeing Strategy for Nottingham.

The PNA assesses how pharmaceutical services meet the public health needs identified in the JSNA, both now and in the future. By informing decisions made by the local authority and the ICB, these documents jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

ICBs have been given delegated responsibility for pharmacy commissioning from NHSE, and, therefore, some services currently commissioned from pharmacies by ICBs may fall under the definition of Enhanced Services in the future. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as ‘NHS pharmaceutical services’.

[9] Community Pharmacy England. Childhood Flu Vaccination Service. July 2025. [Accessed July 2025] https://cpe.org.uk/national-pharmacy-services/advanced-services/childhood-flu-vaccination-service/
[10] Nottingham Insight. [Accessed February 2025]. https://www.nottinghaminsight.org.uk/

1.5 Scope of the PNA

The PLPS detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision.
- Necessary Services: gaps in provision.
- Other relevant services: current provision.
- Improvements and better access: gaps in provision.
- Other services.

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined.
- The different needs of the different localities.
- The different needs of people who share a particular characteristic.
- A report on the PNA consultation.

Necessary Services: The PLPS require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations, and the HWB therefore has full discretion in the matter.

In Nottingham City, the HWB, through the PNA steering group, assessed all pharmaceutical services and identified those necessary to meet local needs. Services were classified by type, with Essential Services and the Pharmacy First Advanced Service designated as Necessary Services for this PNA.

Other relevant services: These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services. All Advanced and Enhanced Services, apart from the Smoking Cessation Service, are considered relevant by the Steering Group for the purposes of this PNA.

To appreciate the definition of ‘pharmaceutical services’ as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by the ICB on behalf of NHSE. They are:

- Pharmacy contractors:
  - Community Pharmacies (CPs).
  - Local Pharmaceutical Service (LPS) providers.
  - Distance-Selling Pharmacies (DSPs).
- Dispensing Appliance Contractors (DACs).
- Dispensing GP practices.

For the purposes of this PNA, ‘pharmaceutical services’ has been defined as those services that are/may be commissioned under the provider’s contract with NHSE. A detailed description of each provider type and the pharmaceutical services, as defined in their contract with NHSE, is set out below.

1.5.1 Pharmacy contractors

Pharmacy contractors comprise those located within the Nottingham City HWB areas, as listed in Appendix A, those in neighbouring HWB areas, and remote suppliers, such as DSPs.

There are 10,451 community pharmacies in England in December 2024 at the time of writing (this includes DSPs).[11] This number has decreased from 11,071 community pharmacies since the previous PNA was published in 2022.

1.5.1.1 Community Pharmacies (CPs)

Community pharmacies are the most common type of pharmacy that allows the public to access their medications and advice about their health. Traditionally, these were known as a chemist.

NHSE is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of the entry test. These hours cannot be amended without the consent of the ICB. All applications are required to be considered and outcomes determined within 60 days, and if approved, may be implemented 30 days after approval.[12] This is due to change as mentioned in Section 1.3.

1.5.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail-order and internet pharmacies that remotely manage medicine logistics and distribution. The PLPS state that DSPs must not provide Essential Services face-to-face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. This is due to change as mentioned in Section 1.3.

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore possible that patients within Nottingham City will receive pharmaceutical services from a DSP outside Nottingham City.

Figures for 2023-24 show that in England, there were 409 DSPs,[13] accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

[11] National Health Service Business Services Authority (BSA). Pharmacy Openings and Closures. November 2024. [Accessed February 2025] https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures

[12] Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed February 2025] https://cpe.org.uk/changing-core-opening-hours/

[13] NHS Business Services Authority. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed February 2025] NHS BSA General Pharmaceutical Services in England 2015-16 - 2023-24

1.5.1.3 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by the ICB and provision for such contracts is made in the PLPS in Part 13 and Schedule 7. Such contracts are agreed outside the national framework, although they may be over and above what is required by national contract. Payment for service delivery is locally agreed and funded.

1.5.1.4 Pharmaceutical services

The CPCF, last agreed in 2019,[14] is made up of three types of services:

- Essential Services.
- Advanced Services.
- Enhanced Services.

Underpinning all the services is a governance structure for the delivery of pharmacy services. This structure is set out within the PLPS 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.
- An information governance programme.

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Nottingham City.

1.5.1.4.1 Essential Services (ES)[15]

Nottingham City has designated that all Essential Services (and the Pharmacy First Advanced Service) are to be regarded as Necessary Services.

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

[14] Department of Health and Social Care (DHSC). Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed November 2024.] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

[15] Community Pharmacy England. Essential Services. April 2024. [Accessed February 2025] https://cpe.org.uk/national-pharmacy-services/essential-services/

- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being an HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- **ES9: Dispensing Appliances –** Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIIIA listed) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of business'.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

1.5.1.4.2 Advanced Services (AS)[16]

Advanced Services are considered relevant for the purpose of this PNA, with the exception of the Pharmacy First service – which is considered Essential – and the Smoking Cessation Service (SCS), which is not considered relevant as no pharmacies in Nottingham City have provided this service since its inception due to a locally commissioned service by Public Health.

There are nine Advanced Services within the Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide and, therefore, community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below, and the number of pharmacy participants for each service in Nottingham City can be seen in Section 3.2.3 and in Section 6.2 by locality.

- **AS1: Pharmacy First service –** The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service will also incorporate the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions, which they can access either by referral or by attending or contacting the pharmacy directly without referral. For the supply of urgent medicines, a referral is required by NHS 111.
- **AS2: Flu vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improving convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the ongoing supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and ongoing supply of oral contraception. The supplies are authorised via a Patient Group Direction (PGD), with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary.
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages. The first stage is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and ambulatory blood pressure monitoring results will then be shared with the GP practice where the patient is registered.

[16] Community Pharmacy England. Advanced Services. February 2024. [Accessed February 2025] https://cpe.org.uk/national-pharmacy-services/advanced-services/

- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a Long-Term Condition (LTC), which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions and medicines are covered by the service.
- **AS6: Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient's knowledge and use of any 'specified appliance' by:
    - Establishing the way the patient uses the appliance and the patient's experience of such use.
    - Identifying, discussing, and assisting in the resolution of poor or ineffective use of the appliance by the patient.
    - Advising the patient on the safe and appropriate storage of the appliance.
    - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from National Institute for Health and Care Excellence (NICE) recommended COVID-19 treatments.

1.5.1.4.3 Enhanced Services

Enhanced Services are all considered relevant for the purpose of this PNA.

Under the pharmacy contract, National Enhanced Services (NES)[17] are those directly commissioned by NHS England (NHSE) as part of a nationally coordinated programme. There are currently two National Enhanced Services commissioned, one is currently being provided, and the other one is undergoing national procurement.

[17] Community Pharmacy England. National Enhanced Services. February 2024. [Accessed February 2025] https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/

- **NES1: COVID-19 vaccination service** – This service is provided by selected community pharmacies that have undergone an expression of interest process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination Service, which is provided for a selected cohort of patients.
- **NES2: Respiratory Syncytial Virus (RSV) vaccination and Pertussis vaccination service:** currently under procurement, is due to go live in autumn 2025.

Local Enhanced Services (LES) are developed and designed locally by NHS England, in consultation with Local Pharmaceutical Committees (LPCs), to meet local health needs. There is one service commissioned regionally by Nottingham and Nottinghamshire ICB.

- **LES1: Bank Holiday service:** provides coverage over Bank Holidays, Good Friday, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.

1.5.1.5 Pharmacy Access Scheme (PhAS) providers[18]

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors, and dispensing GP practices are ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

1.5.1.6 Other services

As stated in Section 1.4, for the purpose of this PNA, 'pharmaceutical services' have been defined as those which are or may be commissioned under the provider's contract with NHSE.

Section 4 outlines services provided by NHS pharmaceutical providers in Nottingham City, commissioned by organisations other than NHSE or provided privately and, therefore, out of scope of the PNA. At the time of writing, the commissioning organisations primarily discussed are the local authority and ICBs.

[18] DHSC. 2022 Pharmacy Access Scheme: guidance. May 2023. [Accessed February 2025] https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

1.5.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the PLPS. They can supply appliances against an NHS prescription, such as stoma and incontinence aids, dressings, bandages, etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance, and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC. As of September 2024[19] there were a total of 111 DACs in England.

Pharmacy contractors, dispensing GP practices, and LPS providers may supply appliances, but DACs are unable to supply medicines.

1.5.3 Dispensing GP practices

The PLPS, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices, therefore, make a valuable contribution to dispensing services, although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as ‘controlled localities’.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE, and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

1.5.4 Other providers of pharmaceutical services in neighbouring areas

Nottingham City is bordered by four districts within Nottinghamshire HWB area.

- Broxtowe.
- Rushcliffe.
- Gedling.
- Ashfield.

In determining the needs for pharmaceutical service provision to the population of Nottingham City, consideration has been made of the pharmaceutical service provision from Nottinghamshire HWB area.

[19] NHS Business Services Authority (BSA). Dispensing contractors’ data. [Accessed February 2025] https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data

1.6 Process for developing the PNA

Nottingham City HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Nottingham City was published in October 2022 and is therefore due to be reassessed and published by October 2025.

Public Health in Nottingham City Council (NCC) has a duty to complete this document on behalf of the Nottingham City HWB. Soar Beyond Ltd was commissioned to undertake the Nottingham City PNA.

- **Step 1: Project set up** and governance established between NCC Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 11 October 2024, the Nottingham City PNA Steering Group was established. The terms of reference and membership of the group can be found Appendix C.
- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed on the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and Joint Strategic Needs Assessment (JSNA**) – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 249 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b**: **Pharmacy contractor questionnaire** – The Steering Group agreed on a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of 11 responses (19% of the 59 community pharmacies in the area) were received. Due to the low response rate, the results could not be determined to be representative, leading to low levels of confidence and reliability of the conclusions. Therefore, the results are not included in this PNA. The steering group would like to acknowledge the 11 who did contribute.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified, and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated January 2025 was used for this assessment.

- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA, and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising, or publishing with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group was fully aware of the need to reassess.
- **Step 8: Consultation** – In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 13 May and 13 July 2025. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix E.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the Steering Group. A summary of the responses received is noted in Appendix F, and full comments are included in Appendix G.
- **Step 10**: **Review of all pharmaceutical list notifications** – The steering group reviewed all amendments made since the draft PNA and concluded that these changes did not alter the overall findings. The section on pharmaceutical service provision was therefore updated in July 2025 to reflect the most accurate opening hours available at the time of publication.
- **Step 11: Production of final PNA – future stage** – The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group. The final PNA was signed off by the Director of Public Health and subsequently published on the council's website.

1.7 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Nottingham City geography would be defined.

When selecting localities for use within the PNA, Nottingham City HWB considered several options. The 2022 PNA utilised "Area Partnerships," which were previously employed by the local authority. However, since the local authority no longer uses these partnerships, they are no longer defined boundaries under PNA guidance and are, therefore, unsuitable for inclusion in this document.

The steering group also evaluated using Nottingham City's 20 wards. However, due to their small size, the complexity of incorporating them into the PNA and challenges in accessing health data at ward level, this option was deemed impractical. Similarly, defining the entire Nottingham City HWB area as a single locality was rejected, as its size could mask the specific needs of smaller population groups.

PCN areas emerged as the most suitable choice. Their size allows for a more accurate reflection of population need at a local level, and the majority of data required for the PNA is available at PCN level. At the time of writing, Nottingham City consists of nine PCNs, following recent changes in 2024, including the removal of BACHS PCN, the creation of Aspire PCN and Raleigh PCN, and boundary adjustments to Radford and Mary Potter PCN. However, these recent updates posed challenges, such as limited data availability and delays in mapping due to software updates.

To address these issues, the decision was made to use the previous PCN boundaries (eight PCN areas) for this document. For the purpose of this PNA report, the localities for Nottingham City will be referred to as PCNs. These are listed below and shown in Figure 1 below.

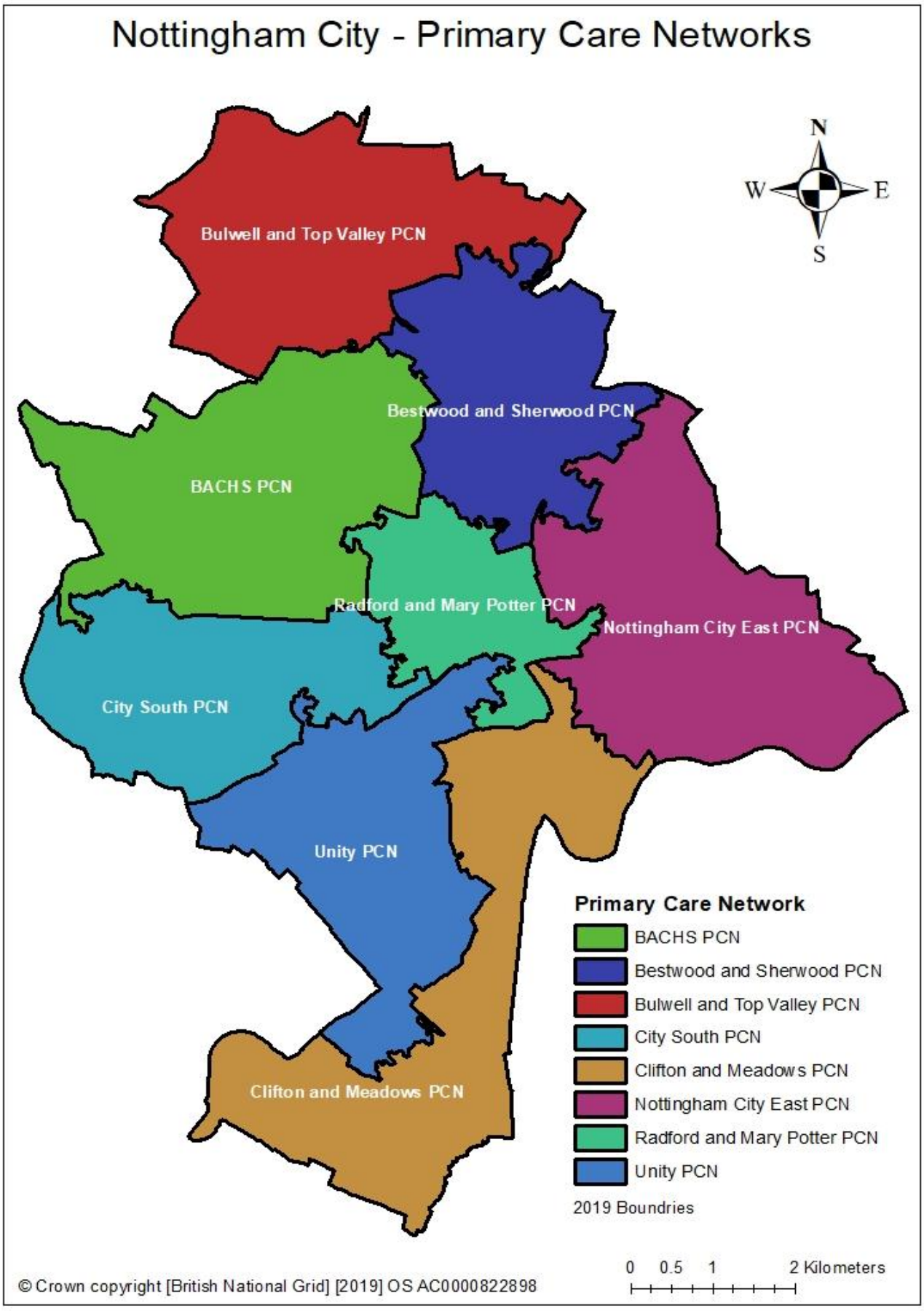
- BACHS PCN.
- Bestwood and Sherwood PCN.
- Bulwell and Top Valley PCN.
- Clifton and Meadows PCN.
- Nottingham City East PCN.
- Nottingham City South PCN.
- Radford and Mary Potter PCN.
- Unity PCN.

Based on the agreed localities, the availability of data for elements of the Health Needs chapter varies by source and time period. While every effort has been made to utilise the most recent data available, some variation in timeframes is evident.

A list of providers of pharmaceutical services within these PCNs is found in Appendix A.

The information contained in Appendix A has been provided by the Nottingham and Nottinghamshire ICB and NCC. Once collated, it was ratified by the steering group during the second steering group meeting.

Figure 1: Map of Nottingham City HWB area



Section 2: Context for the PNA

2.1 NHS Long Term Plan

The NHS long-term plan, published in 2019, outlines the priorities for the NHS and the ways in which it will evolve to best deliver services over a ten-year period.[20] These include themes such as prevention and health inequalities, care quality and outcomes, and digitally enabled care, which are approached within the context of an ageing population, funding changes and increasing inequalities.

The report places a specific focus on prevention and addressing inequalities in relation to smoking, obesity, alcohol, and anti-microbial resistance, and on better care for specific conditions such as cancer, cardiovascular disease, stroke, diabetes, respiratory disease, and mental health.

The role of community pharmacy within the NHS Long Term Plan is an important one, and one which is focused on prevention at its core. In section 4.26 of the plan, pharmacists are described as "an integral part of an expanded multidisciplinary team". Pharmacists "have an essential role to play in delivering the Long Term Plan". The plan states that "…in community pharmacy, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients…" (section 4.21).

The plan identifies that community pharmacists have a role to play in the provision of opportunities for the public to check on their health (section 3.68) and that they will be supported to identify and treat those with high-risk conditions, to offer preventative care in a timely manner (section 3.69).

Pharmacists will also be expected to perform medicine reviews and to ensure patients are using medication correctly, specifically in relation to respiratory disease (3.86), which leads into the wider role that pharmacists have to play in working with general practice to help patients to take and manage their medicines, reducing wastage and reducing the likelihood of unnecessary hospital admissions (section 6.17.v).

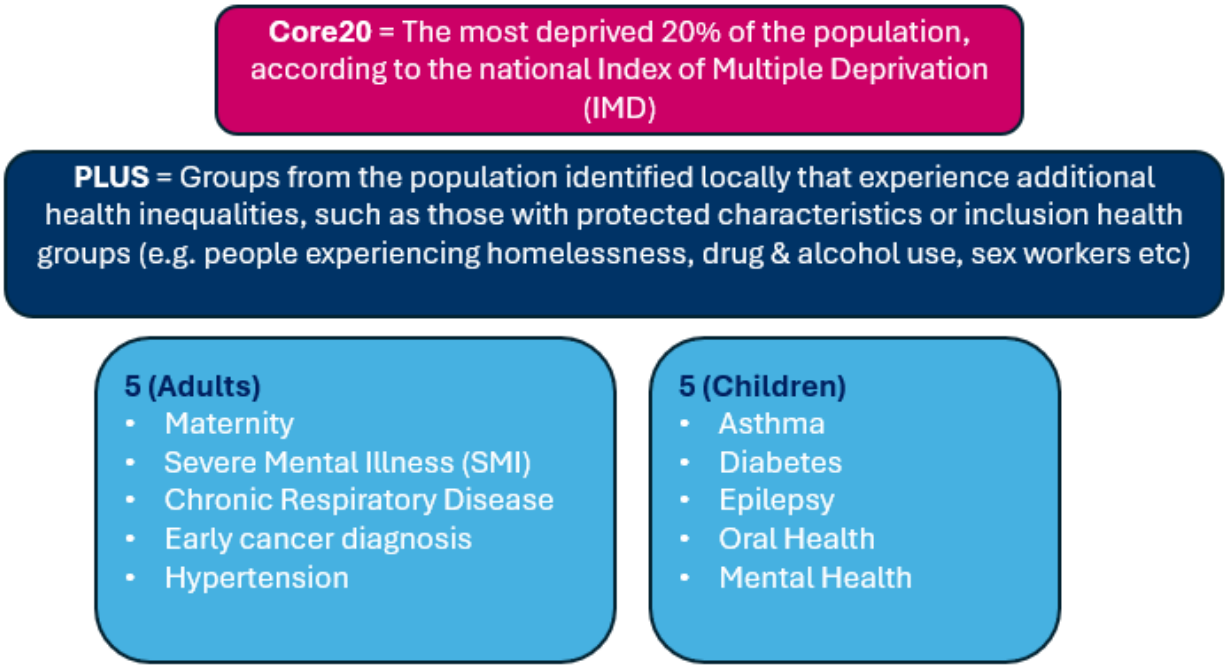
2.2 Core20PLUS5

The Core20PLUS5 approach is a national approach to reducing healthcare inequalities within the population.[21] Core20PLUS5 refers to a target population of the most deprived 20% of the national population (Core20), locally identified population experiencing health inequalities (PLUS), as well as five clinical areas for additional attention (5). The five clinical areas are different depending on whether the population in question are adults or children.

[20] NHS Long Term Plan. January 2019. [Accessed February 2025] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

[21] NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed February 2025] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

Figure 2: Core20PLUS5 priorities



2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan[22] aims to modernise healthcare in England by focusing on three pivotal shifts:

- Transitioning care from hospitals to communities: This strategy addresses the challenges posed by an ageing population with complex health conditions and the high costs associated with hospital treatments. By enhancing services in primary care, pharmacies, local health centres, and patients' homes, the plan looks to reduce hospital admissions, decrease waiting times, and promote healthier, more independent living.
- Enhancing technological integration: Recognising the drawbacks of outdated systems, the plan emphasises the adoption of modern technology across the NHS. This includes moving away from paper-based processes and pagers, ensuring uniform access to advanced treatments regardless of location, and providing healthcare professionals with the tools they need to deliver efficient care.
- Prioritising preventive healthcare: Shifting the focus from solely treating illnesses to preventing them, the plan advocates for proactive health measures. This involves early detection initiatives, public health campaigns, and community-based programs designed to maintain wellness and reduce the incidence of serious health issues.

Collectively, these shifts aim to create a modernised NHS that delivers efficient, patient-centred care, meeting the evolving needs of the population. The plan is due to be published in July 2025.[23]

[22] NHS change. The three shifts. [Accessed February 2025] https://change.nhs.uk/en-GB/projects/three-shifts
[23] Gov.UK. 10 Year Health Plan for England: fit for the future. July 2025. [Accessed July 2025] https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

2.4 Neighbourhood health guidelines

In January 2025, NHS England published the Neighbourhood Health Guidelines 2025/26[24] to assist Integrated Care Boards (ICBs), local authorities and health and care providers in advancing neighbourhood health initiatives ahead of the forthcoming 10-Year Health Plan. There are six core components:

- Population health management.
- Modern general practice.
- Standardising community health services.
- Neighbourhood multi-disciplinary teams (MDTs).
- Integrated intermediate care with a 'home first' approach.
- Urgent neighbourhood services.

This strongly aligns with the evolving role of community pharmacy as an accessible, community-based provider of healthcare services.

2.5 Pioneers of reform – Strategic commissioning

In March 2025, the Secretary of State called for ICBs to become "pioneers of reform"[25] through a strengthened focus on strategic commissioning, in line with the government's three core healthcare shifts:

- From hospital to community.
- From illness to prevention.
- From analogue to digital.

This is set against the backdrop of NHS England moving into the Department of Health and Social Care (DHSC), alongside reductions in ICB running costs and provider corporate budgets.

The report notes that a shared national vision and an updated strategic commissioning framework from NHS England will be essential to support this shift, which will require new capabilities and leadership at all system levels.

2.6 Joint Strategic Needs Assessment (JSNA)

The JSNA is a local assessment of current and future health and social care needs. It provides an overview of population health needs, and can be used to monitor trends, identify areas of greatest need, target resources and evaluate impact. Overall responsibility for the development of the JSNA lies with Health and Wellbeing Boards, with local authorities and ICBs having an equal and joint duty to prepare the JSNA on behalf of the HWB. The production of the JSNA is a continuous process, and HWB areas can undertake the production of the JSNA in the way that is best suited to local circumstances, using the datasets they identify as appropriate.

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[24] England NHS. Neighbourhood health guidelines 2025/26. 29 January 2025. [Accessed February 2025]. https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/

[25] NHS Confed. Strategic commissioning. March 2025. [Accessed April 2025] https://www.nhsconfed.org/system/files/2025-03/Pioneers-of-reform-summary.pdf

In November 2024, Nottingham City HWB ratified a new approach to JSNA, which is centred around three 'core' products:

- Partnership JSNA dashboards.
- JSNA profiles.
- In-depth (health) needs assessments.

This approach is intended to improve functionality and accessibility of data, be easier to maintain and update, and to drive a sustainable and partnership approach to JSNA.

The JSNA dashboards, profiles and other products can be found on the Nottingham Insight website.[26]

2.7 Joint Local Health and Wellbeing Strategies (JLHWS)

Nottingham City JLHWS 2022-2025[27] sets the current priorities for the Nottingham City Health and Wellbeing Board area. The strategy outlines the principles and priorities identified for action to improve health and wellbeing, as well as reducing inequalities for the population of Nottingham City. The strategy identifies four priority areas which have an impact on the main causes of death, ill health and unequal distribution of health between the most and least deprived communities. These are:

- Smoking and tobacco control.
- Eating and moving for good health.
- Severe multiple disadvantages.
- Financial wellbeing.

The strategy is due to be refreshed in 2025, within which new priority areas will be identified for focus.

2.8 Integrated Care System Strategy

In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. The ICS is responsible for setting the strategy and goals for improving health and care for residents in an area and overseeing the quality and safety, decision-making, governance and financial management of services. The goal is to create a health and care system fit for the future, with transformed services that join up around the people who use them.

The Nottingham and Nottinghamshire Integrated Care Strategy 2023-2027[28] aims to improve health and care outcomes for local residents by focusing on several key areas

1. Vision: Ensure every person enjoys their best possible health and wellbeing.

[26] Nottingham Insight. Joint Strategic Needs Assessment. [Accessed February 2025] https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/

[27] Nottingham City. Joint Health and Wellbeing Strategy. April 2022 – March 2025. [Accessed February 2025] nottingham-city-joint-health-and-wellbeing-strategy-2022-25.pdf

[28] Integrated Care System. Integrated Care Strategy. [Accessed February 2025] https://healthandcarenotts.co.uk/integrated-care-strategy/

2. Guiding principles:
   - Emphasise supporting wellbeing and preventing ill health.
   - Ensure equity in supporting people and communities.
   - Better integrate services across health and social care.
3. Strategic aims:
   - Improve population health outcomes.
   - Focus on children and young people, especially the vulnerable.
   - Increase investment in wellness and support frail older people to remain independent.
4. Challenges:
   - Recovering from the pandemic.
   - Addressing the cost-of-living crisis.
   - Managing increased demand on services and staff shortages.

The strategy is built on existing plans and aims to tackle health inequalities while promoting a collaborative approach among health and care partners. There are opportunities for the Community Pharmacy Contractual Framework to be integrated into this strategy.

2.9 Nottingham City the place

It is essential to understand the population of Nottingham City in order to make sure the need is assessed accurately. This section of the report will begin by outlining the population size and demographics, as well as likely change, to help with understanding the need and planning for the future. Secondly, it will summarise the health and health inequalities of the population by looking at some key health indicators.

2.9.1 Population overview[29]

Nottingham has a population of roughly 328,513 people as of the Office for National Statistics (ONS) mid-year estimates 2022. The population size varies among the PCN areas, with Nottingham City East accounting for 16.5% of Nottingham's total population, twice the size of Unity's population, which accounts for 8.2%. The proportional split by sex for Nottingham is 50.8% female to 49.2% male.

It is a densely populated city, ranking 35th out of 331 local authorities with roughly 6,399 residents per square kilometre, fifteen times higher than the England average of 434 residents per square kilometre. Population density varies among the PCN areas as displayed in Figure 4 below[30]. Radford and Mary Potter has the highest population density with roughly 12,240 residents per square kilometre.

[29] In this first section we have used mid-year 2022 estimates as this is the most recent data available at PCN level. For other city-wide analysis, mid-year 2023 estimates have been used in order to provide the most up to date data.

[30] Nomis. Population Density. [Accessed February 2025]. https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=2026

Figure 3: Office for National Statistics (ONS) mid-year-estimates 2022 by sex for the PCN areas

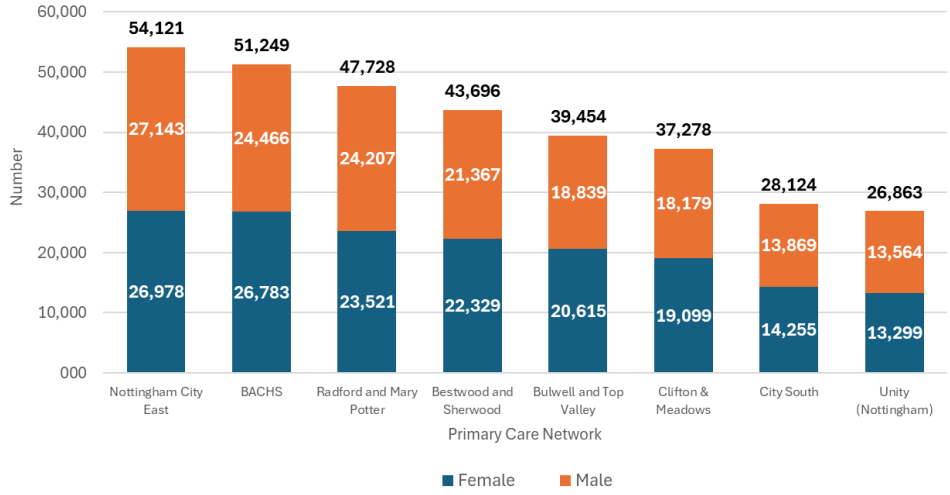
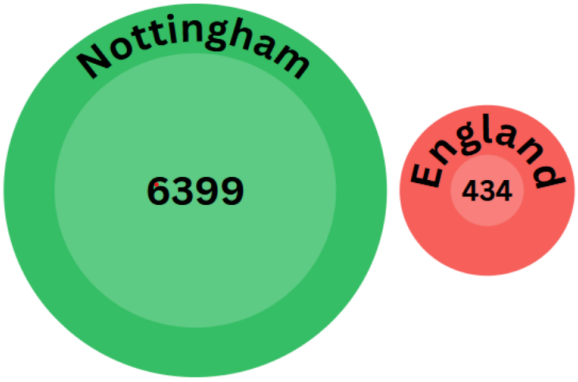


Figure 4: ONS 2021 Census - population density of residents per square kilometre 2021

Primary Care Network	Usual residents per square kilometre
BACHS	**4,998**
Bestwood and Sherwood	**6,477**
Bulwell and Top Valley	**4,673**
City South	**5,121**
Clifton & Meadows	**4,833**
Nottingham City East	**7,019**
Radford and Mary Potter	**12,240**
Unity (Nottingham)	**5,477**
Nottingham	**6,399**
England	**434**

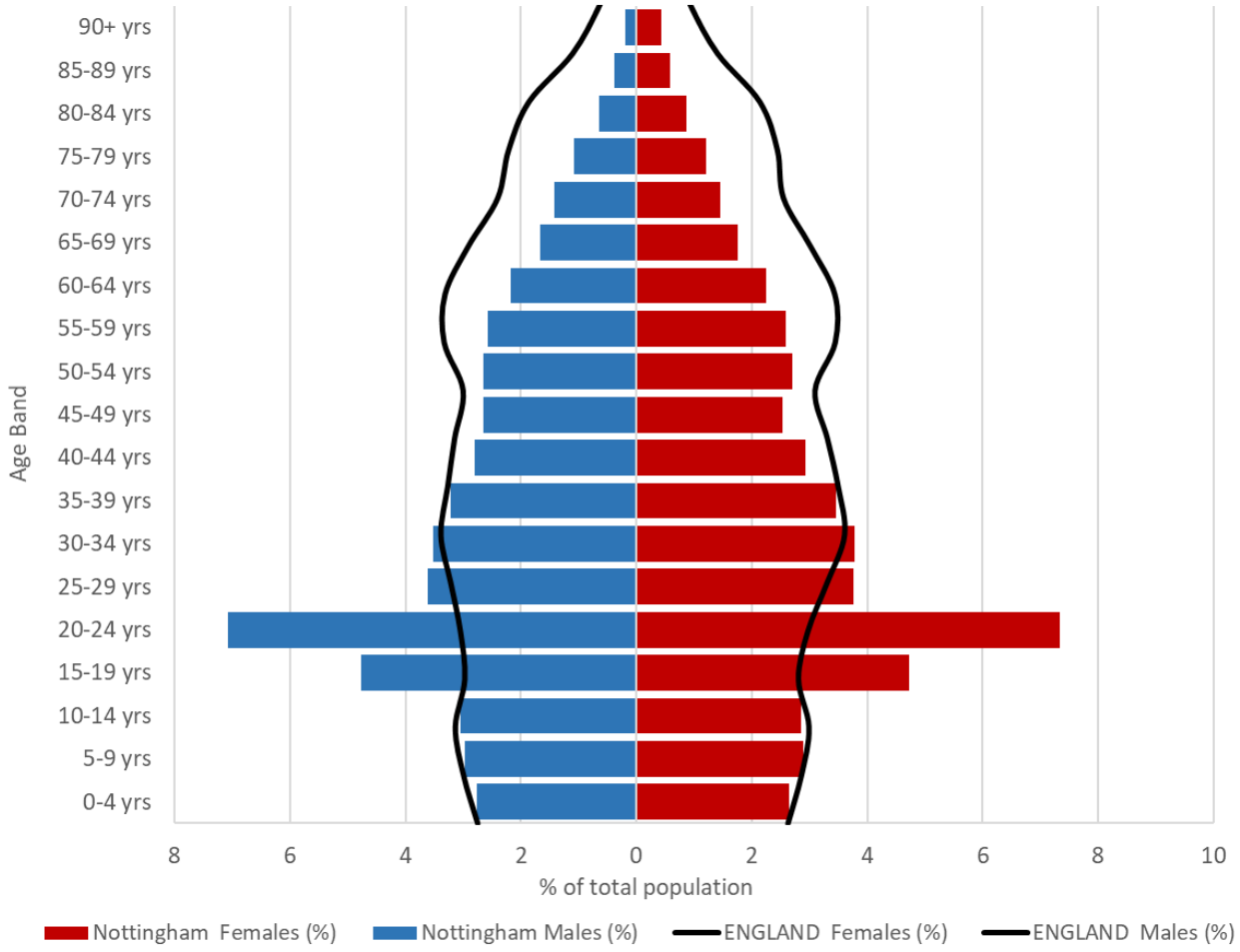


2.9.2 Age and sex

2022 mid-year estimates show the proportion of Nottingham's population by sex compared to England. The proportional breakdowns by five-year age bands are mirrored for both sexes, as the population pyramid displays in Figure 5.[31] Nottingham has a somewhat skewed population towards the younger age bands, particularly those aged 20-24, with 14.4% of the population in this age band, partly due to the students at the two universities; this compares to just 6.5% for England. Proportionally, Nottingham has fewer people in the age bands from age 50 through to 90+ years, compared to England, as shown in the chart.

[31] Nomis. Sex by single year of age. [Accessed February 2025]. https://www.nomisweb.co.uk/query/construct/submit.asp?forward=yes&menuopt=201&subcomp=

Figure 5: Office for National Statistics (ONS) 2022 mid-year estimate – Proportion of Nottingham population by sex and five-year age band



2.9.3 Population change

The total population change for Nottingham (Figure 6) shows a 6% increase in the population from the 2011 Census compared to the 2021 Census; this is an increase of roughly 18,000 people. Radford and Mary Potter PCN had the largest percentage increase in its population with a 17% increase, whilst this area also had the largest increase in absolute numbers, increasing by 6,822 people.

