Nottinghamshire County Council

Soar Beyond
Innovation in Healthcare

Pharmaceutical Needs Assessment 2025

Nottinghamshire Health and Wellbeing Board

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Important regulatory updates from March 2025 have been added in April 2025 for information only. Changes as part of the PNA process have been included in August 2025 for the final document.

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[1] Open Street. Copyright and License. [Accessed February 2025] https://www.openstreetmap.org/copyright

Abbreviations

AF	Atrial Fibrillation
AS	Advanced Service
AUR	Appliance Use Review
BSA	Business Services Authority
COPD	Chronic Obstructive Pulmonary Disease
CP	Community Pharmacy
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
Disp	Dispensing GP practicea
DMS	Discharge Medicines Service
DRUM	Dispensing Review of Use of Medicines
DSP	Distance Selling Pharmacy
DSQS	Dispensing Services Quality Scheme
EHC	Emergency Hormonal Contraception
ES	Essential Service
GP	General Practitioner
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
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Need Assessment
LARC	Long-Acting Reversible Contraception
LAS	Local Authority-commissioned Service
LCS	Locally Commissioned Service
LE	Life Expectancy
LES	Local Enhanced Service

LFD	Lateral Flow Device
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower-layer Super Output Areas
LTC	Long Term Condition
LVSD	Left Ventricular Systolic Dysfunction
NCC	Nottinghamshire County Council
NES	National Enhanced Service
NHS	National Health Service
NHSE	NHS England
NMS	New Medicine Service
NPA	National Pharmacy Association
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PAD	Peripheral Arterial Disease
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
SCS	Smoking Cessation Service
STI	Sexually Transmitted Infection
STIA	Stroke and Transient Ischaemic Attack

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 Nottinghamshire was published in September 2022 and has been kept up to date with supplementary statements reflecting changes in provision. This 2025 PNA for Nottinghamshire HWB meets the regulatory requirement by being published within three years.

Aim, objectives and methodology

The aim of the 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 Nottinghamshire County 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

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 Nottinghamshire, 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 (Disp):** refers to General Practitioners (GPs) who are allowed to dispense the medicines they prescribe for their patients.

NHS pharmaceutical services refer 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 behaviours.
- **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 directly 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.

Nottinghamshire the place

Nottinghamshire is a county in the East Midlands. It borders with South Yorkshire, Lincolnshire, Leicestershire and Derbyshire, with Nottingham City HWB in the centre of it.

It is well connected with public transport and road networks being connected to the north and south via the M1 and A1. The county has a mix of rural and urban classifications, with Ashfield and Broxtowe being quite urban and Bassetlaw, Rushcliffe and Newark being predominantly rural.

- **The population**

Nottinghamshire has a population of 844,494, of which 88.42% is White British, 4.59% is White Other, 2.98% is Asian, 2.07% is Mixed Ethnicity, 1.2% is Black and 0.74% other ethnicity. All Nottinghamshire districts have a higher proportion of White ethnicities, and a lower proportion of all other ethnicities, compared to the East Midlands and England.

- **Health inequalities**

Index of Multiple Deprivation (IMD) data (2019) shows that Nottinghamshire is ranked 101 out of 151 upper tier local authorities across the whole of England, where 1 is the most deprived and 151 is the least deprived.[2] Deprivation is highest in the northwest and west of the county, the east has moderate levels of deprivation, and the south of the county has the lowest level of deprivation. In Nottinghamshire there are 31 Lower-layer Super Output Area (LSOAs), out of which 10 LSOAs are concentrated in the most deprived localities.

- **Health of Nottinghamshire**

The data collected about the population in Nottinghamshire highlighted some health challenges, which present opportunities for embedding national CPCF, enhanced and local services.

- Life expectancy varies across the county, generally being lower in the North and higher in the South (Rushcliffe).
- The period spent in poor health is longer for females than males and exceeds the national average for both sexes.
- Childhood obesity is an issue and two in three adults are overweight or obese.
- At least 10% of adults are smokers in Nottinghamshire.
- Flu vaccination: Nottinghamshire coverage is generally higher than England but still a key area of focus.
- The prevalence of long-term conditions in Nottinghamshire is generally higher than the England average across most disease areas.

Community Pharmacy access

Since the last Nottinghamshire PNA, the number of community pharmacies has gone from 163 in 2022 to 157 in 2025. In Nottinghamshire there are 18.6 community pharmacies per 100,000 of population, which is higher than the England average of 18.1. To note the England average has decreased from 20.6 community pharmacies per 100,000.

At the time of writing the PNA, it was noted that community pharmacies on the borders the HWBs of South Yorkshire, Lincolnshire, Leicestershire, Derbyshire and Nottingham City also provide access to community pharmacy services for Nottinghamshire residents.

[2] 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

Community pharmacies (which include distance selling pharmacies) and dispensing doctor practices are well distributed across the seven localities, with 88.9% of the residents within a 20-minutes walking distance to a pharmacy, and 100% within a 20-minutes journey by private transport.

- **Access to other pharmaceutical services**

In Nottinghamshire there are 14 dispensing doctor practices which provide access to pharmaceutical services in mainly rural areas.

- **Community pharmacy market**

The PNA steering group has noted the current pressures facing community pharmacy due to financial issues and medicine shortages. This is a national issue which have led to numerous closures nationally and locally in Nottinghamshire. However, despite this, Nottinghamshire still has more community pharmacies per 100,000 population than the England average.

However, 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 within local districts. 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 Nottinghamshire. There was a total of 1,059 responses; however, it should be noted that this number is not fully representative of the population across Nottinghamshire.

- Demographics: Majority female (70%), aged 55-74, 61% disabled, 96% White.
- Pharmacy visits: 95% use a local pharmacy, with most visiting monthly.
- Reasons for visits: 87% collect prescriptions, 53% buy medicine, 41% seek advice.
- Choosing a pharmacy: Key factors: medication availability, service quality, location.
- Access: 87% reach a pharmacy within 20 minutes

Adequacy of pharmaceutical services in Nottinghamshire

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 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, Nottinghamshire HWB has agreed that Necessary Services are 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 Nottinghamshire, and are commissioned by the ICB or the local authority, rather than NHSE.

There are 157 community pharmacies (including seven DSPs) in Nottinghamshire, all of which provide the Essential Services as per the current CPCF, and 97% have signed up to provide the Pharmacy First service, demonstrating very good access of the Necessary Services across Nottinghamshire.

Patients living in more rural areas have access to the seven DSPs as well as 14 dispensing doctor practices to access pharmaceutical services.

This Nottinghamshire 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 Nottinghamshire.

Nottinghamshire County 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 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 specific future (next three years) circumstances across Nottinghamshire to meet the needs of the population.

Although there are no gaps for the purpose of market entry decisions, opportunities exist to strengthen the reach and impact of community pharmacy services, particularly in more deprived and rural areas where health outcomes may be poorer. There is scope to improve public understanding and engagement with pharmacy services, including locally commissioned services. Targeted efforts could focus on addressing variation in service uptake across districts. Expanding access to interpretation services and tailoring communication approaches for diverse communities would also support equitable access and improved health outcomes across the county.

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 Integrated Care Boards (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 behaviours, 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 change 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 with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (hereafter referred to as PLPS).

The PLPS (SI 2013/349),[3] 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 statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The PLPS outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during COVID-19 pandemic and PNAs were published by October 2022

This document should be revised within three years of its previous publication. The last PNAs for Nottinghamshire HWB was published in September 2022.

This PNA for Nottinghamshire HWB fulfils this regulatory requirement.

[3] 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 **Integrated Care Boards (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**[4] – 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)[5] and Healthwatch.[6] Both highlighted the current rate of **store 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.[7]

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

[5] 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/

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

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

- **Pharmacy First Service[8] –** The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates 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 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[9]** requirements were updated from 1 December 2023 and 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 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.

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

[9] 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 children aged two and three years old, will be trialled as an Advanced Service for one season from October 2025.[10]
- Smoking Cessation Service will have Patient Group Directions (PGDs) introduced to enable 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 other Joint Strategic Need Assessment (JSNA) products. The JSNA is available on the Nottinghamshire Insight website[11] and is updated regularly and informs their Health and Wellbeing Strategies.

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’.

[10] 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/

[11] Nottinghamshire County Council. Nottinghamshire Insight. [Accessed February 2025] https://nottinghamshireinsight.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 Nottinghamshire, 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 both those located within the Nottinghamshire HWB areas as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as DSPs.

There are 10,436 community pharmacies in England in January 2025 at the time of writing (this includes DSPs).[12] 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 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.[13] 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 Nottinghamshire will receive pharmaceutical services from a DSP outside Nottinghamshire.

Figures for 2023-24 show that in England there were 409 DSPs,[14] 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.

[12] 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

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

[14] 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 may be over and above what is required from national contract. Payment for service delivery is locally agreed and funded.

1.5.1.4 NHS Pharmaceutical services

The CPCF, last agreed in 2019,[15] 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 Nottinghamshire.

1.5.1.4.1 Essential Services (ES)[16]

Nottinghamshire 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.

[15] Department of Health and Social Care (DHSC). Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed February 2025] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

[16] 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 behaviours**) – 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 a 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)[17]

Advanced Services (AS) 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 pharmacy in Nottinghamshire has 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 Nottinghamshire 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 improve 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 on-going supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and on-going 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.
- **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.

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

- **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)[18] are those directly commissioned by 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.

- **NES1: COVID-19 vaccination service:** This service is provided from selected community pharmacies who 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.

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

- **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[19]

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 Nottinghamshire, 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.

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.

[19] 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

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[20] 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

There are five other HWBs that border Nottinghamshire:

- Nottingham City.
- South Yorkshire.
- Lincolnshire.
- Leicestershire.
- Derbyshire.

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

1.6 Process for developing the PNA

Nottinghamshire 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 Nottinghamshire was published in September 2022 and is therefore due to be reassessed and published by September 2025.

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

Public Health in Nottinghamshire County Council (NCC) has a duty to complete this document on behalf of the Nottinghamshire HWB. Soar Beyond Ltd was commissioned to undertake the Nottinghamshire PNA due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- **Step 1: Project set up** and governance established between NCC Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 11 October 2024, Nottinghamshire PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed 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 1,059 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 a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. There were 33 responses to this questionnaire. Due to the low response rate, the Steering Group agreed for these not to be included in the PNA. The steering group would like to acknowledge the 33 who did contribute.
- **Step 5c**: **Dispensing practice questionnaire** – A questionnaire was agreed and distributed to all dispensing practices across Nottinghamshire. There were five responses to this questionnaire. Due to the low response rate, the Steering Group agreed for these not to be included in the PNA. The steering group would like to acknowledge the five 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 defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish 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 were 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 Nottinghamshire geography would be defined.

The steering group considered the seven local districts for data analysis. These districts provide a clear and manageable framework for collecting and analysing data on pharmaceutical services. The steering group agreed that this approach was appropriate for the PNA process.

The localities used for the PNA for Nottinghamshire are identical to those used in the 2022 PNA:

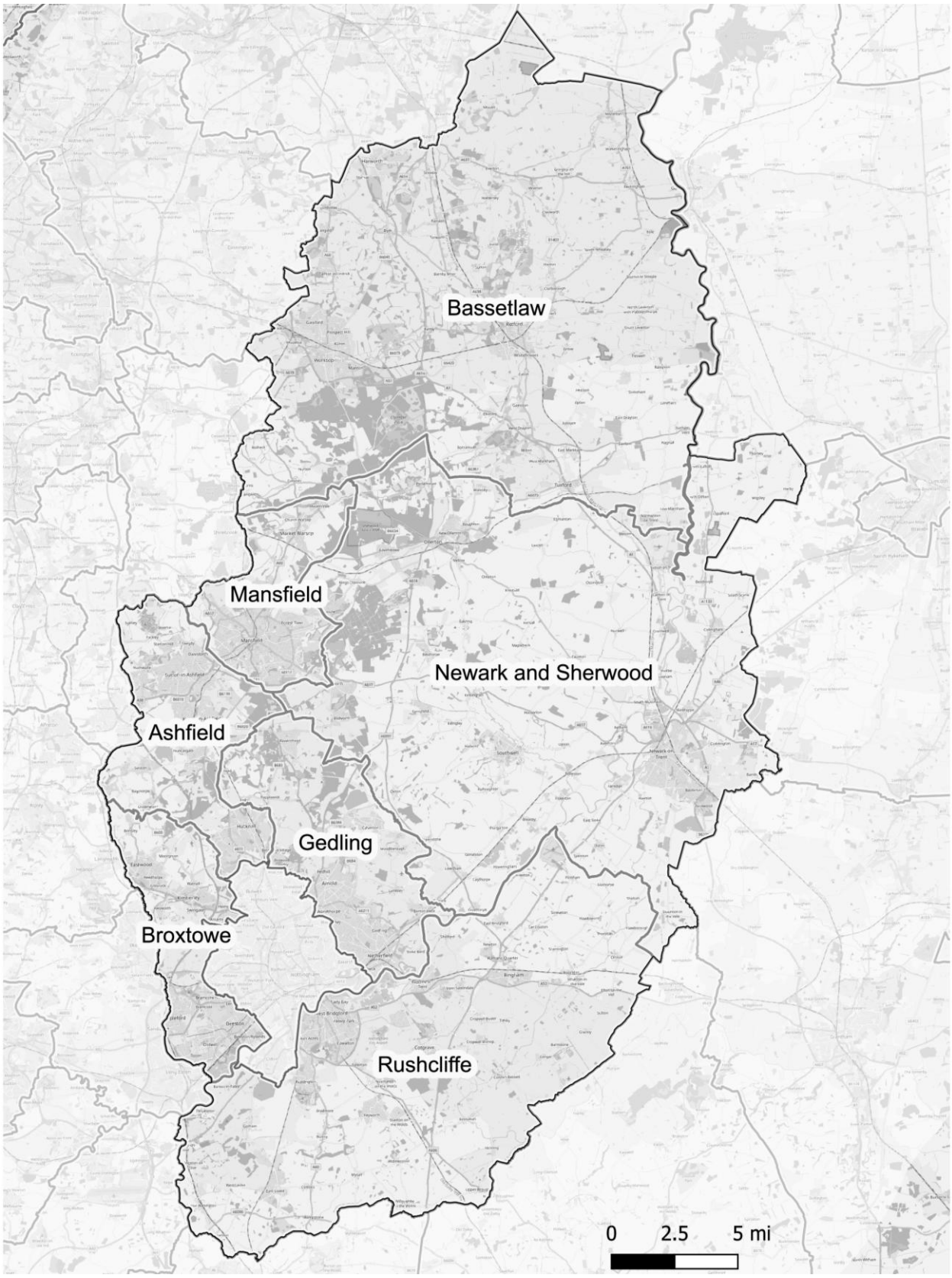
- Ashfield.
- Bassetlaw.
- Broxtowe.
- Gedling.
- Mansfield.

- Newark and Sherwood.
- Rushcliffe.

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

The information contained in Appendix A has been provided by 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 Nottinghamshire HWB area



Section 2: Context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the Joint Strategic Needs Assessment (JSNA) of the local area. The plans for meeting the needs identified in the JSNA are contained in the Joint Health and Wellbeing Strategy (JHWS).

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.[21] 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 focussed 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).

[21] NHS. NHS Long Term Plan. [Accessed February 2025] www.longtermplan.nhs.uk/

2.2 Core20PLUS5

Core20PLUS5 is a national NHS England (NHSE) approach to support the reduction of health inequalities at both national and ICS level.[22] The targeted population approach focuses on the most deprived 20% of the national population (Core20) as identified by the Index of Multiple Deprivation and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access (PLUS). Additionally, there are five (5) key clinical areas:

- Maternity.
- Severe mental illness.
- Chronic respiratory disease.
- Early cancer diagnosis.
- Hypertension case-finding.

2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan[23] 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 aging 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.[24]

[22] NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed February 2025] www.england.nhs.uk/about/equality/equality-hub/core20plus5/
[23] Change NHS. The three shifts. [Accessed February 2025]. https://change.nhs.uk/en-GB/projects/three-shifts
[24] 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[25] 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"[26] 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).

Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of people in Nottinghamshire, and the evidence base about what works to address these needs. It is a statutory responsibility of the Health and Wellbeing Board and Integrated Care Board which enables evidenced based decision making and planning.

The benefits of the JSNA include:

- Highlighting inequalities and the actions required to reduce them.

[25] NHSE. Neighbourhood health guidelines 2025/26. [Accessed February 2025] https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/

[26] Integrated Care Systems Network NHS Confederation. Strategic commissioning. [Accessed February 2025] https://www.nhsconfed.org/system/files/2025-03/Pioneers-of-reform-summary.pdf

- Facilitating partnership working by combining different professional and organisational perspectives to support a holistic view of individuals, families and communities and provide new insights.
- Identifying and sharing information about local community assets to support commissioners and providers in developing community resilience.
- Enabling commissioners to identify priorities for action based on the balance of different needs.

The Nottinghamshire JSNA is publicly available through Nottinghamshire Insight,[27] covering the range of factors which influence health and wellbeing.

2.7 Joint Health and Wellbeing Strategy (JHWS)

One of the statutory functions of the Health & Wellbeing Board is to produce a Joint Health and Wellbeing Strategy (JHWS) for Nottinghamshire, informed by the JSNA, that identifies the current and future Health and Wellbeing needs of the local population. Together with the JSNA, the Joint Health and Wellbeing Strategy identifies the priorities the Board will pursue to fulfil its statutory duty to improve the health and wellbeing of residents and reduce health inequalities in Nottinghamshire.

Nottinghamshire County's third JHWS[28] has been developed in a national context of reduced healthy life expectancy in some communities, increasing health inequalities and global climate change.

Addressing these challenges is more important than ever and improving people's health and wellbeing will require joint working to enable everyone to prosper in their communities and remain independent in later life. It involves addressing factors which make a big contribution to good health; things like a healthy diet for everyone, somewhere to live that is safe, ensuring every child gets the best start in life, as well as the role that tobacco and harmful drinking plays in eroding wellbeing and increasing inequalities. It also involves improving the way services join up across Nottinghamshire to achieve our vision to enable everyone to live healthier and happier lives.

The four ambitions of the JHWS are:

- Give every child the best chance of maximising their potential.
- Create health and sustainable places.
- Everyone can access the right support to improve their health.
- Keep our communities safe and healthy.

[27] Nottinghamshire Insight. [Accessed February 2025] https://nottinghamshireinsight.org.uk/research-areas/jsna/

[28] Nottinghamshire County's third JHWS. [Accessed February 2025] https://www.nottinghamshire.gov.uk/media/4350014/nottinghamshirejointhealthwellbeingstrategy2022-2026.pdf

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[29] 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.
2. Guiding principles:
    - Emphasize 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 Population

2.9.1 Population overview

The estimated mid-2023 population of Nottinghamshire is 844,494. This is shown by locality in Table 2 below.

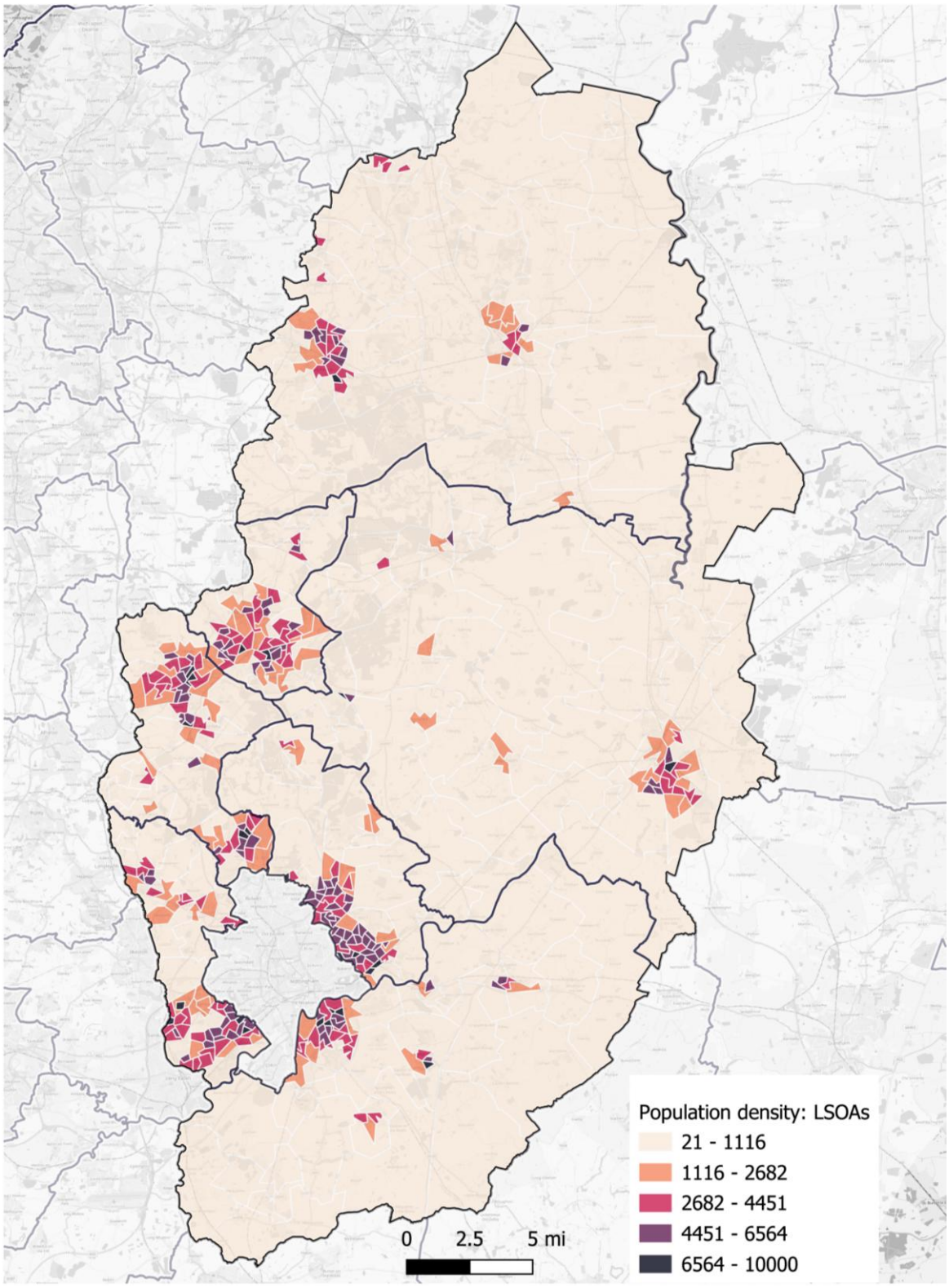
Table 2: Total population per locality in Nottinghamshire

Area	Female	Male	Persons
Ashfield	65,630	62,730	128,360
Bassetlaw	61,744	60,542	122,286
Broxtowe	57,953	55,219	113,172
Gedling	61,085	57,478	118,563

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

Area	Female	Male	Persons
Mansfield	56,903	55,188	112,091
Newark and Sherwood	64,140	62,028	126,168
Rushcliffe	63,046	60,808	123,854
Nottinghamshire	**430,501**	**413,933**	**844,494**

Figure 2: Map of population density in Nottinghamshire (persons per square km)



2.9.2 Age and sex

Compared to England, Nottinghamshire has lower proportions of both males and females aged 15 to 49 years. For the ages 0 to 14 years, Nottinghamshire has similar proportions to England for both males and females. Nottinghamshire has a higher proportion aged 50 or older than England for males and females.

Ashfield exceeds Nottinghamshire in the proportion of 25 to 39-year-olds, with similar proportions to England. Other age groups have similar representation to Nottinghamshire.

Bassetlaw males aged 50 years or older exceed the proportion of both Nottinghamshire and England; females exceed Nottinghamshire for ages 50 to 64 years. Bassetlaw has a lower proportion of 20-24 years (both sexes) and females aged 15 to 19 years compared to England and Nottinghamshire.

Broxtowe has a very similar population distribution as Nottinghamshire as a whole, apart from the ages of 20-24 years (likely due to the student populations).

In Gedling, females aged 30-44 years exceed the proportion in Nottinghamshire. For both male and females Gedling is underrepresented in the 20 to 24-years age groups.

Mansfield has a higher proportion of 0-14 years (both sexes) than in Nottinghamshire. There is also a higher proportion of 25-44 years (both sexes) and females aged 55-79 years compared to the County.

Newark and Sherwood have a slightly higher proportions of people aged 50 or older compared to Nottinghamshire. Females aged 20-49 years old are slightly underrepresented compared to Nottinghamshire.

Rushcliffe has a higher proportion of 50+ year olds than Nottinghamshire overall. There is a slightly lower proportion of 20 to 24-year-olds than the County as a whole; there is also a lower proportion of females aged 25 to 29 than Nottinghamshire.

2.9.3 Predicted population growth

The number of residents in Nottinghamshire is predicted to increase by 7.59% between 2025 and 2040.

Rushcliffe has the highest expected growth in this time frame (10.37%). Broxtowe has the lowest growth rate; 5.89% between 2025 and 2040.

Ashfield has the largest population and has the second highest percentage projected increase to 2040 of 9.39%.

Table 3: Percentage change of population projection between given years per locality in Nottinghamshire

Area	2025-2028	2025-2030	2025-2037	2025-2040
Ashfield	2.94%	3.43%	7.64%	9.39%
Bassetlaw	2.26%	2.64%	5.68%	6.95%
Broxtowe	1.81%	2.12%	4.79%	5.89%

Area	2025-2028	2025-2030	2025-2037	2025-2040
Gedling	1.81%	2.14%	4.93%	6.15%
Mansfield	1.83%	2.21%	5.19%	6.51%
Newark and Sherwood	2.35%	2.74%	6.02%	7.42%
Rushcliffe	3.35%	3.96%	8.62%	10.37%
Nottinghamshire	**2.36%**	**2.77%**	**6.17%**	**7.59%**

2.9.4 Number of households

The Census 2021 estimates that there were 357,122 households in Nottinghamshire on 21 March 2021. Ashfield had the highest number of households (54,508), Mansfield the lowest (48,030).

Table 4: Number of households per locality in Nottinghamshire

Area	Number of households
Ashfield	54,508
Bassetlaw	51,458
Broxtowe	48,361
Gedling	51,551
Mansfield	48,030
Newark and Sherwood	53,331
Rushcliffe	49,883
Nottinghamshire	**357,122**

2.9.5 Household projections

The Office for National Statistics (ONS) published the projected number of households in June 2020. These projections suggested that between 2024 and 2028 Rushcliffe locality will experience the highest increase in the number of households (4.2%) and Gedling and Broxtowe localities the lowest increase (2.5%).

It is important to note that these projections were based on the 2018-based population projections and as such do not align to the 2021 Census or account for mandatory housing targets announced in July 2024.[30]

[30] Housing targets increased to get Britain building again - GOV.UK [Accessed February 2025] https://www.gov.uk/government/news/housing-targets-increased-to-get-britain-building-again

2.9.6 Projected housing completions

Local Plans detail local authorities' priorities for the development and use of land, including housing. These Plans include the projected number of housing completions for each Borough and District in Nottinghamshire. Data from the most recent adopted or draft local plans suggest between 2024 and 2028, Rushcliffe is expected to have the highest number of housing completions (4,226), followed by Bassetlaw (2,242), while Ashfield has the lowest (880). Across Nottinghamshire, a total of 14,132 housing completions are projected. As noted above, the UK Government announced the reintroduction of mandatory housing targets in July 2024. These are likely to mean an increase in expected new builds across Nottinghamshire when detailed allocations are published.

Table 5: Projected housing completions per locality

Area	2024/25	2025/26	2026/27	2027/28	Total up to 2028
Ashfield	245	230	237	168	880
Bassetlaw	779	576	449	438	2,242
Broxtowe	352	480	502	435	1,769
Gedling	578	456	401	355	1,790
Mansfield	351	450	435	416	1,652
Newark and Sherwood	393	392	447	341	1,573
Rushcliffe	1,116	1,022	989	1,099	4,226
Nottinghamshire	**3,814**	**3,606**	**3,460**	**3,252**	**14,132**

2.9.7 Car or van availability

The 2021 census data indicate that the percentage of households who have access to a car or van is 81.7% in Nottinghamshire, compared to 80.9% East Midlands and 76.5% in England.[31] Furthermore, all districts in Nottinghamshire have over 75% households with access to a car or van, with the lowest -Mansfield- having 78% and Rushcliffe -the highest- with 87%.

Table 6: Percentage of households across Nottinghamshire with access to at least one car or van

Area	Households with access to at least one car or van
Ashfield	79.5%
Bassetlaw	82.8%
Broxtowe	80.1%
Gedling	81.1%

[31] 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

Area	Households with access to at least one car or van
Mansfield	78.1%
Newark and Sherwood	83.8%
Rushcliffe	86.5%
Nottinghamshire	81.7%
East Midlands	80.9%
England	**76.5%**

2.9.8 Travel to work

The latest data about travel to work are in the 2021 Census, which was carried out during the COVID-19 pandemic, when working patterns changed significantly. The effect of these changes has continued beyond the pandemic, especially with regards to hybrid working from home and/or a workplace. We can find no local data to quantify the effect of these changes after 2021 and the scale of change is likely to vary by industry and occupation. For reference, a summary of the Census 2021 data is included below.

- In March 2021, 31.5% of Nottinghamshire residents who were working did so mainly from home. By locality this varied from 48.6% in Rushcliffe to 20.2% in Mansfield.
- 43.4% of working people travelled less than 10km to work in Nottinghamshire. The highest proportion by locality was in Mansfield (54.8%), the lowest in Rushcliffe (29.1%).
- 25.1% of people working travelled more than 10km to work across Nottinghamshire. By locality the highest proportion was in Bassetlaw (35.8%), the lowest in Gedling (16.6%).

2.9.9 Ethnicity

The Nottingham and Nottinghamshire JSNA provides the ethnicity breakdown by county and locality. The County has a population of 357,122 out of which 88.42% is White British, 4.59% is White other, 2.98% is Asian, 1.21% is Black and 2.81% is mixed and other ethnicities. All Nottinghamshire Districts have a higher proportion of White ethnicities, and a lower proportion of all other ethnicities, compared to the East Midlands and England. Ashfield, Mansfield, Bassetlaw and Newark and Sherwood all have over 95% White ethnic population. The south Nottinghamshire Districts (Broxtowe, Gedling and Rushcliffe) have a 4-6% Asian ethnic population and a 3-4% of Mixed\multiple ethnic populations. Black ethnicities make up 1-2% of the whole County's ethnic mix.

2.9.10 Gypsy and Irish Travellers

A total of 780 usual Nottinghamshire residents identified as Gypsy or Irish Traveller in the 2021 Census. Newark and Sherwood had the highest number of Gypsy/ Irish traveller residents (350 in total), many of whom live at permanent site in Newark. A total of 140 Bassetlaw residents identified as Gypsy or Irish Traveller, and 100 in Mansfield. All other localities had counts of 70 or fewer.

2.9.11 Religion

Census 2021 data show that:

- Christianity is the main stated religion across all localities; highest in Bassetlaw at just over 55% and lowest in Ashfield and Broxtowe at 42%.
- In the south of the County around 2% state their religion as Muslim, 1.6% in Rushcliffe and 1.1% in Broxtowe state their religion as Hindu.
- Other religions make up less than 1% of stated religions.

2.9.12 Household languages

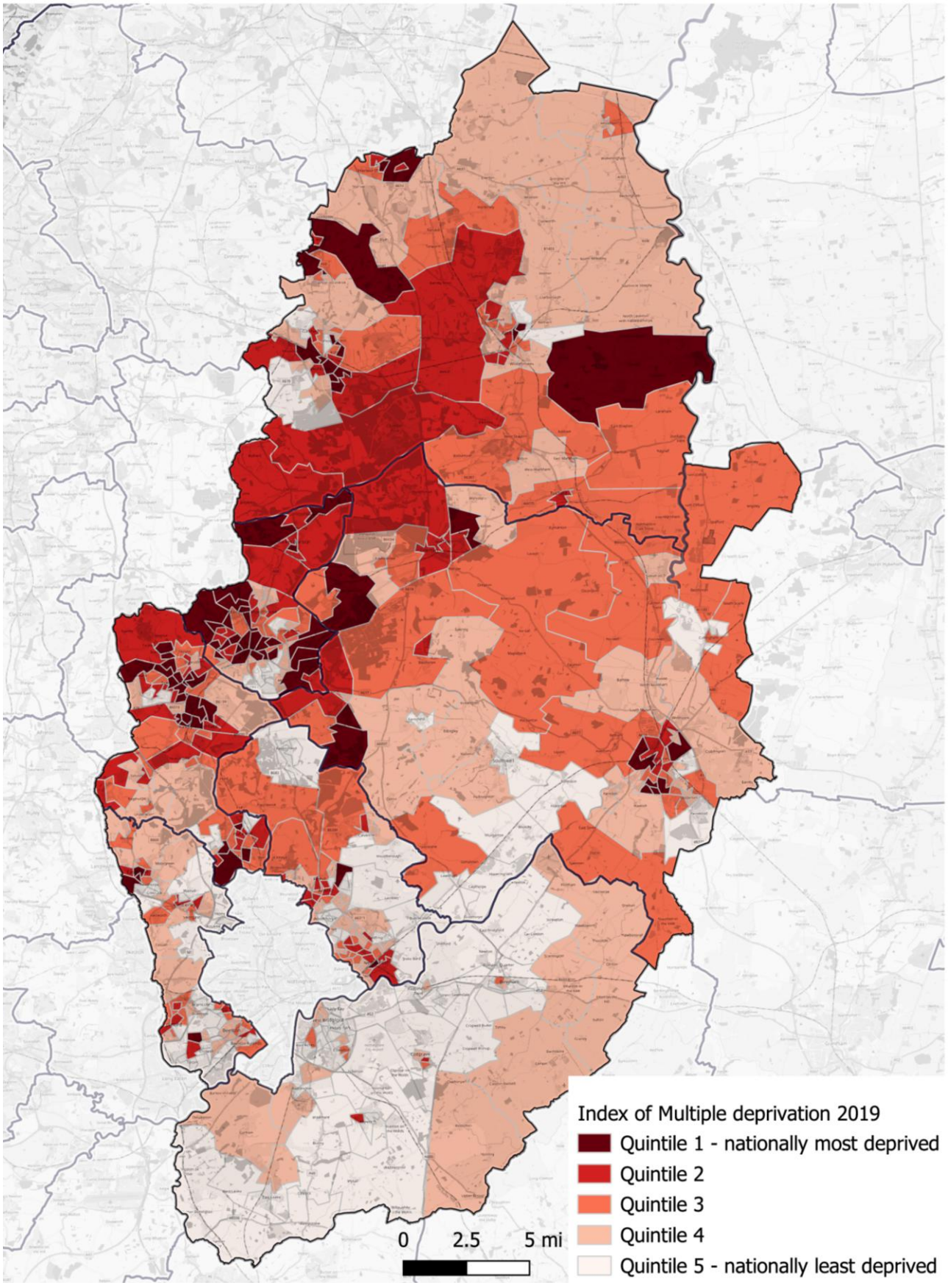
English is the most widely spoken language, with over 95% of residents reporting this as their main language in all localities apart from Mansfield, where almost 8% report other main languages. Other European languages (in particular Eastern European languages) are the main language spoken by 1.1% of the population in Rushcliffe and over 6.2% in Mansfield. Approximately 1-2% report a main Asian language in the Broxtowe, Gedling and Rushcliffe.

