



Pharmaceutical Needs Assessment 2022

Norfolk Health and Wellbeing Board

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Contents

Tables	6
Figures	7
Executive summary	9
Abbreviations	10
Section 1: Introduction	12
1.1 Background	12
1.2 National changes since the last PNA.....	12
1.3 Purpose of the PNA.....	14
1.4 Scope of the PNA	15
1.4.1 Community pharmacy contractors	16
1.4.2 Dispensing Appliance Contractors (DACs)	22
1.4.3 Local Pharmaceutical Service (LPS) providers.....	23
1.4.4 Pharmacy Access Scheme (PhAS) providers.....	23
1.4.5 Dispensing GP practices.....	23
1.4.6 Other providers in neighbouring HWB areas	24
1.4.7 Other services and providers in Norfolk.....	24
1.5 Process for developing the PNA	24
1.6 Localities for the purpose of the PNA	26
Section 2: Local context for the PNA	31
2.1 NHS Long Term Plan.....	31
2.2 Joint Strategic Needs Assessment (JSNA).....	32
2.3 Joint Health and Wellbeing Strategy (JHWS)	32
2.4 Population characteristics.....	33
2.4.1 Overview.....	33
2.4.2 Age	34
2.4.3 Predicted population growth	35
2.4.4 Gypsy and Traveller information	40
2.4.5 GP-registered population	41
2.4.6 International migration	42
2.4.7 Deprivation and life expectancy	42
2.4.8 Specific populations	45
2.5 Long-term conditions	48
2.5.1 Cardiovascular Disease (CVD)	51

2.5.2	Dementia	54
2.6	Health behaviours.....	54
2.6.1	Excess weight and obesity.....	54
2.6.2	Smoking.....	55
2.6.3	Substance misuse.....	56
2.6.4	Alcohol-related harm.....	56
2.6.5	Sexual and reproductive health	58
Section 3: Local NHS pharmaceutical services provision		63
3.1	Overview.....	63
3.2	Community pharmacies	63
3.2.1	Weekend and evening provision	65
3.2.2	Advanced Service provision.....	69
3.2.3	Enhanced Service provision	71
3.3	Dispensing GP practices	71
3.4	Access to community pharmacies and dispensing GP practices.....	73
3.4.1	Routine daytime access to community pharmacies and dispensing GP practice.....	74
3.5	Dispensing Appliance Contractors (DACs)	77
3.6	Distance-Selling Pharmacies (DSPs)	77
3.7	Local Pharmaceutical Service (LPS) providers.....	78
3.8	PhAS pharmacies	78
3.9	Pharmaceutical service provision provided from outside Norfolk.....	78
Section 4: Other services that may affect pharmaceutical services provision		79
4.1	Locally Commissioned Services (LCS).....	79
4.1.1	Local authority–commissioned services provided by community pharmacies in Norfolk.....	79
4.1.2	CCG-commissioned services.....	82
4.2	Collection and delivery services.....	85
4.3	Language services.....	86
4.4	Services for less-abled people.....	86
4.5	Electronic Prescription Service (EPS).....	86
4.6	GP practices providing extended hours	86
4.7	Other services provided by dispensing GP practices.....	87
4.8	Other NHS commissioned providers.....	87
4.9	Other providers	87

Section 5: Findings from the public questionnaire.....	89
5.1 Visiting a pharmacy	89
5.2 Choosing a pharmacy.....	89
5.3 Mode of transport to a community pharmacy.....	89
5.4 Time to get to a pharmacy	90
5.5 Service provision from community pharmacies.....	90
5.6 Demographics of the survey	91
Section 6: Analysis of health needs and pharmaceutical service provision... 92	92
6.1 Pharmaceutical services and health needs	92
6.1.1 Norfolk health needs.....	93
6.1.2 Priorities from the NHS Long Term Plan.....	94
6.1.3 Norfolk Joint Health and Wellbeing Strategy (JHWS)	94
6.2 PNA localities.....	95
6.2.1 Breckland.....	98
6.2.2 Broadland	100
6.2.3 Great Yarmouth	102
6.2.4 King’s Lynn and West Norfolk.....	105
6.2.5 North Norfolk.....	107
6.2.6 Norwich.....	110
6.2.7 South Norfolk	112
6.3 Necessary Services: gaps in provision in Norfolk	114
6.4 Improvements and better access: gaps in provision	116
Section 7: Conclusions	119
7.1 Current provision of Necessary Services.....	119
7.1.1 Necessary Services – normal working hours	119
7.1.2 Necessary Services – outside normal working hours.....	119
7.2 Future provision of Necessary Services	119
7.3 Improvements and better access – gaps in provision	120
7.3.1 Current and future access to Advanced Services	120
7.3.2 Current and future access to Enhanced Services.....	120
7.3.3 Current and future access to Locally Commissioned Services (LCS).....	120

Tables

Table 1: Timeline for PNAs	12
Table 2: Priority clinical areas in the LTP include:	31
Table 3: Population change between previous PNA and most recent 2020 population estimates	33
Table 4: Population change estimate between most recent estimate and projected 2025 estimate	35
Table 5: Population change estimate between most recent estimate and projected 2025 estimate by youngest and oldest age groups.....	35
Table 6: Estimated new homes and population (based on ONS average household size of 2.4).....	39
Table 7: Count of caravans by district (authorised and unauthorised sites), July 2021	40
Table 8: Gypsy and Traveller sites in Norfolk	41
Table 9: Population migration in Norfolk (Source: ONS 2019-20).....	42
Table 10: Male and female life expectancy at birth in years for England and Norfolk, three year range 2018-20	44
Table 11: First languages spoken in Norfolk other than English (census 2011)	45
Table 12: Ethnicity breakdown from the 2011 census (data obtained through NOMIS).....	45
Table 13: Ethnicity across Norfolk based on Annual Population Survey 2019.....	46
Table 14: Prevalence of long-term conditions at Norfolk GPs (2020-21)	48
Table 15: Prevalence of conditions by lower tier local authority area	49
Table 16: Prevalence by PCN (Data is recorded at an organisational level (GP level) so cannot be accurately mapped to residential area)	50
Table 17: QOF prevalence of CHD, diabetes and hypertension	51
Table 18: Chlamydia detection rate per 100,000 and chlamydia screening proportion for those aged 15–24, 2020 (Source: OHID).....	59
Table 19: Contractor type and number in Norfolk	63
Table 20: Number of community pharmacies per 100,000 population	64
Table 21: Breakdown of average community pharmacies per 100,000 population.....	64
Table 22: Number of 100-hour pharmacies (and percentage of total)	65
Table 23: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, and on Saturday and Sunday (not including DSPs)	66
Table 24: Percentage of community pharmacies signed up to provide Advanced Services in Norfolk (as of 30 April 2022)	70
Table 25: Number of dispensing practices by localities	73
Table 26: Travel times and distance from home to the nearest pharmacy in Norfolk	74
Table 27: Travel times and distance from home to the nearest pharmacy and dispensing GP practice in Norfolk	75
Table 28: Awareness of Advanced Services.....	90
Table 29: Demographic analysis of the community pharmacy user questionnaire respondents	91
Table 30: Prevalence of long-term conditions.....	93
Table 31: LTP priorities that can be supported from community pharmacy	94

Table 32: Number and type of contractor per locality	96
Table 33: Pharmacies signed up to NHSE Advanced and Enhanced Services by locality	96
Table 34: Pharmacies signed up to Locally Commissioned Services (CCG and LA)	97

Figures

Figure 1: All pharmacies (including over-border fringe) dispensing GPs and dispensing GP branches	28
Figure 2: All pharmacies (including over-border fringe) dispensing GPs and dispensing GP branches across Norfolk PCNs	29
Figure 3: Population density	34
Figure 4: Population structure by age and district council, ONS 2020 estimates	34
Figure 5: Distribution across Norfolk of people aged 0–5 by MSOA	36
Figure 6: Distribution across Norfolk of people aged 60+ by MSOA	37
Figure 7: Population change estimate pyramid compared with projected 2025 estimate ..	38
Figure 8: Estimated population change across all ages in Norfolk, 2020-25 by MSOA	39
Figure 9: MSOA breakdown of new housing, 2020–25, darker areas show areas with more new housing.....	40
Figure 10: Life expectancy at birth for males, 2015-19, by MSOA.....	43
Figure 11: Life expectancy at birth for females, by MSOA	43
Figure 12: Locations of community pharmacies in relation to IMD 2019 by MSOA	44
Figure 13: Map to show proportion of ethnic minority groups, by MSOA	47
Figure 14: Prevalence of long-term conditions across Norfolk, by PCN	48
Figure 15: CHD prevalence across Norfolk.....	52
Figure 16: Hypertension prevalence across Norfolk	52
Figure 17: Diabetes prevalence across Norfolk	53
Figure 18: Estimated prevalence of dementia in people aged 30+ at MSOA level (2018) .	54
Figure 19: Estimated prevalence of obesity, including overweight, for those aged 16+ by national quintile, 2014 (Source: Local Health)	55
Figure 20: Estimated smoking prevalence by MSOA (2020)	56
Figure 21: Hospital admissions for alcohol-attributable conditions, MSOA level, standardised admission ratio (2013/14–2017/18) (Source: UKHSA)	57
Figure 22: Chlamydia screening by pharmacy during 2019-21. Size of bubble reflects number of chlamydia screenings that have taken place at pharmacies during the 3-year period.....	59
Figure 23: Teenage pregnancies at MSOA level (2015/16–2019/20) showing the location of pharmacies and GP practices providing NHS sexual health services (Source: ONS and NHS England)	60
Figure 24: Prescribed emergency contraception (by ward), 2021	61
Figure 25: Indications for emergency contraception access through pharmacies.....	61
Figure 26: Age distribution of individuals accessing emergency contraception through pharmacies	62
Figure 27: Summary	63
Figure 28: Map of 100-hour pharmacies across Norfolk	66

Figure 29: Map of pharmacies open after 6.30 pm	67
Figure 30: Map of pharmacies open at a weekend	67
Figure 31: Map of pharmacies open on Saturdays	68
Figure 32: Map of pharmacies open on Sundays	69
Figure 33: Rural urban classification.....	72

Appendices

All appendices have been created as standalone documents and have been made available to download and view alongside the main PNA document.

Appendix A: List of pharmaceutical service providers in Norfolk HWB area

Appendix B: PNA Steering Group terms of reference

Appendix C: PNA project plan

Appendix D: Public questionnaire results

Appendix E: Pharmacy contractor questionnaire results

Appendix F: Dispensing practice questionnaire results

Appendix G: Alphabetical list of pharmaceutical service providers in Norfolk HWB area

Appendix H: Consultation plan and list of stakeholders

Appendix I: Summary of consultation responses

Executive summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. The HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment that may have an effect on the needs of pharmaceutical services. Due to the COVID-19 pandemic the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

This mapping of pharmaceutical services against local health needs provides a framework for the strategic development and commissioning of services. It will enable the 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 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

This PNA has been produced through the PNA Steering Group on behalf of Norfolk HWB by Norfolk County Council with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

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

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

Pharmaceutical service providers in Norfolk

Norfolk has 157 community pharmacies (as of 10 March 2022), for a population of around 914,039. In addition to the 157 community pharmacies, Norfolk has 55 dispensing GP practices providing pharmaceutical services. Combining these, Norfolk has an average of 23.2 community pharmacies and dispensing GP practices per 100,000 population, compared with 23.3 per 100,000 in England.

Conclusions

Provision of current pharmaceutical services and Locally Commissioned Services are well distributed, serving all the main population centres. There is excellent access to a range of services commissioned from pharmaceutical service providers. As part of this assessment no gaps have been identified in provision either now or in the next three years for pharmaceutical services deemed necessary by the Norfolk HWB.

Abbreviations

ABPM – Ambulatory Blood Pressure Monitoring

AUR – Appliance Use Review

BAME – Black, Asian and Minority Ethnic

BMI – Body Mass Index

BSA – Business Services Authority

C-19 – COVID-19

CCG – Clinical Commissioning Group

CHD – Coronary Heart Disease

COPD – Chronic Obstructive Pulmonary Disease

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

CVD – Cardiovascular Disease

DAC – Dispensing Appliance Contractor

DHSC – Department of Health and Social Care

DMIRS – Digital Minor Illness Referral Service

DMS – Discharge Medicines Service

DRUM – Dispensing Review of Use of Medicines

DSP – Distance-Selling Pharmacy

DSQS – Dispensing Services Quality Scheme

EHC – Emergency Hormonal Contraception

EPS – Electronic Prescription Service

ES – Essential Services

GP – General Practitioner

HIV – Human Immunodeficiency Virus

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 Needs Assessment

LA – Local Authority

LCS – Locally Commissioned Services
LFD – Lateral Flow Device
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LTP – Long Term Plan
MSOA – Middle Super Output Area
MUR – Medicines Use Review
NCC – Norfolk County Council
NHS – National Health Service
NICE – National Institute for Health and Care Excellence
NHSE – NHS England
NMS – New Medicine Service
NMSS – Norfolk Medicines Support Service
NRT – Nicotine Replacement Therapy
NUMSAS – NHS Urgent Medicine Supply Advanced Service
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
OST – Opioid Substitution Treatments
PCN – Primary Care Network
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PHSMT – Public Health Senior Management Team
PNA – Pharmaceutical Needs Assessment
POCT – Point of Care Testing
POM – Prescription-Only Medicines
PQS – Pharmacy Quality Scheme
PSNC – Pharmaceutical Services Negotiating Committee
PWID – People Who Inject Drugs
SAC – Stoma Appliance Customisation
STI – Sexually Transmitted Infection
UKHSA – UK Health Security Agency
UTI – Urinary Tract Infection

Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),¹ hereafter referred to as the 'Pharmaceutical Regulations 2013', came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for Norfolk was published in April 2018 and since then has been kept updated with accompanying supplementary statements.

Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Norfolk fulfils this regulatory requirement.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs delayed during the COVID-19 pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives and environmental factors, which need to be considered as part of this PNA.

1.2 National changes since the last PNA

- NHS Long Term Plan:² Published in January 2019, it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in [Section 2.1](#).
- CCGs are to be 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

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

www.legislation.gov.uk/uksi/2013/349/contents/made

² NHS Long Term Plan. www.longtermplan.nhs.uk/

standards, and improving the health of the population they serve. Norfolk and Waveney CCG is to be replaced by the Norfolk and Waveney Integrated Care Board (ICB) as part of the new Norfolk and Waveney Integrated Care System (ICS) in July 2022. It is anticipated that Norfolk and Waveney ICS will take on the responsibility for pharmaceutical services from NHS England (NHSE) and therefore some services commissioned from pharmacies by the previous CCG may, in the future, fall under the definition of “Enhanced Services”. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as ‘pharmaceutical services’.

- All pharmacies were required to become Level 1 Healthy Living Pharmacy by April 2020. A Healthy Living Pharmacy is a nationally recognised and accredited concept enabling pharmacies to help reduce health inequalities within the local community, by delivering high quality health and wellbeing services, promoting health and providing proactive health advice.
- Coronavirus pandemic: The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.³ During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.⁴ In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.⁵ The Enhanced Service is still currently commissioned.
- Remote access: From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.⁶
- Community Pharmacist Consultation Service (CPCS):⁷ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS urgent supply advanced

³ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

⁴ Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁵ Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

⁶ PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 6 November 2020. <https://psnc.org.uk/our-news/regs-explainer-12-facilitating-remote-access-to-pharmacy-services/>

⁷ Community Pharmacist Consultation Service. <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

scheme (NUMSAS) and local pilots of digital minor illness referral service (DMIRS). The first phase was to offer patients a consultation with a pharmacist on referral from NHS 111, integrated urgent clinical assessment services and in some cases from 999. From 1 November 2020, GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS Long Term Plan.

- Discharge Medicines Service (DMS): A new Essential Service from 15 February 2021. NHS Trusts are now 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 the NHSE Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.⁸
- Medicines Use Reviews (MURs) were decommissioned on 31 March 2021. A number of additional services have been introduced, including adding additional eligible patients for the New Medicine Service (NMS).
- Pharmacy Quality Scheme (PQS): The PQS scheme is a voluntary scheme which forms part of the CPCF.⁹ It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the DHSC and NHSE.

1.3 Purpose of the PNA

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 listed on the pharmaceutical list. NHSE must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE 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. As the PNA will become the basis for NHSE to make determinations on such applications, it is therefore essential 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 NHSE regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final

⁸ Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

⁹ NHSE. Pharmacy Quality Scheme Guidance 2021/22. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through 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.¹⁰ Information and JSNA products will be updated on the Norfolk Insight website, which is kept live as a rolling programme of documents and informs the Joint Health and Wellbeing Strategy (JHWS), which will take into account the findings of JSNA products.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE and the Clinical Commissioning Groups (CCGs), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

Although the Steering Group is aware that during the lifetime of this PNA CCGs will transition into ICBs, it has referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

Norfolk and Waveney ICS will have two PNAs, with the Norfolk geography being covered within this PNA and Waveney being covered within the Suffolk County Council PNA.

1.4 Scope of the 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 NHSE. They are:

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local pharmaceutical service providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those 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.

The Pharmaceutical Regulations 2013 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

¹⁰ NCC. JSNA. www.norfolkinsight.org.uk/jsna/

What are Necessary Services?

The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identified as being necessary to meet the need for pharmaceutical services within the PNA.¹¹

The HWB has agreed that all Essential Services are Necessary Services in Norfolk.

What is classed as relevant?

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. Once the HWB has decided which services are 'necessary', then the remaining services will be other relevant services.

For the purpose of this PNA, Advanced and Enhanced Services are therefore considered relevant.

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

1.4.1 Community pharmacy contractors

Pharmacy contractors comprise both those located within Norfolk, as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore likely that patients within Norfolk will be receiving pharmaceutical services from a DSP outside Norfolk.

The CPCF, last agreed in 2019,¹² is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face to face on the premises, therefore provision is by mail order and/or wholly internet.

¹¹ DHSC. Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards. October 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf

¹² DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. 22 July 2019. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors. From 2018 to 2021, the average number of items dispensed per month from DSPs nationally has increased by 16%.

1.4.1.1 Essential Services

The HWB has agreed that all Essential Services are Necessary Services in Norfolk.

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

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on medicines as part of their treatment for long-term conditions, e.g. diabetes, cardiovascular or respiratory.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, diet, physical activity and alcohol consumption. Campaigns are set nationally.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target at-risk groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most-accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The

COVID-19 pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care to improve health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Norfolk JHWS. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect of the management of many long-term conditions and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES7: From 15 February 2021, NHS Trusts were able to refer inpatients 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.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 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 Norfolk.

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.

1.4.1.2 Advanced Services

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

There are several Advanced Services within the NHS 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 Norfolk can be seen in [Section 3.2.2](#) and in [Section 6](#) by locality.

- A1: Appliance Use Review (AUR)
- A2: Stoma Appliance Customisation (SAC)
- A3: C-19 lateral flow device distribution service (stopped 1 April 2022)
- A4: Pandemic delivery service (stopped 5 March 2022 at 23:59)
- A5: Community Pharmacist Consultation Service (CPCS)
- A6: Flu vaccination service
- A7: Hepatitis C testing service
- A8: Hypertension case-finding service
- A9: New Medicine Service (NMS)
- A10: Smoking cessation Advanced Service

Although the Steering Group has determined that Advanced Services are relevant but not Necessary Services, Norfolk HWB would wish to support existing pharmaceutical service providers to make available Advanced Services where a need exists.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term condition management.

A.1 Appliance Use Review (AUR)

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

1. Establishing the way the patient uses the appliance and the patient's experience of such use;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
3. Advising the patient on the safe and appropriate storage of the appliance; and
4. Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

A.2 Stoma Appliance Customisation (SAC)

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

A.3 and A.4 Services provided to give support during the COVID-19 pandemic

From 16 March 2021, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support for the **delivery of their prescriptions from community pharmacies**.

C-19 lateral flow device distribution service was a service that pharmacy contractors could choose to provide, as long as they met the necessary requirements, aiming to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

From 24 February 2022, the government eased COVID-19 restrictions. Therefore, the pandemic delivery service was decommissioned on 6 March 2022. Since 1 April, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.¹³

A.5 Community Pharmacist Consultation Service (CPCS)

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. As well as referrals from general practice, CPCS, which has been available since 29 October 2019, takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, patients referred via the 999 service.

A.6 Flu vaccination

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, therefore increasing uptake across the population. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September to March.

¹³ Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, Chronic Obstructive Pulmonary Disease (COPD) or Cardiovascular Disease (CVD), or carers, against diseases such as seasonal flu or shingles.

A.7 Hepatitis C testing service

The service is focused on provision of Point of Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), 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 test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

A.8 Hypertension case-finding service

This Advanced Service has recently been introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

A.9 New Medicine Service (NMS)

The NMS provides support to people who are prescribed a new medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions/medicines are covered by the service, as detailed below.

The service is split into three stages: 1. Patient engagement, 2. Intervention, and 3. Follow-up.

From 1 September 2021, the following conditions are covered by the service:

Asthma and COPD	Parkinson's disease
Diabetes (type 2)	Urinary incontinence/retention
Hypertension	Heart failure
Hypercholesterolaemia	Acute coronary syndromes
Osteoporosis	Atrial fibrillation
Gout	Long-term risks of venous thromboembolism/embolism
Glaucoma	Stroke/transient ischaemic attack
Epilepsy	Coronary heart disease

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.¹⁴

A.10 Smoking cessation Advanced Service

This service 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.

1.4.1.3 Enhanced Services

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

COVID-19 vaccination

This has been added to the Enhanced Services provided from community pharmacies and commissioned by NHSE. On 21 January 2022 it was the one-year anniversary of providing C-19 vaccinations in Norfolk from community pharmacies.

The numbers of pharmacies currently providing COVID-19 vaccination nationally under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and the latest reports are that over 22 million doses have been provided by community pharmacies in the 12 months to 14 January 2022.

Infected insect bites

An insect bite Patient Group Direction (PGD) has been commissioned as an Enhanced Service by NHSE East. Details of pharmacies providing the service can be found in Appendix A.

The service is provided to any eligible patient who presents at a pharmacy within the Norfolk and Waveney area (currently extended as a pilot to the Cambridgeshire and Peterborough areas). They can access medication for the treatment of infected insect bites via community pharmacy. The service will be provided by those community pharmacies who have signed up to provide this service.

Easter Sunday and Christmas Day coverage

This has been commissioned by NHSE across Norfolk to ensure there is sufficient coverage on these days for residents when and if required.

1.4.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not

¹⁴ NHS BSA. New Medicine Service (NMS) – Drug Lists. www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC.

Pharmacy contractors, dispensing doctors and Local Pharmaceutical Service (LPS) providers may supply appliances, but DACs are unable to supply medicines.

1.4.3 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 NHSE and provision for such contracts is made in the Pharmaceutical Regulations 2013 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.

1.4.4 Pharmacy Access Scheme (PhAS) providers¹⁵

The Pharmacy Access Scheme (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 doctors remain 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.

1.4.5 Dispensing GP practices

The Pharmaceutical Regulations 2013, 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

¹⁵ DHSC. 2022 Pharmacy Access Scheme: guidance. 3 February 2022. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

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.

1.4.6 Other providers in neighbouring HWB areas

There are three other HWB areas that border the Norfolk HWB area:

- Suffolk HWB
- Cambridgeshire HWB
- Lincolnshire HWB

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

1.4.7 Other services and providers in Norfolk

As stated in [Section 1.4](#), for the purpose of this PNA ‘pharmaceutical services’ have been defined as those that are or may be commissioned under the provider’s contract with NHSE.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Norfolk, 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 CCGs.

1.5 Process for developing the PNA

A paper was received by Norfolk County Council Public Health Senior Management team (NCC PHSMT) on 13 January 2022, setting out recommendations for the production of a revised PNA by October 2022, in line with the requirements of the Health and Social Care Act 2012. NCC PHSMT has the responsibility for making operational decisions on behalf of Norfolk HWB for the development of the PNA.

It was agreed that the responsibility for the production of the PNA would be delegated to the PNA Steering Group and the funding required to research and produce the PNA was agreed. Soar Beyond Ltd was subsequently commissioned. Soar Beyond Ltd was chosen due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- **Step 1: Steering group**

On 25 January 2022, Norfolk’s PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: 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 C shows an approved timeline for the project.

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements¹⁶ and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group, which was circulated to:

- All pharmacy contractors in the Norfolk area with posters
- All GP surgeries in the Norfolk area with posters
- NCC websites
- All libraries in Norfolk to promote to the public via posters
- Healthwatch Norfolk, for onward distribution to its members and participation groups
- Parish councils, to promote to the public with posters
- Social media and websites
- Norfolk Residents' Panel via email
- Internal communication newsletters

A total of 1,522 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.

- **Step 4b: Pharmacy contractor questionnaire**

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committees (LPC) supported this questionnaire to gain responses.

A total of 99 responses were received. A copy of the pharmacy questionnaire can be found in Appendix E with responses.

- **Step 4c: Dispensing practice questionnaire**

The Steering Group agreed a questionnaire to be distributed to all dispensing practices in the Norfolk area to inform the PNA. NHSE supported the distribution to gain responses from practices.

A total of 36 responses were received, A copy of the dispensing practice questionnaire can be found in Appendix F with responses.

- **Step 5: Mapping of services**

Details of services and service providers was collated and triangulated to ensure the information upon the assessment was based on was the most robust and accurate. NHSE, being 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. Information was collated, ratified and shared with

¹⁶ Norfolk PNA and subsequent supplementary statements. 2022. www.norfolkinsight.org.uk/jsna/document-library/health-needs-assessments/

the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE dated 2022 was used for this assessment.

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the 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, 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 was fully aware of the need to reassess.

The Steering Group supported the cascade and engagement exercise for the draft PNA to extend the reach during the consultation.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 20 June and 19 August 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix H. The draft PNA was also posted on Norfolk County Council's website.

- **Step 8: Collation and analysis of consultation responses**

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix I.

- **Step 9: Production of final PNA - future stage**

The collation and analysis of consultation responses was used by the project group to revise and finalise the PNA.

The final PNA was presented to the Norfolk HWB for approval and publication.

1.6 Localities for the purpose of the PNA

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

The majority of health and social care data is available at district and local authority level and at this level provides reasonable statistical rigour. It was agreed that the district and borough council geographies would continue be used to define the localities of the Norfolk geography.

The localities are:

- Breckland
- Broadland
- Great Yarmouth
- King's Lynn and West Norfolk
- North Norfolk
- Norwich
- South Norfolk

Figure 1 shows all contractor locations within Norfolk.

There is some overlap of localities boundaries with Primary Care Networks (PCNs), see Figure 2. The Waveney area is covered separately in the Suffolk County Council PNA.