Of the eight PCN areas, seven have had population growth in 2021 compared to 2011. City South PCN was the only area that had a population decrease, reducing by 6% or equivalent to 1,595 people.[32]

[32] ONS Census 2011 and 2021. [Accessed February 2025] https://www.ons.gov.uk/census/2011census/2011censusdata and 2021 https://www.ons.gov.uk/explore-local-statistics/

Figure 6: Primary Care Network (PCN) population change from the 2011 census compared to the 2021 census

Primary Care Network	Census 2011	Census 2021	Change	
			Volume	%
BACHS	48161	51055	2894	6%
Bestwood and Sherwood	41309	43798	2489	6%
Bulwell and Top Valley	39082	39447	365	1%
City South	28736	27141	-1595	-6%
Clifton & Meadows	34364	36691	2327	7%
Nottingham City East	50997	53342	2345	5%
Radford and Mary Potter	39263	46085	6822	17%
Unity (Nottingham)	23768	26091	2323	10%
Total	**305680**	**323650**	***17970***	***6%***

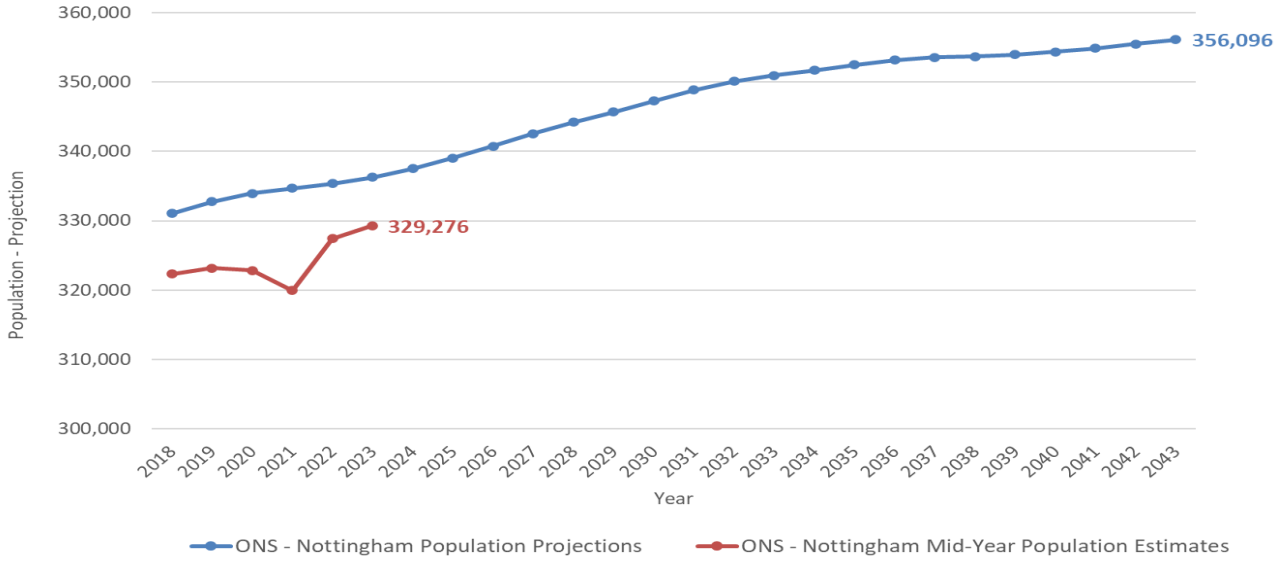
2.9.4 Predicted population growth

Figure 7 below shows two ONS population estimates for Nottingham.[33] The mid-year population estimate data released in June 2024 show the most up to date estimates for 2023. These estimates are displayed in conjunction with the latest available population projection data released in March 2020.

The latest mid-year estimate figure for 2023 reveals Nottingham to have a population of 329,276 people, compared to 336,297 for the projected data in 2023; this mid-year estimate figure is around 7,000 fewer people than the projected 2023 figure. Using the more recent and accurate mid-year estimate for Nottingham of 329,276 people, the total population could potentially increase by 8% (roughly 27,000 people) to 356,096 by 2043 (although this estimate is subject to change once updated ONS population projections are released).

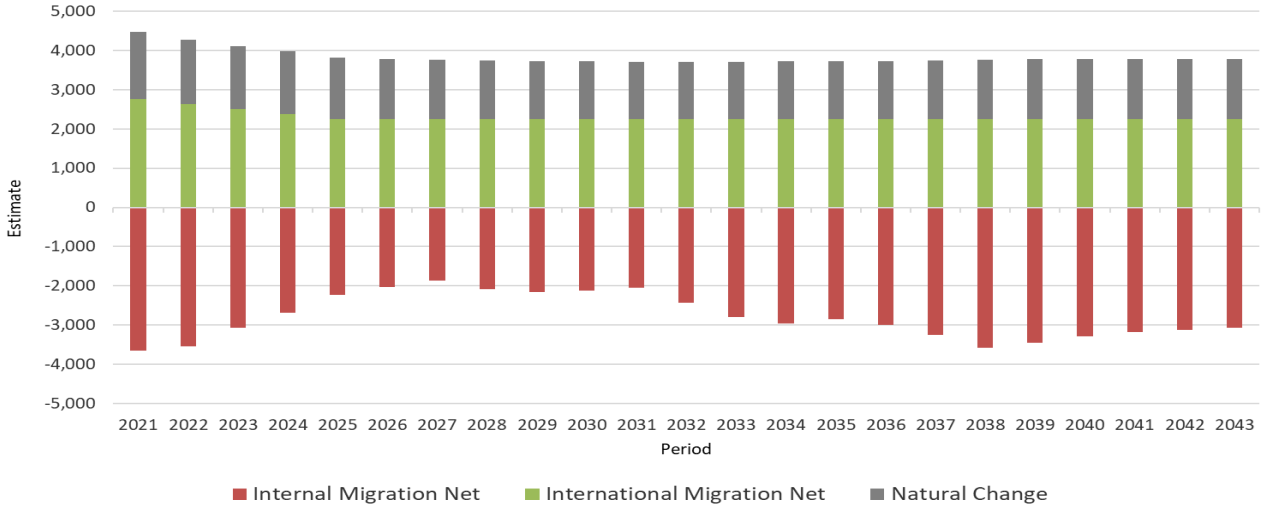
[33] ONS. Subnational population projections for England: 2018-based. 24 March 2020. [Accessed February 2025].
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based

Figure 7: ONS mid-year estimates alongside ONS population projection data for Nottingham from 2018 through to 2043



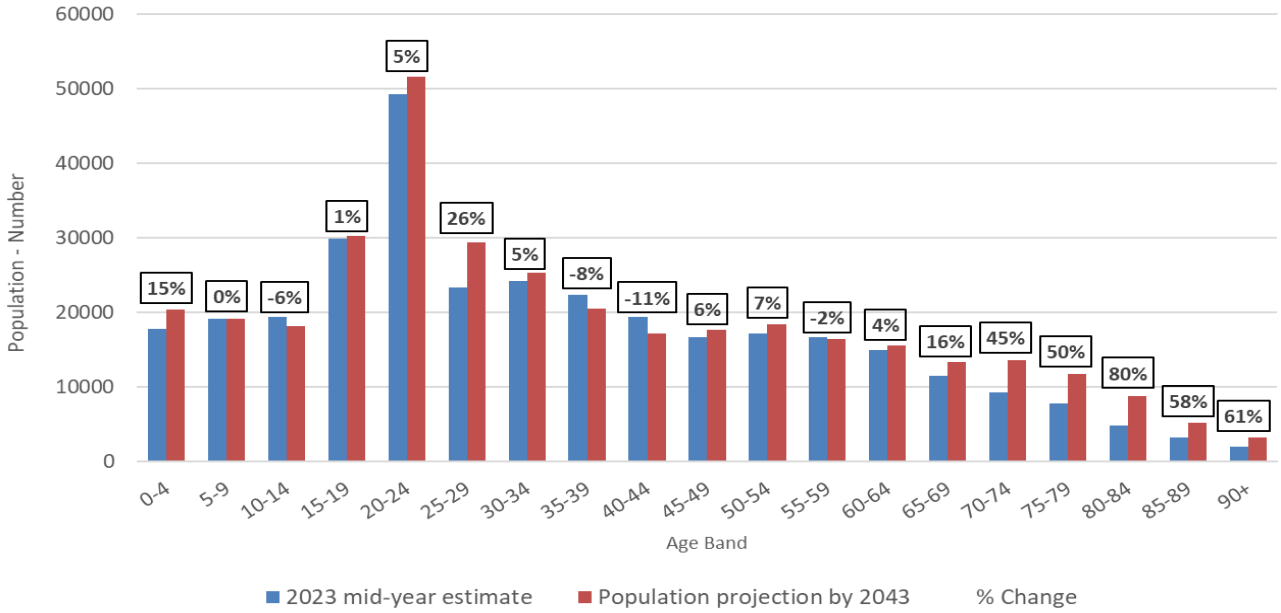
ONS population projection estimates for Nottingham show the components of change and estimated net migration up to 2043 (Figure 8).[33] Migration is impacted by many factors such as global developments, the Coronavirus pandemic, global conflict, etc. Furthermore, the exit of the UK from the European Union has led to a change in UK policy in regard to migration, reducing freedom of movement and introducing new rules for migrants from the European Union.

Figure 8: ONS population projections for Nottingham with components of change (births, deaths and migration) 2021-2043



Utilising the same two ONS datasets reveals Nottingham's population age structure for 2023 compared to its projected age structure in 2043, displayed in the bar chart (Figure 9) alongside the percentage changes for each age band.[34] The proportion of the population aged 20-24 (university-age people) is expected to increase by 5% by 2043. Whilst Nottingham has fewer people from the higher age bands of 65+ in 2023, those age bands have the largest projected percentage increases, indicating a slight change in its population age structure. There is also projected to be a decrease in the proportion of working-age people, particularly those aged 35-44.

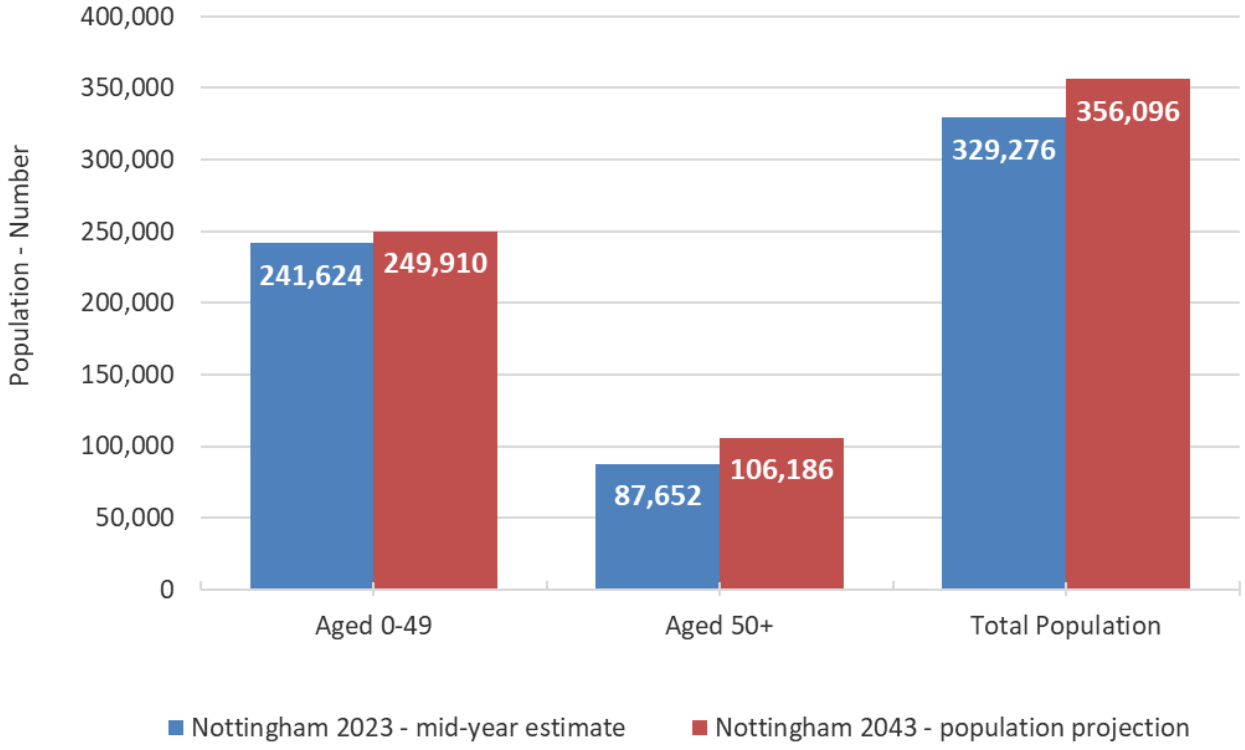
Figure 9: ONS 2023 mid-year estimates by age group alongside ONS age population projection data for Nottingham in 2043



Further analysis of the age of Nottingham's population using the latest ONS mid-year estimates for 2023, alongside ONS population projection data up to 2043, is displayed in Figure 10 below[34]. When the population is broken down into those aged 0-49 and those aged 50+, there is an estimated 3% increase or 8,286 people aged 0-49 from 2023 to 2043. Furthermore, those aged 50+ are set to increase by 21% or roughly 18,534 people from 2023 to 2043. This would suggest a slight shift in the age of Nottingham's population, resulting in a higher relative increase in the proportion of residents aged 50+.

[34] ONS. Population projections for local authorities. 24 March 2020. [Accessed February 2025]. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2

Figure 10: ONS 2023 mid-year estimate alongside ONS population projection data for Nottingham in 2043



2.9.5 Number of households

The 2021 Census estimates that there were 124,704 households in Nottingham. Of these:

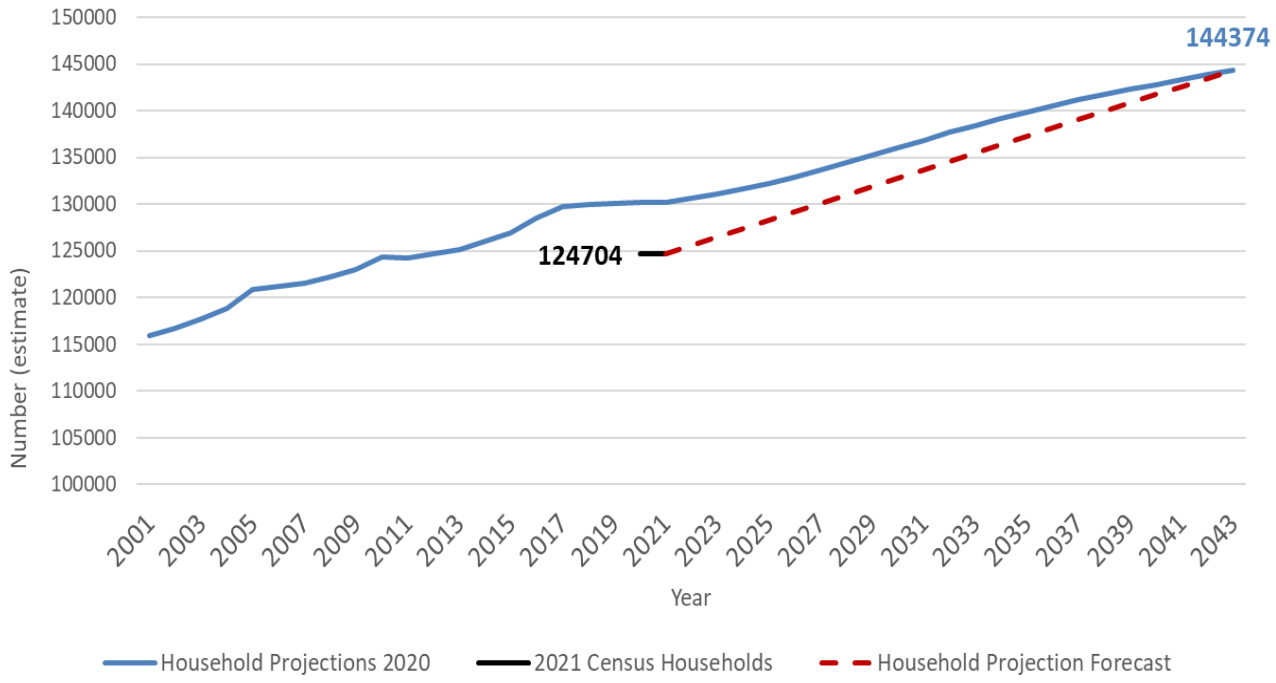
- 34% were one-person households.
- 55% were single-family households.
- 12% were other household types.
- 25% of households had dependent children, whilst 9% of households had non-dependent children.

Further data from the 2021 Census show that 45% of households were owned (either outright or with a mortgage), 29% were privately rented (private landlord or letting agent) and a further 25% socially rented (through the council or housing association).

2.9.6 Household projections

Census 2021 estimated Nottingham to have 124,704 households, which is 5,500 fewer than the household projection data published by ONS in 2020, which estimated there to be around 130,000 households. It is estimated that by 2043, Nottingham's households will grow to 144,374, increasing by 16% or equivalent to nearly 20,000 households (Figure 11).[35] These figures should be interpreted with caution as they use 2018-based projections data.

Figure 11: ONS household projections for Nottingham



Between 2025-2029, there are an additional 8,102 dwellings projected to be built in Nottingham City. 4,324 of these will be purpose-built student dwellings intended to meet the needs of a growing student population, and rebalance communities by reducing the need for houses of multiple occupation in areas close to the universities. Most of this student development will take place in Unity, Radford and Mary Potter, Nottingham East and Clifton and Meadows PCN areas.

Other larger housing developments are planned to take place in the Bestwood (Bestwood & Sherwood PCN), Bilborough (BACHS PCN), Clifton (Clifton and Meadows PCN), and Trent Basin (Nottingham East PCN) areas during the lifetime of the PNA.

[35] Source: Nomis - Query Tool - TS041 - Number of Households [Accessed February 2025] https://www.nomisweb.co.uk/query/construct/summary.asp?menuopt=200&subcomp= and ONS. Household projections for England: detailed data for modelling and analysis [Accessed February 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/householdprojectionsforenglanddetaileddataformodellingandanalysis

Continued development of the Island Quarter is anticipated. This is a mixed development which, once complete, will include a mix of residential dwellings (including student accommodation), office, retail, and hospitality venues. A hotel is planned for 2026, offering both short-stay hotel rooms and long-stay 'home from home' residences in addition to serviced office space.

The development of the Broadmarsh site in the city centre is anticipated to include the delivery of an NHS Community Diagnostics Centre, which, once at full capacity, will offer 140,000 appointments per year, and be open seven days per week.[36]

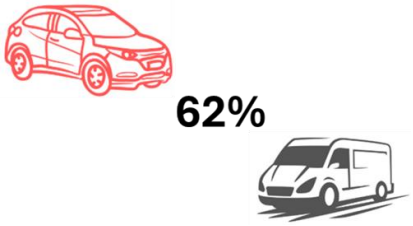
The long-planned Waterside Bridge, a pedestrian and cycle bridge to be located between the Trent Basin and the Lady Bay areas, is expected to be constructed in 2025, opening to the public in 2026.

2.9.7 Car or van availability

Census 2021 data shows that the overall percentage of households that have access to a car or van is 62% in Nottingham City, much lower compared to 81% in East Midlands and 76.5% in England[37].

For the 62% with a car or van:

- 66% have one car or van.
- 26% have two cars or vans.
- 7% of households have three or more cars or vans.



Looking at households by PCN area, most display a similar split as detailed above. Radford and Mary Potter PCN have the fewest households with cars or vans, with 50% having none and 50% having one or more cars or vans. City South PCN has the highest proportion of households with cars or vans at 75%, compared to 25% with neither.[38]

Table 2: Percentage of households across Nottingham City with access to at least one car or van

Area	Percentage of households with access to a car or van
BACHS PCN	66%
Bestwood and Sherwood PCN	66%
Bulwell and Top Valley PCN	63%
Clifton and Meadows PCN	75%
Nottingham City East PCN	63%

[36] Nottingham University Hospitals. Major Capital Programmes. [Accessed February 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/householdprojectionsforenglanddetaileddataformodellingandanalysis

[37] ONS. 2021 Census Profile for areas in England and Wales. [Accessed February 2025] https://www.nomisweb.co.uk/sources/census_2021/report?compare=E92000001#section_6

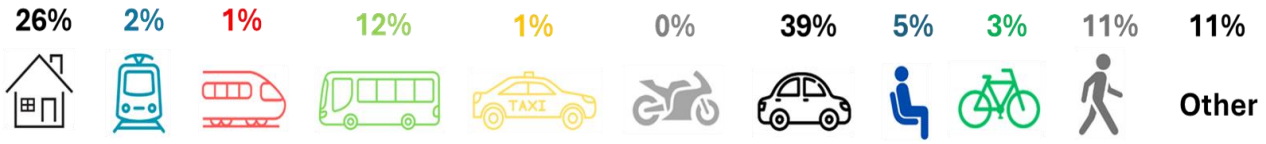
[38] ONS 2021 Census (TS045) Car or van availability [Accessed February 2025] https://www.nomisweb.co.uk/sources/census_2021/report

Area	Percentage of households with access to a car or van
Nottingham City South PCN	55%
Radford and Mary Potter PCN	50%
Unity PCN	64%
Nottingham City	**62%**
East Midlands	**81%**
England	**76.5%**

2.9.8 Travel to work

During Census 2021, on average, 26% of people mainly worked from home, with the most common method of travel to work being by car (39%). Greener methods of travel, such as walking (11%) and cycling (3%), accounted for as little as 14% on average.[39]

Figure 12: Nottingham travel to work methods



Driving a car or van is the predominant method of travel to work in Nottingham, although there is some variation between the PCN areas, from 30% in the Radford and Mary Potter area to the highest level in Bulwell and Top Valley at 48%.[40]

Figure 13: ONS Census 2021 travel to work method by PCN areas

Primary Care Network	Work mainly at or from home	Underground, metro, light rail, tram	Train	Bus, minibus or coach	Taxi	Motorcycle, scooter or moped	Driving a car or van	Passenger in a car or van	Bicycle	On foot	Other method of travel to work
BACHS	19%	2%	0%	13%	1%	1%	47%	6%	3%	7%	1%
Bestwood and Sherwood	30%	1%	0%	13%	1%	0%	36%	4%	2%	11%	1%
Bulwell and Top Valley	18%	3%	1%	13%	1%	1%	48%	5%	2%	9%	1%
City South	35%	0%	0%	8%	1%	0%	40%	4%	3%	7%	1%
Clifton & Meadows	25%	4%	1%	9%	1%	0%	41%	4%	4%	10%	1%
Nottingham City East	28%	2%	1%	14%	1%	0%	34%	4%	3%	12%	1%
Radford and Mary Potter	24%	4%	1%	12%	2%	1%	30%	5%	3%	16%	2%
Unity (Nottingham)	32%	2%	1%	9%	1%	0%	31%	3%	4%	15%	1%
Total	**26%**	**2%**	**1%**	**12%**	**1%**	**0%**	**39%**	**5%**	**3%**	**11%**	**1%**

13% of people travel under two kilometres (km) to work, with 34% travelling less than 5km; 26% travel anywhere from 5km to over 60km; a further 14% were categorised as working 'mainly at an offshore installation, in no fixed place, or outside the UK'.

[39] It should be noted that the Census 2021 was conducted in the midst of the COVID-19 pandemic and, therefore, it is likely that this had an impact on people's answers to this question based on their circumstances at the time.

[40] Nomis. Method used to travel to work. [Accessed February 2025] https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=2078

Figure 14: Proportion of distance travelled to work for people aged 16+ in employment



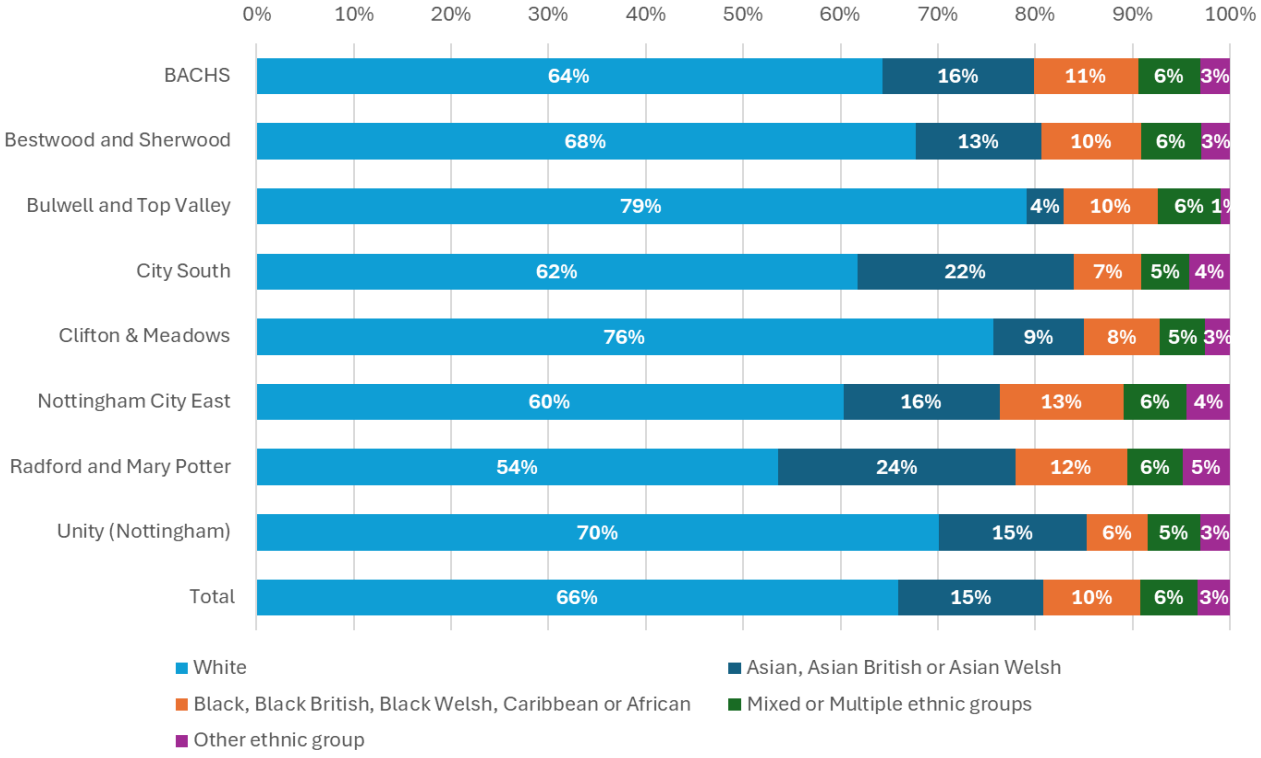
2.9.9 Ethnicity

According to the 2021 Census, 66% of people living in Nottingham are of a White ethnicity, which compares to 81% for England. Asian, Asian British, or Asian Welsh make up for 15% of Nottingham's population compared to 9.6% for England. Black, Black British, Black Welsh, Caribbean, or African make up for 10% of Nottingham's population compared to 4.2% for England. Mixed or Multiple ethnic groups represent 6% compared to 3% nationally.

The population by ethnicity varies between each PCN area, with 54% of people in Radford and Mary Potter being of a White ethnicity compared to 79% in the Bulwell and Top Valley PCN. There is also variation by PCN area for those of an Asian, Asian British, or Asian Welsh background, from as low as 4% in Bulwell and Top Valley to 24% in Radford and Mary Potter. There are also differences by area for people from a Black, Black British, Black Welsh, Caribbean, or African ethnicity, with 6% of people from this ethnic group in Unity (Nottingham), compared to 13% in Nottingham City East. There are more similarities for those from Mixed or Multiple ethnic groups and Other ethnic groups.[41]

[41] Nomis. Ethnic Groups. [Accessed February 2025]. https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=2041

Figure 15: ONS Census 2021- percentage of usual residents by ethnic group by PCN areas in Nottingham



Note: White ethnic group includes English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Irish Traveller, Roma, Other White.

Health inequalities exist between populations of different ethnicities across a range of health conditions and indicators, including life expectancy, maternal mortality, stillbirth and infant mortality, obesity, cardiovascular disease, cancer and diabetes.

People from ethnic minority groups are more likely than white British people to report limiting long-term illness and poor health.[42] Some report a poorer experience of using some health care services than the white British group and, for some populations, low health literacy, exacerbated by language barriers, can lead to unhealthy behaviours and poorer uptake of preventative services. Interventions to tackle these issues may need to be culturally tailored to the population in question to maximise reach and engagement.[43]

[42] The Kings Fund. What are health inequalities. 17 June 2022. [Accessed February 2025] https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities?gad_source=1&gclid=CjwKCAiAkc28BhB0EiwAM001TfiUQ1fbuiI7zS-JkgxnlRXGO_dnE5EXeJ7RxQS9cKwe0H4cONqQ_xoCBNIQAvD_BwE

[43] The Kings Fund. The health of people from ethnic minority groups in England. 17 May 2023. [Accessed February 2025] https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england

The strong relationship between health and deprivation is exacerbated for ethnic minority groups, who are over-represented in more deprived communities. The impacts of structural racism and stigma also manifest in negative effects on the physical and mental health of people from ethnic minority groups.[44]

2.9.10 Religion

Data from the 2021 Census for Nottingham show that 41% of people identify as having no religion; this is above England's proportion of 36.7%. The proportion of the population citing no religion by PCN area ranges from 34% in Radford and Mary Potter to 48% in Bulwell and Top Valley. Those identifying as Christian in Nottingham account for 35% of the population, the largest religious group, but lower when compared to England, which has 46.3% of people identifying as Christian. Christianity ranges from 27% in Radford and Mary Potter to 40% in Bulwell and Top Valley. Muslim is the second largest religious group, making up for 12% of the population locally, above the 6.7% for England; this varies among each PCN from 3% in Bulwell and Top Valley to 22% in Radford and Mary Potter. The religion question within the Census is a voluntary question, and 7% of Nottingham's population chose not to answer it compared to 6% for England.

Figure 16: ONS Census 2021- percentage of adults by religion by PCN areas in Nottingham

Primary Care Network	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	Not answered
BACHS	40%	37%	0%	2%	0%	13%	2%	0%	6%
Bestwood and Sherwood	43%	36%	0%	1%	0%	11%	1%	1%	6%
Bulwell and Top Valley	48%	40%	0%	1%	0%	3%	1%	1%	6%
City South	36%	35%	1%	3%	0%	15%	3%	1%	7%
Clifton & Meadows	45%	37%	0%	2%	0%	8%	1%	1%	6%
Nottingham City East	39%	35%	1%	1%	0%	16%	1%	1%	7%
Radford and Mary Potter	34%	27%	1%	2%	1%	22%	1%	1%	11%
Unity (Nottingham)	47%	29%	1%	2%	1%	8%	1%	1%	10%
Total	**41%**	**35%**	**1%**	**2%**	**0%**	**12%**	**1%**	**1%**	**7%**

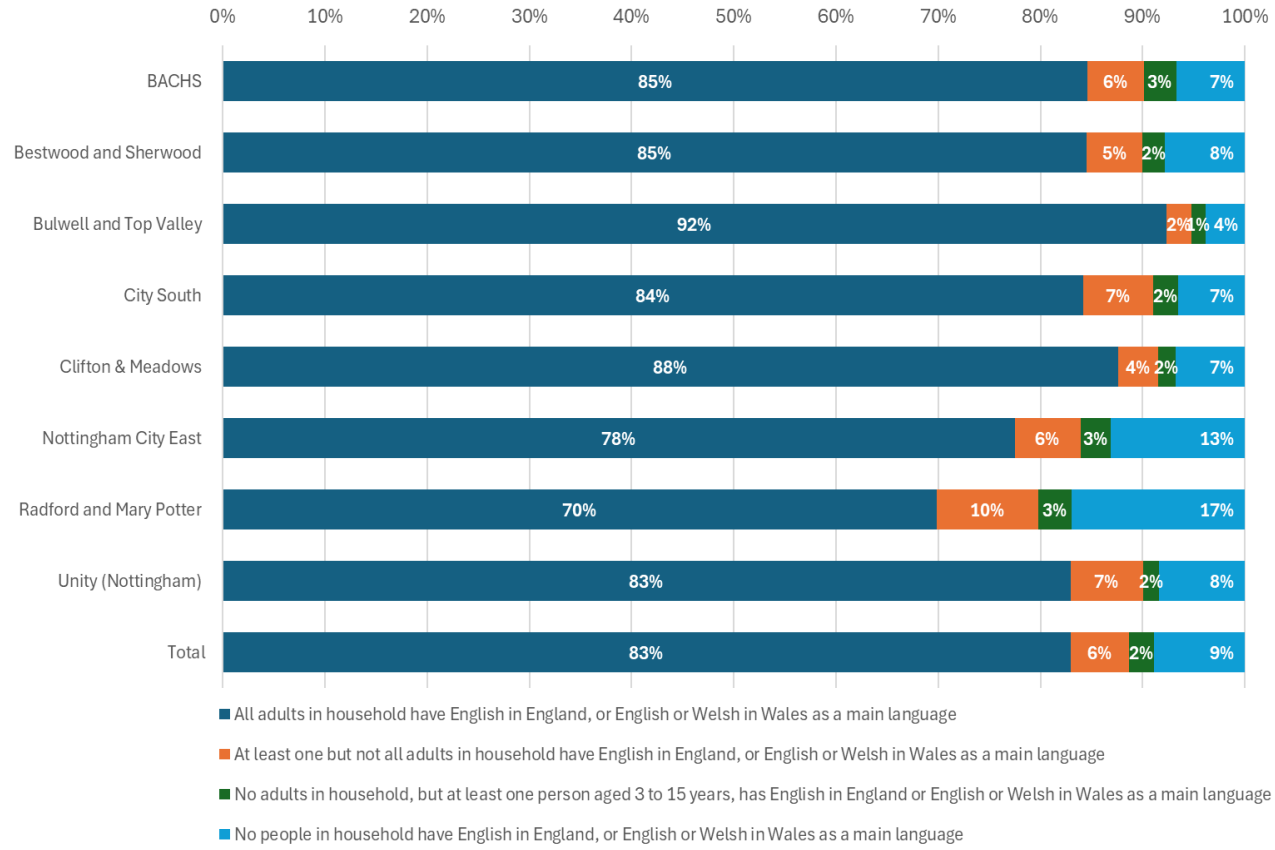
2.9.11 Household languages

For those aged three years and over in Nottingham as of 2021, almost 86% of people cited their first language (person's first or preferred language) as English, compared to almost 91% for England. This is followed by 5% of the population whose first language is Other European Language (Italian, Spanish, German, Polish, etc), with almost 4% speaking South Asian Languages (Urdu, Hindi, Panjabi).

[44] The Kings Fund. The health of people from ethnic minority groups in England. 17 May 2023. [Accessed February 2025]. https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england

Considering household languages, in 83% of households, English is spoken by all adults as their main language.[45] This ranges from 70% in Radford and Mary Potter to 92% for Bulwell and Top Valley. In 6% of households, 'at least one but not all adults in the household have English' as the main language, and in 2% of households, 'no adults in the household, but at least one person aged three to 15 years, has English' as the main language. Data shows that 9% of households have no people speaking English as their main language, and this increases to 17% for Radford and Mary Potter PCN.[46]

Figure 17: ONS Census 2021 - percentage of households with English as main household language across different PCN areas in Nottingham



2.9.12 Additional population characteristics

2.9.12.1 Pregnancy and maternity

A focus on health during pregnancy is important, as the physical and mental well-being of the mother can have lifelong impacts on the child. Factors such as maternal stress, smoking, diet and alcohol or substance use can increase the risk to child development and future health.

Unmet need from the most recent JSNA in Nottingham (2019) highlighted the following in relation to maternal health:

[45] Definition: All adults in household have English in England, or English or Welsh in Wales as a main language.
[46] Nomis. Household language. March 2012. [Accessed February 2025] https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=2044

- Low uptake of flu vaccinations by pregnant women in Nottingham: For the current flu season (2024-25), 30.4% of eligible women in Nottingham have received their flu vaccination.[47]
- High levels of smoking during pregnancy: 2023-24 data indicates 12.1% of women in Nottingham smoke at the time of delivery.[48]
- Women with complex social factors (substance use, domestic abuse, recent migrants, young women under 20 years) are far less likely to seek antenatal care early in pregnancy or stay in contact with maternity services.
- Pregnant women who are recent migrants, asylum seekers or refugees, or those with difficulty reading or speaking English, are least likely to access maternity services within recommended timescales. Challenges around language barriers are a particular issue in Nottingham, as over a third of births are to mothers born outside of the UK.
- Risks around alcohol consumption during pregnancy.
- Risks around mental health issues during pregnancy.[49]

2.9.12.2 Disability (including learning disability)

Those with disabilities face unfair conditions across society, including stigma, discrimination, bullying, poverty, exclusion from education and employment, and barriers within the health system.

The World Health Organisation (WHO) outlines the health inequalities faced by those with a disability, including lower life expectancy, higher risk of conditions such as depression, asthma, diabetes, stroke, obesity and poor oral health.[50]

Census 2021 data shows that 10.4% of Nottingham's population considered themselves to be disabled (limited a lot), 11.6% considered themselves to be disabled (limited a little), and 78% considered themselves not to be disabled.[51]

[47] Data source: eHealthscope data as contained within System Analytics Intelligence Unit (SAIU) dashboard SID25, accessed 24/01/2025.