2.10 Deprivation

Almost one in six (16%) of the Nottinghamshire population live in areas that are among the most deprived quintile (20% band) in England: conversely almost one in four (24.5%) live in areas that are in the nationally least deprived quintile.

There is a lot of variation by locality. Mansfield locality has the highest proportion (41.8%) of its population resident in the most deprived national quintile and 9.3% in the least deprived band. At the other extreme, none of the Rushcliffe population live in the most deprived national quintile, and 69.4% live in the least deprived areas nationally.

Figure 3: Map of deprivation across Nottinghamshire (National IMD quintiles)



2.11 Health of the population

The health of a population can be measured in a number of ways. The information presented in the following sub sections has been taken from the Office for Health Improvement and Disparities (OHID) Fingertips tool[32] and is the latest available as of December 2024 at the time of writing.

Counts are shown to indicate the local scale. Rates are shown to enable comparison between areas.

2.11.1 Life Expectancy (LE) and Healthy Life Expectancy (HLE)

Life expectancy and healthy life expectancy are two indicators that are extremely important summary measures of mortality and morbidity.

In Nottinghamshire:

- LE is generally higher for females than for males (for 2020-2022).
- LE for females is worse than England and for males is similar to England.
- LE varies across the county generally being lower in the North (Ashfield, Mansfield) and higher in the South (Rushcliffe).
- HLE is higher for males than for females (in 2018-2020).
- HLE is lower than England.

In Nottinghamshire, the gap between life expectancy and healthy life expectancy, where someone is living in not good health, is:

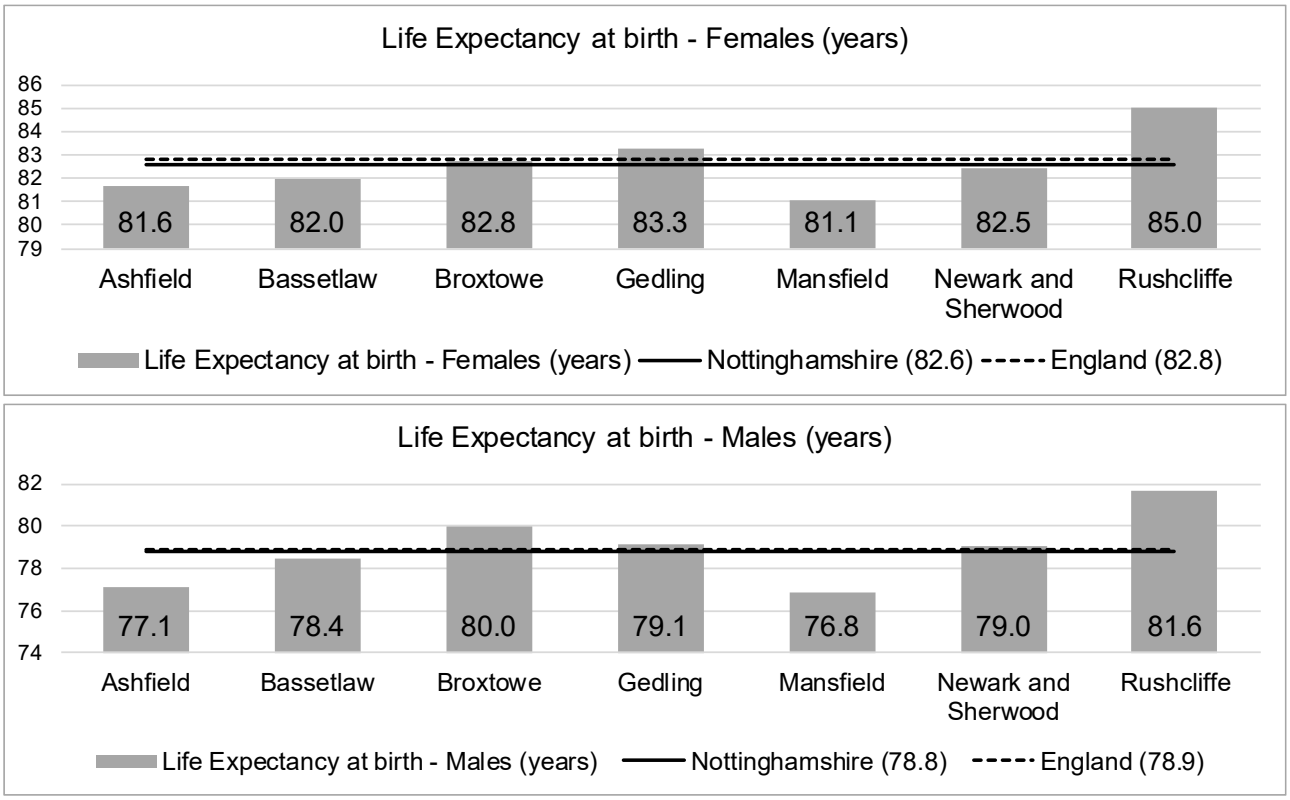
- Higher for females than males.
- Higher than England for both males and females.

2.11.1.1 Life expectancy

Life Expectancy (LE) is the average number of years a person would expect to live based on contemporary mortality rates.

[32] Office for Health Improvement and Disparities (OHID). Public Health Profiles [Accessed February 2025] https://fingertips.phe.org.uk

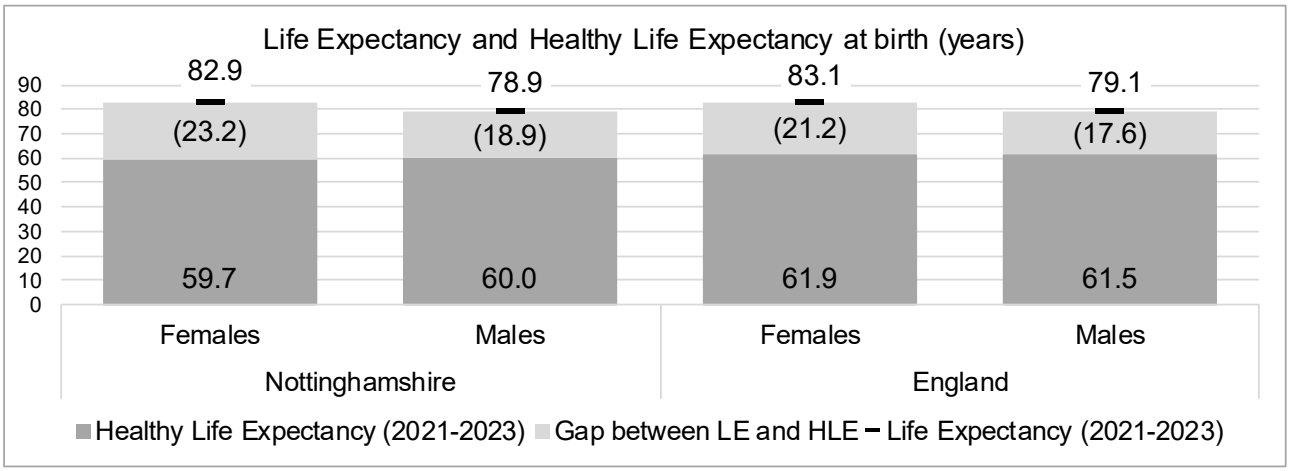
Figure 4: Life Expectancy (LE) at birth per locality and sex in Nottinghamshire



2.11.1.2 Healthy life expectancy

Healthy life expectancy (HLE) shows the years a person can expect to live in good health (rather than with a disability or in poor health).

Figure 5: Comparison of LE at birth and Health Life Expectancy (HLE) at birth for Nottinghamshire and England



Indicator source(s): A01b, A01a; ONS Life and Healthy Life Expectancies 2011-2023.

2.11.2 Obesity

Obesity is a global and complex public health concern. It is associated with reduced life expectancy and is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, at least 12 kinds of cancer, liver and respiratory disease, and can also impact on mental health. The risk and severity of these diseases increases with a higher body mass index.

There is concern about the rise of childhood obesity and the implications of obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older.

In Nottinghamshire:

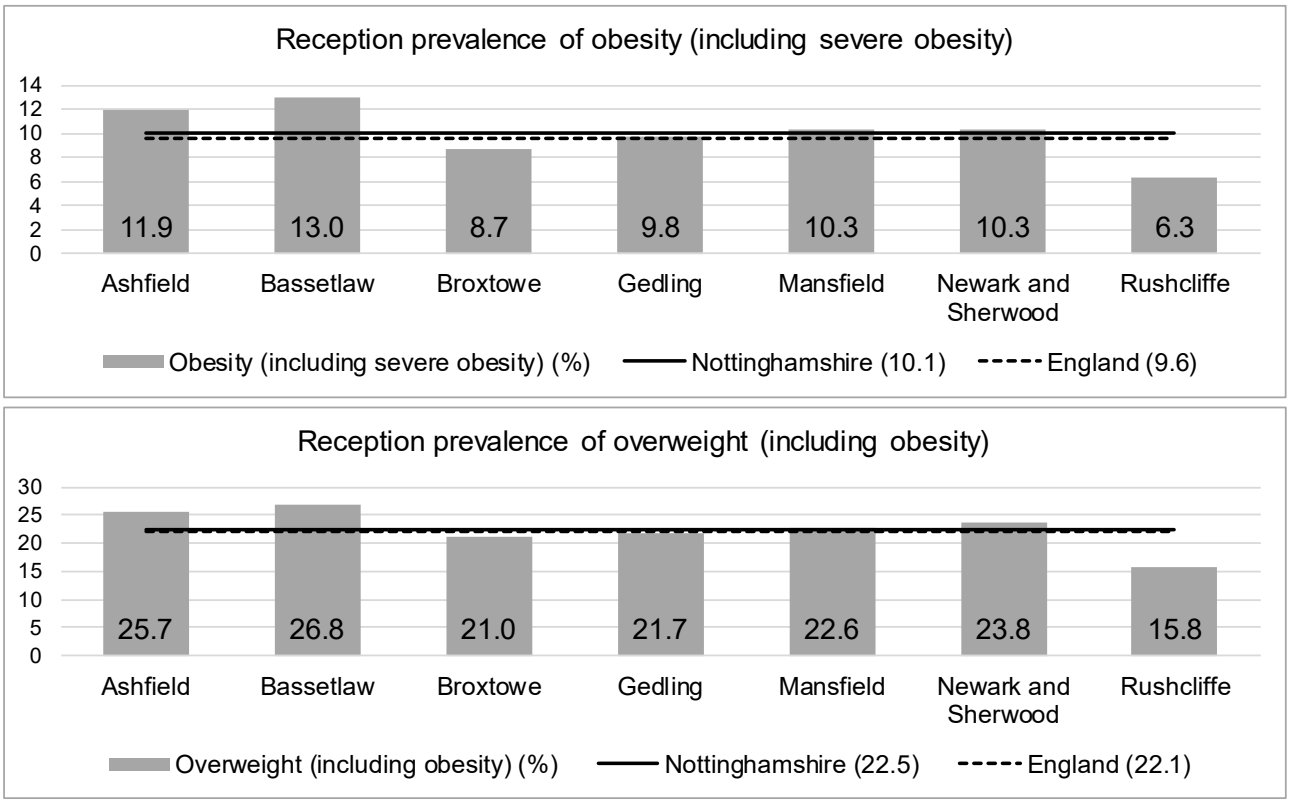
- One in five children in Reception are overweight or obese (in 2023/24).
- One in three children in Year 6 are overweight or obese.
- Two in three adults are overweight or obese (in 2022/23).

Obesity levels tend to be higher in the north of the county and lower in the south of the County.

2.11.2.1 Children - Reception (age 4-5)

Proportion of children aged four to five years classified as overweight or living with obesity.

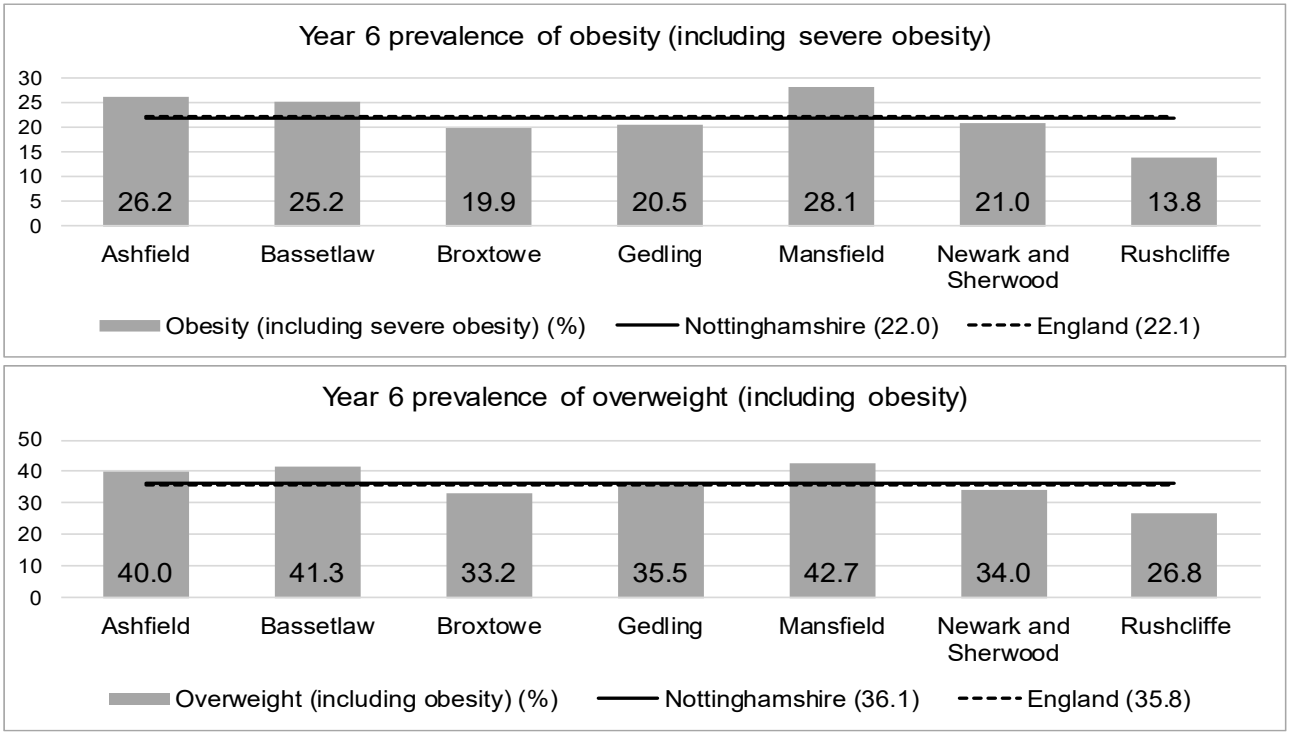
Figure 6: Prevalence of overweight and obese children in reception per locality in Nottinghamshire



2.11.2.2 Children - Year 6 (age 10-11)

Proportion of children aged 10 to 11 years classified as overweight or living with obesity.

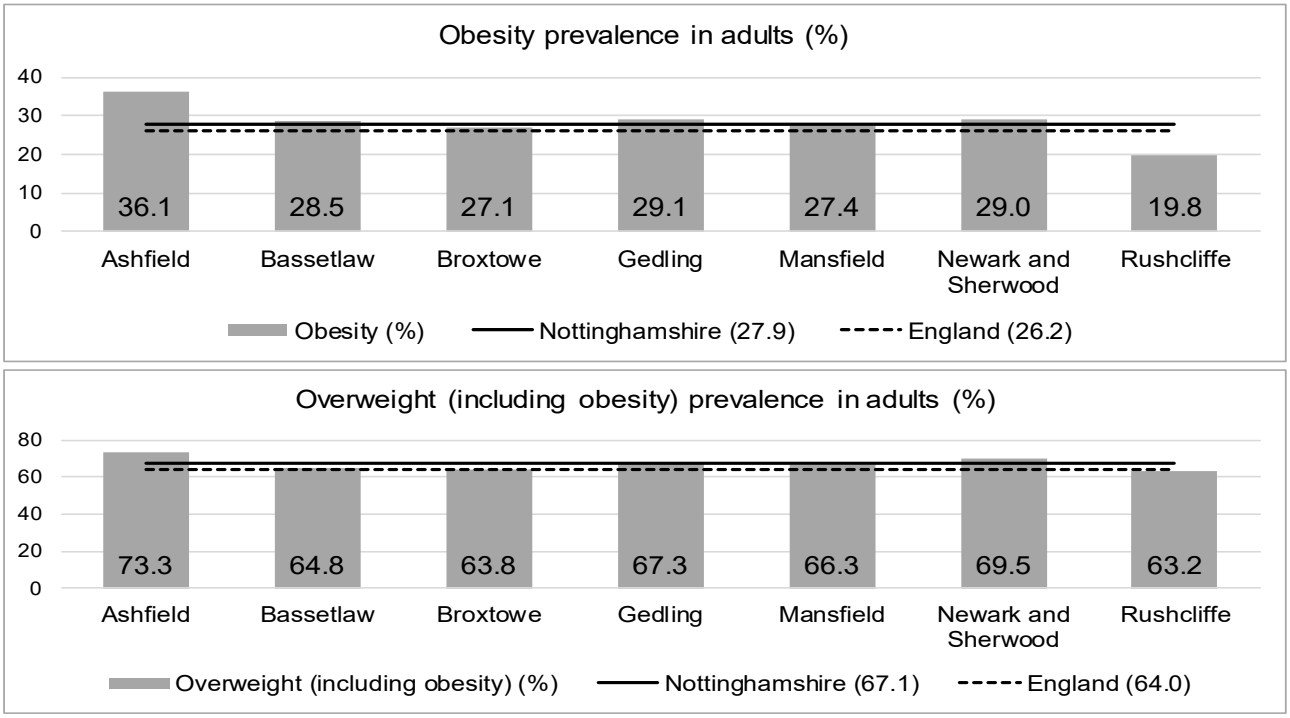
Figure 7: Prevalence of overweight and obese children in Year 6 per locality in Nottinghamshire



2.11.2.3 Adults (age 18+)

Percentage of adults aged 18 and over classified as overweight or obese.

Figure 8: Prevalence of overweight and obese adults per locality in Nottinghamshire



Indicator source(s): C09a, C09b, C16.

2.11.3 Smoking

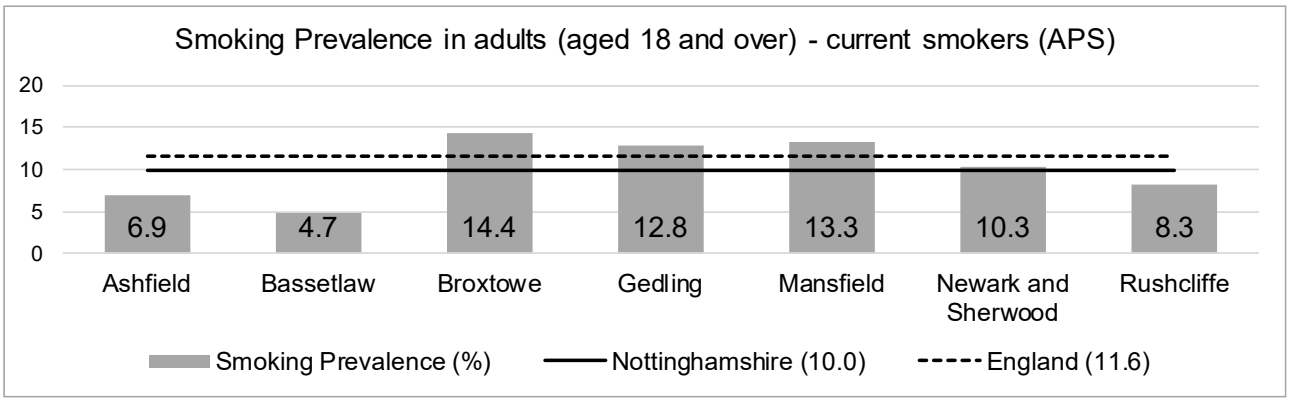
Smoking is the biggest single cause of preventable ill health and premature mortality in the UK. Smoking is a modifiable behavioural risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

In Nottinghamshire:

- One in 10 adults are current smokers (in 2023).

There is variation across the county. There are quality concerns about recent district level data, and the current data may not give a true representation of variation within the county.

Figure 9: Smoking prevalence in adults per locality in Nottinghamshire



Indicator source(s): C18.

2.11.4 Alcohol use

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.

In Nottinghamshire:

- There were 1,659 persons in treatment at specialist alcohol misuse services (in 2022/23).
- There were 4,755 hospital admissions for alcohol-related conditions (narrow) (in 2022).
- There were 130 alcohol-related deaths (in 2022).

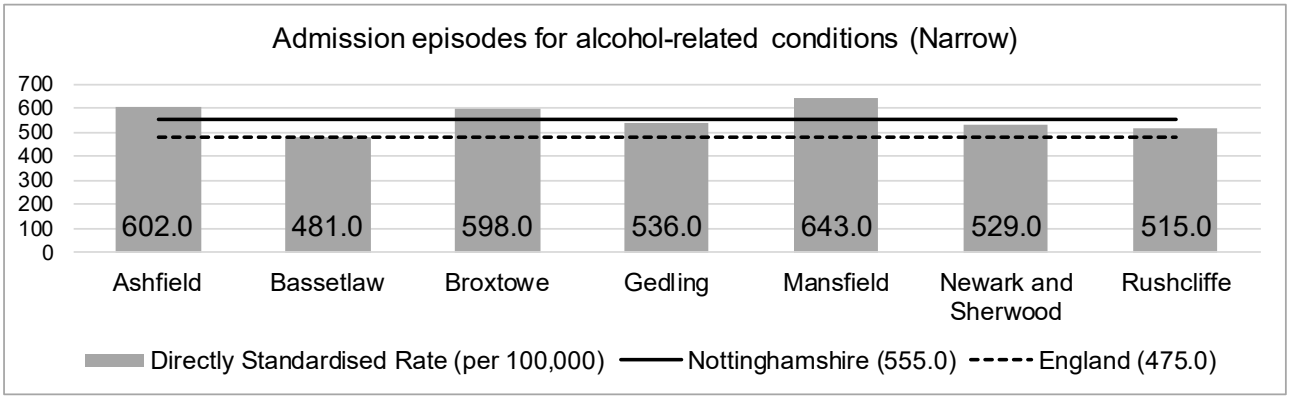
There is variation within the county with harms tending to be higher in the north of the county and lower in the south.

2.11.4.1 Admissions

Rate of hospital admissions for alcohol-related conditions.

The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

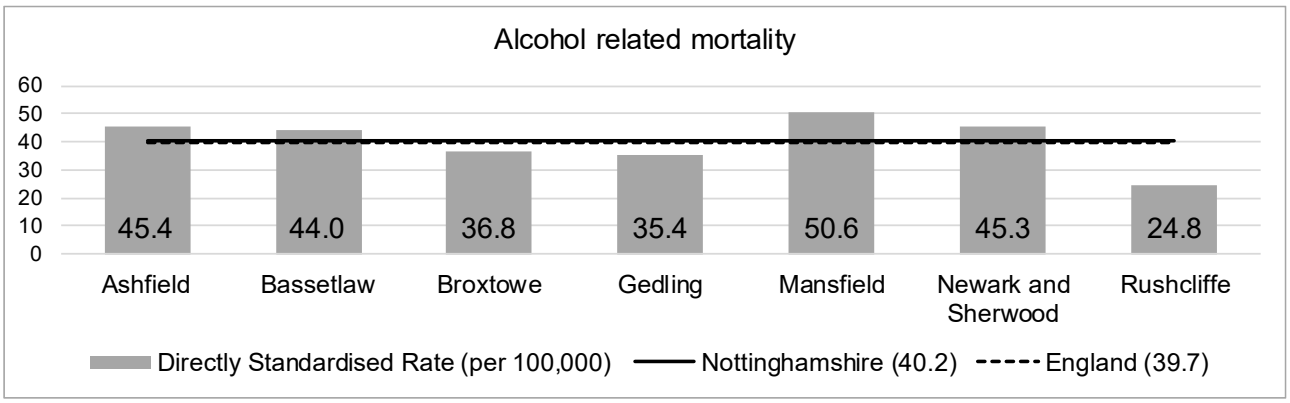
Figure 10: Admission episodes for alcohol-related conditions (Narrow) per locality in Nottinghamshire



2.11.4.2 Mortality

Rate of deaths from alcohol-related conditions.

Figure 11: Alcohol related mortality rate per locality in Nottinghamshire



Indicator source(s): C21, alcohol-related mortality.

2.11.5 Sexual health

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children.

A strategic priority is to ensure access to the full range of contraception is available to all. An increase in the provision of Long-Acting Reversible Contraception (LARC) is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.

In Nottinghamshire:

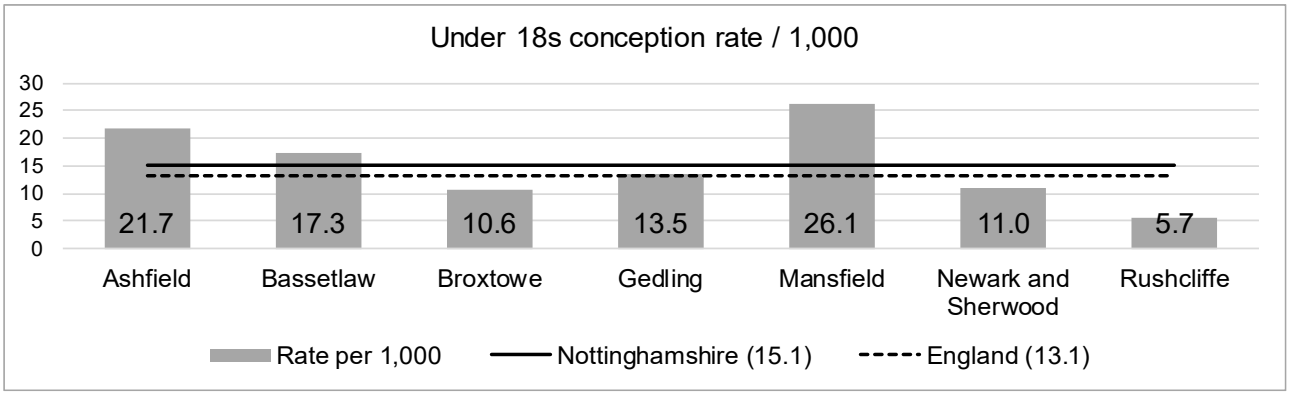
- There were 195 teenage conceptions (in 2021).
- There were 8,250 prescribed LARC injections (in 2022).
- There were 2,909 new Sexually Transmitted Infection (STI) diagnoses (in 2023).

There is variation across the county. Teenage conceptions and new STI diagnoses tend to be higher in the north of the county. LARC, a proxy for access, is mixed.

2.11.5.1 Teenage conceptions

Rate of conceptions in females aged under 18

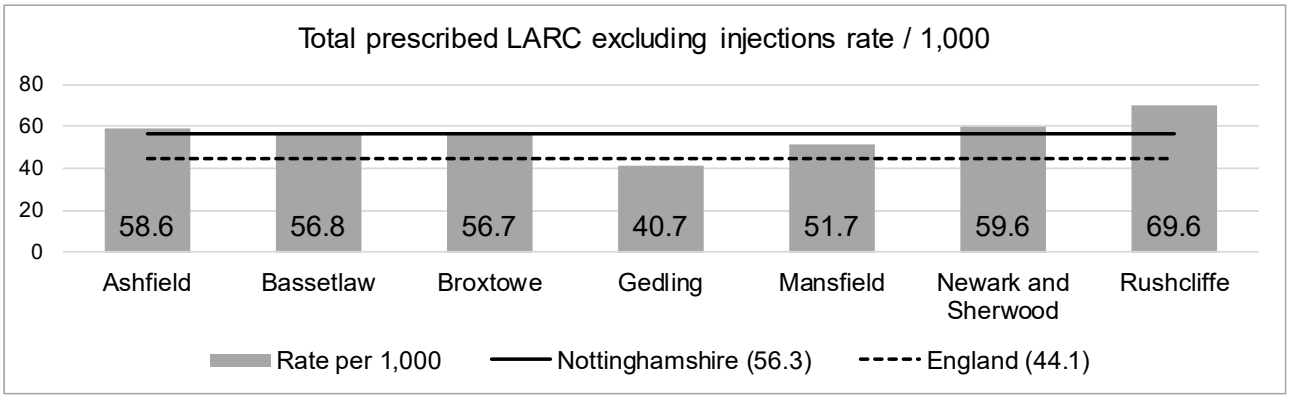
Figure 12: Under-18 conception rate per locality in Nottinghamshire



2.11.5.2 Long-Acting Reversible Contraception (LARC)

Rate of prescribing of long-acting reversible contraception (excluding injections) to females aged 15 to 44.

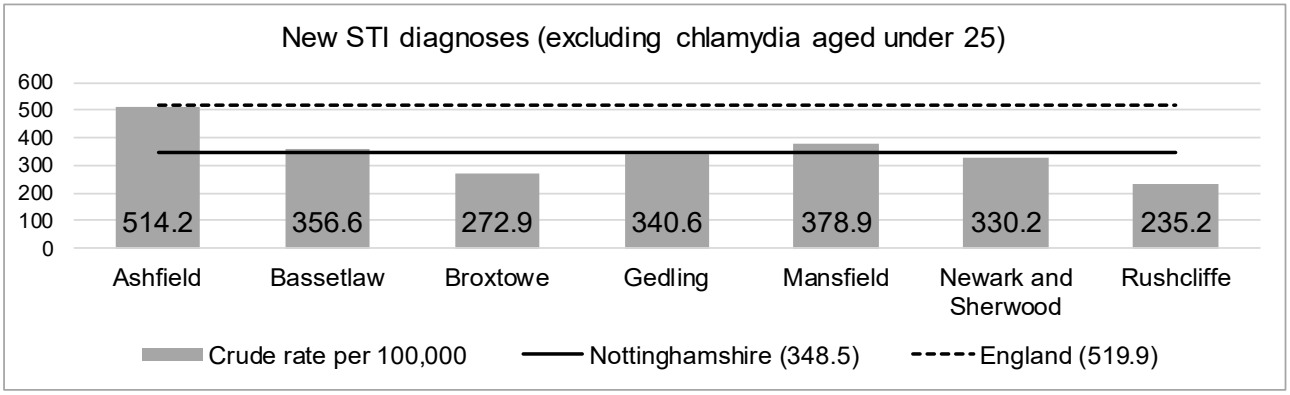
Figure 13: Total prescribed LARC (excluded injections rate) per 1000 and per locality in Nottinghamshire



2.11.5.3 STI (Sexually Transmitted Infections)

A summary figure (crude rate per 100,000) of all new STI diagnoses, excluding diagnoses of chlamydia in the age group targeted by the National Chlamydia Screening Programme.

Figure 14: New STI diagnoses (excluding chlamydia) under 25 per locality in Nottinghamshire



Indicator source(s): C01, C02a, D02b.

2.11.6 Drug use[33]

Drug use in Nottinghamshire:

- There were 70 deaths from drug misuse (in 2020-22).
- There were 2,806 people in treatment at specialist drug misuse services (in 2022/23).
- There were estimated to be 4,292 opiate and/or crack users (in 2016/17).

Rate of deaths from drug use:

- England: 5.2 per 100,000 (in 2020-22).
- Nottinghamshire: 3.0 per 100,000.

2.11.7 Physical activity

Regular physical activity provides a range of physical and mental health benefits. These include reducing the risk of disease, managing existing conditions, and developing and maintaining physical and mental function.[34]

Good physical activity habits established in childhood and adolescence are also likely to be carried through into adulthood. If we can help children and young people establish and maintain high volumes of physical activity into adulthood, we will reduce the risk of morbidity and mortality from chronic non-communicable diseases later in their lives.

In Nottinghamshire:

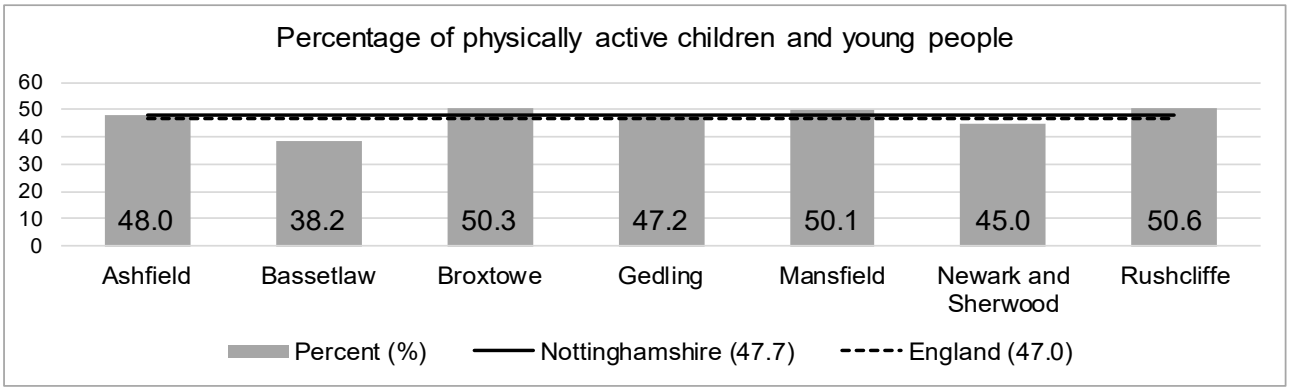
- Close to one in two children are considered physically active (in 2022/23).
- Two in three adults are considered physically active (in 2022/23).
- One in five adults are considered physically inactive (in 2022/23).