Figure 1: All pharmacies (including over-border fringe) dispensing GPs and dispensing GP branches

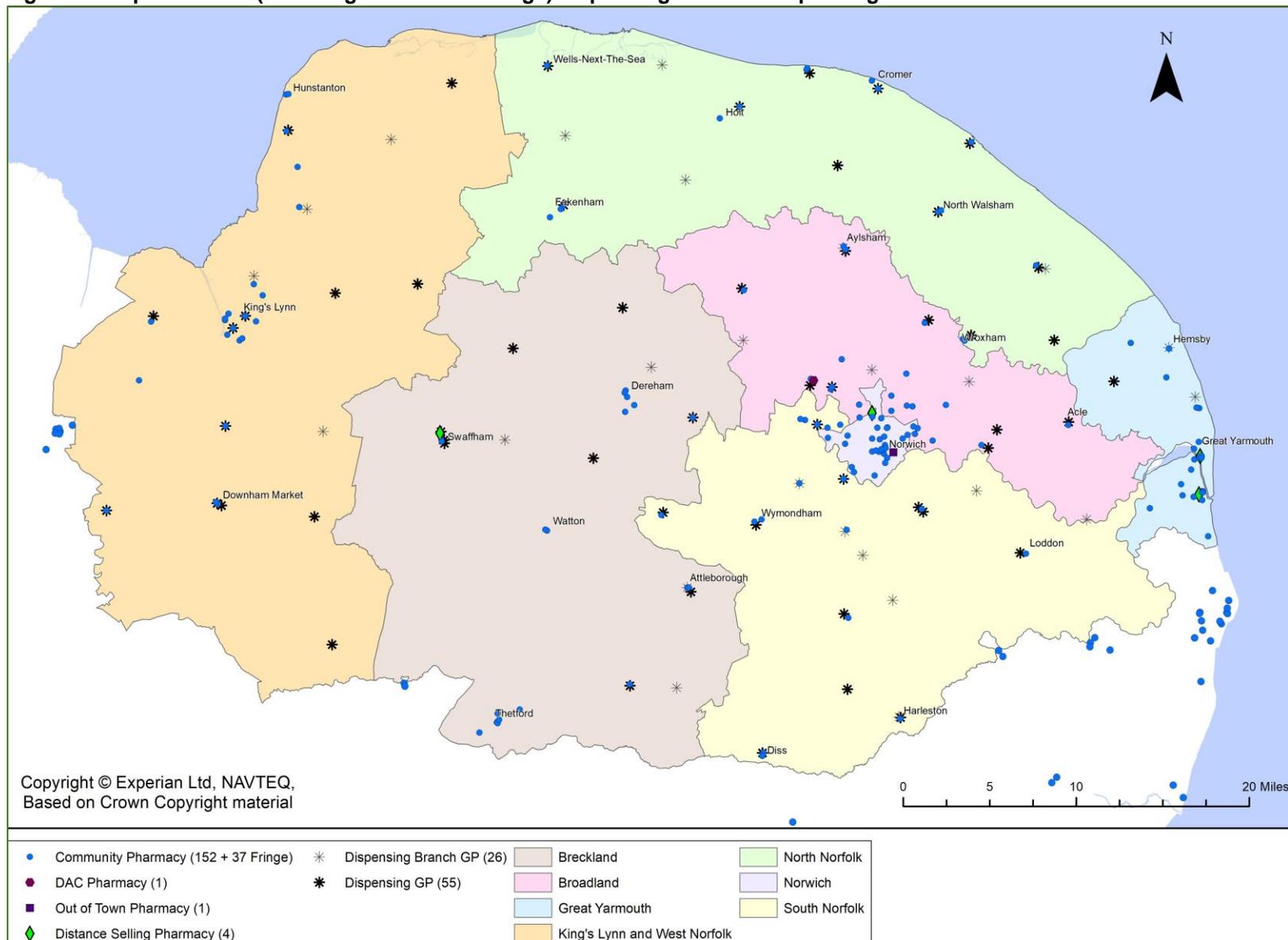
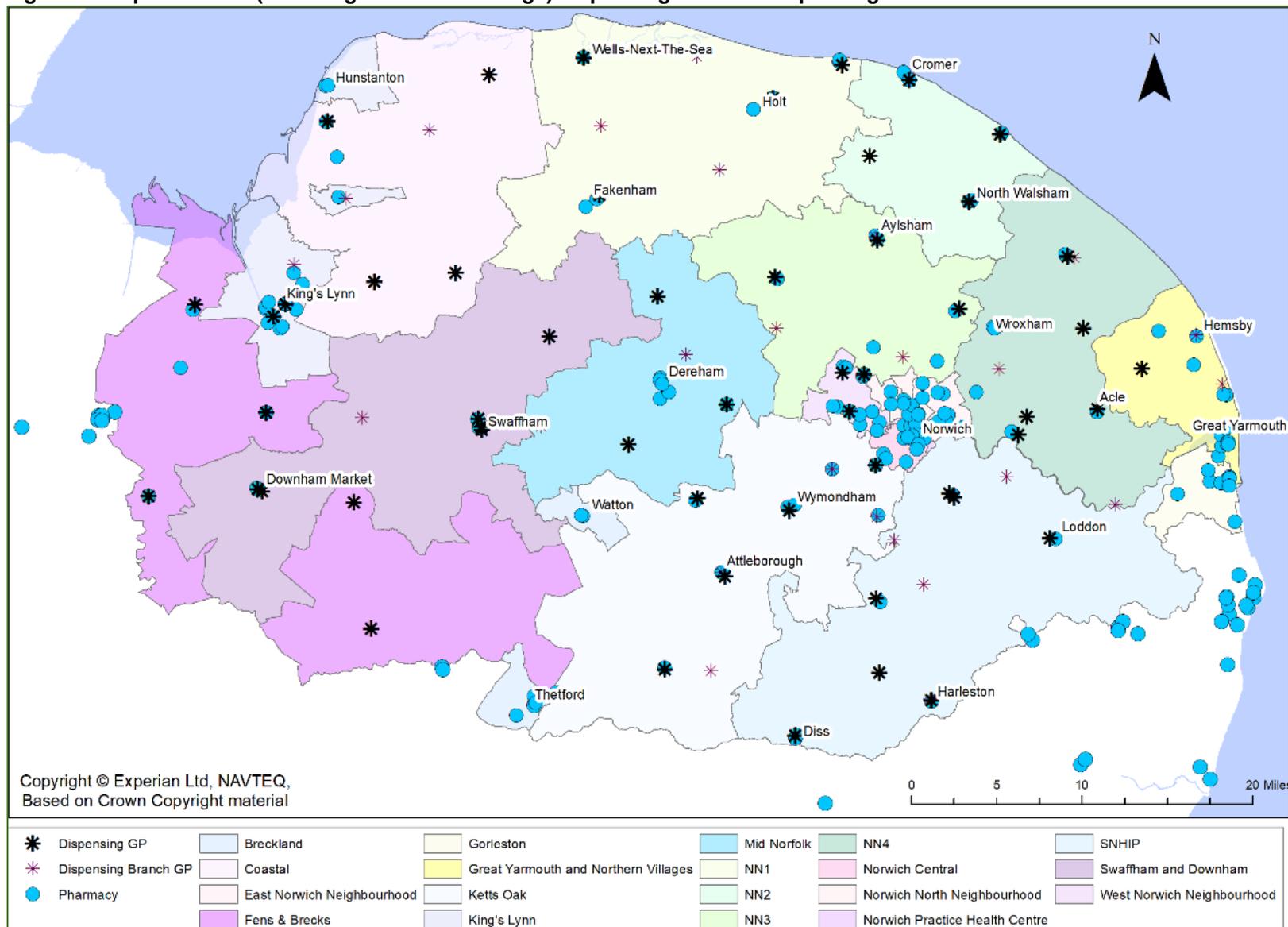


Figure 2: All pharmacies (including over-border fringe) dispensing GPs and dispensing GP branches across Norfolk PCNs



A list of providers of pharmaceutical services in each locality is found in Appendix A.

The information contained in Appendix A has been provided by NHSE (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), NCC and Norfolk and Waveney CCG.

Section 2: Local context for the PNA

2.1 NHS Long Term Plan¹⁷

NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Table 2: Priority clinical areas in the LTP include:

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	CVD
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
Hypertension	Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- **Section 4.21** states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
- **Section 1.10** refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies**, who support urgent care and promote patient self-care and self-management. The CPCS has been developed, which has been available since 31 October 2019 as an Advanced Service.
- **Section 1.12** identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- **Section 3.68** identifies **community pharmacists** as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- **Section 3.86** states ‘We will do more to support those with respiratory disease to receive and use the right medication’. Of NHS spend on asthma, 90% goes on

¹⁷ NHS Long Term Plan. www.longtermplan.nhs.uk/

medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

- **Section 6.17** identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.’

2.2 Joint Strategic Needs Assessment (JSNA)

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Norfolk JSNA.¹⁸

The purpose of the JSNA is to accurately assess the health needs of a local population, to improve the physical and mental health and wellbeing of individuals and communities. The JSNA underpins the Health and Wellbeing Strategy. The HWB is responsible for both the JSNA and the JHWS.

A rolling programme of needs assessments, topic-based reports and data analysis all inform the overarching Norfolk JSNA. The Norfolk JSNA is not a single document: it is a suite of dynamic resources to inform commissioning of health and social care and provide strategic direction.

2.3 Joint Health and Wellbeing Strategy (JHWS)

The vision of Norfolk HWB is to enable people in Norfolk to live healthier, happier lives. The HWB wants to narrow the differences in healthy life expectancy between those living in the most deprived communities and those who are better off.

Norfolk’s Joint Health and Wellbeing Strategy 2018-2022 (JHWS)¹⁹ sets the long-term strategic framework for improving health and wellbeing in Norfolk. The JHWS is currently being refreshed for the next reporting period.

The JSNA products inform the refresh of the JHWS, ensuring that the strategy is evidence-based and focused on the relevant key issues, including inequalities, demographic pressures and redesigning services to meet need and enhance opportunities for prevention.

In the most recent refresh of the JHWS (2018-22), the key priorities are:

- A single sustainable system – working together, leading the change and using our resources in the most effective way

¹⁸ NCC. JSNA. www.norfolkinsight.org.uk/jsna/

¹⁹ NCC. JHWS. www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/strategy

- Prioritising prevention – supporting people to be healthy, independent and resilient throughout life. NCC will offer help early to prevent and reduce demand for specialist services
- Tackling inequalities in communities – providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime
- Integrating ways of working – collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them

2.4 Population characteristics

2.4.1 Overview

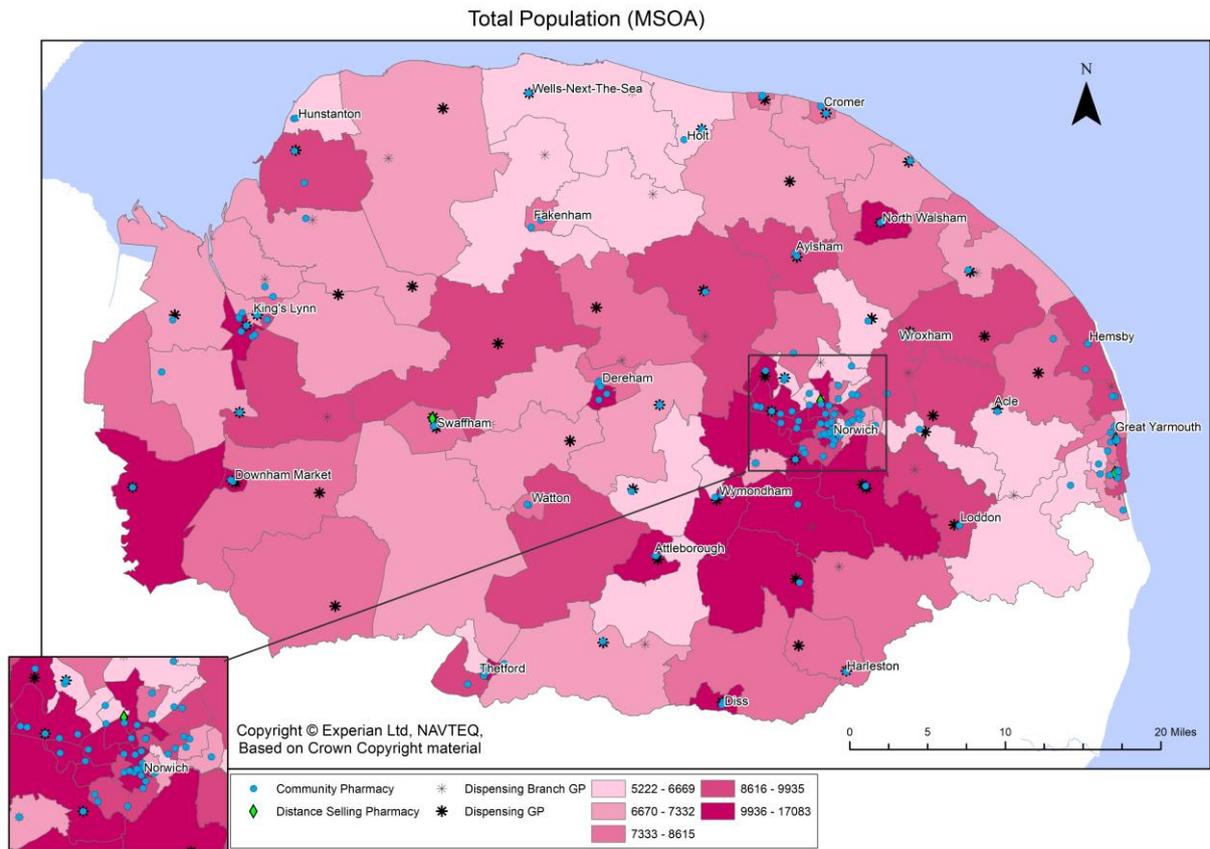
The current total population estimate for Norfolk is 914,039.

Table 3: Population change between previous PNA and most recent 2020 population estimates²⁰

District	2018	2020
Breckland	139,329	141,255
Broadland	129,464	131,931
Great Yarmouth	99,370	99,198
King's Lynn and West Norfolk	151,811	151,245
North Norfolk	104,552	105,167
Norwich	141,137	142,177
South Norfolk	138,017	143,066
Norfolk	903,680	914,039

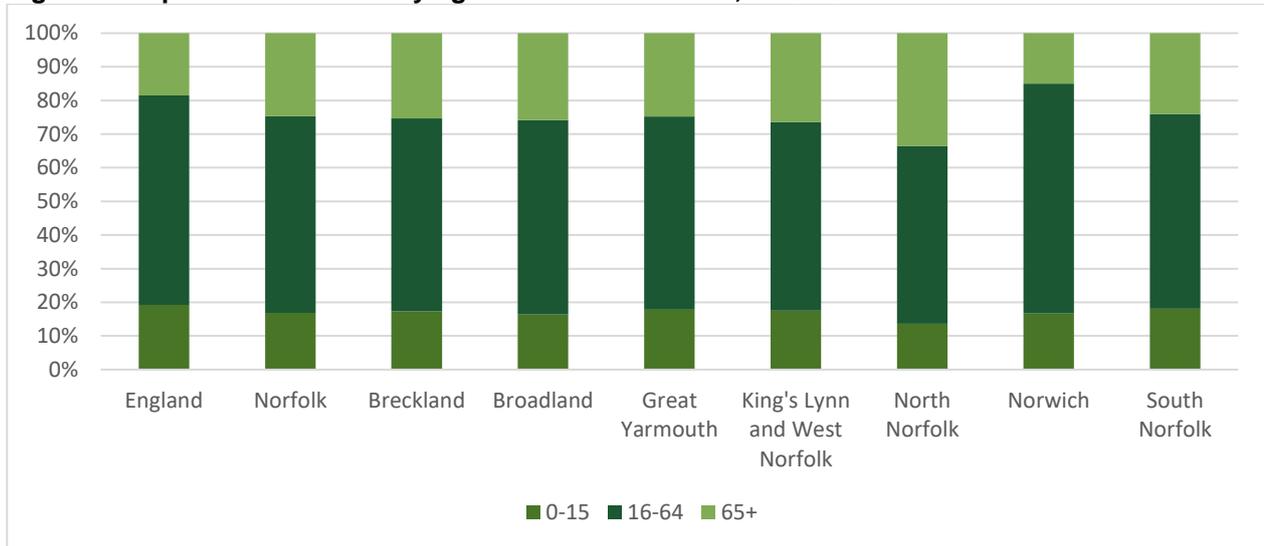
²⁰ ONS. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. Mid-2020. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland

Figure 3: Population density



2.4.2 Age

Figure 4: Population structure by age and district council, ONS 2020 estimates



2.4.3 Predicted population growth

The population of Norfolk is predicted to grow by 3.7% from 914,039 to 947,968, slightly higher than the predicted growth for England, which is 2.7%.

Table 4: Population change estimate between most recent estimate and projected 2025 estimate²¹

Geography	2020	2025	Population increment
Breckland	141,255	148,093	4.8%
Broadland	131,931	136,967	3.8%
Great Yarmouth	99,198	101,708	2.5%
King's Lynn and West Norfolk	151,245	154,447	2.1%
North Norfolk	105,167	108,893	3.5%
Norwich	142,177	144,570	1.7%
South Norfolk	143,066	153,289	7.1%
Norfolk	914,039	947,968	3.7%
England	56,550,138	58,060,235	2.7%

Table 5: Population change estimate between most recent estimate and projected 2025 estimate by youngest and oldest age groups²²

Age band	Geography	2020	2025	Population increment
0-4	Breckland	7,124	7,192	1.0%
	Broadland	5,976	6,042	1.1%
	Great Yarmouth	5,186	4,758	-8.3%
	King's Lynn and West Norfolk	7,607	7,118	-6.4%
	North Norfolk	3,805	3,849	1.2%
	Norwich	7,385	7,311	-1.0%
	South Norfolk	7,118	7,441	4.5%
	Norfolk	44,201	43,712	-1.1%
	England	3,239,447	3,112,277	-3.9%
65+	Breckland	35,743	39,328	10.0%
	Broadland	34,093	37,080	8.8%
	Great Yarmouth	24,552	26,705	8.8%
	King's Lynn and West Norfolk	39,927	42,881	7.4%

²¹ Source: ONS

²² Source: ONS

Age band	Geography	2020	2025	Population increment
	North Norfolk	35,250	38,190	8.3%
	Norwich	21,369	22,652	6.0%
	South Norfolk	34,409	38,259	11.2%
	Norfolk	225,343	245,004	8.7%
	England	10,464,019	11,449,350	9.4%

Figure 5: Distribution across Norfolk of people aged 0–5 by MSOA

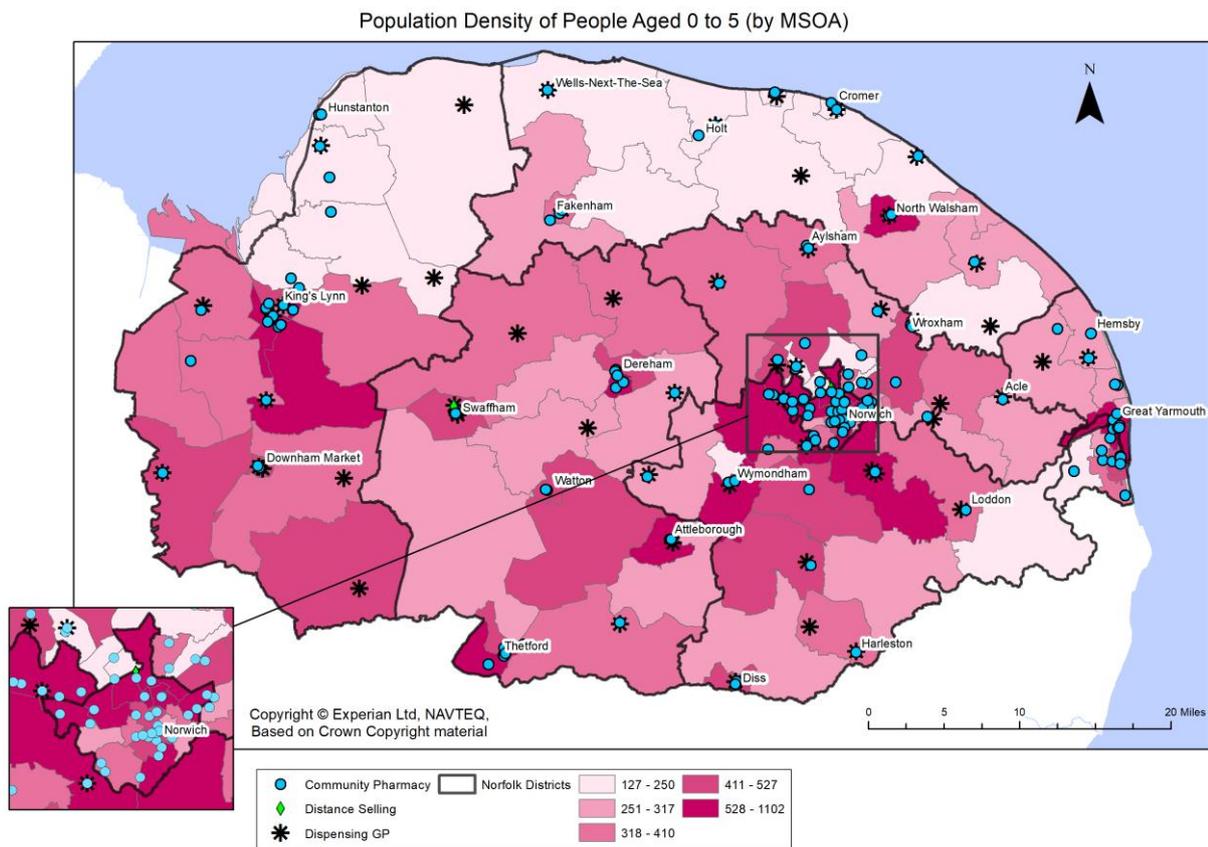


Figure 6: Distribution across Norfolk of people aged 60+ by MSOA

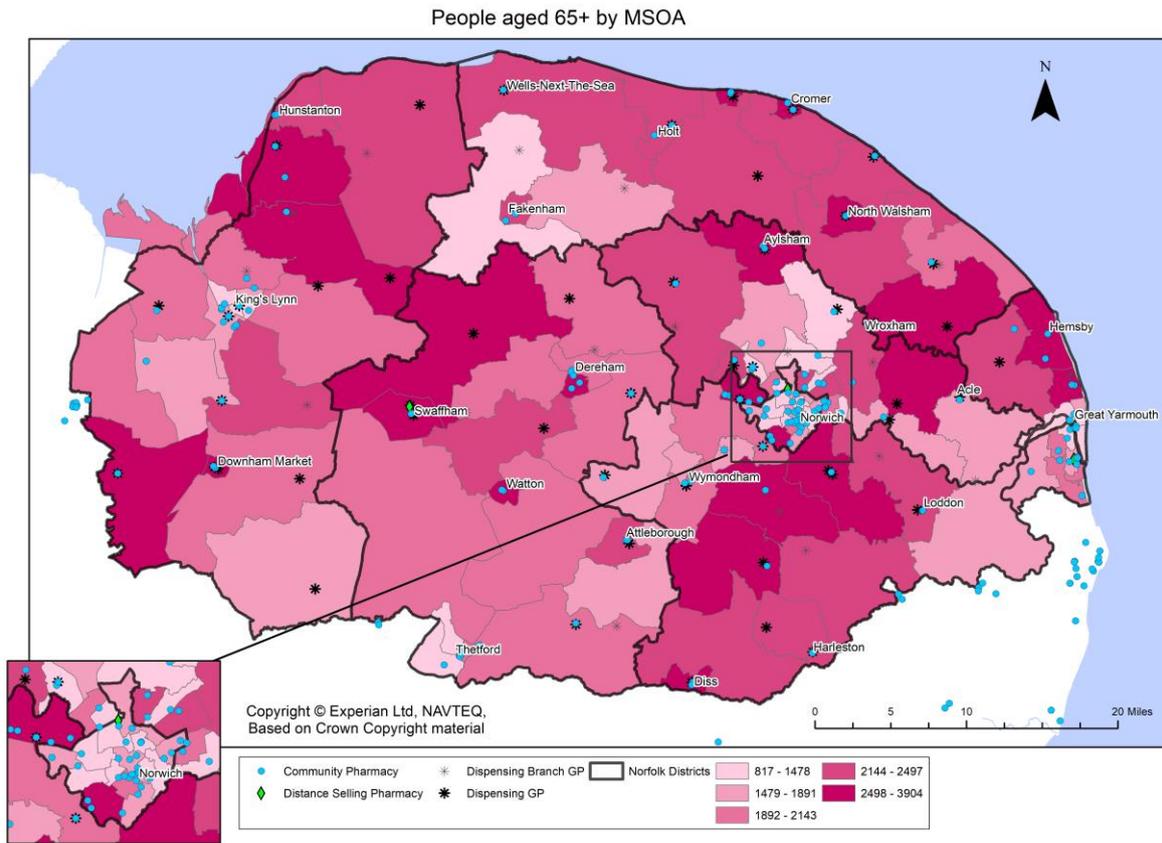
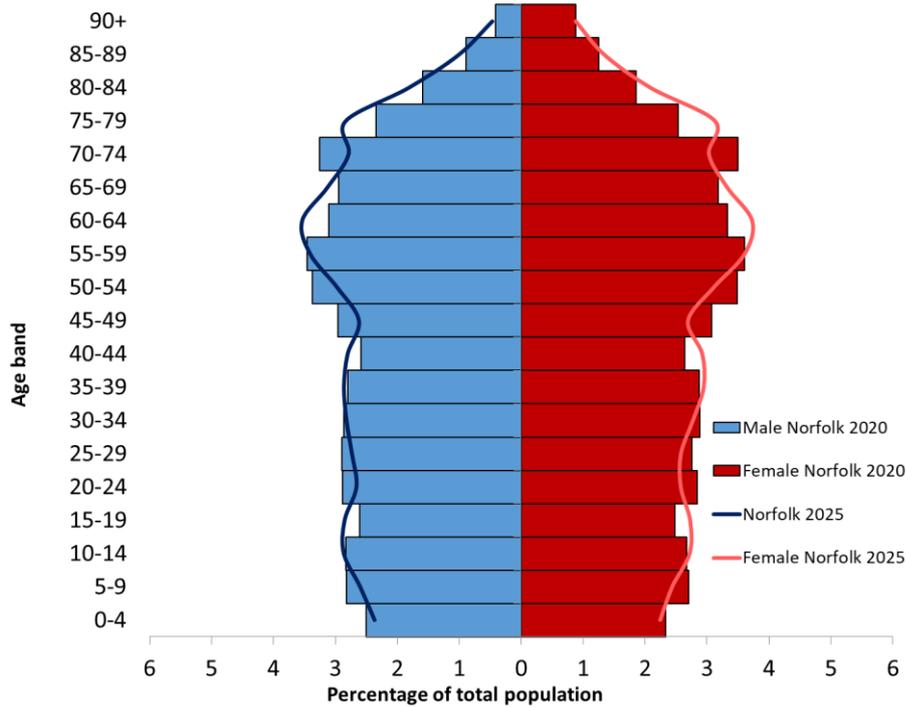


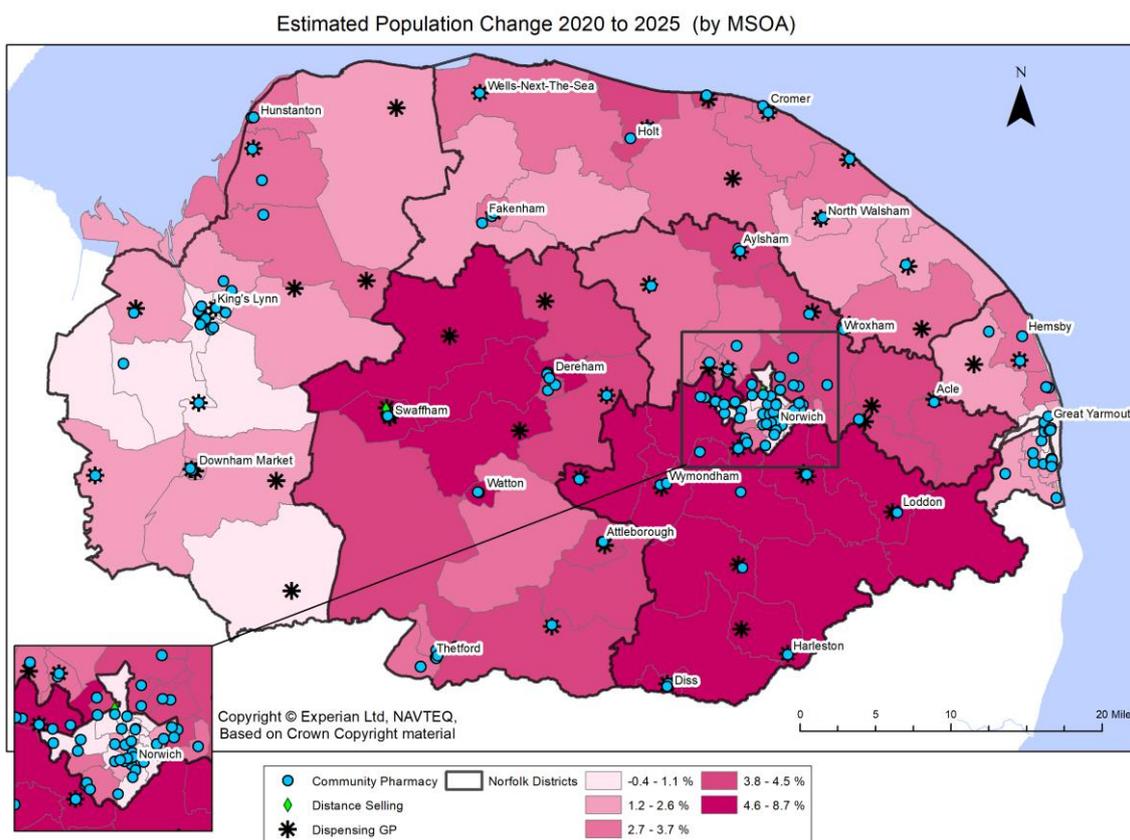
Figure 7: Population change estimate pyramid compared with projected 2025 estimate

Norfolk 2020 population compared with Norfolk 2025 population



The largest percentage changes between 2020 and 2025 are generally predicted to be in the over-70 groups, the greatest percentage change being an increase in the 75–79 age group. A reduction is expected in the 70–75 age group. The 60–64 and 55–59 groups are forecast to be the groups with the most people in them in 2025.

Figure 8: Estimated population change across all ages in Norfolk, 2020-25 by MSOA



These estimates are built by using the ONS lower tier local authority population projections and applying the proportional change in age band at the district level and to small areas.

2.4.3.1 Housing

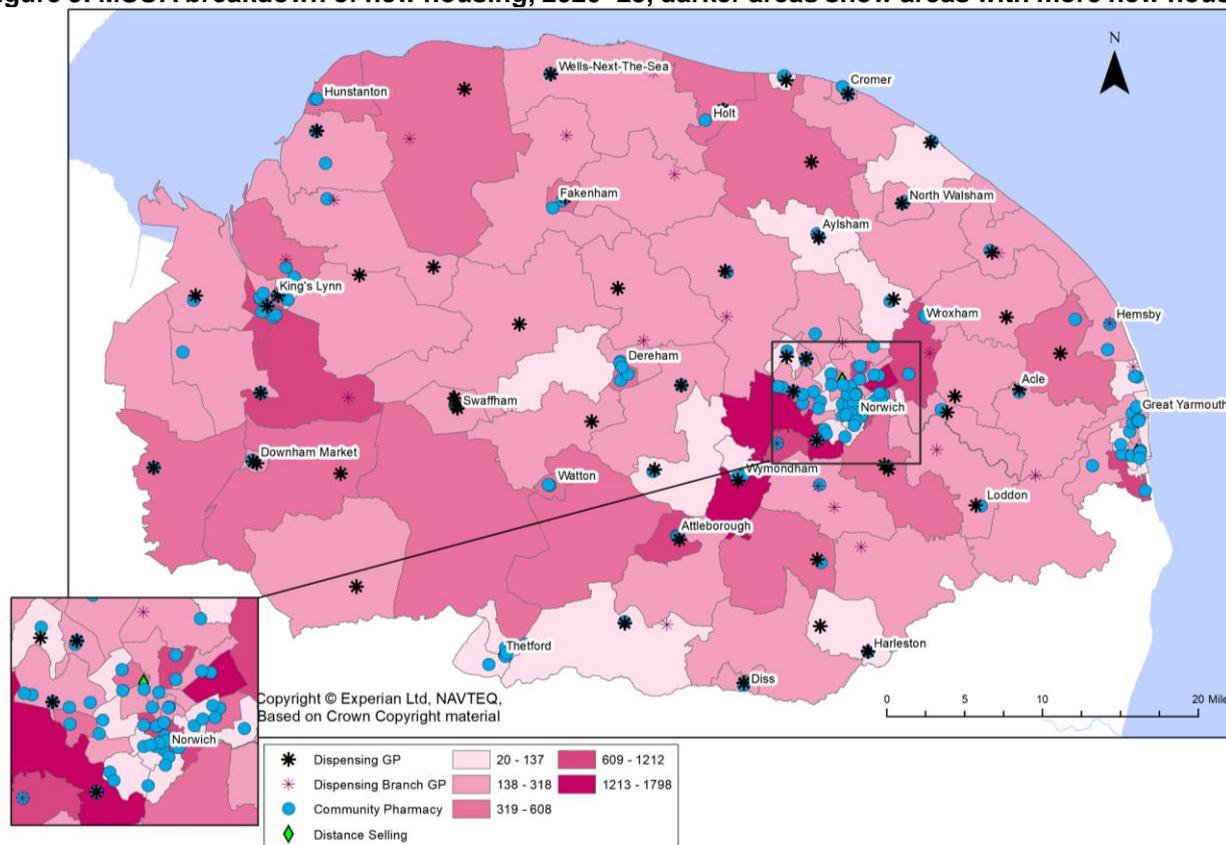
Table 6: Estimated new homes and population (based on ONS average household size of 2.4)²³

District name	Additional housing 2020–2025	Estimated associated population
Breckland	4,928	11,827
Broadland	6,814	16,354
Great Yarmouth	3,199	7,679
King's Lynn and West Norfolk	6,599	15,838
North Norfolk	3,376	8,102
Norwich	3,802	9,125
South Norfolk	6,458	15,499
Norfolk	35,176	84,423

²³ Housing projections based on the district council submissions to the Local Government Boundary Commission boundary review in March 2020.