[48] DHSC. Child and Maternal Health. [Accessed February 2025] https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000004/ati/402/are/E06000018/iid/93085/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[49] Nottingham Insight. Pregnancy JSNA 2019. [Accessed February 2025]. https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/pregnancy-2019/

[50] World Health Organisation (WHO). Disability. 7 March 2023. [Accessed February 2025] https://www.who.int/news-room/fact-sheets/detail/disability-and-health

[51] ONS, Census 2021. Disability, England and Wales: Census 2021. [Accessed February 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/disabilityenglandandwales/census2021#disability-england-and-wales-data

2.9.12.3 Sexual orientation

Lesbian, Gay, Bisexual and Transgender (LGBT) people face greater inequalities in health satisfaction, access, experience and outcomes than heterosexual people, in addition to bullying, harassment and stigma throughout their lives.[52]

A 2018 national LGBT survey[53] reported the following:

- 80% of respondents had accessed public healthcare services in the 12 months preceding the survey. Access was higher among trans women and trans men (87% and 89% respectively).
- 46% cisgender respondents said they never discussed their sexual orientation with healthcare staff, mostly because it was not thought relevant. Where it was disclosed, 8% said it had a negative effect and 75% said it had no effect.
- 24% of respondents had accessed or tried to access mental health services in the 12 months preceding the survey.
- 27% of respondents had accessed sexual health services in the 12 months preceding the survey, with 87% reporting a positive experience.

2.9.12.4 Gender reassignment

Although there is a lack of knowledge and data around transgender people's experiences of health services, the evidence that does exist suggests poorer outcomes and access for trans people. Transgender individuals are more likely to experience mental health illness, including depression and thoughts of suicide, which translates into higher use of mental health services. Younger trans and non-binary patients, as surveyed in the GP Patient Survey, were more likely to report a long-term or limiting condition or illness compared to other patients of a similar age.[54]

The 2018 national LGBT survey[55] reported:

- 38% of trans respondents accessing general healthcare services reported a negative experience because of their gender identity.
- 21% of trans respondents said their specific needs were ignored or not taken into account when they accessed or tried to access healthcare services.
- 18% said they avoided treatment for fear of discrimination or intolerance.

[52] 'Brady, M 'Tackling LGBT health inequalities', NHS England and NHS Improvement.

[53] Gov.uk. National LGBT Survey: Research report. 3 July 2018. [Accessed February 2025] https://www.gov.uk/government/publications/national-lgbt-survey-summary-report.

[54] The Kings Fund. Acting on the evidence: ensuring the NHS meets the needs of trans people. 26 September 2022. [Accessed February 2025] https://www.kingsfund.org.uk/insight-and-analysis/blogs/ensuring-nhs-meets-needs-trans-people

[55] Gov.uk. National LGBT Survey: Research report. 3 July 2018. [Accessed February 2025] https://www.gov.uk/government/publications/national-lgbt-survey-summary-report

2.9.12.5 University students

Nottingham is home to two large universities, and university students comprise about one in eight of the population of the city. Although younger people tend to have generally good overall health, there are health topics that may impact them, particularly within this population, including:

- Sexual health.
- Alcohol and drug use.
- Mental health.
- Smoking.
- Physical activity.
- Immunisation and vaccination.

This population may experience issues with access to services such as registration with GPs, continuity of care between 'home' and university providers, and the management of long-term or chronic conditions whilst at university. International students for whom university is their first time living in the UK may also face barriers to access, such as poor knowledge of the UK health system and language barriers.

2.9.12.6 Homelessness and rough sleepers

The causes of homelessness and rough sleeping are complex, and people may become at risk of homelessness for many reasons, including economic and societal reasons (changing economy, access to employment or housing), changing circumstances (e.g. relationship breakdown or leaving an institution) and personal factors (such as mental health, substance dependency etc).[56]

As in many areas, homelessness in Nottingham has increased in recent years.

Between April and June 2023, the rate of households in Nottingham owed either a prevention or relief duty by the local authority was 4.59 per 1,000 households.[57] Latest available data for 2023 indicates that the rate of rough sleeping in Nottingham is 14 per 100,000 population compared to an average England rate of 6.8. This is an increase of 70% since the previous year.[58]

[56] Nottingham Insight. Homelessness 2017. [Accessed February 2025] https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/behavioural-factors-and-wider-determinants-of-health/homelessness-2017/

[57] Table A1, Statutory Homelessness Data Dashboard, MHCLG, 2023. [Accessed February 2025] https://app.powerbi.com/view?r=eyJrIjoiNmE4NDM3YjAtNzJjNS00MjUzLWI2ZTktYjhlZTE1ZjA1M2UxIiwidCI6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTI0YTJlZjM5OTVhOCJ9

[58] Rough sleeping snapshot in England: autumn 2023, DLUCH. [Accessed February 2025]. https://app.powerbi.com/view?r=eyJrIjoiZjIzY2FiMGItODY4Mi00N2M1LWFlMzMtODY3Y2YyYjBjOTZlIiwidCI6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTI0YTJlZjM5OTVhOCJ9

The health and well-being of those experiencing homelessness are poorer than that of the general population; they may experience co-morbidity (two or more diseases or disorders), and the longer they are homeless, the more likely they are that their health will be at risk.[59] Those experiencing homelessness are more likely to die young. 2021 data showed the mean age of death of homeless men to be 45.4 years and women to be 43.2 years.[60]

2.9.12.7 People seeking asylum, refugees and people refused asylum

People seeking asylum, refugees and people refused asylum are estimated to make up between 1.7-3% of Nottingham's population. Over 75% of people seeking asylum in Nottingham are under 35 years old. Evidence is limited, but it suggests that this population face increased risks and barriers to accessing services compared to the general population.

Some of the additional risks associated with those seeking asylum and refugees are increased levels of post-traumatic stress disorder, stress and mental distress, communicable diseases, poor oral health, reduced levels of immunisation, and untreated chronic conditions. Maternal health outcomes are also poor and women seeking asylum are more likely to have experienced female genital mutilation and sexual or gender based violence.

Nottingham has also seen a significant increase in the number of homelessness applications received from people seeking asylum since 2023, in addition to an increase in the number of unaccompanied asylum-seeking children (UASC).[61]

2.9.12.8 Severe Multiple Disadvantage

Severe Multiple Disadvantage (SMD) can be defined as experiencing three or more of the following: homelessness, substance use, mental health issues, domestic violence and contact with the criminal justice system. Nottingham has the eighth highest prevalence of SMD in England, with the most recent JSNA estimating that over 5,000 of the city's residents experience SMD.

Those experiencing SMD may find it difficult to access services which have been set up to deal with single-issue treatment or support, finding that their *other* issues create barriers to successful engagement with emergency services such as Accident and Emergency (A&E), ambulance callouts and police.[62]

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[59] Census 2021. Deaths of homeless people in England and Wales. 23 November 2022. [Accessed February 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations

[60] ONS, 2021. [Accessed February 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations

[61] Nottingham City People Seeking Asylum, Refugees and People Refused Asylum JSNA, 2024. [Accessed February 2025] https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/people-seeking-asylum-refugees-and-people-refused-asylum-2024/

[62] Nottingham City Severe Multiple Disadvantage JSNA, 2019. [Accessed February 2025] https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/children-and-young-people/severe-multiple-disadvantage-multiple-needs-2019/

2.10 Deprivation

The Index of Multiple Deprivation (IMD) 2019 measures deprivation by combining estimates assessing deprivation across seven areas (called domains): income, employment, health and disability, education, skills and training, barriers to housing and services, crime and disorder, and living environment. In total, there are 32,844 LSOAs (Lower Super Output Areas) which have a population of around 1,500 people in England, with one being the most deprived area, all the way up to 32,844 (least deprived).

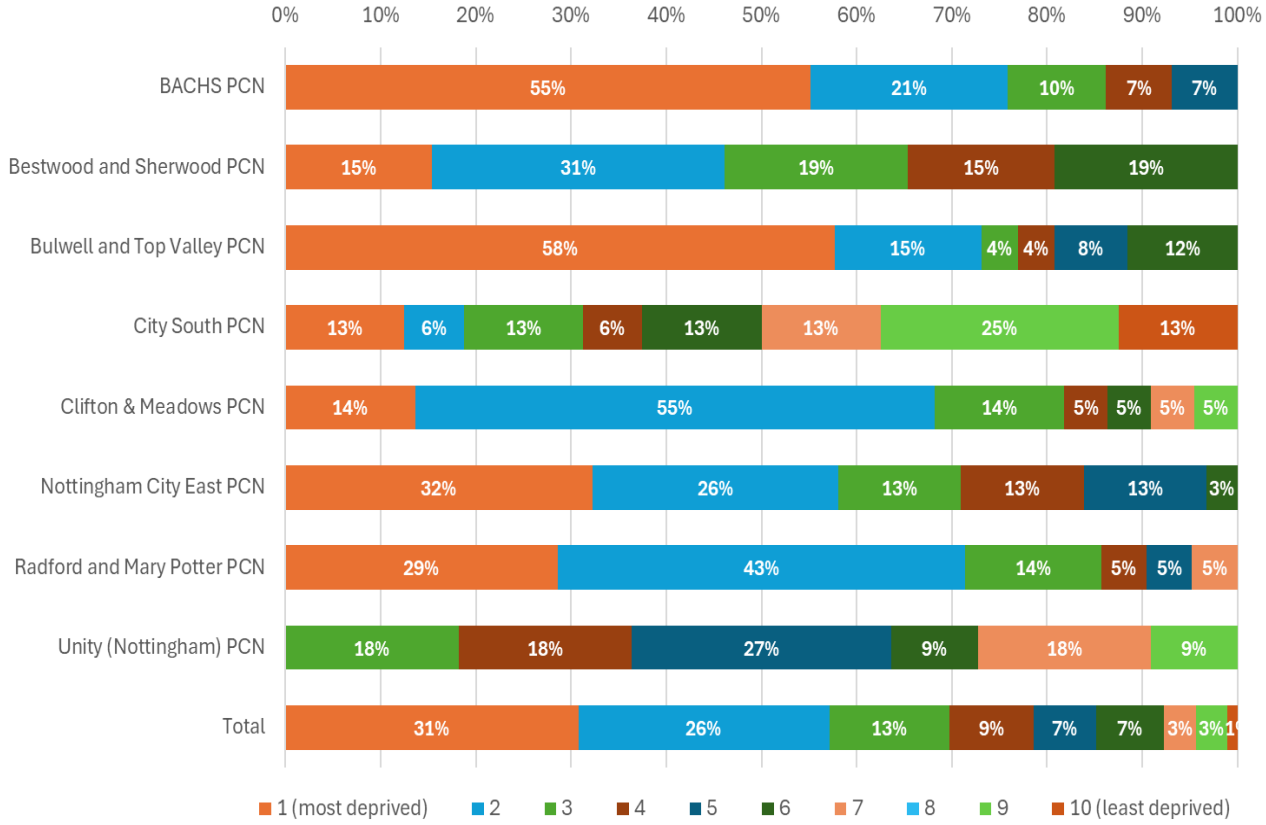
Nottingham is ranked 11th most deprived among local authority districts, with around 31% of Nottingham's LSOA areas within the 10% most deprived nationally.[63]

Aggregating 2019 deprivation data by small area LSOAs 2011 boundaries provides the proportion of deprivation for each PCN area.[64]

Bulwell and Top Valley PCN has the highest proportion of people living in decile 1 (most deprived) at 58%, with a further 15% in decile 2, meaning 73% of the population in this PCN are living in the two highest deciles of deprivation.

BACHS PCN has similar levels of deprivation with all the population falling between deciles one to five, and over half (55%) living in an area within decile 1 (most deprived).

Figure 18: Proportion of people by deprivation decile within each PCN area



[63] Ministry of Housing, Communities & Local Government (2018 to 2021). English indices of Deprivation 2019. September 2019. [Accessed February 2025] https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

[64] Gov.UK. English indices of deprivation 2019. [Accessed February 2025] https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

2.11 Health of the population

2.11.1 Life expectancy

Life expectancy (LE) is a measure of the average number of years a person could expect to live based on current mortality rates.[65] Healthy life expectancy (HLE) is the number of years people are expected to spend in "good" general health.

In Nottingham, the life expectancy for both males and females is below the national average, lower than the regional average, and lower than the life expectancy in Nottinghamshire. Table 3 below shows life expectancy at birth, as well as healthy life expectancy at birth and at age 65 for males and females.[66]

Table 3: Life expectancy and healthy life expectancy for males and females in Nottingham City, Nottinghamshire County, East Midlands and England, 2021-2023 (years)

Indicator	Nottingham	Nottinghamshire	East Midlands	England
LE at birth (Male)	76.2	78.9	78.8	**79.1**
LE at birth (Female)	80.6	82.9	82.6	**83.1**
HLE at birth (Male)	57.2	60	60.4	**61.5**
HLE at birth (Female)	56.8	59.7	60.2	**61.9**
HLE at 65 (Male)	8.3	9.3	9.6	**10.1**
HLE at 65 (Female)	8.9	10.1	10.4	**11.2**

In 2021-2023, females in Nottingham had a life expectancy of 80.6 years while males had a life expectancy of 76.2 years[66], however females could also expect to spend more of their lives in poor health, with 23.8 years spent in poor health compared to 19 years for males.[67]

Life expectancy varies across Nottingham, with 2023 data[68] showing a difference of almost 10 years between PCN areas. There are many factors that may influence life expectancy, including deprivation, housing, education, behavioural factors such as smoking, and characteristics such as sex or ethnicity.[69]

[65] Public Health Outcomes Framework (PHOF) 2022. [Accessed February 2025] https://www.gov.uk/government/collections/public-health-outcomes-framework

[66] ONS data. Life expectancy for local areas of Great Britain. 04 December 2025. [Accessed February 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyforlocalareasofgreatbritain

[67] ONS. Healthy life expectancy in England and Wales. 12 December 2024. [Accessed February 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between2011to2013and2021to2023

[68] Source: ONS Registered Deaths, Patients Registered at a GP Practice (NHS Digital)

[69] The Kings Fund. What is happening to life expectancy in England? 10 April 2024. [Accessed April 2025] https://www.kingsfund.org.uk/insight-and-analysis/long-reads/whats-happening-life-expectancy-england#:~:text=Life%20expectancy%20is%20affected%20by,as%20sex%2C%20ethnicity%2C%20disability%20and

2.11.2 Health behaviours

2.11.2.1 Obesity

Obesity is a chronic disease and is experienced when a person is living with excess body fat. In England, in 2022/23, 26.2% of the population aged over 18 were living with obesity,[70] and 65% living with either overweight or obesity,[71] making it a major health issue, albeit one that is largely preventable. Obesity is linked to a number of health conditions, including cancer, diabetes, cardiovascular diseases, chronic respiratory diseases and neurological diseases. Obese children and young people are more likely to become obese adults and be at a higher risk of developing future health conditions, as well as being likely to experience poor mental health, poorer quality of life, bullying, and stigma.[72] There are a number of risk factors for obesity, including lifestyle factors such as poor diet and physical inactivity, genetics, medical conditions and/or medications, as well as wider determinants of health such as socio-economic status, less formal education, age, and sleep deprivation.[73]

In 2022/23, 28% of the population aged over 18 in Nottingham were living with obesity. For the same time period, the prevalence of overweight (including obesity) in adults aged over 18 was 63.9%, meaning the prevalence of both overweight and obesity in Nottingham adults is similar to England.[74]

For children in Nottingham (Year 6 or 10-11 years), the prevalence of obesity (including severe obesity) is 28%, higher than the England prevalence of 22.1%. Prevalence of overweight (including obesity) in children is 42.5%, also higher than the England average (35.8%).[75]

At a PCN level for Nottingham, the age-adjusted prevalence of obesity can be calculated per 1,000 population (all ages). The PCN with the highest prevalence of obesity is Bulwell and Top Valley, at 241 per 1,000. Unity PCN has the lowest levels of obesity, 111 per 1,000. The data also show that women have a higher prevalence of obesity than men, and that this is true for all Nottingham PCN areas (Table 4).[76]

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[70] DHSC. (Obesity prevalence in adults (18+ yrs) 2022/23). Fingertips. [Accessed February 2025] https://fingertips.phe.org.uk/search/obesity#page/3/gid/1/pat/6/par/E12000004/ati/502/are/E06000018/iid/93881/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[71] DHSC. Fingertips - Obesity. [Accessed February 2025] https://fingertips.phe.org.uk/search/obesity

[72] World Health Organisation. Obesity and overweight. 1 March 2024. [Accessed February 2025] https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight

[73] National Institute for Health and Care Excellence (NICE). What are the causes and risk factors?. February 2025. [Accessed February 2025] https://cks.nice.org.uk/topics/obesity/background-information/causes-risk-factors/

[74] DHSC. Fingertips – Obesity. [Accessed February 2025] https://fingertips.phe.org.uk/search/obesity#page/3/gid/1/pat/6/par/E12000004/ati/502/are/E06000018/iid/93088/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[75] DHSC. Fingertips – Obesity 2023/2024 data. [Accessed February 2025] https://fingertips.phe.org.uk/search/obesity

[76] Data from Fingertips as contained in SAIU dashboard SID18.

Table 4: Age adjusted prevalence of obesity per 1,000 population by PCN area (March 2024)

PCN	All population	Male	Female
Bulwell & Top Valley	240.7	196.3	282.7
Clifton & Meadows	230.3	187.2	275.5
BACHS	227.6	185.8	270.9
Bestwood & Sherwood	199.9	166.8	233.4
Nottingham City East	188.4	153.6	229
Radford & Mary Potter	187.7	142.7	248.8
City South	170.1	144.3	196.3
Unity	111	98.9	130.7

Looking at the prevalence of overweight per 1,000 population (Table 5), Unity PCN has the highest prevalence of overweight, with Nottingham City East PCN having the lowest level. Across all PCN areas, overweight is more prevalent in males than females.[77]

Table 5: Age adjusted prevalence of overweight per 1,000 population by PCN area (March 2024)

PCN	All population	Male	Female
Unity	265.8	295.5	228.6
Bestwood & Sherwood	261.6	271.6	252.4
Bulwell & Top Valley	260.9	268.7	254.3
Clifton & Meadows	254.6	264.4	245.7
City South	250.8	265.5	237.2
BACHS	249.7	255.6	245.1
Radford & Mary Potter	245.8	249.3	245.1
Nottingham City East	244.5	253.5	234.9

2.11.2.2 Smoking

The World Health Organisation describes tobacco as one of the world's biggest health threats, with over 8 million deaths worldwide annually from both direct tobacco use and indirect tobacco smoke inhalation.[78] Smoking is the leading cause of preventable disease and premature death in the UK and is a risk factor for multiple types of cancer, COPD (Chronic Obstructive Pulmonary Disease) and heart disease.[79]

[77] Data from Fingertips as contained in SAIU dashboard SID18

[78] WHO. Tobacco. 31 July 2023. [Accessed February 2025]. https://www.who.int/news-room/fact-sheets/detail/tobacco

[79] DHSC. Fingertips – Smoking. [Accessed February 2025] https://fingertips.phe.org.uk/search/smoking#page/6/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/92304/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

During 2022/23, 18.2% of adults in Nottingham were current smokers, higher than the England average figure of 13.6%,[80] and in 2021, around 85 deaths per 100,000 in Nottingham were attributable to smoking.[81]

There are stark differences in the prevalence of smoking per 1,000 population across the PCN areas of Nottingham, with Bulwell & Top Valley PCN having a prevalence of 197 per 1,000, over three times higher than the prevalence in Unity PCN (Table 6). There are also differences in smoking rates by gender: more males in Nottingham smoke than females, with the biggest difference being seen in Radford and Mary Potter PCN. Smoking is linked to disadvantage, with those from more deprived areas experiencing more enablers to smoking, and more barriers to quitting. Inequalities also exist for age, deprivation, ethnicity and housing tenure, which may contribute to the differences seen in smoking prevalence across the city.

Table 6: Age adjusted prevalence of smoking per 1,000 population (March 2024)[82]

PCN	All population	Male	Female
Bulwell & Top Valley	196.9	212	182.8
Nottingham City East	183.9	215	146.8
Clifton & Meadows	183.6	204.4	161.9
Radford & Mary Potter	182.6	216.7	137.4
BACHS	180.2	200	160
Bestwood & Sherwood	154.7	183.7	125.2
City South	109.1	134.4	82.9
Unity	64.6	76.7	41.4

2.11.2.3 Alcohol use

Alcohol consumption is another factor that contributes to a range of health conditions, hospital admissions, and deaths. In the short term, excessive alcohol use can cause accidents and injuries, violent behaviour, alcohol poisoning and unprotected sex, which could lead to sexually transmitted infections or unplanned pregnancy. Longer term, frequent use of alcohol can increase the risk of cancer, stroke, heart disease and liver disease, as well as the potential to lead to social issues such as unemployment, divorce and homelessness. People may also become dependent drinkers, leading to an impact on their quality of life and risks related to withdrawal.[83]

[80] DHSC. Fingertips. Smoking prevalence in adults (aged 18 and over) - current smokers (GPPS). [Accessed February 2025] https://fingertips.phe.org.uk/search/smoking#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/92304/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[81] Health Data. GBD Compare. [Accessed February 2025] https://vizhub.healthdata.org/gbd-compare/

[82] Data from Fingertips as contained in SAIU dashboard SID18

[83] NHS. Alcohol misuse. [Accessed February 2025] https://www.nhs.uk/conditions/alcohol-misuse/

In 2022, 55.2 deaths per 1,000 in Nottingham were related to alcohol, higher than the 39.7 per 1,000 in England.[84] The latest data for 2022/23 showed that Nottingham also had a higher level of alcohol related hospital admissions (broad definition) with 2,127 per 1,000 compared to an England average of 1,705.[85]

In Nottingham, overall, the age-adjusted prevalence of a history of alcohol use[86] is 134.2 per 1,000 population.[87] Table 7 below shows the age-adjusted prevalence of a history of alcohol use by PCN. Prevalence is highest in Bestwood & Sherwood PCN, at 207 per 2,000, and is lowest in Unity PCN at 106 per 1,000. Males are more likely to have a history of alcohol use than females, this being the case for all of the PCN areas within Nottingham.[88]

High alcohol use may be linked to socioeconomic status, with those from lower socioeconomic status backgrounds more at risk of heavy drinking. In addition, those with mental health conditions may also be more likely to drink heavily.

Table 7: Age adjusted prevalence of history of alcohol use per 1,000 population (March 2024)

PCN	All population	Male	Female
Bestwood & Sherwood	207.1	236.2	179.2
City South	134	172.4	95.7
Bulwell & Top Valley	131.5	166.5	99.2
Nottingham City East	123.8	157.9	86.1
BACHS	119.8	147.8	92.6
Clifton & Meadows	119.5	153.2	85.6
Radford & Mary Potter	108.3	131.1	82.2
Unity	106.3	135.9	70

[84] DHSC. Fingertips – alcohol. [Accessed February 2025] https://fingertips.phe.org.uk/search/alcohol#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/93763/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[85] DHSC. Fingertips – alcohol. [Accessed February 2025] https://fingertips.phe.org.uk/search/alcohol#page/3/gid/1938132833/pat/6/ati/502/are/E06000018/iid/93765/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-yo-1:2014:-1:-1_ine-ct-39_ine-pt-0_car-do-0

[86] Although in the SAIU dashboard this indicator is called 'History of alcohol misuse', we have chosen to use the term 'History of alcohol use' throughout this document to reduce stigma.

[87] Data from Fingertip as contained in SAIU dashboard SID18.

[88] Data from Fingertips as contained in SAIU dashboard SID18.

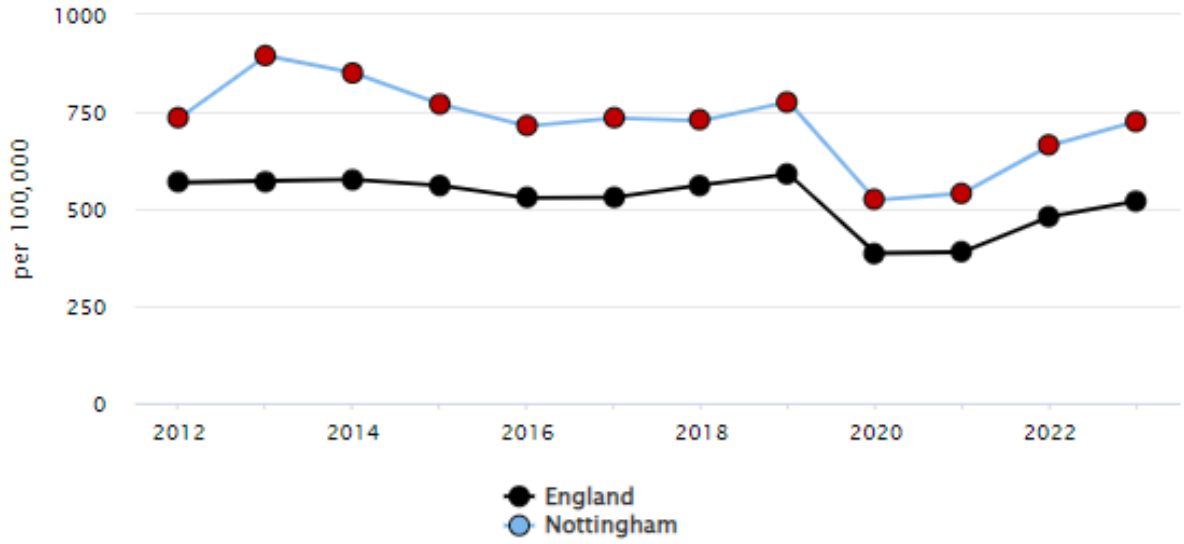
2.11.2.4 Sexual health

Sexual and reproductive health is an important element of overall health and wellbeing. According to the World Health Organisation, "Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence".[89] In order for people to have good sexual and reproductive health, it is important that they have the information, confidence and the means to make the choices that are right for them. This aids people in developing positive relationships and protecting themselves and their partners from infections and unintended pregnancy.

Inequalities exist in relation to sexual health, with some communities more likely to be impacted by Sexually Transmitted Infections (STIs). Men who have sex with men, some ethnic minority communities, and people living with Human Immunodeficiency Virus (HIV) are impacted disproportionately.[90] And issues such as stigma, structural barriers, and discrimination that are experienced by marginalised communities may worsen these inequalities.

The rate of new STI diagnoses (excluding chlamydia aged under 25) in Nottingham is significantly higher than the England average, with 2023 figures showing a rate of 725 per 100,000 (compared to 520 for England).[91] (Figure 19)

Figure 19: New STI diagnoses (excluding Chlamydia aged under 25) per 100,000 – crude rate – Nottingham and England



[89] WHO. Sexual Health. [Accessed February 2025] https://www.who.int/health-topics/sexual-health#tab=tab_1

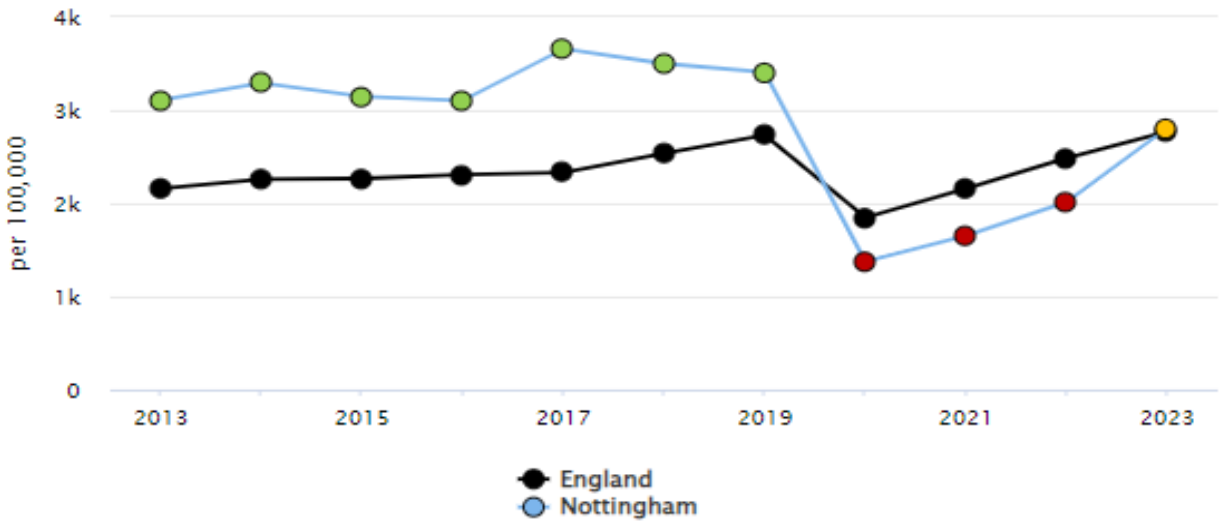
[90] The State of the Nation. Terence Higgins Trust, 2020. [Accessed February 2025] https://www.tht.org.uk/sites/default/files/2020-02/State%20of%20the%20nation%20report%20v2.pdf

[91] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/sexual%20health#page/4/gid/1938133212/pat/15/par/E92000001/ati/502/are/E06000018/iid/91306/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

Chlamydia is the most commonly diagnosed STI, which causes no symptoms in the majority of people infected. Diagnosis and treatment are easy; however, if left untreated, the infection can cause complications, including pelvic inflammatory disease, ectopic pregnancy and infertility in women. The United Kingdom Health Security Agency (UK HSA) recommends that local authorities should aim for a detection rate of at least 3,250 per 100,000 women aged 15-24 years. In 2023, Nottingham achieved a rate of 3,064 per 100,000 women aged 15-24, with the recent trend seen to be increasing.[92]

Knowledge of HIV prevalence can be used to plan and ensure access to comprehensive and specialist local HIV care and treatment for diagnosed individuals. In 2023, the prevalence of diagnosed HIV in Nottingham was 3.51 per 1,000 people (aged 15-59), which is higher than the England average of 2.40 per 1,000.[93] HIV testing is integral to the treatment and management of HIV, and can reduce the risk of onward transmission through early diagnosis and treatment. The HIV testing rate in Nottingham was historically significantly higher than the England average; however, the COVID-19 pandemic appears to have had an impact on service provision, with testing rates falling in 2020 (Figure 20). The latest reported rate from 2023 indicates a testing rate of 2,808.4 per 100,000, which indicates that services may be recovering.[94]

Figure 20: HIV testing rate per 100,000 population, Nottingham and England



[92] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/sexual%20health#page/4/gid/1000043/pat/15/par/E92000001/ati/502/are/E06000018/iid/90776/age/156/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[93] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/HIV#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/90790/age/238/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[94] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/HIV#page/4/gid/1938133286/pat/15/par/E92000001/ati/502/are/E06000018/iid/94106/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

Considering teenage pregnancy, most teenage conceptions are unplanned, and the majority end in abortion. Whilst some teenage pregnancies may have positive outcomes, research evidence shows that teenage pregnancy is associated with poorer outcomes for both parents and their children. The under-18 conception rate in Nottingham is decreasing and getting better, according to national data. The last reported data in 2021 showed Nottingham had a rate of 19.1 per 1,000, which is still significantly higher than the England average of 13.1.[95]

2.11.2.5 Substance use

Note: As alcohol is covered in Section 2.11.23, this section will focus on illicit drug use.

Illicit drugs can cause a wide range of harm to both physical and mental health and may further impact an individual's life in other ways, such as by limiting the ability to work, to parent, and to function effectively in society. People who have experienced negative life experiences such as childhood abuse, poverty, trauma or mental health issues are disproportionately more likely to be affected by substance use, and substance use in turn can lead to poorer outcomes for those affected and their families.[96]

Nottingham City's most recent JSNA for substance use[96] estimated that there were 2,715 users of opiate and crack cocaine in the city in 2016-17.

In Nottingham in 2023, 5.1% of people who entered drug treatment for opiates completed treatment successfully. This is similar to the England figure of 5.3%.[97] The level of successful completion for treatment of non-opiate use in Nottingham was 29.5% compared to an England average of 29.9%.[98]

In Nottingham, people can access substance use treatment and support through the Nottingham Recovery Network.[99]

During 2021-2023, the directly standardised rate of deaths from drug use[100] in Nottingham was 7.4 per 100,000, significantly higher than the England average of 5.5.[101]

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[95] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/conception#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[96] Nottingham Insight. Substance Misuse (illicit drugs and alcohol) (2022). [Accessed February 2025] https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/substance-misuse-illicit-drugs-and-alcohol-2022/

[97] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/drug%20treatment#page/4/gid/1938133432/pat/159/par/K02000001/ati/15/are/E92000001/iid/90244/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[98] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/drug%20treatment#page/4/gid/1938133432/pat/159/par/K02000001/ati/15/are/E92000001/iid/90245/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[99] https://www.nottinghamrecoverynetwork.com/

[100] Within the Public Health Outcomes Framework, the phrase 'substance misuse' is used. Within this document we have used 'substance use' to avoid stigma.

[101] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/mortality#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

2.11.2.6 Physical activity

Regular physical activity, especially activity that increases the heart rate, is beneficial to both physical and mental health. Benefits include improved musculoskeletal and cardiovascular health, and decreased anxiety. Good physical activity habits established in childhood and adolescence are also likely to be carried through into adulthood, reducing the risk of ill health and premature death later in life.[102]

Nottingham's Greenspace Strategy aims to ensure all residents of the city can access greenspace in support of their health and wellbeing and access to nature and wildlife, with the result that 63% of residents visit a park or open space at least once per month.[103]

Nationally available figures indicate that in 2022/23, in Nottingham, 68.6% of adults and 55.5% of children were physically active,[104] similar to the England average.

2.11.2.7 Flu vaccination

Vaccination is one of the most important things people can do to protect themselves and their children against ill health and a range of preventable communicable diseases. Some diseases have been entirely eradicated or seen very rarely since the introduction of vaccines; however, if people stop having vaccines, it is possible for infectious diseases to begin to spread through the population again.

Influenza (flu) is a highly infectious viral illness. Flu vaccination is offered to those who are at higher risk of developing complications if they catch the flu, and increasing the uptake of the flu vaccine amongst the eligible population can help to ease the burden on primary care and hospital admissions during the busier winter months.[105]

In Nottingham City, as of December 2024, 43% of the eligible population have received their flu vaccination (67,085 out of an eligible population of 154,590). Uptake varies across the city PCN areas, with the highest level of uptake being in City South PCN, where 51% of eligible patients have had their flu vaccination, and the lowest level of uptake being in Radford and Mary Potter PCN, where only 27% of those eligible have had their flu vaccination.[106]

Across the city, those from ethnic backgrounds other than white are less likely to take up their vaccination, and a correlation between deprivation and uptake is also seen, with those from the most deprived areas less likely to take up their vaccination.[107]

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[102] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/physical%20activity#page/6/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/91494/age/44/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[103] Nottingham City Council. Nottingham Greenspace Strategy. A long term ambition for change. [Accessed February 2025] greener-healthier-happier-nottingham-strategy-report-23524-compressed.pdf

[104] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/physical%20activity

[105] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/vaccination#page/6/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/30315/age/226/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[106] Data obtained from SAIU dashboard SID25, original source of data eHealthscope. Figures correct as of 02/01/2025.

[107] Data obtained from SAIU dashboard SID25, original source of data eHealthscope. Figures correct as of January 2025.

2.12 Burden of disease

A long-term condition (LTC) can be defined as a 'health problem that requires ongoing management over a period of years or decades and is one that cannot currently be cured but can be controlled with the use of medication and/or other therapies' (NHS Data Model and Dictionary, 2024). General Practices manage most LTCs, with prevalence and outcomes data recorded as part of the Quality and Outcomes Framework (QOF). All prevalence data used are for 2023-24 and are crude percentages, not adjusted for age or sex.

2.12.1 Long term conditions

2.12.1.1 Cardiovascular group

Cardiovascular Disease (CVD) is one of the main causes of disease and death in the UK, and includes conditions such as angina, stroke, heart failure, heart attack, etc. CVD is largely preventable if a healthy lifestyle is maintained and risk factors are mitigated. Risk factors for CVD include high blood pressure, smoking, diabetes, high cholesterol, overweight or obesity, and uncontrollable factors such as ethnicity or family history.[108]

Nationally, Nottingham performs poorly compared to England in relation to cardiovascular disease. In 2023, the all-age mortality rate (per 100,000) from cardiovascular disease in Nottingham was 319.5, compared to 232.4 for England. This puts Nottingham second worst in the country, behind Sandwell.[109]

For all the below CVD conditions, it is seen that prevalence is very low in Unity PCN and low in Radford and Mary Potter PCN. The variances in population demographics are a likely explanation for these differences. Unity PCN covers an area with a high student population, meaning that its population is relatively young and less likely to be diagnosed with CVD. Radford and Mary Potter PCN covers an area of high population density, has high numbers of students and younger people, and is one of the most ethnically diverse parts of the city. People from ethnic minorities may be less likely to engage with healthcare services due to systemic barriers and stigma, even though they may be at higher risk of CVD. It is therefore possible that some people within this PCN remain undiagnosed.