There is mixed variation across the county.

2.11.7.1 Children - Active

Percentage of children aged five to 16 that met the recommendations for physical activity.

Figure 15: Percentage of children aged 5-16 that met the recommendations for physical activity per locality in Nottinghamshire



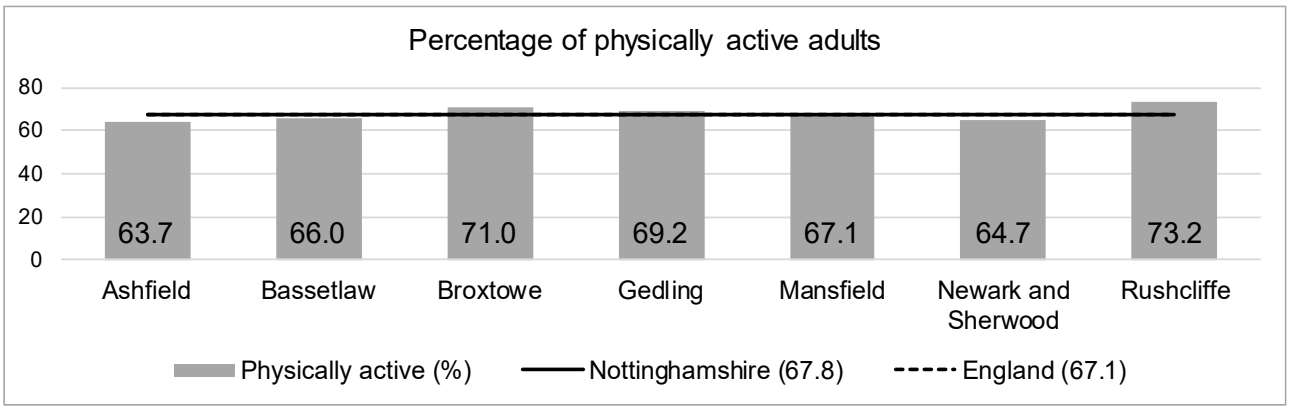
[33] C19a, 'Number in Treatment at specialist drug misuse services', 'Estimated prevalence of opiate and/or crack users', C19d, 'Deaths from drug misuse'.

[34] CMO Physical Activity Guidelines 2019. [Accessed February 2025]
https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report

2.11.7.2 Adults - Active

Percentage of people aged 19 and over who were active at moderate intensity for at least 150 minutes per week.

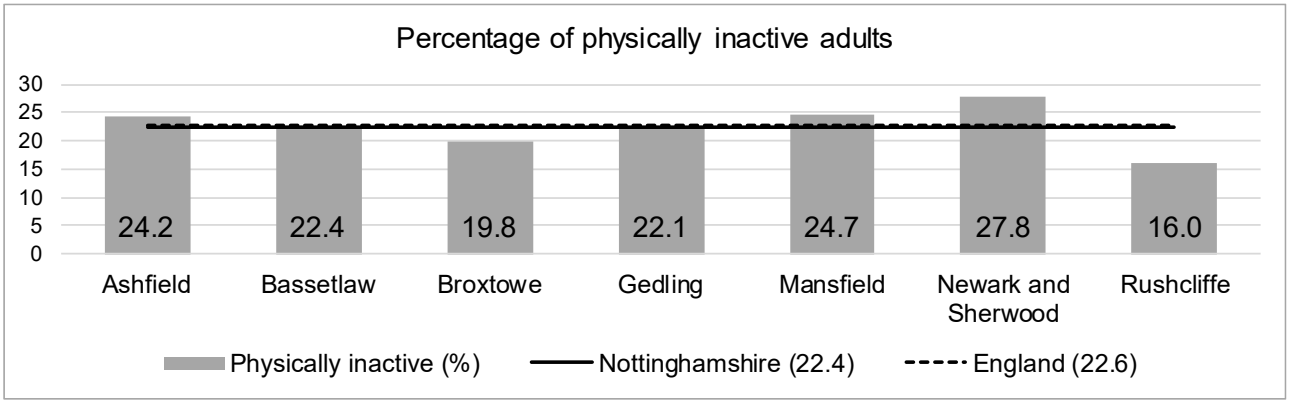
Figure 16: Percentage of adults that are physically active per locality in Nottinghamshire



2.11.7.3 Adults - Inactive

Percentage of people aged 19 and over who were not active at moderate intensity for at least 30 minutes per week.

Figure 17: Percentage of adults that are physically inactive per locality in Nottinghamshire



Indicator source(s): C17a, b, C10.

2.11.8 Flu vaccination

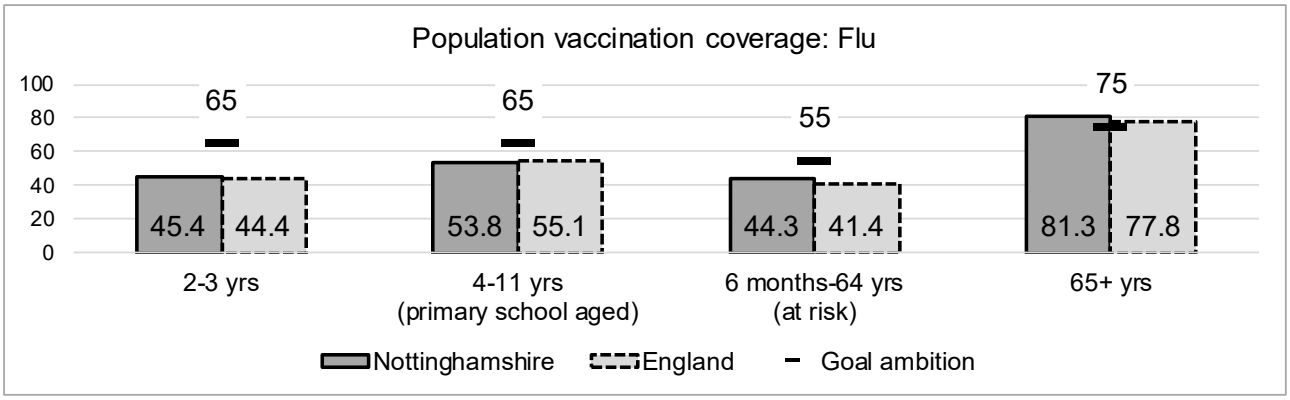
Influenza (also known as Flu) is a highly infections viral illness spread by droplet infection. The flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu.

The 'goal ambitions' shown are those presented in the OHID Fingertips tool. National ambitions are described in the annual flu letter. In Nottinghamshire:

- 7,609 children aged 2-3 received a flu vaccination (in 2023/24).
- 36,963 primary school children (aged 4-11) received a flu vaccination.
- 57,886 of at-risk individuals (aged 6 months to 64 years) received a flu vaccination.
- 145,901 of those aged 65 and over received a flu vaccination.
- Nottinghamshire coverage is generally higher than England.

- Nottinghamshire and England coverage is lower than the specified goals in all but the those aged 65 and over.

Figure 18: Population vaccination coverage per age group in Nottinghamshire



Indicator source(s): D03l, D04d, D05, D06a.

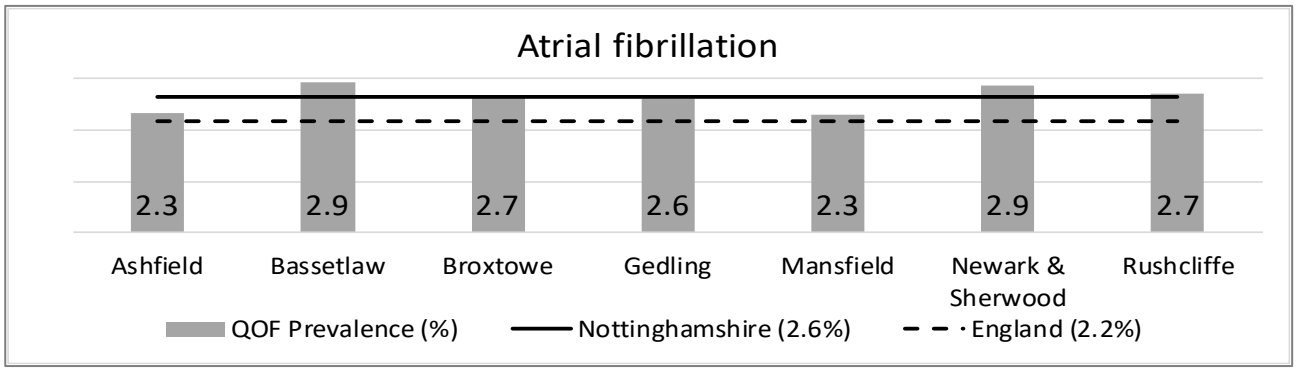
2.12 Burden of disease

A long-term condition (LTC) can be defined as '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[35] and are crude percentages, not adjusted for age or sex.

2.12.1 Cardiovascular group

2.12.1.1 Atrial fibrillation (AF)

Figure 19: QOF prevalence of atrial fibrillation per locality in Nottinghamshire

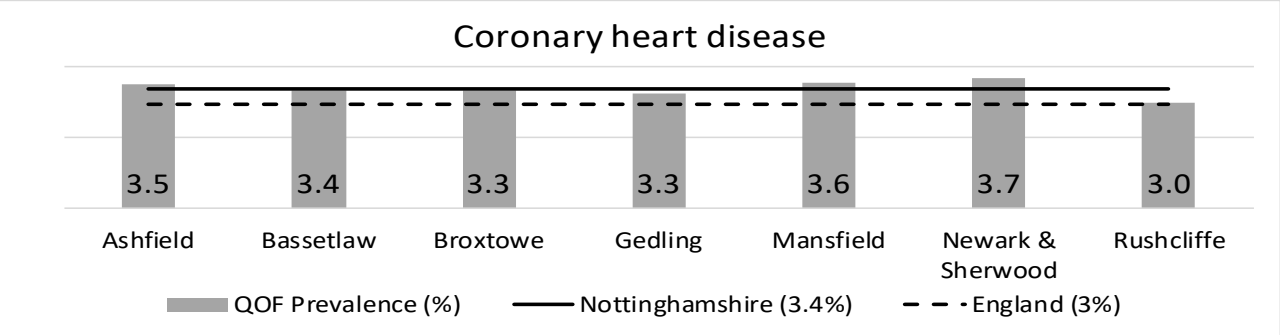


QOF prevalence of atrial fibrillation in Nottinghamshire (2.6%) is higher than in England (2.2%). Each locality has a higher recorded prevalence than the County, with the highest in Bassetlaw (2.9%) and Newark and Sherwood (2.9%) and the lowest on Ashfield (2.3%).

[35] Quality and Outcomes Framework (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

2.12.1.2 Coronary heart disease

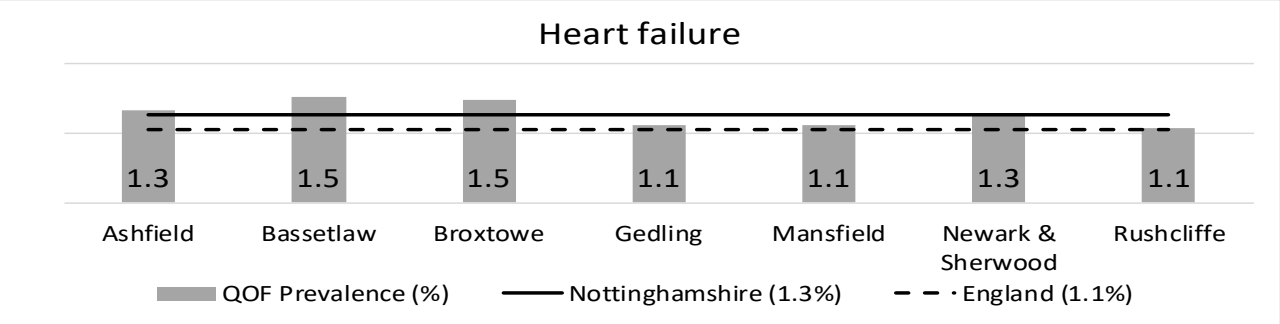
Figure 20: QOF prevalence of coronary heart disease per locality in Nottinghamshire



QOF prevalence of coronary heart disease is higher in Nottinghamshire (3.4%) than England (3.0%). The lowest recorded prevalence is in Rushcliffe (3.0%) and the highest in Newark & Sherwood (3.7%).

2.12.1.3 Heart failure

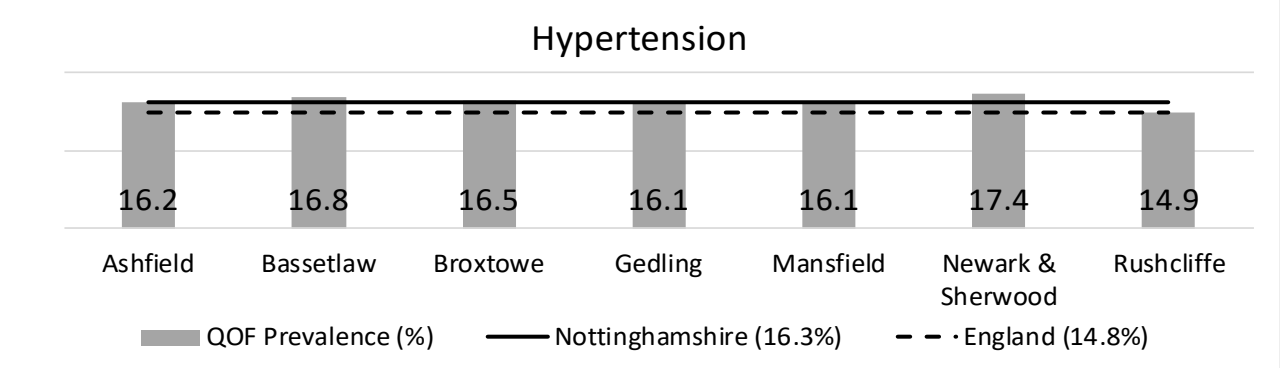
Figure 21: QOF prevalence of heart failure per locality in Nottinghamshire



QOF recorded prevalence of heart failure is higher in Nottinghamshire (1.3%) than England (1.1%). The lowest recorded prevalence is in Gedling, Rushcliffe and Mansfield localities (each 1.1%) and the highest in Bassetlaw (1.5%) and Broxtowe (1.5%).

2.12.1.4 Hypertension

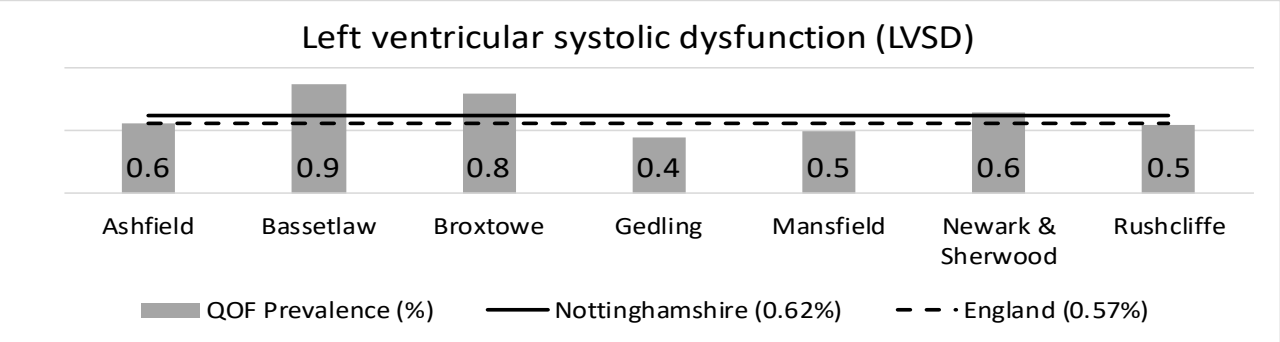
Figure 22: QOF prevalence of hypertension per locality in Nottinghamshire



Recorded prevalence of hypertension is higher in Nottinghamshire (16.3%) than England (14.8%). By locality, the lowest prevalence is in Rushcliffe (14.9%) and the highest in Newark & Sherwood (17.4%).

2.12.1.5 Left Ventricular Systolic Dysfunction (LVSD)

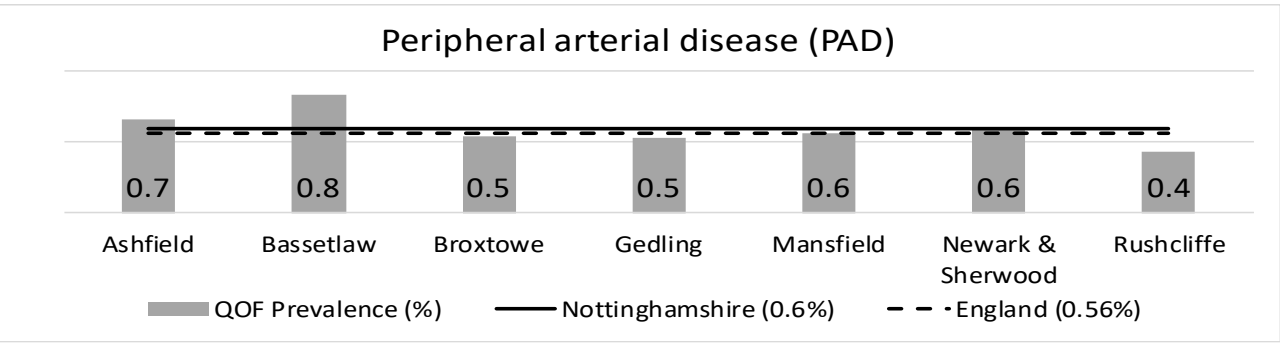
Figure 23: QOF prevalence of LVSD per locality in Nottinghamshire



Recorded prevalence of LVSD is similar in Nottinghamshire (0.62%) compared to England (0.57%). Gedling locality has the lowest prevalence (0.4%) compared to the highest in Broxtowe (0.8%) and Bassetlaw (0.9%).

2.12.1.6 Peripheral Arterial Disease (PAD)

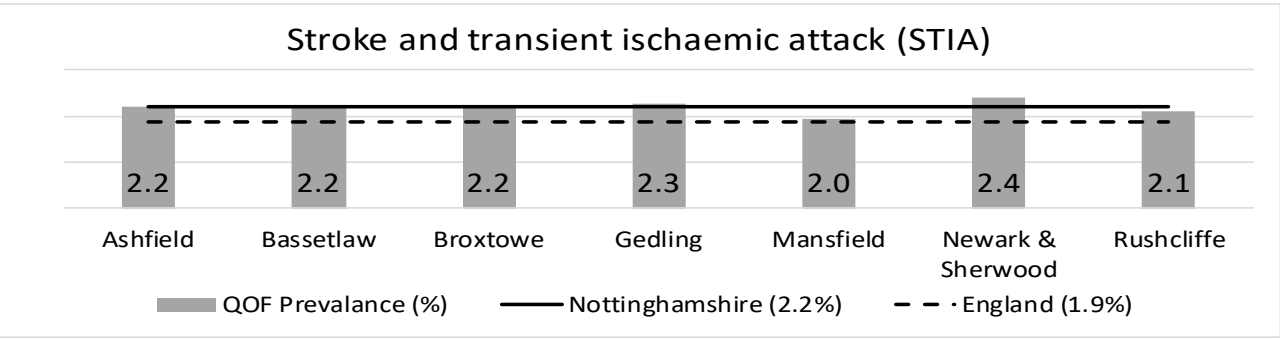
Figure 24: QOF prevalence of PAD per locality in Nottinghamshire



Recorded prevalence of PAD is similar in Nottinghamshire (0.60%) compared to England (0.56%). Rushcliffe locality has the lowest prevalence (0.4%) compared to the highest in Bassetlaw (0.8%).

2.12.1.7 Stroke and Transient Ischaemic Attack (STIA)

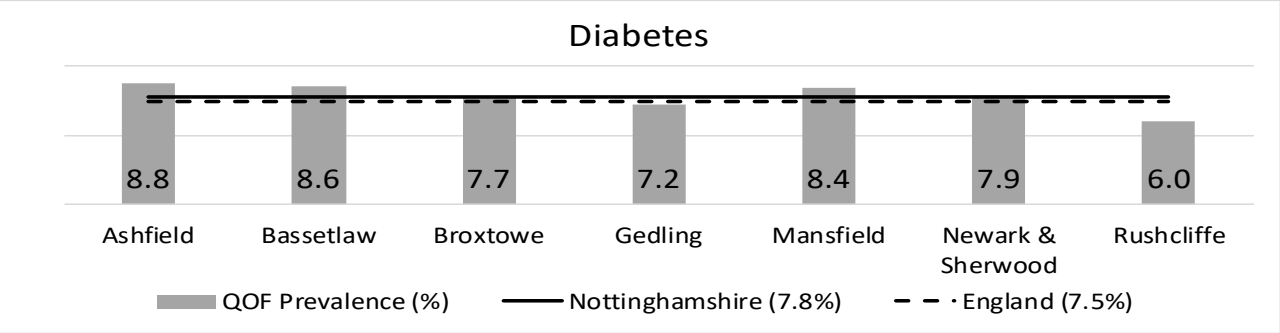
Figure 25: QOF prevalence of STIA per locality in Nottinghamshire



Recorded prevalence of STIA is higher in Nottinghamshire (2.2%) than England (1.9%). The prevalence in each locality is also higher than England, with the lowest in Mansfield (2.0%) and the highest in Newark & Sherwood (2.4%).

2.12.2 Diabetes

Figure 26: QOF prevalence of diabetes per locality in Nottinghamshire

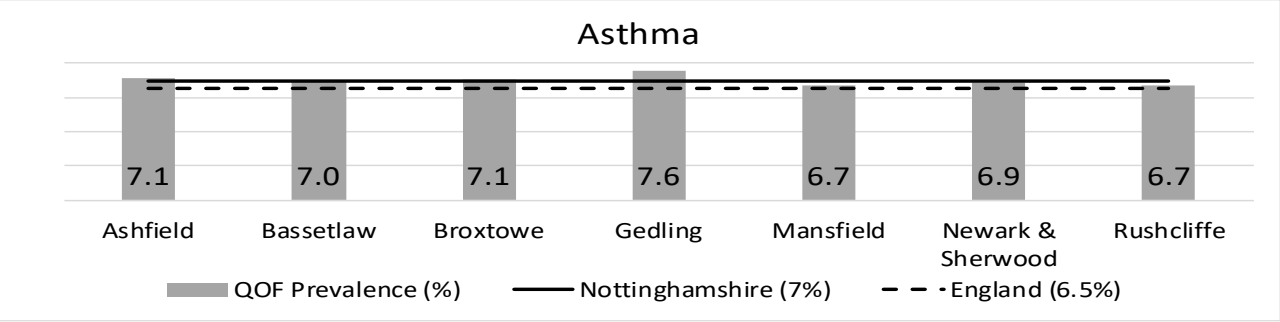


The recorded prevalence of diabetes is higher in Nottinghamshire (7.8%) than England (7.5%). The lowest prevalence is in Rushcliffe (6.0%) and the highest in Ashfield (8.8%).

2.12.3 Respiratory group

2.12.3.1 Asthma

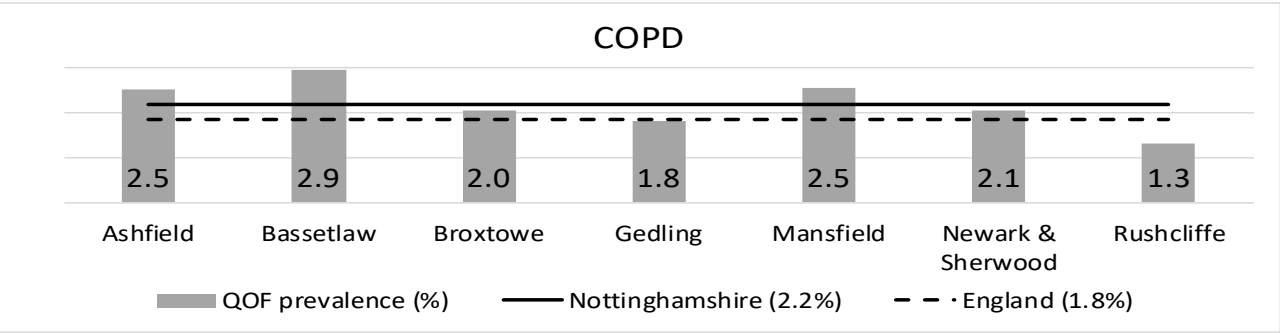
Figure 27: QOF prevalence of asthma per locality in Nottinghamshire



The recorded prevalence of asthma is higher in Nottinghamshire (7.0%) than England (6.5%). By locality, the lowest prevalence is in Rushcliffe (6.7%) and Mansfield (6.7%), with the highest prevalence in Gedling (7.6%).

2.12.3.2 Chronic Obstructive Pulmonary Disease (COPD)

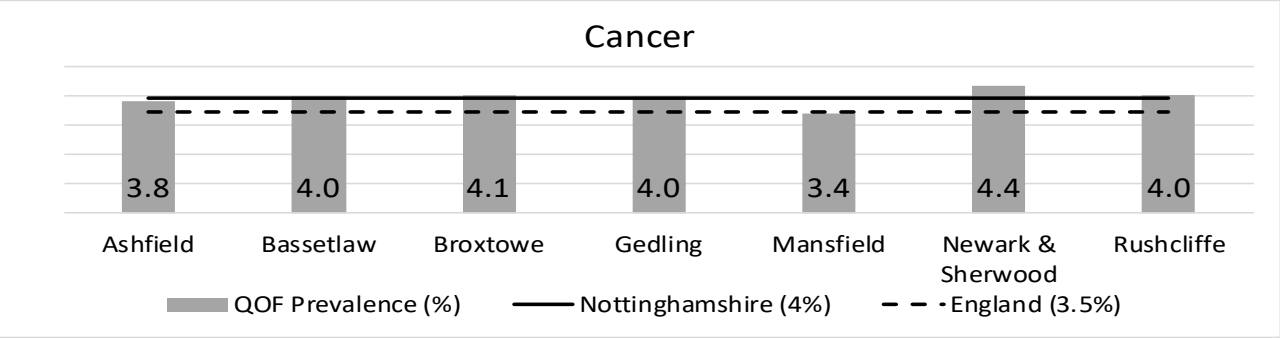
Figure 28: QOF prevalence of COPD per locality in Nottinghamshire



Nottinghamshire has a higher recorded prevalence of COPD than England (2.2% & 1.8% respectively). By locality, Rushcliffe (1.3%) has the lowest prevalence and Bassetlaw (2.9%) the highest.

2.12.4 Cancer

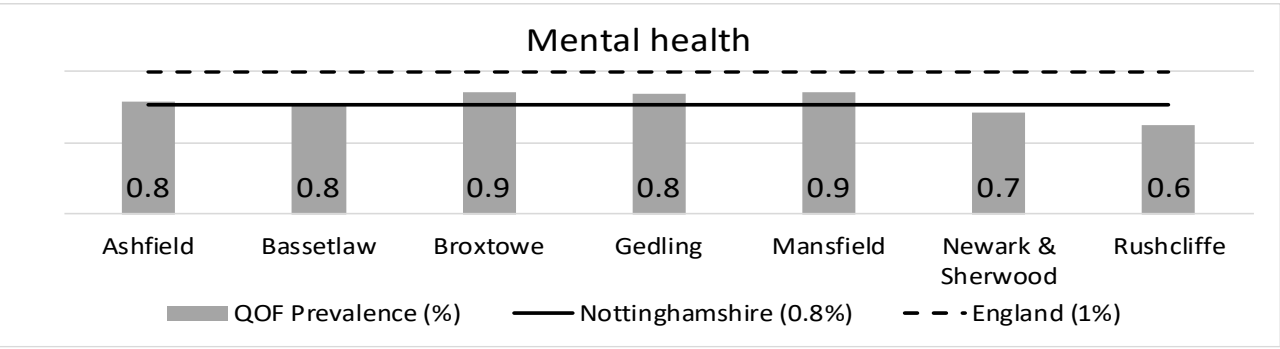
Figure 29: QOF prevalence of cancer per locality in Nottinghamshire



The prevalence of people living with cancer is higher in Nottinghamshire (4.0%) than England (3.5%). By locality, Mansfield (3.4%) has the lowest prevalence and Newark & Sherwood the highest (4.4%).

2.12.5 Mental health

Figure 30: QOF prevalence of mental health issues per locality in Nottinghamshire



The QOF records the prevalence of patients with schizophrenia, bipolar affective disorder or other psychoses. The recorded prevalence of these conditions is lower in Nottinghamshire (0.8%) than England (1.0%). Each locality has a lower prevalence than England, with the lowest in Rushcliffe (0.6%) and the highest in Broxtowe and Mansfield (each 0.9%).

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

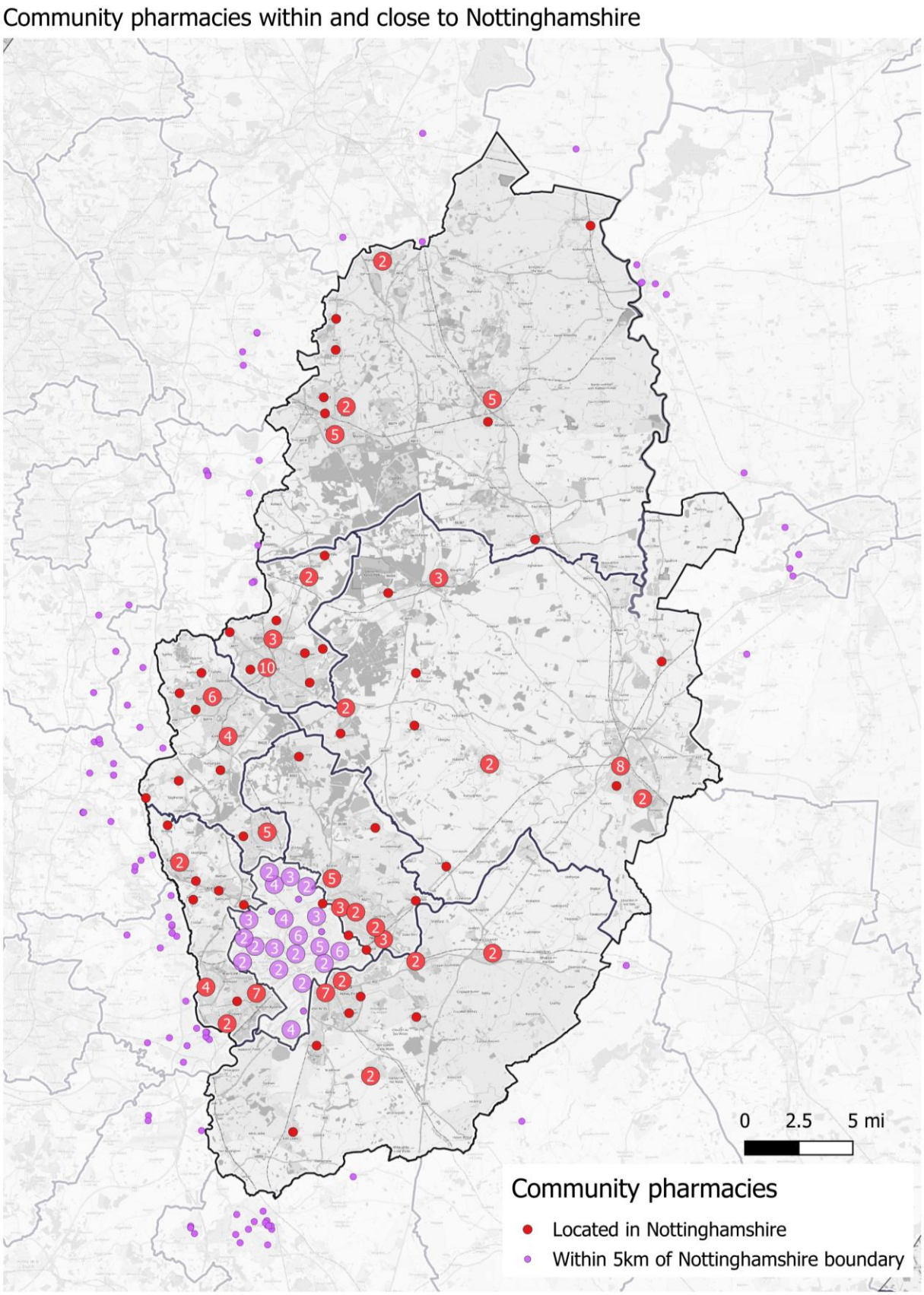
There is a total of 174 pharmaceutical contractors in Nottinghamshire.

Table 7: Contractor type and number in Nottinghamshire

Type of contractor	Number
40-hour community pharmacies (including 20 PhAS)	129
72-hour plus community pharmacies	21
DSP	7
LPS providers	0
DAC	3
Dispensing GP Practices	14 (includes 2 satellite sites)
Total	**174**

A list of all contractors in Nottinghamshire and their opening hours can be found in Appendix A. Figure 31 shows all contractor locations within Nottinghamshire.

Figure 31: Map of pharmacies in Nottinghamshire and surrounding areas



3.2 Community pharmacies

Table 8: Number of community pharmacies in Nottinghamshire

Number of community pharmacies	Population of Nottinghamshire	Ratio of pharmacies per 100,000 population*
157 (includes 7 DSPs)	844,494	18.6

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

Community pharmacies are described in Section 1.5.1.1.

There are 157 community pharmacies in Nottinghamshire, which has decreased from 163 in the last PNA. The current England average is 18.1 community pharmacies per 100,000 population, which has decreased from 2021, when the average number was 20.6. The Nottinghamshire average of 18.6 pharmacies per 100,000 is higher than the current national average. Section 1.2 noted the level of national community pharmacy closures due to funding challenges and workforce pressures.

Table 9 shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 9: Number of community pharmacies per 100,000 population

	Nottinghamshire	England
2023-24	18.6	18.1
2021-22	20.7	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 provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs in each locality is explored in Section 6.

Table 10 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary by locality.