The source of the dwelling projections is district council submissions to the Local Government Boundary Commission boundary review in March 2020.²⁴

Figure 9: MSOA breakdown of new housing, 2020–25, darker areas show areas with more new housing



2.4.4 Gypsy and Traveller information

Table 7: Count of caravans by district (authorised and unauthorised sites), July 2021²⁵

District	Number of caravans
Breckland	85
Broadland	32
Great Yarmouth	24
King's Lynn and West Norfolk	263
North Norfolk	0
Norwich	25
South Norfolk	113
Norfolk	542

²⁴ NCC. Norfolk Housing Monitoring Report: 2019/20. www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/policy-performance-and-partnerships/policies-and-strategies/monitoring-land-use/housing-monitoring-report.pdf

²⁵ Source: NCC

Table 8: Gypsy and Traveller sites in Norfolk²⁶

Residential sites	Number of pitches
The Splashes, Swaffham	23
Gapton Hall, Great Yarmouth	15
Saddlebow Caravan Park, King's Lynn	27
West Walton Court, Wisbech	16
Mile Cross, Norwich	21
Roundwell, Costessey	18
Brooks Green, Norwich	8

Short stay/transit sites	Number of pitches
Thetford short stay	8
Gapton Hall, Great Yarmouth	9
Cromer temporary stopping place	10
Fakenham temporary stopping place	10
Costessey short stay stopping place	6

These sites are provided by the local authorities in response to assessed needs for sites. However, there are a number of private sites in the area, where land has been purchased and a site established on the land. There are also temporary 'unauthorised' sites established for short periods from time to time. NCC own and manage two sites, while others are managed by district councils or housing providers. Mile Cross site is currently undergoing an extension to provide an additional 13 pitches.

2.4.5 GP-registered population

Norfolk has a GP-registered population of 963,602 people (NHS Digital January 2022). Norfolk has 948,549 patients registered at a GP located within the Norfolk boundary. (Some patients may be registered with a GP outside Norfolk or vice versa). It is estimated that 914,039 (ONS mid-2020 estimate) reside within the Norfolk boundary.

²⁶ Source: NCC data as at 21/02/2022

2.4.6 International migration

Table 9: Population migration in Norfolk (Source: ONS 2019-20)

	Long-term international migration 2019-20		Internal migration (within UK) 2019-20		Non-UK born population estimate (2020)	Non-British population estimate (2020)
	Inflow	Outflow	Inflow	Outflow		
Breckland	582	444	7,088	5,450	10,000	6,000
Broadland	173	83	7,088	5,563	7,000	4,000
Great Yarmouth	384	238	3,622	3,645	5,000	5,000
King's Lynn and West Norfolk	585	488	6,133	5,395	15,000	14,000
North Norfolk	312	111	5,283	4,219	6,000	2,000
Norwich	3,091	1,581	13,440	13,546	26,000	22,000
South Norfolk	295	181	8,867	6,522	9,000	5,000
Norfolk	5,422	3,126	31,891	24,710	78,000	58,000
England	553,116	322,002	90,650	110,943	8,702,000	5,422,000

2.4.7 Deprivation and life expectancy

Life expectancy is a measure of how long a person born in an area would be expected to live based on current observed rates of mortality. The gap in life expectancy between the best and worst areas helps us to understand how inequalities affect our populations and where the need for pharmacy services might be greater than others.

Figure 10: Life expectancy at birth for males, 2015-19, by MSOA

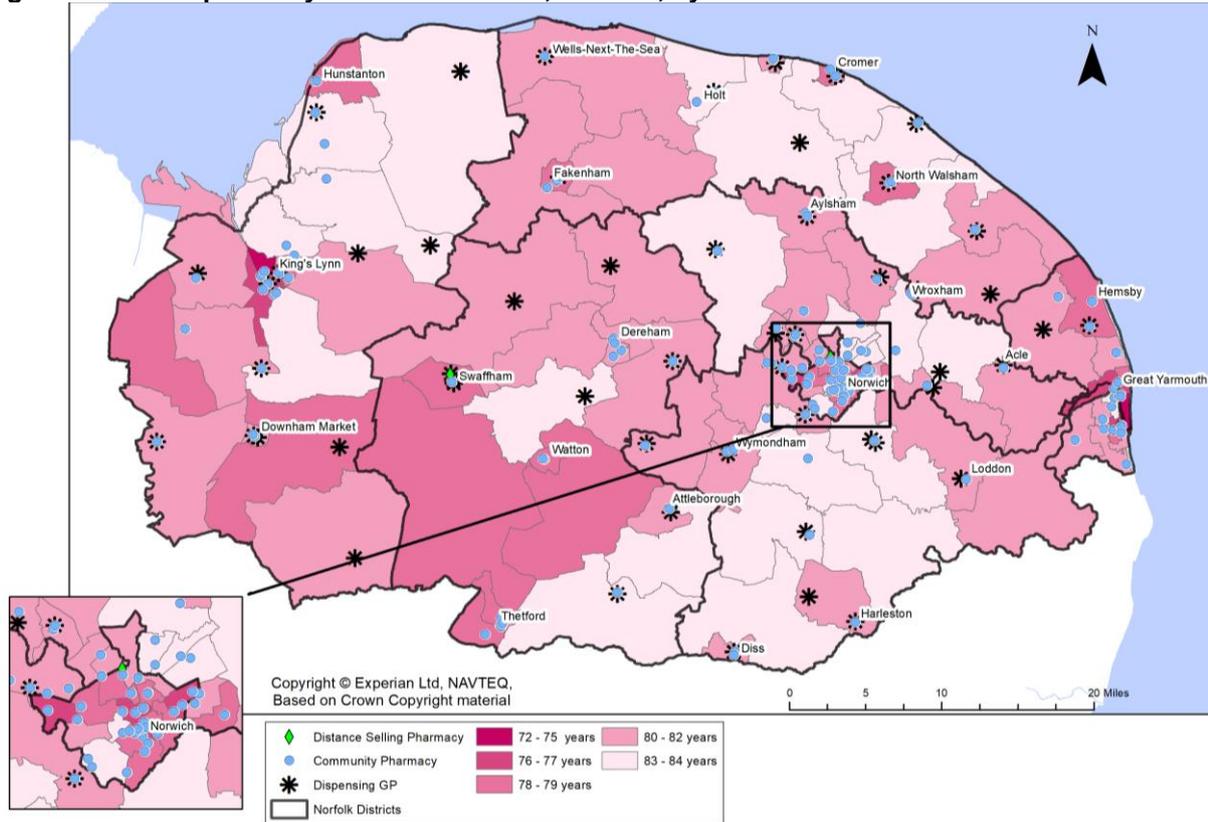


Figure 11: Life expectancy at birth for females, by MSOA

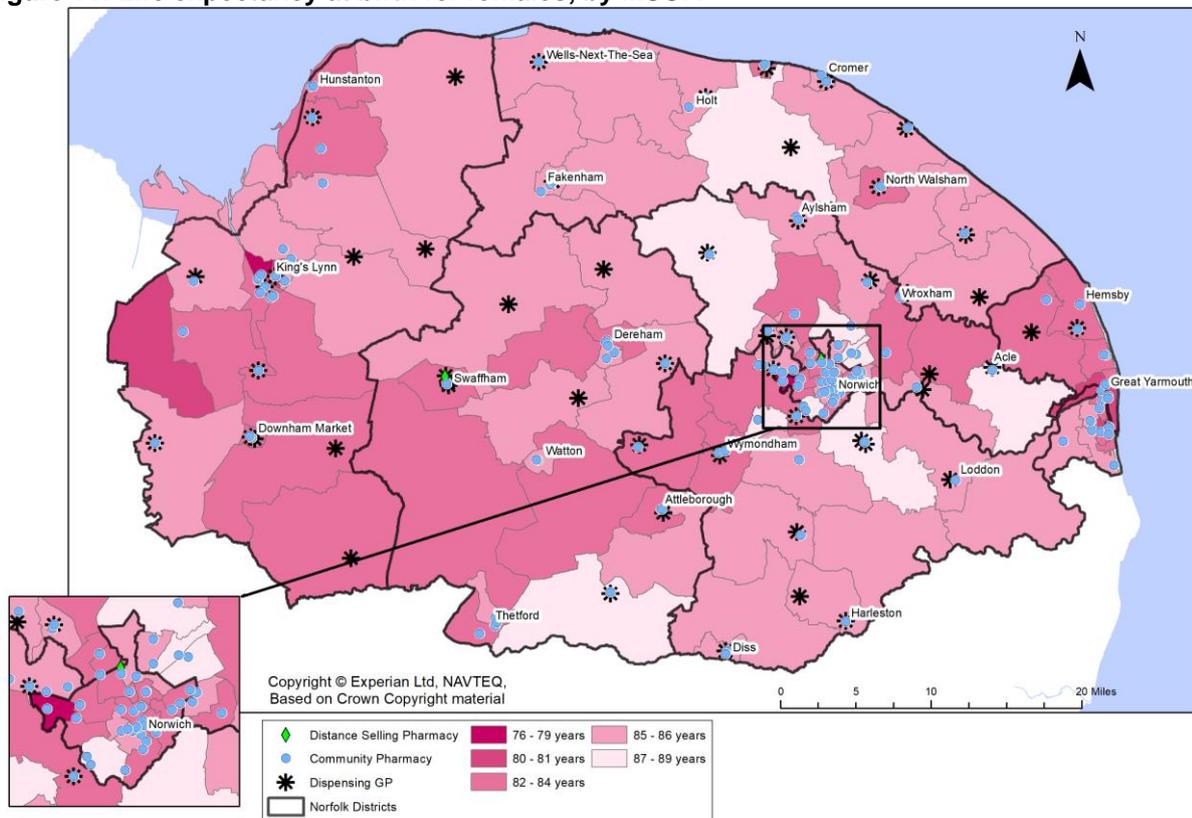


Table 10: Male and female life expectancy at birth in years for England and Norfolk, three year range 2018-20²⁷

Area	Male	Female
England	79.4	83.1
Norfolk	80.0	83.9

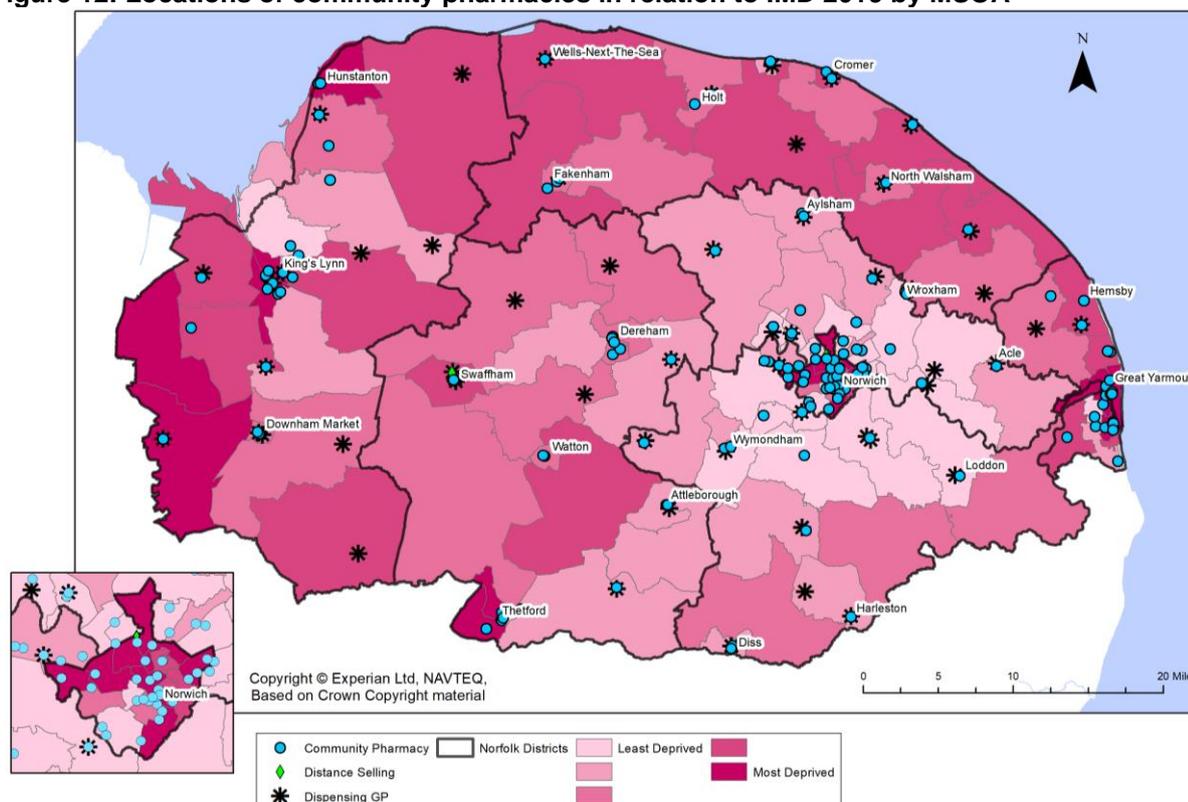
Average life expectancy in Norfolk for men and women is slightly above the average for England (Table 10).

The life expectancy gap between the most deprived areas in Norfolk and the least deprived (using the 2019 Index of Multiple Deprivation (IMD)) is 9.7 years for men and 8 years for women.

As can be seen from Figures 10 to 11, life expectancy is reduced for both male and females in areas of high deprivation (compared with Figure 12, which maps the IMD for Norfolk in relation to the location of community pharmacies).

Deprivation is used as a surrogate measure for health need, so it is important to ensure that there is sufficient pharmacy provision in place to meet this. Examples of pharmacy services that can impact on life expectancy include stop smoking, signposting, health checks, NMS and MURs.

Figure 12: Locations of community pharmacies in relation to IMD 2019 by MSOA²⁸



²⁷ UKHSA, based on ONS mortality data

²⁸ Ministry of Housing, Communities & Local Government

2.4.8 Specific populations

2.4.8.1 Ethnicity

Based on the 2011 census, most Norfolk residents are White (96.4%, including 'White Other'). A small minority are Gypsy, Traveller or Irish Traveller (0.1%) and 1.2% report being mixed or of multiple ethnic groups. The remaining 2.3% belong to Black, Asian, Minority Ethnic (BAME) groups. Table 11 shows that within these groups there are significant numbers of people with a first language other than English.

Table 11: First languages spoken in Norfolk other than English (census 2011)

First language	Number of speakers resident in Norfolk
Other European language (EU)	14,658
Portuguese	3,924
Russian	1,327
Arabic	798
African language	791
Spanish	720
French	591
Turkish	467
Other European language (non-EU)	388
Sign language	226
Other languages	135
Oceanic/Australian language	8
North/South American language	2
Caribbean Creole	2

Table 12: Ethnicity breakdown from the 2011 census (data obtained through NOMIS)

Locality	White	Gypsy/ Traveller/Irish Traveller	Mixed/multiple ethnic group	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	Black/African/ Caribbean/ Black British	Other ethnic group	Total
Breckland	126,912	204	1,562	295	81	101	202	361	596	177	130,491
Broadland	121,751	44	1,064	405	45	96	286	433	331	191	124,646
Great Yarmouth	94,152	63	1,159	446	116	18	189	435	439	260	97,277
King's Lynn and West Norfolk	143,154	255	1,372	668	134	51	386	624	561	246	147,451
North Norfolk	100,081	46	617	112	5	67	141	206	157	67	101,499
Norwich	120,248	127	3,039	1,684	255	540	1,679	1,686	2,147	1,107	132,512
South Norfolk	120,798	183	1,214	433	64	60	325	388	378	169	124,012
Norfolk	827,096	922	10,027	4,043	700	933	3,208	4,133	4,609	2,217	857,888

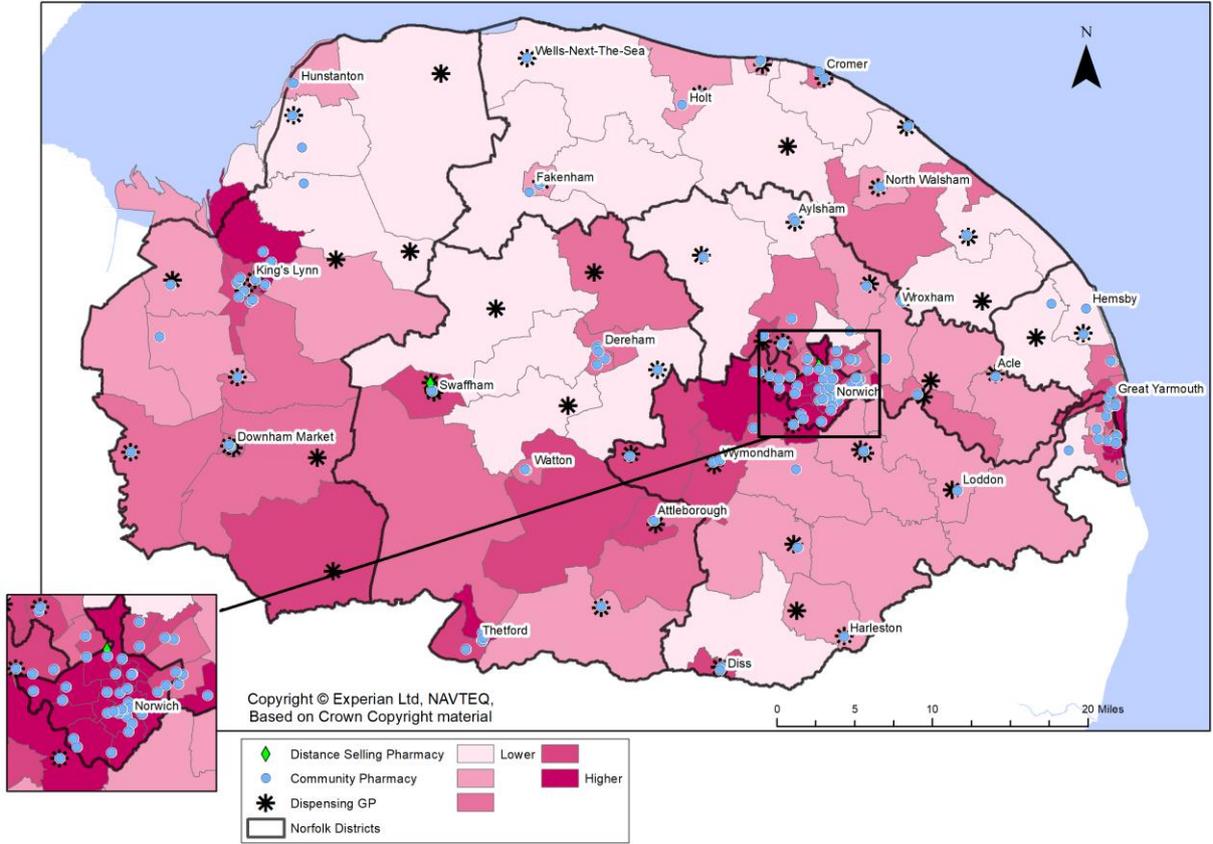
The ONS has produced more up-to-date ethnicity population estimates based on the Annual Population Survey; these are not classed as official statistics on population but can be used as an interim indicator of population change within local authority areas prior to release of the latest census statistics (due in the second half of 2022).

These estimates exclude unknowns but are broadly similar to other recent datasets such as NIMS GP practice register populations. The most diverse areas of Norfolk and Waveney are Norwich, Great Yarmouth and Breckland.

Table 13: Ethnicity across Norfolk based on Annual Population Survey 2019

Ethnic group (ONS 2019)	White British	All other White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/African/ Caribbean/ Black British	Other ethnic group
Breckland	89.70%	8.80%	0.00%	0.70%	0.00%	0.70%
Broadland	97.60%	0.80%	0.00%	1.60%	0.00%	0.00%
Great Yarmouth	87.90%	7.10%	1.00%	2.00%	0.00%	2.00%
King's Lynn and West Norfolk	90.10%	7.90%	0.00%	0.70%	1.30%	0.00%
North Norfolk	98.10%	1.90%	0.00%	0.00%	0.00%	0.00%
Norwich	82.00%	7.20%	0.00%	6.50%	2.90%	1.40%
South Norfolk	90.20%	4.50%	2.30%	3.00%	0.00%	0.00%
Norfolk	90.10%	5.60%	0.60%	2.10%	0.80%	0.80%
England	78.70%	6.20%	1.80%	8.00%	3.50%	1.90%

Figure 13: Map to show proportion of ethnic minority groups, by MSOA



2.5 Long-term conditions

Many patients with a long-term condition will be receiving medication to help them manage their condition.

Figure 14: Prevalence of long-term conditions across Norfolk, by PCN

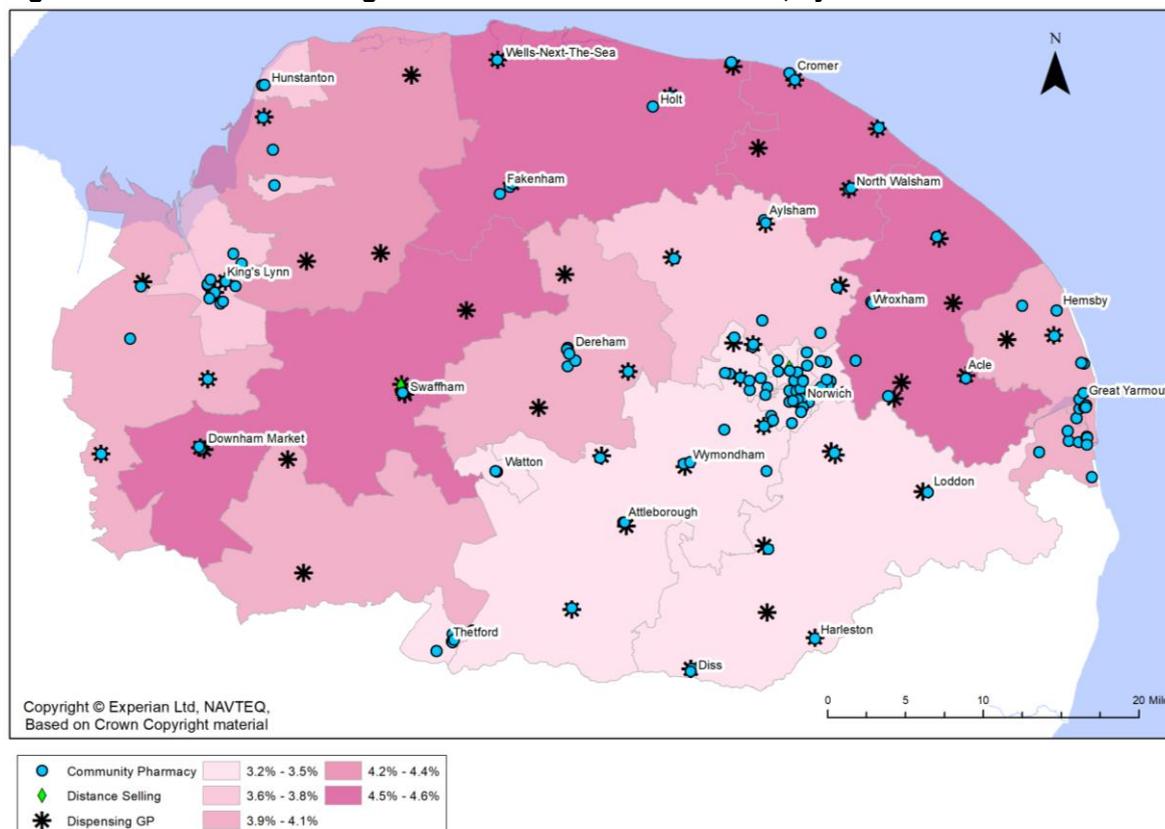


Table 14: Prevalence of long-term conditions at Norfolk GPs (2020-21)²⁹

Condition	Norfolk prevalence	England prevalence	Age filter
Atrial fibrillation	2.7%	2.0%	
Asthma	7.5%	6.4%	Ages 6+
Cancer	3.9%	3.2%	
CHD	3.6%	3.0%	
Chronic kidney disease	4.0%	4.0%	Ages 18+
COPD	2.3%	1.9%	
Dementia	0.9%	0.7%	
Depression after 4/2006	11.6%	12.3%	Ages 18+
Diabetes	7.5%	7.1%	Ages 17+
Epilepsy	0.9%	0.8%	Ages 18+
Heart failure	0.9%	0.9%	

²⁹ QOF, 2020-21. www.gpcontract.co.uk/

Condition	Norfolk prevalence	England prevalence	Age filter
Hypertension	16.0%	13.9%	
Learning disabilities	0.7%	0.5%	
Left ventricular systolic dysfunction	0.2%	0.4%	
Mental health	0.9%	0.9%	
Non-diabetic hyperglycaemia	7.0%	5.3%	Ages 18+
Obesity	7.1%	6.9%	Ages 18+
Osteoporosis	0.4%	0.8%	Ages 50+
Peripheral arterial disease	0.6%	0.6%	
High dependency and other long-term conditions group, palliative care	0.5%	0.5%	
Rheumatoid arthritis	1.0%	0.8%	Ages 16+
Stroke and transient ischaemic attacks	2.3%	1.8%	

Table 15: Prevalence of conditions by lower tier local authority area³⁰

Area	Rheumatoid arthritis: QOF prevalence (16+)	CHD: QOF prevalence (all ages)	Depression: recorded prevalence (aged 18+)	Hypertension: QOF prevalence (all ages)	Osteoporosis: QOF prevalence (50+)	Stroke: QOF prevalence (all ages)
Breckland	1.09	3.76	12.5	16.88	0.41	2.28
Broadland	1.1	3.47	11.31	16.28	0.52	2.23
Great Yarmouth	0.87	3.82	12.45	17.37	0.36	2.32
King's Lynn and West Norfolk	1.02	4.2	10.62	17.62	0.28	2.68
North Norfolk	1.27	4.86	11.38	20.21	0.48	3.09
Norwich	0.76	2.48	12.62	11.05	0.63	1.68
South Norfolk	0.93	3.34	10.38	15.04	0.41	2.17
Norfolk	0.99	3.63	11.62	16	0.43	2.3
England	0.77	3.05	12.29	13.93	0.76	1.8

³⁰ Quality Outcomes Framework 2020/2021

Table 16: Prevalence by PCN (Data is recorded at an organisational level (GP level) so cannot be accurately mapped to residential area)

Condition	PCN														
	Breckland Surgeries	Fens & Brecks	Gorleston	Great Yarmouth & Northern Villages	Ketts Oak	King's Lynn	Mid Norfolk	North Norfolk 1	North Norfolk 2	North Norfolk 3	North Norfolk 4	Norwich	South Norfolk Hip	Swaffham & Downham Market	West Norfolk Coastal
Atrial fibrillation	2.3%	3.2%	2.4%	2.4%	2.5%	2.7%	3.0%	4.1%	3.8%	3.0%	3.4%	1.8%	2.8%	3.5%	4.1%
Asthma	6.2%	7.9%	7.4%	7.2%	7.4%	7.2%	7.9%	8.4%	8.9%	8.1%	8.3%	7.1%	7.1%	7.8%	8.0%
Cancer	3.1%	4.2%	4.0%	3.3%	4.0%	3.4%	4.1%	5.4%	5.2%	4.8%	5.0%	3.0%	4.3%	5.0%	5.3%
CHD	3.2%	4.3%	3.8%	3.8%	3.3%	3.8%	3.8%	4.7%	5.0%	3.4%	4.2%	2.7%	3.5%	4.7%	5.1%
Chronic kidney disease	4.3%	4.0%	4.8%	3.8%	3.8%	3.5%	5.1%	5.4%	5.1%	4.7%	5.2%	2.8%	3.4%	5.3%	4.0%
COPD	2.3%	2.9%	3.2%	3.2%	1.4%	2.3%	2.0%	2.4%	3.1%	1.7%	2.5%	1.8%	1.8%	2.8%	2.9%
Dementia	0.8%	0.7%	1.1%	0.8%	0.8%	0.8%	1.2%	1.1%	1.2%	0.9%	1.3%	0.7%	0.8%	1.0%	1.0%
Depression after 4/2006	12.1%	10.8%	11.6%	13.0%	10.9%	10.3%	11.8%	8.9%	13.2%	10.7%	12.4%	12.6%	9.1%	13.2%	11.8%
Diabetes	7.2%	9.6%	8.7%	9.2%	6.6%	8.1%	7.9%	8.4%	9.0%	7.1%	8.0%	5.8%	7.0%	9.6%	8.4%
Epilepsy	0.8%	0.8%	1.1%	1.0%	0.8%	0.9%	0.9%	1.0%	1.1%	0.9%	0.9%	0.9%	0.8%	0.9%	0.7%
Heart failure	0.9%	1.2%	0.9%	0.9%	0.8%	0.8%	1.0%	1.1%	1.4%	0.9%	1.1%	0.7%	0.7%	1.1%	1.4%
Hypertension	14.7%	18.7%	17.0%	17.6%	14.3%	16.0%	17.7%	19.2%	20.5%	16.1%	20.1%	11.9%	16.0%	19.7%	20.8%
Learning disabilities	0.6%	0.6%	0.6%	0.8%	0.5%	0.8%	0.8%	0.6%	1.2%	0.6%	0.7%	0.8%	0.6%	0.5%	0.5%
Left ventricular systolic dysfunction	0.2%	0.3%	0.1%	0.1%	0.3%	0.4%	0.2%	0.4%	0.3%	0.1%	0.2%	0.2%	0.1%	0.3%	0.4%
Mental health	0.7%	0.6%	1.1%	1.2%	0.6%	0.8%	0.7%	1.0%	1.1%	0.8%	0.8%	1.2%	0.7%	0.7%	0.8%
Non-diabetic hyperglycaemia	3.4%	7.0%	6.5%	6.7%	8.0%	6.3%	9.5%	10.8%	10.0%	8.2%	8.5%	6.6%	4.6%	7.1%	6.1%
Obesity	8.9%	7.3%	6.6%	7.8%	6.0%	7.7%	7.6%	8.0%	6.2%	6.3%	8.7%	6.7%	5.6%	9.0%	6.7%
Osteoporosis	0.4%	0.2%	0.4%	0.3%	0.5%	0.3%	0.3%	0.4%	0.6%	0.6%	0.6%	0.5%	0.2%	0.7%	0.3%
Peripheral arterial disease	0.8%	0.7%	0.7%	0.9%	0.5%	0.6%	0.7%	0.8%	0.9%	0.5%	0.8%	0.5%	0.5%	0.7%	0.8%
Palliative care	0.4%	0.4%	0.6%	0.4%	0.4%	0.4%	0.5%	0.7%	0.7%	0.4%	0.5%	0.3%	1.0%	0.4%	0.4%
Rheumatoid arthritis	0.9%	1.1%	0.9%	0.8%	0.9%	0.9%	1.2%	1.1%	1.4%	1.1%	1.3%	0.8%	1.0%	1.3%	1.1%
Smoking	1.9%	2.6%	2.2%	2.4%	2.1%	2.4%	2.4%	3.3%	3.0%	2.3%	2.8%	1.7%	2.3%	3.0%	3.5%

2.5.1 Cardiovascular Disease (CVD)

Coronary Heart Disease (CHD) is a health condition associated with the thickening of the arteries. This condition can be associated with lifestyle habits and other conditions, such as smoking, high cholesterol, high blood pressure (hypertension) and diabetes.