2.12.1.1.1 Atrial Fibrillation (AF)

Nottingham's prevalence of diagnosed atrial fibrillation (1.29%) is lower than the England average (2.18%). Differences are noted in the prevalence of atrial fibrillation across PCN areas (Figure 21) with the highest prevalence (similar to the England average) being in Clifton and Meadows PCN (2.09%). Unity PCN has the lowest prevalence (0.11%).[110]

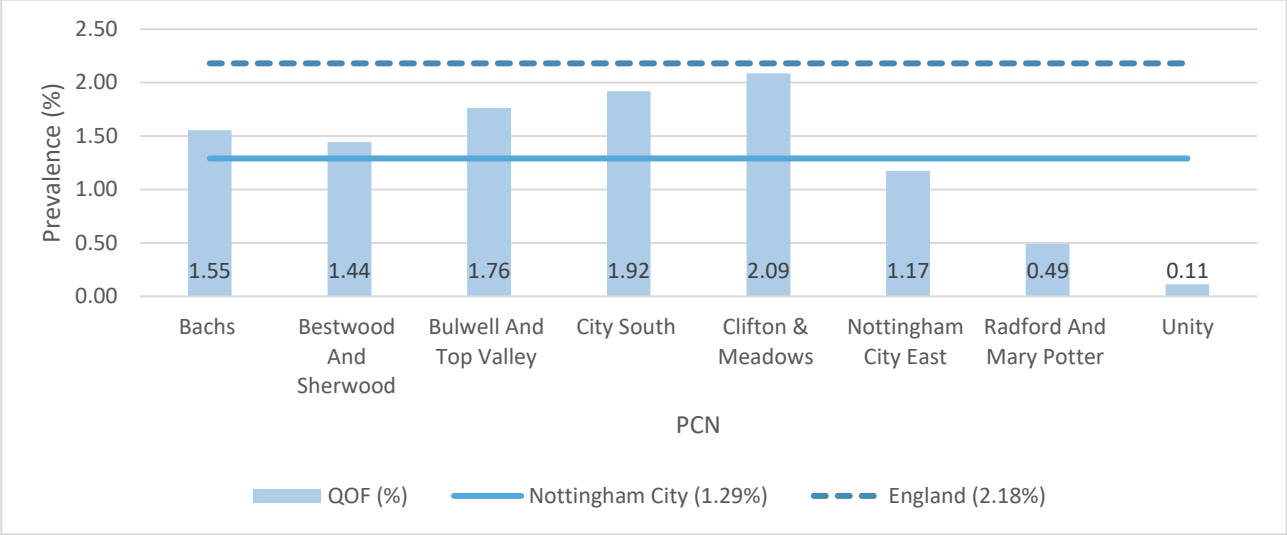
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[108] Cardiovascular disease - NHS [Accessed February 2025] https://www.nhs.uk/conditions/cardiovascular-disease/

[109] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/cardiovascular#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/93956/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[110] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

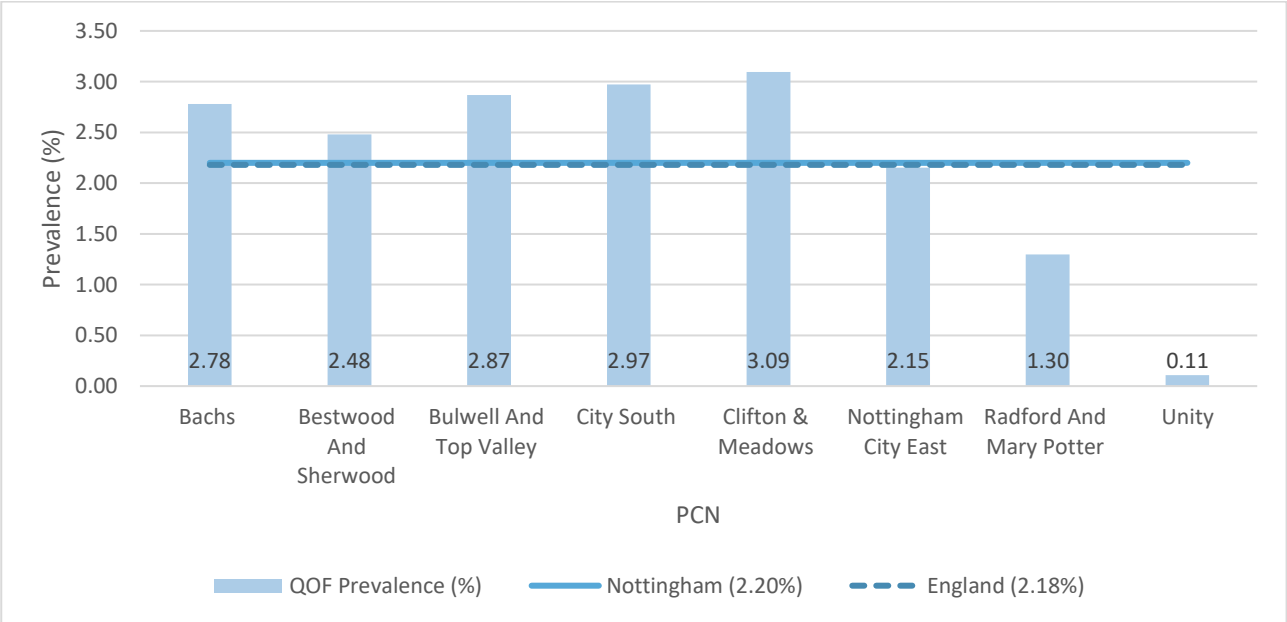
Figure 21: Quality and Outcomes Framework (QOF) prevalence of atrial fibrillation by PCN area compared to Nottingham and England



2.12.1.1.2 Coronary Heart Disease (CHD)

The prevalence of diagnosed CHD in Nottingham overall is 2.20%, similar to the England average of 2.18%. By PCN area, Unity PCN has the lowest prevalence (0.11%) and Clifton and Meadows PCN the highest (3.09%), making it higher than the England average (Figure 22).[111]

Figure 22: QOF prevalence of CHD by PCN compared to Nottingham and England

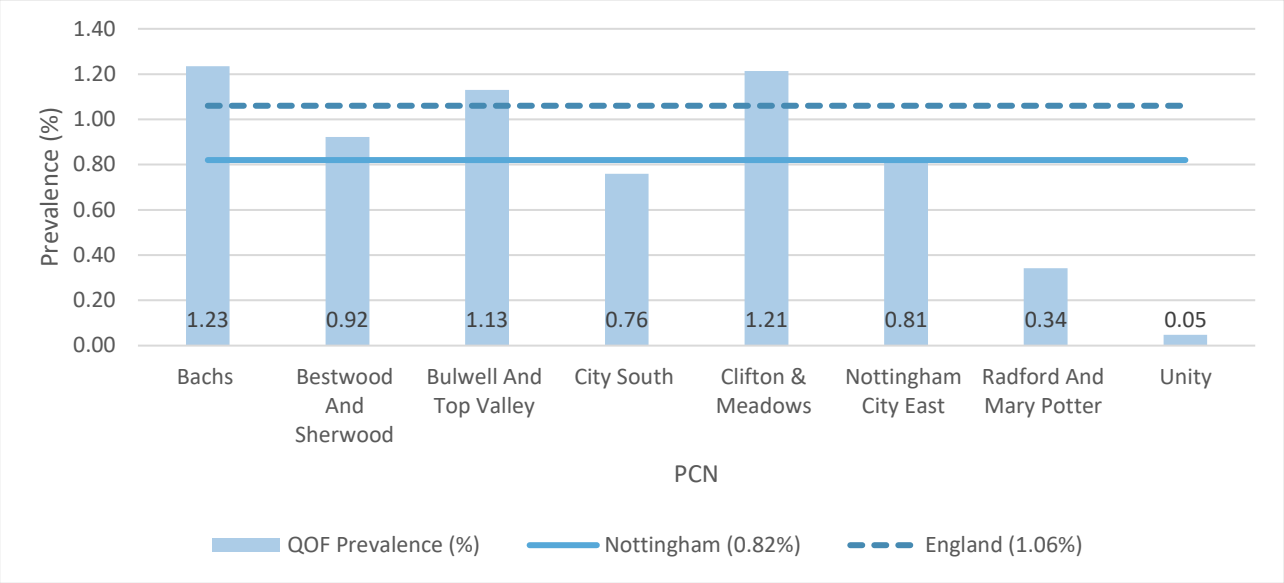


[111] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

2.12.1.1.3 Heart failure

Nottingham has a lower prevalence of heart failure than England (0.82% compared to 1.06%). Clifton and Meadows PCN, BACHS PCN, and Bulwell and Top Valley PCN all have a prevalence higher than the England average. Unity PCN and Radford and Mary Potter PCN are the two PCNs with the lowest prevalence at 0.05% and 0.34% respectively (Figure 23).[112]

Figure 23: QOF prevalence of heart failure by PCN compared to Nottingham and England



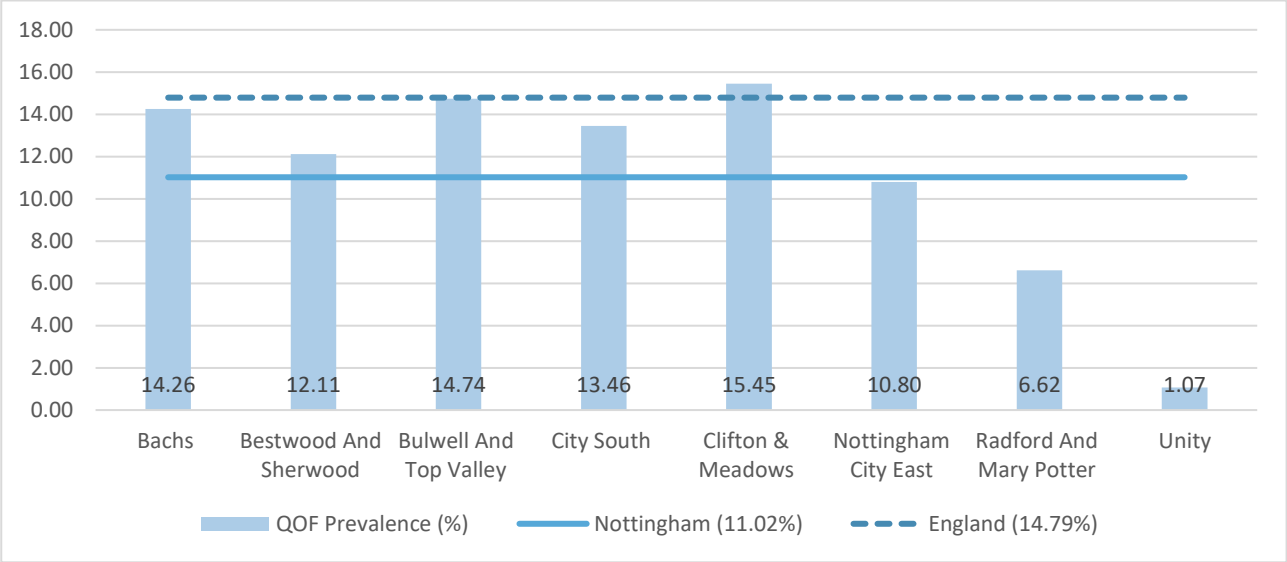
2.12.1.1.4 Hypertension

Nottingham has an 11.02% prevalence of hypertension – lower than the England average of 14.79%. However, there is variance across PCNs, with Clifton and Meadows PCN having a prevalence of 15.45%, higher than the England average, and at the other end of the scale, Unity PCN with a prevalence of 1.07% (Figure 24).[113]

[112] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

[113] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

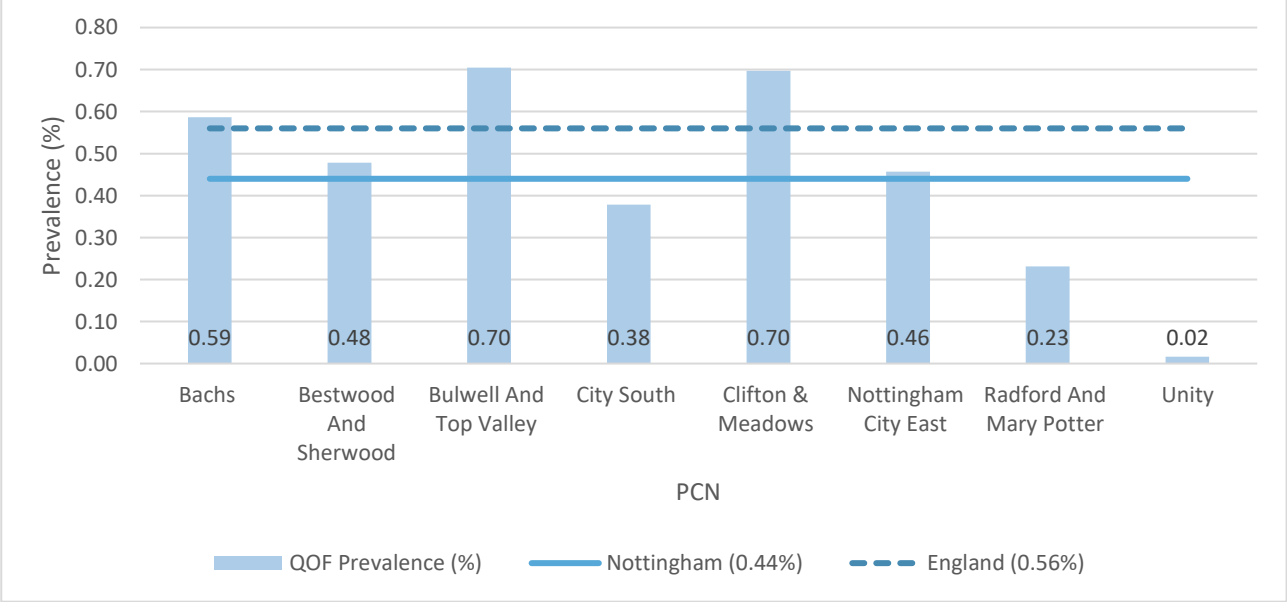
Figure 24: QOF prevalence of hypertension by PCN compared to Nottingham and England



2.12.1.1.5 Peripheral Arterial Disease (PAD)

Although Nottingham's overall prevalence of PAD is lower than the England prevalence (0.44% compared to 0.56%), there are differences between PCN areas. Unity PCN has the lowest prevalence of 0.02%, with Clifton and Meadows having the highest prevalence of 0.70% (Figure 25).[114]

Figure 25: QOF prevalence of PAD by PCN compared to Nottingham and England

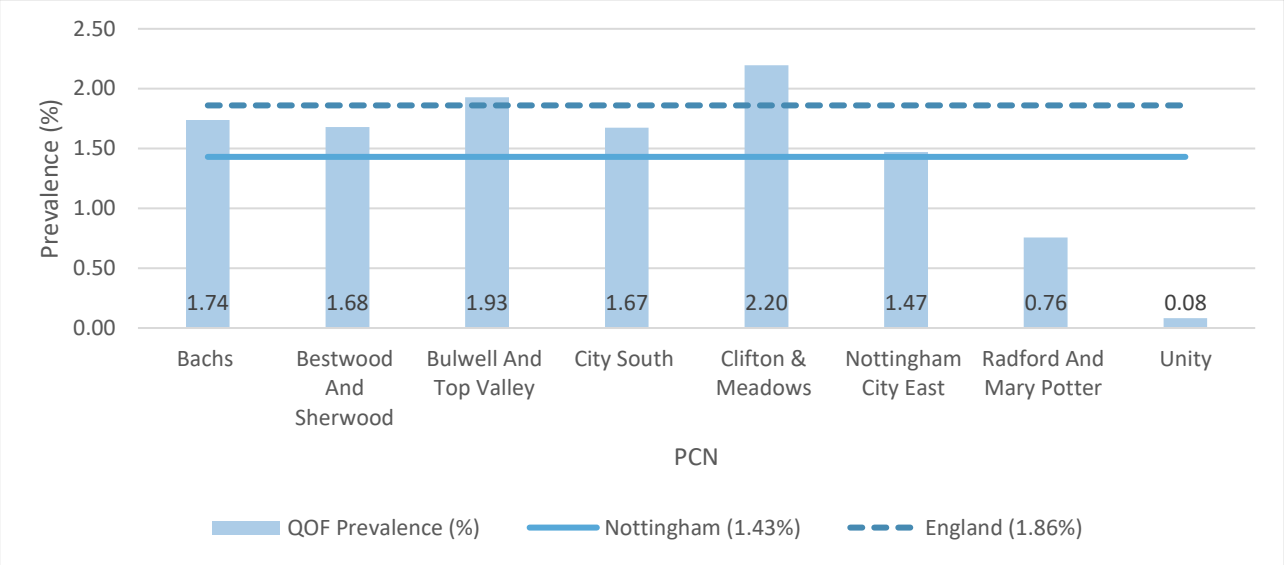


[114] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

2.12.1.1.6 Stroke and Transient Ischaemic Attack (STIA)

Overall, Nottingham has a lower prevalence of STIA than England; however, there is variation across PCN areas, with Clifton & Meadows PCN and Bulwell and Top Valley PCN having higher than national prevalence (2.20% and 1.93% respectively). Unity PCN (0.08%) and Radford and Mary Potter PCN (0.76%) have a prevalence lower than both the Nottingham and England average (Figure 26).[115]

Figure 26: QOF prevalence of STIA by PCN compared to Nottingham and England



2.12.1.2 Diabetes

Diabetes is a common condition affecting over three million people of all ages nationwide. Type 1 diabetes occurs when the body cannot make insulin itself to regulate the body's blood sugar levels. It can be managed with diet and the administration of insulin when required.[116] Type 2 diabetes occurs when the level of sugar in the blood is too high and is linked to being overweight or inactive, or where there is a family history of diabetes.[117]

The prevalence of diabetes in those aged 17 or older in Nottingham is 6.45%. This is lower than the England average of 7.66%. However, across PCN areas, BACHS PCN, Bulwell and Top Valley PCN, and Clifton & Meadows PCN all have a higher prevalence of diabetes than the England average. The particularly low prevalence of diabetes in Unity PCN may be linked to the younger population in this area, as well as the fact that this PCN is slightly less deprived than others, resulting in a lower likelihood of modifiable risk factors for diabetes such as obesity, poor diet & nutrition, and low physical activity levels. (Figure 27)[118]

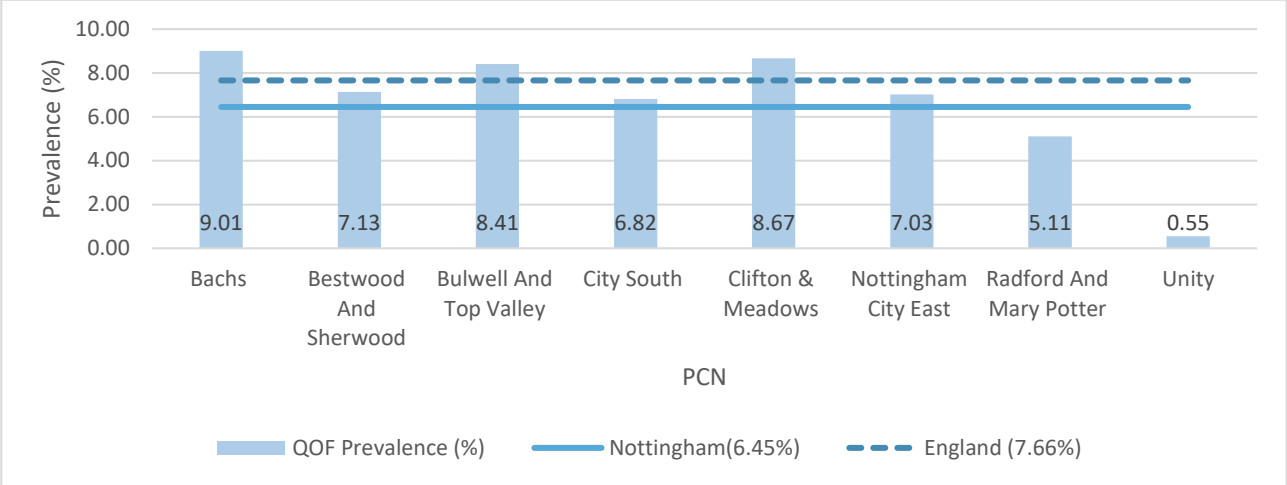
[115] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

[116] Type 1 diabetes - NHS [Accessed February 2025] https://www.nhs.uk/conditions/type-1-diabetes/

[117] Type 2 diabetes - NHS [Accessed February 2025] https://www.nhs.uk/conditions/type-2-diabetes/

[118] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

Figure 27: QOF prevalence of diabetes mellitus by PCN compared to Nottingham and England



2.12.1.3 Respiratory group

Respiratory group is a term used to describe a range of conditions affecting the respiratory system, such as asthma, Chronic Obstructive Pulmonary Disease (COPD), cystic fibrosis, lung cancer, pneumonia, etc.[119] Depending on the condition, there may be various causes and treatment options, but certain risk factors are likely to aggravate respiratory conditions. These risk factors could include smoking, air pollution and extremes in temperature.

2023 data show that the mortality rate from respiratory disease[120] per 100,000 people was 143.8 in Nottingham, higher than the England rate of 117.8.[121] Nottingham's mortality rate from lung cancer (2021-23) was also higher than the England average, at a rate of 68.5 per 100,000 compared to 47.5.

2.12.1.3.1 Asthma (ages 6+)

Figure 28 shows the prevalence of asthma in those aged six years and over. Nottingham's overall prevalence is 5.61%. It is seen that BACHS PCN (6.56%) and Bulwell and Top Valley PCN (6.63%) both have higher prevalence than England. Unity PCN has the lowest prevalence at 2.83%.[122]

[119] Respiratory conditions. NICE [Accessed February 2025] https://www.nice.org.uk/guidance/conditions-and-diseases/respiratory-conditions

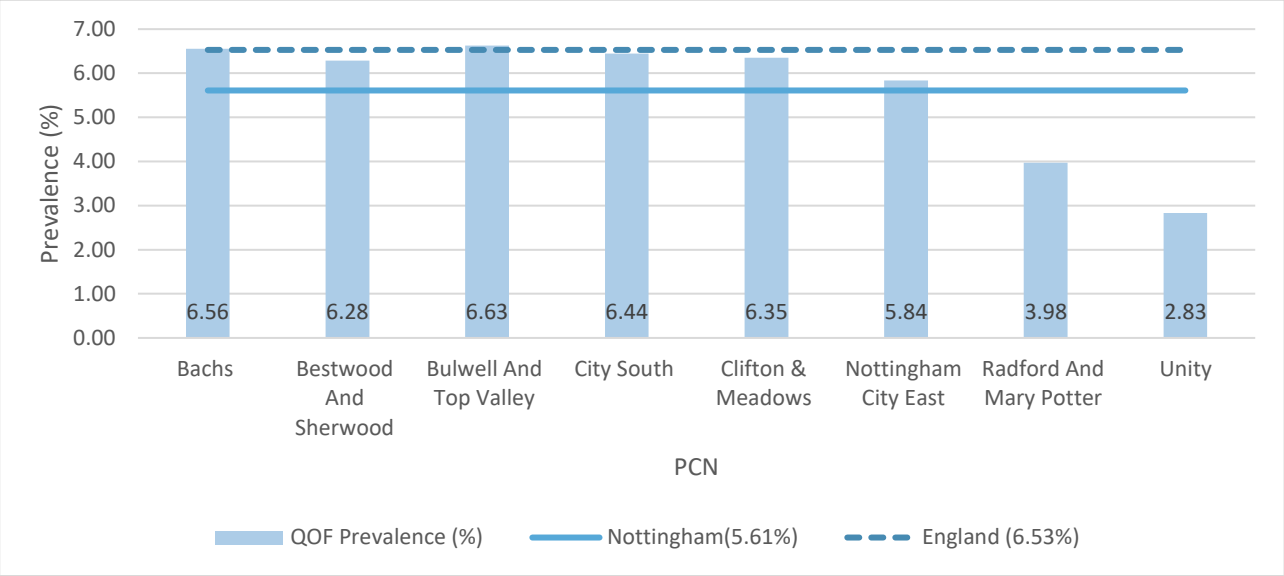
[120] Directly age standardised. Classified by underlying cause of death recorded as ICD-10 codes J00 to J99 Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/respiratory#page/6/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/93963/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[121] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/respiratory#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/93963/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[122] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

The prevalence of respiratory diseases appears to be linked to smoking prevalence. Bulwell & Top Valley has the highest smoking prevalence in the city, the highest prevalence of asthma and the joint highest prevalence of COPD. BACHS PCN also covers areas of the city with the highest child population who may be more likely to be diagnosed with asthma.

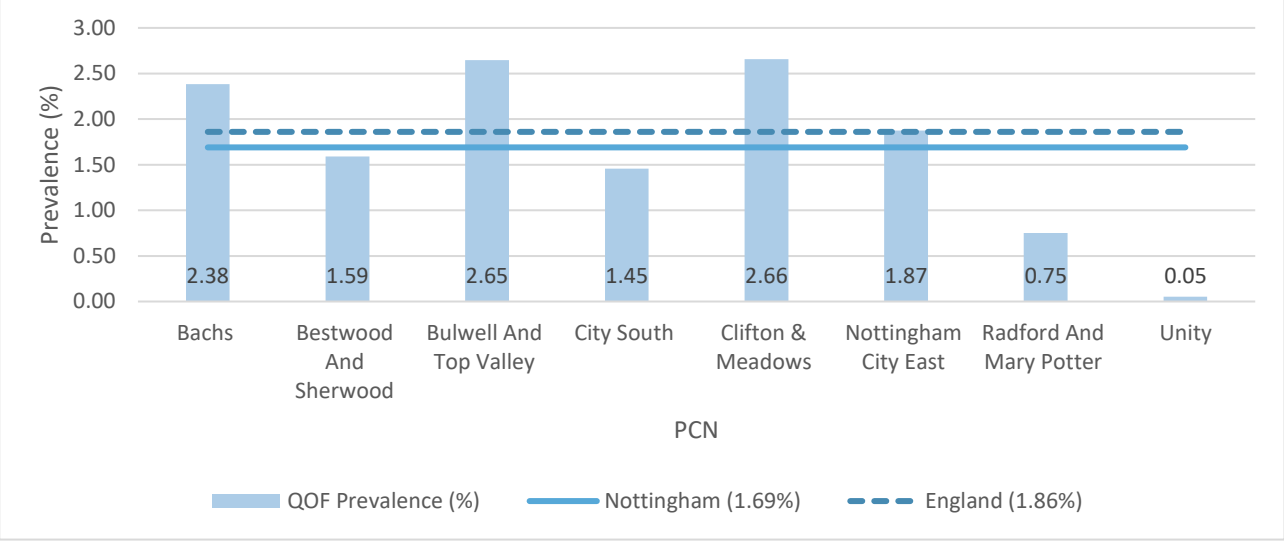
Figure 28: QOF prevalence of asthma by PCN compared to Nottingham and England



2.12.1.3.2 Chronic Obstructive Pulmonary Disease (COPD)

The prevalence of COPD varies across the PCN areas, with Clifton and Meadows PCN and Bulwell and Top Valley PCN both having high prevalence (2.66% and 2.65% respectively), and Unity PCN having the lowest with 0.05%. Four PCN areas have a higher prevalence of COPD than England. (Figure 29)[123]

Figure 29: QOF prevalence of COPD by PCN compared to Nottingham and England



[123] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

2.12.1.4 Cancer

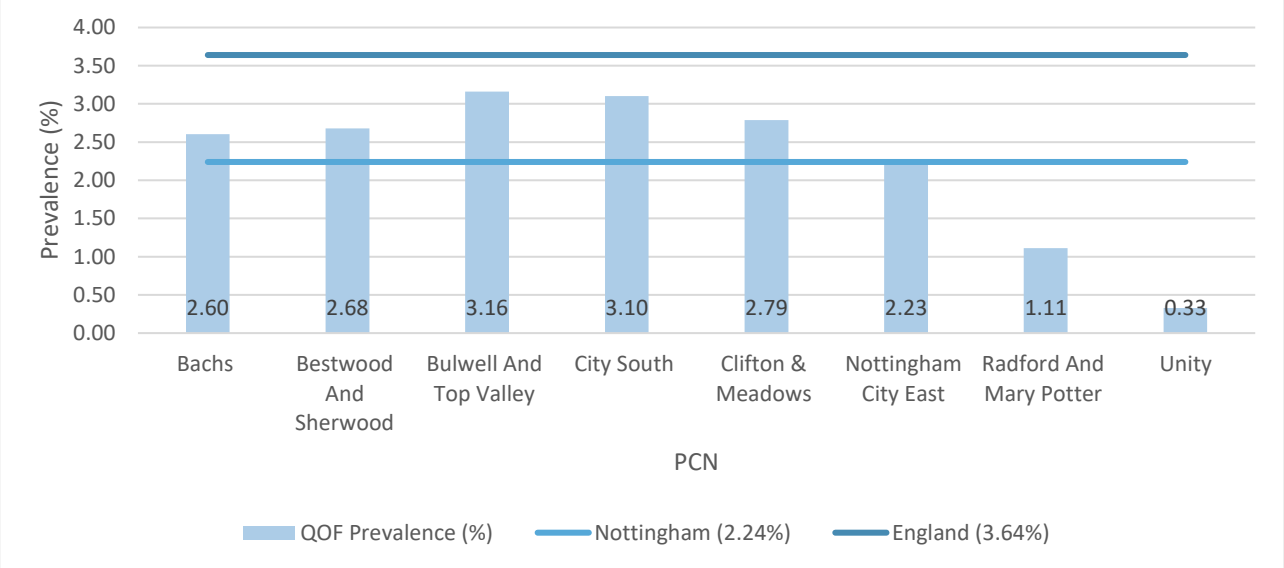
Cancer is a condition that will occur in one in two people during their lifetime, occurring when cells in an area of the body grow uncontrollably. These cells can damage and affect surrounding healthy tissue and can spread to other parts of the body. The risk of cancer can be reduced by making lifestyle changes such as not smoking or drinking too much alcohol, doing regular exercise and eating a healthy diet, and maintaining a healthy weight.[124]

In Nottingham in 2023, the mortality rate from cancer across all ages was 291.6 per 100,000, which is higher than the England average of 246.7.[125]

Looking at the prevalence of cancer across the city, in all PCN areas prevalence of diagnosed cancer is lower than the England average, with Bulwell and Top Valley PCN having the highest prevalence (3.10%) and Unity PCN the lowest (0.33%) (Figure 30).[126]

As many cancers are diagnosed in older people, the lower prevalence of cancer in Unity PCN is likely due to its younger population demographic. Radford and Mary Potter PCN covers an area of the city with both high numbers of students (younger population) and is also ethnically diverse. Ethnic minority populations may be less likely to engage with healthcare services due to systemic barriers and stigma; therefore, may be less likely to be diagnosed with cancer at an early (treatable) stage.

Figure 30: QOF prevalence of cancer by PCN compared to Nottingham and England



[124] Cancer - NHS [Accessed February 2025] https://www.nhs.uk/conditions/cancer/

[125] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/cancer#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/93959/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[126] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

Screening programmes exist for some types of cancers, to make early checks on those areas of the population most at risk, so that any abnormalities can be detected early and treated more easily, in some cases, preventing cancer from developing at all. Table 8 shows Nottingham's screening coverage compared to Nottinghamshire and England, for screening of three common cancers. In all areas, fewer of Nottingham's eligible populations are screened than in England, whereas in Nottinghamshire, the opposite is true.[127]

Table 8: Cancer screening uptake among eligible population (%) in City, County and England in 2023

Type of screening	Nottingham	Nottinghamshire	England
Breast cancer	61.8%	73.5%	**66.2%**
Bowel cancer	67.9%	76.3%	**72.0%**
Cervical cancer (age 25-49)	57.4%	74.1%	**65.8%**

2.12.1.5 Mental health

The term mental health is a broad term encompassing a range of experiences, including:

- Common mental health disorders include anxiety, depression, panic disorder, etc.
- Low mental wellbeing (mental wellbeing defined as 'feeling good and functioning well').
- Serious mental illness, including diagnoses such as schizophrenia, bipolar disorder.

Mental health and wellbeing are important for overall health and can help people to manage day-to-day activities, social relationships, work and study, and maintain healthy behaviours such as physical activity. However, the proportion of people experiencing mental ill health is rising, and inequalities in mental ill health mean that those with low incomes, disabled people, and some people from ethnic minority groups are more likely to experience mental health problems.[128]

The majority of PCN areas are seen to have a higher prevalence of mental health than the England average (Figure 31), with only City South PCN and Unity PCN seeing below average prevalence of mental health conditions (0.76% and 0.22% respectively). Nottingham City East PCN has the highest prevalence of all PCN areas, with 1.45%.[129]

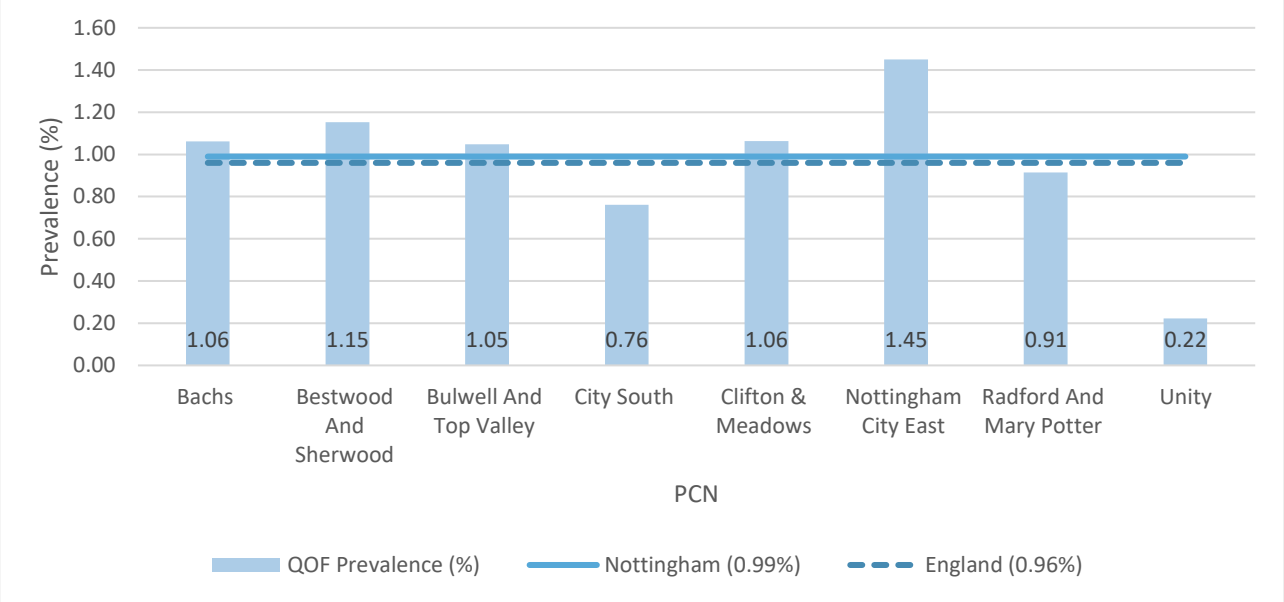
[127] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/cancer#page/1/gid/1000042/pat/15/par/E92000001/ati/502/are/E06000018/iid/91720/age/280/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[128] Adult mental health (2024) - Nottingham Insight [Accessed February 2025] https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/adult-mental-health-2024/

[129] QOF, 2023-24 - NHS England Digital [Accessed February 2025] https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

The QOF prevalence of mental health indicator is defined as 'schizophrenia, bipolar affective disorder and other psychoses', meaning this indicator only represents a small section of the range of mental health conditions that people may experience. Differences across the PCN areas may in part be contributed to by factors that contribute to health inequalities in mental ill health, such as deprivation and ethnicity.

Figure 31: QOF prevalence of mental health by PCN area compared to Nottingham and England



2.12.1.5.1 Depression

Depression is one of the 'common mental health disorders' as described above and is more common across the population than those conditions as defined by QOF. Nottingham City's overall age-adjusted prevalence of diagnosed depression is 130.5 per 1,000 people. There is variation across the different PCN areas, with Bulwell & Top Valley PCN having the highest prevalence (167.7 per 1,000) and City South PCN the lowest (97 per 1,000).[130]

Inequalities across PCN areas may be impacted by factors such as deprivation: City South PCN, which covers Wollaton West, an affluent suburb, has the lowest prevalence, and in contrast, Bulwell and Top Valley PCN, and BACHs PCN, which contain some of the more deprived areas of Nottingham, have the highest prevalence. Gender inequality is also noted, with the prevalence of diagnosed depression in females higher than in males. Factors such as stigma may contribute to these inequalities.