Table 10: Average number of community pharmacies in 100,000 population by locality

Area	Number of community pharmacies	Total population	Average no. of community pharmacies per 100,000 population
Ashfield	23	128,360	17.9
Bassetlaw	22	122,286	18.0
Broxtowe	22	113,172	19.4
Gedling	23	118,563	19.4
Mansfield	23	112,091	20.5
Newark and Sherwood	24	126,168	19.0
Rushcliffe	20	123,854	16.1
Nottinghamshire	**157**	**844,494**	**18.6**

Area	Number of community pharmacies	Total population	Average no. of community pharmacies per 100,000 population
England[36]	**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 seven DSPs in Nottinghamshire, which at least one DSP located in each locality with the exception of Newark and Sherwood and Rushcliffe. 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 Nottinghamshire. 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 Nottinghamshire had 22 100-hour pharmacies (13%) compared to 21 72-hour pharmacies now open in January 2025. Nationally there has been decline too with the percentage 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%.

All localities have at least two 72-hour + community pharmacies.

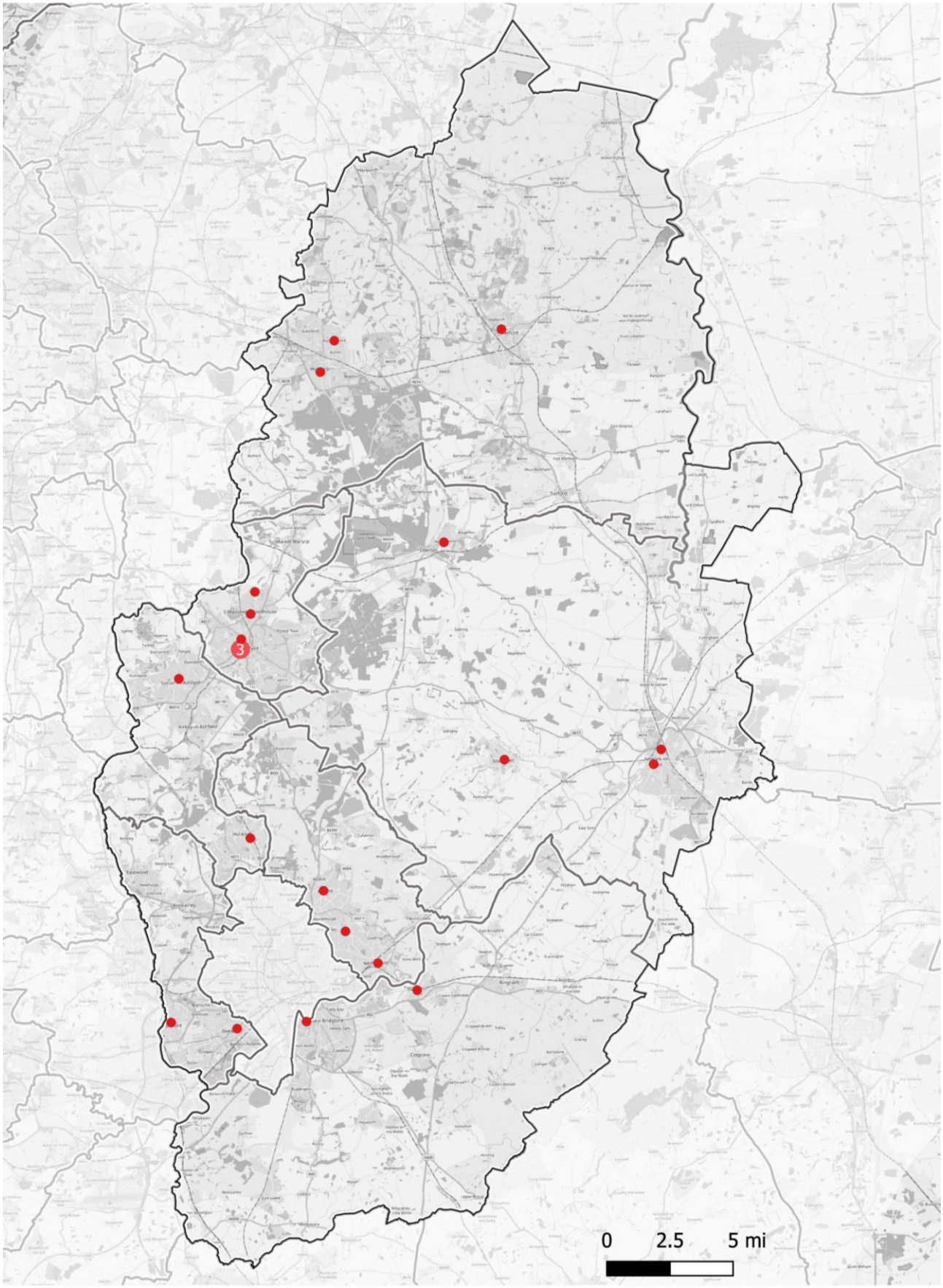
Table 11: Number and percentage of 72-hour community pharmacies[37]

Area	Number (%) of 72+ hour pharmacies
Ashfield	2 (9%)
Bassetlaw	3 (14%)
Broxtowe	2 (9%)
Gedling	3 (13%)
Mansfield	5 (22%)
Newark and Sherwood	4 (17%)
Rushcliffe	2 (10%)
Nottinghamshire	21 (13%)
England	**806 (7.7%)**

[36] 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

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

Figure 32: Map of 72+ hour pharmacies in Nottinghamshire



3.2.3 Access to community pharmacies

Community pharmacies in Nottinghamshire are particularly located around areas with a higher density of population and higher levels of deprivation.

A previously published article[38] 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 and table below show travel times to community pharmacies using a variety of options. A breakdown of travel within each locality is analysed within Section 6.

Table 12: Estimated percentage of the population that can access a pharmacy for each travel method and time band across Nottinghamshire

Access method	10 mins	20 mins	30 mins
Car	99.4%	100%	100%
Walking	51.1%	88.9%	92.9%

Table 13: Estimated percentage of the population that can access a pharmacy by car per locality

Area	10 mins	20 mins and 30 mins
Ashfield	100%	100%
Bassetlaw	96%	100%
Broxtowe	100%	100%
Gedling	100%	100%
Mansfield	100%	100%
Newark and Sherwood	100%	100%
Rushcliffe	100%	100%
Nottinghamshire	**99.4%**	**100%**

[38] 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

Table 14: Estimated percentage of the population that can access a pharmacy walking per locality

Area	10 mins	20 mins	30 mins
Ashfield	45.5%	98.9%	100%
Bassetlaw	48.2%	78.6%	84.2%
Broxtowe	59.3%	98.0%	100%
Gedling	56.7%	93.6%	97.6%
Mansfield	56.0%	100%	100%
Newark and Sherwood	47.4%	76.4%	86.3%
Rushcliffe	45.9%	78.1%	83.6%
Nottinghamshire	**51.1%**	**88.9%**	**92.9%**

Summary:

- 88.9% of the population who are able to walk can get to the pharmacy within 20 minutes.
- Apart from Bassetlaw, 100% of the population in Nottinghamshire with access to private transport can drive to a pharmacy within 10 minutes.

Figure 33: Map of average walk times to community pharmacies in Nottinghamshire

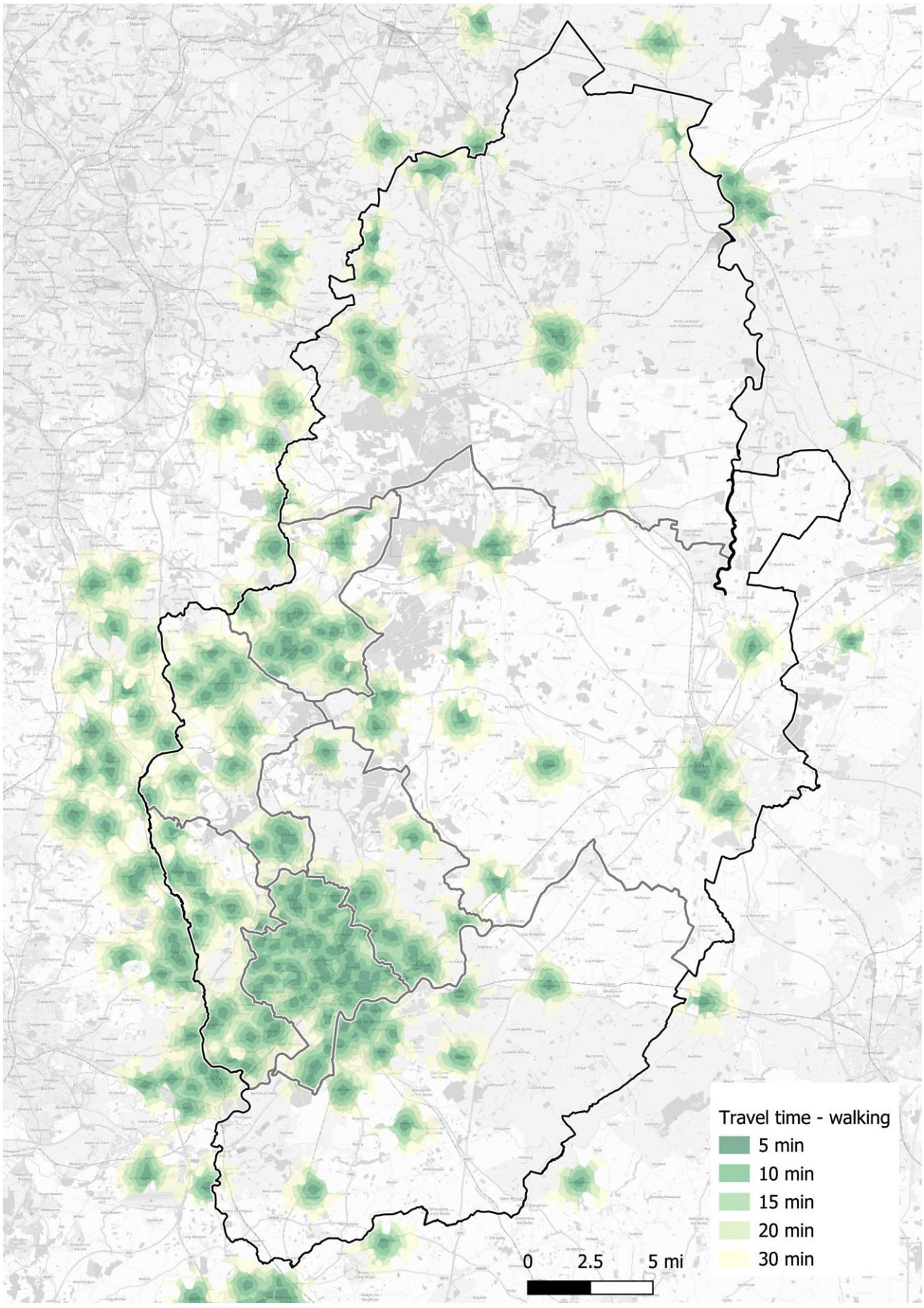


Figure 34: Map of drive times by car to the nearest pharmacy in Nottinghamshire

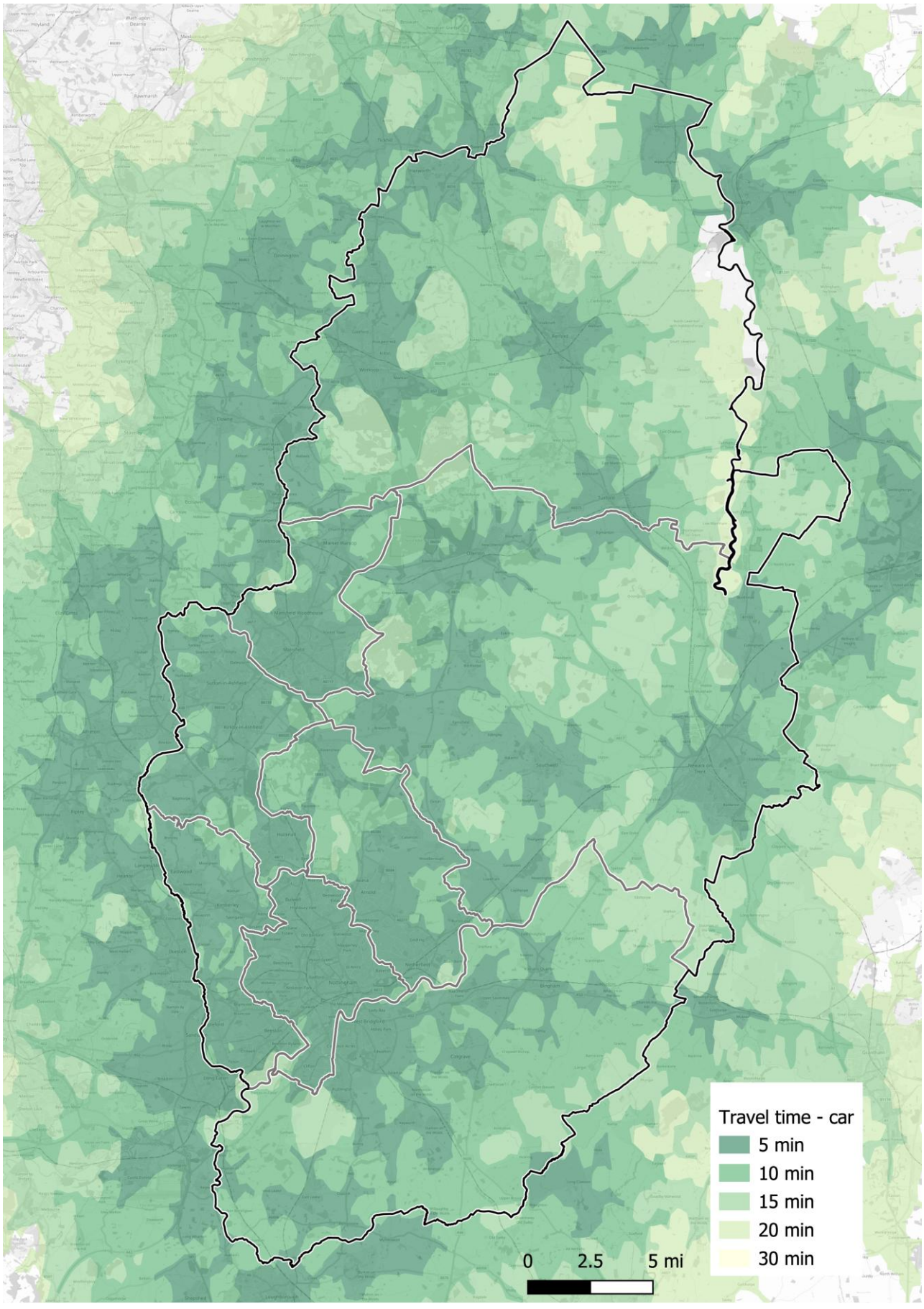
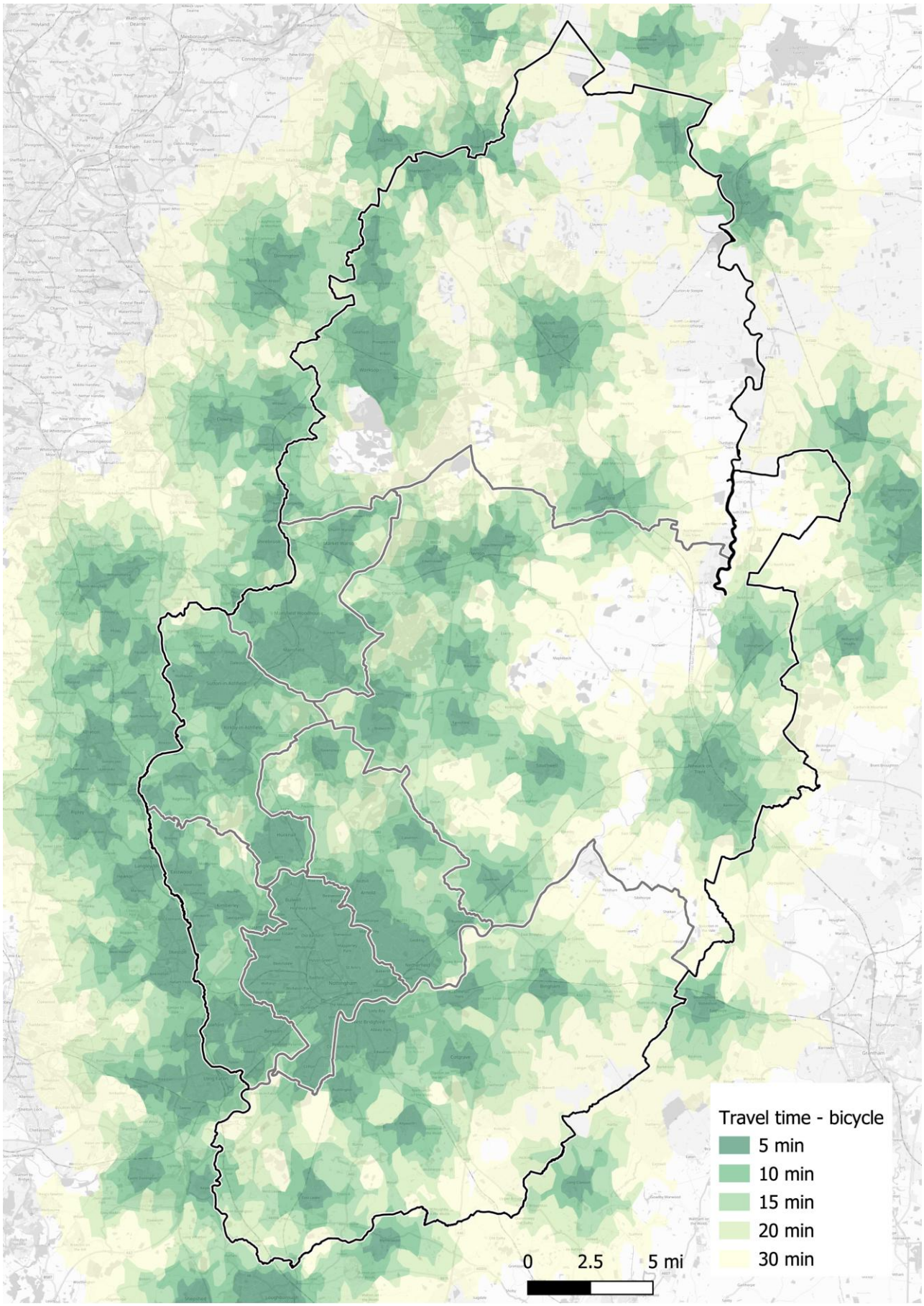


Figure 35: Map of cycle times by bike to the nearest pharmacy in Nottinghamshire (off peak)



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 locality and are listed in Table 15 below which shows that 51 pharmacies are open after 6 pm on weekdays. 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 locality level in Section 6.2.

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

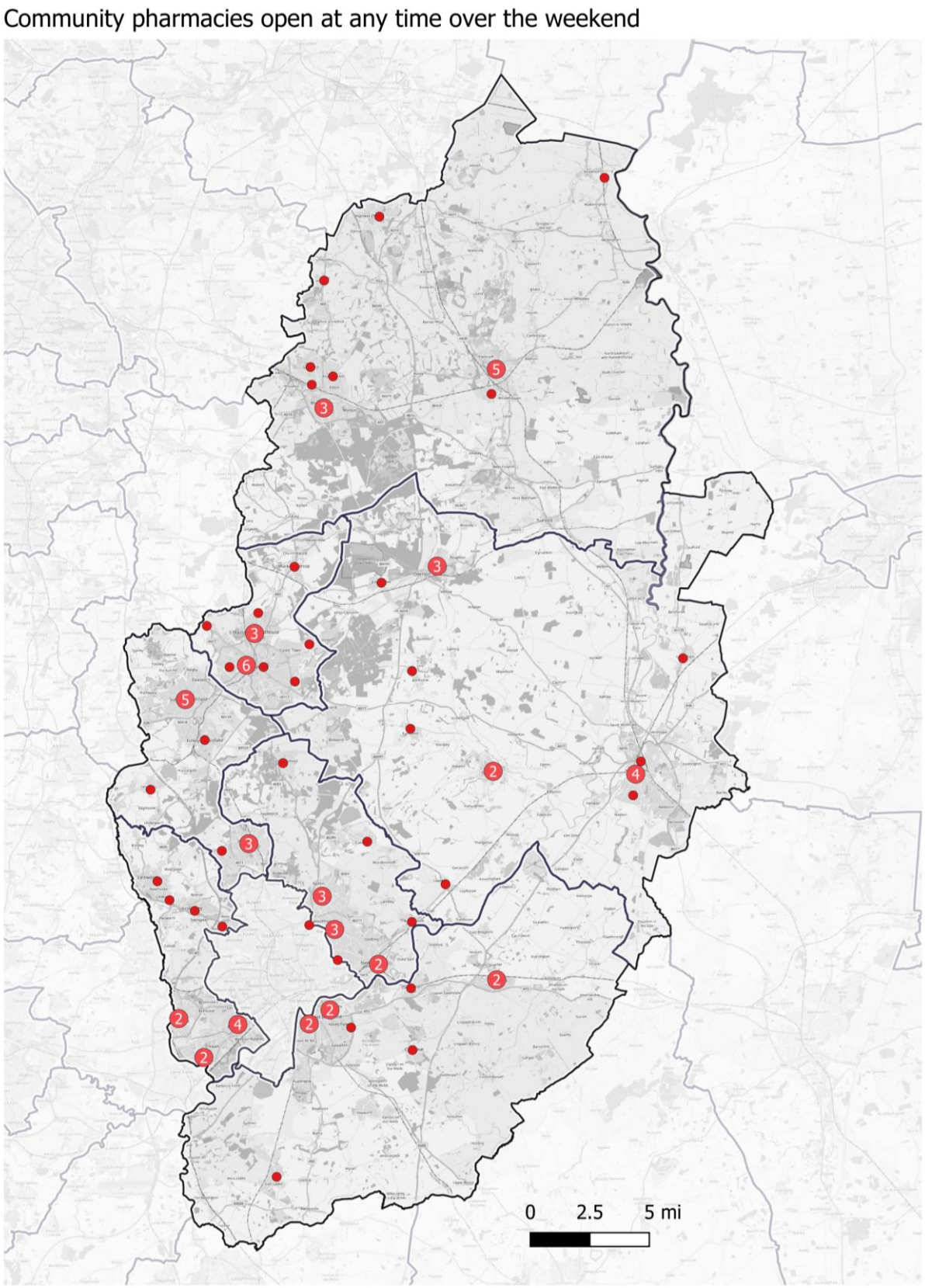
Area	Number (%) of pharmacies open beyond 6 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on a Sunday
Ashfield	5 (22%)	11 (48%)	2 (9%)
Bassetlaw	10 (45%)	15 (68%)	4 (18%)
Broxtowe	11 (50%)	12 (55%)	4 (18%)
Gedling	6 (26%)	12 (52%)	4 (17%)
Mansfield	8 (35%)	15 (65%)	7 (30%)
Newark and Sherwood	4 (17%)	16 (67%)	4 (17%)
Rushcliffe	7 (35%)	10 (50%)	5 (25%)
Nottinghamshire	**51 (32%)**	**91 (58%)**	**30 (19%)**

3.2.3.3 Routine weekend daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Nottinghamshire, 91 (58%) are open on Saturdays, the majority of which are open into the late afternoon. See Figure 36 below. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level in Section 6.2. Full details of all pharmacies open on a Saturday can be found in Appendix A.

Fewer pharmacies (30,19%) are open on Sundays than any other day in Nottinghamshire, which typically mirrors availability of other healthcare providers open on a Sunday. Please see Figure 36 below. Full details of all pharmacies open on a Sunday can be found in Appendix A.

Figure 36: Map of community pharmacies open at any time over the weekend in Nottinghamshire



3.2.3.4 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 pharmacy

Section 1.5.1.4.2 lists all the 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 locality 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.

It should be noted that 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 in comparison with the activity recorded in the 2022 PNA. For example, the Hypertension case finding service previously had low uptake across all localities however data suggests 87-100% of uptake from community pharmacies in all localities.

The SCS currently is not being provided in this area which is a similar picture nationally as demonstrated by the Community Pharmacy England Dashboards.[39]

The numbers in the table below represent the percentage of providers who have claimed payment for 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.

[39] 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 September-November 2024 (and signed up) for Advanced Services and Enhanced Services

Service	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark and Sherwood	Rushcliffe	Nottinghamshire
Pharmacy First	91% (96%)	100% (100%)	100% (100%)	78% (96%)	96% (91%)	100% (100%)	100% (100%)	**95% (97%)**
Flu Vaccination service	91%	100%	95%	83%	87%	100%	100%	**94%**
Pharmacy Contraception Service	43% (78%)	73% (86%)	68% (82%)	39% (83%)	70% (78%)	83% (100%)	55% (85%)	**62% (85%)**
Hypertension Case Finding Service	83% (87%)	100% (100%)	95% (100%)	78% (87%)	91% (87%)	96% (100%)	85% (100%)	**90% (94%)**
New Medicine Service	96%	100%	100%	96%	100%	100%	100%	**99%**
Smoking Cessation Service	0%	0%	0%	0%	0%	0%	0%	**0%**
Appliance Use Review*	0%	0%	0%	0%	4%	4%	0%	**1%**
Stoma Appliance Customisation*	0%	0%	0%	0%	4%	4%	0%	**1%**
LFD Service	43% (74%)	73% (82%)	45% (86%)	48% (74%)	48% (83%)	75% (92%)	55% (70%)	**55% (80%)**
COVID-19 Vaccination Service	(52%)	(45%)	(59%)	(26%)	(43%)	(71%)	(45%)	**(49%)**
Bank Holiday opening Service	(22%)	(27%)	(0%)	(9%)	(9%)	(17%)	(10%)	**(13%)**

Source: NHS BSA September-November 2024 based on dispensing data. (In brackets, list of pharmacies signed up to the service, where available).

* 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 Nottinghamshire although the RSV and Pertussis vaccination service 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 provide 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 3.2.2.4, 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 change 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)

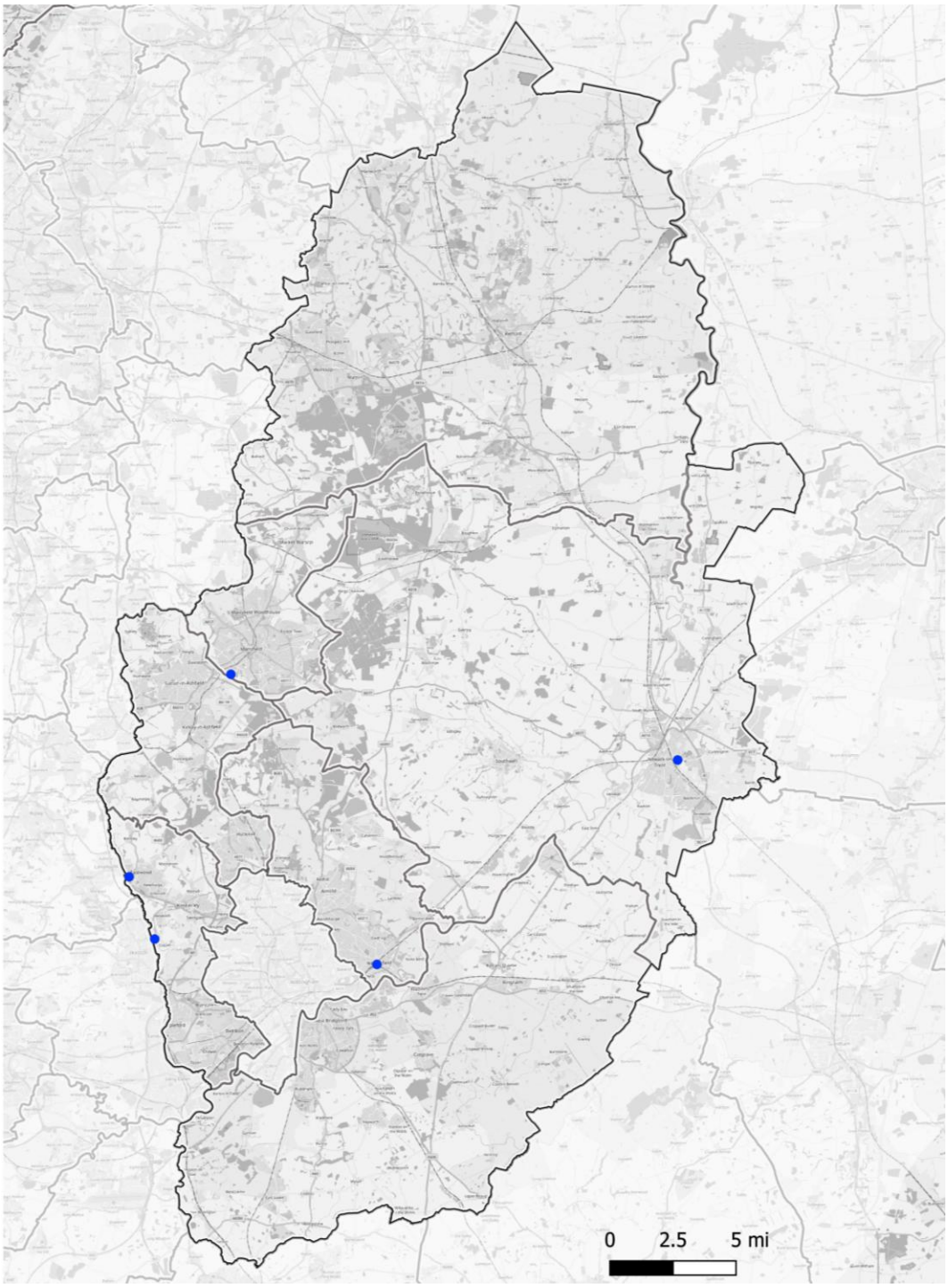
DACs are described in Section 1.5.2. There are three DACs in Nottinghamshire, based in Broxtowe, Mansfield and Newark and Sherwood localities.

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 Nottinghamshire.

There are 111 DACs in England.[40]

[40] 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

Figure 37: Map of Dispensing Appliance Contractors in Nottinghamshire

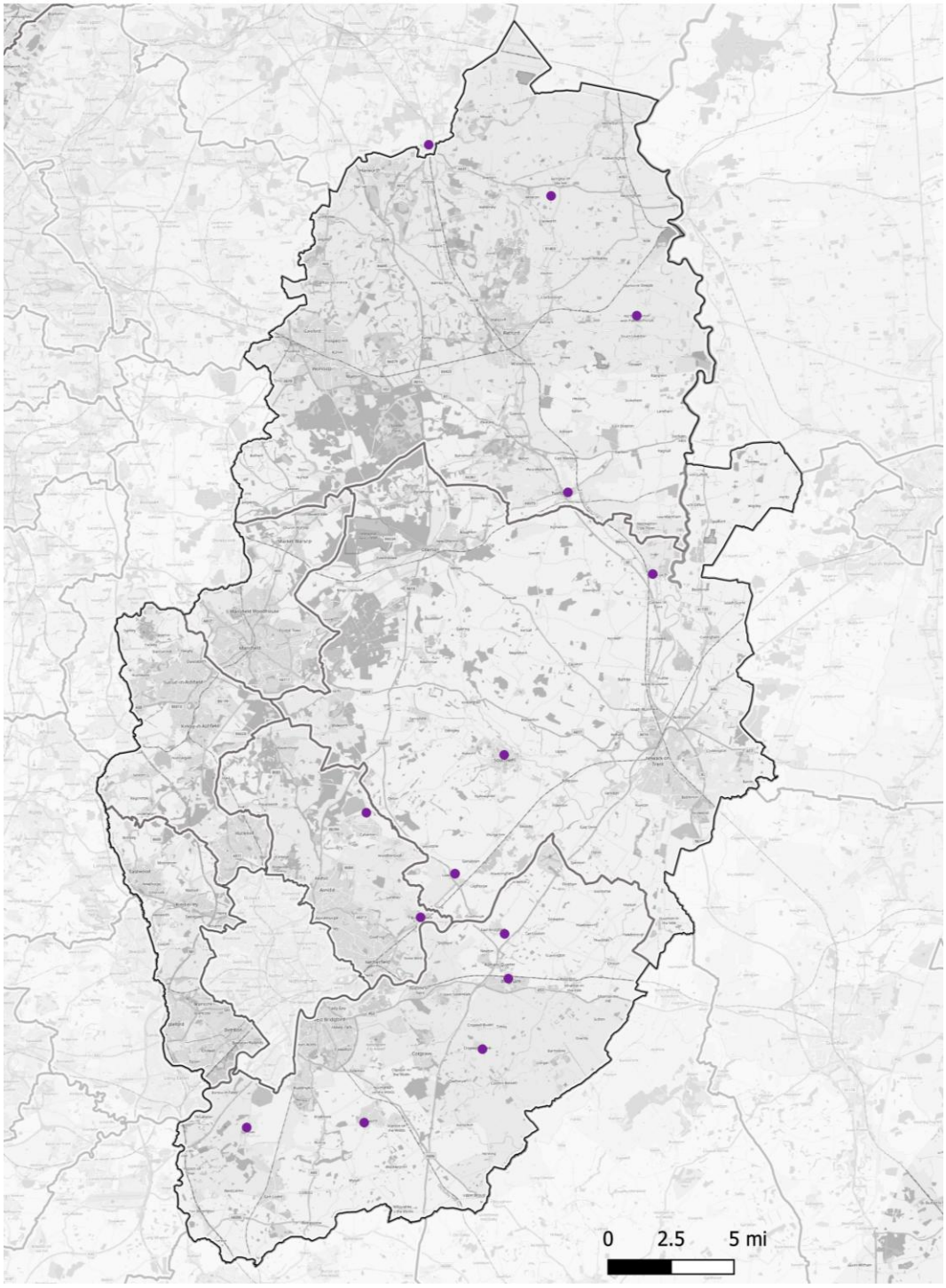


3.4 Dispensing GP practices

There are 12 dispensing GP practices in Nottinghamshire, providing access through two additional sites.

- Bassetlaw – three dispensing GP practices (all mains).
- Gedling – three dispensing GP practices (two mains and one branch).
- Newark & Sherwood - three dispensing GP practices (two mains and one branch).
- Rushcliffe – five dispensing GP practices (all mains).

Figure 38: Map of GP dispensing practices in Nottinghamshire



3.5 Pharmacy Access Scheme (PhAS) pharmacies

There are 20 PhAS providers in Nottinghamshire, distributed as shown in Table 17. Full details can be found in Appendix A.