Table 17: QOF prevalence of CHD, diabetes and hypertension

PCN	CHD	Diabetes	Hypertension
Breckland Surgeries	3.2%	7.2%	14.7%
Fens & Brecks	4.3%	9.6%	18.7%
Gorleston	3.8%	8.7%	17.0%
Great Yarmouth & Northern Villages	3.8%	9.2%	17.6%
Ketts Oak	3.3%	6.6%	14.3%
King's Lynn	3.8%	8.1%	16.0%
Mid Norfolk	3.8%	7.9%	17.7%
North Norfolk 1	4.7%	8.4%	19.2%
North Norfolk 2	5.0%	9.0%	20.5%
North Norfolk 3	3.4%	7.1%	16.1%
North Norfolk 4	4.2%	8.0%	20.1%
Norwich	2.7%	5.8%	11.9%
South Norfolk Hip	3.5%	7.0%	16.0%
Swaffham & Downham Market	4.7%	9.6%	19.7%
West Norfolk Coastal	5.1%	8.4%	20.8%

Figure 15: CHD prevalence across Norfolk

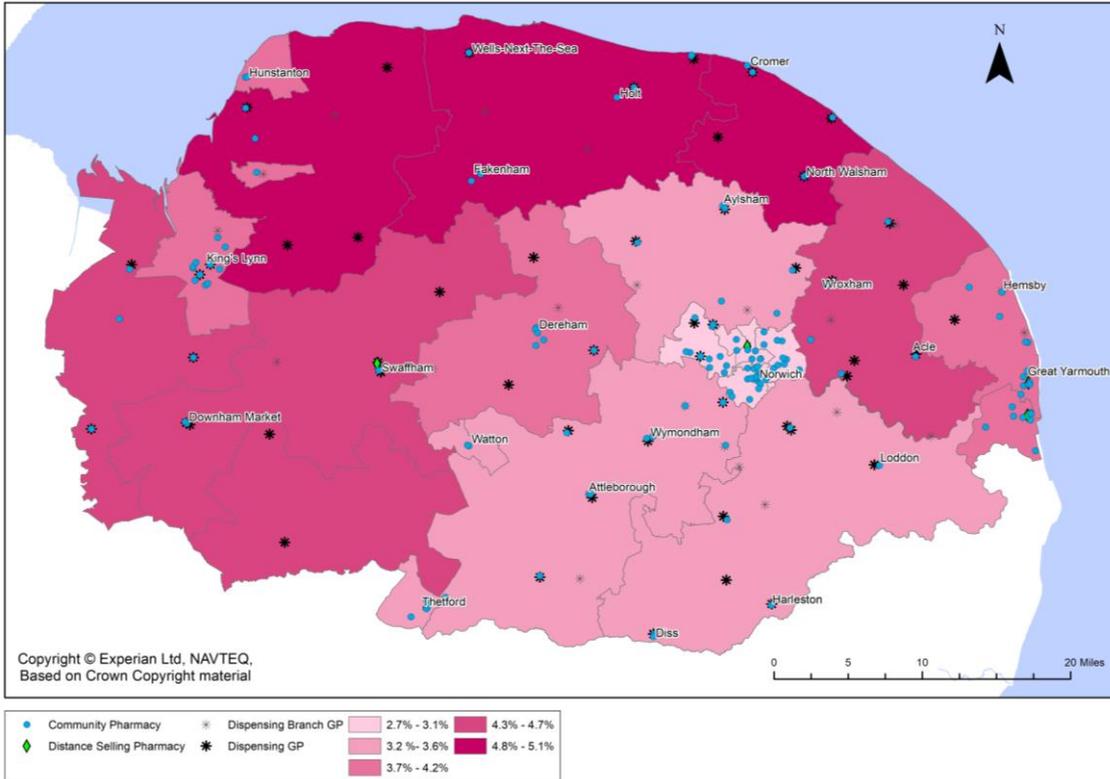


Figure 16: Hypertension prevalence across Norfolk

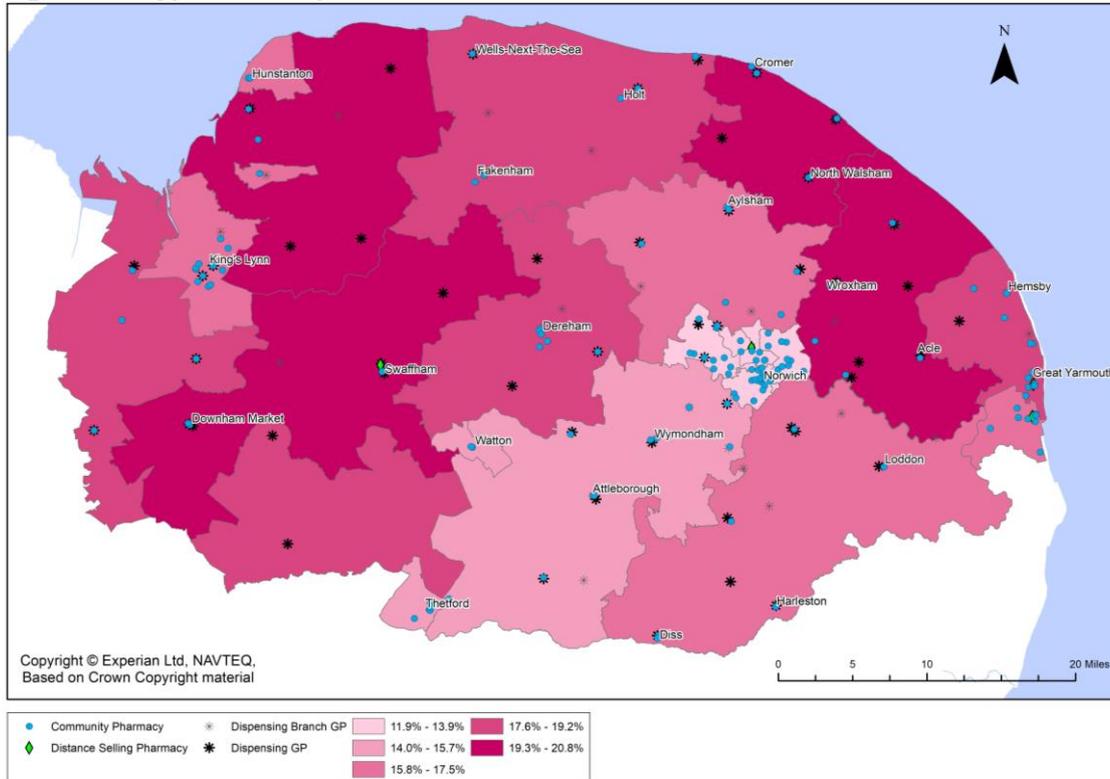
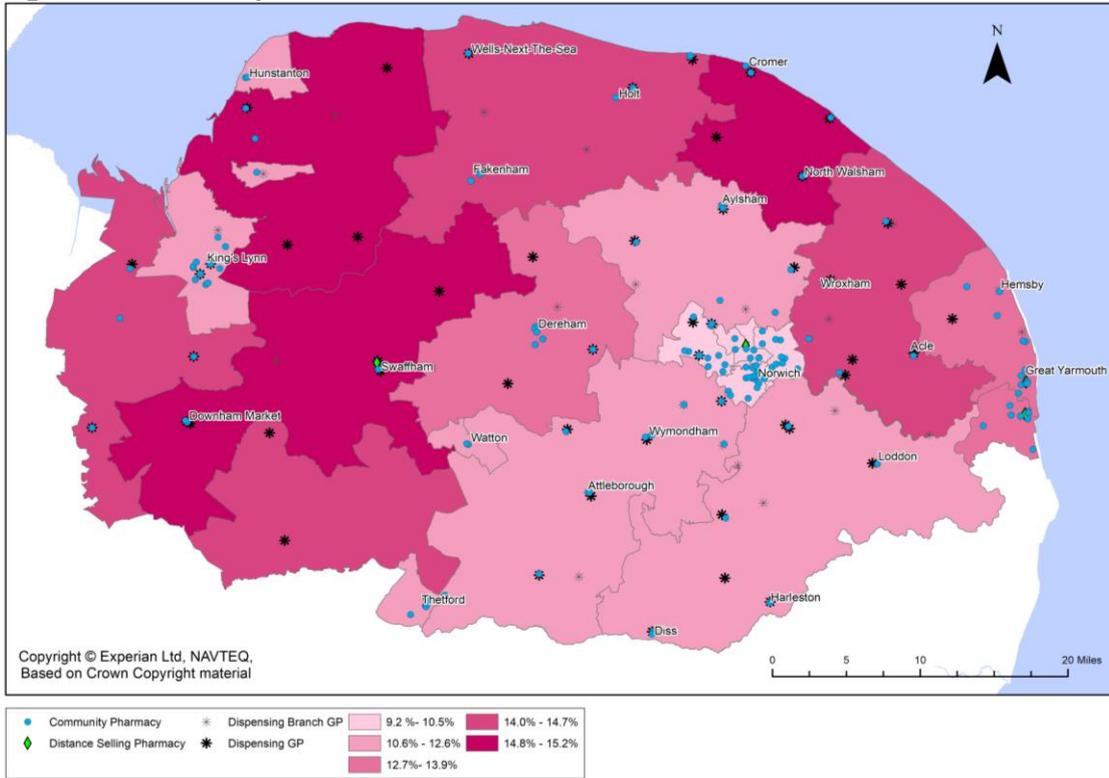
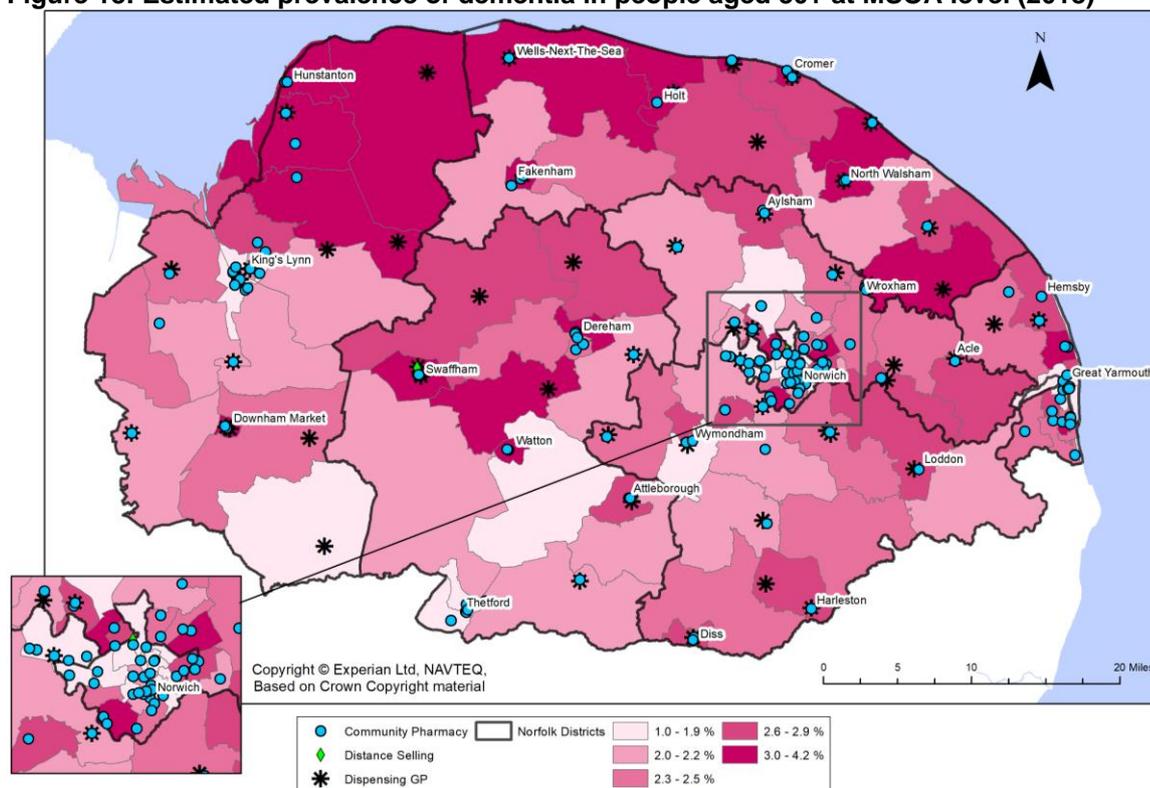


Figure 17: Diabetes prevalence across Norfolk



2.5.2 Dementia

Figure 18: Estimated prevalence of dementia in people aged 30+ at MSOA level (2018)³¹



The risk of dementia increases with age and the condition usually occurs in those aged over 65. There are different types of dementia, all linked with a decline in functions of the brain. Various mental and personality changes are associated with dementia and these include memory loss, mental agility, language, understanding and judgement. As the brain changes with dementia, it is not only mental and personality changes that occur but also physical changes in such areas as balance, eating, continence and mobility. These changes affect the ability to maintain independence and carry out everyday activities.

In 2020 in Norfolk, about 3.84% of the population has a dementia diagnosis recorded with their GP. This is lower than England, which has a prevalence of 3.97%.

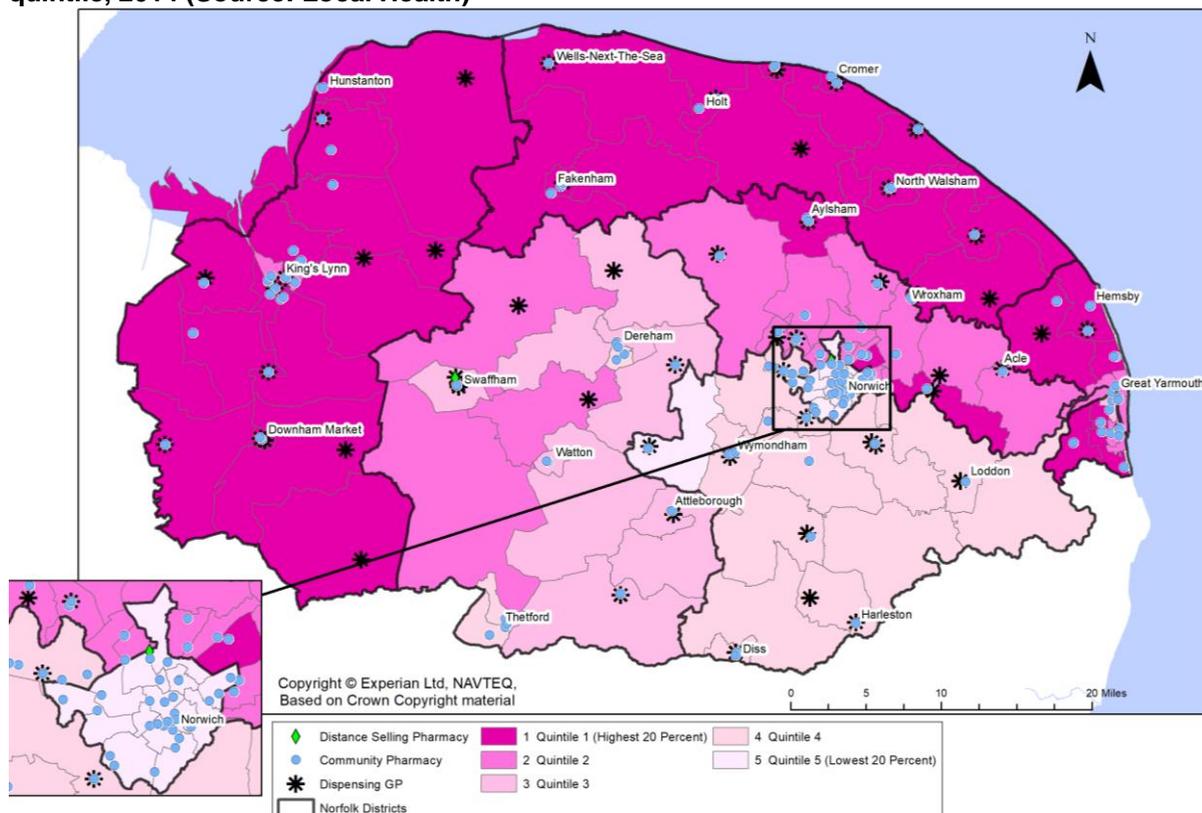
2.6 Health behaviours

2.6.1 Excess weight and obesity

People are classified as overweight when their BMI (body mass index) is over 25, and obese when their BMI is over 30. In Norfolk the prevalence of obesity in adults in 2019-20 was 62.3%. In children, the prevalence of overweight including obesity for ages 4–5 is 23.4%, and by ages 10–11 increases to 33%.

³¹ Source: NCC

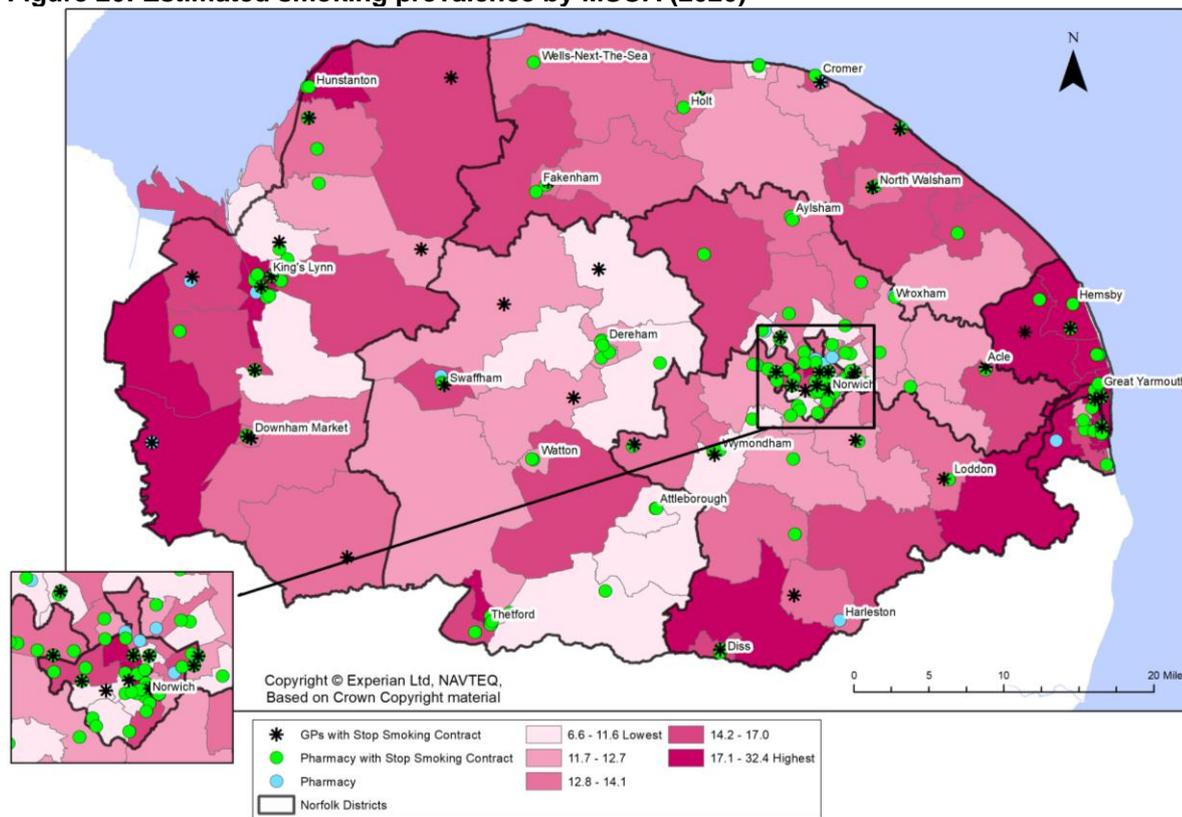
Figure 19: Estimated prevalence of obesity, including overweight, for those aged 16+ by national quintile, 2014 (Source: Local Health)



The prevalence of adults who are overweight or obese has remained stable in Norfolk with a prevalence estimated to be between 64.1% and 60.8% since 2015-16. It is currently reported to be at 64.1% in Norfolk during 2020-21, the same as the East of England value. Obesity can lead to high blood pressure and associated increase in CVD, as well as diabetes and reduced quality of life and ill health.

2.6.2 Smoking

Smoking remains the leading cause of preventable ill health and a number of long-term conditions, e.g. COPD and CVD (high blood pressure, CHD). Overall smoking prevalence is declining.

Figure 20: Estimated smoking prevalence by MSOA (2020)³²

2.6.3 Substance misuse

Substance misuse is defined as regular excessive consumption of and/or dependence on psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs, and alcohol.

A small proportion of the population use illegal drugs, and most do so at a level that causes low risk to their health. However, some will use drugs to a hazardous level, causing significant health problems as well as social problems affecting themselves, their friends, their families and wider communities.

For hospital admissions due to substance misuse, Norfolk has a significantly lower directly standardised rate per 100,000 people aged 15–24 than England. Norfolk has a rate of 66.8 compared with 84.7 in England during 2017/18–2019/20.

2.6.4 Alcohol-related harm

An alcohol problem is categorised depending on the level and pattern of alcohol consumption as follows:

- Hazardous drinking: drinking above safe drinking limits in a pattern that increases someone's risk of harm; the person has so far avoided significant alcohol-related problems

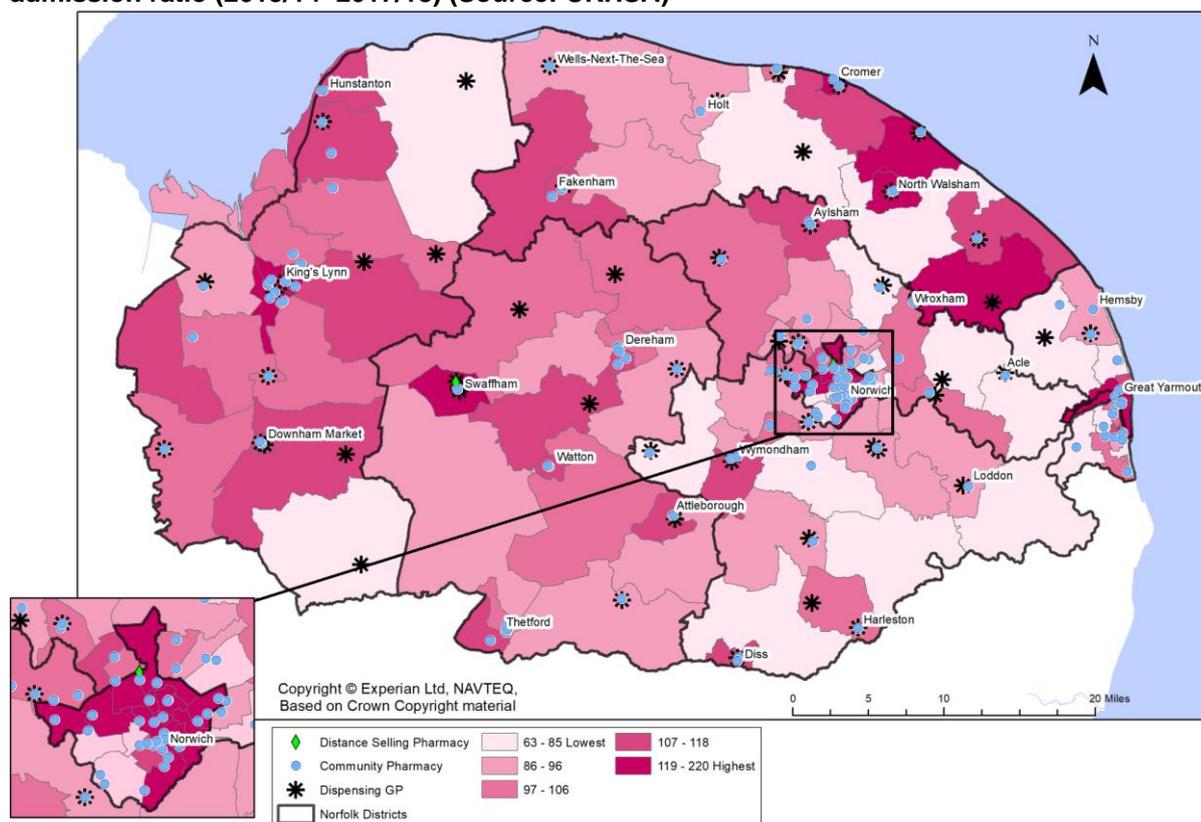
³² Source: NCC analysis

- Binge drinking: previously defined as more than 8 units for men or more than 6 units for women; current guidelines do not suggest a specific limit for single episode drinking
- Harmful drinking: drinking above safe levels (usually beyond those of hazardous drinking) with evidence of alcohol-related problems (e.g. accidents, depression or physical illness)
- Alcohol dependence is characterised by craving, tolerance, a preoccupation with alcohol and continued drinking despite harmful consequences

According to a 2016 survey, 57% adults drank alcohol in the last week, with 52% of these bingeing in the last week (as per the above definition).

In 2020-21 there were 247,972 hospital admissions for alcohol-related conditions in England. This is a decrease from previous years and may be a result of the restrictions in place during the COVID-19 pandemic.

Figure 21: Hospital admissions for alcohol-attributable conditions, MSOA level, standardised admission ratio (2013/14–2017/18) (Source: UKHSA)



Research has shown that a large proportion of A&E attendances between midnight and 5 am are related to alcohol. Alcohol-related injuries such as road traffic accidents, burns, poisonings, falls and drownings make up more than one-third of the disease burden attributable to alcohol consumption.

Excessive alcohol consumption increases the risks of conditions such as:

- Ischaemic and haemorrhagic stroke
- Certain cancers: mouth, throat, stomach, liver and breast
- Liver cirrhosis
- Depression
- Pancreatitis
- CHD and stroke

Excessive alcohol consumption can lead to ill health and loss of working days, and is linked to deprivation.

2.6.5 Sexual and reproductive health

Sexual and reproductive health includes the provision of advice and services around contraception and Sexually Transmitted Infections (STIs, such as chlamydia, gonorrhoea and HIV).

NICE guidance for contraceptive services for young people up to the age of 25 makes explicit mention to the provision of services through community pharmacies. GP surgeries and community pharmacies in Norfolk are contracted by NCC to provide a sexual health service that includes the provision of emergency contraception, chlamydia screening and treatment, and provision of condoms.

2.6.5.1 Chlamydia and gonorrhoea

The most-diagnosed STIs in England in 2020 were chlamydia (accounting for 51% of all new STI diagnoses) and gonorrhoea (18%). Behaviours that increase the risk of transmission of chlamydia also increase the risk of gonorrhoea transmission. Since the last PNA, gonorrhoea diagnosis rates have increased but are significantly lower than the national average.