Table 9: Age adjusted prevalence of depression per 1,000 population by PCN (March 2024)

PCN	All population	Males	Females
Bulwell And Top Valley	167.7	124.8	207.8
BACHs	143.5	109.7	177.8
Clifton & Meadows	141.8	104.9	179.4

[130] Data from Fingertips as contained in SAIU dashboard SID18.

PCN	All population	Males	Females
Nottingham City East	133.1	106.7	163
Bestwood And Sherwood	131.9	100.6	162.5
Radford And Mary Potter	104.5	77.6	139.6
Unity	102.5	87.2	130.7
City South	97	73.8	120.6

2.12.1.5.2 Suicide

Suicide is a major issue for society and a leading cause of years of life lost. Suicide can affect anyone and has a significant, lasting, and often devastating impact on individuals, families, communities, and wider society. Suicide is often the endpoint of a complex history of risk factors; however, suicide is preventable by working towards improving population mental health and wellbeing, and by responding to known risks for suicide in the population.[131] Nottingham City has an established real-time suicide surveillance system which utilises partnership working and data sharing to identify suspected suicides and to establish appropriate actions to be taken to reduce the risk of similar deaths occurring.

The suicide rate in Nottingham (2021-2023) was 11.1 per 100,000,[132] which is similar to the England average rate of 10.7. There is a difference in the rate of suicide between males and females, with the suicide rate for males in Nottingham being 17.7 per 100,000,[133] compared to a rate in females of 4.9 per 100,000.[134] Differences in the rate of suicide by gender are also seen nationally.

[131] Suicide (2023) - Nottingham Insight [Accessed February 2025] https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/suicide-prevention-2023/

[132] Fingertips. DHSC [Accessed February 2025] https://fingertips.phe.org.uk/search/suicide#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/41001/age/285/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[133] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/suicide#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/41001/age/285/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[134] Fingertips. DHSC. [Accessed February 2025] https://fingertips.phe.org.uk/search/suicide#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E06000018/iid/41001/age/285/sex/2/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

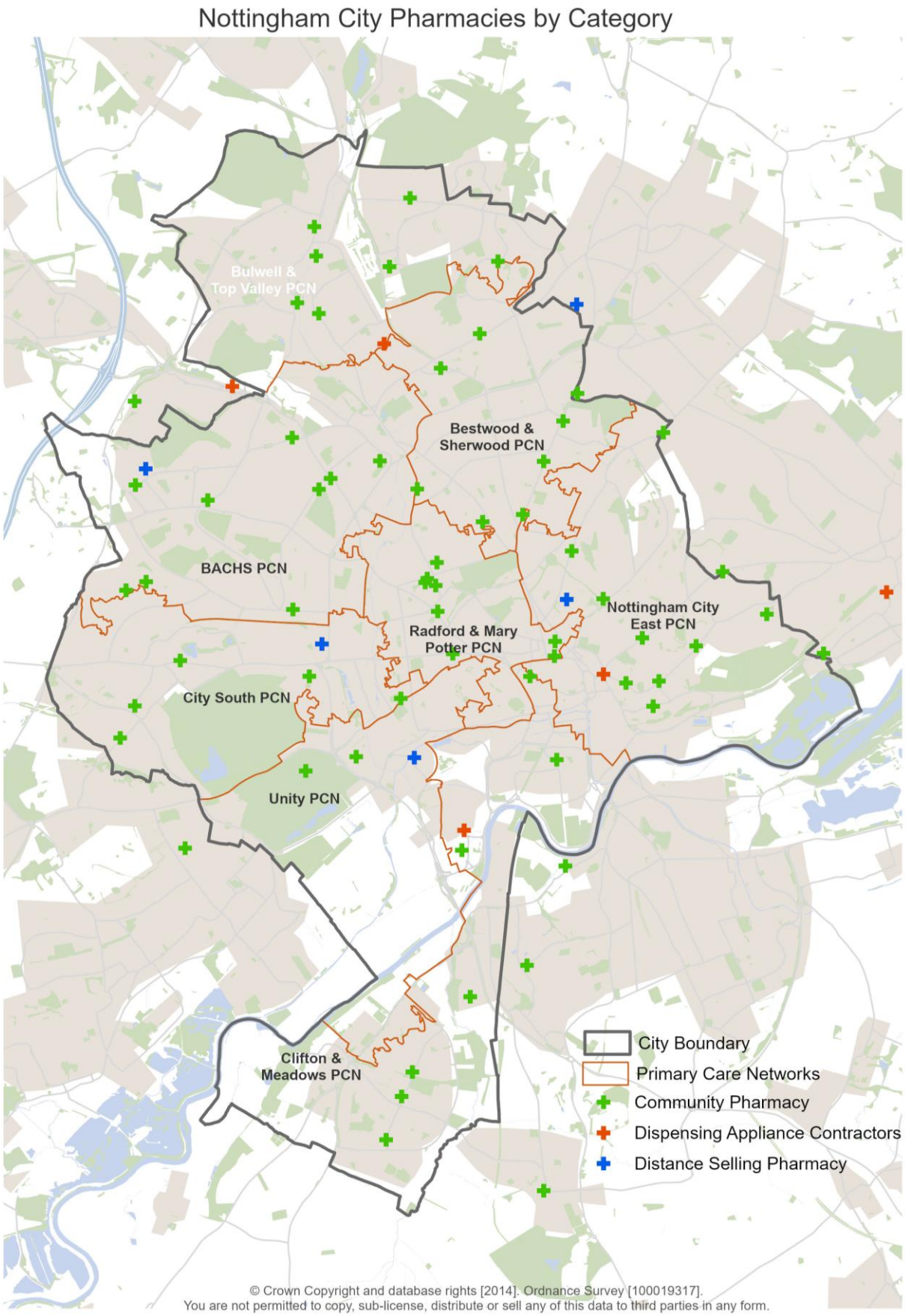
There are a total of 62 pharmaceutical contractors in Nottingham City.

Table 10: Contractor type and number in Nottingham City

Type of contractor	Number
40-hour community pharmacies (including three PhAS)	47
72-hour plus community pharmacies	8
DSP	4
LPS providers	0
DAC	3
Dispensing GP practices	0
Total	**62**

A list of all contractors in Nottingham City and their opening hours can be found in Appendix A. Figure 32 shows all contractor locations within Nottingham City.

Figure 32: Map of pharmacies in Nottingham City and across borders



3.2 Community pharmacies

Table 11: Number of community pharmacies in Nottingham City

Number of community pharmacies	Population of Nottingham City	Ratio of pharmacies per 100,000 population*
59 (includes 4 DSs)	328,513	18.0

Correct as of 23 January 2025, updated as of July 2025.

Community pharmacies are described in Section 1.5.1.1.

There are 59 community pharmacies in Nottingham City, which has decreased from 64 in the last PNA. The England average is 18.1 community pharmacies per 100,000 population, which has decreased from 2022, when the average number was 20.6. The Nottingham City average of 18 pharmacies per 100,000 is very similar to the national average. Section 1.2 noted the level of national community pharmacy closures due to funding challenges and workforce pressures.

Table 12 shows the change in the number of pharmacies over recent years compared with regional and national averages.

Table 12: Number of community pharmacies per 100,000 population

Period	Nottingham City	England
2023-24	18.0	18.1
2021-22	19.0	20.6

Source: ONS 2020 and 2023 mid-year population estimates and NHS BSA for number of pharmacies.

Section 1.5.1.4.1 lists the Essential Services of the pharmacy contract. It is assumed that the provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each PCN is explored in Section 6.

Table 13 provides a breakdown, by PCN, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary by PCN.

Table 13: Average number of community pharmacies in 100,000 population by PCN

Area	Number of community pharmacies	Total population (ONS mid-2022 estimate)	Average no. of community pharmacies per 100,000 population (July 2025)
BACHS	10	51,249	19.5
Bestwood and Sherwood	7	43,696	16.0
Bulwell and Top Valley	8	39,454	20.3
Clifton and Meadows	8	37,278	21.5
Nottingham City East	9	54,121	16.6
Nottingham City South	6	28,124	21.3
Radford and Mary Potter	8	47,728	16.8

Area	Number of community pharmacies	Total population (ONS mid-2022 estimate)	Average no. of community pharmacies per 100,000 population (July 2025)
Unity	3	26,863	11.2
Nottingham City	**59**	**328,513**	**18.0**
England[135]	**10,436**	**57,690,323**	**18.1**

3.2.1 Distance Selling Pharmacies

Distance Selling Pharmacies are described in Section 1.5.1.2.

There are four DSPs in Nottingham City, located in BACHs, Nottingham City East, Nottingham City South and Unity PCNs. Details can be found in Appendix A. This is the same number of DSPs as the 2022 PNA.

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. Therefore, residents do have access and may access DSPs from outside of Nottingham. There has been an overall increase in the number of DSPs in England, and with the increased uptake of electronic prescription services, it provides more choice and flexibility for patients.

3.2.2 Weekend and evening provision

In May 2023, the PLPS were updated to allow 100-hour pharmacies to reduce their total weekly core opening hours to no less than 72 hours, subject to various requirements.

In the 2022 PNA, Nottingham City had nine 100-hour pharmacies (14.1%) compared to the eight (13.6%) 72-hour pharmacies now open in January 2025. Nationally, there has been a more acute decline in the number of 100-hr community pharmacies in England open in 2022, being 9.4% and now for 72 hours or more per week, being 7.7%.

Only two PCNs have no 72-hour plus community pharmacies: Nottingham City East and Nottingham City South.

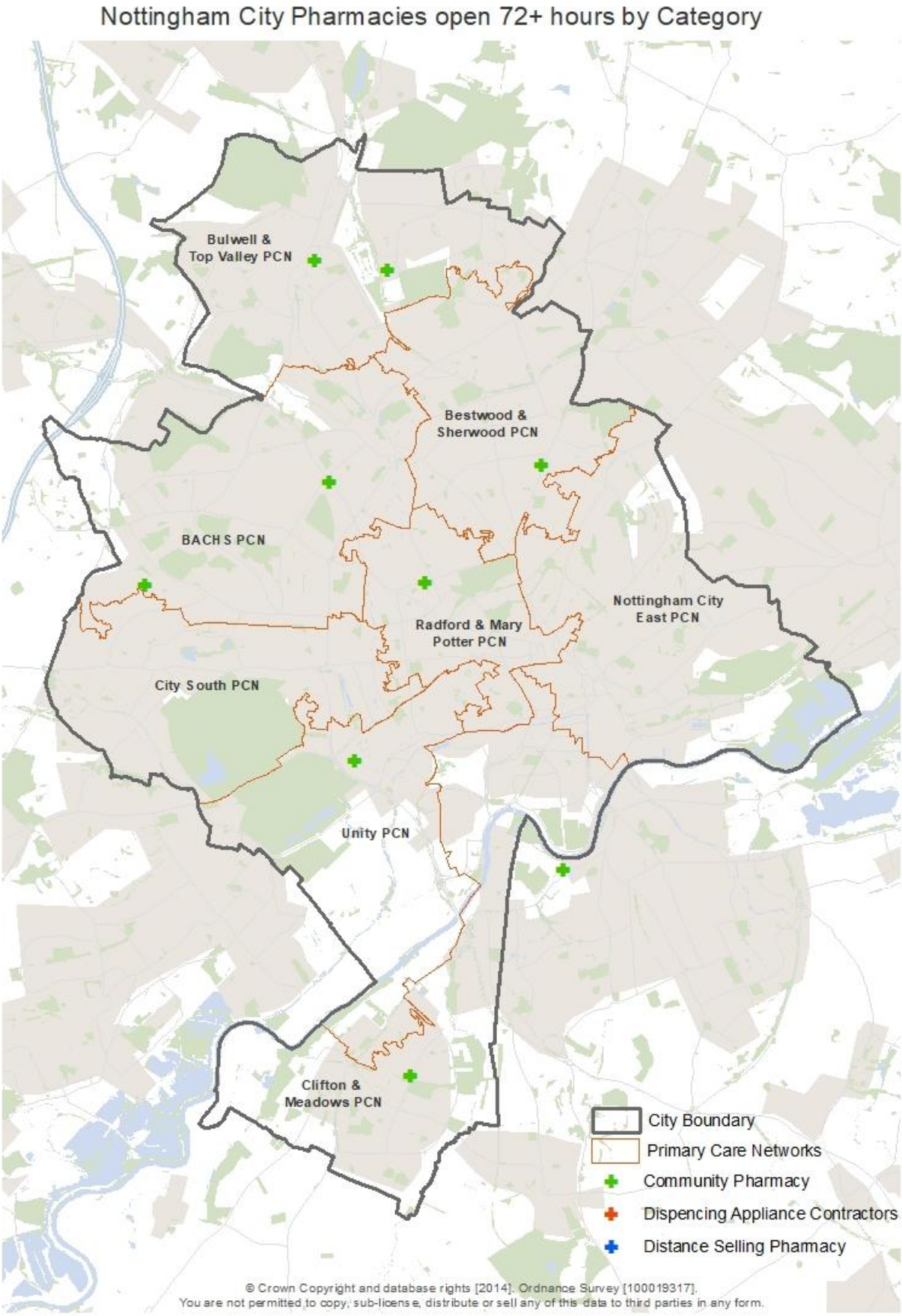
[135] NHS. Open Data Portal. Pharmacy Opening and Closures. January 2025. [Accessed February 2025] https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures. ONS Estimates of the population for England and Wales. Mid-2023. [Accessed February 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales

Table 14: Number of 72-hour community pharmacies by PCN

Area	**Number (%) of 72+ hour pharmacies**
BACHS PCN	2 (20%)
Bestwood and Sherwood PCN	1 (14%)
Bulwell and Top Valley PCN	2 (25%)
Clifton and Meadows PCN	1 (13%)
Nottingham City East PCN	0 (0%)
Nottingham City South PCN	0 (0%)
Radford and Mary Potter PCN	1 (13%)
Unity PCN	1 (50%)
Nottingham City	8 (14%)
England[136]	**806 (7.7%)**

[136] NHS BSA. Pharmacy Openings and Closures. November 2024. [Accessed February 2025] https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures

Figure 33: Map of 72-hour community pharmacies



3.2.3 Access to community pharmacies

Community pharmacies in Nottingham City are particularly located around areas with a higher density of population and higher levels of deprivation, as seen in the maps below.

Figure 34: Map of pharmacies and population density

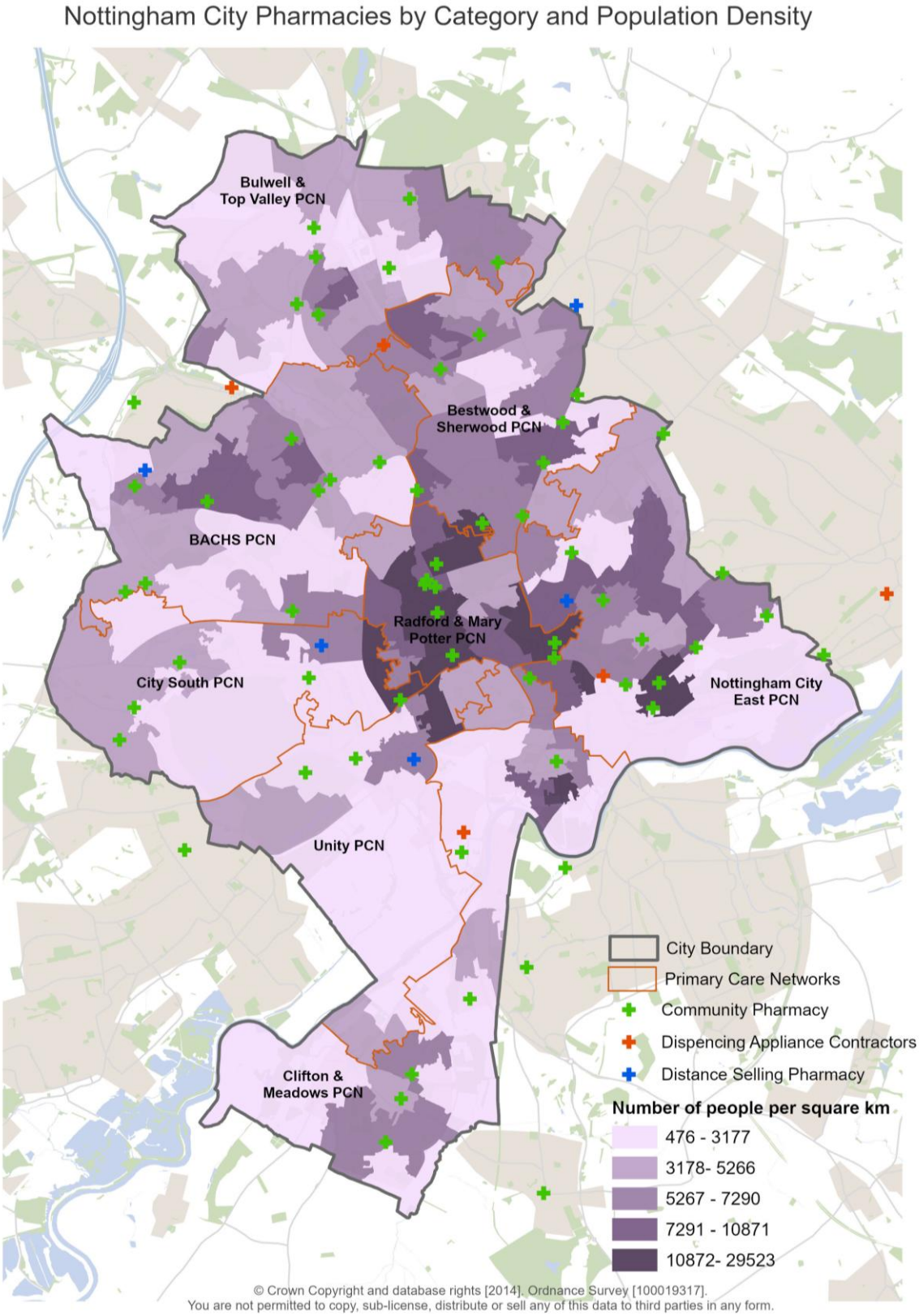
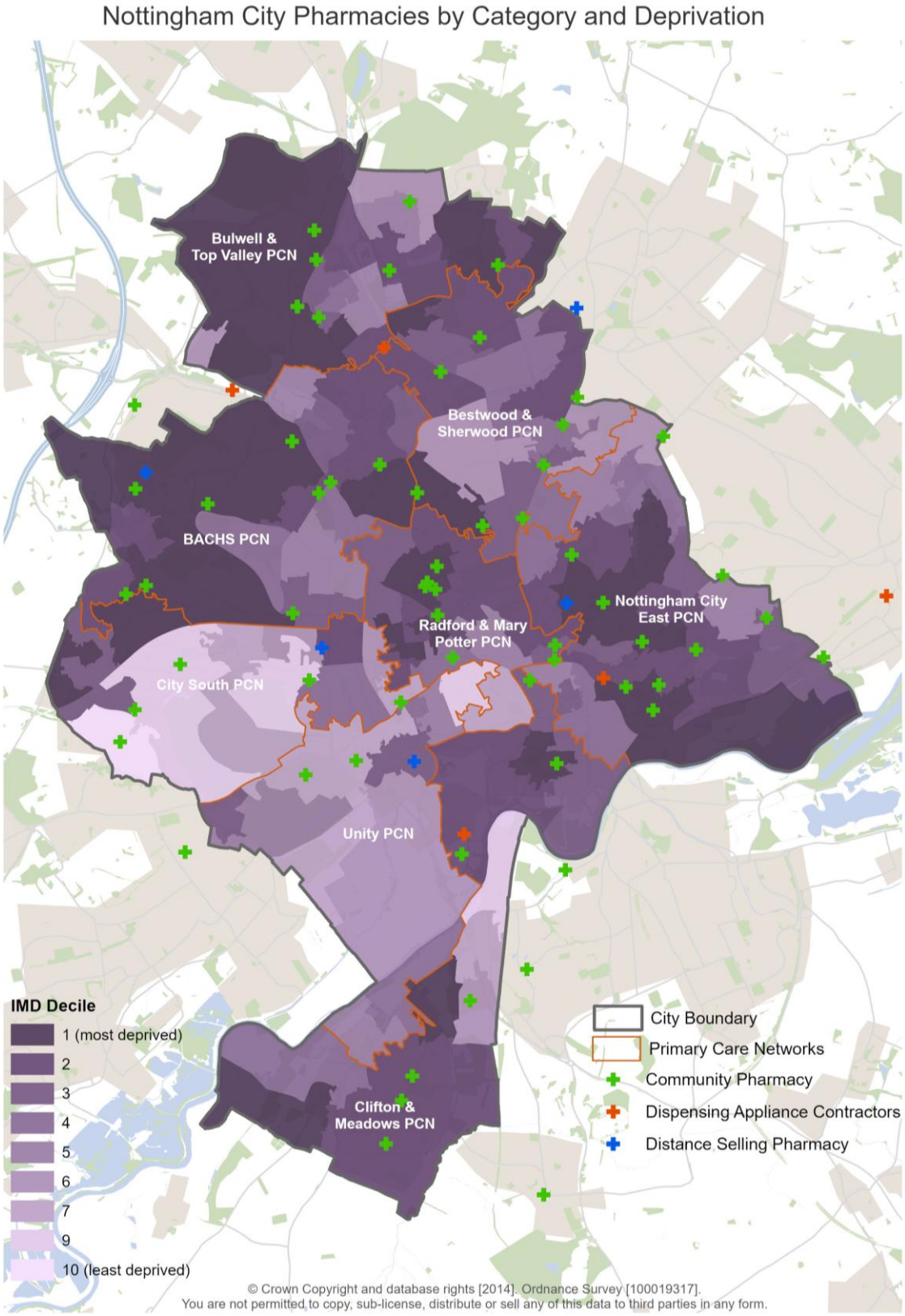


Figure 35: Map of pharmacies and deprivation areas



A previously published article[137] suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk.
- This falls to 14% in rural areas.
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy.

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates and, therefore, greater health needs.

3.2.3.1 Routine daytime access to community pharmacies

The following maps below show travel times to community pharmacies using different travel methods. This has been analysed using the Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation (SHAPE) tool.

Walking map (Figure 36) shows that all of the residents are within 30 minutes' walking distance of a pharmacy. There are a few small areas in Clifton & Meadows PCN that are not within a 20-minute walk.

Driving map (Figure 37) shows that the majority of the area is within a five-minute drive of a pharmacy during the daytime. The only exception is Colwick Country Park, which is a non-residential area.

Public transport map (Figure 38) shows that all of the population is within 20 minutes of a pharmacy by public transport during daytime, and the majority are within 15 minutes of travel. Various non-residential areas are within 30 minutes by public transport. Nottingham Council has an award-winning integrated transport system run by different operators working in partnership, providing good access to public transport across the area.

In summary for daytime travel:

- The majority of the population who are able to walk, can get to the pharmacy within 20 minutes.
- All residents who have access to private transport can get to a pharmacy within ten minutes by car.
- All residents who are able to travel via public transport can get to a pharmacy within 20 minutes.

[137] Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html

Figure 36: Average walk times to community pharmacies

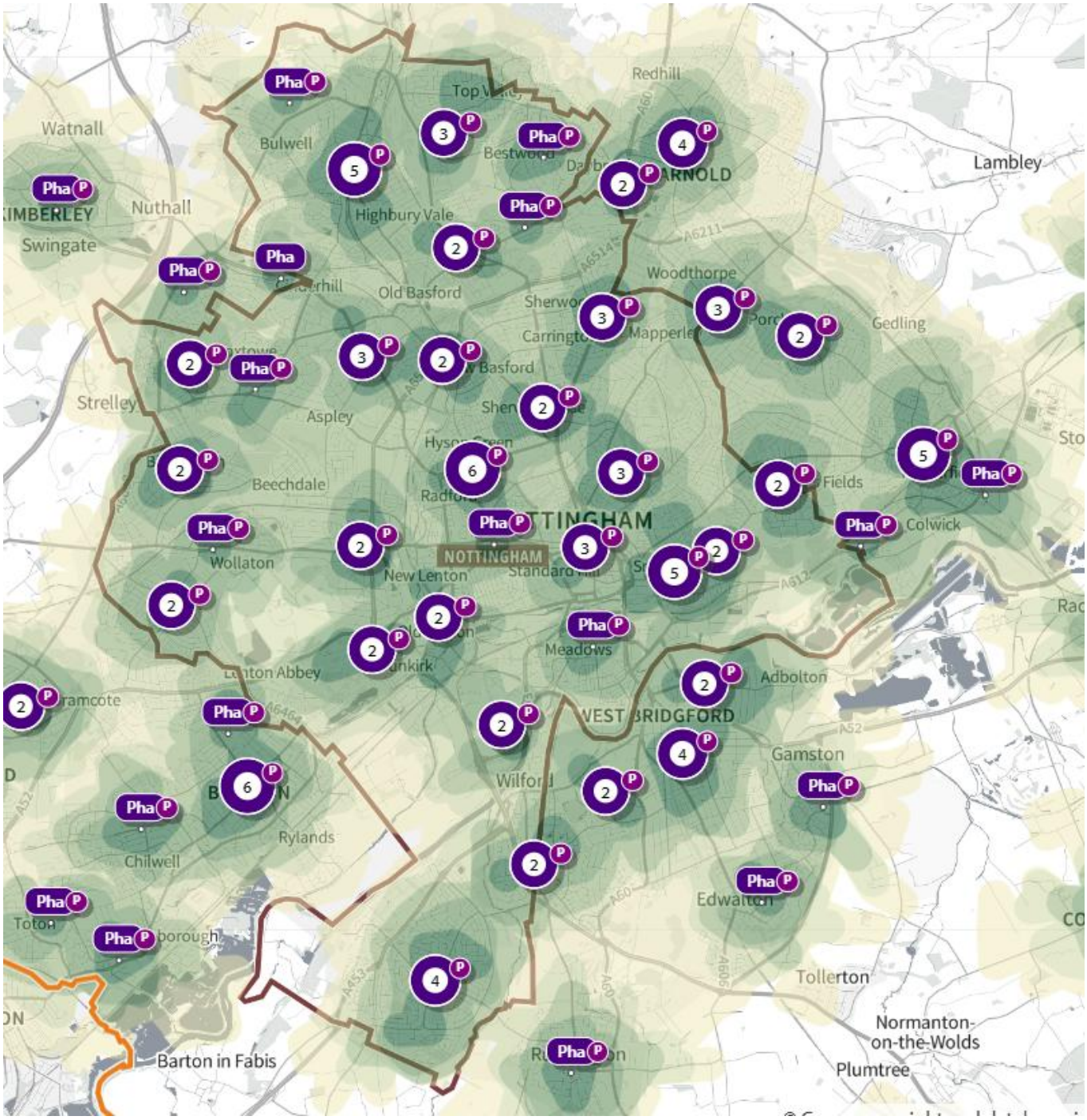


Figure 37: Drive times by car to the nearest pharmacy

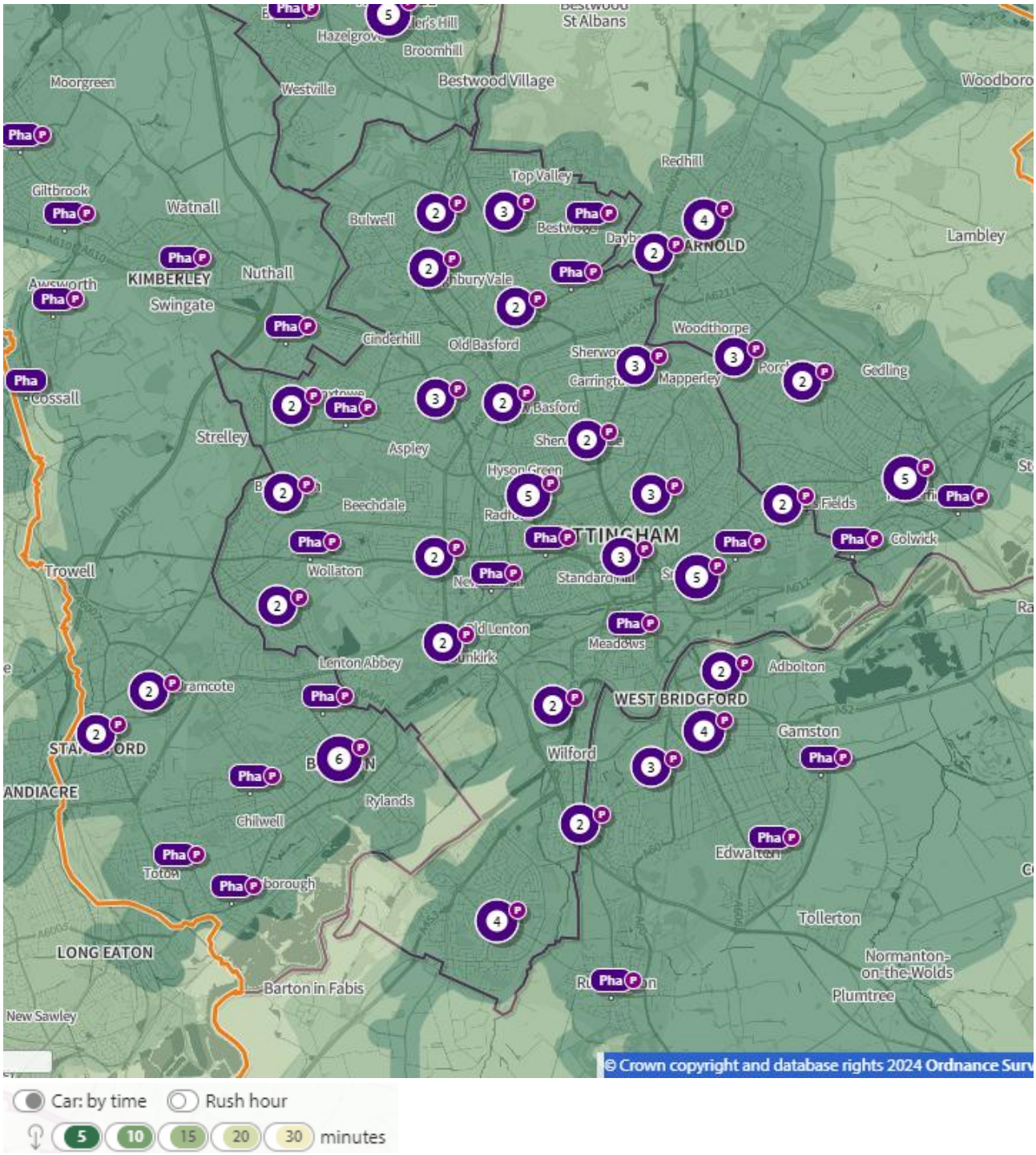
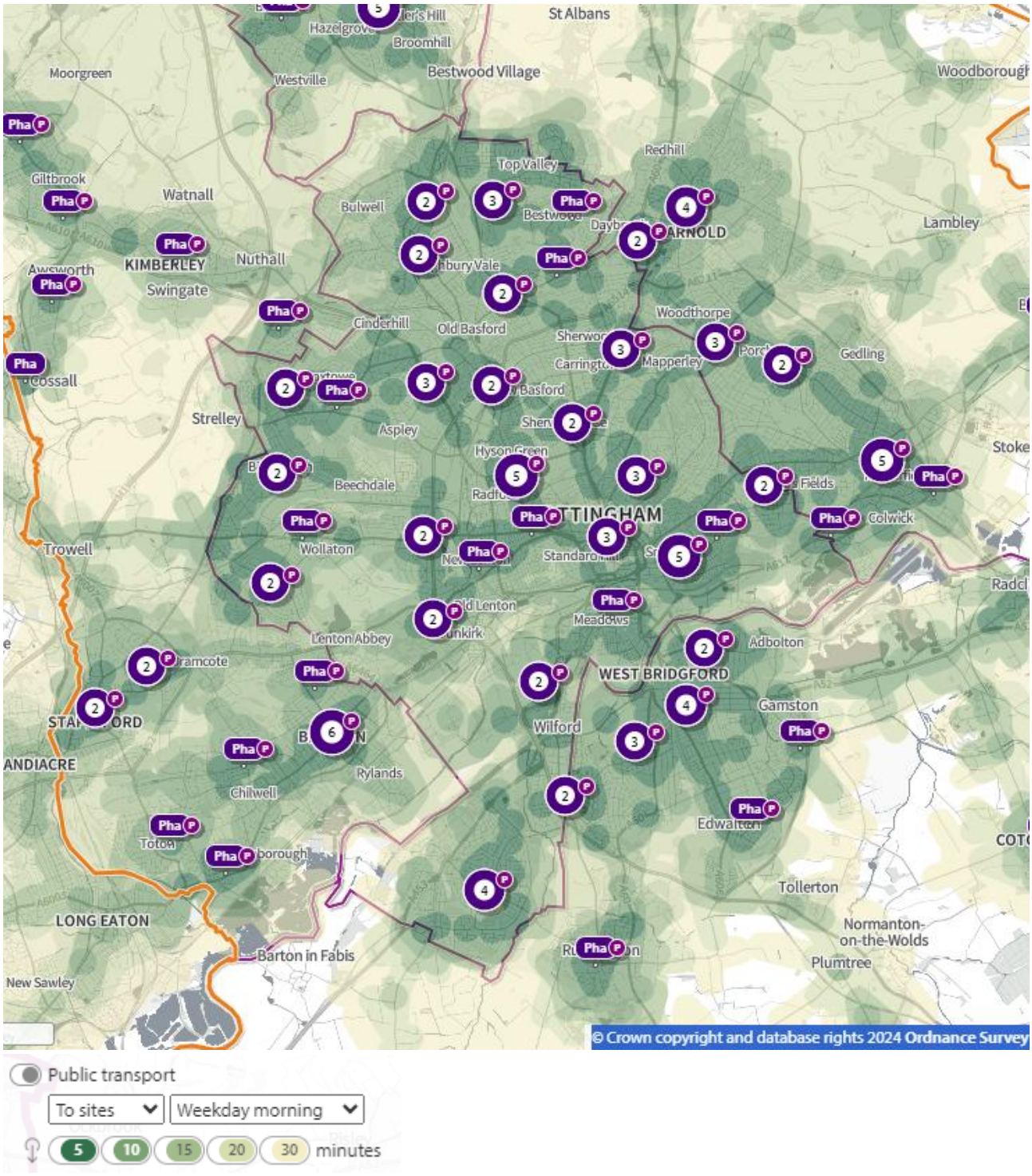


Figure 38: Public transport times to the nearest pharmacy



3.2.3.2 Routine weekday evening access to community pharmacies

The number, location, and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each PCN; they are listed in Table 15 below. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at the PCN level and can be found in Table 15, which shows that 58% of pharmacies are open beyond 6 pm across Nottingham City.

Table 15: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday

Area	Number (%) of pharmacies open beyond 6 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on a Sunday
BACHS	7 (70%)	5 (50%)	2 (20%)
Bestwood and Sherwood	6 (86%)	2 (29%)	1 (14%)
Bulwell and Top Valley	5 (63%)	5 (63%)	2 (25%)
Clifton and Meadows	4 (50%)	4 (50%)	1 (13%)
Nottingham City East	4 (44%)	4 (44%)	0 (0%)
Nottingham City South	2 (33%)	3 (50%)	0 (0%)
Radford and Mary Potter	5 (63%)	6 (75%)	4 (50%)
Unity	1 (33%)	1 (33%)	1 (33%)
Nottingham City	**34 (58%)**	**30 (51%)**	**11 (19%)**

3.2.3.3 Routine Saturday daytime access to community pharmacies

The number, location, and opening hours of community pharmacy providers open on Saturdays vary within each PCN. Of the pharmacies in Nottingham City, 30 (51%) are open on Saturdays, the majority of which (19) are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at the PCN level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.2.3.4 Routine Sunday daytime access to community pharmacies

The number, location, and opening hours of community pharmacy providers open on Sundays vary within each PCN. Fewer pharmacies (11, 19%) are open on Sundays than on any other day in Nottingham City, which typically mirrors the availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.2.3.5 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open, often for limited hours.

The ICB has commissioned an enhanced service to provide coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required. Full details of pharmacies open on bank holidays can be found in Appendix A and updated details on the website https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy.