Table 17: Pharmacy included in the Pharmacy Access Scheme per locality

Area	Number (%) of pharmacies in the PhAS
Ashfield	2 (9%)
Bassetlaw	3 (14%)
Broxtowe	5 (23%)
Gedling	2 (9%)
Mansfield	1 (4%)
Newark and Sherwood	5 (21%)
Rushcliffe	2 (10%)
Nottinghamshire	**20 (13%)**

3.6 Pharmaceutical service provision provided from outside Nottinghamshire

Nottinghamshire borders with five other HWBs and has good transport links. Populations may, therefore, find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. Neighbouring areas include: Nottingham City, South Yorkshire, Lincolnshire, Leicestershire and Derbyshire.

It is not practical to list here all those pharmacies outside Nottinghamshire area by which Nottinghamshire residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Nottinghamshire area boundaries, as shown in Figure 31 in Section 3.1. Further analysis of cross-border provision is undertaken in Section 6.

Analysis of dispensing data has highlighted out approximately 1,500,640 prescription items dispensed each month (between September –November 2024) by community pharmacies in Nottinghamshire, accounting for a monthly average of 9,558 items per pharmacy in Nottinghamshire.[41] This is higher than the England average of 7,109 items per pharmacy monthly and the East Midlands average of 7,580 in 2023-24.[42]

Around 85.6% of Nottinghamshire prescription items are dispensed by Nottinghamshire pharmacies. The other 14.4% are dispensed by community pharmacies located outside of Nottinghamshire (including DSPs).

[41] NHS BSA. Dispensing contractors' data September, October and November 2024. [Accessed February 2025] https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data

[42] 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

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.

4.1 ICB-commissioned services

The ICB that covers the HWB geography, Nottingham and Nottinghamshire ICB, commissions one service across Nottinghamshire. Details of providers can be found in Appendix A.

- ICBS1: Bank holiday opening
- ICBS2: Palliative care stockist scheme[43]

Table 18: ICB-commissioned services providers per locality

Area	Palliative care
Ashfield	1 (4%)
Bassetlaw	1 (5%)
Broxtowe	2 (9%)
Gedling	1 (4%)
Mansfield	1 (4%)
Newark and Sherwood	7 (29%)
Rushcliffe	4 (20%)
Nottinghamshire	**17 (11%)**

4.1.1 Independent prescribing pathfinder programme

There are three community pharmacies across Nottinghamshire that are part of the Independent Prescribing Pathfinder Scheme focused on 'on the day illness' and pharmacists prescribing within their scope of competence:

- Evans Newark, 33 Kirk Gate, Newark NG24 1AD.
- Evans East Leake, 12-14 Gotham Lane, East Leake, Loughborough, Leicestershire, LE12 6JG.
- Brinsley pharmacy, 1 Brynsmoor Road, Brinsley, NG16 5DD.

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

4.2 Local authority-commissioned services provided by community pharmacies in Nottinghamshire

NCC commissions five services from community pharmacies in Nottinghamshire.

Currently commissioned services by NCC are:

- LAS1: Supervised consumption.
- LAS2: Needle exchange.
- LAS3: Take home Naloxone.
- LAS4: C card scheme (condom distribution).
- LAS5: Emergency Hormonal Contraception (EHC).

These services may also be provided from other providers, for example GP practices and community health services. A full list of community pharmacy providers for each service in Nottinghamshire can be found in Appendix A.

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

Table 19: NCC-commissioned services providers per locality

Area	Supervised consumption	Needle exchange	Take home Naloxone	C card scheme	EHC
Ashfield	19 (83%)	3 (13%)	0 (0%)	7 (30%)	7 (30%)
Bassetlaw	17 (77%)	4 (18%)	0 (0%)	6 (27%)	8 (36%)
Broxtowe	16 (73%)	3 (14%)	1 (5%)	2 (9%)	6 (27%)
Gedling	15 (65%)	2 (9%)	0 (0%)	3 (13%)	6 (26%)
Mansfield	15 (65%)	4 (17%)	0 (0%)	4 (17%)	6 (26%)
Newark and Sherwood	15 (63%)	3 (13%)	1 (4%)	6 (25%)	9 (38%)
Rushcliffe	13 (65%)	2 (10%)	0 (0%)	1 (5%)	8 (40%)
Nottinghamshire	**110 (70%)**	**21 (13%)**	**2 (1%)**	**29 (18%)**	**50 (32%)**

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[44] 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.

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

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are seven DSPs based in Nottinghamshire, 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,[45] 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 1,059 responders to the public questionnaire, 62% have identified that they have a disability. It should be noted that out of the 88% that responded to the question on access needs, 22% stated a reduction in mobility.

4.3.3 Languages

All community pharmacies Nottinghamshire 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 services provided by dispensing GP practices

Although not listed as a pharmaceutical service within the PLPS, Dispensing Review of Use of Medicines (DRUMs) may be provided by a dispensing GP practice that has opted to provide the Dispensing Services Quality Scheme (DSQS). The DSQS is an optional service commissioned by NHSE for dispensing GP practices to provide annually. A DRUM is a face-to-face review with the patient to find out their compliance with an agreement to their prescribed medicines, and to help identify any problems that they may be having.

4.5 Other providers that reduce the need for pharmaceutical service provision

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

4.5.1 NHS hospitals

- Bassetlaw Hospital.
- King's Mill Hospital.
- Newark Hospital.
- Rampton Hospital.

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

4.5.2 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.

4.5.3 Prison pharmacies

- HMP Lowdham Grange, Lowdham.
- HMP Ranby, Ranby.
- HMP Whatton.

4.5.4 Substance use services

The following services are commissioned by NCC from pharmacies:

- Needle exchange.
- Supervised consumption.
- Take home Naloxone.

4.5.5 Flu vaccination service by GP Practices

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

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

4.6.1 Urgent care centres

- Gamston Medical Centre, Gamston District Centre, West Bridgeford, Nottingham, NG2 6PS.
- Urgent Care, Kings Mill Hospital, Mansfield Road, Sutton-in-Ashfield, NG17 4JL.
- Urgent Treatment Centre, Newark Hospital, Newark, NG24 4DE.
- Urgent Care, Bassetlaw Hospital, Worksop, S81 0BD.

4.6.2 Extended hours provided by Primary Care Networks (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.

4.6.3 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 home.

4.6.4 Dental services

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

4.7 Other services

The following are services provided by NHS pharmaceutical providers in Nottinghamshire, 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/appliances and support medicines management services to privately run care homes.
- Home delivery service, e.g. direct supply of medicines/appliances to the home.
- PGD service, e.g. hair loss therapy, travel clinics.
- Screening service, e.g. skin cancer.

Services will vary between provider 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 public in Nottinghamshire. This questionnaire was available online through 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 under request.

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

- Social media channels.
- NCC staff, councillors and HWB members.
- NCC network including distribution through: commissioned services and partners, emails to residents, Early Help and Communities teams, libraries, The Polish Village, Nottinghamshire Smoking and Tobacco Alliance, External Adult Social Care and Health providers, Mid Nottinghamshire Integrated Care Partnership stakeholders, Bassetlaw Place-Based Partnership, district and borough councils.
- Healthwatch Nottinghamshire 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.
- Nottinghamshire Community and Voluntary Service partners.
- Promoted by Healthy Communities team members and practitioners, and Health and Wellbeing Community Champions.

There were 1,059 responses, of which 1,051 were to the online survey and eight were completed as paper copies. Responses come from a population of 844,494 (0.13%), 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 locality.

When reporting of 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 report of the results can be found in Appendix D.

5.1 Demographic analysis

- 70% of the respondents identified themselves as female, 28% as male, 2% preferred not to say.
- The majority answering the survey were aged between 65-74 (29%), followed by the 55-64 (24 %) age group, and the 45-54 age group (13%). There were no responses for the under 18 age group and only one response for the 18-24 age group.

- 61% identified themselves as disabled and 4% preferred not to say.
- The majority of respondents came from a White background (96%) and 2% preferred not to say. The ethnicity distribution of the remaining 2% was distributed fairly evenly between the rest of the options, with the highest number of the remaining 2% being Asian – Indian (5 responses). Only two options had no responses, Black – African and Black – other.
- For religion, most of the respondents identified as Christian (51%), followed by 34% who answered no religion or belief; 9% of the respondents preferred not to say and the remaining 4% mainly consisted of Humanists, Jewish, Buddhist and Muslim.
- The sexual orientation of respondents was predominantly heterosexual (89%), 8% preferred not to say, 1% identified themselves as gay, <0.5% as lesbian and 1% as bisexual.

5.2 Visiting a pharmacy

- 87% had a regular or preferred local community pharmacy. Only 1% stated that they exclusively used an online pharmacy and 7% said that they used a combination of both.
- Most of the respondents (39%) visited a pharmacy once a month and was closely followed by the option of a few times a month (36%). A further 13% opted for once every few months.
- The most popular time for visiting a pharmacy was between 9am and 1pm, preferred on weekdays by 34% and Saturday by 35% of those that chose that time band. The next preferred option was weekdays between 1pm and 7pm (37% of those that selected this time band).

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (87%) was to collect prescriptions for themselves. A further 53% went to buy over-the-counter medicines.
- 48% of responses visited to collect prescriptions for somebody else.
- 41% indicated that they went to get advice from a pharmacist.
- Of the 9% of respondents that stated other reasons, vaccinations 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 availability of medication was a very important factor (80%) when choosing a pharmacy. This was followed by quality of service (expertise) (73%), location of pharmacy (69%) and customer service (66%).
- Public transport, accessibility (wheelchair / buggy access), communication (languages / interpreting services) were considered as not being important at all by 74%, 69% and 70% respectively.

5.5 Access to a pharmacy

- The main method of travelling to a pharmacy was by car (53%) followed by walking (35%).
- Only 2% indicated that they do not travel to a pharmacy but instead use a delivery service/online pharmacy.
- 87% reported that they were able to travel to a pharmacy in less than 20 minutes and overall 96% being able to get to their pharmacy within 30 minutes. 1% stated that it took them longer, between 30-40 minutes, to get to their pharmacy and 3% said that they did not travel to the pharmacy.

5.6 Additional insights from Healthwatch Nottingham & Nottinghamshire

Healthwatch Nottingham & 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.[46]

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.
- 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.

[46] 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

Section 6: Analysis of health needs and pharmaceutical service provision

This chapter looks at the analysis of health needs and pharmaceutical services to identify any current or potential future gaps in pharmaceutical service provision in Nottinghamshire.

6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Nottinghamshire have been analysed, taking into consideration the priorities outlined in the NHS Long Term Plan, JSNA, JHWS, 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 Nottinghamshire. Some of these services are Essential Services and 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 174 contractors in Nottinghamshire, of which 157 are community pharmacies (including seven DSPs). Table 7 in Section 3.1 provides a breakdown by contractor type and Table 15 in Section 3.2.2.2 provides a breakdown of the number and percentage of community pharmacies open beyond 6 pm and weekends. Individual community pharmacy opening times are listed in Appendix A.

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

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

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 narrative; as mentioned in Section 3.2.4, DACs typically provides 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 locality can be found in Section 3.2.3, Section 3.2.4 and Section 4 respectively.

For the purpose of the PNA, the Nottinghamshire geography has seven localities:

- Ashfield.
- Bassetlaw.
- Broxtowe.
- Gedling.
- Mansfield.
- Newark and Sherwood.
- Rushcliffe.

The following have been considered as part of the assessment for Nottinghamshire 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 Nottinghamshire from the JSNA, JHWS and the ICS.
- 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 lifestyle choices people make across Nottinghamshire.
- 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 locality.
- What choice do individuals have to which pharmacy they choose to visit.
- Weekend and evening access across each locality.
- How long it takes to travel to the nearest pharmacy based on various transportation methods.
- What services are provided across each locality.
- The views of the public on pharmaceutical service provision.

6.2.1 Ashfield

Ashfield locality has a population of 128,360, of which 91.82% is White British, 3.31% is White Other, 1.64% is mixed ethnicity, 1.55% is Asian, 1.26% is back and 0.44% is other ethnicities. This locality is one of two localities where the majority of the population lives in relatively higher levels of deprivation. The locality is mostly urban with a higher relative population density between the centre and north of the locality. The number of households in Ashfield that own a car or van is 79.5%, which is below the Nottinghamshire level (81.7%) and above the England level (76.5%).

The travel analysis showed:

- 100% of the population which access to private transport can get to a pharmacy in 10 minutes driving.
- 98.9% to 100% of the population who is able to walk can get to a pharmacy in 20-30 minutes walking.

Ashfield is below life expectancy for Nottinghamshire and England values for both men and women. Obesity levels for children at reception stage and 6-11 years have higher obesity levels than the Nottinghamshire and England Values. The locality has higher alcohol related admissions and deaths than the Nottinghamshire and England average. For sexual health Ashfield has higher teenage conception and STI diagnosis levels than the Nottinghamshire level. Ashfield has the highest level of diabetes out of all the localities.

6.2.1.1 Necessary Services: current provision

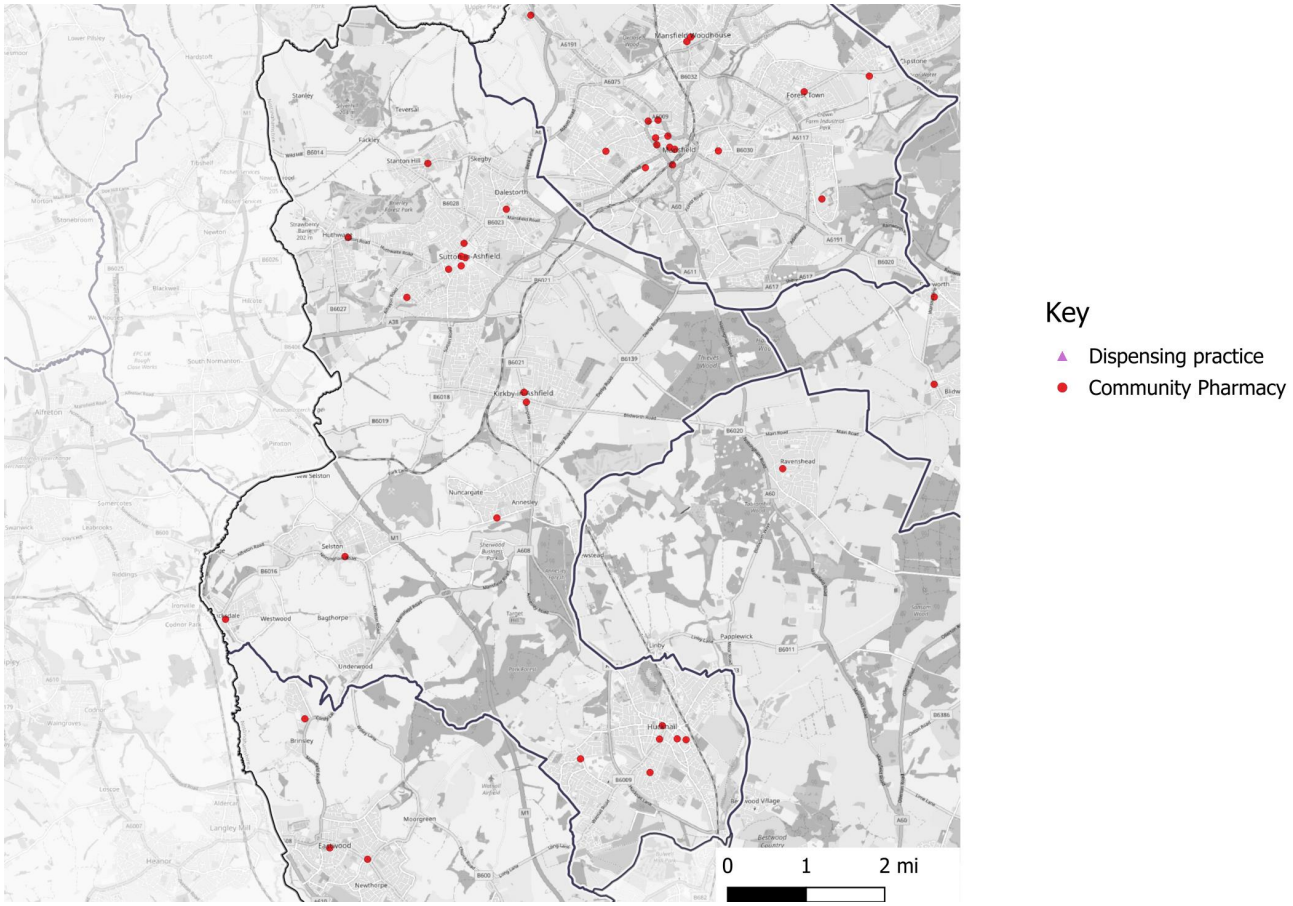
There are 23 community pharmacies in Ashfield. The estimated average number of community pharmacies per 100,000 population is 17.9, which is slightly lower than the England average of 18.1 and lower than the Nottinghamshire average of 18.6. Of the 23 community pharmacies, 20 (87%) hold a standard 40-core hour contract and two (9%) are 72+ hour pharmacies. There is one DSP (4%), no DACs and no dispensing practices in Ashfield.

Two of the community pharmacies are included in the Pharmacy Access Scheme.

Of the 23 community pharmacies:

- Five pharmacies (22%) are open after 6 pm on weekdays.
- 11 pharmacies (48%) are open on Saturdays.
- Two pharmacies (9%) are open on Sundays.
- 22 pharmacies (96%) are signed up to provide the Pharmacy First Advanced Service.

Figure 39: Map of pharmacy contractors in Ashfield



There are also a number of accessible providers open in the neighbouring localities of Mansfield, Newark and Sherwood, Gedling and Broxtowe, as well as in Nottingham City and Derbyshire.

6.2.1.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 2.1%, and the number of dwellings has will increase from 2025/6 to 2027/28 by 880. This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

Nottinghamshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality 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 Ashfield locality.

6.2.1.3 Other relevant services: current provision

Table 20 shows the pharmacies providing the Relevant Advanced and Enhanced services in Ashfield.

Table 20: Ashfield Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	21 (91%)
Pharmacy Contraception	18 (78%)	10 (43%)
Hypertension case-finding	20 (87%)	19 (83%)
New Medicine Service	-	22 (96%)
Lateral Flow Device Tests Supply	17 (74%)	10 (43%)
COVID-19 Vaccination Service	12 (52%)	-
Bank Holiday opening service	5 (22%)	-

*Based on pharmacies claiming payment in September-November 2024.

There is good to very good provision of most of the Relevant Services across Ashfield.

No gaps in the provision of Relevant Services have been identified for Ashfield locality.

6.2.1.4 Improvements and better access: gaps in provision

Regarding access to services commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – one pharmacy (4%) offer this service.

Regarding access to services commissioned by NCC:

- Supervised consumption – 19 pharmacies (83%) offer this service.
- Needle exchange – three pharmacies (13%) offer this service.
- Take home Naloxone – no pharmacies offer this service.
- C card scheme – seven pharmacies (30%) offer this service.
- EHC – seven pharmacies (30%) offer this service.

All of the Advanced, Enhanced and Locally Commissioned Services are available in Ashfield or in the neighbouring localities 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 increase uptake of the recently introduced Advanced Services. The ICS 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 Ashfield locality.

6.2.2 Bassetlaw

Bassetlaw locality has a population of 122,286, of which 91.96% is White British, 4.48% is White Others, 1.23% is Asian, 1.19% is mixed ethnicity, 0.63% is Black and 0.5% is other ethnicity. There is a mixture of relatively moderate to high deprivation concentrated across Bassetlaw. Bassetlaw is predominantly rural, with numerous villages and expansive surrounding countryside. As a result, it has the lowest population density in Nottinghamshire. The number of households in Bassetlaw that own a car or van is 82.8% which is above the Nottinghamshire average (81.7) and the England average (76.5%).

The travel analysis showed:

- 100% of the population with access to a private transport could get to a pharmacy in 20 minutes drive.
- 78.6% to 84.2% of the population who is able to walk can get to a pharmacy in 20-30 minutes walking.

Bassetlaw has a lower life expectancy than both Nottinghamshire and England for both men and women. Childhood obesity rates at reception and Year 6 are higher than the Nottinghamshire and England averages. Atrial fibrillation (AF) levels exceed both Nottinghamshire and national figures, and the recorded prevalence of heart failure is also higher than both benchmarks.

6.2.2.1 Necessary Services: current provision

There are 22 community pharmacies in Bassetlaw. The estimated average number of community pharmacies per 100,000 population is 18.0, which is just lower than the England average of 18.1 and lower than the Nottinghamshire average of 18.6. Of the 22 community pharmacies, 18 (82%) hold a standard 40-core hour contract, three (14%) are 72+ hour pharmacies and one (5%) is a DSP. There are no DACs in Bassetlaw but three dispensing practices.

Three of the community pharmacies are included in the Pharmacy Access Scheme.

Of the 22 community pharmacies:

- Ten pharmacies (45%) are open after 6pm on weekdays
- 15 pharmacies (68%) are open on Saturdays
- Four pharmacies (18%) are open on Sundays
- All 22 pharmacies are signed up to provide the Pharmacy First Advanced Service

Figure 40: Map of pharmacy contractors in Bassetlaw



There are also a number of accessible providers open in the neighbouring localities of Mansfield and Newark and Sherwood, as well as in South Yorkshire and Lincolnshire.

6.2.2.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 1.7%, and the number of dwellings is expected to increase from 2024/25 to 2027/28 by 2,242. This small increase can be easily absorbed by the existing community pharmacy network. The small population projected population growth should not impact access to pharmaceutical services.

Nottinghamshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality 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 Bassetlaw locality.

6.2.2.3 Other relevant services: current provision

Table 21 shows the pharmacies providing Relevant Advanced and Enhanced services in Bassetlaw.

Table 21: Bassetlaw Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	22 (100%)
Pharmacy Contraception	19 (86%)	16 (73%)
Hypertension case-finding	22 (100%)	22 (100%)
New Medicine Service	-	22 (100%)
Lateral Flow Device Tests Supply	18 (82%)	16 (73%)
COVID-19 Vaccination Service	10 (45%)	-
Bank Holiday opening service	6 (27%)	-

*Based on pharmacies claiming payment in September-November 2024.

There is good to very good provision of most of the Relevant Services across Bassetlaw.

No gaps in the provision of Relevant Services have been identified for Bassetlaw locality.

6.2.2.4 Improvements and better access: gaps in provision

Regarding access to services commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – one pharmacy (five%) offers this service

Regarding access to services commissioned by NCC:

- Supervised consumption – 17 pharmacies (77%) offer this service
- Needle exchange – four pharmacies (18%) offer this service
- Take home Naloxone – no pharmacies offer this service
- C card scheme – six pharmacies (27%) offer this service
- EHC – eight pharmacies (36%) offer this service

All of the Advanced, Enhanced and Locally Commissioned Services are available in Bassetlaw or in the neighbouring localities 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 increase uptake of the recently introduced Advanced Services. The ICS 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 Bassetlaw locality.

6.2.3 Broxtowe

Broxtowe locality has a population of 113,172, of which 84.49% is White British, 5.55% is Asian 4.42% is White Other, 2.53% is mixed ethnicity, 1.68% is black and 1.32% is of other ethnicities. This locality has low to moderate deprivation, with smaller pockets of higher deprivation in the north of the locality. Population density is low across the majority of the area, with patches of relatively higher population density in the south. The number of households in Broxtowe that own a car or van is 80.1% which is below the Nottinghamshire average (81.7%) and above the England average (76.5%).

The travel analysis showed:

- 100% of the population with access to private transport could get to a pharmacy in 10 minutes drive.
- 98% to 100% of the population who are able to walk can get to a pharmacy in 20-30 minutes walking.

Broxtowe is slightly above life expectancy for Nottinghamshire and similar England values for females, life expectancy for males is higher than Nottinghamshire and England values. Broxtowe has a higher smoking cessation prevalence than both the Nottinghamshire and England averages. QOF data also indicates a higher prevalence of patients with schizophrenia, bipolar disorder or other psychoses in this locality.

6.2.3.1 Necessary Services: current provision

There are 22 community pharmacies in Broxtowe. The estimated average number of community pharmacies per 100,000 population is 19.4, which is higher than the England average of 18.1 and higher than the Nottinghamshire average of 18.6. Of the 22 community pharmacies, 19 (86%) hold a standard 40-core hour contract, two (9%) are 72+ hour pharmacies and one (5%) is a DSP. There is also one DAC in Broxtowe but there are no GP dispensing practices.

Five of the community pharmacies are included in the Pharmacy Access Scheme.

Of the 22 community pharmacies:

- 11 pharmacies (50%) are open after 6pm on weekdays.
- 12 pharmacies (55%) are open on Saturdays.
- Four pharmacies (18%) are open on Sundays.
- All 22 pharmacies are signed up to provide the Pharmacy First Advanced Service.

Figure 41: Map of pharmacy contractors in Broxtowe



There are also a number of accessible providers open in the neighbouring localities of Ashfield, Gedling and Rushcliffe, as well as in Nottingham City and Derbyshire.

6.2.3.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 1.3%, and the number of dwellings is projected to increase from 2024/25 to 2027/28 by 1,796. This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

Nottinghamshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality 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 Broxtowe locality.

6.2.3.3 Other relevant services: current provision

Table 22 shows the pharmacies providing Relevant Advanced and Enhanced services in Broxtowe.

Table 22: Broxtowe Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	21 (95%)
Pharmacy Contraception	18 (82%)	15 (68%)
Hypertension case-finding	22 (100%)	21 (95%)
New Medicine Service	-	22 (100%)
Lateral Flow Device Tests Supply	19 (86%)	10 (45%)
COVID-19 Vaccination Service	13 (59%)	-
Bank Holiday opening service	0 (0%)	-

*Based on pharmacies claiming payment in September-November 2024.

There is good to very good provision of most of the Relevant Services across Broxtowe.

No gaps in the provision of Relevant Services have been identified for Broxtowe locality.

6.2.3.4 Improvements and better access: gaps in provision

Regarding access to services commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – two pharmacies (9%) offer this service.

Regarding access to services commissioned by NCC:

- Supervised consumption – 16 pharmacies (73%) offer this service.
- Needle exchange – three pharmacies (14%) offer this service.
- Take home Naloxone – one pharmacy (5%) offers this service.
- C card scheme – two pharmacies (9%) offer this service.
- EHC – six pharmacies (27%) offer this service.

All of the Advanced, Enhanced and Locally Commissioned Services are available in Broxtowe or in the neighbouring localities 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 increase uptake of the recently introduced Advanced Services. The ICS 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 Broxtowe locality.

6.2.4 Gedling

Gedling locality has a population of 118,563, of which 85.9% is White British, 3.8% is Asian, 3.8% is White Other, 3.5% is Mixed Ethnicities, 2.2% is Black and 0.8% is other ethnicities. This locality experiences the least deprivation in the south and moderate deprivation in the north. Population density is generally low across most of the area but increases in the southeast, near the border with Nottingham City. The number of households in Gedling that own a car or van is 81.1%, which is slightly below the Nottinghamshire level (81.7%) and above the England level (76.5%).

The travel analysis showed:

- 100% of the population with access to private transport could get to a pharmacy in 10 minutes driving.
- 93.6% to 97.6% of the population who are able to walk can get to a pharmacy in 20-30 minutes walking.

Gedling is above life expectancy for Nottinghamshire and England values for both men and women. Asthma prevalence in this locality is the highest compared to both Nottinghamshire and England. Clinical indicators for CHD, AF, and hypertension are above the national average but below the Nottinghamshire average. Overall, Gedling is considered one of the healthier localities in the county.

6.2.4.1 Necessary Services: current provision

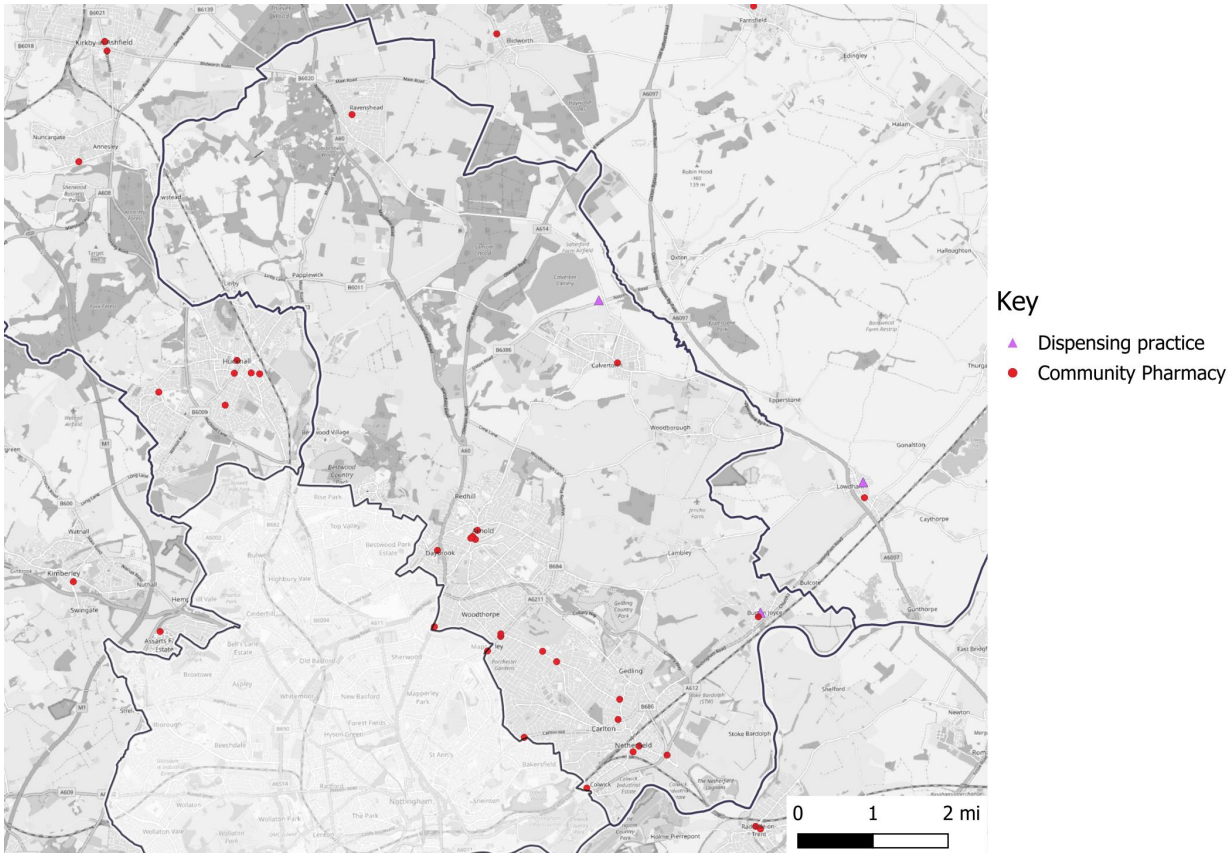
There are 23 community pharmacies in Gedling. The estimated average number of community pharmacies per 100,000 population is 19.4, which is higher than the England average of 18.1 and the Nottinghamshire average of 18.6. Of the 23 community pharmacies, 18 (78%) hold a standard 40-core hour contract, three (13%) are 72+ hour pharmacies and two (9%) are DSPs. There are no DACs in Gedling but there are three GP dispensing practices (two mains and one branch).

Two of the community pharmacies are included in the Pharmacy Access Scheme.

Of the 23 community pharmacies:

- Six pharmacies (26%) are open after 6 pm on weekdays.
- 12 pharmacies (52%) are open on Saturdays.
- Four pharmacies (17%) are open on Sundays.
- 22 pharmacies (96%) are signed up to provide the Pharmacy First Advanced Service.

Figure 42: Map of pharmacy contractors in Gedling



There are also a number of accessible providers open in the neighbouring localities of Ashfield, Mansfield, Newark and Sherwood and Rushcliffe, as well as in Nottingham City.

6.2.4.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 1.3%, and the number of dwellings has increased/decreased from 2024/25 to 2027/28 by 1,790. This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

Nottinghamshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality 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 Gedling locality.

6.2.4.3 Other relevant services: current provision

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

Table 23: Gedling Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	19 (83%)
Pharmacy Contraception	19 (83%)	9 (39%)
Hypertension case-finding	20 (87%)	18 (78%)
New Medicine Service	-	22 (96%)
Lateral Flow Device Tests Supply	17 (74%)	11 (48%)
COVID-19 Vaccination Service	6 (26%)	-
Bank Holiday opening service	2 (9%)	-

*Based on pharmacies claiming payment in September-November 2024.

There is good to very good provision of most of the Relevant Services across Gedling.

No gaps in the provision of Relevant Services have been identified for Gedling locality.

6.2.4.4 Improvements and better access: gaps in provision

Regarding access to **services commissioned by Nottingham and Nottinghamshire ICB**:

- Palliative care – one pharmacy (4%) offers this service

Regarding access to **services commissioned by NCC**:

- Supervised consumption – 15 pharmacies (65%) offer this service
- Needle exchange – two pharmacies (9%) offer this service
- Take home Naloxone – no pharmacies offer this service
- C card scheme – three pharmacies (13%) offer this service
- EHC – six pharmacies (26%) offer this service

All of the Advanced, Enhanced and Locally Commissioned Services are available in Gedling or in the neighbouring localities 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 increase uptake of the recently introduced Advanced Services. The ICS 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 would secure improvements or better access to services across Gedling locality.

6.2.5 Mansfield

Mansfield locality has a population of 112,091, of which 87.3% is White British, 7.46% is White Other, 2.03% is Asian,1.38% is Mixed Ethnicity, 1.07% is Black and 0.76% is other ethnicities. This locality experiences some of the highest levels of deprivation in the county and has the highest population density in Nottinghamshire. The number of households in Mansfield that own a car or van is 78.1% which is below the Nottinghamshire level (81.7) and above the England level (76.5%).

The travel analysis showed:

- 100% of the population with access to private transport could get to a pharmacy in 10 minutes driving.
- 100% of the population who are able to walk can get to a pharmacy in 20 minutes walking.

Obesity rates among reception-age children in Mansfield are similar to the Nottinghamshire and England averages. However, childhood obesity for ages 6-11 is higher than both benchmarks. Mansfield also has a higher prevalence of COPD and high diabetes prevalence compared to Nottinghamshire and England.