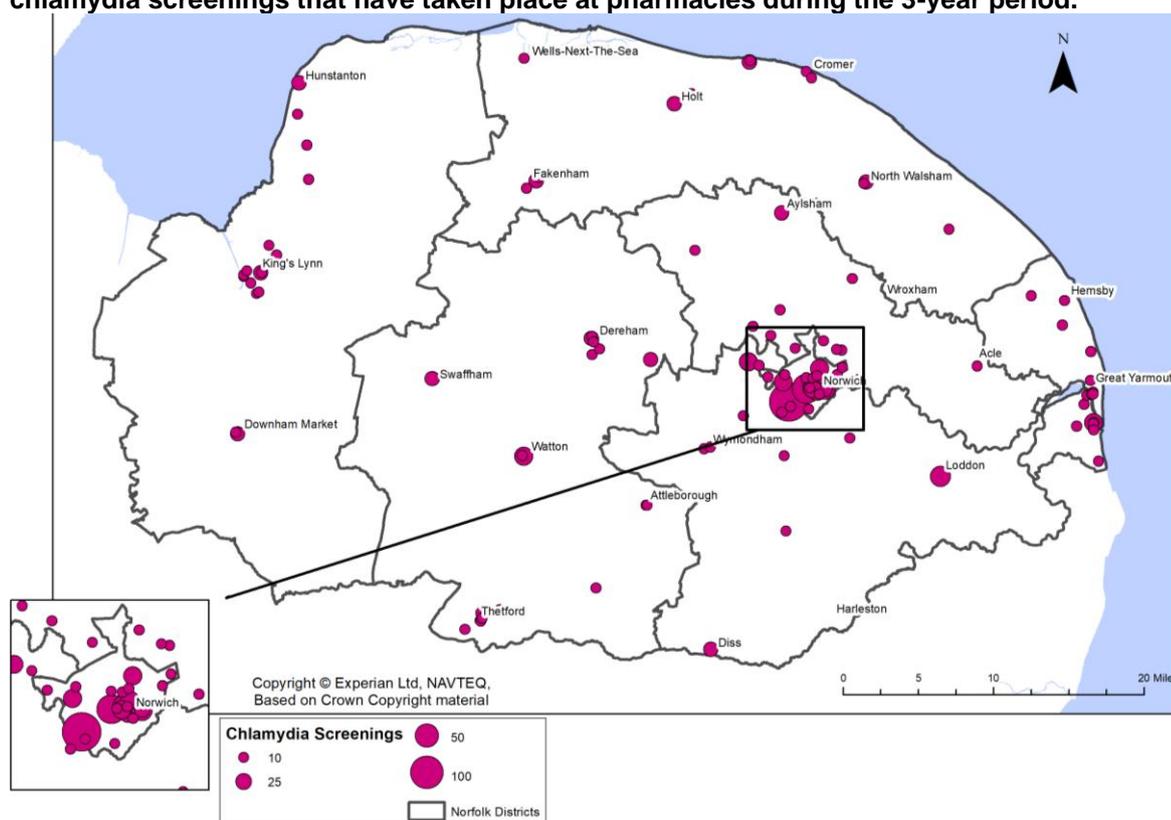
The chlamydia detection rate in Norfolk during 2020 was 1,468 per 100,000. Chlamydia screening for those aged 15–24 during 2020 was 18%, significantly higher than the national value of 14.3%. Table 18 reports the detection rates and screening proportion (chlamydia tests undertaken in 15–24-year-olds attending sexual health services as a proportion of the population) across districts, Norfolk, and England.

Table 18: Chlamydia detection rate per 100,000 and chlamydia screening proportion for those aged 15–24, 2020 (Source: OHID)

Area	Chlamydia detection rate per 100,000	Chlamydia screening proportion
Breckland	1,153	15.0
Broadland	1,443	17.9
Great Yarmouth	1,595	17.7
King’s Lynn and West Norfolk	1,179	16.4
North Norfolk	1,216	15.9
Norwich	1,819	21.9
South Norfolk	1,428	16.3
Norfolk	1,468	18.0
England	1,408	14.3

Chlamydia detection across Norfolk in pharmacies is evenly split, with most positive tests in pharmacies coming from West Norwich near the university (Figure 22).

Figure 22: Chlamydia screening by pharmacy during 2019-21. Size of bubble reflects number of chlamydia screenings that have taken place at pharmacies during the 3-year period.



2.6.5.2 Teenage conceptions

The rate of conception per 1,000 females aged under 18 in 2019 in Norfolk is 17.2, which is statistically higher than the East of England rate (13.9) and higher than but statistically similar to the England rate (15.7). The trend has been decreasing since 2009 (source: Fingertips indicator 20401).

There are 147 pharmacies commissioned to provide emergency contraception, which are shown in Figure 23. Emergency contraception was provided 5,890 times in 2021, mainly for unprotected sexual intercourse or condom failure.

Teenage pregnancy rates across a five-year period remain low and are suppressed due to disclosure reasons relating to small numbers (Figure 23) however, areas with higher rates are also areas with higher deprivation. Women of a range of ages obtained emergency contraception through pharmacies (Figure 26), including women aged under 20, suggesting this service contributes to reducing rates of teenage pregnancy. Locations where emergency contraception is distributed correlate with areas that have higher chlamydia screenings.

Figure 23: Teenage pregnancies at MSOA level (2015/16–2019/20) showing the location of pharmacies and GP practices providing NHS sexual health services (Source: ONS and NHS England)

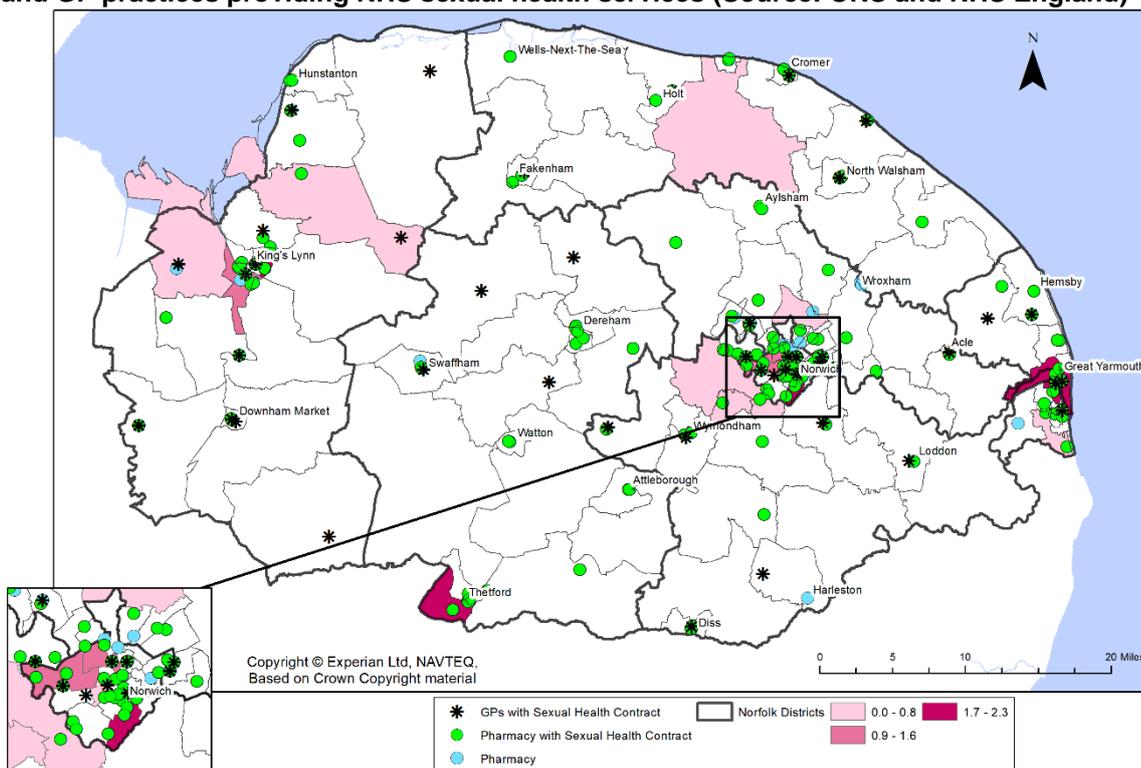


Figure 24: Prescribed emergency contraception (by ward), 2021

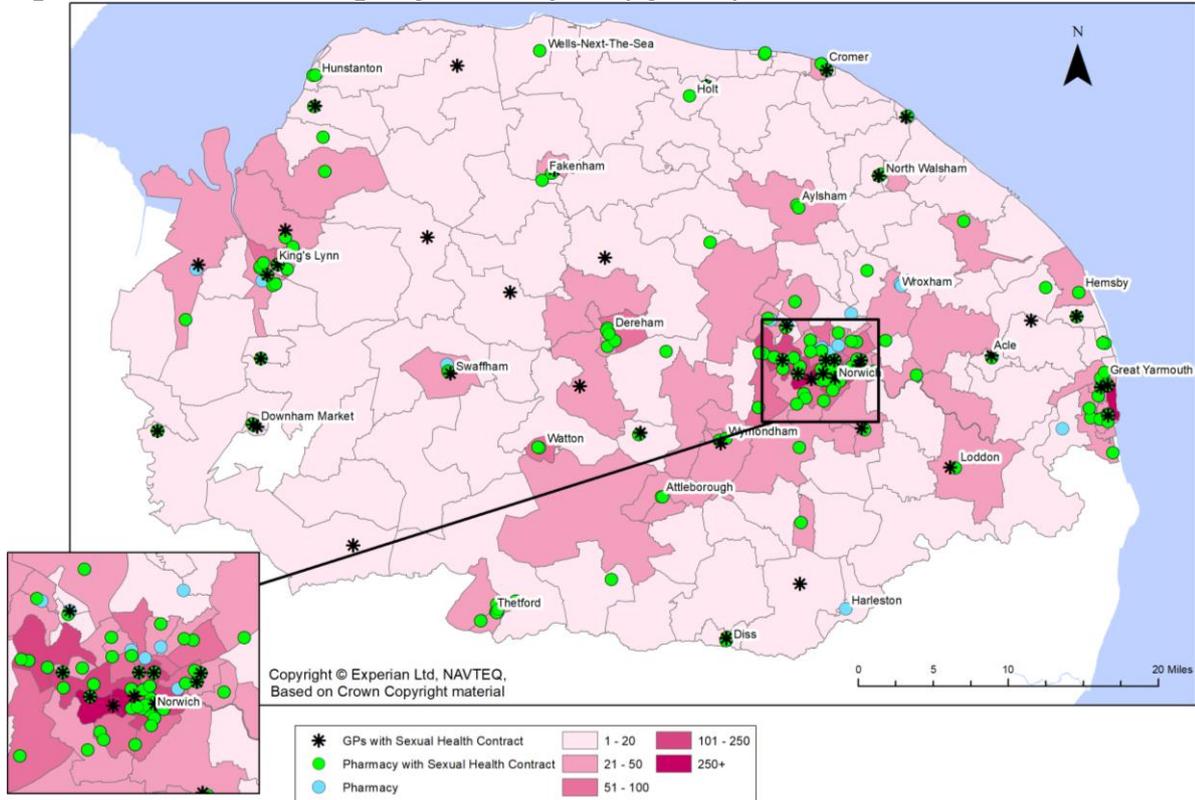
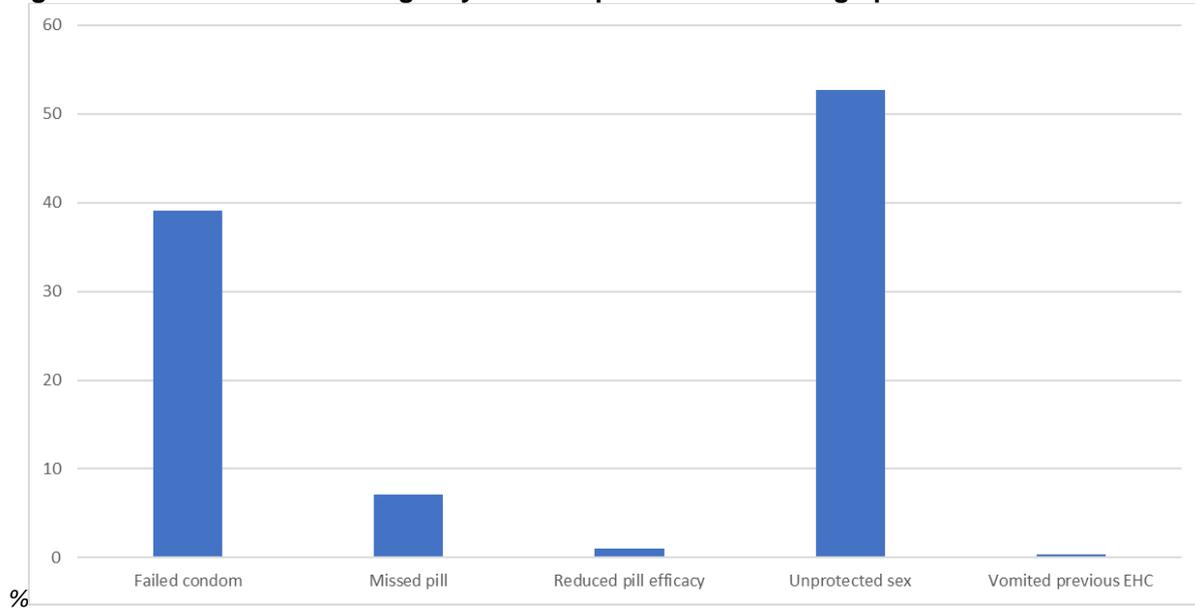
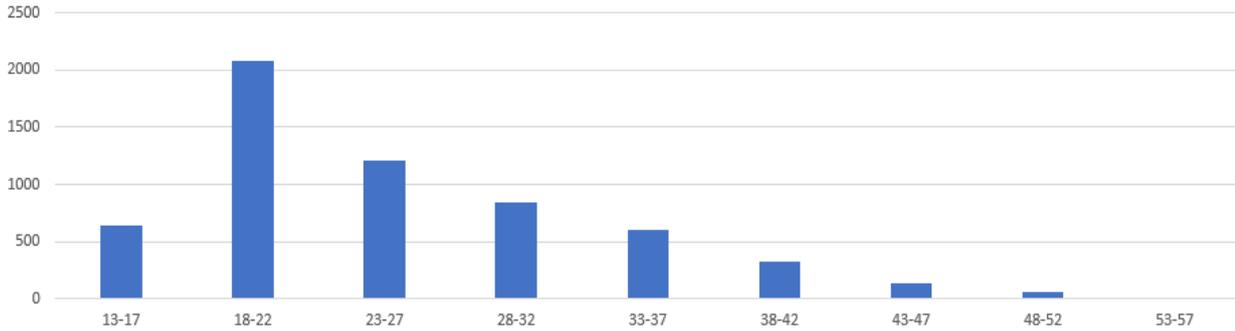


Figure 25: Indications for emergency contraception access through pharmacies³³



³³ Source: PharmOutcomes 2021.

Figure 26: Age distribution of individuals accessing emergency contraception through pharmacies³⁴



2.6.5.3 HIV testing

Late diagnosis of HIV results in worse outcomes for the individual (an increased risk of illness and death, and treatment is less effective). Earlier diagnosis prevents onward transmission as individuals are treated and more likely to use protection, both of which reduce the risk of infection. The rate of late HIV diagnoses is statistically higher in Norfolk than the average for England (53.1% compared with 42.4% of adult HIV diagnoses for 2018-20 (UKHSA)).

³⁴ Source: PharmOutcomes 2021.

Section 3: Local NHS pharmaceutical services provision

3.1 Overview

There is a total of 213 contractors in Norfolk.

Table 19: Contractor type and number in Norfolk

Type of Contractor	Number
40-hour community pharmacies	133
100-hour	19
Out of town	1
LPS	0
DSP	4
DAC	1
Dispensing GP practices	55
PhAS	30

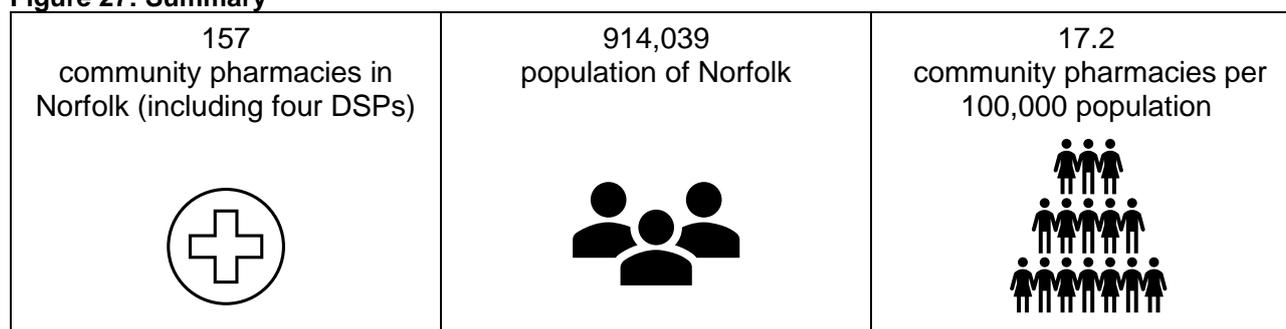
The total number of community pharmacies includes out of town and DSP where relevant. DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet; when discussing services provided by the community pharmacies it may be appropriate to exclude the DSP from the analysis as they cannot or do not provide the service being discussed. This information will be annotated in the tables and made clear in the discussion.

A list of community pharmacies in Norfolk and their opening hours can be found in Appendix A.

Figure 1 shows all contractor locations within Norfolk.

3.2 Community pharmacies

Figure 27: Summary



Correct as of 29 March 2022

There are 157 community pharmacies in Norfolk. Since the previous PNA, published in 2018, there has been a decrease in the number of pharmacies in Norfolk from 164 to 157. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018, when the average number was 21.2. However it should be noted that this increases when combined with dispensing GP practices present in Norfolk. See [Section 3.3](#).

Populations may also find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas: Cambridgeshire (16.3), Suffolk (17.7) and Lincolnshire (15.9).

Table 20 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Norfolk is well served with community pharmacies and is comparable to the East of England and national averages.

Table 20: Number of community pharmacies per 100,000 population

	Community pharmacies per 100,000 population		
	England	East of England	Norfolk
2020-21	20.6	19.4	17.2
2019-20	21.0	21.6	17.7
2018-19	21.2	20.4	18.3

Source: ONS Population 2018-2020

Table 21 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

Table 21: Breakdown of average community pharmacies per 100,000 population

Locality	No of community pharmacies (March 2022)	Total population (ONS mid-year 2020)	Average number of community pharmacies per 100,000 population
Breckland	21	141,255	14.9
Broadland	20	131,931	15.2
Great Yarmouth	26	99,198	26.2
King's Lynn and West Norfolk	23	151,245	15.2
North Norfolk	18	105,167	17.1
Norwich	31	142,177	21.8
South Norfolk	18	143,066	12.6
Norfolk (2021)	157	914,039	17.2
East of England (2021)	1,216	6,269,161	19.4
England (2021)	11,636	56,760,975	20.6

* Data includes DSPs

[Section 1.4.1.1](#) 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 for each locality is explored in [Section 6](#).

3.2.1 Weekend and evening provision

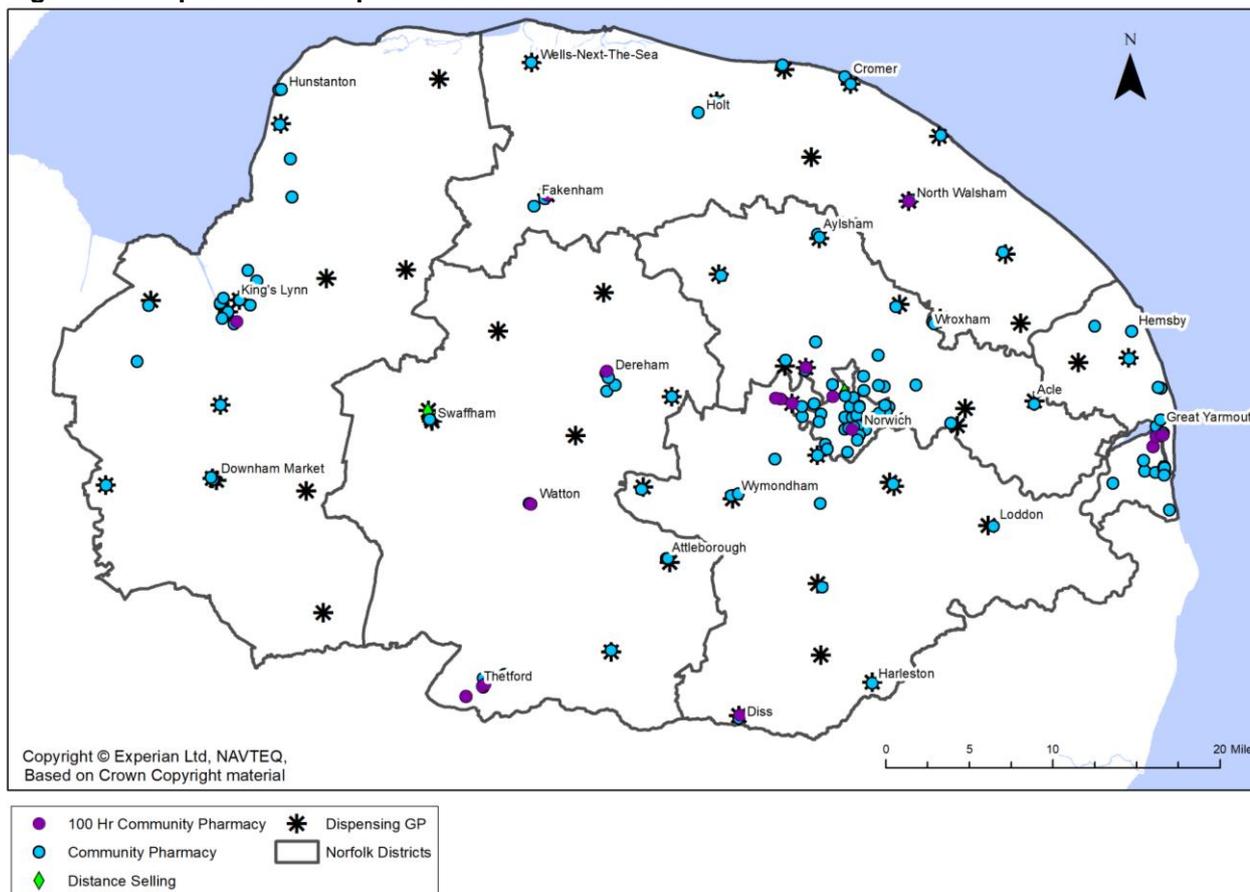
There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 22 shows the percentage of Norfolk pharmacies open for 100 hours or more compared with regionally and nationally. Most 100-hour pharmacies are open late and at the weekends. DSPs are not included in the table as their opening hours are not relevant in terms of service provision.

Table 22: Number of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour community pharmacies
England (2020-21 data)	1,094 (9.4%)
East of England	121 (10.0%)
Norfolk	19 (12%)
Breckland	5 (25%)
Broadland	2 (10%)
Great Yarmouth	4 (17%)
King's Lynn and West Norfolk	1 (4%)
North Norfolk	2 (11%)
Norwich	1 (3%)
South Norfolk	4 (22%)

Figure 28: Map of 100-hour pharmacies across Norfolk



3.2.1.1 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6.30 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in the table below. Full details of all pharmacies' opening hours can be found in Appendix A.

Table 23: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, and on Saturday and Sunday (not including DSPs)

Locality	Percentage of pharmacies open beyond 6.30 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
Norfolk	18%	85%	22%
Breckland	40%	95%	35%
Broadland	20%	90%	20%
Great Yarmouth	17%	71%	25%
King's Lynn and West Norfolk	4%	78%	13%
North Norfolk	11%	83%	22%
Norwich	17%	90%	20%
South Norfolk	22%	94%	22%

Figure 29: Map of pharmacies open after 6.30 pm

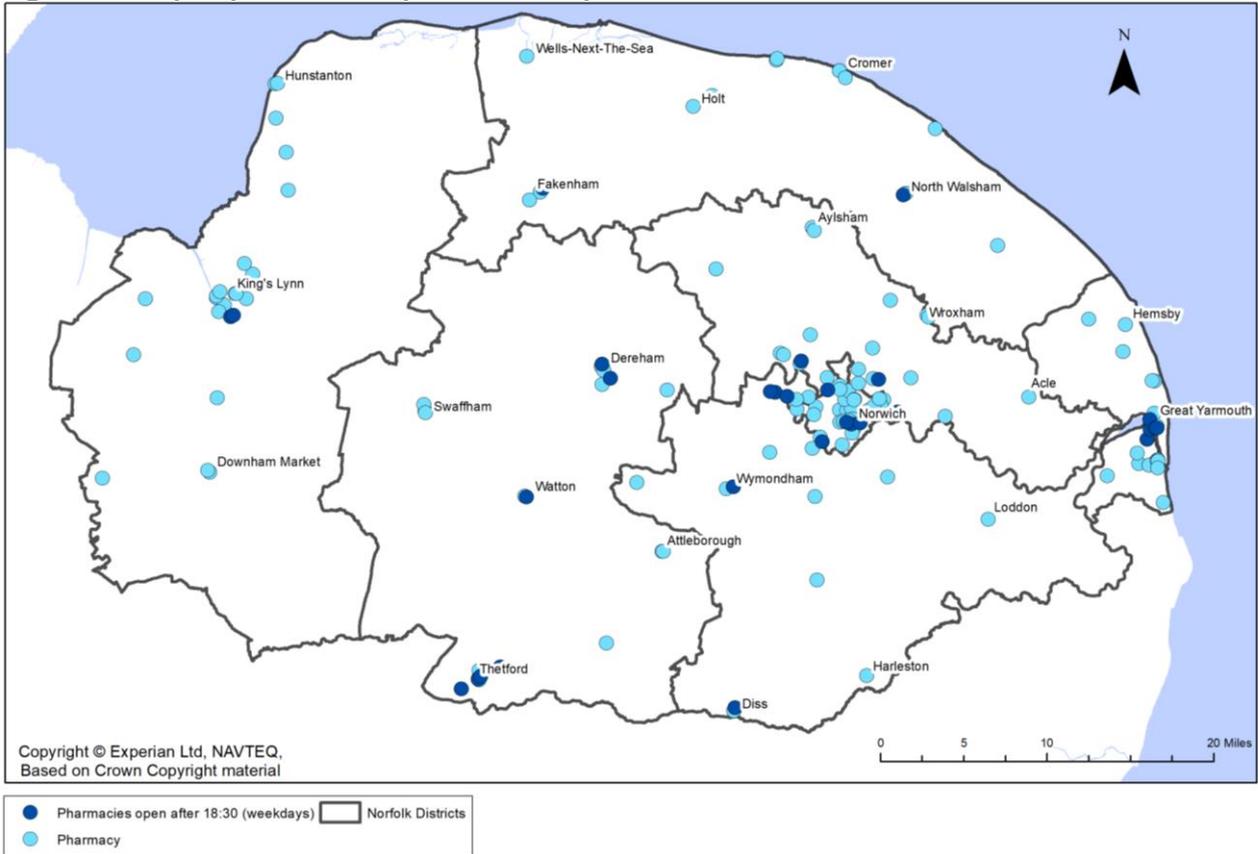
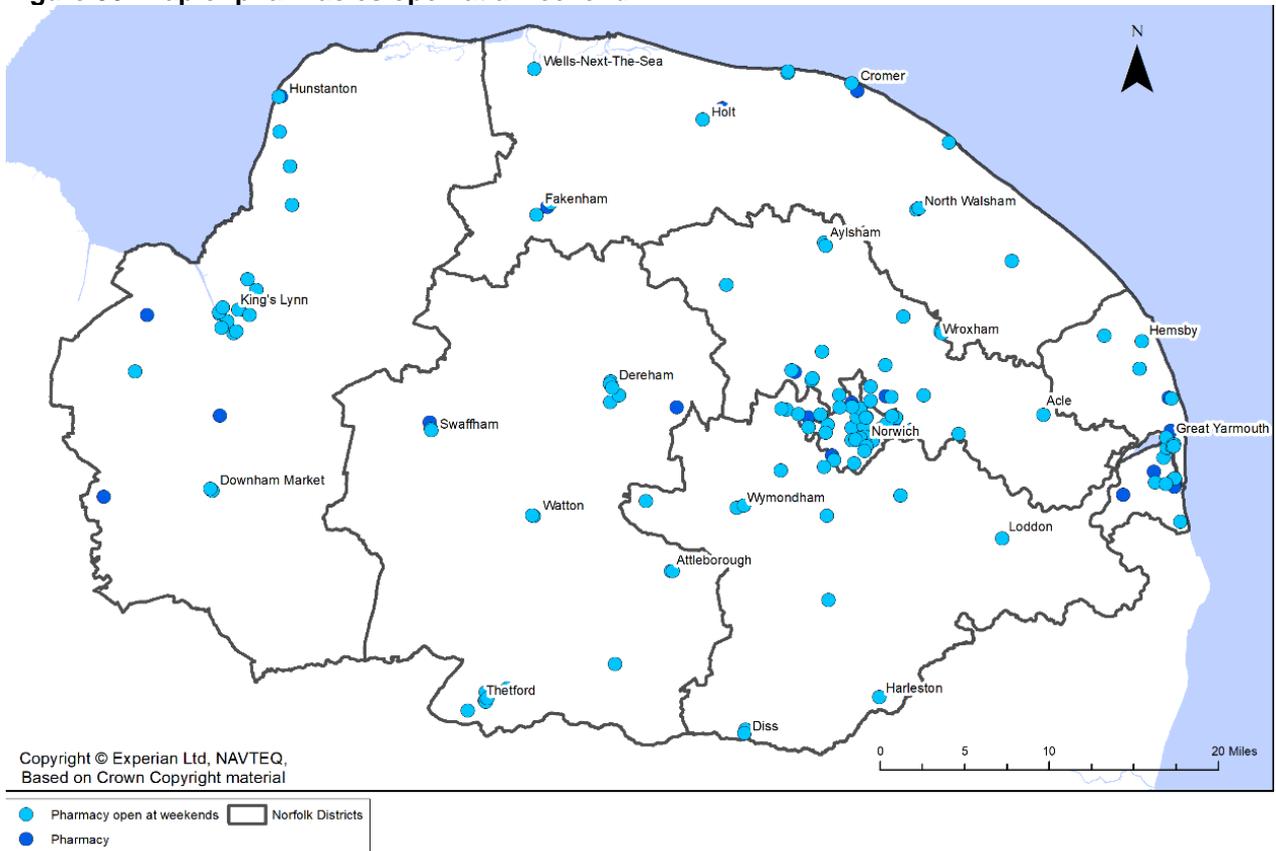