3.2.4 Advanced Service provision from community pharmacies

Section 1.5.1.4.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Data supplied from NHSE has been used in Table 16 to demonstrate how many community pharmacies per PCN have signed up to provide the Advanced Services, and data supplied from NHS Business Services Authority (BSA) demonstrates whether the service has been provided, based on pharmacies claiming payment. Details of individual pharmacy providers can be seen in Appendix A.

The numbers in the table below represent the percentage of providers who have claimed payment for the service, and those shown in brackets are the ones who signed up to the service. It is important to note a discrepancy in certain localities where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being delivered.

It should be noted that some services, such as AUR and SAC, have lower dispensing through community pharmacies as DACs (a specialised supplier of medical appliances and devices) provide these services.

Newer Advanced Services are increasing in activity based on comparison with the activity recorded in the 2022 PNA. For example, the Hypertension case finding service previously had low uptake across all PCNs; however, data suggests good uptake for the majority of contractors in all PCNs.

The SCS is currently not being provided in this area, which is a similar picture nationally, due to lack of referral, as demonstrated by the Community Pharmacy England Dashboards.[138]

[138] Community Pharmacy England. Clinical Services Statistics. October 2024. [Accessed February 2025] https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/

Table 16: Percentage of providers August-October 2024 (and signed up) for Advanced Services and Enhanced Services

Service	BACHS	Bestwood and Sherwood	Bulwell and Top Valley	Clifton and Meadows	Nottingham City East	Nottingham City South	Radford and Mary Potter	Unity	Nottingham City
Pharmacy First Service	90% (100%)	86% (100%)	100% (100%)	100% (100%)	78% (89%)	100% (83%)	100% (100%)	67% (67%)	**92% (95%)**
Flu Vaccination Service	50%	57%	100%	88%	44%	83%	100%	33%	**71%**
Pharmacy Contraception Service	50% (80%)	57% (86%)	75% (88%)	63% (88%)	0% (56%)	67% (67%)	63% (88%)	33% (33%)	**51% (76%)**
Hypertension Case Finding Service	80% (90%)	71% (86%)	75% (88%)	63% (100%)	44% (89%)	83% (67%)	88% (88%)	33% (33%)	**69% (85%)**
New Medicine Service	100%	86%	100%	100%	78%	100%	100%	33%	**92%**
Smoking Cessation Service*	-	-	-	-	-	-	-	-	**-**
Appliance Use Review**	-	-	-	-	-	-	-	-	**-**
Stoma Appliance Customisation**	-	-	-	-	-	-	-	-	**-**
LFD Service	40% (80%)	71% (100%)	38% (63%)	13% (75%)	11% (22%)	83% (83%)	38% (63%)	0% (33%)	**37% (66%)**
COVID-19 Vaccination Service	(60%)	(57%)	(38%)	(63%)	(0%)	(50%)	(63%)	(0%)	**(44%)**
Bank Holiday opening Service	(20%)	(29%)	(13%)	(13%)	(22%)	(17%)	(25%)	(33%)	**(20%)**

Source: NHS BSA August-October 2024 based on activity data. (In brackets, list of pharmacies signed up to the service where information is available).

* Please note a sub-contractor programme within the stop smoking pathway is available in Nottingham City as mentioned in Section 4.2.

** This service is typically provided by the DACs.

3.2.5 Enhanced Service provision from community pharmacy

As described in Section 1.5.1.4.3, there are two National Enhanced Services and one Local Enhanced Service commissioned through community pharmacies in Nottingham City although the RSV and Pertussis vaccination services is currently under procurement and due to go live in autumn 2025.

The current National Enhanced Service (NES) is the COVID-19 vaccination service.

- COVID-19 vaccination service: Table 16 above shows there is a spread across all localities of community pharmacies signed up to providing this service for the last campaign. Details can be found in Appendix A, although service provision can change with each campaign. This service is also accessible to residents from other healthcare providers.

The Local Enhanced Service (LES) is the bank holiday opening.

- Bank holiday opening: As discussed in Section 3.2.2.5, there is a local enhanced service to ensure that there are pharmacies open on these days so patients can access medication if required. Provision is spread across the area. Details can be found in Appendix A, although providers typically changes each bank holiday and can be found on the NHSE website: https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy.

Any Locally Commissioned Services (LCS) commissioned by the ICB or the local authority are not considered here. They are outside the scope of the PNA but are considered in Section 4.

3.3 Dispensing Appliance Contractors

DACs are described in Section 1.5.2. There are three DACs in Nottingham City, based in three PCNs respectively: Bulwell and Top Valley, Nottingham City East, and Clifton and Meadows.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Nottingham City. In particular, there are two DACs in Nottinghamshire that provide easy access to Nottingham City residents:

- Atos Care (FRF82) from 32 Meadow Road, NG4 2FR.
- Fittleworth Medical Limited (FC879) from Unit 1 Phoenix Centre, NG8 6AS.

There are 111 DACs in England[139].

3.4 Dispensing GP practices

Dispensing GP practices are described in Section 1.5.3. There are no dispensing GP practices in Nottingham City.

[139] NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed February 2025] https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24

3.5 PhAS pharmacies

The Pharmacy Access Scheme is described in Section 1.5.1.5. There are three PhAS providers in Nottingham City.

3.6 Pharmaceutical service provision provided from outside Nottingham City

Nottingham City borders with four districts within the Nottinghamshire County Health and Wellbeing area and has good transport links. Populations may, therefore, find community pharmacies across the border into Nottinghamshire more accessible and/or more convenient. Neighbouring areas include the Nottinghamshire districts of Broxtowe, Rushcliffe, Gedling and Ashfield.

It is not practical to list here all those pharmacies outside the Nottingham City area by which Nottingham City residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of the Nottingham City area boundaries, as shown in Figure 32 in Section 3.1. Further analysis of cross-border provision is undertaken in Section 6.

Analysis of dispensing data has highlighted approximately 453,290 prescription items dispensed each month (between August-October 2024), accounting for an average of 7,815 items per community pharmacy in Nottingham City. This is slightly higher than the England average of 7,109 items per pharmacy monthly and the East Midlands average of 7,580 in 2023-24.

Around 89% (1,353,029) of Nottingham City prescription items are dispensed within the Nottingham City HWB area, and the remaining 11% (167,814) are being dispensed outside of the area.

Section 4: Other services that may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the PLPS and may be either free of charge, privately funded, or commissioned by the local authority or the ICB.

These services are listed for information only and would not be considered as part of a market entry determination.

Examples of such services include delivery services, allergy testing, care home services, and sexual health services, although this is not an exhaustive list.

Table 17 and Table 18 detail the services provided across Nottingham City. A list of all contractors and commissioned services can be found in Appendix A.

4.1 ICB-commissioned services

The Nottingham and Nottinghamshire ICB commissions one service across Nottingham City: the Palliative care stockist scheme.[140] Details of providers for each service can be found in Appendix A.

Table 17: Percentage of providers for Nottingham and Nottinghamshire ICB commissioned services in Nottingham City

Area	Palliative care
BACHS	0 (0%)
Bestwood and Sherwood	1 (14%)
Bulwell and Top Valley	0 (0%)
Clifton and Meadows	0 (0%)
Nottingham City East	0 (0%)
Nottingham City South	0 (0%)
Radford and Mary Potter	1 (13%)
Unity	1 (50%)
Nottingham City	**3 (5%)**

4.2 Local authority-commissioned services provided by community pharmacies in Nottingham City

NCC commissions five services from community pharmacies in Nottingham City.

Currently commissioned services by NCC are:

- LAS1: Emergency Hormonal Contraception (EHC).
- LAS2: Chlamydia testing.
- LAS3: Chlamydia treatment.

[140] At the time of writing, this service is currently under review.

- LAS4: Supervised consumption.
- LAS5: Needle exchange.

These services may also be provided by other providers, for example GP practices and community health services. Details of community pharmacy providers for each service in Nottingham City are available in Table 18 and the full list can be found in Appendix A.

The sexual health service is currently being remodelled and is likely to take the form of a series of interventions aimed at those with the highest risk of a sexually transmitted infection and unintended pregnancy. A condom-card distribution scheme service will be included as part of this service.

At the time of writing in February 2025 another service to support stop smoking is scheduled to be launched on 1 July 2025 and numbers for this are also included in Table 18.

These services are listed for information only and would not be considered or used as part of a market entry determination.

Table 18: Percentage of providers for NCC commissioned services in Nottingham City

Area	EHC	Chlamydia testing	Chlamydia treatment	Supervised consumption	Needle exchange	Stop smoking
BACHS	2 (20%)	2 (20%)	2 (20%)	8 (80%)	6 (60%)	1 (10%)
Bestwood and Sherwood	1 (14%)	1 (13%)	2 (25%)	8 (100%)	4 (57%)	2 (25%)
Bulwell and Top Valley	1 (13%)	0	0	6 (75%)	3 (38%)	1 (13%)
Clifton and Meadows	2 (25%)	1 (13%)	1 (13%)	6 (75%)	5 (63%)	0
Nottingham City East	1 (11%)	0	0	5 (56%)	4 (44%)	5 (56%)
Nottingham City South	3 (50%)	3 (50%)	2 (33%)	3 (50%)	3 (50%)	0
Radford and Mary Potter	2 (25%)	1 (13%)	2 (25%)	8 (100%)	5 (63%)	1 (13%)
Unity	2 (100%)	0	0	1 (50%)	0	0
Nottingham City	**14 (24%)**	**7 (12%)**	**7 (12%)**	**42 (72%)**	**30 (52%)**	**10 (17%)**

4.2.1 Independent prescribing pathfinder programme

There is one community pharmacy across Nottingham City that is part of the Independent Prescribing Pathfinder Scheme focused on ‘on the day illness’ and pharmacists prescribing within their scope of competence: Applegate Pharmacy at 61 Ilkeston Road, NG7 3GR.

4.3 Other services provided from community pharmacies

4.3.1 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and are not part of the community pharmacy contractual terms of service. There has been a recommendation from the NPA[141] that services like these should be stopped and no longer be available free of charge. This would not be considered as part of a determination for market entry.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are four DSPs based in Nottingham City, and there are 409 throughout England. Free delivery of appliances is also offered by DACs, of which there are three in Nottingham City and 111 throughout England.

4.3.2 Services for less-abled people

Under the Equality Act 2010,[142] community pharmacies are required to make reasonable adjustments to ensure that individuals with disabilities are not placed at a substantial disadvantage compared to those without disabilities. While all contractors must consider how to meet this duty, it is important to recognise that what constitutes a reasonable adjustment may vary depending on the size and capacity of the pharmacy, for example, the expectations for a large multiple may differ from those for a smaller independent pharmacy.

From the 249 responders to the public questionnaire, 23% have identified that they have a disability, which is similar to the 22% of the Nottingham City population that has some kind of disability.

4.3.3 Languages

All community pharmacies in Nottingham can access interpreting and translation services, commissioned by the ICB. These services have been commissioned to support the Accessible Information Standard (2016), which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, to enhance communication with services.

4.4 Other providers that reduce the need for pharmaceutical service provision

The following are providers of pharmacy services in Nottingham City, but are not defined as pharmaceutical services under the PLPS; however, they reduce the need for pharmaceutical service provision, in particular the dispensing service.

4.4.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the hospitals aligned to the Nottingham University Hospitals NHS Trust: Nottingham City Hospital, Queen's Medical Centre and Ropewalk House.

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[141] National Pharmacy Association.[Accessed February 2025] https://www.npa.co.uk/

[142] Legislation. Equality Act 2010. October 2024. [Accessed February 2025] www.legislation.gov.uk/ukpga/2010/15/contents

Pharmaceutical service provision is also available from hospitals outside Nottingham City: Sherwood Forest Hospital NHS Trust, and Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust.

4.4.2 Personal administration of items by GP practices

GPs are able to personally administer certain items such as vaccines and certain injectable medications for reimbursement from the NHS.

4.4.3 Prison pharmacies

In Nottingham City, there is one prison: HMP Nottingham, a men's prison in the Sherwood area of Nottingham that serves the courts in Nottinghamshire and Derbyshire.

This is a men's prison with a pharmacy department that provides substance use services to people in prison and immigration removal centres.

4.4.4 Substance use services

The following services are commissioned by NCC from pharmacies:

- Needle exchange.
- Supervised consumption.

From July 2025, a new programme will be launched to support the stop smoking pathway. This sub-contractor programme is managed and delivered as part of Thriving Nottingham, the City's Integrated Wellbeing Service. This programme is open for healthcare professionals in primary and secondary care to refer, and for clients to self-refer to a community pharmacy of their choice, to start their quit journey, which includes capturing C readings and being provided Nicotine Replacement Therapy (NRT) and e-cigarettes along with behavioural support.

4.4.5 Flu vaccination service by GP Practices

GPs provide access to flu vaccination in addition to the service commissioned in pharmacies through the NHS Enhanced service.

4.5 Other services that may increase the demand for pharmaceutical service provision

4.5.1 Urgent care centres

Residents of Nottingham City have access to:

- Nottingham NHS Urgent Treatment Centre, Seaton House, City Link, NG2 4LA.
- Nottingham, Mansfield and Newark service, based next to Kings Mill Hospital emergency department, accessed via NHS 111.

4.5.2 Extended hours provided by PCNs

PCNs are required to provide enhanced access to appointments outside of the standard opening hours for most GPs, to accommodate those who may need appointments outside typical opening working times.

4.5.3 Community nursing prescribing

Community nurses work in a variety of settings, providing care to individuals outside of a normal acute or general practice setting. This can range from community-based clinics offering specialist services to directly visiting patients in their homes.

4.5.4 Dental services

Dentists are able to prescribe through their dental practices and may issue prescriptions for their patients when necessary.

4.6 Other services

The following are services provided by NHS pharmaceutical providers in Nottingham City, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

Privately provided services: Most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy or DAC and the customer or patient.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g., direct supply of medicines or appliances and support medicines management services to privately run care homes.
- Home delivery service, e.g., direct supply of medicines or appliances to the home.
- PGD service, e.g., hair loss therapy, travel clinics.
- Screening services.

Services will vary between providers and are occasionally provided free of charge, e.g., home delivery.

Community pharmacies are contractually obliged to clarify on their patient leaflet which services are NHSE-funded, local authority-funded and privately funded.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the residents in Nottingham City. This questionnaire was available online through the NCC consultations website page between 11 November 2024 and 12 January 2025. Paper copies, an easy-read version and surveys in ten languages other than English were also available upon request.

The questionnaire was circulated by the PNA Steering Group to engage stakeholders through various routes:

- Social media channels.
- Nottingham City residents e-newsletter.
- NCC staff, councillors, and HWB members.
- NCC network, including commissioned services and partners.
- Healthwatch Nottingham City network.
- Nottingham and Nottinghamshire ICB network, including: community groups, faith groups, libraries, ethnic community groups, engagement practitioners, communication and system partners, local and district authority staff, ICB staff, patient participation groups, carers support groups.
- Nottingham Community and Voluntary Service partners.
- Promoted by Healthy Communities team members and practitioners, and Health and Wellbeing Community Champions.

There were 249 responses, all to the online survey, from a population of 328,513 (0.076%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics, with certain groups not adequately represented, limiting how generalisable the findings are.

Due to small numbers, responses are not broken down by PCN.

When reporting details of responses to the public questionnaire, some figures may not add up to 100% due to rounded numbers, multiple choice, or some options not being included in a detailed report (e.g., “Prefer not to say”, “N/A”, etc).

A full report of the results can be found in Appendix D.

5.1 Demographic analysis

- 76% of the respondents identified themselves as female, 22% as male and 2% preferred not to say.
- The age group that provided the highest proportion of responses was between 65 and 74 years (31%), followed by the 55-64 (23%) age group, and the 75+ age group (20%). There were no responses for the under-18 and the 18-24 age groups.
- 23% identified themselves as disabled and 8% preferred not to say.

- The majority of respondents came from a White British background (87%), 8% reported another ethnic origin and 5% preferred not to say. For religion, 43% of the respondents identified as Christian, followed by 41% who answered no religion or belief; 10% of the respondents preferred not to say, and the remaining 6% were from another ethnic origin.
- The sexual orientation of respondents was predominantly heterosexual (81%), 9% preferred not to say, 5% identified themselves as gay, 2% as lesbian and 1% as bisexual.

5.2 Visiting a pharmacy

- 82% had a regular or preferred local community pharmacy. Only 2% stated that they exclusively used an online pharmacy, and 7% said that they used a combination of both.
- 39% visited a pharmacy once a month, and was closely followed by option for a few times a month (36%). A further 16% opted for once every few months. Only 5% went once a week and 4% once every six weeks. None of the respondents stated that they had not visited/ contacted a pharmacy in the last six months.
- The most popular response for the time and day most convenient was weekdays between 1 pm-7 pm (34%), followed by weekdays between 9 am-1 pm (31%).
- Since respondents could select multiple options for this question, it is important to note that the number that didn't choose from all the options available was 35%. The days of the week that were preferred to use a pharmacy at any time are as follows: weekdays were the preferred option (22%), followed by no preference (20%) and varied (15%). Saturday (6%) and Sunday (2%) had the smallest number of responses.

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy was to collect prescriptions for themselves (33%). A further 15% went to collect prescriptions for somebody else.
- 23% of respondents visited to buy over-the-counter medication.
- 17% indicated that they went to get advice from a pharmacist, and 5% for support and treatment for a minor illness.
- Of the 4% of respondents that stated other reasons, vaccinations (COVID-19 or Flu) was their main reason for usually going to a pharmacy.

5.4 Choosing a pharmacy

Respondents were asked to evaluate the importance of certain factors when choosing a pharmacy.

- The responses show that the availability of medicines was a very important factor (76%) when choosing a pharmacy. This was followed by the location of the pharmacy (70%), quality of service (68%) and customer service (63%).

- Parking, public transport, the pharmacy being accessible and communication or language services were considered as very important by 13%, 14%, 18% and 29% respectively. Regarding accessibility, it should be noted that this may be due to a lower proportion of individuals who completed the survey identified as being disabled (23%).

5.5 Access to a pharmacy

- The main method of travelling to a pharmacy was by walking (47%), followed by car (36%).
- Only 1% indicated that they do not travel to a pharmacy but instead use a delivery service/online pharmacy.
- 85% reported that they were able to travel to a pharmacy in less than 20 minutes and, overall, 96% were able to get to their pharmacy within 30 minutes.
- Only 1% stated that it took them longer, between 30-40 minutes, to get to their pharmacy.

5.6 Other comments

- When asked whether there were any services they would like pharmacies to be able to offer, only 78 responded, with the majority saying no, there wasn't anything further (49%).

5.7 Additional insights from Healthwatch Nottingham and Nottinghamshire

Healthwatch Nottingham and Nottinghamshire gathered qualitative feedback from the public regarding their experiences with community pharmacy services across the county. This work, conducted independently, offers insights that align with and enhance the findings of the public questionnaire. There was a total of 284 respondents to this survey.[143]

Overall, responses reflected positive views of pharmacy staff and their accessibility. However, some concerns were raised, particularly around limited opening hours, pharmacy closures, and repeat prescription delays. Awareness of newer clinical services, such as blood pressure checks and Pharmacy First, was mixed, and participants suggested better communication and signage to improve understanding of available services.

The following groups were highlighted as facing greater barriers to pharmacy access:

- People with disabilities or long-term conditions faced difficulties with travel, mobility, and medicine collection.
- Rural residents had limited pharmacy choice, transport challenges, and reduced access due to closures.
- Carers appeared to have challenges with prescription coordination and service delays.

[143] Healthwatch Nottingham & Nottinghamshire. Community Pharmacy Hot Topic Report. February 2025. [Accessed February 2025] https://nds.healthwatch.co.uk/sites/default/files/reports_library/Community%20Pharmacy%20HT%20Report_Final_250211_0.pdf

- Older adults were affected by digital exclusion and unclear service changes.
- People in deprived areas were felt to be impacted by access inequalities and affordability concerns.

These insights support the need for targeted, accessible pharmacy services to reduce inequalities.

It should be noted that the majority of respondents were from the Rushcliffe area, which is outside of the City and not fully reflective of the sociodemographics of Nottingham City.

Section 6: Analysis of health needs and pharmaceutical service provision

The purpose of the analysis of health needs and pharmaceutical service provision is to establish if there is a gap or potential future gap in the provision of pharmaceutical services in Nottingham City.

6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Nottingham City have been analysed, taking into consideration the priorities outlined in the NHS Long Term Plan, JSNA, JLHWS, other local policies, strategies and health needs (Section 2).

Several of the priorities in these strategies and policies can be supported by the provision of pharmaceutical services within Nottingham City. Some of these services are Essential Services and are already provided, and some will be Advanced or Enhanced Services that are new.

Understanding the communities that local pharmacies serve is important for maximising national Community Pharmacy Contractual Framework (CPCF) services in care pathways, as well as commissioning the services that best serve the health and wellbeing requirements of the local communities. Pharmacies play more than a medicine-dispensing role today, and the changes in the 2019-2024 CPCF saw services that meet the prevention, medicines optimisation, and primary care access agendas.

6.2 PNA localities

There are 62 pharmaceutical contractors in Nottingham City, of which 59 are community pharmacies. Table 10 in Section 3.1 provides a breakdown by contractor type and Table 15 in Section 3.2.3.2 provides a breakdown of the number and percentage of community pharmacies open beyond 6 pm and on weekends. Individual community pharmacy opening times are listed in Appendix A.

The health needs of the Nottingham City population influence pharmaceutical service provision in Nottingham City. Health and population information was not always available on a PCN basis; where it was provided, it has been discussed in the relevant PCN section. Where data was only available at the area level, it will be discussed in Section 6.3.

For the purpose of this PNA, **all Essential Services** and the **Pharmacy First Advanced Service** are to be regarded **as Necessary Services in Nottingham City**.

All **Advanced and Enhanced Services, apart from the Smoking Cessation Service, are Relevant Services**. When discussing Advanced Service provision, the AUR and SAC are excluded from the narrative; as mentioned in Section 3.2.4, DACs typically provide these services.

Locally Commissioned Services pharmaceutical services are considered those that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

The breakdown of Advanced, Enhanced, and Locally Commissioned Service provision by PCN can be found in Section 3.2.4, Section 3.2.5 and Section 4 respectively.

For the purpose of the PNA, the Nottingham City geography has eight localities with the rationale described in Section 1.7:

- Bestwood and Sherwood PCN.
- Bulwell and Top Valley PCN.
- BACHS PCN.
- Clifton and Meadows PCN.
- Nottingham City East PCN.
- Nottingham City South PCN.
- Radford and Mary Potter PCN.
- Unity PCN.

The following have been considered as part of the assessment for Nottingham City to understand the needs of the population:

- National priorities as set out by the NHS Long Term Plan and Core20PLUS5.
- The local strategies across the area for the health needs of the population of Nottingham City from the JSNA, JLHWS and the ICS Strategy.
- Population changes and housing developments across the next three years.
- IMD and deprivation ranges compared with the relative location of pharmacy premises.
- The burden of diseases and the health behaviours people make across Nottingham City.
- The health profiles based on ONS and QOF data.

The following have been considered to understand pharmaceutical service provision and access:

- The number and location of pharmacy contractors across each PCN.
- What choice do individuals have in which pharmacy they choose to visit.
- Weekend and evening access across each PCN.
- How long does it take to travel to the nearest pharmacy based on various transportation methods.
- What services are provided across each PCN.
- The views of the public on pharmaceutical service provision.

6.2.1 BACHS PCN

BACHS PCN has a population of 51,249, of which 64% is White, 16% is Asian/Asian British/Asian Welsh, 11% is Black/Black British/Black Welsh/Caribbean/African, 6% is mixed/multiple ethnic groups, and 3% are other ethnic groups. This PCN is the most deprived in Nottingham City. 55% of its area is classed as most deprived (first decile), 86% of its area is in the third decile or lower, and 100% of its area is in the fifth decile or lower. The population density for BACHS is 4,998 residents per square kilometre, which is lower than that for Nottingham as a whole (6,399 per km^2). The number of households in BACHS that own a car or van is 66%, which is higher than the Nottingham City average of 62% but below the England level (76.5%).

Life expectancy and healthy life expectancy are generally lower than the national average for both men and women. This PCN has a deprived population with poorer health, and local health indicators are worse than the England averages. QOF data shows that the PCN has the highest prevalence of heart failure, Paroxysmal Atrial Fibrillation (PAF), and diabetes compared to Nottingham City and England. COPD levels are also higher than the national average, affecting an area with the city's highest child population, who may be more prone to asthma. BACHS PCN is one of three PCNs with higher reported levels of depression.

6.2.1.1 Necessary Services: current provision

There are ten community pharmacies in BACHS PCN. The estimated average number of community pharmacies per 100,000 population is 19.5, which is higher than the England average of 18.1 and the Nottingham City average of 18. Of the ten community pharmacies, seven (70%) hold a standard 40-core hour contract, two (20%) are 72+ hour pharmacies, and one (10%) is a DSP. There are no DACs in this PCN.

Of the ten community pharmacies:

- Seven pharmacies (70%) are open after 6 pm on weekdays.
- Five pharmacies (50%) are open on Saturdays.
- Two pharmacies (20%) are open on Sundays.
- All ten pharmacies are signed up to provide the Pharmacy First Advanced Service.

There are also a number of accessible providers open in the neighbouring PCNs of Bulwell and Top Valley, Bestwood and Sherwood, Radford and Mary Potter, and Nottingham City South, as well as in Nottinghamshire HWB.

6.2.1.2 Necessary Services: gaps in provision

There is a very good pharmaceutical service provision across the whole PCN to ensure continuity of provision to the new developments. Housing developments are planned to take place in Bilborough in the lifetime of this PNA.

Nottingham City HWB will continue to monitor pharmaceutical service provision in specific areas within the PCN where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for BACHS PCN.

6.2.1.3 Other relevant services: current provision

Table 19 shows the community pharmacies providing the Relevant Advanced and Enhanced services. Although signed-up data was not available for all the services, NHS Business Services Authority (BSA) claims being made by the pharmacies demonstrate whether the service was being provided and possibly a better indication of provision.

Table 19: BACHS PCN Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	5 (50%)
Pharmacy Contraception Service	8 (80%)	5 (50%)
Hypertension case-finding	9 (90%)	8 (80%)
New Medicine Service	-	10 (100%)
Lateral Flow Device Tests Supply	8 (80%)	4 (40%)
COVID-19 Vaccination Service	6 (60%)	-
Bank Holiday opening service	2 (20%)	-

*Based on pharmacies claiming payment in August-October 2024.

There is good provision of the Advanced Services across BACHS PCN.

No gaps in the provision of Relevant Services have been identified for BACHS PCN.

6.2.1.4 Improvements and better access: gaps in provision

Regarding access to the service commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – No pharmacies (0%) offer this service.

Regarding access to services commissioned by NCC:

- EHC – Two pharmacies (20%) offer this service.
- Chlamydia testing – Two pharmacies (20%) offer this service.
- Chlamydia treatment – Two pharmacies (20%) offer this service.
- Supervised consumption – Eight pharmacies (80%) offer this service.
- Needle exchange – Six pharmacies (60%) offer this service.

All of the Relevant Advanced, Enhanced and Locally Commissioned Services are available in BACHS and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans for increased uptake of the recently introduced Advanced Services, particularly in the areas of the highest deprivation. The ICB needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to services across BACHS PCN.

6.2.2 Bestwood and Sherwood PCN

Bestwood and Sherwood PCN has a population of 43,696, of which 68% is White, 13% is Asian/Asian British/Asian Welsh, 10% is Black/Black British/Black Welsh/Caribbean/African, 6% is mixed/multiple ethnic groups, and 3% are other ethnic groups. This PCN is the third least deprived out of Nottingham City; 15% of its area is in the most deprived decile (first decile), 65% of its area is in the third decile or lower and 100% of its area is below the sixth decile. Population density for Bestwood and Sherwood is 6,477 residents per square kilometre, which is slightly higher than that for Nottingham as a whole (6,399 per km^2). The number of households in Bestwood and Sherwood that own a car or van is 66%, which is higher than the Nottingham City level (62%), and below the England level (76.5%).

The health of the population of Bestwood and Sherwood showed that the PCN had the highest history of alcohol use in the city. Obesity levels are the second highest in Nottingham City. QOF prevalence data showed the following:

- Mental health disorder prevalence was the second highest in Nottingham City, higher than the Nottingham City and England levels.
- The levels for atrial fibrillation, stroke, PAF, diabetes, asthma , COPD and cancer are higher than the Nottingham City levels.

6.2.2.1 Necessary Services: current provision

There are seven community pharmacies in Bestwood and Sherwood PCN. The estimated average number of community pharmacies per 100,000 population is 16.0, which is lower than both the England average of 18.1 and the Nottingham City average of 18. Of the seven community pharmacies, six (86%) hold a standard 40-core hour contract and one (14%) is a 72+ hour pharmacy. There are no DSPs and no DACs in this PCN.

Of the seven community pharmacies:

- Six pharmacies (86%) are open after 6 pm on weekdays.
- Two pharmacies (29%) are open on Saturdays.
- One pharmacy (14%) is open on Sundays.
- All seven pharmacies are signed up to provide the Pharmacy First Advanced Service.

There are also a number of accessible providers open in the neighbouring PCNs of Bulwell and Top Valley, BACHS, Radford and Mary Potter and Nottingham City East, as well as in Nottinghamshire.

6.2.2.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole PCN to ensure continuity of provision to the new developments. Housing developments are planned to take place in Bestwood in the lifetime of this PNA.

Nottingham City HWB will continue to monitor pharmaceutical service provision in specific areas within the PCN where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Bestwood and Sherwood PCN.

6.2.2.3 Other relevant services: current provision

Table 20 shows the community pharmacies providing the Relevant Advanced and Enhanced services. Although signed-up data was not available for all the services, NHS BSA claims being made by the pharmacies demonstrate whether the service was being provided and possibly a better indication of provision.

Table 20: Bestwood and Sherwood PCN Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	4 (57%)
Pharmacy Contraception	6 (86%)	4 (57%)
Hypertension case-finding	6 (86%)	5 (71%)
New Medicine Service	-	6 (86%)
Lateral Flow Device Tests Supply	7 (100%)	5 (71%)
COVID-19 Vaccination Service	4 (57%)	-
Bank Holiday opening service	2 (29%)	-

*Based on pharmacies claiming payment in August-October 2024.

There is good provision of the Advanced Services across Bestwood and Sherwood PCN.

No gaps in the provision of Relevant Services have been identified for Bestwood and Sherwood PCN.

6.2.2.4 Improvements and better access: gaps in provision

Regarding access to the service commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – One pharmacy (14%) offers this service.

Regarding access to services commissioned by NCC:

- EHC – One pharmacy (14%) offers this service.
- Chlamydia testing – No pharmacies (0%) offer this service.
- Chlamydia treatment – No pharmacies (0%) offer this service.
- Supervised consumption – Five pharmacies (71%) offer this service.
- Needle exchange – Four pharmacies (57%) offer this service.

All services commissioned locally are available across the PCN, apart from Chlamydia testing and treatment; however, these can be accessed through other providers and community pharmacies in the neighbouring PCNs.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans for increased uptake of the recently introduced Advanced Services. The ICB needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to services across Bestwood and Sherwood PCN.

6.2.3 Bulwell and Top Valley PCN

Bulwell and Top Valley PCN has a population of 39,454, of which 79% is White, 10% is Black/Black British/Black Welsh/Caribbean/African, 6% is mixed/multiple ethnic groups, 4% is Asian/Asian British/Asian Welsh, and 1% are other ethnic groups. Although this PCN has a larger percentage of its area in the lowest percentile than any other (58%), it has a smaller percentage in the third decile or lower (77%) compared to the BACHS PCN (86%). Bulwell and Top Valley has 100% of its area in the sixth decile or lower. Population density is 4,673 residents per square kilometre, which is lower than the Nottingham value (6,399 per km^2). The number of households in Bulwell and Top Valley that own a car or van is 63%, which is slightly above the Nottingham City level (62%) and below the England level (76.5%).

Bulwell and Top Valley PCN has the highest recorded age-adjusted smoking and obesity prevalence in Nottingham. QOF prevalence data showed that AF, STIA, diabetes, asthma prevalence over 6, and COPD are higher than the Nottingham and England levels. Cancer prevalence is the highest in Nottingham and higher than at the city level.

6.2.3.1 Necessary Services: current provision

There are eight community pharmacies in Bulwell and Top Valley PCN. The estimated average number of community pharmacies per 100,000 population is 20.3, which is significantly higher than both the England average of 18.1 and the Nottingham City average of 18. Of the eight community pharmacies, six (75%) hold a standard 40-core hour contract and two (25%) are 72+hour pharmacies. There is also one DAC, adding to a total of nine pharmacy contractors. There are no DSPs in this PCN.

Of the eight community pharmacies:

- Five pharmacies (63%) are open after 6 pm on weekdays.
- Five pharmacies (63%) are open on Saturdays.
- Two pharmacies (25%) are open on Sundays.
- All eight pharmacies are signed up to provide the Pharmacy First Advanced Service.

There are also a number of accessible providers open in the neighbouring PCNs of Bestwood and Sherwood and BACHS, as well as in Nottinghamshire.

6.2.3.2 Necessary Services: gaps in provision

There is a very good pharmaceutical service provision across the whole PCN to ensure continuity of provision to the new developments. Housing developments are planned to take place in the PCN in the lifetime of this PNA.

Nottingham City HWB will continue to monitor pharmaceutical service provision in specific areas within the PCN where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Bulwell and Top Valley PCN.

6.2.3.3 Other relevant services: current provision

Table 21 shows the community pharmacies providing the Relevant Advanced and Enhanced services. Although signed up data was not available for all the services, NHS BSA claims being made by the pharmacies demonstrate whether the service was being provided and possibly a better indication of provision.

Table 21: Bulwell and Top Valley PCN Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	8 (100%)
Pharmacy Contraception	7 (88%)	6 (75%)
Hypertension case-finding	7 (88%)	6 (75%)
New Medicine Service	-	8 (100%)
Lateral Flow Device Tests Supply	5 (63%)	3 (38%)
COVID-19 Vaccination Service	3 (38%)	-
Bank Holiday opening service	1 (13%)	-

*Based on pharmacies claiming payment in August-October 2024.

There is good provision of the Advanced Services across Bulwell and Top Valley PCN.

No gaps in the provision of Relevant Services have been identified for Bulwell and Top Valley PCN.

6.2.3.4 Improvements and better access: gaps in provision

Regarding access to the service commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – No pharmacies (0%) offer this service.

Regarding access to services commissioned by NCC:

- EHC – One pharmacy (13%) offers this service.
- Chlamydia testing – No pharmacies (0%) offer this service.
- Chlamydia treatment – No pharmacies (0%) offer this service.
- Supervised consumption – Six pharmacies (75%) offer this service.
- Needle exchange – Three pharmacies (38%) offer this service.

All services commissioned locally are available across the PCN, apart from Chlamydia testing and treatment; however, these are accessed through other pharmacies and providers in the neighbouring PCNs.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans for increased uptake of the recently introduced Advanced Services. The ICB needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to services across Bulwell and Top Valley PCN.

6.2.4 Clifton and Meadows PCN

Clifton and Meadows PCN has a population of 37,278, of which 76% is White, 9% is Asian/Asian British/Asian Welsh, 8% is Black/Black British/Black Welsh/Caribbean/African, 5% is mixed/multiple ethnic groups, and 3% are other ethnic groups. Although this PCN has 15% of its area classed in the sixth decile or above, 79% of its area is in the third decile or below, so it is more deprived than Bestwood and Top Valley, making it the fourth least deprived PCN. Population density is 4,833 residents per square kilometre, which is lower than the Nottingham value (6,399 per km^2). The number of households in Clifton and Meadows that own a car or van is 75%, which is higher than the Nottingham City level (62%) and slightly below the England level (76.5%).

QOF prevalence for Heart Failure, hypertension, PAD and COPD were the highest in Nottingham city and higher than the England level. Cancer prevalence and AF are higher than the Nottingham city average, but lower than England.

6.2.4.1 Necessary Services: current provision

There are eight community pharmacies in Clifton and Meadows PCN. The estimated average number of community pharmacies per 100,000 population is 21.5, which is significantly higher than the England average of 18.1 and the Nottingham City average of 18. Of the eight community pharmacies, seven (88%) hold a standard 40-core hour contract and one (12%) is a 72+hour pharmacy. There is also one DAC, adding to a total of nine contractors. There are no DSPs in this PCN.