6.2.5.1 Necessary Services: current provision

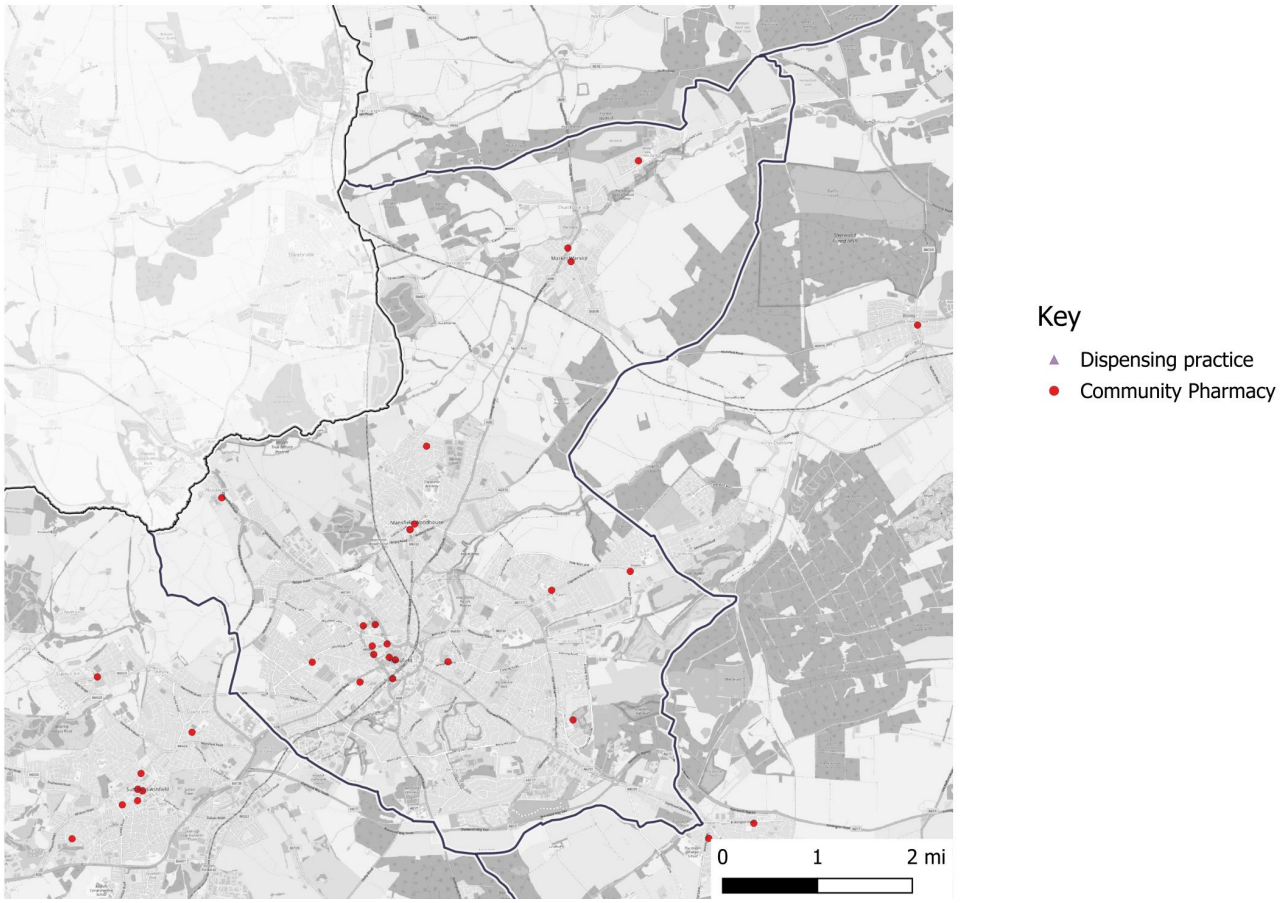
There are 23 community pharmacies in Mansfield. The estimated average number of community pharmacies per 100,000 population is 20.5, which is higher than the England average of 18.1 and the Nottinghamshire average of 18.6. Of the 23 community pharmacies, 16 (70%) hold a standard 40-core hour contract, five (22%) are 72+hour pharmacies and two (9%) are DSPs. There is also one DAC in Mansfield, but there are no GP dispensing practices.

One of the community pharmacies is included in the Pharmacy Access Scheme.

Of the 23 community pharmacies:

- Eight pharmacies (35%) are open after 6 pm on weekdays.
- 15 pharmacies (65%) are open on Saturdays.
- Seven pharmacies (30%) are open on Sundays.
- 22 pharmacies (96%) provide the Pharmacy First Advanced Service.

Figure 43: Map of pharmacy contractors in Mansfield



There are also a number of accessible providers open in the neighbouring localities of Ashfield, Newark and Sherwood and Bassetlaw, as well as in Derbyshire.

6.2.5.2 Necessary Services: gaps in provision

There is very pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 1.4%, and the number of dwellings has increased/decreased from 2024/25 to 2027/28 by 1,652. This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

Nottinghamshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality 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 Mansfield locality.

6.2.5.3 Other relevant services: current provision

Table 24 shows the pharmacies providing Relevant Advanced and Enhanced services in Mansfield.

Table 24: Mansfield Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	20 (87%)
Pharmacy Contraception	18 (78%)	16 (70%)
Hypertension case-finding	20 (87%)	21 (91%)
New Medicine Service	-	23 (100%)
Lateral Flow Device Tests Supply	19 (83%)	11 (48%)
COVID-19 Vaccination Service	10 (43%)	-
Bank Holiday opening service	2 (9%)	-

*Based on pharmacies claiming payment in September-November 2024.

There is good to very good provision of most of the Relevant Services across Mansfield.

No gaps in the provision of Relevant Services have been identified for Mansfield locality.

6.2.5.4 Improvements and better access: gaps in provision

Regarding access to services commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – one pharmacy (4%) offers this service.

Regarding access to services commissioned by NCC:

- Supervised consumption – 15 pharmacies (65%) offer this service.
- Needle exchange – four pharmacies (17%) offer this service.
- Take home Naloxone – no pharmacies offer this service.
- C card scheme – four pharmacies (17%) offer this service.
- EHC – six pharmacies (26%) offer this service.

Nearly all of the Advanced, Enhanced and Locally Commissioned Services are available in Mansfield or in the neighbouring localities 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 increase uptake of the recently introduced Advanced Services. The ICS 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 Mansfield locality.

6.2.6 Newark and Sherwood

Newark and Sherwood locality has a population of 126,168, of which 91.06% is White British, 5.21% is White Other, 1.5% Mixed Ethnicity, 1.15% Asian, 0.65% is Black and 0.43% is other ethnicities.

Newark and Sherwood is the largest locality, encompassing a vast rural region within the historic Sherwood Forest. Population density is among the lowest in the county but increases around Newark-on-Trent. Most of the locality has low to moderate deprivation, while the northeast faces higher levels of deprivation.

The number of households in Newark and Sherwood that own a car or van 83.8%, which is above the Nottinghamshire level (81.7%) and the England level (76.5%).

The travel analysis showed:

- 100% of the population with access to private transport could get to a pharmacy in 10 minutes driving.
- 76.4% to 86.3% of the population who are able to walk can get to a pharmacy in 20-30 minutes walking.

In Newark and Sherwood, the prevalence of cancer, AF and CHD is higher than both the England averages. Asthma and COPD prevalence are above the national average but below the Nottinghamshire average.

6.2.6.1 Necessary Services: current provision

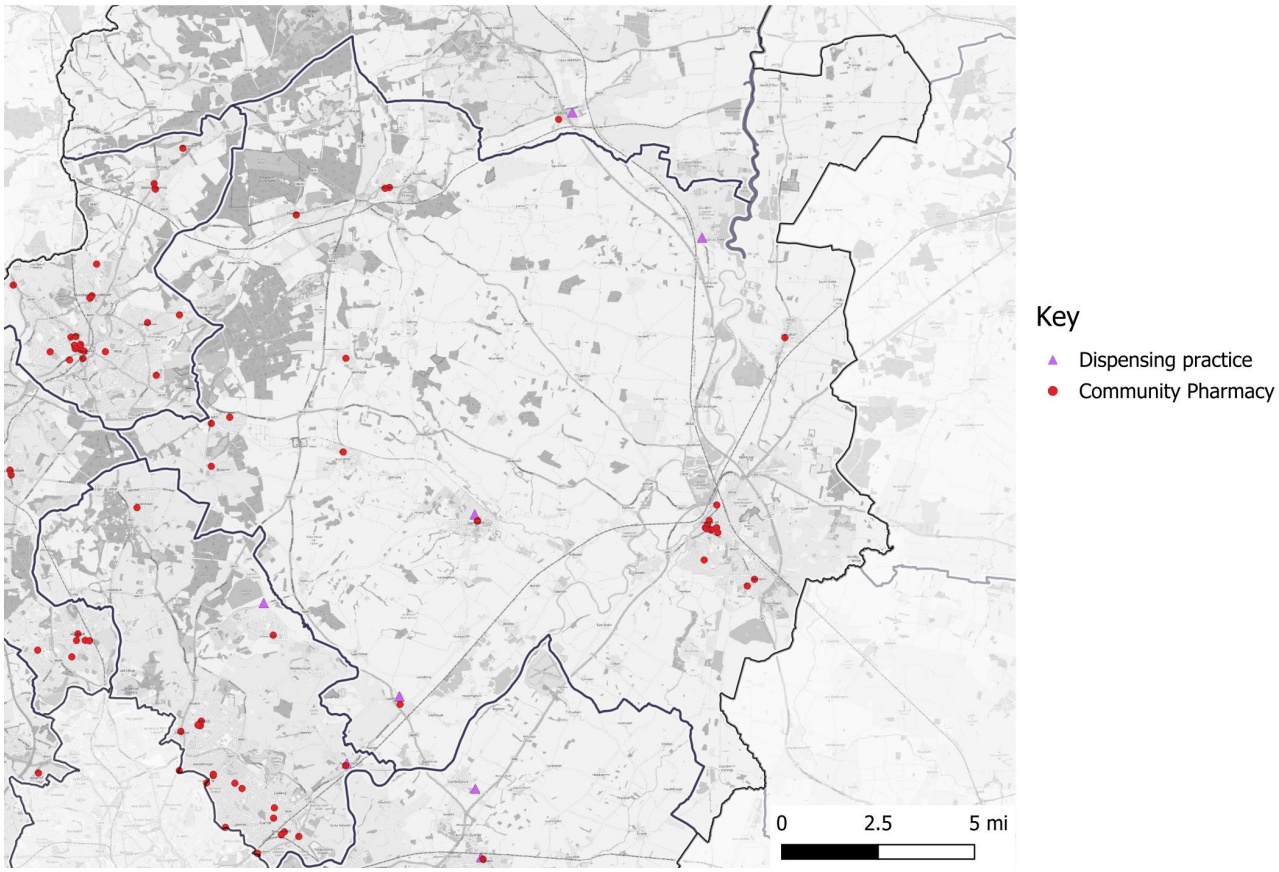
There are 24 community pharmacies in Newark and Sherwood. The estimated average number of community pharmacies per 100,000 population in Newark and Sherwood is 19.0, which is higher the England average of 18.1 and higher than the Nottinghamshire average of 18.6. There are 20 (83%) pharmacies that hold a standard 40-core hour contract and four 72+ hour pharmacies (17%), with no DSPs in this locality. There is also one DAC and three dispensing GP practices in Newark and Sherwood (two mains and one branch).

Five of the community pharmacies are included in the Pharmacy Access Scheme.

Of the 24 community pharmacies:

- Four pharmacies (17%) are open after 6 pm on weekdays.
- 16 pharmacies (67%) are open on Saturdays.
- Four pharmacies (17%) are open on Sundays.
- All 24 pharmacies are signed up to provide the Pharmacy First Advanced Service.

Figure 44: Map of pharmacy contractors in Newark and Sherwood



There are also a number of accessible providers open in the neighbouring localities of Mansfield, Ashfield, Bassetlaw, Gedling and Rushcliffe; and the HWB areas of Lincolnshire and Leicestershire.

6.2.6.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 1.7%, and the number of dwellings is projected to increase from 2024/25 to 2026/27 by 1,573. This can be easily absorbed by the existing community pharmacy network. The projected population growth should not impact access to pharmaceutical services.

Nottinghamshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality 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 Newark and Sherwood locality.

6.2.6.3 Other relevant services: current provision

Table 25 shows the pharmacies providing Relevant Advanced and Enhanced services in Newark and Sherwood.

Table 25: Newark and Sherwood Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	24 (100%)
Pharmacy Contraception	24 (100%)	20 (83%)
Hypertension case-finding	24 (100%)	23 (96%)
New Medicine Service	-	24 (100%)
Lateral Flow Device Tests Supply	22 (92%)	18 (75%)
COVID-19 Vaccination Service	17 (71%)	-
Bank Holiday opening service	4 (17%)	-

*Based on pharmacies claiming payment in September-November 2024.

There is good to very good provision of all the Relevant Services across Newark and Sherwood.

No gaps in the provision of Relevant Services have been identified for Newark and Sherwood locality.

6.2.6.4 Improvements and better access: gaps in provision

Regarding access to services commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – seven pharmacies (29%) offer this service.

Regarding access to services commissioned by NCC:

- Supervised consumption – 15 pharmacies (63%) offer this service.
- Needle exchange – three pharmacies (13%) offer this service.
- Take home Naloxone – one pharmacy (4%) offer this service.
- C card scheme – six pharmacies (25%) offer this service.
- EHC – nine pharmacies (38%) offer this service.

All of the Advanced, Enhanced and Locally Commissioned Services are available in Newark and Sherwood 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 increase uptake of the recently introduced Advanced Services. The ICS 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 Newark and Sherwood locality.

6.2.7 Rushcliffe

Rushcliffe locality has a population of 123,854, of which 86.7% is White British, 5.7% is Asian, 6.3% is White Other, 2.7% is mixed ethnicity, 0.9% is Black and 0.9% is other ethnicities. This locality has some of the lowest levels of deprivation in the area. It is predominantly rural with a low population density, which increases to moderate levels in the towns of Bingham and Cotgrave and West Bridgeford being the most densely populated. The number of households in Rushcliffe that own a car or van is 86.5% which is above the Nottinghamshire level (81.7%) and the England level (76.5%).

The travel analysis showed:

- 100% of the population which access to private transport could get to a pharmacy in 10 minutes drive.
- 78.1% to 83.6% of the population who are able to walk can get to a pharmacy in 20-30 minutes walking.

Heart failure and hypertension prevalence are near the England average but below the Nottinghamshire average. Cancer prevalence is higher than the England average and equal to the Nottinghamshire average.

6.2.7.1 Necessary Services: current provision

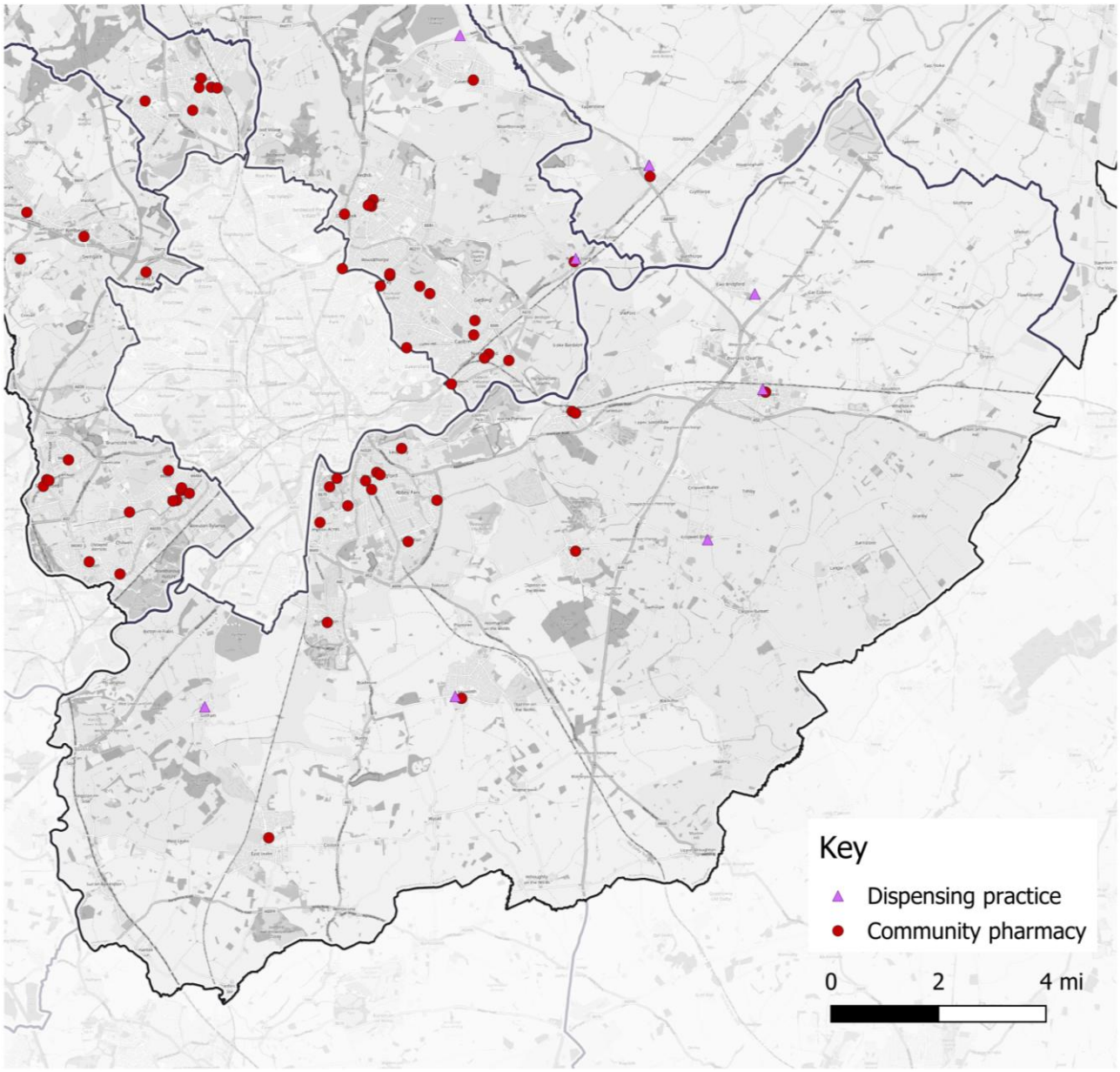
There are 20 community pharmacies in Rushcliffe. The estimated average number of community pharmacies per 100,000 population in Rushcliffe is 16.1, which is lower than the England average of 18.1 and the Nottinghamshire average of 18.6. There are 18 (90%) pharmacies that hold a standard 40-core hour contract and two (10%) 72+ hour pharmacies. There are no DSPs and no DACs in Rushcliffe and there are five GP dispensing practices. The number of community pharmacies and dispensing practices combined gives 20.2 pharmaceutical providers per 100,000 population, which is higher than the England community pharmacy average per 100,000.

Two of the community pharmacies are included in the Pharmacy Access Scheme.

Of the 20 community pharmacies:

- Seven pharmacies (35%) are open after 6 pm on weekdays.
- Ten pharmacies (50%) are open on Saturdays.
- Five pharmacies (25%) are open on Sundays.
- All 20 pharmacies are signed up to provide the Pharmacy First Advanced Service.

Figure 45: Map of pharmacy contractors in Rushcliffe



There are also a number of accessible providers open in the neighbouring localities of Gedling, Broxtowe and Newark and Sherwood, as well as in Derbyshire and Leicestershire.

6.2.7.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 2.4%, and the number of dwellings is projected to increase from 2025/6 to 2027/28 by 4,226. This can be absorbed by the existing community pharmacy network. The projected population growth should not impact access to pharmaceutical services.

Nottinghamshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality 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 Rushcliffe locality.

6.2.7.3 Other relevant services: current provision

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

Table 26: Rushcliffe Relevant Services

Service	Pharmacies signed up	Pharmacies providing*
Seasonal Influenza Vaccination	-	20 (100%)
Pharmacy Contraception	17 (85%)	11 (55%)
Hypertension case-finding	20 (100%)	17 (85%)
New Medicine Service	-	20 (100%)
Lateral Flow Device Tests Supply	14 (70%)	11 (55%)
COVID-19 Vaccination Service	9 (45%)	-
Bank Holiday opening service	2 (10%)	-

*Based on pharmacies claiming payment in September-November 2024.

There is good to very good provision of most of the Relevant Services across Rushcliffe.

No gaps in the provision of Relevant Services have been identified for Rushcliffe locality.

6.2.7.4 Improvements and better access: gaps in provision

Regarding access to services commissioned by Nottingham and Nottinghamshire ICB:

- Palliative care – four pharmacies (20%) offer this service.

Regarding access to services commissioned by NCC:

- Supervised consumption – 13 pharmacies (65%) offer this service.
- Needle exchange – two pharmacies (10%) offer this service.
- Take home Naloxone – no pharmacies offer this service.
- C card scheme – one pharmacy (5%) offer this service.
- EHC – eight pharmacies (40%) offer this service.

All of the Advanced, Enhanced and Locally Commissioned Services are available in Rushcliffe or in the neighbouring localities 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 increase uptake of the recently introduced Advanced Services. The ICS 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 Rushcliffe locality.

6.3 Nottinghamshire pharmaceutical services and health needs

Language and ethnicity

Nottinghamshire HWB area has a population of 844,494, of which 88.42% is White British, 4.59% is White Other, 2.98% is Asian, 2.07% is Mixed ethnicity, 1.2% is Black and 0.74% other ethnicity. The localities of Ashfield, Mansfield, Bassetlaw and Newark and Sherwood all have over 95% White ethnic population. The south Nottinghamshire Districts (Broxtowe, Gedling and Rushcliffe) have a 4-6% Asian ethnic population and a 3-4% of Mixed/multiple ethnic populations. Black ethnicities make up 1-2% of the whole County's ethnic mix. All Nottinghamshire Districts have a higher proportion of White ethnicities, and a lower proportion of all other ethnicities, compared to the East Midlands and England.

English is the most widely spoken language, with over 95% of residents reporting this as their main language in all localities apart from Mansfield, where almost 8% report other main languages. Other European languages (in particular Eastern European languages) are the main language spoken by 1.1% of the population in Rushcliffe and over 6.2% in Mansfield. Approximately 1-2% report a main Asian language in the Broxtowe, Gedling and Rushcliffe.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to Necessary Services inside or outside normal hours anywhere in Nottinghamshire. There is an opportunity for the ICB and HWB to improve understanding of Community Pharmacy services with minority groups to maximise the access from existing Community Pharmacy network.

Deprivation and population profile

At least 55% of the Nottinghamshire population live in the most deprived areas nationally. The county has a total of 31 LSOAs, out of which 10% are the most deprived areas in England. Deprivation in Nottinghamshire is higher in the central and northern part of the county and is lower in the southern part. The most deprived areas are concentrated in the districts of Ashfield, Mansfield, Bassetlaw, and Newark & Sherwood.

Nottinghamshire is a mixture of rural areas and towns. The increased population density is, as expected, found in the towns, mostly in the southwest neighbouring Nottingham City. The north-east of the county is more rural.

Access to pharmacies

The number of households in Nottinghamshire that own a car or van is 81.7%, which is above the England level.

In all localities but Bassetlaw (96%), all residents who have access to private transport can reach a pharmacy in 10 minutes by car.

The travel analysis across Nottinghamshire showed:

- 99.4% to 100% of the population which access to a car can get to a pharmacy in 10-20minutes by car.
- 89% to 91% of the population who are able to walk can get to a pharmacy in 20-30 minutes walking.

Nottinghamshire bus transport was ranked as the best county, and the fifth best area, with an overall approval rating of 85%. This is according to a major survey conducted by Transport Focus in 2024. Nottinghamshire residents are expressing higher satisfaction levels than in many other parts of the country in terms of journey satisfaction and waiting times.

Health and burden of disease

The health of the population in Nottinghamshire highlighted some heath challenges, which present opportunities for embedding national CPCF, enhanced and local services.

Life expectancy:

- Life expectancy is higher for females than males but lower than England for females.
- Life expectancy is lower in the north (Ashfield, Mansfield) and higher in the south (Rushcliffe).
- Healthy life expectancy is higher for males but lower than England overall.
- The time spent in poor health is longer for females and higher than England for both sexes.

Obesity:

- Children: one in five Reception-age children and one in three Year 6 children are overweight or obese.
- Adults: two in three adults are overweight or obese.
- Obesity levels tend to be higher in the north of the county.

Alcohol use:

- Hospital admissions: 4,755 admissions for alcohol-related conditions.
- Deaths: 130 alcohol-related deaths.
- Alcohol-related harms tend to be higher in the north of the county.

Other lifestyle factors: (Please note there are quality concerns about recent district level data, and the current data may not give a true representation of variation within the county).

- Smoking prevalence: One in ten adults are current smokers but there is variation across the county.
- Sexual health: Teenage pregnancy and STI rates are higher in the north.
- Drug use mortality is lower than the England average.

- Flu vaccination coverage is generally higher in Nottinghamshire than England but below goals in all age groups except those aged 65 and over.

Burden of disease:

- Cardiovascular diseases: Higher prevalence of atrial fibrillation, coronary heart disease, heart failure, hypertension, stroke, and transient ischaemic attack compared to England.
- Diabetes: The recorded prevalence of diabetes is higher in Nottinghamshire (7.8%) than England (7.5%).
- Respiratory diseases: Asthma and COPD prevalence exceed national levels, with the highest COPD rates in Bassetlaw.
- Cancer: More people living with cancer (4.0%) compared to England (3.5%), with the highest prevalence in Newark and Sherwood.
- Mental health: Lower recorded prevalence of schizophrenia, bipolar disorder, and psychosis (0.8%) than England (1.0%), with the lowest in Rushcliffe.

6.3.1 Necessary Services: current provision across Nottinghamshire

There are 157 community pharmacies in Nottinghamshire. The estimated average number of community pharmacies per 100,000 population is 18.6, which is higher than the England average of 18.1. There are 129 pharmacies (82%) that hold a standard 40-core hour contract, 21 (13%) are 72+ hour pharmacies and seven (4%) are DSPs.

Twenty of the community pharmacies are included in the Pharmacy Access Scheme.

There are also three DACs and 14 dispensing practice sites in Nottinghamshire that provide access to patients living in more rural areas.

Nottinghamshire has many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (58%) are open on Saturdays and 32% of community pharmacies open after 6 pm on weekdays. There are also 30 pharmacies (19%) open on Sundays in Nottinghamshire.

There are also a number of accessible providers open in the neighbouring HWBs of South Yorkshire to the north-west, Lincolnshire to the east, Leicestershire to the south, and Derbyshire to the west.

Of the 157 community pharmacies, 153 (97%) are signed to provide the Pharmacy First Advanced Service, which is considered a necessary service.

6.3.2 Necessary Services: gaps in provision across Nottinghamshire

There is very good pharmaceutical service provision across the whole area to ensure continuity of provision to the new developments. The county population is expected to increase over the next three years to 2028 by 2.36%, and the number of dwellings is projected to increase from 2024/25 to 2026/27 by 14,132. This increase can be absorbed by the existing community pharmacy network. The projected population growth should not impact access to pharmaceutical services.

The ratio of community pharmacies to 100,000 population (18.6) is higher than the England value (18.1). If the number of all GP dispensing sites are added to the total number of community pharmacies, the number of pharmaceutical providers per 100,000 population becomes 20.6. There is very good pharmaceutical service provision across the whole county, and access to community pharmacies in neighbouring HWBs to ensure continuity of provision to the new developments. Patients in rural areas can also access DSPs and dispensing doctors for pharmaceutical services.

Although during the lifetime of this PNA the PLPS regulations will change to allow community pharmacies to change their core opening hours, the steering group concluded 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 highlighted opportunities to improve communication, service awareness and support for specific populations. The findings reinforce the overall conclusion that current service provision across Nottinghamshire is adequate.

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.

Nottinghamshire 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 Nottinghamshire HWB.

6.3.3 Other relevant services: current provision

Table 16 in Section 3.2.3 shows the pharmacies providing Advanced and Enhanced services in Nottinghamshire HWB area. Regarding access to Advanced services, it can be seen that there is very good availability of all: NMS 99%, Flu vaccinations 94%, Hypertension case-finding 94%, PCS 85% and LFD 80%.

It should be noted the DACs and some of the community pharmacies in Nottinghamshire provide the AUR and SAC services so patients can access these products and devices.

Regarding access to Enhanced Services, 77 pharmacies (49%) offer the COVID-19 vaccination service and 21 pharmacies (13%) 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 availability of similar services from other healthcare providers.

No gaps in the provision of Relevant Services have been identified for Nottinghamshire HWB.

6.4 Improvements and better access: gaps in provision across Nottinghamshire

Regarding access to services commissioned by Nottingham and Nottinghamshire ICB, 17 pharmacies (11%) provide the palliative care service.

Regarding access to services commissioned by NCC, 110 pharmacies (70%) provide supervised consumption, 21 pharmacies (13%) needle exchange, two pharmacies (1%) take home naloxone, 29 pharmacies (18%) C card scheme and 50 pharmacies (32%) provide EHC.

All Advanced (with the exception of the SCS), Enhanced and Locally Commissioned Services are available in Nottinghamshire 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 increase uptake of the recently introduced Advanced Services. The ICS 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 Nottinghamshire.

Section 7: Conclusions

The Steering Group provides the following conclusions 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 Nottinghamshire to meet the health needs of the population. The provision of current pharmaceutical services and locally commissioned services are distributed across localities, providing good access throughout Nottinghamshire.

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 Nottinghamshire, it is imperative that accessibility to pharmaceutical services is monitored, and the considerations 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 constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 of the PLPS.

For the purposes of this PNA, 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 (LCSs) are those services that secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in Nottinghamshire HWB areas, and are commissioned by the ICB or the 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 Nottinghamshire is provided in Section 6.2 by locality.

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 Nottinghamshire 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 Nottinghamshire 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 circumstances (next three years) across Nottinghamshire.

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 Nottinghamshire discussed in Section 3.2.3 and in Section 6.2 by locality.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Nottinghamshire.

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 localities across Nottinghamshire.

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 Nottinghamshire.

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 Nottinghamshire.

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 Nottinghamshire discussed in Section 3.2.5 and by locality in Section 6.2.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Nottinghamshire.

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 localities.

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 Nottinghamshire.

7.1.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCSs, 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 Section 4.1 and 4.2.

Section 6.4 discusses improvements and better access to LCS in relation to the health needs of Nottinghamshire.

Based on the information available at the time of developing this PNA no gaps have been identified in LCSs that if provided either now or in the future would secure improvements, or better access, in any of the localities. 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 LCSs 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 benefit to the population of Nottinghamshire.

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 Nottinghamshire.

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 Nottinghamshire 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 Nottinghamshire to meet the needs of the population.

7.2 Future opportunities for possible community pharmacy services in Nottinghamshire

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 Nottinghamshire 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 Nottinghamshire 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 Nottinghamshire 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 highest risk factors for causing death and disease for the Nottinghamshire 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 Nottinghamshire.

7.2.2.1 Existing services

Essential Services

- Signposting for issues such 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 Nottinghamshire 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 Nottinghamshire 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 access 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 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 addition 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.

The ethnicity of the Nottinghamshire population where cardiovascular disease and hypertension is a higher risk would benefit from full implementation of the service. Almost all (94%) of the community pharmacies in Nottinghamshire have signed up to the service.

Local Authority Commissioned Services

The following services are commissioned by the local authority.

- Sexual health services.
- Drug and alcohol abuse services.

There is no local authority commissioned smoking cessation service. This should be explored, as an opportunity to lower the prevalence of smoking in the county.

To note 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.

The new STIs (excluding chlamydia) diagnosis rate in Nottinghamshire of those aged under 25 was below the figures for England. This provides an opportunity for the local authority to maximise locally commissioned sexual health services with the community pharmacy network.

The local authority and ICB could explore the interdependencies between the LCS sexual health services and the CPCF Advanced PCS service to provide a more comprehensive service offering.

- **Smoking cessation services**

As mentioned earlier in this section, smoking cessation is a priority area for Nottinghamshire Public Health. Although the smoking prevalence in Nottinghamshire is lower than the smoking prevalence in England, the local authority should explore commissioning a walk-in smoking cessation service, with patient group direction for pharmacotherapy such as Varenicline. In addition, there is an opportunity for developing a community pharmacy outreach smoking cessation service, raising awareness in public areas, shopping centres and community spaces, thereby improving referral to stop smoking services.

7.2.3 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 Nottinghamshire, 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.
- NCC should explore commissioning a local walk-in smoking cessation service, that would complement 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 ICSs, local authorities, and PCNs.
- Medicines optimisation services, including repeat dispensing, the NMS and the DMS should be embedded within primary care pathways to enhance patient safety and medication adherence.
- Interdependencies between ICB 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 of 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 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 Nottinghamshire residents.