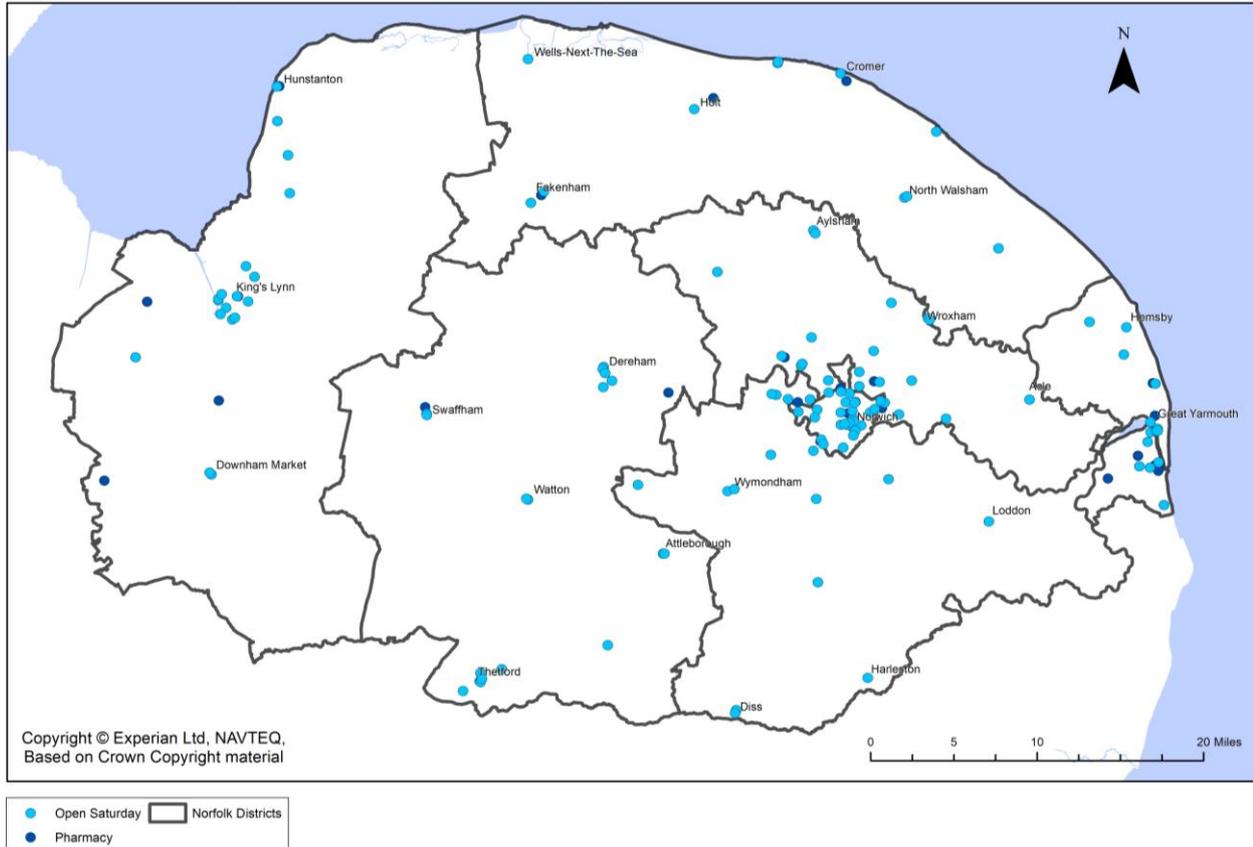
Figure 30: Map of pharmacies open at a weekend



3.2.1.2 Routine Saturday daytime access to community pharmacies

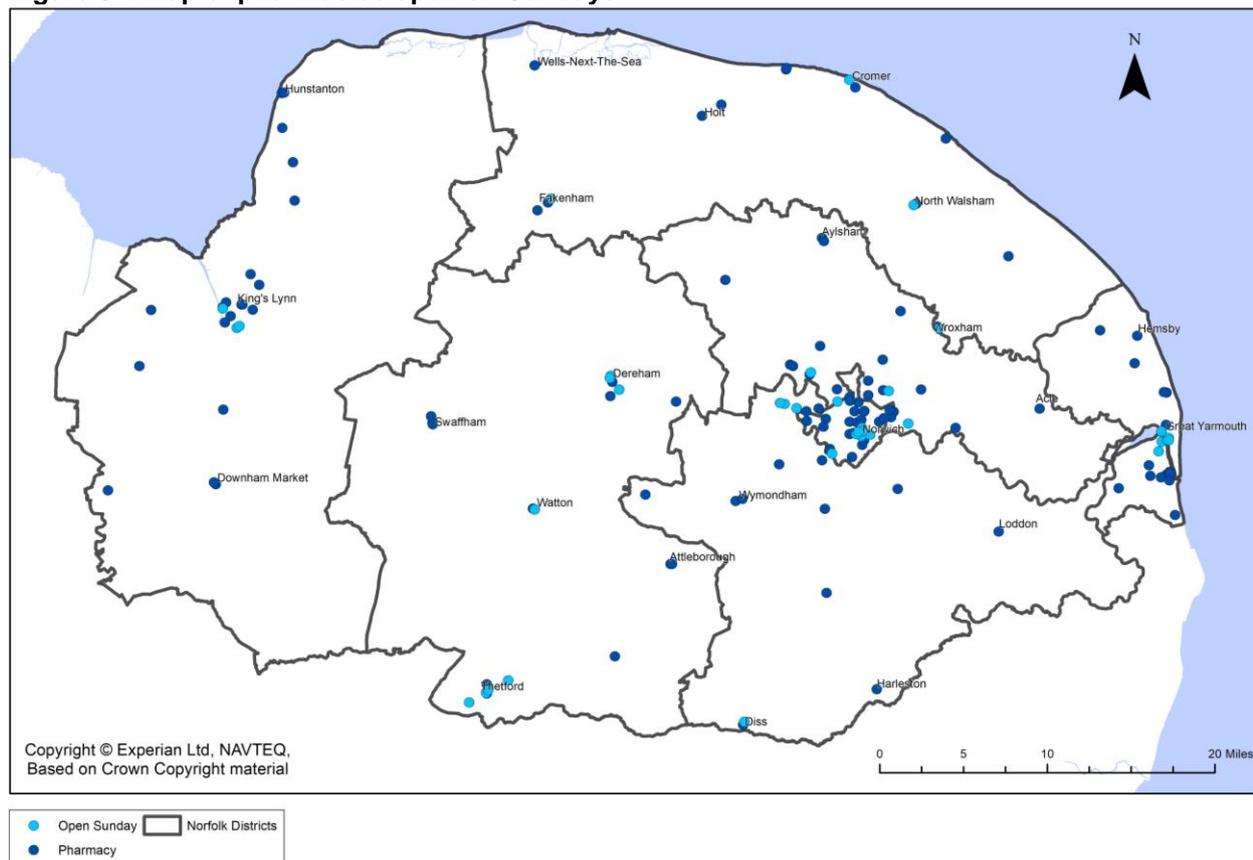
The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Norfolk, 85% are open on Saturdays, the majority of which are open into the late afternoon. Judging access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

Figure 31: Map of pharmacies open on Saturdays



3.2.1.3 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies are open on Sundays than any other day in Norfolk. Full details of all pharmacies open on a Sunday can be found in Appendix A.

Figure 32: Map of pharmacies open on Sundays

3.2.1.4 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. Pharmacies are also commonly open in high tourist seasons.

NHSE has commissioned an Enhanced Service to provide coverage over Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days.

3.2.2 Advanced Service provision

[Section 1.4.1.2](#) lists all Advanced Services that community pharmacies can sign up to provide under the pharmacy contract. As these services are discretionary and voluntary, not all providers will provide them all of the time.

The information in Table 24, provided from NHSE and the LPC, has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A.

Note: Two Advanced Services have now stopped. Community pharmacy COVID-19 LFD distribution service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022 at 23:59. The numbers have been included to demonstrate the positive uptake of service when commissioned.

Table 24: Percentage of community pharmacies signed up to provide Advanced Services in Norfolk (as of 30 April 2022)

Advanced Service	Percentage of community pharmacy signed up by locality (number of pharmacies)						
	Breckland (21)	Broadland (20)	Great Yarmouth (26)	King's Lynn and West Norfolk (23)	North Norfolk (18)	Norwich (31)	South Norfolk (18)
NMS	86%	85%	100%	96%	94%	97%	94%
Community pharmacy seasonal influenza vaccination	81%	70%	77%	74%	67%	58%	78%
CPCS*	95%	80%	85%	87%	83%	77%	72%
Hypertension case-finding service	29%	55%	77%	26%	56%	23%	44%
Smoking cessation Advanced Service	10%	0%	15%	0%	11%	0%	17%
COVID-19 LFD distribution	95%	100%	96%	100%	94%	90%	100%
Pandemic delivery service	5%	25%	12%	0%	11%	6%	11%

*This includes CPCS and GP CPCS consultations

Based on the information provided, none of the community pharmacies in Norfolk have signed up to provide AUR (currently until 31 March 2022). However, it should be noted that for some of these services, such as AUR, pharmacies may still provide the service without signing up.

The number of contractors signed up to provide AUR is also very low regionally and nationally. There were only 65 community pharmacies or DAC providers nationally (1%) and five community pharmacy or DAC providers (0.4%) in the East of England in 2020-21. Appendix A lists those community pharmacies that have signed up to provide the services.

The new hypertension case-finding service started in October 2021 and the smoking cessation Advanced Service started on 10 March 2022, and therefore the number of pharmacies signed up is low at time of writing.

At time of writing, no pharmacies have signed up to the community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally and regionally).

It must be stressed that the impact of the COVID-19 pandemic will have affected the delivery and potential uptake of services in several ways:

- Workload was diverted to address the delivery of other priority services in managing the pandemic
- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic

- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

The majority of pharmacies signed up to provide COVID-19 lateral flow tests and some pharmacies provided the pandemic delivery service, however, the majority of pharmacies provide a free delivery service regardless of the pandemic.

3.2.3 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE ([Section 1.4](#)). Therefore, any Locally Commissioned Services commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

There are currently three Enhanced Services commissioned in Norfolk.

COVID-19 vaccination service

Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic. There are currently 15 (10%) community pharmacies signed up to providing this service in Norfolk. The pharmacies providing the service are listed in Appendix A and highlighted by locality in [Section 6.2](#). A total of 2,909 vaccinations were recorded across all Norfolk and Waveney community pharmacy sites on 17 December 2021, compared with a weekly average of c4,000 across April and May 2022.

Infected insect bite service

An infected insect bite service provided via PGD. This is a very new service introduced in 2021 and currently six pharmacies are commissioned to provide this service in Norfolk. It is now being recommissioned with ongoing sign-up, therefore the current numbers may not reflect the true uptake during the lifetime of this PNA.

Easter Sunday and Christmas Day coverage

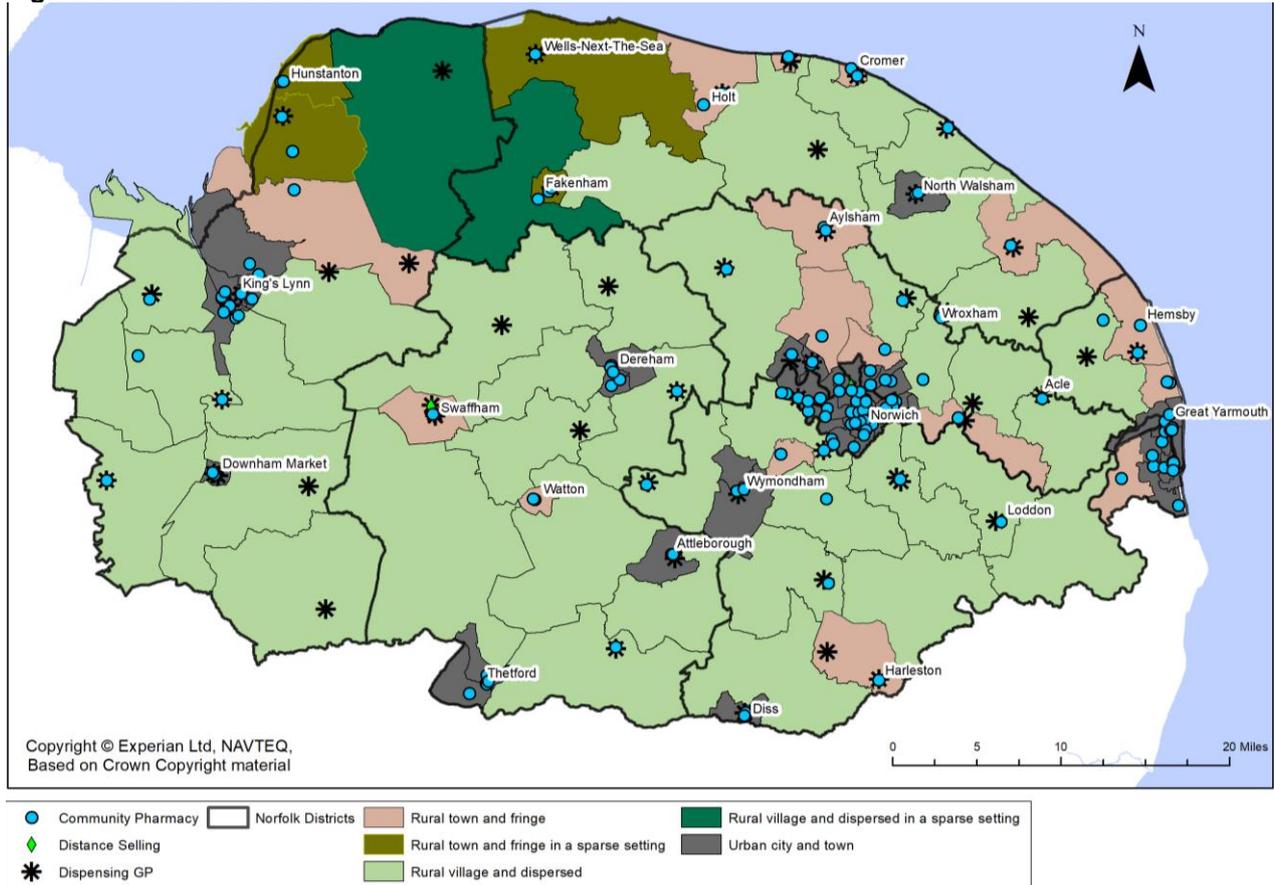
This service provides coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days. There was no information available on the number of pharmacies signed up in Norfolk from NHSE.

3.3 Dispensing GP practices

Norfolk is a rural county: 53% of its population is designated as rural, with only two districts, Great Yarmouth and Norwich, primarily urban.³⁵

³⁵ Norfolk Rural Development strategy 2013-20

Figure 33: Rural urban classification



In addition to the 157 community pharmacies (including 4 DSPs), Norfolk has 55 dispensing GP practices providing pharmaceutical services (reduced from 56 since the last PNA, in 2018). Combining these, Norfolk has an average of 23.2 community pharmacies and dispensing GP practices per 100,000 population. This has decreased from 24.6 in the 2018 PNA. The East of England average has also decreased to 19.4 from the previous 20.4 community pharmacies per 100,000 population.

Table 25 lists the number of dispensing GP practices in each locality. Full details can be found in Appendix A.

Table 25: Number of dispensing practices by localities

District	Main practice	Of which dispensing	Branch surgery	Of which dispensing
Breckland	16	9	8	6
Broadland	11	8	6	3
Great Yarmouth	7	1	8	2
King's Lynn and West Norfolk	17	13	9	4
North Norfolk	12	12	7	5
Norwich	16	0	7	0
South Norfolk	14	12	7	6
Total	93	55	52	26

There were 43 responses to the dispensing practice questionnaire (Appendix F). All respondents indicated that they were participating in the Dispensary Services Quality Scheme (DSQS) and 93% signed up to provide Dispensing Review of Use of Medicines (DRUMS).

3.4 Access to community pharmacies and dispensing GP practices

Community pharmacies in Norfolk are particularly located around areas with a higher density of population. Many also provide extended opening hours and/or open at weekends.

A previously published article³⁶ 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.

A list of community pharmacies in Norfolk and their opening hours can be found in Appendix A.

³⁶ 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>

3.4.1 Routine daytime access to community pharmacies and dispensing GP practice

Table 26: Travel times and distance from home to the nearest pharmacy in Norfolk

Car drive times off-peak		
Time	Population	Coverage (%)
5 minutes	720,560	78.8
10 minutes	896,859	98.1
15 minutes	914,039	100.0
20 minutes	914,039	100.0
30 minutes	914,039	100.0
Car drive times peak time – rush hour		
Time	Population	Coverage (%)
5 minutes	657,883	72.0
10 minutes	882,003	96.5
15 minutes	914,039	100.0
20 minutes	914,039	100.0
30 minutes	914,039	100.0
Walking travel times		
Time	Population	Coverage (%)
5 minutes	245,286	26.8
10 minutes	437,972	47.9
15 minutes	564,799	61.8
20 minutes	629,353	68.9
30 minutes	658,455	72.0
Public transport weekday morning travel times		
Time	Population	Coverage (%)
5 minutes	281,843	30.8
10 minutes	557,777	61.0
15 minutes	662,381	72.5
20 minutes	725,786	79.4
30 minutes	786,260	86.0
Public transport weekday afternoon travel times		
Time	Population	Coverage (%)
5 minutes	281,843	30.8
10 minutes	557,777	61.0
15 minutes	662,381	72.5
20 minutes	725,786	79.4
30 minutes	786,260	86.0

Public transport weekday evening travel times		
Time	Population	Coverage (%)
5 minutes	281,843	30.8
10 minutes	557,777	61.0
15 minutes	662,381	72.5
20 minutes	725,786	79.4
30 minutes	786,260	86.0
Distance		
Car distance		
Distance	Population	Coverage (%)
1 km	493,101	53.9
2 km	634,548	69.4
3 km	665,804	72.8
6 km	780,883	85.4
8 km	855,896	93.6
Walking distance		
Distance	Population	Coverage (%)
0.2 km	145,612	15.9
0.5 km	336,812	36.8
1 km	545,515	59.7
1.5 km	629,470	68.9
2 km	652,468	71.4

Source: SHAPE toolkit using ONS 2020 UTLA population estimate and LSOA population weighted centroid to make the catchment.

Table 27: Travel times and distance from home to the nearest pharmacy and dispensing GP practice in Norfolk

Car drive times off-peak		
Time	Population	Coverage (%)
5 minutes	770,151	84.3
10 minutes	914,039	100.0
15 minutes	914,039	100.0
20 minutes	914,039	100.0
30 minutes	914,039	100.0
Car drive times peak time – rush hour		
Time	Population	Coverage (%)
5 minutes	697,962	76.4
10 minutes	912,479	99.8
15 minutes	914,039	100.0
20 minutes	914,039	100.0
30 minutes	914,039	100.0

Walking travel times		
Time	Population	Coverage (%)
5 minutes	258,962	28.3
10 minutes	460,160	50.3
15 minutes	585,508	64.1
20 minutes	645,887	70.7
30 minutes	684,547	74.9
Public transport weekday morning travel times		
Time	Population	Coverage (%)
5 minutes	306,573	33.5
10 minutes	577,366	63.2
15 minutes	682,775	74.7
20 minutes	761,437	83.3
30 minutes	815,849	89.3
Public transport weekday afternoon travel times		
Time	Population	Coverage (%)
5 minutes	301,796	33.0
10 minutes	580,507	63.5
15 minutes	691,181	75.6
20 minutes	770,461	84.3
30 minutes	824,519	90.2
Public transport weekday evening travel times		
Time	Population	Coverage (%)
5 minutes	306,573	33.5
10 minutes	577,366	63.2
15 minutes	682,775	74.7
20 minutes	761,437	83.3
30 minutes	815,849	89.3
Distance		
Car distance		
Distance	Population	Coverage (%)
1 km	512,448	56.1
2 km	655,909	71.8
3 km	693,860	75.9
6 km	824,896	90.2
8 km	890,508	97.4
Walking distance		
Distance	Population	Coverage (%)
0.2 km	153,266	16.8

0.5 km	357,068	39.1
1 km	564,862	61.8
1.5 km	647,541	70.8
2 km	674,256	73.8

All times and distances reported are from home/resident locations.

Summary:

- 67.76% of the population live within 20-minute walk of a pharmacy and 70.7% of the population live within a 20-minute walk of a pharmacy or dispensing GP practice
- 71.4% can reach a pharmacy or dispensing GP practice with 2 km of walking
- 100% live within a 20-minute drive (off-peak and peak) of a pharmacy or dispensing GP practice
- 69.4% can drive to a pharmacy, and 71.4% to a pharmacy or dispensing GP practice within 2 km
- 79.4% live within 20-minute drive of a pharmacy by public transport on a weekday; approximately 83% live within a 20-minute drive of a pharmacy or dispensing GP practice by public transport on a weekday

The above demonstrates good access to community pharmacies and dispensing GP practices in Norfolk.

3.5 Dispensing Appliance Contractors (DACs)

There is one DAC in Norfolk, however DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 96 responses to this question, and 94 of them reported that they provide stoma and/or incontinence appliances.

There is one DAC in Norfolk:

- Fittleworth Medical Ltd, 8 Longs Business Centre, Taverham, Norwich NR8 6QW

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 Norfolk. There were 112 DACs in England in 2020-21. Of items prescribed in Norfolk, 0.83% were dispensed by DACs nationally between 1 April 2021 and 31 January 2022.

3.6 Distance-Selling Pharmacies (DSPs)

There are four DSPs in Norfolk, including one that has opened since the last 2018 PNA.

- One Pharmacy, 28 Curtis Road, Norwich NR6 6RB
- Online Chemist, 82 Middleton Road, Gorleston NR31 7AH
- PharmacyExpress, 183A King Street, Great Yarmouth NR30 1LS
- Universal Pharmacy, Unit 25, Turbine Way, Ecotech Innovation Business Park, Swaffham PE37 7XD

Of items prescribed in Norfolk, 4.92% were dispensed by DSPs nationally between 1 April 2021 and 31 January 2022.

3.7 Local Pharmaceutical Service (LPS) providers

LPS providers are described in [Section 1.4.3](#).

There are no LPS pharmacies in Norfolk.

3.8 PhAS pharmacies

PhAS providers are described in [Section 1.4.4](#).

There are 30 PhAS pharmacies in Norfolk, which are listed in Appendix A.

3.9 Pharmaceutical service provision provided from outside Norfolk

Norfolk is bordered by three other HWB areas: Cambridgeshire, Suffolk and Lincolnshire. As previously mentioned, like East of England, Norfolk has good transport links even to the rural areas. As a result, it is anticipated that many residents in Norfolk will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

For some residents, the nearest provider of pharmaceutical services may be across the border in a neighbouring HWB area. Given the largely rural nature of Norfolk, many residents will be familiar with significant travel times, particularly in the evenings and at weekends, to access other services such as a supermarket.

It is not practical to list here all those pharmacies outside Norfolk by which Norfolk residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Norfolk area boundaries and are marked on Figure 1. Further analysis of cross-border provision is undertaken in [Section 6](#). To note: Waveney provision is covered by the Suffolk County Council PNA.

Section 4: Other services that may affect pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the local authority or CCG.

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

The services commissioned in Norfolk are described below and where these are being provided are listed in Appendix A.

4.1 Locally Commissioned Services (LCS)

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, CCGs and NHSE local teams. In Norfolk, most commissioned services are public health services and hence are commissioned by the Norfolk Public Health.

Appendix A provides a summary of Locally Commissioned Services (LCS) within Norfolk pharmacies and Sections 4.1 and 4.2 provide a description of those services.

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

4.1.1 Local authority–commissioned services provided by community pharmacies in Norfolk

NCC commissions seven services from community pharmacies:

4.1.1.1 NHS Health Checks programme

The NHS Health Check is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes**, **heart disease**, **kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

Research into the NHS Health Checks programme has established that outreach models, including delivery by pharmacies, increase access to NHS Health Checks – especially in areas of higher deprivation.

This service is currently provided by 110 pharmacies in Norfolk

NHS Health Checks are available from other providers including GP practices.

4.1.1.2 Sexual and reproductive health service

Sexual health includes the provision of advice and services around contraception and STIs (such as chlamydia, gonorrhoea and HIV).

Community pharmacies in Norfolk are contracted by NCC to provide a sexual health service that includes the provision of Emergency Hormonal Contraception (EHC), chlamydia screening and treatment, and provision of condoms.

As part of a local network, pharmacies provide rapid access to high quality contraceptive and sexual health services, namely:

- Provision, via a PGD, of EHC to clients aged 13 and over
- Provision of advice and signposting to termination of pregnancy services and estimation of gestation by last menstrual period as appropriate
- Opportunistic chlamydia screening of sexually active young people aged 15–24 and screening of partners regardless of age
 - Patients to be offered the opportunity to screen for chlamydia either annually or following a change of partner
- Provision of chlamydia treatment for young men and women aged 15–24 and their sexual partners (free to end user) under a PGD
- Administration and delivery of the C-Card scheme, as a registered outlet, including free condoms to those clients aged 13–24 who provide evidence that they are part of the C-Card scheme
- Provision of sexual health promotion and advice and signposting to local sexual health services, GP practices and other appropriate services

In Norfolk, 143 pharmacies provide sexual health services as of April 2022.

4.1.1.3 Healthy Start vitamins

Healthy Start is a national government scheme to improve the health of low-income pregnant women and their families by providing vouchers for milk, fruit, vegetables and vitamins. All pregnant women under 18 years, as well as women that are at least ten weeks pregnant or have a child under 4 and whose family is in receipt of certain benefits, qualify for Healthy Start.

In Norfolk, community pharmacies are the only distribution points where Healthy Start coupons can be exchanged for vitamins. The new service will allow the sale of Healthy Start vitamins in community pharmacies to pregnant women and families with children under 4 who do not meet the eligibility criteria for the national scheme.

The aim of the service is to increase the uptake of the national Healthy Start scheme and provide a low-cost offer to non-beneficiaries to encourage vitamin supplementation among pregnant women and children under 4.

All community pharmacies will be given the opportunity to opt into providing the extended scheme. Pharmacies that choose not to sell vitamins may start or continue to provide vitamins under the voucher scheme, i.e. either provide free Healthy Start vitamins for women and children in receipt of Healthy Start Scheme vouchers or sell the vitamins at the capped costs specified in the service-level agreement.

In the tables in [Section 6.2](#) (and Appendix A) there are two rows describing Healthy Start vitamins, i.e. those pharmacies providing them free under voucher (55% of pharmacies) and those selling vitamins in the low-cost scheme (27%).

4.1.1.4 Stop smoking

Smoking cessation services in Norfolk are commissioned by the Public Health Team at NCC. There are two parts to this service.

Level 1: Stop smoking service provision

The service involves multi-session interventions with a total potential client contact time of a minimum of 1.5 hours from pre-quit preparation to four weeks post-quit. This will involve offering weekly support to individuals committing to quitting smoking from their quit date until they have quit for four weeks or until they relapse, if this is less than four weeks after the quit date. Support offered may be initially face to face but can also include telephone support.

There are 144 pharmacies in Norfolk that provide this service as of April 2022.

Level 2: Supply of Nicotine Replacement Therapy (NRT)

Pharmacies are key providers of stop smoking services due to their opening hours, accessibility, and their ability to advise prospective quitters and supply Nicotine Replacement Therapy (NRT). Pharmacies are not the sole source of stop smoking support to the population, with GP practices, workplaces and community services all providing access to support for prospective quitters.

NRT is available to purchase through a range of retail outlets, including supermarkets and pharmacies. Evidence shows that the use of NRT is effective in helping smokers stop.

Since the publication of the last PNA, the Medicines and Healthcare Products Regulatory Agency has licensed some e-cigarettes. In 2021, NICE published draft recommendations on e-cigarettes. These state that people should be advised on where to find information on nicotine-containing e-cigarettes, that e-cigarettes are substantially less harmful than smoking, but that the long-term health effects of e-cigarettes are still uncertain.

The community pharmacies in Norfolk supply the NRT product in accordance with the directions of the adviser or appropriate senior clinical staff trained to issue NRT.

There are 145 pharmacies in Norfolk that provide this service as of April 2022.

4.1.1.5 Supervised consumption

From 1 April 2018, the delivery of supervised consumption and needle exchange services in Norfolk will be managed by CGL Norfolk. CGL contracts directly with pharmacies to provide needle exchange and substitute-prescribing.

The service is available from pharmacies to service users who are prescribed Opioid Substitution Treatments (OST) and other medication and will encompass supervised support and advice to service users in a safe environment. The practice is designed to

support service users to stop or stabilise their opiate use, thus enabling them to develop their personal goals.

Pharmacists and their team play a key role in supporting drug users in complying with their prescribed regime, therefore reducing the incidents of accidental deaths through overdose.

'Supervised consumption' is defined as the observed consumption, by the pharmacist or a suitably trained pharmacy technician, of prescribed OST and/or other medication where defined in the specification and where supervision has been requested by the prescriber.

There are 118 pharmacies providing supervised consumption services in Norfolk as of April 2022.

4.1.1.6 Needle exchange

From 1 April 2018, the delivery of supervised consumption and needle exchange services in Norfolk will be managed by CGL Norfolk.

The practice is designed to reduce harm to People Who Inject Drugs (PWIDs) and in turn reduce the prevalence of blood-borne viruses and bacterial infections. The safe disposal of used equipment will also benefit the wider community.

Pharmacists are well placed to be able to provide services as part of the local harm reduction strategy.

Offering people safe access to injecting equipment and a way to safely dispose of it reduces the sharing of needles and therefore the spread blood-borne viruses, protecting both drug users and the wider community.

There are 70 pharmacies providing this service in Norfolk as of April 2022.

4.1.1.7 Take-home naloxone

Naloxone is a drug that temporarily reverses the effects of an opiate overdose, allowing vital time for medical intervention.

