

# Pharmaceutical Needs Assessment 2025

Norfolk  
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Norfolk County Council. The production has been overseen by the PNA Steering Group for Norfolk Health and Wellbeing Board with authoring support from Soar Beyond Ltd. The information contained in this PNA is based on the data available at the time of writing in February 2025.

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

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## Abbreviations

AS	–	Advanced Service
AUR	–	Appliance Use Review
BMI	–	Body Mass Index
BSA	–	Business Services Authority
CHD	–	Coronary Heart Disease
COPD	–	Chronic Obstructive Pulmonary Disease
CP	–	Community Pharmacy
CPCF	–	Community Pharmacy Contractual Framework
CPCS	–	Community Pharmacist Consultation Service
CPE	–	Community Pharmacy England
CVD	–	Cardio Vascular Disease
DAC	–	Dispensing Appliance Contractor
DHSC	–	Department of Health and Social Care
DMS	–	Discharge Medicines Service
DRUMs	–	Dispensing Review of Use of Medicines
DSP	–	Distance Selling Pharmacy
DSQS	–	Dispensing Services Quality Scheme
EHC	–	Emergency Hormonal Contraception
ES	–	Essential Service
GP	–	General Practitioner
HIV	–	Human Immunodeficiency Virus
HLP	–	Healthy Living Pharmacy
HWB	–	Health and Wellbeing Board
ICB	–	Integrated Care Board
ICS	–	Integrated Care System
IMD	–	Index of Multiple Deprivation
JHWS	–	Joint Health and Wellbeing Strategies
JSNA	–	Joint Strategic Need Assessment
LAS	–	Local Authority-commissioned Service
LCS	–	Locally Commissioned Service
LES	–	Local Enhanced Service

LFD – Lateral Flow Device  
LPS – Local Pharmaceutical Service  
LSOA – Lower Super Output Area  
LTC – Long Term Condition  
LTP – Long Term Plan  
MSOA – Middle Super Output Area  
NCC – Norfolk County Council  
NES – National Enhanced Service  
NHS – National Health Service  
NHSE – NHS England  
NMS – New Medicine Service  
NPA – National Pharmacy Association  
NRT – Nicotine Replacement Therapy  
OC – Oral Contraception  
OHID – Office for Health Improvement and Disparities  
ONS – Office for National Statistics  
PhAS – Pharmacy Access Scheme  
PNA – Pharmaceutical Needs Assessment  
PCN – Primary Care Network  
PCS – Pharmacy Contraception Service  
PCT – Primary Care Trust  
PGD – Patient Group Direction  
PQS – Pharmacy Quality Scheme  
QOF – Quality and Outcomes Framework  
SAC – Stoma Appliance Customisation  
SCS – Smoking Cessation Service  
STI – Sexually Transmitted Infection



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

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.

The PNA does not look at the quality of pharmacy services, make decisions about services, or replace other health plans. It focuses only on access to pharmacy services.

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.

### National Health Service (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](#) (CP), including [Distance Selling Pharmacies](#) (DSPs).
- [Dispensing Appliance Contractors](#) (DACs).
- [Local Pharmaceutical Service](#) (LPS) providers.
- [Dispensing doctor practices](#).

### Pharmaceutical service providers in Norfolk

Norfolk has 145 community pharmacies (as of January 2025), for a population of around 925,695. In addition to the 145 community pharmacies, Norfolk has 56 dispensing doctor practices providing pharmaceutical services from a total of 80 sites.

### Conclusions

NHS pharmaceutical services are well distributed across Norfolk, serving all the main population centres. There is adequate 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.

## Section 1: Introduction

### 1.1 Background and context

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

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

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

The Pharmaceutical Regulations 2013 (SI 2013/349),<sup>1</sup> came into force on 1 April 2013.

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

*Table 1: Timeline for PNAs*

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The 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 was delayed during COVID-19 pandemic and PNAs were published by October 2022

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<sup>1</sup> Legislation. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed February 2025] [www.legislation.gov.uk/ukSI/2013/349/contents/made](https://www.legislation.gov.uk/ukSI/2013/349/contents/made)

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

This PNA for Norfolk HWB fulfils this regulatory requirement.