Appendix A: List of pharmaceutical services providers in Nottinghamshire by locality

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

DAC – Dispensing Appliance Contractor

Disp – Dispensing GP practice

Key to services: Services listed are only those provided through community pharmacies so they are blacked out for the dispensing doctor practices. Description of these services are available in Sections 1.5.1.4.2, 1.5.1.4.3, 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 dispensing data claims September-November 2024)

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service

AS5 – New Medicine Service (from dispensing data claims September-November 2024)

AS6 – Smoking Cessation Service (from dispensing data claims September-November 2024)

AS7 – Appliance Use Review (from dispensing data claims September-November 2024)

AS8 – Stoma Appliance Customisation (from dispensing data claims September-November 2024)

AS9 – Lateral Flow Device Service

NES1 – COVID-19 Vaccination Service

LES1 – Bank holiday opening service

ICBS1 – Palliative care service

LAS1 – Supervised consumption

LAS2 – Needle exchange

LAS3 – Take home Naloxone

LAS4 – C card scheme (condom distribution)

LAS5 – Emergency Hormonal Contraception

Ashfield locality

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
Acorn Pharmacy	FL305	CP	10 Main Road, Jacksdale	NG16 5JW	09:00-13:00; 14:00-18:00	Closed	Closed	-	Y	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Ascent Pharmacy-Torkard Hill	FKG30	CP	Unit 1, Farleys Lane, Hucknall	NG15 6DY	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Asda Pharmacy	FM502	CP	Asda, Priestsic Road, Sutton in Ashfield	NG17 2AH	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Boots Pharmacy	FGP78	CP	52-54 High Street, Hucknall	NG15 7AX	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	Y	-	-	-
Boots Pharmacy	FP697	CP	35 Idlewells Shopping Centre, Sutton in Ashfield	NG17 1BN	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	-
Brisco's Chemists	FAF29	CP	1-3 Kingsway, Kirkby in Ashfield	NG17 7BB	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	-	-
Galexa Pharmacy	FA019	DSP	61 Annesley Road, Hucknall	NG15 7DR	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Harts Pharmacy	FRQ92	CP	106-110 Watnall Road, Hucknall	NG15 7JW	09:00-18:00 (WED 09:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	Y
Lowmoor Chemist	FRF20	CP	Unit 5, 58 Lowmoor Road, Kirkby in Ashfield	NG17 7BG	09:00-13:00; 14:00-17:30 (WED 09:00-12:00)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Mann's Pharmacy	FEL73	CP	13-15 Portland Road, Hucknall	NG15 7SL	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	-
Nabbs Lane Pharmacy	FL215	CP	63 Nabbs Lane, Hucknall	NG15 6NT	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Oza Pharmacy	FMG21	CP	50 Lowmoor Road, Kirkby in Ashfield	NG17 7BG	09:00-18:00	Closed	Closed	-	-	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
Peak Pharmacy	FFV66	CP	Harwood Close, Skegby Road, Sutton in Ashfield	NG17 4PD	09:00-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Peak Pharmacy	FPH67	CP	49 Brook Street, Sutton in Ashfield	NG17 1ES	08:45-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	Y
Peak Pharmacy	FR232	CP	Kings Medical Centre, King Street, Sutton in Ashfield	NG17 1AT	08:30-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	Y	Y
Peak Pharmacy	FRL99	CP	127 Sutton Road, Huthwaite, Sutton in Ashfield	NG17 2NF	09:00-13:00, 13:45-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	Y
Peak Pharmacy	FV678	CP	Blue Bell Wood Way, Ashfield Park, Sutton in Ashfield	NG17 1JW	08:30-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	Y
Skegby Pharmacy	FVH17	CP	Mansfield Road, Skegby	NG17 3EE	08:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	-	-	Y	-
Superdrug	FFP08	CP	37 Central Square, Forest Mall, Idewells Shopping Centre, Sutton in Ashfield	NG17 1BP	08:30-17:30	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Tesco Pharmacy	FX727	CP	Ashgate Road, Hucknall	NG15 7UQ	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Well	FJ638	CP	48a Lowmoor Road, Kirkby in Ashfield	NG17 7BG	08:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Well	FMQ15	CP	130-132 Rorest Road, Annesley Woodhouse	NG17 9HH	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Well	FQE29	CP	137 Nottingham Road, Selston	NG16 6BT	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	-

Bassetlaw locality

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	FEC61	CP	Retford Primary Care Centre, North Road, Retford	DN22 7XF	08:00-21:00	08:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	Y	-
Boots Pharmacy	FF376	CP	24-26 Bridge Street, Worksop	S80 1JQ	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	Y	Y
Boots Pharmacy	FM196	CP	46-48 Carolgate, Retford	DN22 6DY	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Boots Pharmacy	FRV23	CP	Larwood Health Centre, Worksop	S81 0HH	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	Y
Boots Pharmacy	FV782	CP	Harworth Primary Care Centre, Scrooby Road, Harworth	DN11 8JT	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Bridgegate Chemist	FA031	CP	54 Bridgegate, Retford	DN22 7UZ	08:00-13:00; 14:00-19:00	08:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Carlton Pharmacy	FV890	CP	Long Lane, Carlton-in-Lindrick	S81 9AN	08:45-13:00; 14:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Celtic Point Pharmacy	FED86	CP	6 Celtic Point, Worksop	S81 7AZ	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	Y	Y
Holdens Chemist Express	FEA84	DSP	UNIT 3 The Old Police Station Shrewsbury Road, Bircotes, Doncaster	DN11 8DE	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	*	-	-	Y	Y	-	-	Y
Langold Pharmacy	FJC70	CP	Doncaster Road, Langold	S81 9QG	08:45-13:00; 14:00-18:30 (THU 08:45-13:00)	08:45-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y
Manton Pharmacy	FKG06	CP	Richmond Road, Worksop	S80 2TP	08:30-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Newgate Street Pharmacy	FAR00	CP	6 Newgate Street, Worksop	S80 2HD	08:30-18:00	Closed	Closed	-	-	Y	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
North Leverton Surgery	C84692	Disp	Sturton Road, North Leverton	DN22 0AB	08:00-18:30	Closed	Closed	-	-																	
Ordsall Pharmacy	FNH80	CP	1A Welbeck Road, Ordsall, Retford	DN22 7RP	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Retford Pharmacy	FVQ47	CP	Riverside Health Centre, Riverside Walk, Retford	DN22 6AA	08:30-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	Y	-	Y	-
Riverside Gringley Surgery	C84094	Disp	Leys Lane, Gringley on the Hill, Doncaster	DN10 4QR	08:00-17:30 (Wed 08:00-12:30)	Closed	Closed	-	-																	
Superdrug	FKL62	CP	11-15 Carolgate, Retford	DN22 6BZ	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Tesco Pharmacy	FMX90	CP	Gateford Road, Worksop	S81 7AP	08:00-13:00; 14:00-20:00	08:00-13:00; 14:00-20:00	10:00-13:00; 14:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Tuxford Medical Centre	C84008	Disp	Faraday Avenue, Tuxford	NG22 0HT	08:30-18:30	Closed	Closed	-	-																	
Tuxford Pharmacy	FE204	CP	5 Newcastle Street, Tuxford	NG22 0LN	09:00-18:30	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	-	-	-
Weldricks Pharmacy	FRQ47	CP	67 Scrooby Road, Haworth, Doncaster	DN11 8JN	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	Y
Weldricks Pharmacy	FVP28	CP	The Retort House, Marsh Lane, Misterton	DN10 4DL	08:45-13:00; 14:00-18:15	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Well	FRT31	CP	The Health Centre, Newgate Street, Worksop	S80 1HP	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Worksop Pharmacy	FQL77	CP	95-97 Bridge Street, Worksop	S80 1DL	08:30-21:00	08:30-21:00	10:00-21:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Worksop Pharmacy (Prospect)	FDT82	CP	Unit 4, Prospect Precinct, Worksop	S81 0RS	09:00-21:00	09:00-21:00	10:00-21:00	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-

* Signed up for Spring 2025 campaign

Broxtowe locality

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
Abbey Pharmacy	FN288	CP	63 Central Avenue, Beeston, Nottingham	NG9 2QP	08:30-13:00; 14:00-18:30 (THU 08:30-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y
Beeston Manor Pharmacy	FCJ13	CP	Middle Street, Beeston, Nottingham	NG9 1GA	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Boots Pharmacy	FC486	CP	31 High Road, Beeston, Nottingham	NG9 2JQ	09:00-17:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Boots Pharmacy	FJC63	CP	205 Nottingham Road, Hill Top, Eastwood	NG16 3GS	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Boots Pharmacy	FM303	CP	Giltbrook Retail Park, Ikea Way, Glitbrook	NG16 2RP	09:00-20:00	09:00-18:00	11:00-17:00	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	-
Boots Pharmacy	FN220	CP	2 Church Street, Stapleford, Nottingham	NG9 8GA	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Brinsley Pharmacy	FQ603	CP	1 Brynsmoor Road, Brinsley, Nottingham	NG16 5DD	09:00-18:00 (FRI 09:00-19:00)	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	Y
Church Walk Pharmacy	FRW46	DSP	2-6 Mansfield Road, Eastwood, Nottingham	NG16 3AQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	-	-
Grewal Chemist	FC184	CP	38-40 Chilwell Road, Beeston, Nottingham	NG9 1EJ	08:45-18:30 (THU 08:45-18:00)	09:00-15:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	-	-	-	Y
Jardines	FJT64	CP	Unit 9, Sainsburys Precinct, Stoney Street, Beeston, Nottingham	NG9 2LA	09:00-13:00; 14:00-18:30	09:00-12:30	Closed	-	-	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
Jhoots Pharmacy	FAK38	CP	Hickings Lane Medical Centre, Ryecroft Street, Stapleford, Nottingham	NG9 8PN	09:00-18:00 (THU 09:00-14:00)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Nuthall Pharmacy	FH469	CP	Unit 1, 2 Upminster Drive, Nuthall	NG16 1PT	09:00-18:00	09:00-12:00	Closed	-	Y	Y	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Peak Pharmacy	FD664	CP	40 Derby Road, Stapleford, Nottingham	NG9 7AA	09:00-13:00, 13:30-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y
Peak Pharmacy	FF951	CP	27 Greens Lane, Kimberley, Nottingham	NG16 2PB	08:30-13:00; 13:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Tesco Pharmacy	FCH51	CP	1 Station Street, Beeston, Nottingham	NG9 2AR	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Tesco Pharmacy	FQ033	CP	Swiney Way, Toton, Nottingham	NG9 6GZ	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Trent Direct	FXW61	DAC	Unit 14, Eastwood Links Business Park, Eastwood	NG16 3BF	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-
Ways Pharmacy	FFG67	CP	24 Chilwell Road, Beeston, Nottingham	NG9 1EJ	09:00-13:00; 13:30-17:30	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	-
Well	FFR60	CP	23 Lawrence Avenue, Awsworth, Nottingham	NG16 2SN	08:30-13:00; 14:00-17:30	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Well	FN669	CP	Stapleford Care Centre, Church Street, Stapleford, Nottingham	NG9 8DB	09:00-21:00	09:00-21:00	10:00-15:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	Y	-
Well	FNP89	CP	81 Bramcote Lane, Chilwell, Nottingham	NG9 4ET	09:00-18:30	Closed	Closed	-	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
Well	FP283	CP	2a Church Walk, eastwood, Nottingham	NG16 3BG	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
West Point Pharmacy	FP250	CP	Unit 5, West Point Shopping Centre, Ransom Road, Chilwell, Nottingham	NG9 6DX	09:00-18:30 (Wed 09:00-14:00)	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y

Gedling locality

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
Asda Pharmacy	FFT75	CP	111-127 Front Street, Arnold, Nottingham	NG5 7ED	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Boots Pharmacy	FCD08	CP	85 Front Street, Arnold, Nottingham	NG5 7EB	08:30-17:30	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Boots Pharmacy	FDK08	CP	49 Main Street, Burton Joyce	NG14 5DX	09:00-18:30 (Thu 09:00-12:00, Fri 09:00-18:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Boots Pharmacy	FR363	CP	944 Woodborough Road, Mapperle, Nottingham	NG3 5QS	08:30-17:30	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Boots Pharmacy	FVQ48	CP	Victoria Retail Park, Netherfield, Nottingham	NG4 2PE	09:00-18:00	09:00-17:00	10:30-14:30	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y
Calverton Practice	C84047	Disp	2a St Wilfrids Square, Calverton	NG14 6PF	08:30-18:30	Closed	Closed	-	-																	
Carlton Hill Pharmacy	FLC61	CP	359 Carlton Hill, Carlton Nottingham	NG4 1HW	09:00-18:00	09:00-15:00	Closed	-	-	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
Dosette Pharmacy	FQD45	DSP	Sherbrook Business Centre, Sherbrook Road, daybrook, Nottingham	NG5 6AT	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
G. M Lad Limited	FTH15	CP	3-5 St Wilfrids Square, Calverton	NG14 6FP	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	Y	Y	-	-	-	-	-	*	-	-	Y	-	-	-	-
Ivy Medical Group	C84646002	Disp	4 Wheatsheaf Court, Vurton Joyce	NG14 5EA	08:30-18:30	Closed	Closed	-	-																	
Jayplex Dispensing Chemists	FFL99	CP	724 Mansfield Road, Woodthorpe, Nottingham	NG5 3FW	09:00-13:00; 14:00-18:30	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Jubilee Practice	C84613	Disp	61 Burton Road, Carlton, Nottingham	NG4 3DQ	08:00-18:30	Closed	Closed	-	-																	
Mapperley Pharmacy	FQX51	CP	852a Woodborough Road, Mapperley, Nottingham	NG3 5QQ	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-	-	-	-	-
Medina Chemist	FXH72	CP	89 Victoria Road, Netherfield, Nottingham	NG4 2NN	09:00-21:00	17:00-21:00	10:00-20:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
MEDS2U Pharm	FA117	DSP	11 Carlton Business Centre, Carlton, Nottingham	NG4 3AA	08:00-13:00; 13:30-16:30	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Notts Pharmacy	FJC82	CP	271 Westdale Lane, Carlton, Nottingham	NG4 4FG	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	*	-	-	Y	-	-	-	-
Peak Pharmacy	FG577	CP	35 Plains Road, Mapperley, Nottingham	NG3 5JU	09:00-13:00; 13:30-17:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y
Peak Pharmacy	FJE15	CP	Arnold Health Centre High Street /Front Street, Arnold, Nottingham	NG5 7BQ	08:45-13:00; 13:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	Y	Y
Peak Pharmacy	FJN22	CP	61 Burton Road, Carlton, Nottingham	NG4 3DR	08:30-13:00; 13:30-18:00	Closed	Closed	-	-	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
Peak Pharmacy	FQX00	CP	1 Milton Court, Ravenshed	NG15 9BD	08:45-13:00; 13:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Peak Pharmacy	FR064	CP	Netherfield Medical Centre, Knight Street, Netherfield, Nottingham	NG4 2FN	09:00-12:30, 13:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	Y	Y
Peak Pharmacy	FWQ03	CP	18 Westdale Lane, Gedling, Nottingham	NG4 3JA	09:00-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	-	-	Y
Rowlands Pharmacy	FE056	CP	1 Salop Street, Daybrook, Nottingham	NG5 6HP	09:00-18:30 (THU 09:00-17:30)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Singhs Pharmacy	FMK43	CP	77 High Street, Arnold, Nottingham	NG5 7DJ	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Vantage Vale Chemist	FEA47	CP	66 Vale Road, Colwick, Nottingham	NG4 2EB	08:30-17:30 (Wed 08:30-12:45, Fri 08:30-18:30)	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Westdale Pharmacy	FQ546	CP	354 Westdale Lane, Mapperley, Nottingham	NG3 6ET	09:00-13:00; 14:00-21:00	10:00-13:00; 14:00-21:00	10:00-19:30	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-

* Signed up for Spring 2025 campaign

Mansfield locality

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
Asda Pharmacy	FKW61	CP	Old Mill Lane, Forest Town, Mansfied	NG19 8QT	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Boots Pharmacy	FAJ48	CP	Unit 1, St Peters Retail Park, Mansfield	NG18 1BE	09:00-21:00	09:00-21:00	10:30-16:30	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
Boots Pharmacy	FJL98	CP	39 Four Seasons Shopping Centre, Mansfield	NG18 1SU	08:30-14:00, 15:00-17:30	08:30-14:00, 15:00-17:30	11:00-15:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Fittleworth Medical Ltd	FYL81	DAC	Suite 2a, Oakham Business Park, Mansfield	NG18 5BU	09:00-15:00	Closed	Closed	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-
Mansfield Delivery Chemist	FEL27	CP	1 Wood Street, Mansfield	NG18 1QB	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	-	-
Newgate Pharmacy	FAV79	CP	123 Newgate Lane, Mansfield	NG18 2LG	09:00-13:00; 13:20-17:30	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	Y	Y
Oakwood Pharmacy	FMF17	CP	14 Church Street, Mansfield Woodhouse	NG19 8AH	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	-	-
Online Delivery Chemist Ltd	FFA30	DSP	Unit 6A, Ransom Hall, Ransom Wood Business Park, Sothwell Road West, Mansfield	NG21 0HJ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Online Pharmacy 4U	FA247	DSP	Unit 2 Mansfield, Woodhouse, Station Gateway, Signal Way Off Debdale Lane, Mansfield Woodhouse, Mansfield	NG19 9QH	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Orchard Pharmacy	FN473	CP	Orchard Medical Stockwell Gate, Mansfield	NG18 5GG	08:30-13:00, 13:30-21:00 (Tue, Thu 08:30-21:00)	11:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	-
Peak Pharmacy	FDR29	CP	93-97 Westgate, Mansfield	NG18 1RT	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Peak Pharmacy	FEL83	CP	40 Rosemary Street, Mansfield	NG18 1QL	09:00-13:30; 14:00-18:00	Closed	Closed	-	-	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
Peak Pharmacy	FWJ83	CP	18 Ladybrook Place, Ladybrook Lane, Mansfield	NG18 5JP	09:00-13:30; 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y
Pleasley Pharmacy	FG727	CP	6 Poplar Drive, Pleasley	NG19 7TA	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	-	-	-
Rosemary Street Pharmacy	FJ091	CP	Rosemary Street, Mansfield	NG19 6AB	08:00-21:00	08:30-21:00	08:30-22:00	Y	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Rowlands Pharmacy	FDM62	CP	29a/29b Church Street, Warsop	NG20 0AU	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Rowlands Pharmacy	FH057	CP	6 Sherwood Street, Warsop	NG20 0JN	09:00-17:30 (FRI 09:00-17:00)	11:30-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	Y
Rowlands Pharmacy	FHJ14	CP	36 High Street, Mansfield Woodhouse	NG19 8AN	09:00-14:00; 14:20-17:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-	-	Y	-	-	Y	Y
Rowlands Pharmacy	FJQ88	CP	Shop 3, Ossington Close, Meden Vale	NG20 9PZ	09:00-18:00 (WED 09:00-17:00)	Closed	Closed	-	Y	-	Y	-	Y	Y	-	-	-	-	Y	-	-	Y	-	-	-	-
Superdrug	FMT00	CP	14-18 Stockwell Gate, Mansfeild	NG18 1LE	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Tesco Pharmacy	FF391	CP	Chesterfield Road South, Mansfield	NG19 7TS	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Tesco Pharmacy	FWJ86	CP	Oaktree Lane Shopping Centre, Jubilee Way, Mansfield	NG18 3RT	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Well	FDN93	CP	113 Clipstone Road West, Forest Town, Mansfield	NG19 0BT	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Well	FP158	CP	Crown Farm Medical Centre, Crown Farm way, Forest Town	NG19 0FW	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y

Newark and Sherwood locality

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
Asda Pharmacy	FLF28	CP	Lombard Street, Newark	NG24 1XG	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Atos Care	FF468	DAC	Newark Beacon, Beacon Hill Office Park, Cafferata Way, Newark	NG24 2TN	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Bilsthorpe Pharmacy	FVA51	CP	46 Church Street, Bilsthorpe, Newark	NG22 8QR	08:30-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	-
Blidworth Pharmacy	FCM46	CP	57 Mansfield Road, Blidworth	NG21 0RB	09:00-13:30; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	-	-	-	-	Y
Boots Pharmacy	FG989	CP	41 Forest Road, New Ollerton	NG22 9PR	09:00-18:00	10:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Boots Pharmacy	FLH78	CP	Northgate Retail Park, Newark	NG24 1GA	08:30-24:00	08:30-24:00:00	10:00-17:00:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Boots Pharmacy	FLV10	CP	14-15 Stodman Street, Newark	NG24 1AT	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	-
Boots Pharmacy	FR529	CP	17-19 King Street, Southwell	NG25 0EH	08:00-13:00; 14:00-24:00	08:00-13:00; 14:00-00:00	11:00-15:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Collingham Pharmacy	FKD28	CP	High Street, Collingham, Nr Newark	NG23 7LB	08:45-13:00; 14:00-18:00	09:00-12:30	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	Y
Edwinstowe Pharmacy	FXE30	CP	25 High Street, Edwinstowe	NG21 9QP	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y
Evans Pharmacy	FGG30	CP	33 Kirkgate, Newark	NG24 1AD	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	Y
Evans Pharmacy	FTC04	CP	48a Barnby Gate, Newark	NG24 1QD	09:00-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	Y
Farnsfield Pharmacy	FV368	CP	Station Lane, Farnsfield	NG22 8LA	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	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
Health-Gate Pharmacy	FVL61	CP	4 Sherwood Parade, Kirklington Road, Rainworth	NG21 0JP	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Holdens Chemist Express	FEJ84	CP	77b Eton Avenue, Newark	NG24 4JH	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	-	Y
Hounsfield Surgery	C84660	Disp	Hounsfield Way, Sutton on Trent	NG23 6PX	08:30-18:30	Closed	Closed	-	-																	
Ivy Medical Group	C84646001	Disp	Lowdham Health Centre, Franklin Road, Lowdham	NG14 7BG	09:00-18:00 (Thur 08:30-13:00)~	Closed	Closed	-	-																	
Jhoots Pharmacy	FQ070	CP	1 Robin Hood Walk, Newark	NG24 1XH	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	-
Lowdham Pharmacy	FW058	CP	49 Main Street, Lowdham	NG14 7AB	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-	Y	Y	-	-	-	Y
Sherwood Avenue Pharmacy	FQD72	CP	47 Sherwood Avenue, Newark	NG24 1QH	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	*	-	-	Y	Y	-	Y	-
Southwell Medical Practice	C84049	Disp	The Ropewalk, Southwell	NG25 0AL	08:00-18:00	08:00-10:30	Closed	-	-																	
Tesco Pharmacy	FKH45	CP	Forest Road, New Ollerton	NG22 9PL	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Well	FF338	CP	Primary Care Centre, Lowfield Lane, Balderton, Newark	NG24 3HJ	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Well	FK205	CP	Forest Road, New Ollerton	NG22 9PL	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	-	-	-
Well	FM537	CP	31 Main Street, Balderton, Newark	NG24 3LG	08:30-18:00	Closed	Closed	-	-	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
Well	FR912	CP	Rainworth Primary Care Centre, Warsop Lane, Rainworth	NG21 0AD	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y
Well	FVQ80	CP	2-4 King Street, Southwell	NG25 0EN	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	-
Whistlers Pharmacy	FH735	CP	Beaumond Chambers, London Road, Newark	NG24 1TN	08:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	Y	Y	-

* Signed up for Spring 2025 campaign

Rushcliffe locality

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
Asda Pharmacy	FT633	CP	184 Loughborough Road, West Bridgford, Nottingham	NG2 7JA	09:00-12:30; 14:30-20:00	09:00-12:30, 14:30-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Bingham Pharmacy	FFD37	CP	23 Eaton Place, Bingham	NG13 8BD	09:00-18:00 (Wed 09:00-14:00)	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y
Boots Pharmacy	FHP20	CP	16 Eaton Place, Bingham	NG13 8BD	08:30-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Boots Pharmacy	FJF20	CP	24 Central Avenue, West Bridgford, Nottingham	NG2 5GR	09:00-18:00	09:00-17:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	-	-	-
Cropwell Bishop Surgery & Bingham Medical Centre	C84017	Disp	Fern Road, Cropwell Bishop	NG12 3BU	09:30-15:30	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
Cropwell Bishop Surgery & Bingham Medical Centre	C84017002	Disp	Newgate Street, Bingham	NG13 8FD	09:30-15:30	Closed	Closed	-	-																	
East Bridgford Medical Centre	C84025	Disp	2 Butt Lane, East Bridgford	NG13 8NY	08:00-18:30	Closed	Closed	-	-																	
Edwalton Pharmacy	FQK48	CP	40 Earlswood Drive, Edwalton	NG12 4AZ	09:00-13:00; 14:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	*	-	-	-	-	-	-	-
Evans Pharmacy	FA945	CP	11 Charles Street, Ruddington	NG11 6EF	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	-	-	-	Y
Evans Pharmacy	FDE08	CP	12-14 Gotham Lane, East Leake	LE12 6JG	08:30-18:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	-	-	-	Y
Green Cross Pharmacy	FJX53	CP	95 Musters Road, West Bridgford, Nottingham	NG2 7PX	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Keyworth Pharmacy	FDW83	CP	5 The Square, Keyworth	NG12 5JT	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	-
Ladybay Pharmacy	FHG97	CP	145 Trent Boulevard, West Bridgford, Nottingham	NG2 5BX	09:00-13:00; 14:00-18:00 (THU 09:00-13:00)	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
LP Pharmacy	FM387	CP	Unit 3, Shopping Centre, Compton Acres, West Bridgford, Nottingham	NG2 7RS	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	-	-	-	Y
Morrisons Pharmacy	FHK40	CP	The District Centre, Lings Bar Road, Gamston, Nottingham	NG2 6PS	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-18:00	10:00-16:00	-	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
My Local Chemist	FGM17	CP	Embankment PCC 50/60 Wilford Lane, West Bridgford, Nottingham	NG2 7SD	09:00-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	08:00-21:45	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	-	-	-	-
My Local Chemist	FKP05	CP	50-60 Wilford Lane, West Bridgford, Nottingham	NG2 7RL	09:00-13:00, 13:30-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
My Local Chemist	FKW75	CP	97a Melton Road, West Bridgford, Nottingham	NG2 6EN	09:00-13:00; 13:30-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y
Orchard Surgery	C82040	Disp	Nottingham Road, Gotham	NG11 0HE	08:30-18:00 (Thur 08:30-13:00)	Closed	Closed	-	-																	
Radcliffe Day & Night Pharmacy	FCX46	CP	1 Shelford Road, Radcliffe on Trent, Nottingham	NG12 2AE	09:00-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	11:00-17:00	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-
Singh S	FEN54	CP	Unit 6, Tudor Square, West Brigford, Nottingham	NG2 6BT	09:00-13:30; 14:00-17:30	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Village Health Group	C84005	Disp	Keyworth HC, Bunny Lane, Keyworth	NG21 5JU	10:00-13:00; 15:00-18:00	Closed	Closed	-	-																	
Well	FCQ75	CP	2 The Square, Keyworth	NG12 5JT	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Well	FFR64	CP	Medical Centre, Belvoir Health Group, Candleby Lane, Cotgrave	NG12 3JG	08:30-18:00 (Mon, Fri 08:30-18:30, Thu 08:30-17:00)	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Well	FQ820	CP	22a Main Road, Radcliffe-on-Trent	NG12 2FH	08:15-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y

* Signed up for Spring 2025 campaign

Appendix B: PNA project plan

	Jul 2024	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	Sep 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: 1,059.

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 locality.
- 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? (1,054 valid responses, 5 skipped)

Option	%	Number
To buy over-the-counter medicines	53%	559
To collect prescriptions for myself	**87%**	**922**
To collect prescriptions for somebody else	48%	504
To get advice from a pharmacist	41%	433
To get NHS support and treatment for a minor illness	12%	122
Referred by NHS 111 for an urgent medicine supply	3%	31
To get regular oral contraceptive pill	2%	16
To get emergency contraception (the “morning after pill”)	0	2
To use the blood-pressure test service	5%	53
To use a privately funded service	2%	17
Other	9%	99

Other comments (themes):	Number
Vaccinations	86
Buying products	10
Uses delivery service	8
Collect medication	6
I don't	4
Care home medication	4
Support staff	3
Return medication	2
Others (one response each)	4

2) How often have you visited or contacted a pharmacy in the last six months? (1,057 valid responses, 2 skipped)

Option	%	Number
Once a week or more	8%	79
A few times a month	36%	384
Once a month	39%	412
Once every few months	13%	140
Once in six months	2%	23
I have not visited/contacted a pharmacy in the last six months	2%	19

3) What time and day is most convenient for you to use a pharmacy? (Please tick one time band for each day that applies to you) (1,051 valid responses, 8 skipped)

Option	Weekdays		Saturday		Sunday		Total	
	%	Number	%	Number	%	Number	%	Number
Before 9am	6%	66	3%	31	2%	24	12%	121
9am - 1pm	**34%**	**359**	**35%**	**366**	17%	176	**86%**	**901**
1pm - 7pm	**37%**	**386**	18%	191	15%	153	69%	730
After 7pm	7%	76	3%	28	2%	24	12%	128
It varies	**26%**	**280**	19%	196	16%	171	62%	647
No preference	17%	175	28%	295	**41%**	**434**	**86%**	**904**
Not answered	1%	8	12%	129	19%	204	32%	341

4) Do you have a regular local community pharmacy? (1,055 valid responses, 4 skipped)

Option	%	Number
Yes, a community pharmacy/local chemist shop or building	**87%**	**920**
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 dispensing medication is sent via a courier to your home)	1%	15
Yes, a combination of both	7%	73
No	4%	47

5) Is there a specific reason you prefer your current pharmacy? Even though there might be others nearby or more convenient. (1,033 valid responses, 26 skipped)

Option	%	Number
Yes	**67%**	**706**
No	31%	327

Comments (themes)	Number
Good customer service	210
Attached to GP surgery	146
Good location	145
Convenience	32
Good opening hours	30
Good parking	27
Deliver	27
Bad customer service	23
Good stock and supply	17
Good services	17
Habit	15
Support local pharmacies	14
No other choice	11
Good accessibility	7
Bad stock and supply	6
Confidentiality	3
Bad opening hours	2
Others (one comment each)	4

6) What influences your choice of pharmacy? (number varied for each factor)

Factors	Very important		Important		Not important	
	%	Number	%	Number	%	Number
Quality of service (expertise)	**73%**	**752**	25%	256	2%	19
Customer service	**66%**	**668**	31%	316	3%	27
Location of pharmacy	**69%**	**719**	28%	287	3%	32
Opening times	**48%**	**484**	43%	437	9%	89
Parking	**35%**	**356**	33%	329	32%	324
Public transport	10%	88	16%	151	**74%**	**689**
Accessibility (wheelchair / buggy access)	13%	126	18%	166	**69%**	**655**
Communication (languages / interpreting service)	12%	116	18%	163	**70%**	**656**
Space to have a private consultation	33%	321	**43%**	**424**	24%	237
Availability of medication	**80%**	**816**	19%	190	1%	13
Services provided	**53%**	**506**	40%	385	7%	66

Other comments (themes):	Number
Better stock and availability of medication	12
Better customer service	11
Better vaccination services	7
Better delivery service	4
Currently receiving good customer service	3
Better communication	3
More blister packs	3
Better link to GP	2
Better advice	2
Care home	2
Other (one comment each)	7

7) How do you travel to the pharmacy? (1,056 valid responses, 3 skipped)

Option	%	Number
Walk	35%	373
Car	**53%**	**563**
Public transport	3%	30
Taxi	0%	3
Bicycle	1%	10
Wheelchair/ mobility scooter	1%	11
Someone goes for me / takes me	1%	14
I don't travel; I use an online pharmacy	1%	12
I don't travel; I utilise a delivery service	2%	26
Other	1%	14

8) Approximately how long does it take for you to travel to the pharmacy? (1,057 valid responses, 2 skipped)

Option	%	Number
Less than 20 minutes	**87%**	**921**
20-30 minutes	9%	93
30-40 minutes	1%	10
More than 40 minutes	0%	4
N/A- I don't travel to the pharmacy	3%	29

9) Are there any services you would like pharmacies to be able to offer (340 valid responses, 719 skipped)

Comments (themes):	Number
No	115
More prescribable medication	30
Vaccinations (COVID, Flu, RSV, Tetanus)	25
Better stock and availability of medication	24
Better opening times	21
Blood/urine tests	14
Delivery service	14
Blister packs/dosette boxes	10
Better customer service	9
Blood pressure	8
Medication reviews	7
Ear syringing	6
Minor illness service	5
More expanded services	5
Repeat prescriptions	5
Texting when prescription is ready	3
Chiropody service	3
More services	2
Contraceptive	2
Better communication of services	2
UTI tests	2
Hearing/vision tests	2
Better link with GP	2
Wound dressing service	2
Body MOT	2
Confidentiality	2
Hearing aid battery collection	2
Other (one comment each)	16

10) Do you have any other comments that you would like to add regarding services provided by pharmacies in Nottinghamshire County? (312 valid responses, 747 skipped)

Comments (themes):	Description	Positive	Negative	Total
Quality of service and staff	Suggestions for better queue management and customer service training. Issues with staffing levels causing delays or mistakes. Positive acknowledgment of helpful and friendly staff.	67	42	109
Systemic issues and funding	Urgent need for financial support and better funding models. Frustration over closures of smaller or independent pharmacies.	-	-	57
Stock and availability of medication	Medication shortages leading to delays.	1	39	40
Role in the community	Recognition of pharmacies' role in easing the burden on NHS and GPs and importance in community.	33	2	35
Availability	Need for extended hours, including evenings and weekends and travel inconveniences due to pharmacy closures.	2	32	34
Expanded services	Suggestions and comments about the additional services pharmacies could or do provide.	12	2	14
Online services	Comments about using online services such as the NHS app/online contact with pharmacies.	3	5	8
Accessibility	Ease of access for the pharmacy, including disability access.	3	4	7
Delivery	Comments about the delivery service in Nottinghamshire.	2	3	5
Independent	Preference for/against independent pharmacies.	1	1	2
Confidentiality and privacy	Concerns about privacy while interacting with pharmacy staff.	0	1	1

A bit about you

11) What is your age (1,057 valid responses, 2 skipped)

Option	%	Number
Under 18	0	0
18-24	1%	11
25-34	3%	27
35-44	7%	78
45-54	13%	138
55-64	24%	251
65-74	**29%**	**312**
75+	21%	223
Prefer not to say	2%	17

12) What is your gender? (1,054 valid responses, 5 skipped)

Option	%	Number
Male	28%	295
Female	**70%**	**739**
Prefer not to say	2%	17
Other / Prefer to self-describe	0	4

13) What is your ethnic origin? (1,043 valid responses, 16 skipped)

Option	%	Number
Arab	0	1
Asian – Bangladeshi	0	1
Asian – Chinese	0	3
Asian – Pakistani	0	2
Asian – Indian	0	5
Asian – Other	0	2
Black - British	0	3
Black – African	0	0
Black – Caribbean	0	2
Black – Other	0	0
Mixed – Asian and White	0	2
Mixed – Black Caribbean and White	0	1
Mixed – Black African and White	0	1
Mixed – Other	0	1

Option	%	Number
White – English/ Welsh/Scottish/Northern Irish/British	**94%**	**992**
White – Gypsy or Traveller	0	1
White – Irish	0	4
White – Other	2%	21
Prefer not to say	2%	20
Other	0	2

Other comments (themes):	Number
European	5
White – other	5
White – British	2
German	2
Polish	2
Other (one response each)	4

14) Do you have a long-term health need or disability? (1,043 valid responses, 16 skipped)

Option	%	Number
Yes	**62%**	**648**
No	33%	354
Prefer not to say	4%	41

15) Please specify what access needs you have (939 valid responses, 591 responses n/or user skipped)

Valid other comment themes:	%	Number
Mobility	22%	204
Vision	3%	35
Mental health	10%	101
Hearing	7%	78
Learning	1%	10
Communication	2%	23
Prefer not to say	4%	41
Other	4%	46

Other comments (themes):	Number
Cardiac	7

Other comments (themes):	Number
Diabetes	5
Mobility	4
Long term condition	4
Aging	3
Respiratory	3
High blood pressure	3
Epilepsy	2
Bone condition	2
Other (one comment each)	6

16) What is your current employment status? (1,053 valid responses, 6 skipped)

Option	%	Number
Employed in full-time job (30 hours plus per week)	24%	258
Employed in part-time job (under 30 hours per week)	11%	116
Self-employed - full-time	1%	13
Self-employed - part-time	2%	25
Employed on an apprenticeship	0	0
Full-time education or training (not working)	0	1
Unemployed and not currently seeking work	1%	8
Unemployed and seeking work	0	2
Unemployed and unable to work	1%	10
Long-term sick or disabled	4%	44
Wholly retired from work	**48%**	**509**
Looking after family/home (e.g. homemaker, carer)	3%	30
Not working - other	2%	19
Prefer not to say	2%	18

17) What is your religion or belief? (1,033 valid responses, 26 responses n/or user skipped)

Option	%	Number
Buddhist	0	4
Christian	**51%**	**539**
Hindu	0	0
Jewish	1%	6
Muslim	0	4
Sikh	0	2
No religion or belief	34%	363

Option	%	Number
Prefer not to say	9%	93
Other	2%	22

Other comments (themes):	Number
Humanist	5
Spiritualist	3
Catholic	3
Quaker	2
Agnostic	2
Pagan	2
Jedi	2
Other (one response each)	5

18) What is your sexual orientation? (1,040 valid responses, 19 skipped)

Option	%	Number
Heterosexual/straight	**89%**	**938**
Bisexual	1%	7
Gay	1%	10
Lesbian	0	2
Prefer not to say	8%	81
Other	0	5

Other comments:	Number
Pansexual	1

19) Where do you live? (1,047 valid responses, 12 skipped)

Option	%	Number
Ashfield	12%	123
Bassetlaw	5%	57
Broxtowe	10%	109
Gedling	16%	170
Mansfield	8%	84
Newark and Sherwood	**21%**	**220**
Rushcliffe	**21%**	**224**
Nottingham City	3%	31
Prefer not to say	2%	16
Other	1%	13

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 (8)

- Nottinghamshire Local Pharmaceutical Committee (Community Pharmacy Nottinghamshire).
- Nottinghamshire Local Medical Committee.
- Pharmacies and Dispensing Appliance Contractors in Nottinghamshire.[47]
- Dispensing GP practices in Nottinghamshire.
- Healthwatch Nottingham and Nottinghamshire.
- NHS Trust or NHS Foundation Trusts:
    - Nottingham University Hospitals NHS Trust.
    - Nottinghamshire Healthcare NHS Foundation Trust.
    - Sherwood Forest Hospitals NHS Foundation Trust.
    - Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.
    - East Midlands Ambulance Services NHS Trust.
    - DHU Healthcare.
- Nottingham and Nottinghamshire ICB.
- Neighbouring Health and Wellbeing Boards:
    - Nottingham City HWB.
    - South Yorkshire HWB.
    - Lincolnshire HWB.
    - Leicestershire HWB.
    - Derbyshire HWB.