Five pharmacies were initially contracted to pilot a take-home naloxone service that started in March 2017; there are currently 36 pharmacies providing the service (as of April 2022).

These services may also be provided from other providers, e.g. GP practices and community health services. A full list of services and community pharmacy providers can be found in Appendix A.

4.1.2 CCG-commissioned services

Norfolk and Waveney CCG commissions three services. CCGs are to be replaced by ICBs as part of ICSs. It is anticipated that ICBs will take on the delegated responsibility for pharmaceutical services from 2023 from NHSE and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services. However at the time of writing these services still fall under 'other' services and are not considered as Enhanced Services.

4.1.2.1 Emergency supply

The purpose of the community pharmacy emergency supply service is to ensure that patients can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose.

In an emergency, a pharmacist can supply Prescription-Only Medicines (POMs) to a patient (who has previously been prescribed the requested POM) without a prescription, at the request of the patient.

This service will be available to all patients registered with a GP within the UK, i.e. no geographical restriction in the UK. This enables holidaymakers to be supplied with their medicines in these circumstances. This local service allows direct emergency supply without referral from GPs or 111, unlike CPCS and GP CPCS. There are no time restrictions on this service, providing all legal and professional considerations are met.

The CPCS does enable the emergency supply of medicines in similar circumstances, but this emergency supply service preceded the CPCS.

This service is available for all Norfolk pharmacies and can be used on ALL weekends and bank holidays and other times in exceptional circumstances.

All 157 community pharmacies can provide this service in Norfolk as of April 2022.

4.1.2.2 Palliative care

For adult palliative care patients who are actively deteriorating and are in the last weeks or days of life, it is good practice to provide anticipatory or subcutaneous medication in the home, for symptom control.

The aim of this service is to:

- Provide improved access to controlled medicines
- Enable prompt symptom relief at whatever time the patient develops distressing symptoms
- To provide data relating to usage, costs and wastage, by using an audit trail to follow the administration of medicines

The service is aimed at the supply of essential specialist and palliative care drugs, the demand for which may be urgent and/or unpredictable, and takes place during normal opening hours for the community pharmacy and commissioned extended hours, e.g. Sunday/public holiday rota.

The identified range and quantity of medicines are in addition to any demand requirement arising from the pharmacies' routine dispensing service.

The pharmacy contractor will stock a locally agreed list of essential care drugs, make a commitment to ensure those users of this service have prompt access to these medicines and dispense these in response to a prescription.

Fifteen pharmacies provide this service in Norfolk as of April 2022.

4.1.2.3 Norfolk Medicines Support Service (Section 75 commissioned)

Norfolk Medicines Support Service (NMSS) has been in operation since 2003. It is jointly funded between health and social care. The aim of the service is to put in place a pragmatic solution to assist a person to manage their medicines safely, effectively and as independently as possible.

The aim of the service is to avoid unnecessary hospital admissions for patients who may not be able to remain compliant with self-administration of medicines.

NMSS pharmacy technicians work independently undertaking assessments in patients' homes. Patients receive a home visit from a pharmacy technician who must be a registered pharmacy technician. They will assess the patient on all elements of their medicine management including, but not limited to:

- How their medicines are ordered and received
- Their understanding of the purpose of medicines prescribed
- Their understanding of the dose regime currently prescribed
- Storage of medicines
- Stockpiling of medicines
- The administration routine
- Adherence
- Reminders/assistance currently in place
- What level of care is currently in place, formal or otherwise
- Any side effects being experienced

Consideration is also given to the patient's living situation, mental and physical capacity, and any other factor that may contribute to medicines management or raise concern under safeguarding guidelines.

On completion of a patient assessment, the NMSS pharmacy technician will make recommendations regarding the patient's medicines management arrangements including any appropriate compliance intervention or administration assistive device. This can include, but is not limited to:

- PillPress – To aid removing tablets from plastic blisters
- HalerAid – To assist with dosing of Evohalers
- DropAid – To guide administration of eye drops
- Pill cutters – To aid self-administering patients with 'half a tablet' regimens
- Pill crushers – To aid crushing tablets to ease of taking – specified items only after clinical verification it will not hamper medicine's effect
- Pill-Bob – To aid with the opening of compliance aids
- Nomad Clear – Medicines compliance aid/multicompartment dosage system/domiciliary dosage system/dosette box – weekly trays with four times a day dosing option
- Nomad Duo – As above with twice-daily dosing options
- Nomad XL/Max – As Nomad Clear, with larger sections for complicated regimens or larger tablets

- Nomad cassette – A six-dose medicines compliance aid held in a hard, plastic container
- Pivotell carousel – A locked dosing system with an alarm and light reminder
- Reminder/tick-charts
- Large print labels
- MAR Charts – Only to be provided if care agency staff are administering medicines and must only be administered from original packs.

As part of the NHS medicines optimisation objectives, NMSS pharmacy technicians will also review patients' prescribed medication regimen and make recommendations to the GP, in partnership with the patient and/or medicines supplier. These can be administrative changes such as synchronising quantities, removing items no longer required from repeat or other amendments in accordance with local guidelines. Pharmacy technicians may make clinical recommendations such as highlighting side effects being experienced, suggesting reviews if understanding or compliance has become a clinical risk.

All activity relating to a patient referral will be recorded onto Blueteq IT system. This will include all communications, interventions or recommendations, and associated correspondence. Any recommendations made to the GP for amendment or removal are discussed with the patient before inclusion in the assessment.

Pharmacy technicians will also provide advice and counselling to patients regarding their medicines. This can include, but is not limited to, optimal times of day to minimise interactions with other medicines, storage, safety advice, administration and the accurate dosing of items such as liquids. Any advice provided will be reiterated in a letter to the patient for their reference.

All pharmacies in Norfolk are able to provide this service, including dispensing GP practices.

4.2 Collection and delivery services

From the pharmacy contractor questionnaire and dispensing GP practice questionnaire, up to 58% of community pharmacies and 71% of dispensing GP practices provide free home delivery services on request. Both groups often noted restrictions on areas and/or to which specific patient groups they offer free delivery. It should be noted that 96 (of 157) pharmacies and 42 (of 57) dispensing GP practices responded to this question.

Of pharmacies who responded, 92% offer to collect prescriptions from GP surgeries on behalf of their patients. This is a decrease from 99% of respondents willing to provide this service in 2018. The number may also have decreased due to the increase in the Electronic Prescription Service.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are four DSPs based in Norfolk, and 372 throughout England.

Free delivery of appliances is also offered by DACs. There is one DAC based in Norfolk, providing services nationally, and there are a further 110 throughout England.

4.3 Language services

All community pharmacies in Norfolk can access interpreting and translation services, which are commissioned by NHSE. The service involves interpreting, transcription and translation of spoken and non-spoken languages. 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.

The providers are DA Languages for spoken languages and Language Empire for non-spoken languages. A summary of availability for bookable appointments is below:

	Spoken	Non-spoken
Face to face	Between 08:00 and 18:00 Monday to Friday each week and on bank holidays and weekends.	Between 08:00 and 18:00 Monday to Friday each week and on bank holidays and weekends
Telephone and video interpretation	24 hours a day, 365 days a year	24 hours a day, 365 days a year

4.4 Services for less-abled people

There are different ways that contractors can make their community pharmacies accessible and, under the Equality Act 2010,³⁷ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. The low number of responses to the contractor questionnaire make any analysis regarding access for less-abled people difficult.

As one measure of accessibility the questionnaire identifies 19 respondents (1%) who identified wheelchair or mobility scooter as their method of travel to a pharmacy. The questionnaire found 38% of respondents identified a difficulty travelling to a pharmacy; 3% reported lack of disabled access/facilities.

4.5 Electronic Prescription Service (EPS)

All practices are enabled to provide the EPS. In the public questionnaire, 47% of respondents reported that they are aware that their GP can send prescriptions to their chosen pharmacy via an EPS.

4.6 GP practices providing extended hours

There are a number of GP practices in Norfolk that provide extended hours. Identifying these allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. There are 19 100-hour pharmacies in Norfolk, with the latest opening time until 23.00 on weekday. No dispensing GP practices are open on Sunday and one (of 55) is open on a Saturday morning. Details are found in Appendix A.

³⁷ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

4.7 Other services provided by dispensing GP practices

Although not listed as a pharmaceutical service within the Pharmaceutical Regulations 2013, 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 can be a face-to-face or a remote review with the patient to find out their compliance and agreement with their prescribed medicines and to help identify any problems that they may be having. In Norfolk, 21,996 DRUMs were provided between April 2021 and March 2022. From the dispensing GP practice questionnaire, of 43 respondents, 100% are signed up for the DSQS in Norfolk.

4.8 Other NHS commissioned providers

The following are providers of pharmacy services in Norfolk but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

NHS Hospitals – pharmaceutical service provision is available to patients from the hospital:

- Norfolk and Norwich University Hospital, Colney Lane, Norwich NR4 7UY
- James Paget University Hospitals NHS Foundation Trust, Lowestoft Road, Gorleston, Great Yarmouth NR31 8LA
- Queen Elizabeth Hospital, Gayton Road, King's Lynn PE30 4ET

Prisons – in Norfolk there are three prisons:

- HMP Bure, Badersfield, Norwich: a Category C adult sex offender prison with capacity of 643
- HMP and YOI Norwich, Norwich: a Category B local prison that serves the courts of Norfolk and Suffolk and holds sentenced and remand prisoners with a capacity of 781
- HMP Wayland, Thetford, Norfolk: a Category C adult male training prison with a capacity of 963

Pharmacy services are built into the integrated prison healthcare contract. NHSE contracts with a prime provider who then either directly delivers or more commonly subcontracts pharmacy provision. Pharmaceutical services for all three prisons are via an in-house dispensing pharmacy at HMP Norwich. Mechanisms are in place for accessing critical and urgent medicines using FP10s or arrangements with local out-of-hours services.

Urgent care centres – residents of Norfolk have access to an urgent care centre:

- Norfolk and Norwich University Hospital, Colney Lane, Norwich NR4 7UY

4.9 Other providers

The following are services provided by NHS pharmaceutical providers in Norfolk, 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/DAC and the customer/patient.

The following are examples of services that 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
- Patient group direction 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.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed and compiled by Norfolk PNA Steering Group. This was circulated to a range of stakeholders listed below:

- All pharmacy contractors in the Norfolk area with posters
- All GP surgeries in the Norfolk area with posters
- NCC websites
- All libraries in Norfolk to promote to the public via posters
- Healthwatch Norfolk, for onward distribution to its members and participation groups
- Parish councils to promote to the public with posters
- Social media and websites
- Norfolk Residents' Panel via email
- Internal communication newsletters

From the 1,522 responses received from the public questionnaire:

5.1 Visiting a pharmacy

- 89% have a regular or preferred local community pharmacy
- 74% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 4% (59 respondents) prefer to use an internet pharmacy to obtain prescription medicines
- 58% found it fairly/very easy to speak to their pharmacy team over the pandemic with 23% reporting that it was fairly or very difficult.

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents (extremely/very important)
Quality of service	94%
Convenience	93%
Accessibility	49%
Availability of medication	95%

5.3 Mode of transport to a community pharmacy

The main ways reported that patients access a pharmacy:

- 54% use a car
- 37% walk
- 3% use a bicycle
- 1% use wheelchair/mobility scooter
- 1% use public transport
- 2% report using a delivery service

5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
99%	84%

There were 19 respondents who stated that it took longer than 30 minutes to get to a pharmacy:

- 68% report no difficulty in travelling to a pharmacy
- Of the 442 respondents reporting any difficulty:
 - 379 (86%) of them report difficulty in travelling to a pharmacy due to parking
 - 52 (12%) identify a lack of public transport
 - 58 (13%) suggest lack of disabled access or facilities including sight and hearing loss
 - 36 suggested that the pharmacy was too far away
 - Note: it was possible to give more than one answer to a question
- The information from respondents showed that there was no preferred day or time of day to visit a pharmacy; over 89% of respondents suggest that the pharmacy is open on the most convenient day and 86% at the most convenient time

5.5 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (over 90%), with the exception of the Discharge Medicines Service (DMS) (24%). However due to DMS being a service provided to patients discharged from hospital, you would not expect a high percentage to be aware, due to a lack of need or perceived need.

Table 28 shows the awareness of respondents for a selection of services and a second column that identifies the percentage that would wish to see the service provided.

Table 28: Awareness of Advanced Services

Service	% of respondents who were aware	% of respondent who would wish to see provided
DMS	24%	63%
CPCS	20%	60%
Flu vaccination	79%	77%
NMS	30%	57%
Needle exchange	28%	49%
Stop smoking	44%	49%
Supervised consumption	28%	39%
Chlamydia testing/treatment	15%	41%
Condom distribution, emergency contraception	31%	54%
Access to palliative care medicines	16%	64%

Service	% of respondents who were aware	% of respondent who would wish to see provided
Hepatitis C testing	5%	35%
COVID-19 vaccination	43%	64%

It can be seen that there is a lack of awareness of some of the services that are currently provided, with the exception of flu vaccination. It should be noted that some services may not be advertised and rely on referrals, e.g. CPCS, so the numbers would be expected to be low. Respondents indicated that they wished to see the provision of many of these services from community pharmacy, although specific need may vary within the community (e.g. not everyone would require a needle exchange service).

Only 5% of respondents were under 35; some of the LCS are specific to these age groups, e.g. sexual health services.

5.6 Demographics of the survey

Of 1,502 respondents who answered the question regarding ethnicity 1,443 (96%) responded that they were 'White', which is reflective of the results of the 2011 census.

A full copy of the results can be found as a separate document.

Table 29 provides some demographic analysis of respondents.

Table 29: Demographic analysis of the community pharmacy user questionnaire respondents

Sex (%)								
Male			Female			Prefer not to say		
24%			74%			2%		
Age (%)								
18–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Prefer not to say
0%	1%	4%	7%	15%	26%	12%	1%	2%
Illness or disability (%)?								
Yes					No			
37%					58%			

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

[Section 2](#) discusses the Norfolk JSNA, JHWS and local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration. The priorities listed in [Section 2](#) can be supported by the provision of pharmaceutical services within the Norfolk.

Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there has been temporary changes to the service requirements within the NHS CCPF that were introduced during the COVID-19 pandemic.

The changes were agreed by the PSNC with NHSE and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services were temporary, and the Advanced Services that were introduced have now stopped, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be noted that demand for services has increased and the workforce is currently not up to 100% capacity.

There was a significant increase in the demand for self-care, minor ailment treatment and advice during the pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.³⁸

There was a Community Pharmacy Workforce Survey in 2021 commissioned by Health Education England (delivered by the Centre for Pharmacy Workforce Studies at the University of Manchester). The results showed that the East of England region (which includes Norfolk) contained 1,177 community pharmacies in total and that the vacancy rate for pharmacists was 11% (compared to the England average of 8%). The proportionally higher vacancy rate should be considered when assessing the delivery of services from community pharmacies.

³⁸ PSNC. PSNC Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

6.1.1 Norfolk health needs

Causes of ill health and health behaviours in Norfolk are discussed in detail in [Section 2.5](#) and [Section 2.6](#) of this document. [Section 6.2](#) describes some of these areas by locality, but the data is limited at this level.

Some of the key areas are as follows:

- Average life expectancy in Norfolk for men and women is slightly above the average for England
- The table below summarises the prevalence of some long-term conditions that are higher than average in Norfolk and compares them to the England averages

Table 30: Prevalence of long-term conditions

Condition	Norfolk prevalence	England prevalence
Atrial fibrillation	2.7%	2.0%
Asthma	7.5%	6.4%
Cancer	3.9%	3.2%
CHD	3.6%	3.0%
Stroke and transient ischaemic attacks	2.3%	1.8%
Obesity	7.1%	6.9%
Hypertension	16.0%	13.9%
Diabetes	7.5%	7.1%
COPD	2.3%	1.9%
Dementia	0.9%	0.7%

- Chlamydia screening for those aged 15–24 during 2020 was 18%, significantly higher than the national value of 14.3%
- The rate of late HIV diagnoses is statistically higher in Norfolk than the average for England (53.1% compared with 42.4% of adult HIV diagnoses for 2018-20)
- The rate of conception per 1,000 females aged under 18 in 2019 in Norfolk is 17.2, which is statistically higher than the East of England rate (13.9) and higher than but statistically similar to the England rate (15.7)
- For hospital admissions due to substance misuse, Norfolk has a significantly lower directly standardised rate per 100,000 people aged 15–24 than England

Deprivation is used as a surrogate measure for health need, so it is important to ensure that there is sufficient pharmacy provision in place to meet this. Examples of pharmacy services that can affect life expectancy include stop smoking, signposting, health checks and NMS.

Smoking remains the leading cause of preventable ill health and a number of long-term conditions, e.g. COPD and CVD (high blood pressure, CHD). Overall smoking prevalence is declining in Norfolk and nationally. Section 2.6.2 shows the variance in smoking rates across Norfolk.

6.1.2 Priorities from the NHS Long Term Plan

Table 31: LTP priorities that can be supported from community pharmacy

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	CVD
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
Hypertension	Adult mental health services

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The **Community Pharmacist Consultation Service (CPCS)** has been available since October 2019 as an Advanced Service, with the addition of GP CPCS from 1 November 2020.

‘Pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication, has been identified as an important part of the services that can be provided from community pharmacies and should include services that support patients in taking their medicines to get the best from them, reducing waste and promoting self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check** and rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacies as part of this process, but other disease-specific programmes should be made part of the service options available, including for respiratory conditions, diabetes and cancer. For example, the LTP states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines, and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

6.1.3 Norfolk Joint Health and Wellbeing Strategy (JHWS)

This is discussed in detail in Section 2 of this document. The following summarises the key priorities.

The most recent refresh of the JHWS (2018-22) contains the following principles:

- A single sustainable system – working together, leading the change and using our resources in the most effective way
- Prioritising prevention – supporting people to be healthy, independent and resilient throughout life. NCC will offer help early to prevent and reduce demand for specialist services
- Tackling inequalities in communities – providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime
- Integrating ways of working – collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them

6.2 PNA localities

There are 157 community pharmacies (of which four are DSPs) within Norfolk. Individual pharmacy opening times are listed in Appendix A.

As described within [Section 1.6](#), the PNA Steering Group decided that the PNA should be divided into seven localities:

- Breckland
- Broadland
- Great Yarmouth
- King's Lynn and West Norfolk
- North Norfolk
- Norwich
- South Norfolk

Substantial health data is available at PCN level, which does not exactly match the PNA localities, resulting in the narrative by locality requiring some interpretation. Populations and their health needs vary widely between PCN areas and localities. This is illustrated and discussed in [Section 2.5](#), where there is a table included that shows disease prevalence by PCN area.

Community pharmacy information by locality is summarised in the following three tables in terms of opening hours and availability of services. The four DSPs are all open Monday to Friday 09:00–17:00 and closed on weekends

Table 32: Number and type of contractor per locality

Opening times	Number and type of contractor per locality (% of community pharmacies*)						
	Breckland (20)	Broadland (20)	Great Yarmouth (24)	King's Lynn and West Norfolk (23)	North Norfolk (18)	Norwich (30)	South Norfolk (18)
After 18:30 weekday	8 (40%)	4 (20%)	4 (17%)	1 (4%)	2 (11%)	5 (17%)	4 (22%)
Saturday	19 (95%)	18 (90%)	17 (71%)	18 (78%)	15 (83%)	27 (90%)	17 (94%)
Sunday	7 (35%)	4 (20%)	6 (25%)	3 (13%)	4 (22%)	6 (20%)	4 (22%)
100-hour pharmacy	5 (25%)	2 (10%)	4 (17%)	1 (4%)	2 (11%)	1 (3%)	4 (22%)
PhAS	4 (20%)	10 (50%)	3 (13%)	4 (17%)	4 (22%)	1 (3%)	4 (22%)
Dispensing GP practices	9	8	1	13	12	0	12
DSP	1	0	2	0	0	1	0
DAC	0	1	0	0	0	0	0
Total dispensaries	30	29	27	36	30	31	30

Note: Total of 55 dispensing GP practices and 4 DSPs

*DSPs not included in % figures

Table 33: Pharmacies signed up to NHSE Advanced and Enhanced Services by locality

NHSE Advanced or Enhanced Service	Locality (number of community pharmacies and DSPs)						
	Breckland (21)	Broadland (20)	Great Yarmouth (26)	King's Lynn and West Norfolk (23)	North Norfolk (18)	Norwich (31)	South Norfolk (18)
NMS	18 (86%)	17 (85%)	26 (100%)	22 (96%)	17 (94%)	30 (97%)	17 (94%)
CPCS	20(95%)	16 (80%)	22 (85%)	20 (87%)	15 (83%)	24 (77%)	13 (72%)
Flu vaccination	17 (81%)^	14 (70%)	20 (77%)	17 (74%)	12 (67%)	18 (58%)	14 (78%)
SAC	3 (14%)	5 (25%)	1 (4%)	1 (4%)	1 (6%)	3 (10%)	0
AUR	No data						
Hypertension case-finding service	6 (29%)	11 (55%)	20 (77%)	6 (26%)	10 (56%)	7 (23%)	8 (44%)
Smoking cessation Advanced Service	2 (10%)	0	4 (15%)	0	2 (11%)	0	3 (17%)
Hep C testing	No data						
C-19 vaccination*	3 (14%)^	4 (20%)	1 (4%)	2 (9%)	2 (11%)	2 (7%)	1 (6%)
Insect bite PGD*	0	2 (10%)	1 (4%)	0	2 (11%)	0	1 (6%)

*Enhanced. Note: DSPs provide Advanced and Enhanced Services

The smoking cessation Advanced Service started on 10 March 2022 nationally, and the Hepatitis C testing service has had very low uptake across England for a number of reasons, most importantly the COVID-19 pandemic. The infected insect bite Enhanced Service currently also has low uptake but this is due to it also being a new service introduced in 2021. Increased sign-up is anticipated as this is currently being recommissioned.

Table 34: Pharmacies signed up to Locally Commissioned Services (CCG and LA)

LCS	Locality (number of community pharmacies plus DSPs)						
	Breckland (21)	Broadland (20)	Great Yarmouth (26)	King's Lynn and West Norfolk (23)	North Norfolk (18)	Norwich (31)	South Norfolk (18)
CCG							
NMSS	21 (100%) [^]	20 (100%)	25 (100%) [^]	23 (100%)	18 (100%)	31 (100%) [^]	18 (100%)
Palliative care	2 (10%)	1 (5%)	3 (12%)	2 (9%)	3 (17%)	2 (7%)	1 (6%)
Emergency supply	21 (100%) [^]	20 (100%)	26 (100%) [^]	23 (100%)	18 (100%)	31 (100%) [^]	18 (100%)
LA							
Sexual health	20 (95%)	17 (85%)	25 (96%) [^]	21 (91%)	16 (89%)	28 (90%)	10 (56%)
Health Checks	18 (86%)	17 (85%)	17 (65%) [^]	15 (65%)	12 (67%)	25 (81%)	10 (56%)
Healthy Start vitamins	6 (27%)	7 (35%)	4 (15%)	3 (13%)	2 (11%)	4 (13%)	1 (6%)
Healthy Start vitamins (free supply)	11 (52%)	10 (50%)	10 (39%)	11 (48%)	12 (67%)	20 (65%)	9 (50%)
Stop smoking service							
Level 1: Stop smoking	20 (95%)	19 (95%)	25 (96%) [^]	19 (83%)	16 (89%)	28 (90%)	17 (94%)
Level 2: NRT supply	20 (95%)	19 (95%)	25 (96%) [^]	19 (83%)	17 (94%)	28 (90%)	17 (94%)
Substance misuse							
Supervised consumption	13 (62%)	13 (65%)	17 (65%)	21 (91%)	12 (67%)	27 (87%)	16 (89%)
Needle exchange	7 (33%)	6 (30%)	7 (27%)	12 (52%)	6 (33%)	22 (71%)	5 (28%)
Take-home naloxone	8 (38%)	5 (25%)	5 (19%)	5 (22%)	2 (11%)	8 (26%)	3 (17%)

[^]Provided by DSPs

Note: Information was provided by NCC and CCG, information is correct as of April 2022.

Taking the health needs highlighted in each locality into consideration, this section considers the pharmaceutical service provision within each locality.

It should be noted that local service provision is still in the process of recovering from the pandemic and although contractors may have signed up to a service that is commissioned either centrally or locally, full recovery may take time.

6.2.1 Breckland

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.1.1 Necessary Services: current provision

Breckland has a population of 141,255.

There are 21 community pharmacies including one DSP in this locality and the estimated average number of community pharmacies per 100,000 population is 14.9, which is lower than the Norfolk (17.2) and England (20.6) averages ([Section 3.2](#), Table 21).

Of these pharmacies, 15 hold a standard 40-core hour contract, while five hold a 100-core hour contract. The DSP is open on weekdays and closed at weekends. Four of the pharmacies are in the PhAS.

There are nine dispensing GP practices. When the dispensing GP practices are added to the community pharmacies, the rate of pharmaceutical providers per 100,000 population increases to 21.2. (Note: there are a further six dispensing GP branch practices in Breckland).

The numbers of pharmacies are reflective of the rural nature of Breckland, where there are few major conurbations.

Of the 20 community pharmacies (not including the DSP):

- 8 pharmacies (40%) are open after 6.30 pm on weekdays
- 19 pharmacies (95%) are open on Saturdays
- 7 pharmacies (35%) are open on Sundays

There are providers in neighbouring localities.

6.2.1.2 Necessary Services: gaps in provision

There has been a population growth of approximately 2,000 since the last PNA (2018). The population growth for the lifespan of this PNA (to 2025) is expected to be 4.8% to 148,093. The estimated population change map shows the highest level of population growth in the area around Swaffham, where there are two community pharmacies. When this population growth is assessed the ratio of community pharmacies per 100,000 population reduces to 14.2. However, in addition, there is the DSP in the area and nine dispensing GP practices in the area.

New housing developments are planned for the locality during the period of this PNA; approximately 5,000 dwellings to house nearly 12,000 people. The area of highest development (based on the maps) is around Attleborough, where there are two community pharmacies.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

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

No gaps in the provision of Necessary Services have been identified for Breckland locality.

6.2.1.3 Other relevant services: current provision

The DSP provides some Advanced, Enhanced and CCG-commissioned services and will be included in the narrative below, in addition to the community pharmacies, where relevant.

Table 33 shows the pharmacies providing Advanced and Enhanced Services in Breckland – it can be seen that there is good availability of NMS, CPCS, and flu vaccination in the locality. The hypertension case-finding and smoking cessation Advanced Service have been recently introduced at the time of writing and the numbers of providers are likely to increase with time. There is no information regarding the provision of the hepatitis C testing service.

Regarding access to **Enhanced Services**:

- The C-19 vaccination service is available in three pharmacies, including a DSP in the locality
- No pharmacies provide the insect bite service by PGD

Regarding access to **CCG-commissioned services** in the 20 pharmacies and 1 DSP:

- The palliative care service commissioned via the CCG is available in 2 pharmacies (including the DSP)
- All 20 community pharmacies and the DSP have available the emergency supply service commissioned via the CCG
- The NMSS is available in all pharmacies including the DSP

Regarding access to **local authority-commissioned services** in the 20 community pharmacies (the DSP does not provide these services)

- NHS Health Checks are available in 18 pharmacies
- Sexual health services are available in all 20 of the community pharmacies
- Healthy Start vitamins via free supply are available in 11 pharmacies, and via the low-cost sale service in 6
- Supervised consumption is available in 13 pharmacies
- Needle exchange service is available in 8 pharmacies
- The take-home naloxone service is available in 8 pharmacies

- The stop smoking service is available in all 20 pharmacies

6.2.1.4 Improvements and better access: gaps in provision

Breckland has relatively lower levels of deprivation compared with most of the other localities in Norfolk.

Breckland does have a higher incidence than England and Norfolk for several long-term conditions, including:

- Obesity
- CHD
- Hypertension
- Stroke

Consideration should be given to incentives for further uptake from current providers and extending provision of the new Advanced Service – hypertension case-finding service – would seem apt. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CHD and stroke.

There is good availability of NHS Health Checks in the locality.

There is generally good availability of all services from community pharmacies in Breckland.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across Breckland locality.

6.2.2 Broadland

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.2.1 Necessary Services: current provision

Broadland has a population of 131,931.

There are 20 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 15.2, lower than Norfolk (17.2) and England (20.6) averages ([Section 3.2](#), Table 21). Of these pharmacies, 18 hold a standard 40-core hour contract while two hold a 100-core hour contract and ten pharmacies are in the PhAS.

There is one DAC.

There are eight dispensing GP practices (and three branch surgeries are dispensing practices). When the dispensing GP practices are added to the community pharmacies, the ratio of pharmaceutical providers per 100,000 population increases to 21.2.

The number of pharmacies is reflective of the rural nature of Broadland, where there are few major conurbations.

Of the 20 pharmacies:

- 4 pharmacies (20%) are open after 6.30 pm on weekdays
- 18 pharmacies (90%) are open on Saturdays
- 4 pharmacies (20%) are open on Sundays

6.2.2.2 Necessary Services: gaps in provision

There has been a population growth of approximately 2,500 since the last PNA (2018). The population growth for the lifespan of this PNA (to 2025) is expected to be 3.8% to 136,967, which similar to the rate of growth for England.

New housing developments are planned for the locality during the period of this PNA; approximately 6,800 dwellings to house in excess of 16,000 people. The area of highest development (based on the maps) is to the north-east of Norwich, where there is good access to community pharmacies.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

Norfolk HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments and population growth are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Broadland locality.

6.2.2.3 Other relevant services: current provision

Table 33 shows the pharmacies providing Advanced and Enhanced Services in Broadland – it can be seen that there is good availability of NMS, CPCS, flu vaccination and over 50% provide hypertension case-finding service in the locality.