Of the eight community pharmacies:

- Four pharmacies (50%) are open after 6 pm on weekdays.
- Four pharmacies (50%) are open on Saturdays.
- One pharmacy (12%) is open on Sundays.
- All eight pharmacies are signed up to provide the Pharmacy First Advanced Service.

There are also a number of accessible providers open in the neighbouring PCNs of Unity, Radford and Mary Potter and Nottingham City East, as well as in Nottinghamshire.

6.2.4.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole PCN to ensure continuity of provision to the new developments. Housing developments are planned to take place in Clifton in the lifetime of this PNA. Between 2025-2029, there will be an additional purpose-built student dwelling intended to meet the needs of a growing student population in this PCN.

Nottingham City HWB will continue to monitor pharmaceutical service provision in specific areas within the PCN where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Clifton and Meadows PCN.

6.2.4.3 Other relevant services: current provision

Table 22 shows the community pharmacies providing the Relevant Advanced and Enhanced services. Although signed up data was not available for all the services, NHS BSA claims being made by the pharmacies demonstrate whether the service was being provided and possibly a better indication of provision.

Table 22: Clifton and Meadows PCN Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	7 (88%)
Pharmacy Contraception	7 (88%)	5 (63%)
Hypertension case-finding	8 (100%)	5 (63%)

Service	Pharmacies signed up	Pharmacies providing*
New Medicine Service	-	8 (100%)
Lateral Flow Device Tests Supply	6 (75%)	1 (12%)
COVID-19 Vaccination Service	5 (63%)	-
Bank Holiday opening service	1 (12%)	-

*Based on pharmacies claiming payment in August-October 2024.

There is good provision of the Advanced Services across Clifton and Meadows PCN.

No gaps in the provision of Relevant Services have been identified for Clifton and Meadows PCN.

6.2.4.4 Improvements and better access: gaps in provision

Regarding access to the service commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – No pharmacies (0%) offer this service.

Regarding access to services commissioned by NCC:

- EHC – Two pharmacies (25%) offer this service.
- Chlamydia testing – One pharmacy (12%) offers this service.
- Chlamydia treatment – One pharmacy (12%) offers this service.
- Supervised consumption – Six pharmacies (75%) offer this service.
- Needle exchange – Five pharmacies (63%) offer this service.

All services commissioned locally are available across the PCN and provide access to PCNs where these services are not available.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans for increased uptake of the recently introduced Advanced Services. The ICB needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to services across Clifton and Meadows PCN.

6.2.5 Nottingham City East PCN

Nottingham City East PCN has a population of 54,121, of which 60% is White, 16% is Asian/Asian British/Asian Welsh, 13% is Black/Black British/Black Welsh/Caribbean/African, 6% is mixed/multiple ethnic groups, and 4% are other ethnic groups. This PCN is the fourth most deprived PCN in Nottingham City; 32% of its area is in the most deprived decile (first

decile), 71% of its area is in the third decile or lower and 97% of its area is in the fifth decile or lower. Population density is 7,019 residents per square kilometre, which is higher than the Nottingham City average (6,399 per km^2). The number of households in Nottingham City East that own a car or van is 63%, which is slightly higher than the Nottingham City level (62%) and lower than the England level (76.5%).

Nottingham City East PCN has the highest prevalence of mental health disorders out of all PCN areas. QOF data shows CHD and heart failure are on a par with Nottingham City.

6.2.5.1 Necessary Services: current provision

There are nine community pharmacies in Nottingham City East PCN. The estimated average number of community pharmacies per 100,000 population is 16.6, which is lower than both the England average of 18.1 and the Nottingham City average of 18. Of the nine community pharmacies, eight (89%) hold a standard 40-core hour contract and one (11%) is a DSP. There is also one DAC, adding to a total of ten contractors in this PCN.

Of the nine community pharmacies:

- Four pharmacies (44%) are open after 6 pm on weekdays.
- Four pharmacies (44%) are open on Saturdays.
- No pharmacies (0%) are open on Sundays.
- Eight (89%) are signed up to provide the Pharmacy First Advanced Service.

There are also a number of accessible providers open in the neighbouring PCNs of Bestwood and Sherwood, Radford and Mary Potter and Clifton and Meadows, as well as in Nottinghamshire.

6.2.5.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole PCN to ensure continuity of provision to the new developments. Housing developments are planned to take place in the Trent Basin in the lifetime of this PNA. Between 2025-2029, there will be an additional purpose-built student dwelling intended to meet the needs of a growing student population in this PCN.

Nottingham City HWB will continue to monitor pharmaceutical service provision in specific areas within the PCN where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Nottingham City East PCN.

6.2.5.3 Other relevant services: current provision

Table 23 shows the community pharmacies providing the Relevant Advanced and Enhanced services.

Table 23: Nottingham City East PCN Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	4 (44%)
Pharmacy Contraception	5 (56%)	0 (0%)
Hypertension case-finding	8 (89%)	4 (44%)
New Medicine Service	-	7 (78%)
Lateral Flow Device Tests Supply	2 (22%)	1 (11%)
COVID-19 Vaccination Service	0 (0%)	-
Bank Holiday opening service	2 (22%)	-

*Based on pharmacies claiming payment in August-October 2024.

There is good provision of the Advanced Services across Nottingham City East PCN. The PCS and COVID-19 Vaccination Service can be accessed through neighbouring PCNs and other providers in the area.

No gaps in the provision of Relevant Services have been identified for Nottingham City East PCN.

6.2.5.4 Improvements and better access: gaps in provision

Regarding access to the service commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – No pharmacies (0%) offer this service.

Regarding access to services commissioned by NCC:

- EHC – One pharmacy (11%) offers this service.
- Chlamydia testing – No pharmacies (0%) offer this service.
- Chlamydia treatment – No pharmacies (0%) offer this service.
- Supervised consumption – Five pharmacies (56%) offer this service.
- Needle exchange – Four pharmacies (44%) offer this service.

All services commissioned locally are available across the PCN, apart from Chlamydia testing and treatment; however, these are accessed through other pharmacies and providers in the neighbouring PCNs.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans for increased uptake of the recently introduced Advanced Services. The ICB needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to services across Nottingham City East PCN.

6.2.6 Nottingham City South PCN

Nottingham City South PCN has a population of 28,124, of which 62% is White, 22% is Asian/Asian British/Asian Welsh, 7% is Black/Black British/Black Welsh/Caribbean/African, 5% is mixed/multiple ethnic groups, and 4% are other ethnic groups. This PCN is the least deprived in Nottingham City; only 13% of its area is in the most deprived decile (first decile), 38% of its area is in the fourth decile or lower, 62% of its area is in the sixth decile or higher (none of its area was classed in the fifth decile) and 13% of its area is in the least deprived decile (10th decile). Population density is 5,121 residents per square kilometre, which is lower than that for Nottingham City (6,399 per km^2).

Nottingham City South has a lower (55%) number of households that own a car or van than the Nottingham City average (62%) and the England average (76.5%).

The PCN is relatively healthier than Nottingham City as a whole.

QOF prevalence data shows that AF, hypertension, and cancer are higher than Nottingham City averages but lower than national levels. CHD prevalence is higher than both the Nottingham City and England averages. The prevalence of asthma in children under six is higher than the Nottingham average and comparable to the England average.

6.2.6.1 Necessary Services: current provision

There are six community pharmacies in Nottingham City South PCN. The estimated average number of community pharmacies per 100,000 population is 21.3, which is significantly higher than both the England average of 18.1 and the Nottingham City average of 18. Of the six community pharmacies, five (83%) pharmacies hold a standard 40-core hour contract, and one (17%) is a DSP. There are no DACs in this PCN.

Of the six community pharmacies:

- Two pharmacies (33%) are open after 6 pm on weekdays.
- Three pharmacies (50%) are open on Saturdays.
- No pharmacies (0%) are open on Sundays.
- All six pharmacies provide the Pharmacy First Advanced Service.

There are also a number of accessible providers open in the neighbouring PCNs of BACHS, Radford and Mary Potter and Unity, as well as in Nottinghamshire.

6.2.6.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole PCN to ensure continuity of provision to the new developments. Although no planned housing developments are within Nottingham City South PCN, there are planned housing developments in four of the other PCNs in Nottingham City, of which over half are being built as student dwellings intended to meet the needs of a growing student population.

Nottingham City HWB will continue to monitor pharmaceutical service provision in specific areas within the PCN where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Nottingham City South PCN.

6.2.6.3 Other relevant services: current provision

Table 24 shows the community pharmacies providing the Relevant Advanced and Enhanced services. Although signed up data was not available for all the services, NHS BSA claims being made by the pharmacies demonstrate whether the service was being provided and possibly a better indication of provision.

Table 24: Nottingham City South PCN Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	5 (83%)
Pharmacy Contraception	4 (67%)	4 (67%)
Hypertension case-finding	4 (67%)	5 (83%)
New Medicine Service	-	6 (100%)
Lateral Flow Device Tests Supply	5 (83%)	5 (83%)
COVID-19 Vaccination Service	3 (50%)	-
Bank Holiday opening service	1 (17%)	-

*Based on pharmacies claiming payment in August-October 2024.

There is good provision of the Advanced Services across Nottingham City South PCN.

No gaps in the provision of Relevant Services have been identified for Nottingham City South PCN.

6.2.6.4 Improvements and better access: gaps in provision

Regarding access to the service commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – No pharmacies (0%) offer this service.

Regarding access to services commissioned by NCC:

- EHC – Three pharmacies (50%) offer this service.
- Chlamydia testing – Three pharmacies (50%) offer this service.
- Chlamydia treatment – Two pharmacies (33%) offer this service.
- Supervised consumption – Three pharmacies (50%) offer this service.
- Needle exchange – Three pharmacies (50%) offer this service.

All services commissioned locally are available across the PCN and provide access to PCNs where these services are not available.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans for increased uptake of the recently introduced Advanced Services. The ICB needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to services across Nottingham City South PCN.

6.2.7 Radford and Mary Potter PCN

Radford and Mary Potter PCN has a population of 47,728, of which 54% is White, 24% is Asian/Asian British/Asian Welsh, 12% is Black/Black British/Black Welsh/Caribbean/African, 6% is mixed/multiple ethnic groups and 5% from ethnic groups. It is the third most deprived PCN in Nottingham City, with 29% of its area in the most deprived decile, 86% in the third decile or lower, and 100% in the seventh decile or lower. The PCN has the highest population density in the city, with 12,240 residents per square kilometre compared to the Nottingham average of 6,399. It also has the lowest car or van ownership, with only 50% of households having access, compared to 62% citywide and 76.5% nationally.

The PCN has a higher proportion of younger people and a significant student population. QOF prevalence for most long-term conditions is lower than both Nottingham City and England averages; however, these crude prevalence estimates do not account for the younger age profile of the population and may also reflect underdiagnosis of long-term conditions. Vaccination uptake is the lowest in the city, and 17% of residents do not speak English as their first language.

6.2.7.1 Necessary Services: current provision

There are eight community pharmacies in Radford and Mary Potter PCN. The estimated average number of community pharmacies per 100,000 population is 16.8, which is lower than the England average of 18.1 and the Nottingham City average of 18. There are seven (88%) pharmacies that hold a standard 40-core hour contract and one (12%) 72+hour pharmacy. There are no DSPs and no DACs in this PCN.

Of the eight community pharmacies:

- Five pharmacies (63%) are open after 6 pm on weekdays.
- Six pharmacies (75%) are open on Saturdays.
- Four pharmacies (50%) are open on Sundays.
- All eight pharmacies are signed up to provide the Pharmacy First Advanced Service.

There are also a number of accessible providers open in the neighbouring PCNs of Bestwood and Sherwood, BACHS, City South, Unity, Clifton and Meadows and City East.

6.2.7.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole PCN to ensure continuity of provision to the new developments. Between 2025-2029, there will be an additional purpose-built student dwelling intended to meet the needs of a growing student population in this PCN.

Nottingham City HWB will continue to monitor pharmaceutical service provision in specific areas within the PCN where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Radford and Mary Potter PCN.

6.2.7.3 Other relevant services: current provision

Table 25 shows the community pharmacies providing the Relevant Advanced and Enhanced services. Although signed up data was not available for all the services, NHS BSA claims being made by the pharmacies demonstrate whether the service was being provided and possibly a better indication of provision.

Table 25: Radford and Mary Potter PCN Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	8 (100%)
Pharmacy Contraception	7 (88%)	5 (63%)
Hypertension case-finding	7 (88%)	7 (88%)
New Medicine Service	-	8 (100%)
Lateral Flow Device Tests Supply	5 (63%)	3 (38%)
COVID-19 Vaccination Service	5 (63%)	-
Bank Holiday opening service	2 (25%)	-

*Based on pharmacies claiming payment in August-October 2024.

There is good provision of the Advanced Services across Radford and Mary Potter PCN.

No gaps in the provision of Relevant Services have been identified for Radford and Mary Potter PCN.

6.2.7.4 Improvements and better access: gaps in provision

Regarding access to the service commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – One pharmacy (12%) offer this service.

Regarding access to services commissioned by NCC:

- EHC – Two pharmacies (25%) offer this service.
- Chlamydia testing – One pharmacy (12%) offers this service.
- Chlamydia treatment – Two pharmacies (25%) offer this service.
- Supervised consumption – Eight pharmacies (100%) offer this service.
- Needle exchange – Five pharmacies (63%) offer this service.

All services commissioned locally are available across the PCN and provide access to PCNs where these services are not available.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans for increased uptake of the recently introduced Advanced Services. The ICB needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to services across Radford and Mary Potter PCN.

6.2.8 Unity PCN

Unity PCN has a population of 26,863, of which 70% is White, 15% is Asian/Asian British/Asian Welsh, 6% is Black/Black British/Black Welsh/Caribbean/African, 5% is mixed/multiple ethnic groups, and 3% are other ethnic groups. This PCN is the second least deprived PCN. Although this PCN does not have any areas classed in the first or second deciles, 63% of its area is classed between the third and fifth deciles, and 34% of its area is in the sixth decile or higher. Population density is 5,477, which is lower than the Nottingham value (6,339 per km^2). The number of households in Unity that own a car or van is 64%, which is slightly higher than the Nottingham City level (62%) and below the England level (76.5%).

Unity PCN has the lowest obesity prevalence but the highest prevalence of overweight residents when compared to the rest of the City.

The population of Unity PCN appears to be healthier than Nottingham as a whole, in part due to the high proportion of younger, student residents.

6.2.8.1 Necessary Services: current provision

There are three community pharmacies in Unity PCN. The estimated average number of community pharmacies per 100,000 population is 11.2, which is significantly lower than both the England average of 18.1 and the Nottingham City average of 18. There is one (33%) pharmacy that holds a standard 40-core hour contract, one (33%) 72+hour pharmacy and one (33%) DSP. There are no DACs in this PCN.

Of the three community pharmacies:

- One pharmacy (33%) is open after 6 pm on weekdays.

- One pharmacy (33%) is open on Saturdays.
- One pharmacy (33%) is open on Sundays.
- Two pharmacies are signed up to provide the Pharmacy First Advanced Service.

There are also a number of accessible providers open in the neighbouring PCNs of Radford and Mary Potter, Nottingham City South and Clifton and Meadows, as well as in Nottinghamshire.

6.2.8.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole PCN to ensure continuity of provision to the new developments. Between 2025-29, there is an additional purpose-built student dwelling intended to meet the needs of a growing student population in this PCN.

Nottingham City HWB will continue to monitor pharmaceutical service provision in specific areas within the PCN where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Unity PCN.

6.2.8.3 Other relevant services: current provision

Table 26 shows the community pharmacies providing the Relevant Advanced and Enhanced services.

Table 26: Unity PCN Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	1 (33%)
Pharmacy Contraception	1 (33%)	1 (33%)
Hypertension case-finding	1 (33%)	1 (33%)
New Medicine Service	-	1 (33%)
Lateral Flow Device Tests Supply	1 (33%)	-
COVID-19 Vaccination Service	0 (0%)	-
Bank Holiday opening service	1 (33%)	-

*Based on pharmacies claiming payment in August-October 2024.

There is good provision of most of the Advanced Services across Unity PCN. The COVID-19 Vaccination Service can be accessed through neighbouring PCNs and other providers in the area.

No gaps in the provision of Relevant Services have been identified for Unity PCN.

6.2.8.4 Improvements and better access: gaps in provision

Regarding access to the service commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – One pharmacy (33%) offers this service.

Regarding access to services commissioned by NCC:

- EHC – Two pharmacies (67%) offer this service.
- Chlamydia testing – No pharmacies (0%) offer this service.
- Chlamydia treatment – No pharmacies (0%) offer this service.
- Supervised consumption – One pharmacy (33%) offers this service.
- Needle exchange – No pharmacies (0%) offer this service.

EHC and supervised consumption are available in this PCN. Chlamydia testing, chlamydia treatment, and needle exchange are not available; however, they can be accessed in the neighbouring PCNs and through other providers of sexual health services.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans for increased uptake of the recently introduced Advanced Services. The ICB needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to services across Unity PCN.

6.3 Nottingham City pharmaceutical services and health needs

Language and ethnicity

In Nottingham City, 86% of the population report English as their first language, compared to 91% nationally. Approximately 5% of residents speak other European languages (e.g Polish, Spanish, German, Italian) and nearly 4% speak South Asian languages such as Urdu, Hindi, and Panjabi.

While some residents may rely on translation tools such as apps or informal support from pharmacy staff, there may be a need for a commissioned translation and interpretation service to support community pharmacy contractors.

Deprivation and population profile

Nottingham City is ranked the 11th most deprived local authority area in England. Around 31% of Lower Super Output Areas (LSOAs) in the city fall within the most deprived 10% nationally, though deprivation varies significantly across Primary Care Network (PCN) areas.

The city has a population of 329,276 (ONS mid-year estimate, 2022) and is the 35th most densely populated local authority area in England, with 6,399 residents per square kilometre –around fifteen times the national average of 434/km². Population density and growth projections vary by PCN. Nottingham's population is expected to increase by approximately 8% by 2043, reaching around 356,096. This growth is outside the timeframe of this PNA but may inform longer-term planning.

Access to pharmacies

Travel analysis across Nottingham City showed:

- The majority of the population who are able to walk, can get to the pharmacy within 15 minutes.
- All residents who have access to private transport can get to a pharmacy within ten minutes by car.
- All residents who are able to travel via public transport can get to a pharmacy within 20 minutes.

While 62% of households in Nottingham own a car or van, lower than the England average (76.5%), the city benefits from a well-developed public transport system, supporting accessibility to pharmaceutical services.

Health and burden of disease

Nottingham's health is generally worse than the average for England. This is reflected in lower life expectancy and healthy life expectancy.

- The latest data for 2022/23 showed that Nottingham also had a higher level of alcohol related hospital admissions compared to the England average.
- In Nottingham City, 43% of the eligible population have received their flu vaccination. Uptake varies across the city PCN areas.

Sexual health:

- The rate of new STI diagnoses (excluding chlamydia aged under 25) in Nottingham is significantly higher than the England average, though rates have been rising.
- The prevalence of diagnosed HIV in Nottingham is higher than the England.

Burden of disease:

- Nottingham has a higher smoking cessation prevalence than England.
- Nottingham performs poorly in CVD, being the second worst in the country.
- Mortality rates from CVD, respiratory conditions, most other long-term conditions and cancers in Nottingham are significantly worse than the England average.

6.3.1 Necessary Services: current provision across Nottingham City

There are 59 community pharmacies in Nottingham City. The estimated average number of community pharmacies per 100,000 population is 18.0, which is lower than the England average of 18.1. Of the 59 community pharmacies, 47 (80%) hold a standard 40-core hour contract, eight (14%) are 72+hour pharmacies, and four (7%) are DSPs. There are also three DACs in Nottingham City, adding to a total of 62 contractors.

Nottingham City has many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (51%) are open on Saturdays, and 58% of community pharmacies open after 6 pm on weekdays. There are also 11 pharmacies (19%) open on Sundays.

There are also a number of accessible providers open in Nottinghamshire in all directions.

Of the 59 community pharmacies, 56 (95%) are signed up to provide the Pharmacy First Advanced Service, which is considered a necessary service.

6.3.2 Necessary Services: gaps in provision across Nottingham City

Based on the spread of community pharmacies across the City, there is good access to the essential services across Nottingham, supplemented by the DSPs within the City and also available to access nationwide. Although there has been a reduction in the number of community pharmacies from the previous PNA, and the ratio of community pharmacies to 100,000 population is slightly lower than the England value, access is still considered good.

The unitary authority population growth is expected to increase over the next eight years to 356,096 by 8%, which is beyond the lifetime of this PNA. The number of dwellings is expected to increase by an additional 8,102 dwellings from 2025 to 2029. 4,324 of these will be purpose-built student dwellings intended to meet the needs of a growing student population. This represents a relatively small change that can be easily absorbed by the existing community pharmacy network. The projected population growth should not impact access to pharmaceutical services.

With projected increases in population and corresponding demand, pharmacies may experience increased footfall and service pressures. While current access is considered good, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies may wish to consider how they can manage increasing demand at individual premises, through optimising skill mix, adopting digital health tools, and exploring innovative approaches such as hub and spoke models, automation, and artificial intelligence to improve efficiency and capacity.

Although during the lifetime of this PNA the PLPS will change to allow community pharmacies to change their core opening hours, the steering group concluded that any change should not result in any gap. These amendments are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. The ICB, considering the request, should review the evidence in line with this and the evidence of economic viability of their current opening hours when approving any proposed change.

Further supporting this conclusion, feedback obtained through the Healthwatch Nottinghamshire Community Pharmacy Survey (February 2025) confirmed that the majority of residents are satisfied with access to pharmacy services. While some challenges were noted, particularly among vulnerable groups, these did not indicate systemic service gaps. Rather, they highlight opportunities to improve communication, service awareness, and support for specific populations. The findings reinforce the overall conclusion that current service provision across Nottingham City is adequate.

Nottingham City HWB will continue to monitor pharmaceutical service provision in specific areas where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Nottingham City HWB.

6.3.3 Other relevant services: current provision

Table 16 in Section 3.2.4 show the pharmacies providing Advanced and Enhanced services in Nottingham City HWB area. Regarding access to the **Advanced** services that are considered relevant, it can be seen that there is very good availability of NMS (92%), hypertension case-finding (85%), and pharmacy contraception (76%). There is currently a lower number of providers of the seasonal influenza vaccination (71%). The SCS service has not commenced, and the ICB needs to start relaunching this service. There is currently no activity registered for appliance use review and stoma appliance customisation; however, DACs (a specialised supplier of medical appliances and devices) will provide these services.

Regarding access to **Enhanced** Services, 26 pharmacies (44%) offer the COVID-19 vaccination service and 12 pharmacies (20%) are signed up to open on Bank Holidays.

Advanced and Enhanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of similar services from other healthcare providers.

No gaps in the provision of Relevant Services have been identified for Nottingham City HWB.

6.4 Improvements and better access: gaps in provision across Nottingham City

Regarding access to services **commissioned by Nottingham and Nottinghamshire ICB**, three pharmacies (5%) provide the palliative care service.

Regarding access to services **commissioned by NCC,** 14 pharmacies (24%) provide EHC, seven (12%) chlamydia testing, and the same for chlamydia treatment; 42 (72%) pharmacies provide the supervised consumption service, and 30 (51%) provide the needle exchange service.

All Advanced (with the exception of the SCS), Enhanced, and Locally Commissioned Services are available in Nottingham City and have varying opening times.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies, including plans for increased uptake of the recently introduced Advanced Services. The ICB needs to look at increasing service uptake through existing providers working with place-based stakeholders.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to services across Nottingham City.

Although there are no gaps for the purpose of market entry decisions, there are opportunities to improve awareness and understanding of community pharmacy services, particularly among minority and younger populations. Enhanced use of the available translation and interpretation services could support access for non-English speakers. Additionally, targeted engagement and health promotion in areas with higher deprivation or lower service uptake could help reduce health inequalities and optimise use of the existing pharmacy network.

Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and/or reflects future population changes.

There is a wide range of pharmaceutical services provided in Nottingham City to meet the health needs of the population. The provision of current pharmaceutical services and LCS are distributed across PCNs, providing good access throughout Nottingham City.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Nottingham City, it is imperative that accessibility to pharmacy services is monitored, and the recommendations are actioned to ensure that services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

7.1 Statements of the PNA

The PNA is required to clearly state what is considered to constitutes Necessary Services as required by paragraphs 1 and 3 of Schedule 1 of the PLPS.

For the purposes of this PNA, Nottingham City HWB has agreed that Necessary Services are all Essential Services and the Pharmacy First Advanced Service. All other remaining Advanced and Enhanced Services, apart from the Smoking Cessation Service, are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

LCS are those services that secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in Nottingham City HWB areas, and are commissioned by the ICB or local authority, rather than NHSE.

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in Section 1.5.1.4.1. Pharmacy First is also a Necessary Service, described in Section 1.5.1.4.2. Access to Necessary Service provision in Nottingham City is provided in Sections 6.2 by PCN.

In reference to Section 6, and required by paragraph 2 of schedule 1 of the PLPS:

Necessary Services – normal working hours

There is no gap in the provision of Necessary Services during normal working hours across Nottingham City to meet the needs of the population.

Necessary Services – outside normal working hours

There are no gaps in the provision of Necessary Services outside normal working hours across Nottingham City to meet the needs of the population.

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future (next three years) circumstances across Nottingham City.

7.1.3 Other relevant services – gaps in provision

The remaining Advanced Services (apart from the Smoking Cessation Service) and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in Section 1.5.1.4.2 and the provision in Nottingham City is discussed in Section 3.2.4 and in Section 6.2 by PCN.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Nottingham City.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services or in specified future circumstances have been identified in any of the PCNs across Nottingham City.

Section 7.2 discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Nottingham City.

There are no gaps in the provision of Advanced Services at present or in the future (next three years) that would secure improvements or better access to services in Nottingham City.

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 1.5.1.4.3 and the provision in Nottingham City is discussed in Section 3.2.5 and by PCN in Section 6.2.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Nottingham City.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Enhanced Services or in specified future circumstances have been identified in any of the PCNs.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to Enhanced Services across Nottingham City.

7.1.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is, in some cases, addressed by a service being commissioned through the ICB or the local authority; these services are described in Sections 4.1 and 4.2.

Section 6.4 discusses improvements and better access to LCS in relation to the health needs of Nottingham City.

Based on the information available at the time of developing this PNA, no gaps have been identified in LCS that, if provided either now or in the future, would secure improvements or better access in any of the PCNs. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within Primary Care Networks, rather than through the opening of additional pharmacies.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned; however, the HWB and commissioning organisations may want to consider incentivising community pharmacies to encourage further uptake of services.

Section 7.2 discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefits to the population of Nottingham City.

A full analysis has not been conducted on which LCS might be of benefit, as this is out of the scope of the PNA.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to Locally Commissioned Services across Nottingham City.

7.1.4 Improvements and better access – gaps in provision

LCS are those services that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Nottingham City HWB area, and are commissioned by the ICB or local authority, rather than NHSE.

Based on current information, no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances across Nottingham City to meet the needs of the population.

7.2 Future opportunities for possible community pharmacy services in Nottingham City

7.2.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any **Necessary Services** required under the PLPS.

In reviewing the provision of **Necessary Services** and considering Advanced, Enhanced, and Locally Commissioned Services for Nottingham City as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy, and service development and delivery must be planned carefully. However, many of the health priorities, national or local, can be positively affected by services provided by community pharmacies, albeit being out of the scope of the PNA process.

National and Nottingham City health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Nottingham City population are listed in Section 2.11 and 2.12 and are considered when looking at opportunities for further community pharmacy provision.

7.2.2 Opportunities for pharmaceutical service provision

Health needs and the highest risk factors for causing death and disease for the Nottingham City population are stated in Section 2 and Section 6. Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Nottingham City.

7.2.3 Existing services

Essential Services

- Signposting for issues such as weight management and health checks.
- Promote a self-referral route to the National Diabetes Prevention Programme (NDPP).

- Developing healthy living pharmacies and self-care to support the Nottingham City prevention agenda.
- Electronic repeat dispensing can reduce unnecessary patient trips to the GP practice to collect repeat medication and could help reduce waste medicines.

Advanced Services

Some of the existing Advanced Services could be targeted in a way that improves patient access, reduces pressures in general practice, and supports the primary care, urgent care, prevention, and medicines safety agendas.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Nottingham City based on the identified health needs, including:

- **Pharmacy First**

Pharmacy First is an NHS advanced service that allows community pharmacists to directly assess and treat patients with certain common minor illnesses, like earache, sore throat, or urinary tract infections, without requiring a GP appointment, providing advice and supplying necessary prescription medications when clinically appropriate, easing pressure on GP services; essentially enabling patients to access healthcare directly at their local pharmacy for specific conditions.

Pharmacy First can provide benefits to patients and the ICB and support local health needs as follows.

  - Convenient access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.
  - Provides an alternative route to accessing medicine for these conditions.
  - Includes elements from the Community Pharmacist Consultation Service (CPCS), such as minor illness consultations with a pharmacist and the supply of urgent medicines and appliances.

Pharmacy First provides the ICB with an opportunity to maximise additional primary care capacity and capability.

- **Hypertension case-finding service**

The service has two stages. The first stage is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension. There is variability in hypertension levels across the PCNs; the maximisation of the Hypertension Case Finding service would provide additional capacity in primary care to benefit patients. Patients can also be referred in from their GP Practices for a blood pressure measurement or ambulatory blood pressure monitoring.

- **Pharmacy Contraception Service**

The NHS Pharmacy Contraception Service (PCS) is a tiered pharmacy contraception service. This service is designed to offer people greater choice where they can access Oral Contraception (OC) services, and creates extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments. The two tiers of the service are:

  - Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill-free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation.
  - Ongoing supply: where a person has been supplied with OC by a primary care provider or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The objectives of the service are to:

  - Provide a model for community pharmacy teams to initiate provision of Oral Contraception (OC) and to continue the provision of OC 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 PGDs to support the review and supply process.
  - 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 OC.

Local authority-commissioned services

- Sexual health services.
- Drug and alcohol abuse services.

The Sub-Contractor programme, which launched 1 July 2025, sits within the Stop Smoking pathway, which is managed and delivered as part of Thriving Nottingham, the City's Integrated Wellbeing Service. This programme is open for health care professionals (primary and secondary care) to refer and for clients to self-refer to a community pharmacy of their choice, to start their quit journey, which includes capturing CO Readings and being provided Nicotine Replacement Therapy (NRT) and e-cigarettes along with behavioural support. This service should be promoted in light of the higher prevalence of smoking in the city compared to the England value.

To note that the ICB-commissioned services in both Nottingham City and Nottinghamshire County are the same, as both local authorities are co-terminus with the ICB. Some of the local authority-commissioned services are also very similar. This harmonisation should continue.

7.2.4 Further considerations

The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities, and integrating with primary care networks. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services in Nottingham City, there are opportunities to strengthen pharmacy services in alignment with the proposed NHS 10-Year Health Plan and Change NHS initiative. These opportunities focus on prevention, long-term conditions, primary care access, medicines management, health inequalities, and integrated care.

The most appropriate commissioning route would be through the ICB as Enhanced Pharmaceutical services or through the local authority and locally commissioned services, which would not be defined as necessary services for this PNA.

Community Pharmacy England commissioned leading health think tanks Nuffield Trust and The King's Fund to develop a vision for community pharmacy to see a transformation of this sector over the next decade. These themes are reflected below.

1) Strengthening the role of community pharmacy in prevention, preventing ill health and supporting wellbeing.

- Community pharmacies should be fully integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.
- Services such as the Hypertension Case-Finding Service, Smoking Cessation Advanced Service and NHS Health Checks should be prioritised to reduce the incidence of long-term conditions.
- The Healthy Living Pharmacy framework should be expanded. Local authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies.
- The local authority should promote the recently launched programme within the stop smoking pathway, that complements the national SCS service.

2) Reducing health inequalities through targeted pharmacy services

- Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening, and weight management.
- Public awareness campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- Improving health literacy should be a core focus, ensuring patients can understand and engage with pharmacy services. This is particularly important for those with low literacy, language barriers, or limited healthcare confidence.
- Incentives should be considered for pharmacies in under-served areas to expand their service offering and address local health disparities, particularly where there is under provision of LCSs.

3) Embedding pharmacy into integrated NHS neighbourhood health services providing clinical care for patients

- Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICS, local authority, and PCN.
- Medicines Optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service, should be embedded within primary care pathways to enhance patient safety and medication adherence.
- Interdependencies between national and LCS services, such as smoking cessation and sexual health services, should be leveraged to provide more holistic and accessible care. This will require close ICB, local authority and LPC collaboration.

4) Supporting workforce development and expanding pharmacy services

- Sustainable funding should be prioritised to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the CPCF.
- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access.
- The pharmacy team's role should be expanded, with pharmacy technicians supporting service delivery under PGDs and pharmacy staff providing Making Every Contact Count (MECC) interventions.

5) Enhancing public awareness and digital transformation

- Public education campaigns should be developed to raise awareness of pharmacy services, using diverse communication methods tailored to local communities.
- Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records.
- The adoption of point-of-care testing services in community pharmacies should be explored to improve early diagnosis and management of conditions such as diabetes, hypertension, and respiratory diseases.

6) Monitoring future demand and improving public engagement

- The provision of pharmaceutical services should be regularly monitored and reviewed, particularly in light of demographic changes and population health needs.
- Future PNAs should incorporate enhanced stakeholder and public engagement strategies to ensure services reflect local priorities and community health needs.

7) Community based medicines management: Living well with medicines

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.

- The growth of independent prescribing in community pharmacy offers greater opportunities to take pressure off general practice and shared responsibilities managing prescribing budgets and delivering structured medication reviews.
- These services could be offered as part of domiciliary services to housebound patients and care homes.

By aligning with national health priorities, these considerations / recommendations ensure that community pharmacy plays a central role in being part of an integrated neighbourhood in delivering preventive care, tackling health inequalities, and supporting long-term condition management, ultimately improving the health and wellbeing of Nottingham City residents.

Appendix A: List of pharmaceutical services providers in Nottingham City

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

DAC – Dispensing Appliance Contractor

Key to services: Description of these services are available in Sections 1.5.1.4, 4.1 and 4.2. Pharmacies providing the services are from signed up list unless stated otherwise. The list of pharmaceutical service providers is correct as of January 2025.