Other consultees

- GP practices in Nottinghamshire.
- Local Pharmaceutical Committee in all the neighbouring areas.
- Local Medical Committee in all the neighbouring areas.
- Members of the public and patient groups.

[47] Please note there are not LPS contractors in Nottinghamshire.

Appendix F: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Nottinghamshire 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 Nottinghamshire council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Nottinghamshire. A range of public engagement groups in Nottinghamshire, 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 38 responses,[48] all of them from the internet survey. Responses received:

- 23 (60%) from members of the public.
- 5 (13%) from pharmacies or DACs in Nottinghamshire.
- 5 (13%) from other organisations in Nottinghamshire.
- 1 (3%) from Healthwatch or other patient, consumer or community group.
- 1 (3%) from the Local Pharmaceutical Committee.
- 1 (3%) from the Local Medical Committee.
- 1 (3%) from a neighbouring HWB.
- 1 (3%) from an NHS Trust or 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 38 responses, 26 (68%) agreed with the conclusions of Nottinghamshire Draft 2025 PNA, nine (24%) didn't know / couldn't say and 3 (8%) 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: 38, Skipped: 0)

Options	Number	%
A member of the public	23	60%
Local Pharmaceutical Committee	1	3%
Local Medical Committee	1	3%
Pharmacy or dispensing appliance contractor in Nottinghamshire	5	13%
Dispensing practice in Nottinghamshire	0	0%
Healthwatch or other patient, consumer or community group	1	3%
An NHS Trust or NHS Foundation Trust	1	3%

[48] There were two further responses submitted from members of the public, not included as they did not answer any of the questions.

Options	Number	%
NHS England	0	0%
A neighbouring Health and Wellbeing Board	1	3%
Other organisation in Nottinghamshire	5	13%
Other organisation outside Nottinghamshire	0	0%

If responding on behalf of an organisation, please tell us its name: (Answered: 8, Skipped: 30)

- A GP practice.
- Doncaster Health and Wellbeing Board.
- Sherwood Forest Hospitals NHS Foundation Trust.
- Healthwatch Nottingham and Nottinghamshire.
- Versus Arthritis.
- SEND PaCT Notts.
- Digital Notts- the digital transformation team for Nottingham and Nottinghamshire ICB.
- Reach Learning Disability.

2) Has the purpose of the pharmaceutical needs assessment been explained? (Please refer to Section 1 in the draft PNA) (Answered: 38, Skipped: 0)

Options	Number	%
Yes	36	95%
No	0	0%
I don't know/ can't say	2	5%

3) Does the pharmaceutical needs assessment reflect the current provision of *pharmaceutical services* within Nottinghamshire? (Section 3 in the draft PNA) (Answered: 37, Skipped: 1)

Options	Number	%
Yes	27	73%
No	2	5%
I don't know/ can't say	8	22%

4) Does the draft pharmaceutical needs assessment reflect the needs of Nottinghamshire's population? (Section 2 in the draft PNA) (Answered: 37, Skipped: 1)

Options	Number	%
Yes	21	57%
No	4	11%
I don't know/ can't say	12	32%

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? (Section 6 and 7 in the draft PNA Appendix A) (Answered: 37, Skipped: 1)

Options	Number	%
Yes	8	22%
No	19	51%
I don't know/ can't say	10	27%

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: 37, Skipped: 1)

Options	Number	%
Yes	24	65%
No	4	11%
I don't know/ can't say	9	24%

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: 38, Skipped: 0)

Options	Number	%
Yes	28	74%
No	1	3%
I don't know/ can't say	9	24%

8) Has the pharmaceutical needs assessment provided enough information to inform future *pharmaceutical services* provision and plans for pharmacies and dispensing appliance contractors? (Section 6) (Answered: 36, Skipped: 2)

Options	Number	%
Yes	24	67%
No	2	5%
I don't know/ can't say	10	28%

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: 38, Skipped: 0)

Options	Number	%
Yes	10	26%
No	15	40%
I don't know/ can't say	13	34%

10) Do you agree with the conclusions of the pharmaceutical needs assessment? (Answered: 38, Skipped: 0)

Options	Number	%
Yes	26	68%
No	3	8%
I don't know/ can't say	9	24%

11) If you have any other comments, please write them below: (Answered: 17, Skipped or "no comment": 21)

Comments are listed in Appendix G.

Appendix G: Consultation comments

Additional comments received on the consultation survey[49]

Additional comments to **question 3**: Does the draft Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Member of the public	No as my mental health team and psychiatrist take far to long to act which is so frustrating.	Thank you for your comment. Unfortunately this is outside the scope of the PNA process. Please see section 1.5 for the scope. Your concerns can be raised through the following website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/
Member of the public	No indication in relation to continuity of care. I will see my epilepsy consultant quarterly. I have recently been titrated up to 125mg on my new epilepsy medication. I was given a hospital prescription for the 25mg for the first 3 months. When the GP took over prescribing I was told to break 50mg tablets in half daily this results in inconsistent daily doses. My Pharmacy informs me 25mg tablets are not available in the community. The transitional consistency of care between hospital & community is therefore, inconsistent particularly for vital medication.	Thank you for your comment. Unfortunately this is outside the scope of the PNA process. Please see section 1.5 for the scope. Patients can share their experience and should inform the pharmacy in the first instance and if this is not resolved you are able to take this further to the Integrated Care Board. Your concerns can be raised through the following website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/

[49] Please note mention to specific places or names have been replaced with *.

GP practice	It doesn't qualify the actual levels of use of pharmacy first services by patients which will be a key part of moving workload to community rather than secondary. For example, would extended hours of pharmacy first services reduce the need for patients to access urgent treatment centres or a&e	Thank you for your comment. While the PNA does not currently quantify the use of Pharmacy First services, we recognise the importance of this data in understanding the potential to shift demand from urgent treatment centres and A&E.

Additional comments to **question 4**: Does the draft Pharmaceutical Needs Assessment reflect the need of your area's population? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Member of the public	There needs to be more pharmacists available to manage the amount of people using there services some are very over run with people calling in for prescriptions giving no time for " pharmacy first "	Thank you for your comment. Pharmacy workforce issues are a national issue and unfortunately outside of the scope of the PNA process. Please see section 1.5 for the scope.
Organisation: Reach Learning Disability	As we represent adults with learning disabilities, I notice that only 1% of respondents had a learning disability which is only a small percentage of adults with learning disabilities within Nottinghamshire.	Thank you for your feedback. We acknowledge that adults with learning disabilities were underrepresented in the survey responses. The Health and Well Being Board would encourage future engagement activities for future iterations of the PNA with targeted approaches to better capture the experiences and needs of adults with learning disabilities. It is important to note that all community pharmacies are required to make reasonable adjustments under the Equality Act 2010. The Learning & Development Joint Strategic Needs Assessment is currently being worked on which is due to published by the end of the year.

From	Comment	Steering Group response
Member of the public	Housing developments are accelerating, and it is not clear what provision is being made on the many new estates now appearing. State funding is a problem that needs addressing.	Thank you for your comment. Housing developments have been considered for this PNA in informing the conclusions. Please see section 2.9.6.
Healthwatch Nottinghamshire	The PNA identifies areas of deprivation and varying health outcomes across Nottinghamshire, but it largely presents these as background data rather than directly linking them to how pharmaceutical services need to be specifically adapted or improved to mitigate these disparities. The emphasis is more on the general provision of services rather than tailored approaches for specific disadvantaged groups. Furthermore, the sample is stated to be not representative of the Nottinghamshire population, with no targeted efforts to engage with under-represented or disadvantaged communities. Therefore, while this section provides valuable data, the lack of representative public engagement and explicit links between health inequalities and service provision gaps means it risks not fully reflecting the true needs, experiences, and potential barriers faced by all segments of the population.	Thank you for your feedback. We acknowledge the need to strengthen the link between health inequalities and how pharmaceutical services are planned and delivered. While this PNA presents relevant data for the purpose of this PNA and to inform market entry decisions the HWB would encourage local stakeholders to consider more explicit analysis of how services could be tailored to disadvantaged groups. We also recognise the limitations in public engagement and recommend that future PNAs include more targeted efforts to involve under-represented and disadvantaged communities.

From	Comment	Steering Group response
Member of the public	The demographics of the area show high levels of deprivation, particularly in the north of the County. However, Table 16 shows low levels of flu vaccination services for Mansfield (towards the northern part of the County) compared to other areas. Pharmacy contraception services are low in Ashfield (43%), Gedling (39%) and Rushcliffe (55%). Smoking Cessation Services was particularly shocking with most areas being 0% (high of 5%), which considering the area is full of ex-miners and ex-textile factory workers, which were often drawn into smoking by their circle of family and friends. Equally disappointing is the level of Appliance Use Review (mainly 0%) and Stoma Appliance Customisation (again mainly 0%, with a high of 9%). My parents both died in 2019. Mum had been very poorly for a long time, with her main conditions being Parkinson's Disease, AF, COPD amongst many other co-morbidities. All the appliances that mum had, which we depended on as a family to support mum and her conditions, were provided by either by parents' own funds or via the assistance of various charities (mainly the British Red Cross, which we couldn't have managed without).	Thank you for your feedback and for sharing your personal experience. We note the low uptake of certain services across the County. We acknowledge future work should consider encouraging greater uptake of services commissioned, particularly in areas of high deprivation and need. Your concerns can be raised through the following website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/

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
Member of the public	The need to get more pharmacies open also local late night opening as some have stopped that giving working people no option on collection of any medication they require	The PNA has reviewed opening hours across the county, including evenings and weekends, and concludes that there is no current gap in the provision of pharmaceutical services during these times. However, we recognise that individual experiences may vary. Opening hours reflect commercial and local need. Alternative methods such as distance selling pharmacies are also available who are required to deliver to the patient as part of the contractual agreement.
Member of the public	not enough pharmacies for the general population	The PNA has taken into account current population and expected growth. The assessment concludes that there is currently no gap in pharmaceutical service provision.
Member of the public	There is no access to pharmacy in Blidworth at weekends as the pharmacy no longer opens on a Saturday	Thank you for your comment. Blidworth is located within the Mansfield locality (see Section 6.2.5) where pharmaceutical service provision was assessed as a locality as a whole. Of the 23 community pharmacies in Mansfield, there are eight pharmacies (35%) that are open after 6 pm on weekdays, 15 pharmacies (65%) open on Saturdays, seven pharmacies (30%) open on Sundays, and 22 pharmacies (96%) provide the Pharmacy First Advanced Service.

From	Comment	Steering Group response
Member of the public	More emphasis on minor needs support eg pharmacy treatment and testing	Thank you for your comment. This currently would sit as a locally commissioned service which sits outside of the scope of the PNA. Please see section 1.5 for the scope.
Organisation: Reach Learning Disability	There is little mention of learning disability within the PNA - are services accessible enough for people with learning disabilities?	Thank you for your comment. Although no specific comment regarding this within the PNA it is important to note all community pharmacies are required to make reasonable adjustments under the Equality Act 2010 to ensure their services are accessible to people with disabilities, including those with learning disabilities.
Member of the public	My local gp are not the best really and just tell me to ring mental health team.	Thank you for your comment. Unfortunately this is outside the scope of the PNA process. Please see section 1.5 for the scope. Patients can share their experience and should inform the GP Practice in the first instance and if this is not resolved you are able to take this further to the Integrated Care Board. Your concerns can be raised through the following website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/

From	Comment	Steering Group response
Member of the public	Yes I have been told it could be 2 months before a medication change which is not good at all. It's really bad	Thank you for your comment. Unfortunately this is outside the scope of the PNA process. Please see section 1.5 for the scope. Patients can share their experience and should inform the pharmacy in the first instance and if this is not resolved you are able to take this further to the Integrated Care Board. Your concerns can be raised through the following website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/
Member of the public	Could we have a 24/7 pharmacy that 911 can refer us to. We are elderly and have conditions that cannot fit around opening hours. Once in an emergency I needed a Dr. 999 was a long wait but at that time our Dr started at 07:00 and he could prevent a hospital visit. I had a pre arranged operation later. So 24/7 pharmacy and possible drop in Dr system between 07.00 and 09.00 hrs .	Thank you for your comment. We understand the challenges faced by elderly residents in accessing timely care, particularly outside standard opening hours. While there is currently no national pharmacy contract that enables 24/7 provision, local commissioners may consider exploring extended or directed opening hours where there is clear evidence of need. Alternative methods such as distance selling pharmacies are also available who are required to deliver to the patient as part of the contractual agreement. NHS 111 is also an alternative for out-of-hours support and advice.
Organisation: Versus Arthritis	I don’t think that pharmacies are valued equally with GPs	Thank you for your comment.

Member of the public	1) Provision of sharps bins - mainly done by local authority facilities, but when patients are first put onto medication that needs to be given by injection, they tend to head to their nearest pharmacy to find out what to do with the sharps bin. You would be surprised how many pharmacy staff say that don't know what happens with the sharps bin collection, but I am unsure why this is a service that pharmacists don't offer. 2) Return of old or unneeded medications - whilst this is better than it was there is still a reluctance from some pharmacies to not accepting all medications to have them destroyed. Particularly, problematic with any controlled drugs that need to be disposed of carefully. 3) Repeat prescriptions - patients are not fully advised on what they need to consider when re-ordering prescription items, with many not realising that you are allowed to order the ones that you are short of and not all of the items. I know of numerous families that upon the death of a family member, has found absolute cupboards full with surplus medications. 4) It is not obvious to the members of the public to identify what services each pharmacy offers. I approached one as I suffer from shingles on a frequent basis and was told I needed to see a doctor, yet all the adverts and literature for Pharmacy First states that shingles is one of the 7 conditions. 5) There is mention within the report of inadequate provision of helping patients to stop smoking (though the report concludes there are no gaps in provision of any services??), but I wondered if this should be extended to vapes as well as cigarettes, cigars and pipes. The high	Thank you for your detailed feedback. Sharps Disposal: While sharps bin collection is generally managed by local authorities, we acknowledge the confusion patients may experience. Pharmacy staff awareness of referral pathways could be improved, and this will be noted for further consideration. Medication Returns: We recognise concerns regarding inconsistency in accepting unwanted or controlled drugs. Patients can share their experience and should inform the pharmacy in the first instance and if this is not resolved you are able to take this further to the Integrated Care Board. Your concerns can be raised through the following website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/ Repeat Prescriptions: We agree that further public education may help reduce unnecessary stockpiling however this is outside of the scope of the PNA process. Please see section 1.5 for the scope. This is an area the Integrated Care Board is currently reviewing. The safety parameters the service often excludes frequent treatment as this may require more clinical assessment. NHS services - NHS Smoking and Vaping: This is outside of the scope of the PNA process. Please see section 1.5 for the scope. However the Integrated Wellbeing Service provides stop smoking support for people living, working or studying in Nottinghamshire. People can

From	Comment	Steering Group response
	level of vapes, for me, is a ticking time bomb as they have not been around long enough to know what the long-term effects of their usage is going to be. The people I know use their vapes far more than the amount of cigarettes, etc. they smoked as well as using the vapes in confined spaces, including some workspaces, much to the detriment of those around them who don't wish to vape. 6) The report makes no comment to the capacity of the pharmacies to cater for additional services. Speak to anyone and they will tell you stories of long queues, harassed staff and ill-tempered staff. More services will have added pressures to already busy pharmacies. Again, the report made it sound as though there was adequate amounts of pharmacies per 100,000 of population, but you only have to look at the figures to see the ratios are low which gives an indicator of overworked pharmacies. 7) Finally, the report takes no account of when discussing the opening hours that even though a pharmacy may be listed as being a 72+ hours, etc, pharmacy, there are numerous times when visiting pharmacies that, as a patient, you get told that the pharmacist is unavailable / ill, etc., and therefore no dispensing services are available until a pharmacist returns back on duty. I don't believe any records are kept to see how many hours are lost for the lack of a qualified pharmacist.	access the service by visiting the website https://yourhealthnotts.co.uk/ or calling 0115 772 2515. The service provides face to face support in settings within the community, support over the phone and digital support options. Pharmacy Capacity: We acknowledge that workload pressures are a concern. This is a national issue and outside of the scope of the PNA process. Please see section 1.5 for the scope. Opening Hours vs. Service Availability: The point about listed hours not always reflecting pharmacist availability is important. This sits with the local contracting team who continuously monitor. Patients can share their experience and should inform the pharmacy in the first instance and if this is not resolved you are able to take this further to the Integrated Care Board. Your concerns can be raised through the following website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/ These points will be shared and noted for future planning and improvements where appropriate.

From	Comment	Steering Group response
Healthwatch Nottinghamshire	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 a gap in access. 2. 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. The demographic cross-tabulations in the HWNN report has revealed that vulnerable groups are disproportionately affected. 3. 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 feedback. While the PNA has assessed no current gap in opening hours, we acknowledge that practical access may remain a challenge for certain groups, including working people, carers, and the digitally excluded. We recognise the limitations in the demographic representativeness of the public survey. While no specific gap has been identified, future PNAs should aim for more inclusive engagement and demographic analysis to better reflect the needs of under-represented and vulnerable groups. Although service availability has been assessed as adequate, we agree that a lack of public awareness about the full range of pharmacy services can act as a barrier to access. We support the recommendation for a patient-led communications strategy, co-designed with community groups, to help improve understanding and uptake.

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	But I need any medication sending to my local pharmacy	Thank you for your comment however it is not clear. Regarding medications being sent to your local pharmacy, you are able to nominate a pharmacy for your prescription to be sent electronically directly by your GP practice. Please enquire with your GP practice or pharmacy.
Member of the public	I don't see information on expected new housing developments.	Thank you for your comment. Housing completions across the county are discussed in Section 2.9.6.
Organisation: Versus Arthritis	I'm not sure that there is enough support and incentives to set up independent pharmacies in needy area. As with vets, the advantages seem to be with the big 'boys'	Thank you for your comment. We acknowledge the challenges currently pharmacies may face, particularly in areas of higher need.
GP practice	Provision of pharmacy first services at extended times would benefit patients and should be considered for applications	Thank you for your comment. While Pharmacy First services are nationally commissioned with set parameters, the potential benefit of extended hours is noted.
Healthwatch Nottinghamshire	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.	Thank you for your feedback. The PNA has been developed in line with regulatory requirements and does not identify a gap in necessary provision. However, we acknowledge the importance of lived experience and the impact of access barriers on certain communities. We would encourage better exploration of some of these aspects in future PNAs.

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	Report is too long for a member of public to thoroughly read so I've only read the Exec Summary and skipped through the rest.	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.
Member of the public	But I don't think I will ever come off them.	If you have any questions about your medicine, please speak to your prescriber or your local pharmacist.
Member of the public	I believe I will be on medication all my like im to unstable.	If you have any questions about your medicine, please speak to your prescriber or your local pharmacist.
Healthwatch Nottinghamshire	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.	Thank you for your comment. This document is not intended to be a commissioning strategy as its main purpose is for market entry use. The HWB 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
Member of the public	But I live in ** I cannot travel all over for medication. So they would need sending to my local pharmacy	Thank you for your comment. We recognise that travel for medication can be challenging. While home delivery is not a nationally commissioned service, some pharmacies may offer it independently. Alternatively, Distance Selling Pharmacies (DSPs) are available and can deliver medicines directly to patients' homes.
Member of the public	Yes but asap would be nice not 2 months	Thank you for comment. Patients can share their experience and should inform the pharmacy in the first instance and if this is not resolved you are able to take this further to the ICB. Your concerns can be raised through the following website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/
Member of the public	I don't believe this has been adequately covered. The Labour government's housing policy and the substantial increases in the number of houses to be built over the course of this parliament, to me suggests that the pharmacies will be even more overwhelmed.	Thank you for your comment. Housing developments have been considered for this PNA in informing the conclusions. Please see Section 2.9.6.

From	Comment	Steering Group response
Healthwatch Nottinghamshire	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 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.	Thank you for your comment. 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
Member of the public	Better ways of getting repeat medication also needs to be faster i.e. 2 weeks is TOO Long to wait!	Thank you for your comment. Patients can share their experience and should inform the pharmacy in the first instance and if this is not resolved you are able to take this further to the ICB. Your concerns can be raised through the following website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/

From	Comment	Steering Group response
Member of the public	More weekend and out of hours provision. More local provision of weight loss medication at BC affordable price. Staff to be better able to carry out blood pressure checks. Even when advertised and asked, their faulty/ domestic equipment wasn't working. They should be better trained and equipped including having larger cuffs for larger people. I left pharmacy feeling very low and self conscious as they said my arm was too large for their machine	Thank you for your comment. Weekend and out of hours provision has been considered as part of this assessment. Currently weight loss services sit outside of the scope of this assessment which includes the pricing of such services. Please see section 1.5 for the scope. Patients can share their experience and should inform the pharmacy in the first instance and if this is not resolved you are able to take this further to the ICB. Your concerns can be raised through the following website https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/
Pharmacy or DAC in Nottinghamshire	Pharmacist prescribing on the NHS	Thank you for your comment. Independent prescribing by pharmacists is expanding under NHS services and looks to evolve over the coming years with the introduction of all graduates from university qualifying as independent prescribers from 2026.
Member of the public	Regular patient medication reviews; GP practices can be dilatory in this respect and community pharmacies are likely to be proactive as medication is their area of expertise.	Thank you for your comment. We agree that regular medication reviews are important for safe and effective treatment. Community pharmacies are well placed to support this, and services such as the New Medicine Service help utilise their expertise.
Member of the public	Spirometry	Thank you for your comment. Spirometry is not currently a commissioned service within community pharmacy. However, its role in respiratory care is recognised and may be considered in future service development.

From	Comment	Steering Group response
Member of the public	But I don't think I will ever come off anti depressants like my mum and grandmother and brother.	If you have any questions about your medicine, please speak to your prescriber or your local pharmacist.
Member of the public	Continuum of pharmacological consistency between hospital & community is inconsistent.	If you have any questions about your medicine, please speak to your prescriber or your local pharmacist.
Organisation: Versus Arthritis	More medicine reviews	Thank you for your comment. We agree that regular medication reviews are important for safe and effective treatment. Community pharmacies are well placed to support this, and services such as the New Medicine Service help utilise their expertise.
Member of the public	1) Provision/collection of sharps bins 2) Better education on repeat prescriptions 3) Better control of how many items on the repeat prescriptions are being dispensed and if all of the medications are actually required. 4) Recycling of blister packs as I am only aware of one pharmacy that offers this, but which is vital due to environmental issues (particularly with regards to single use plastics).	Thank you for your comment. This has been noted in a previous response. Regarding the recycling blisters this is currently outside of the scope of the PNA process.

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
Member of the public	They do yes asap. We need to try what my mum is on Tricyclic Antidepressants or the others mentioned on the other survey.	Thank you for your comment. We would encourage you to raise your concern regarding your medications directly with your community pharmacist or with your GP Practice.

From	Comment	Steering Group response
Member of the public	I want to be on the medication my mum takes. Or the same type	Thank you for your comment. We would encourage you to raise your concern regarding your medications directly with your community pharmacist or with your GP Practice.
Member of the public	No, the report consistently states there are no gaps but within the document's contents it shows very low numbers of pharmacies per 100,000 population, does not discuss already overstretched pharmacies, or discuss how the pharmacies will cope with additional services and it does not discuss the decline in numbers of pharmacies.	Thank you for your comment. The PNA concludes that 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.
GP practice	Due to the matter around pharmacy first services	Thank you for your comment. Thank you for your comment. While Pharmacy First services are nationally commissioned with set parameters, the potential benefit of extended hours is noted.
Healthwatch Nottinghamshire	This has already been detailed under various sections above.	Noted.

Additional comments to **question 11**: If you have any other comments, please write them below.

From	Comment	Steering Group response
Member of the public	There is a definite need for more pharmacists to be available also a late night service is needed in most areas to provide a good service to those working.	Thank you for your comment. While there is currently no national pharmacy contract that enables 24/7 provision, local commissioners may consider exploring extended or directed opening hours where there is clear evidence of need.
Pharmacy or DAC in Nottinghamshire	Opening hours for Boots stores are incorrect. Information has not been updated since they were changed in previous years. Please see NHS Profile for most recent updates. e.g. Midnight hours changes	Noted and checked.
Neighbouring Health and Wellbeing Board: Doncaster	A good robust PNA and appears to have covered all aspects .	Thank you for your comment.
Pharmacy or DAC in Nottinghamshire	Pharmacy FJN22 offers service LAS5 also please not that Pharmacy FDR29 is no longer owned or operated by PCT Healthcare Ltd. This pharmacy is now owned by Rosemary Street Pharmacy at a different address.	Noted and checked.
Organisation: Digital Notts	As the digital transformation team for N&N ICB, we would highlight the opportunities for integrating with the NHS App to improve convenience of requesting medicines. We would also highlight the opportunity that using and accessing the Notts Care Record for accessing a single person-centred view of patients. More details can be found here: https://digitalnotts.nhs.uk/notts-care-record/	Thank you for your comments. We acknowledge the opportunities presented by integration with the NHS App to improve access to medicines and enhance patient convenience. These developments will be important considerations in future service planning and digital transformation across pharmacy services. These, however, are out of scope of the PNA process.

From	Comment	Steering Group response
Member of the public	A key issue is the shortage of pharmacists which has resulted in a number of local temporary closures (eg Jhoots in Newark). The NHS policy to improve primary care should be reflected via closer links with training bodies, eg the MPharm degree at the University of Lincoln	Thank you for your comment. There is a national workforce issue however this is currently out of scope of the PNA process. Please see section 1.5 for the scope.
Member of the public	The pdf for the county is 51 pages long, for the city 41. Both are reader-unfriendly, well above the average readability age for the region: 8-11 years. It is unrealistic and inappropriate to expect the public as a whole to complete a survey that presupposes their having read densely formatted sections of a lexically inaccessible document. The people you need to hear from and listen to are by definition excluded. My own background is in language for communication and I am by nature a voracious reader but I am not typical. As requested, I will circulate the survey among my community and professional networks, advising people to skim-read section 6 and concentrate on the summary boxes.	Thank you for your constructive feedback. We acknowledge that the length and complexity of the documents may limit accessibility for many readers. While the PNA must meet regulatory requirements, we recognise the importance of clear, inclusive communication. Your suggestion to focus on summary sections is helpful, and we will consider how future PNAs and associated materials can be made more user-friendly and accessible to a wider audience.
Pharmacy or DAC in Nottinghamshire	Please note, that Bingham Pharmacy is signed to provide the following services not included as providing in the table on page 134, please kindly amend. Thank you ICBS1-bank holiday opening service ICBS2-pallative care service LAS4-c card scheme LAS5-emergency hormonal contraception	Noted and checked.

From	Comment	Steering Group response
Organisation: Reach Learning Disability	In Newark and Sherwood, only 4 community pharmacies are open after 6pm (17%) which is the lowest in the Nottinghamshire area. This could make it difficult for people in rural areas to access a pharmacy, especially if they do not drive/have access to a vehicle. The draft PNA is a long document - is there an easy read version for people with learning disabilities?	Thank you for your feedback. The primary purpose of the PNA is to support the Pharmaceutical Services Regulations, particularly for the Pharmacy and Optometry Decisions (POD) team and market entry purposes. While access after 6 pm in Newark and Sherwood is limited compared to other areas, the PNA has not identified a gap in necessary provision. However, your point about access challenges in rural areas is noted for future consideration. We also acknowledge your comment on accessibility. Paper copies and alternative formats were also available under request.
Pharmacy or DAC in Nottinghamshire	A lot of reading, which is time consuming for a busy pharmacy. Would it be possible to break down the areas in future with that areas information and statistics being in one section then the overall summary as a joint conclusion.	Thank you for your feedback. We appreciate that the length and structure of the document can be time-consuming, particularly for busy pharmacy teams. The current format is designed to meet regulatory requirements and support market entry assessments; however, your suggestion to structure future versions by geographic area with localised data followed by an overall summary is helpful. This approach will be considered to improve usability in future PNAs.
Member of the public	Since I suffer with night terror's and sleep paralysis insomnia or then day where I just cannot wake my brain up I really don't know what is wrong and it's frustrating as I feel I will never get treated correctly.	Thank you for your comment. We would encourage you to raise your concern directly with your GP Practice.

From	Comment	Steering Group response
Member of the public	Predicting the future is difficult. As far as time to get to pharmacy is concerned, the time taken if you have to climb a steep hill is different as to that on the flat. Some areas have very poor public transport links. If you are elderly and need to get to doctors or pharmacy then you might not be able to walk from home and for me if I had to use public transport I would need to take a 45 min bus ride into Nottingham and then a 30 min one back to Carlton and gedling with that repeated in reverse to get home. The car journey is about 5 mins but when I can no longer drive this is an issue. You also need to consider public transport	Thank you for your comment. We recognise that travel time to pharmacies can vary significantly depending on geography, mobility, and access to transport, particularly for older residents and those in areas with limited public transport. While the PNA assesses access primarily by distance and drive time, we acknowledge this does not fully reflect lived experience. In some cases, community pharmacies may offer delivery services on a voluntary basis, even though this is not a nationally commissioned service. Distance Selling Pharmacies (DSPs) also remain an option for patients who face challenges in accessing a pharmacy in person.
Member of the public	This is all a 3 year aim. How can you achieve so much in that time. We need bigger buildings, some of the best Pharmacies have standing room only. They charge £50 to deliver and I cannot walk that far. They need money to modernise buildings and that will take years.	Thank you for your comment. We acknowledge the concerns raised around capacity, space limitations, and the time and investment required to modernise pharmacy premises. While the PNA outlines a three-year view based on current and anticipated needs, we recognise that significant infrastructure changes often require longer-term planning and funding. However, decisions around capital investment and national funding fall outside the scope of the local PNA process

From	Comment	Steering Group response
Member of the public	I don’t know why you are seeking general public consultation on this material. The draft proposal is long and unwieldy, perhaps deliberately so, and hard to assimilate. The questions are repetitive. You need to employ someone with communications skills.	Thank you for your feedback. While public consultation is not a statutory requirement, it is considered good practice to ensure transparency and to give residents and stakeholders the opportunity to provide input into the PNA. We acknowledge that the document is lengthy and technical, reflecting the requirements it must meet for market entry decisions. Your comments about the format and accessibility are noted, and we will consider how future versions and associated materials can be improved with clearer communication and user-friendly design.
Member of the public	The other issue that doesn't get discussed is the problem with obtaining some medications. The ones that spring immediately to mind are various creams/ointments used in the treatment of eczema and also the tablet tensipine, or any other similar medication, which, at one point, no pharmacy in Mansfield could provide.	Thank you for your comment. We acknowledge the ongoing challenges with the availability of certain medications, which can cause significant disruption for patients. Issues with medicine supply are recognised nationally. However, medicine supply and stock levels fall outside the scope of the PNA. Please see section 1.5 for the scope.
Member of the public	I use * Pharmacy as it is open in the evenings. That influences where I get my repeat prescriptions as I work full time so need to go after work.	Thank you for your comment.
Member of the public	I can't believe many members of the general public will be able to answer any of this	Thank you for your feedback. While public consultation is not a statutory requirement, it is considered good practice to ensure transparency and to give residents and stakeholders the opportunity to provide input into the PNA. We acknowledge that the document is lengthy and technical, reflecting the requirements it must meet for market entry decisions.