Regarding access to **Enhanced Services**:

- 4 pharmacies (20%) provides the C-19 vaccination service
- 2 pharmacies (10%) are signed up to provide the infected insect bite PGD

Regarding access to **LCS** in the 20 pharmacies:

- 1 pharmacy is signed up to provide the palliative care service commissioned via the CCG
- All 20 pharmacies are signed up to provide the NMSS commissioned via the CCG
- All 20 pharmacies are signed up to provide the emergency supply service

- 17 pharmacies (85%) are signed up to provide Health Checks
- Sexual health services are available in 17 pharmacies
- Healthy Start vitamins free supply is available in 10 pharmacies, and 7 pharmacies are signed up to provide the low-cost vitamin service
- Supervised consumption is available in almost two-thirds of pharmacies
- Needle exchange service is available in 6 pharmacies
- 5 pharmacies are signed up to provide the take-home naloxone service
- 19 pharmacies are signed up to provide the LA stop smoking service

6.2.2.4 Improvements and better access: gaps in provision

Although there are a relatively low numbers of community pharmacies within Broadland, when the dispensing GP practices are added to the community pharmacies the rate of pharmaceutical providers per 100,000 population increases to 21.2, which is higher than the England average.

Broadland has lower levels of deprivation compared with the other localities in Norfolk.

Broadland does have a higher incidence than the England average for some areas of ill health, including:

- Hypertension
- Asthma
- Osteoporosis
- Dementia
- Cancer

A good proportion (85%) of the pharmacies in the locality currently provide the Health Check service, and these are available from a number of providers including GP practices. Stop smoking services are provided from 95% of community pharmacy providers in the locality.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies; implementation of the recently introduced Advanced Service – hypertension case-finding service – would seem apt.

There is generally good provision of all of the available services from community pharmacies in Broadland.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the Broadland locality.

6.2.3 Great Yarmouth

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.3.1 Necessary Services: current provision

Great Yarmouth has a population of 99,198.

There are 26 community pharmacies in this locality including two DSPs and the estimated average number of community pharmacies per 100,000 population is 26.2, which is higher than the Norfolk (17.2) and England (20.6) averages ([Section 3.2](#), Table 21).

Of these pharmacies (ex DSPs), 20 hold a standard 40-core hour contract, while four hold a 100-core hour contract and three pharmacies are in the PhAS.

There is one dispensing GP practice (with two branch dispensing practices). When the dispensing GP practice is added to the community pharmacies, the ratio of pharmaceutical providers per 100,000 population increases to 25.2.

The two DSPs are open 09.00 am to 5 pm, Monday to Friday, and are closed on weekends.

Of the other 24 community pharmacies:

- 4 pharmacies (17%) are open after 6.30 pm on weekdays
- 17 pharmacies (70%) are open on Saturdays
- 6 pharmacies (25%) are open on Sundays

6.2.3.2 Necessary Services: gaps in provision

Great Yarmouth is the second smallest locality (after Norwich) with a resultant reduction in travel times. The majority of the southern part of the locality is regarded as being urban.

The population has remained roughly the same since the last PNA (2018); population growth for the lifespan of this PNA (to 2025) is expected to be 2.5% to 101,708.

New housing developments are planned for the locality during the period of this PNA: approximately 3,200 dwellings to house about 7,500 people. The area of highest development (based on the maps) is to the south of Great Yarmouth, where there is good access to a number of community pharmacies.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

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

No gaps in the provision of Necessary Services have been identified for Great Yarmouth locality.

6.2.3.3 Other relevant services: current provision

There are two DSPs in the locality that provide a number of Advanced, Enhanced and Locally Commissioned Services, which is reflected in the narrative below.

Table 33 shows the pharmacies providing Advanced and Enhanced Services in Great Yarmouth – it can be seen that there is good availability of NMS, CPCS and flu vaccination, and over 75% are signed up to provide hypertension case-finding service in the locality. Five pharmacies have signed up to provide the smoking cessation Advanced Service.

Regarding access to **Enhanced** Services:

- 1 pharmacy (a DSP) provides the C-19 vaccination service
- 1 pharmacy (a DSP) provides the infected insect bite service via PGD

Regarding access to **LCS** in the 26 pharmacies:

- 3 pharmacies are signed up to provide the palliative care service commissioned via the CCG
- 25 pharmacies are signed up to provide NMSS commissioned via the CCG
- All pharmacies are signed up to provide the emergency supply service
- 17 pharmacies (65%) are signed up to provide Health Checks
- Sexual health services are available in 25 pharmacies (96%)
- Healthy Start vitamins are available in 4 pharmacies and free supply is available in 10 pharmacies
- Supervised consumption is available in 17 pharmacies
- Needle exchange service is available in 7 pharmacies
- 5 pharmacies are signed up to provide the take-home naloxone service
- 25 pharmacies in this locality are signed up provide the LA stop smoking service

6.2.3.4 Improvements and better access: gaps in provision

Great Yarmouth has some areas of higher deprivation; this tends to be where the most community pharmacies are situated.

Great Yarmouth does have a higher incidence than England and Norfolk for several areas of ill health, including:

- Hypertension
- Diabetes
- COPD

The Health Check service is currently provided by 65% of pharmacies in the locality, and this is available from a number of providers including GP practices. Stop smoking services are provided from all of the community pharmacy providers (and one DSP) in the locality.

Twenty pharmacies have signed up to deliver the recently introduced Advanced Service – hypertension case-finding. The smoking cessation Advanced Service will contribute to reducing a major risk factor in COPD.

There is generally good provision of all of the available services from community pharmacies in Great Yarmouth.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the Great Yarmouth locality.

6.2.4 King's Lynn and West Norfolk

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services that many residents may find helpful.

6.2.4.1 Necessary Services: current provision

King's Lynn and West Norfolk has a population of 151,245. The locality has a large geography and has a mix of rural and urban populations, resulting in it being the locality with highest population in Norfolk.

There are 23 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 15.2, which is lower than the Norfolk (17.2) and England (20.6) averages ([Section 3.2](#), Table 21). Of these pharmacies, 22 hold a standard 40-core hour contract, while one holds a 100-core hour contract. There are four pharmacies are in the PhAS.

There are no DSPs in this locality

In addition to the 23 community pharmacies, there are 13 dispensing GP practices, which together gives a ratio of 23.8 per 100,000 population.

Of the 23 pharmacies:

- 1 pharmacy (4%) is open after 6.30 pm on weekdays
- 18 pharmacies (78%) are open on Saturdays
- 3 pharmacies (13%) are open on Sundays

6.2.4.2 Necessary Services: gaps in provision

There has been no population growth since the last PNA (2018); population growth for the lifespan of this PNA (to 2025) is estimated at 2.1% below the national average.

New housing developments are planned for the locality during the period of this PNA; approximately 6,500 dwellings to house nearly 16,000 people. The area of highest development (based on the maps) is around King's Lynn, where there are a number of community pharmacies including the 100-hour community pharmacy.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. Although there is only one pharmacy open in the evening during the week, it is situated near the major population hub within the locality (King's Lynn) at the junction of four major routes in the area (A17, A47, A10 and A149), making it relatively easy to access.

There are a number of pharmacies (including two 100-hour pharmacies) in Wisbech to the west, in the neighbouring HWB, which may be easier to access for some of the locality's population.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

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

No gaps in the provision of Necessary Services have been identified for King's Lynn and West Norfolk locality.

6.2.4.3 Other relevant services: current provision

Table 33 shows the pharmacies are signed up to provide Advanced and Enhanced Services in King's Lynn and West Norfolk – it can be seen that there is good availability of NMS, CPCS and flu vaccination, and 26% provide the hypertension case-finding service in the locality (as of April 2022).

Regarding access to **Enhanced** Services:

- 2 pharmacies (9%) are signed up to provide the C-19 vaccination service
- No pharmacies are signed up to provide the infected insect bite service

Regarding access to **LCS** in the 23 pharmacies:

- 2 pharmacies are signed up to provide the palliative care service commissioned via the CCG
- All 23 pharmacies are signed up to provide the NMSS commissioned via the CCG
- All 23 pharmacies are signed up to provide the emergency supply service
- 15 pharmacies (65%) are signed up to provide Health Checks
- Sexual health services are available in 21 pharmacies (91%)
- Healthy Start vitamins at low-cost are available in 3 pharmacies and free supply of vitamins is available from 11 pharmacies
- Supervised consumption is available in 21 pharmacies
- Needle exchange service is available in 12 pharmacies (52%)
- 5 pharmacies (22%) provide the take-home naloxone service
- 19 pharmacies in this locality provide the LA stop smoking service

6.2.4.4 Improvements and better access: gaps in provision

King's Lynn and West Norfolk has higher levels of deprivation in the west, to the north (Hunstanton) and in King's Lynn itself. While King's Lynn and Hunstanton are relatively well served by community pharmacies, the western part of the locality has a sparse population with one pharmacy and one dispensing GP practice. The pharmacies in Wisbech in the

neighbouring HWB may be more easily accessible to the population in this part of the locality.

King's Lynn and West Norfolk, as a locality, has a higher incidence than England and Norfolk for the following areas of ill health:

- CHD prevalence of 4.2% (England average is 3.05%)
- Hypertension prevalence of 17.62% (England average is 13.93%)
- Stroke
- Diabetes
- Asthma

In King's Lynn PCN these prevalence rates are lower, although rates of diabetes and hypertension remain higher than average.

The chlamydia detection rate in the locality is 1,179 per 100,000, significantly lower than the Norfolk and England averages. Sexual health services are provided in 91% of pharmacies; a focused period of activity from these existing providers may be of benefit in improving these rates.

The Health Check service is available in 65% of the pharmacies in the locality, and this is available from a number of providers including GP practices. Stop smoking services are available in 18 community pharmacy providers in the locality.

Implementation of the recently introduced Advanced Service – hypertension case-finding – would seem apt (25% of pharmacies have signed up to provide the service as of April 2022). In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CHD and stroke.

There is generally adequate provision of all of the available services from community pharmacies in King's Lynn and West Norfolk.

No gaps have been identified that if provided either now or in the future, would secure improvements or better access to Advanced Services across the King's Lynn and West Norfolk locality.

6.2.5 North Norfolk

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.5.1 Necessary Services: current provision

North Norfolk has a population of 105,167.

There are 18 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 17.1, is similar to the Norfolk average (17.2) and lower than England average of 20.6 ([Section 3.2](#), Table 21). Of these pharmacies,

16 hold a standard 40-core hour contract, while two hold a 100-core hour contract. There are four pharmacies in the PhAS.

There are no DSPs in this locality

There are 12 dispensing GP practices (and 5 branch dispensing practices); when the dispensing GP practices are added to the community pharmacies, the ratio of pharmaceutical providers per 100,000 population increases to 28.5.

Of the 18 pharmacies:

- 2 pharmacies (11%) are open after 6.30 pm on weekdays
- 15 pharmacies (83%) are open on Saturdays
- 4 pharmacies (22%) are open on Sundays

6.2.5.2 Necessary Services: gaps in provision

There has been a population growth of approximately 500 since the last PNA (2018); population growth for the lifespan of this PNA (to 2025) is expected to be 3.5% to 108,893. The estimated population change map shows the highest level of population growth in the area around Holt, where there are two community pharmacies.

North Norfolk has the greatest proportion of population aged 65 and over of any locality in Norfolk (approximately 35%).

New housing developments are planned for the locality during the period of this PNA; approximately 3,400 dwellings to house 8,000 people. The area of highest development (based on the maps) is around Holt, where there are two community pharmacies.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. The two 100-hour pharmacies are located in Fakenham (west of the locality) and North Walsham (towards the eastern side of the locality).

There is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

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

No gaps in the provision of Necessary Services have been identified for North Norfolk locality.

6.2.5.3 Other relevant services: current provision

Table 33 shows the pharmacies providing Advanced and Enhanced Services in North Norfolk – it can be seen that there is good availability of NMS (94%), CPCS (72%) and flu vaccination (67%), and over 50% provide the recently introduced hypertension case-finding

service in the locality. The smoking cessation Advanced Service has two pharmacies signed up to provide, but as this is recently introduced there may be more with time.

Regarding access to **Enhanced Services**:

- 2 pharmacies (11%) provide the C-19 vaccination service
- 2 pharmacies (11%) provide the infected insect bite service via PGD

Regarding access to **LCS** in the 18 pharmacies:

- 3 pharmacies provide the palliative care service commissioned via the CCG
- All 18 pharmacies provide the NMSS commissioned via the CCG
- All 18 pharmacies provide the emergency supply service
- 12 pharmacies (67%) have Health Checks available
- Sexual health services are available in 16 pharmacies (89%)
- Low-cost Healthy Start vitamins are available in 2 pharmacies and free supply is available from 12 pharmacies
- Supervised consumption is available in 12 pharmacies
- Needle exchange service is available in 6 pharmacies
- 2 pharmacies are signed up to provide the take-home naloxone service
- 16 pharmacies in this locality provide the LA stop smoking level 1 and 17 pharmacies provide NRT

6.2.5.4 Improvements and better access: gaps in provision

Based on the maps in [Section 2.4.7](#) showing IMD scores, North Norfolk has generally higher levels of deprivation across most of the locality. North Norfolk has the greatest proportion of population aged 65 and over of any locality in Norfolk (approximately 35%).

North Norfolk has a higher incidence than England and Norfolk in many areas of ill health, which is likely to be a reflection of the population age profile. Some of these areas include:

- Rheumatoid arthritis 1.27% (0.77% England average)
- CHD 4.86% (3.05% England average), including atrial fibrillation
- Hypertension 20.21% (13.93 England average)
- Stroke 3.09% (1.8%% England average)
- Diabetes
- Cancer
- Asthma and COPD

A good proportion (67%) of the pharmacies in the locality currently provide the Health Check service, and these are available from a number of providers including GP practices. Stop smoking services are provided by 16 of the community pharmacy providers in the locality.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem apt (56% of pharmacies currently signed up). In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CHD and stroke.

There is generally adequate provision of all of the available services from community pharmacies in North Norfolk.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the North Norfolk locality.

6.2.6 Norwich

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.6.1 Necessary Services: current provision

Norwich has a population of 142,177.

There are 31 community pharmacies including one DSP in this locality, and the estimated average number of community pharmacies per 100,000 population is 21.8, which is higher than the Norfolk (17.2) and England (20.6) averages ([Section 3.2](#), Table 21). Of these pharmacies, 29 hold a standard 40-core hour contract and one holds 100-core hour contract. There is one pharmacy in the PhAS.

The DSP does provide some Advanced and CCG-commissioned services, and this is reflected in the narrative below. It is open 9 am to 5 pm on weekdays and closed at weekends.

There are no dispensing GP practices in this locality, which is an urban area.

Of the other 30 community pharmacies (ex-DSP):

- 5 pharmacies (17%) are open after 6.30 pm on weekdays
- 27 pharmacies (87%) are open on Saturdays
- 6 pharmacies (20%) are open on Sundays

6.2.6.2 Necessary Services: gaps in provision

There has been a population growth of approximately 1,000 since the last PNA (2018); population growth for the lifespan of this PNA (to 2025) is expected to be 1.7%, well below the national average. The University of East Anglia is based in Norwich, which has approximately 14,000 students.

New housing developments are planned for the locality during the period of this PNA: approximately 3,800 dwellings to house just over 9,000 people.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is good pharmaceutical service provision across the whole locality with pharmacies easily accessible by walking within 20 minutes (based on Table 26).

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

No gaps in the provision of Necessary Services have been identified for Norwich locality.

6.2.6.3 Other relevant services: current provision

Table 33 shows the pharmacies providing Advanced and Enhanced Services in Norwich

- There is good availability of NMS (97%)
- 16 pharmacies (52%) are signed up to provide CPCS
- 18 pharmacies (58%) are signed up to provide flu vaccination
- 7 pharmacies have signed up to provide the hypertension case-finding service in the locality (none for the smoking cessation Advanced Service as of April 2022).

Regarding access to **Enhanced** Services:

- 2 pharmacies (7%) are signed up to provide the C-19 vaccination service
- No pharmacies are signed up to provide the infected insect bite service via PGD (reflecting the urban nature of the locality)

Regarding access to **LCS** in the 31 pharmacies:

- 2 pharmacies are signed up to provide the palliative care service commissioned via the CCG
- All 31 pharmacies (including the DSP) are signed up to provide the NMSS commissioned via the CCG
- All 31 pharmacies are signed up to provide the emergency supply service
- 25 pharmacies (81%) are signed up to provide Health Checks
- Sexual health services are available in 28 pharmacies
- Healthy Start vitamins are available in 4 pharmacies and free supply is available from 20 pharmacies
- Supervised consumption is available in 27 pharmacies (87%)
- Needle exchange service is available in 22 pharmacies (71%)
- Take-home naloxone service is available from 8 pharmacies
- 28 pharmacies (90%) in this locality are signed up to provide the LA stop smoking service

6.2.6.4 Improvements and better access: gaps in provision

Parts of Norwich have the highest levels of deprivation and some areas the least deprived based on the mas in Section 2.4.7. Norwich has the lowest proportion of population aged over 65 of any of the Norfolk localities (and lower than the England average).

Norwich has a lower incidence of most long-term conditions when compared with the averages for England and Norfolk, which is likely to be associated with the age profile of the locality.

The chlamydia detection rate (1,819 per 100,000) and screening proportion (21.9) are both higher than the national and Norfolk averages and is suggestive that screening is being correctly targeted towards higher-risk groups.

There is generally good provision and access to all of the available services from community pharmacies in Norwich.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the Norwich locality.

6.2.7 South Norfolk

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.7.1 Necessary Services: current provision

South Norfolk has a population of 143,066.

There are 18 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 12.6, lower than the Norfolk average (17.2) and significantly lower than England average (20.6) ([Section 3.2](#), Table 21). Of these pharmacies, 14 hold a standard 40-core hour contract, while four hold a 100-core hour contract. There are four pharmacies are in the PhAS.

There are no DSPs in this locality.

There are 12 dispensing GP practices (and six branch dispensing practices) and when they are added to the community pharmacies, the ratio of pharmaceutical providers per 100,000 population increases to 21.0 per 100,000 population.

The number of pharmacies is reflective of the rural nature of South Norfolk, where there are few major conurbations.

Of the 18 pharmacies:

- 4 pharmacies (22%) are open after 6.30 pm on weekdays
- 17 pharmacies (94%) are open on Saturdays
- 4 pharmacies (22%) are open on Sundays

6.2.7.2 Necessary Services: gaps in provision

There has been a population growth of approximately 5,000 since the last PNA (2018); anticipated population growth for the lifespan of this PNA (to 2025) indicates a 7.1% rise to 153,289, which is a level of growth considerably higher than the national average. When

this population growth is factored in, the ratio of community pharmacies per 100,000 population reduces to 11.8 (19.6 when dispensing GP practices are included).

New housing developments are planned for the locality during the period of this PNA of nearly 6,500 dwellings, to house nearly 15,500 people. The area of highest development (based on the maps) is to the south-east of Norwich and around Wymondham. There are community pharmacies in this part of the locality and in the neighbouring Norwich locality.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. There are also community pharmacies in the neighbouring localities (especially Norwich) and in Suffolk HWB area to the south.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision of services.

The proposed population growth and housing developments are significant; any impact will be easier to assess and will be dependent on understanding the more precise location of this planned growth. Norfolk HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments and population growth are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for South Norfolk locality.

6.2.7.3 Other relevant services: current provision

Table 33 shows the pharmacies providing Advanced and Enhanced Services in South Norfolk – it can be seen that there is good availability of NMS (94%), CPCS (72%) and flu vaccination (78%), and over 40% are signed up to provide the hypertension case-finding service in the locality. In addition, three community pharmacies are to provide the smoking cessation Advanced Service.

Regarding access to **Enhanced** Services:

- 1 pharmacy (6%) provides the C-19 vaccination service
- 1 pharmacy (6%) provides the infected insect bite service via PGD

Regarding access to **LCS** in the 18 pharmacies:

- 1 pharmacy provides the palliative care service commissioned via the CCG
- All 18 pharmacies are signed up to provide the NMSS commissioned via the CCG
- All 18 pharmacies are signed up to provide the emergency supply service
- 10 pharmacies (56%) are signed up to provide Health Checks
- Sexual health services are available in 10 pharmacies
- Low-cost Healthy Start vitamins are available in 1 pharmacy and free supply is available from 9 pharmacies

- Supervised consumption is available in 16 pharmacies (89%)
- Needle exchange service is available in 5 pharmacies
- 3 pharmacies provide the take-home naloxone service
- 17 pharmacies in this locality provide LA stop smoking service

6.2.7.4 Improvements and better access: gaps in provision

South Norfolk has relatively lower levels of deprivation compared with most of the other localities in Norfolk.

South Norfolk has a prevalence of stroke and hypertension that are both higher than the England average. Other long-term conditions have a lower prevalence when compared with Norfolk as a whole.

The Health Check service is currently provided by 56% of the pharmacies in the locality (this is also available from a number of providers including GP practices). Stop smoking services are provided from 17 community pharmacy providers in the locality.

Implementation of the new Advanced Service – hypertension case-finding service – to its fullest extent would seem apt. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in stroke.

There is generally adequate provision of all of the available services from community pharmacies in South Norfolk.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the South Norfolk locality.

6.3 Necessary Services: gaps in provision in Norfolk

For the purposes of the PNA, **Necessary** Services for Norfolk are:

- All **Essential** Services

The following **Advanced** Services are considered relevant:

- CPCS
- NMS
- Flu vaccination
- AUR
- SAC
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking cessation Advanced Service
- C-19 lateral flow device distribution service (stopped)
- Pandemic delivery service (stopped)

When assessing the provision of pharmaceutical services in Norfolk and each of the three PNA localities, Norfolk HWB has considered the following:

- The health needs of the population of Norfolk from the JNSA, Norfolk Joint Health and Wellbeing Strategy and nationally from the NHS Long Term Plan
- The map showing the location of pharmacies within Norfolk (Figure 1)
- Population information ([Section 2.4](#)) including specific populations
- Access to community pharmacies via various types of transport ([Section 3.4](#)). From Table 26, the travel times to community pharmacies were:
 - Driving: 100% of the population can drive to a pharmacy or dispensing GP practice within 20 minutes
 - Walking: 67.76% of the population can walk to a pharmacy or dispensing GP practice within 20 minutes
- The number, distribution and opening times of pharmacies within each of the seven PNA localities and across the whole of Norfolk (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies covering each of the seven PNA localities and the whole of Norfolk (Appendix A)
- Results of the public questionnaire based on 1,522 responses (Appendix D and [Section 5](#))
 - 89% have a regular or preferred pharmacy
 - 74% have visited a pharmacy once a month or more for themselves in the previous six months
 - The main ways reported that patients access a pharmacy are:
 - By car: 54%
 - Walking: 37%
 - 99% report that they can access a pharmacy within 30 minutes
 - 68% report no difficulty in travelling to a pharmacy
 - Of the 442 respondents reporting difficulty travelling, 379 identified a lack of parking as the biggest issue
 - 89% of respondents suggest that the pharmacy is open on the most convenient day and 86% state it is open at the most convenient time
- Results of the pharmacy contractor questionnaire (Appendix E)
- Projected population growth and housing increases ([Section 2.4.3](#))

The latest 2020 estimate for Norfolk population is 914,039. Between 2022 and 2025, the overall population is projected to grow by nearly 34,000 (3.7%), similar to but slightly higher than the England (population growth 2.7%). The largest area of growth in the population will be in the over-65 age group. Population growth at a locality level suggest the highest levels of population growth will be in Breckland and South Norfolk localities.

There are 157 community pharmacies including four DSPs in Norfolk. There are 17.2 community pharmacies per 100,000 population in Norfolk, compared with 20.6 per 100,000 in England.

There are 19 100-hour pharmacies in Norfolk, which is a greater proportion (12%) than the England average (9.4%), and there are many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (85%) are open on Saturdays and 22% of pharmacies are open on Sundays, with 18% of community pharmacies open after 6.30 pm on weekdays. The travel times to access an open pharmacy on a Sunday may be longer, which reflects the rural nature of Norfolk and would be similar to accessing other services.

Opening hours do vary by locality and this is discussed in [Section 6.2](#).

Access to pharmaceutical services on Easter Sunday and Christmas Day is limited, but there is access if required as an Enhanced Service across Norfolk.

The important role of dispensing GP practices in Norfolk is discussed in [Section 3.3](#). Because of the rurality of the county, up to 25% of the population of Norfolk is eligible to have their prescriptions dispensed at their dispensing GP practice. All respondents to the dispensing practice questionnaire (43) indicated that they were participating in the DSQS, and 93% provide DRUMs.

There are a number of community pharmacies on or near the border of Norfolk HWB (particularly to the west and south), which further improves the access to pharmaceutical services for the population.

Based on the information above and throughout this document there is no evidence to suggest there is a gap in service that would equate to the need for additional access to Necessary Services outside normal hours anywhere in Norfolk.

6.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

Norfolk HWB has identified Enhanced Services as pharmaceutical services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Norfolk HWB has identified LCS that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in Norfolk.

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

Causes of ill health and health behaviours in Norfolk are discussed in Sections 2.5 and 2.6. [Section 6.2](#) describes some of these areas of health by locality.

Some of the key health issues are as follows:

- Average life expectancy in Norfolk for men and women is slightly above the average for England
- The table below summarises the prevalence of some long-term conditions that are higher than average in Norfolk, and compares them to the England averages:

Condition	Norfolk prevalence	England prevalence
Atrial fibrillation	2.7%	2.0%
Asthma	7.5%	6.4%
Cancer	3.9%	3.2%
CHD	3.6%	3.0%
Stroke and transient ischaemic attacks	2.3%	1.8%
Obesity	7.1%	6.9%
Hypertension	16.0%	13.9%
Diabetes	7.5%	7.1%
COPD	2.3%	1.9%
Dementia	0.9%	0.7%

- Chlamydia screening for those aged 15–24 during 2020 was 18%, significantly higher than the national figure of 14.3%
- The rate of late HIV diagnoses is statistically higher in Norfolk than the average for England (53.1% compared with 42.4% of adult HIV diagnoses for 2018-20)
- The rate of conception per 1,000 females aged under 18 in 2019 in Norfolk is 17.2, which is statistically higher than the East of England rate (13.9) and higher than but statistically similar to the England rate (15.7)
- For hospital admissions due to substance misuse, Norfolk has a significantly lower directly standardised rate per 100,000 people aged 15–24 than England

Deprivation is used as a surrogate measure for health need, so it is important to ensure that there is sufficient pharmacy provision in place to meet this. Examples of pharmacy services that can affect life expectancy include stop smoking, signposting, Health Checks and the NMS.

Smoking remains the leading cause of preventable ill health and a number of long-term conditions, e.g. COPD and CVD (high blood pressure, CHD). Overall smoking prevalence is declining in Norfolk and nationally. [Section 2.6.2](#) shows the variance in smoking rates across Norfolk.

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies including:

- Delivery of the recently introduced Advanced Service – hypertension case-finding service; 70 community pharmacies are signed up to provide this service as of April 2022
- Smoking cessation Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory conditions and CVD; 11 community pharmacies are signed up to provide this service but as it has been recently introduced the numbers may increase; the LA-commissioned stop smoking service is provided by 144 community pharmacies

- Use the DMS and NMS services to support specific disease areas that have a relatively higher prevalence, e.g. asthma and diabetes
- Essential Services include signposting patients and carers to local and national sources of information and reinforce those sources already promoted; signposting for cancers may help in earlier detection and thereby help to reduce the mortality rates described above

Respondents to the public questionnaire identified that they wished to see a variety of services provided from community pharmacies, although the questionnaire did highlight that there was a lack of awareness of some of the services that were available. A review of how services are advertised would be worthwhile in an effort to improve uptake. A summary of the questionnaire results can be seen in [Section 5](#) (full results in Appendix D).

The majority of community pharmacies offer a free delivery service, and many have extended opening hours on weekday evenings and Saturdays. There were 99 respondents to the pharmacy contractor questionnaire (Appendix E).

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

It is considered that community pharmacies in Norfolk play an important role supporting the health needs of their communities. They bring valued skills and expertise to support people to manage their own health and to prevent ill health. A range of services is already commissioned locally from community pharmacies by Norfolk and Waveney CCG and by NCC Public Health. In the future, as the new ICS develops, it is recommended that community pharmacies are considered and involved when planning and commissioning new services to improve population health and as part of the development of a Community Pharmacy Integration Strategy.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Norfolk will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE and all CCGs, to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

Section 7: Conclusions

The PNA must clearly state what is considered to constitute Necessary Services, as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for Norfolk HWB are defined as Essential Services.

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Norfolk.

LCS are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Norfolk, and are commissioned by the CCG or local authority, rather than NHSE.

7.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in [Section 1.4.1](#). Access to Necessary Service provision in Norfolk is available by locality in [Section 6.2](#).

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

7.1.1 Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across Norfolk to meet the needs of the population.

7.1.2 Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Norfolk to meet the needs of the population.

7.2 Future provision of Necessary Services

A clear understanding of the potential impact of proposed population growth and housing development over the next ten years by locality would support the understanding of ongoing needs for service provision in future PNAs.

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Norfolk.

7.3 Improvements and better access – gaps in provision

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Norfolk.

LCS are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Norfolk and are commissioned by the CCG or local authority rather than NHSE.

7.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1](#) and the provision in each locality is discussed in [Section 6.2](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Norfolk.

There are no gaps in the provision of Advanced Services across the whole of Norfolk.

There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to Advanced Services in Norfolk.

7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4.1](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Norfolk.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Norfolk

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

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through the

council or local authority; these services are described in [Section 4.1](#) and their provision by locality is discussed in [Section 6.2](#).

[Section 6.4](#) discusses improvements and better access to LCS in relation to the health needs of Norfolk.

It is considered that community pharmacies in Norfolk play an important role supporting the health needs of their communities. They bring valued skills and expertise to support people to manage their own health and to prevent ill health. A range of services is already commissioned locally from community pharmacies by Norfolk and Waveney CCG and by NCC Public Health. In the future, as the new ICS develops, it is recommended that community pharmacies are considered and involved when planning and commissioning new services to improve population health and as part of the development of a Community Pharmacy Integration Strategy.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services either now or in specific future circumstances across Norfolk to meet the needs of the population.