AS1 – Pharmacy First

AS2 – Flu Vaccination service (from NHS BSA claims from dispensing activities, August-October 2024)

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service

AS5 – New Medicine Service (from NHS BSA claims from dispensing activities, August-October 2024)

AS6 – Smoking Cessation Service

AS7 – Appliance Use Review (provided by DACs only)

AS8 – Stoma Appliance Customisation (provided by DACs only)

AS9 – Lateral Flow Device Service

NES1 – COVID-19 Vaccination Service

LES1 – Bank holiday opening

ICBS1 – Palliative care

LAS1 – Emergency hormonal contraception

LAS2 – Chlamydia testing

LAS3 – Chlamydia treatment

LAS4 – Supervised consumption

LAS5 – Needle exchange

BACHS PCN

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Beechdale Pharmacy	FJA27	CP	441a Beechdale Road, Aspley, Nottingham	NG8 3LF	09:00-18:00 (Thu 09:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y
Boots Pharmacy	FVD01	CP	Bilborough Medical Centre, 48 Bracebridge Drive, Nottingham	NG8 4PN	08:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y
Cinder Hill Pharmacy	FDT60	CP	10 Broxtowe Lane, Cinder Hill, Nottingham	NG8 5NP	09:00-18:30	09:00-13:00; 14:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	Y	Y	-
Old Basford Pharmacy	FA770	CP	42 Bailey Street, Old Basford, Nottingham	NG6 0HA	08:30-18:30	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y
Omega Chemist	FJM65	CP	25 Flamsteed Road, Strelley, Nottingham	NG8 6LR	08:45-18:30 (Thu 08:45-17:15)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Prescriptions4U	FDV95	DSP	Unit C, Broxtowe Business Park Centre, Calverton Drive, Strelley, Nottingham	NG8 6QP	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Queens pharmacy	FFA16	CP	403, Nuthall Road, Aspley, Nottingham	NG8 5DB	08:30-21:00	17:00-21:00	10:00-16:00	Y	-	Y	-	-	Y	Y	-	-	-	Y	-	Y	-	-	-	-	Y	-
Vantage Pharmacy	FJN60	CP	Melbourne Park Medical Centre, Melbourne Road, Aspley, Nottingham	NG8 5HL	08:30-19:00	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	*	Y	-	-	-	-	Y	Y
Well	FDK05	CP	73-75 Bracebridge Drive, Bilborough, Nottingham	NG8 4PH	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y
Well	FT108	CP	412 Broxtowe Lane, Aspley, Nottingham	NG8 5ND	08:30-18:30	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	Y

* Signed up for Spring 2025 campaign

Bestwood and Sherwood PCN

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Ascent Pharmacy	FPG00	CP	682 Mansfield Road, Nottingham	NG5 2GE	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Carrington Pharmacy	FQN36	CP	343-345 Mansfield Road, Carrington, Nottingham	NG5 2DA	09:00-18:30	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	-	-	Y	Y
Forest Pharmacy	FFX56	CP	131 Arnold Road, Arnold, Nottingham	NG5 5HR	08:30-18:30	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y
Radford Road Pharmacy	FMD46	CP	544 Radford Road, New Basford, Nottingham	NG7 7EA	09:00-18:00 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-
Shally's Chemist	FJD56	CP	37 Beech Avenue, Sherwood, Nottingham	NG7 7LJ	09:00-18:30	Closed	Closed	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-
Sherwood Late Night Pharmacy	FFF07	CP	475 Mansfield Road, Sherwood, Nottingham	NG5 2DR	09:00-21:00 (Thu 09:30-21:00)	09:30-14:00; 15:00-21:00	10:00-17:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y
Well	FXG89	CP	The Hucknall Road Pharmacy, Off Kibworth Close, Heathfield Estate, Nottingham	NG5 1NA	08:15-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-	-	-	Y	Y

Bulwell and Top Valley PCN

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Bestwood Pharmacy	FEN95	CP	234 Beckhampton Road, Bestwood Park, Nottingham	NG5 5PA	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	*	-	-	-	-	-	Y	Y
Charles S Bullen Stomacare Ltd (DAC)	FH421	DAC	11 Park Lane Business Centre, Nottingham	NG6 0DW	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Evergreen Pharmacy	FA250	CP	232 Highbury Road, Bulwell, Nottingham	NG6 9FE	08:30-13:00; 14:00-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y
Goshens Pharmacy	FF698	CP	Unit 2-4 Tesco Development, Top Valley Way, Top valley, Nottingham	NG5 9DD	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-
Riverside Pharmacy	FDL95	CP	Bulwell Riverside Centre, 1-5 Main Street, Bulwell, Nottingham	NG6 8QJ	08:30-19:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	-	Y	Y
St Albans Pharmacy	FJ636	CP	St Albans HC Hucknall Lane, Bulwell, Nottingham	NG6 8AQ	08:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	-
Tesco Stores Ltd	FKM40	CP	Tesco Instore Pharmacy, Jennison Street, Bulwell, Nottingham	NG6 8EQ	09:00-21:00	09:00-21:00	11:00-17:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Tesco Stores Ltd	FRF92	CP	Tesco Instore Pharmacy, Top Valley Way, Nottingham	NG5 9DD	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Well	FE463	CP	Unit 4, 9 Bestwood Park Drive West, Rise Park, Nottingham	NG5 5EJ	08:45-18:15	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-	-	-	Y	-

* Signed up for Spring 2025 campaign

Clifton and Meadows PCN

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Atos Care	FLE95	DAC	Cartwright House,Tottle Road, Riverside Business Park, Nottingham	NG2 1RT	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots Pharmacy	FC109	CP	222-224 Southchurch Drive, Clifton, Nottingham	NG11 8AA	08:30-18:00	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y
Boots Pharmacy	FW027	CP	Unit D, Riverside Retail Park, Queens Drive, Nottingham	NG2 1RU	09:00-20:00	09:00-19:00	09:00-16:30	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y
Clifton Health Pharmacy	FFT10	CP	372 Southchurch Drive, Clifton, Nottingham	NG11 9FE	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y
Day Night Pharmacy Ltd	FMR24	CP	116 Southchurch Drive, Clifton, Nottingham	NG11 8AD	09:00-21:00	09:00-21:00	Closed	Y	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y
FP Watson Ltd	FXL92	CP	2 Beastmarket Hill, Old Market Square, Nottingham	NG1 6FB	09:00-18:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	-	-	-	Y	-
Peak Pharmacy	FM052	CP	9 Bridgeway Centre, The Meadows, Nottingham	NG2 2JD	09:00-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	Y	Y	-

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Silverdale Pharmacy	FRF42	CP	44 Monksway, Silverdale, Nottingham	NG11 7FH	09:00-18:00 (Fri 09:00-18:30)	Closed	Closed	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Well	FFN21	CP	176 Southchurch Drive, Clifton, Nottingham	NG11 8AA	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y

Nottingham City East PCN

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Asims Pharmacy	FWP78	CP	14/16 Colwick Road, Sneiton, Nottingham	NG2 4BU	09:00-18:30 (Fri 09:00-13:00; 14:00-18:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	Y
Clickcare Pharmacy Ltd	FRA41	DSP	Unit 18, Ashforth Business Centre, Ashworth Street, Nottingham	NG3 4BG	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	*	-	-	-	-	-	-	-
Cox Pharmacy	FX537	CP	87 Oakdale Road, Nottingham	NG3 7EJ	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-
Late Night Pharmacy	FQ176	CP	69 Sneinton Dale, Sneinton, Nottingham	NG2 4LQ	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Parmars Pharmacy	FVT05	CP	298 Woodborough Road, Mapperley, Nottingham	NG3 4JP	09:00-12:30; 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	-	Y	Y
Phakeys Pharmacy	FTK04	CP	149 Carlton Road, Nottingham	NG3 2FN	09:00-18:30 (Wed 09:00-13:15; 13:45-18:30, Fri 09:00-18:15)	09:00-13:00	Closed	-	-	-	-	-	-Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Respond Healthcare Ltd	FR158	DAC	97 Manvers Street, Nottingham	NG2 4PB	08:30-17:30	08:30-12:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sneinton Road Pharmacy	FMN93	CP	113 Sneinton Road, Sneinton, Nottingham	NG2 4QL	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	Y
Turners Pharmacy	FGX51	CP	249 Sneinton Dale, Sneinton, Nottingham	NG3 7DQ	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Wellspring Pharmacy	FQM62	CP	1 Livingstone Road, St Ann's, Nottingham	NG3 3GG	08:30-18:30	Closed	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-

* Signed up for Spring 2025 campaign

Nottingham City South PCN

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Ascent Pharmacy	FA858	CP	158 Russell Drive, Wollaton, Nottingham	NG8 2BE	08:30-13:00; 14:00-18:15	09:00-13:00	Closed	-	'	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Boots	FFJ48	CP	334 Derby Road, Lenton, Nottingham	NG7 2DW	09:00-18:00	09:00-17:00	Closed	-	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	Y	-
Boots UK Ltd	FPK97	CP	164 Bramcote Lane, Wollaton, Nottingham	NG8 2QP	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	Y	-	-
Jaysons Pharmacy	FT754	CP	97 Arleston Drive, Wollaton, Nottingham	NG8 2GB	08:45-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	Y	Y	Y	-
Midlands Pharmacy	FQ318	DSP	Office 4 Courtyard Business, Southwold Drive, Wollaton	NG8 1PA	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Well	FXE35	CP	12 Harrow Road, Wollaton, Nottingham	NG8 1FG	08:30-18:15	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	-

Radford and Mary Potter PCN

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Applegate Pharmacy	FTH02	CP	61 Ilkeston Road, Nottingham	NG7 3GR	09:00-18:45 (Thu 09:00-17:00)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	-
Asda Pharmacy	FME59	CP	Radford Road, Hyson Green, Nottingham	NG7 5FP	09:00-20:00	09:00-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	-	-	-	Y	-
Boots Pharmacy	FYJ21	CP	11-19 Lower Parliament St, NTU (Victoria), Nottingham	NG1 3QS	09:00-19:00	08:30-19:00	11:00-17:00	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	-	-	-	-	Y	Y
Glasshouse Chemist	FF741	CP	41-44 Glasshouse Street, Nottingham	NG1 3LW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	-	Y	Y	-
Hyson Green Pharmacy	FKW86	CP	50 Gregory Boulevard, Hyson Green, Nottingham	NG7 5JD	09:00-21:00	17:00-21:00	10:00-21:00	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	Y
Mary Potter Pharmacy	FFG62	CP	Mary Potter Centre, Hyson Green, Nottingham	NG7 5HY	09:00-13:00, 14:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	Y
Medina Chemist	FXH72	CP	85-89 Radford Road, Hyson Green, Nottingham	NG7 5DR	09:00-21:00	09:00-19:00	10:00-19:00	-	-	Y	Y	Y	-	Y	-	-	-	Y	**Y**	-	-	-	-	-	Y	Y
Nexus Pharmacy	FM623	CP	194 Alfreton Road, Nottingham	NG7 3PE	09:00-18:00 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y

Unity PCN

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Boots Pharmacy	FHV17	CP	Cripps Health Centre, University Park, Nottingham	NG7 2QW	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
The Family Chemist	FDW07	DSP	13 Poplars Court, Nottingham	NG7 2RR	09:00-13:00; 13:30-17:30	Closed	Closed	-	-																	

Pharmacy Name	ODS number	Provider type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Trust Pharmacy	FW548	CP	Nottingham University NHS Hospitals Trust B Floor, QMC Campus, Nottingham	NG7 2UH	09:00-00:00	10:00-00:00	10:00-00:00	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	-	Y	-

Appendix B: PNA project plan

	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025
Stage 1: Project planning and governance • Stakeholders identified and PNA Steering Group terms of reference agreed • Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting • Prepare questionnaires for initial engagement													
Stage 2: Research and analysis • Collation of data from Public Health, LPC, ICB and other providers of services • Listing and mapping of services and facilities • Collation of data for housing developments • Equalities Impact Assessment • Analysis of questionnaire responses • Review all data at second Steering Group meeting													
Stage 3: PNA development • Review and analyse data and information collated to identify gaps in services based on current and future population needs • Develop consultation plan • Draft PNA • Sign off draft PNA at third Steering Group meeting and update for HWB													
Stage 4: Consultation and final draft production • Coordination and management of consultation • Analysis of consultation responses and production of report • Draft final PNA for approval • Sign off final PNA at fourth Steering Group meeting • Edit final PNA 2025 ready for publication and provide update for HWB													

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Nottingham City Health and Wellbeing Board (HWB) and the Nottinghamshire County Health and Wellbeing Board, to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

The Directors of Public Health confirmed they have received delegated authority for the PNA from the Health and Wellbeing Boards to sign off the draft report and recommendations for publications. The Health and Wellbeing Boards retain overall responsibility for the publication of the final PNA.

Accountability

The Steering Group is to report to the Consultant in Public Health.

Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
    - Any Local Pharmaceutical Committee for its area.
    - Any Local Medical Committee for its area.
    - Any persons on the Pharmaceutical lists and any dispensing Doctors list for its area.
    - Any LPS Chemist in its area.
    - Any Local Healthwatch organisation for its area.
    - Any NHS Trust or NHS Foundation Trust in its area.
    - Integrated Care Boards.
    - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to Health and Wellbeing Board on both the draft and final PNA.
- Publish the final PNA by 30 September 2025.

Membership

Core members:

- Consultant in Public Health / Nominated Public Health Lead.
- Integrated Care Board Contract Manager representative.
- Local Pharmaceutical Committee representative.
- Integrated Care Board Pharmacy and Medicines Optimisation representative.
- Local Medical Committee representative.
- Healthwatch representative (lay member).

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Public Health representative will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, which must include an LPC, ICB Contract Manager and Public Health representative. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- Integrated Care Board Commissioning Managers.
- NHS Trust Chief Pharmacists.
- Dispensing Doctors representative.

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by both councils to support the development of each of their local HWB PNAs.

Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.

Appendix D: Public questionnaire

Total responses received: 249.

The questionnaire was open for responses between 11 November 2024 and 12 January 2025.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by PCN.
- Some numbers may be higher than the number of answers due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis.
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being "N/A" or "No comment".

1) Why do you usually visit a pharmacy? (Please tick all that apply) (246 valid responses, 3 comments n/a or user skipped)

Option	**%**	**Number**
To collect prescriptions for myself	**33%**	**222**
To buy over the counter medicines	23%	156
To get advice from a pharmacist	17%	117
To collect prescriptions for somebody else	15%	99
To get NHS support and treatment for a minor illness	5%	36
To use blood-pressure test service	2%	12
To use a privately funded service	0.5%	5
To get regular oral contraception	0.5%	4
Referred by NHS 111 for an urgent medicine supply	0%	3
To get emergency contraception (also known as the 'morning after pill')	0%	1
Other	4%	24

Other comments (themes):	**Number**
Vaccinations (Covid, Flu)	22
To buy cosmetics	1
Pharmacy delivery service	1

2) How often have you visited or contacted a pharmacy in the last six months? (247 valid responses, 2 responses n/a or user skipped)

Option	%	Number
Once a week	5%	13
Once a month	**39%**	**95**
A few times a month	**36%**	**89**
Once every few months	16%	39
Once in six months	4%	11
I have not visited/contacted a pharmacy in the last six months	0%	0

3) What time and day is most convenient for you to use a pharmacy? (Please tick each day for each time that applies to you) (241 valid responses, 8 responses n/a or user skipped)

	Before 9am		9am - 1pm		1pm - 7pm		After 7pm		Total	
Option	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**
Weekday	12%	29	**31%**	**76**	**34%**	**85**	12%	30	**22%**	**220**
Saturday	3%	8	**15%**	**37**	6%	14	1%	4	6%	63
Sunday	1%	2	2%	5	**2%**	**6**	2%	5	2%	18
It varies	12%	31	**17%**	**42**	**17%**	**42**	12%	29	15%	144
No preference	**26%**	**65**	18%	46	16%	40	**20%**	**49**	20%	200
Not answered	46%	114	17%	43	25%	62	53%	132	35%	351

4) Do you have a regular local community pharmacy? (247 valid responses, 2 responses n/a or user skipped)

Option	%	Number
Yes, a community pharmacy/local chemist shop or building	**82%**	**203**
Yes, an internet/online pharmacy - (This pharmacy, also referred to as a distance selling pharmacy, is one which operates partially or completely online. Prescriptions are received electronically or by paper and dispensed medication is sent via a courier to your home	2.5%	6
Yes, a combination of both	7.5%	18
No	8%	20

5) Is there a specific reason you prefer your current pharmacy? Even though there might be others nearby or more convenient? (246 valid responses, 3 responses n/a or user skipped)

Option	%	Number
Yes	**70%**	**172**
No	30%	74

6) Please tell us why you prefer your current pharmacy (169 valid responses, 80 responses n/a or user skipped)

Comments (themes)	Number
Good customer service	47
Good location	34
Linked to GP	29
Good stock	10
Good opening hours	8
Convenience	7
Good parking	7
They deliver	7
Habit	6
Independent	4
Good public transport	3
Other comments (one answer each)	7

7) What influences your choice of pharmacy? (Please tick one level of importance for each reason) (245 valid responses, 4 responses n/a or user skipped)

	Very important		Important		Not at all important	
Factors	**%**	**Number**	**%**	**Number**	**%**	**Number**
Quality of service (expertise)	**68%**	**160**	30%	72	2%	4
Customer service	**63%**	**149**	36%	85	1%	2
Location of pharmacy	**70%**	**168**	27%	65	3%	8
Opening times	**56%**	**130**	39%	92	5%	12
Parking	29%	66	25%	58	**46%**	**104**
Public transport	18%	40	20%	43	**62%**	**137**
Accessibility (wheelchair / buggy access)	14%	31	19%	42	**67%**	**148**
Communication (languages / interpreting service)	13%	28	13%	28	**74%**	**162**
Space to have a private consultation	29%	65	**42%**	**96**	29%	66
Availability of medication	**76%**	**177**	23%	55	1%	2
Services provided	**51%**	**118**	44%	100	5%	11

8) Is there anything else which influences your choice of pharmacy (77 valid responses, 172 n/a or user skipped)

Comments (themes)	**Number**
Good customer service	26
No	10
Good location	7
Good stock	7
Good opening hours	4
Good services	5
Linked to GP	5
Independent	4
Price	3
Choice of different pharmacies	2
Text when prescription is ready	2
Other comments (one answer each)	4

9) How do you travel to the pharmacy? (245 valid responses, 4 responses n/a or user skipped)

Option	%	Number
Walk	**47%**	**115**
Car	36%	87
Public Transport	10%	24
Bicycle	1.5%	4
Someone goes for me/ takes me	1.5%	4
Taxi	1%	3
I don't travel, I utilise a delivery service	1%	3
I don't travel, I use an online pharmacy	1%	2
Wheelchair/ mobility scooter	1%	2
Other	0%	1

Comments (themes)	Number
Uses delivery and collection	1

10) Approximately how long does it take for you to travel to the pharmacy? (244 valid responses, 5 responses n/a or user skipped)

Option	%	Number
Less than 20 minutes	**85%**	**208**
20-30 minutes	11.5%	28
30-40 minutes	1%	2
More than 40 minutes	0%	0
N/A- I don't travel to the pharmacy	2.5%	6

11) Are there any services you would like pharmacies to be able to offer (78 valid responses, 171 n/a or user skipped)

Comments (themes)	Number
No	38
Vaccinations	8
More prescribable medication	6

Comments (themes)	Number
Treatment/consultation for minor illnesses	4
Better opening hours	3
Blood/urine tests	3
Delivery	3
Blister packs	2
Cholesterol testing	2
Pharmacy first	2
Skin tag removal	2
Wound dressing	2
Ear syringing	1
Medication reviews	1
Smoking cessation	1

12) Do you have any other comments that you would like to add regarding services provided by pharmacies in Nottingham City? (68 valid responses, 181 n/a or user skipped)

Comments (themes)	Number
Systemic and funding	12
Positive customer service	10
Negative customer service	9
Negative opening hours	7
Negative stock	7
Role in community	5
Better communication about services	3
Blood tests	2
Negative accessibility	2
Positive vaccinations	2
Prescription waiting time	2
Side effects from drug changes	2
Other comments (one answer each)	5

Appendix E: Consultation stakeholders

Regulation 8 requires the Health and Wellbeing Board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document.

Consultee as required by Pharmaceutical Regulations 2013 Part 2

- Nottingham City Local Pharmaceutical Committee (Community Pharmacy Nottinghamshire).
- Nottingham City Local Medical Committee (Nottinghamshire LMC).
- Pharmacies and Dispensing Appliance Contractors in Nottingham City.[144]
- Healthwatch Nottingham and Nottinghamshire.
- NHS Trust or NHS Foundation Trusts:
    - Nottingham University Hospitals NHS Trust.
    - Nottinghamshire Healthcare NHS Foundation Trust.
- Nottingham and Nottinghamshire ICB.
- Neighbouring Health and Wellbeing Boards (HWB):
    - Nottinghamshire HWB.

Other consultees

- GP practices in Nottingham City.
- Members of the public and patient groups.

[144] Please note there are not LPS contractors or dispensing GP practices in Nottingham City.

Appendix F: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Nottingham City HWB held a consultation on the draft PNA for at least 60 days, from 13 May to 13 July 2025.

The draft PNA was hosted on Nottingham City Council's website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Nottingham City. A range of public engagement groups in Nottingham City, as identified by the Steering Group, were invited to participate in the consultation. Responses to the consultation were possible via an online survey or email. Paper copies and alternative formats were also available under request.

There were in total 22 responses, all of them from the internet survey. Responses received:

- 7 (32%) from members of the public.
- 5 (23%) from pharmacies in Nottingham City.
- 4 (18%) from another organisation in Nottingham City.
- 2 (9%) from Healthwatch or other patient, consumer or community group.
- 1 (4.5%) from Local Pharmaceutical Committee.
- 1 (4.5%) from Local Medical Committee.
- 1 (4.5%) from a neighbouring HWB.
- 1 (4.5%) from an NHS Foundation Trust.

All responses were considered by the PNA Steering Group at its meeting on 29 July 2025 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are included in Appendix G.

From the 22 responses, 17 (77%) agreed with the conclusions of Nottingham City Draft 2025 PNA, three (14%) didn't know/ couldn't say and two (9%) disagreed.

Below is a summary of responses to the specific questions, asked during the consultation. All additional comments received to these questions are listed in Appendix G.

1) In what capacity are you mainly responding? (Answered: 22, Skipped: 0)

Options	Number	%
A member of the public	7	32%
Local Pharmaceutical Committee	1	4.5%
Local Medical Committee	1	4.5%
Pharmacy or dispensing appliance contractor in Nottingham City	5	23%
Healthwatch or other patient, consumer or community group	2	9%
An NHS Trust or NHS Foundation Trust	1	4.5%
NHS England	0	0%
A neighbouring Health and Wellbeing Board	1	4.5%
Other organisation in Nottingham City	4	18%
Other organisation outside Nottingham City	0	0%

If responding on behalf of an organisation, please tell us its name: (Answered: 4, Skipped: 18)

The organisations that identified themselves were:

- Nottingham City Council.
- Nottingham City Care.
- Nottinghamshire County Foundation.
- Public Health.

2) Has the purpose of the pharmaceutical needs assessment been explained? (Please refer to Section 1 in the draft PNA) (Answered: 22, Skipped: 0)

Options	Number	%
Yes	21	95.5%
No	0	0%
I don't know/ can't say	1	4.5%

3) Does the pharmaceutical needs assessment reflect the current provision of *pharmaceutical services* within Nottingham City? (Answered: 22, Skipped: 0)

Options	Number	%
Yes	16	73%
No	3	14%
I don't know/ can't say	3	14%

4) Does the draft pharmaceutical needs assessment reflect the needs of Nottingham City's population? (Answered: 22, Skipped: 0)

Options	Number	%
Yes	16	73%
No	2	9%
I don't know/ can't say	4	18%

5) 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? (Answered: 22, Skipped: 0)

Options	Number	%
Yes	6	27%
No	9	41%
I don't know/ can't say	7	32%

6) 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? (Answered: 22, Skipped: 0)

Options	Number	%
Yes	15	68%
No	4	18%

Options	Number	%
I don't know/ can't say	3	14%

7) Has the pharmaceutical needs assessment provided information to inform how *pharmaceutical services* may be commissioned in the future (within the lifetime of the PNA, which is three years)? (Answered: 22, Skipped: 0)

Options	Number	%
Yes	15	68%
No	4	18%
I don't know/ can't say	3	14%

8) Has the pharmaceutical needs assessment provided enough information to inform future *pharmaceutical services* provision and plans for pharmacies and dispensing appliance contractors? (Answered: 22, Skipped: 0)

Options	Number	%
Yes	13	59%
No	3	14%
I don't know/ can't say	6	17%

9) Are there any *pharmaceutical services* that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted? (Answered: 22, Skipped: 0)

Options	Number	%
Yes	3	14%
No	8	36%
I don't know/ can't say	11	50%

10) Do you agree with the conclusions of the pharmaceutical needs assessment? (Answered: 22, Skipped: 0)

Options	Number	%
Yes	17	77%
No	2	9%
I don't know/ can't say	3	14%

11) Do you have any other comments? (Answered: 7, Skipped or "no comment": 15)

Comments are listed in Appendix G.

Appendix G: Consultation comments

Additional comments received on the consultation survey

The Steering Group thanks all individuals and organisations that has taken the time to read the draft PNA and share their feedback.

Please note comments have been included exactly as submitted to the questionnaire. When a user added the same comment in more than one question, this has only been listed and responded to once. The questions that have not received any additional comments are not listed here. Please also note where a particular pharmacy has been mentioned, this has been replaced by pharmacy*.

Additional comments to **question 3**: Does the Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within Nottingham City? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Local Pharmaceutical Committee	Peak Pharmacy, FM052 offers service AS9- Lateral Flow Device Service	Thank you for your comment. It is included in the list of providers and the section reviewed for the final PNA.
Member of the public	There is no provision for Deaf people who use British Sign Language to be able to talk to a pharmacist about any issues they are having, to question the medication they have been given, ask for advice or guidance or to discuss minor ailments in British Sign Language.	All community pharmacies Nottingham can access interpreting and translation services, made available by the Integrated Care Board (ICB, part of the NHS). These services have been commissioned to support the Accessible Information Standard (2016), which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can access and understand with support, to enhance communication with services. The Health and Wellbeing Board would encourage the pharmacies and commissioners to ensure greater awareness with community pharmacies of this service.

From	Comment	Steering Group response
Local Medical Committee	The information in the PNA is incorrect. Provision for Nottingham City East is underestimated with a current population over 69k patients and recognition that 8 pharmacies are commented as providing an essential service in pharmacy first. This is not correct in terms of patient and practice experience	The figures presented in the PNA for Nottingham City East are based on the most recent and available data at the time of drafting. We recognise that local experience may differ, and we welcome your input to help ensure the assessment is as accurate and representative as possible. The PNA Steering Group also noted that there are pharmacies on the border with Nottingham City East PCN area that resident would have access to as shown in Figure 31 in the PNA (page 79).

Additional comments to **question 4**: Does the draft Pharmaceutical Needs Assessment reflect the need of Nottingham City's population? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	While Section 2 provides a broad and informative overview of Nottingham City's population, including key demographics, deprivation levels, and health challenges, however, it does not explicitly connect health inequalities to pharmacy access and uptake. The PNA includes only 249 survey responses and states this was not representative. To overcome this, no targeted engagement with ethnic minority groups, migrants, digitally excluded or people with disabilities is reported. Focused engagement with communities most likely to be disadvantaged can ensure that the PNA is reflective of the true population needs.	Thank you for your comment on the public engagement. As detailed in Section 5 (page 100), the engagement was promoted and actively distributed with a wide range of groups in Nottingham City, following the PNA guidance. How to further reach specific groups should be considered in the next assessment.

From	Comment	Steering Group response
Local Medical Committee	It has underestimated the need and appears based on flawed data therefore inaccurate	The PNA is based on the most up-to-date and available data at the time of drafting. Based on the information available the assessment concluded sufficient access to pharmaceutical services across Nottingham City.

Additional comments to **question 5**: Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the draft Pharmaceutical Needs Assessment? If you have answered 'Yes', please specify why.

From	Comment	Steering Group response
An NHS trust or NHS foundation trust	I am not sure that the report addresses the reducing numbers of community pharmacies nor the reduction in overall opening times with the reduction in 100 hours contracts. Table 15 shows that some localities have no provision on a Sunday for example	The reduction in community pharmacy numbers, including changes to 100-hour contracts and weekend provision, is noted and discussed in the PNA. When determining provision and access neighbouring localities and HWB areas have been considered.
Local Medical Committee	Sunday provision. Palliative care provision. Universal pharmacy first provision, EHC and chlamydia testing and treatment.	For the purpose of this PNA, essential and the Pharmacy First Service were considered necessary services and overall access to these was found to be adequate. Services such as emergency hormonal contraception and chlamydia testing are included in the PNA but fall outside the definition of necessary services. Their commissioning is determined locally, based on identified need and available funding. National services are also being revised, as explained in Section 1.3 (pages 20-21).

From	Comment	Steering Group response
Member of the public	No access for Deaf BSL users, very limited understanding by most pharmacies of the needs of the Deaf BSL population in Nottingham and Nottinghamshire - training on Deaf Awareness would ensure staff have a better understanding of their needs	All community pharmacies in Nottingham can access interpreting and translation services, made available by the Integrated Care Board (ICB, part of the NHS). These services have been commissioned to support the Accessible Information Standard (2016), which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can access and understand with support, to enhance communication with services. The Health and Wellbeing Board would encourage the pharmacies and commissioners to ensure greater awareness with community pharmacies of this service.
Member of the public	I live in east Leake. It is going to be a nightmare to travel to. So of any medications I'd need would be better coming from my local pharmacy	The PNA recognises the importance of local access to necessary pharmacy services. Travel challenges and patient preferences for using local pharmacies are noted and considered in the assessment of geographical access. Residents do have access to distance selling pharmacies which are required to offer services throughout England. To note pharmacies in East Leake are considered in the Nottinghamshire County 2025 PNA, which will be publicly available from September 2025.

From	Comment	Steering Group response
Member of the public	Although out of hours pharmacy is mentioned, in reality accurate information about what is available is flawed. I visited 3 out of office pharmacies before eventually ending up at pharmacy*. The other two although marketing as midnight pharmacies were closed. Thankfully I had a car. This would have been a hugh barrier and cost for people without means to travel around Nottingham. More accurate publicity about out of office pharmacy reflecting opening and closing times please.	Out-of-hours information in the PNA was accurate at the time of writing, based on contracted and notified supplementary hours. Pharmacies are required to open during their contracted hours and must inform the ICB of any changes to supplementary hours. This is part of the assurance framework run by the ICB. We acknowledge that discrepancies can still occur and recognise the importance of clear, up-to-date public information. The opening hours for your local pharmacies and what services they provide can be found at Find a pharmacy - NHS or in Appendix A. If you have specific concerns, these can be raised through the website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/.

Healthwatch or other patient, consumer or community group	1. Despite technical opening hour coverage, practical access remains a barrier for working people, carers and digitally excluded groups, as discovered in the Healthwatch Nottingham & Nottinghamshire (HWNN) Community Pharmacy Hot Topic Report, based on patient feedback (https://hwnn.co.uk/report/2025-02-13/community-pharmacy-hot-topic). This can be considered as an gap in access. 2. Unity PCN has only 2 pharmacies (7.4 per 100,000), far below the city average (17.7) and the national average (18.1). This needs to be formally recognised in the recommendations of the PNA as a gap. 3. The PNA recognises that the public survey was not demographically representative, and the lack of demographic analysis undermines confidence that needs of various ethnicities, disabled or non-English speaking residents are met, especially given the diverse population of the city. The demographic cross-tabulations in the HWNN report has revealed that vulnerable groups are disproportionately affected. 4. HWNN also found that many residents don't understand what services pharmacies offer beyond dispensing, which can act as a de facto access barrier. We recommend a patient-led communications strategy, co-designed with community groups, to raise awareness and promote uptake in key communities. This can prove valuable for smoking cessation services which are recommended in the PNA as well.	Thank you for your comment and this is acknowledged within the PNA. It should also be noted that the majority of respondents for the Healthwatch survey were from the Rushcliffe area, which is outside of the City, and not fully reflective of the sociodemographic of Nottingham City. The PNA acknowledges the lower number of pharmacies within Unity PCN however access was considered by the group as adequate due to the pharmacies in close proximity in Nottinghamshire and in other localities within Nottingham City. The Health and Wellbeing Board would encourage local stakeholders to review how best to support access to vulnerable groups.

Additional comments to **question 6**: Has the draft Pharmaceutical Needs Assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Member of the public	Because I am not going all around Nottingham for medication. They can be sent to my house or my local pharmacy that would make more sence	You are able to nominate a pharmacy for your prescription to be sent electronically directly by your doctor practice. Please enquire with your GP practice or pharmacy. Some community pharmacies offer a delivery service, and online pharmacies are available and can deliver medicines directly to patients' homes.
Healthwatch or other patient, consumer or community group	While the PNA meets regulatory requirements for market entry decisions, we believe it overlooks lived experience gaps that disproportionately affect deprived and minority communities. The 'no gap' conclusion could be revisited with a more inclusive lens for areas of low pharmacy density, new housing developments and communities that face various barriers in access.	Population and population growth which includes housing has been considered as part of this PNA. The PNA does meet regulatory requirements however the Health and Wellbeing Board acknowledges Healthwatch's concerns and would invite a discussion to see how best local commissioners can support.

Additional comments to **question 7**: Has the draft Pharmaceutical Needs Assessment provided information to inform how pharmaceutical services may be commissioned in the future (within the lifetime of the PNA which is three years? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Member of the public	This is a through document and probably relevant for today. However in light of the Govt 10 Year Health Plan (delivery details yet to be revealed) I'm wondering about the impact this may have?	The impact will need to be considered and if required re-assessment will be considered.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	While the PNA references opportunities for service development, it lacks a commissioning strategy that targets health inequalities. We recommend setting clear, measurable commissioning priorities co-produced with local communities, particularly in areas with low service uptake or high deprivation.	This document is not intended to be a commissioning strategy as its main purpose is for market entry use. The Health and Wellbeing Board would encourage a parallel workstream to look at how best the current community pharmacy network could better support the local community.

Additional comments to **question 8**: Has the draft Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	Provision across PCNs is described, but only in terms of current service availability, not future service needs or anticipated demographic shifts. The PNA should provide more robust, forward-looking analysis to guide future provision. For example, it should identify areas where projected population growth or current under-provision (e.g. Unity PCN or for DAC services) justifies planning for new or extended services. To plan equitably for the next three years, the PNA should incorporate community feedback (especially from disabled and older people) on access to appliances and identify any unmet needs not captured by contractor numbers alone.	The PNA has considered current and future need based on the essential services which have been deemed necessary and the Pharmacy First Advanced Service. The PNA will be reviewed in light of the comments received and reviewed and finalised as agreed by the steering group.

Additional comments to **question 9**: Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA which is three years) that have not been highlighted? If you have answered 'Yes', please specify why.

From	Comment	Steering Group response
Local Medical Committee	Direct prescription collection from hospital based electronic prescription for patient services.	Thank you for your comment however currently this sits outside of the scope of the PNA process.
Pharmacy or DAC contractor in Nottingham City	Pharmacist Independent prescribing NHS services.	Currently the essential services and the Pharmacy First Advanced service do not require independent prescribers. Therefore, currently for what has been designated necessary, this does not affect current or future provision of services. However, this is a transformative time in pharmacy with all graduates from Sept 2026 emerging as independent prescribers. The Health and Wellbeing Board would encourage local stakeholders to discuss and maximise the opportunity.
Member of the public	A central hub which has accessible services for Deaf patients, information in BSL and access to BSL interpreters	All community pharmacies in Nottingham can access interpreting and translation services, available by the Integrated Care Board (ICB, part of the NHS). These services have been commissioned to support the Accessible Information Standard (2016), which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can access and understand with support, to enhance communication with services. The Health and Wellbeing Board would encourage the pharmacies and commissioners to ensure greater awareness with community pharmacies of this service.

Additional comments to **question 10**: Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Local Medical Committee	As previous comments. Based on inaccurate data therefore not accurate	The PNA is based on the most up-to-date and available data at the time of drafting.
Healthwatch or other patient, consumer or community group	This has already been detailed under various sections above	Noted. Thank you for your comment.

Additional comments to **question 11**: Do you have any other comments?

From	Comment	Steering Group response
Pharmacy or DAC contractor in Nottingham City	- Mention of significant volume of homes to be developed in upcoming years will add significant strain to pharmacy provision. Need to ensure further review and action is taken into consideration in a timely manner - Boots opening hours are incorrectly listed on p137 e.g. Sunday 09:00-16:30 - Boots FFJ48 has since been sold.	The list of pharmacies has been verified with the information available at the time of writing. The Health and Wellbeing Board will review any updates to the pharmacy list and publish a supplementary statement if required.
Local Medical Committee	This has been created without informing, consulting or engaging with PCNs or practice level engagement for healthcare.	The final draft welcomes your comments during the consultation and would welcome the Local Medical Committee to be part of the steering group for future PNAs to ensure further engagement with PCNs and practices is embedded into the process.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	Shortage of medicines and poor communication between GP surgeries and dispensing pharmacies is the most common negative feedback we receive from clients. Also a high willingness to seek medical advice from pharmacies but lack of clarity on which pharmacies can do this and what conditions they can advise on.	Medicine shortages are a national issue however out of scope of the PNA process. The HWB would encourage local stakeholder to improve communication to support patients and avoid the negative experience currently described. This PNA lists what services are currently available at the time of writing however residents should also be directed to https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy/
Pharmacy or DAC contractor in Nottingham City	Peak Pharmacy - FM052 on page 137 - offers the service - AS9 – Lateral Flow Device Service	Thank you for your comment. It is included in the list of providers and the details in Appendix A reviewed for the final PNA.
Member of the public	Nottingham is to far. I live near Loughborough so it would make more sence for any medication to be sent to my local pharmacy please	You can nominate a pharmacy for your prescription to be sent electronically directly by your doctor practice. Please enquire with your practice or pharmacy. Some community pharmacies offer a delivery service, and online pharmacies are available and can deliver medicines directly to patients' homes.
Member of the public	See my comment about out of hours pharmacy and access.	Noted. Thank you for your comment.

From	Comment	Steering Group response
Neighbouring Health and Wellbeing Board	I have conducted a light touch review on behalf of Nottinghamshire Health & Wellbeing Board to identify any conflicts with the Nottinghamshire PNA or issues that could impact on the Nottinghamshire population that live near the border. Although the fall in the rate of community pharmacies by 100,000 of population is concerning, I am satisfied with the evidence presented that concludes that there are no gaps in provision within the scope of the PNA.	Noted. Thank you for your comment.