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

- There was an **update to the Pharmaceutical Regulations 2013 in May 2023** which in the main was in response to the number of requests for temporary closures. Key changes were made for:
  - Notification procedures for changes in core opening hours.
  - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week.
  - Local arrangements with ICBs for the temporary reduction in hours.
  - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- The Community Pharmacy sector has reported **workforce challenges** and pressures reported by the National Pharmacy Association (NPA)<sup>2</sup> and Healthwatch.<sup>3</sup> Both highlighted the current rate of **store closures** for 2024 was higher than previous years mainly due to a combination of funding and workforce challenges. A recent report commissioned by NHSE found that around 47% of pharmacies were not profitable in their last accounting year.<sup>4</sup>
- **Pharmacy First Service<sup>5</sup>** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.

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<sup>2</sup> NPA. 2024 pharmacy closures second highest on record. [Accessed February 2025] <https://www.npa.co.uk/news/2025/january/2024-pharmacy-closures-second-highest-on-record/>

<sup>3</sup> Healthwatch. Pharmacy closures in England. September 2024. [Accessed February 2025] <https://www.healthwatch.co.uk/report/2024-09-26/pharmacy-closures-england>

<sup>4</sup> Economic Analysis of NHS Pharmaceutical Services in England. March 2025. [Accessed March 2025] <https://www.frontier-economics.com/media/aazb0awt/frontier-iqvia-economic-analysis-pharmacy-final-report-web.pdf>

<sup>5</sup> Community Pharmacy England (CPE). Pharmacy First Service. November 2024. [Accessed February 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

- **Hypertension Case-Finding Service**<sup>6</sup> requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Early Diagnosis of Cancer Pilot** was an initiative launched in May 2023 which looked to improve cancer outcomes by empowering community pharmacists to identify and refer patients with possible cancer symptoms for early diagnosis. The pilot has now concluded and will be evaluated to assess the feasibility and effectiveness of utilising community pharmacy.

### 1.3 Key upcoming changes

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

- **PLPS Regulations amendments:** These amendments to the PLPS Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of this PNA.
- **DSPs** will no longer be permitted to provide Advanced and Enhanced services on their premises, though remote provision will still be allowed where specified.
- From 23 June 2025, no new applications for DSPs will be accepted, following amendments to the PLPS Regulations 2013, which close entry to the DSP market.
- **Funding and Fees:** Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.
- **Service developments:**
  - From October 2025 (IT allowing) the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception.
  - New Medicine Service will be expanded to include depression from October 2025.
  - Childhood Flu Vaccination Service, which covers all children aged 2 and 3 years old, will be trialled as an Advanced Service for one season from October 2025.<sup>7</sup>
  - Smoking Cessation Service will have PGDs introduced to enable provision of Varenicline and Cytisine (Cytisine). No dates have been given for this.
  - There is a plan to bundle services together to improve service uptake.

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

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<sup>6</sup> Community Pharmacy England. Hypertension Case-Finding service. July 2024. [Accessed February 2025]. <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

<sup>7</sup> Community Pharmacy England. Childhood Flu Vaccination Service. July 2025. [Accessed July 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/childhood-flu-vaccination-service/>

## 1.4 Purpose of the PNA

The ICB through their delegated responsibility from NHSE is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. The ICB must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require the ICB to consider applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. Norfolk and Waveney ICB covers the footprint of the Norfolk Health and Wellbeing Board area.

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

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. The JSNA is available on the Norfolk County Council (NCC) website and is updated regularly. The JSNA informs Norfolk Joint Health and Wellbeing Strategy (JHWS).

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

For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as 'NHS pharmaceutical services'.

## 1.5 Scope of the PNA

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.

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

- How the localities were determined.
- The different needs of the different localities.

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

**Necessary Services** – The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

**Other relevant services** – These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services.

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

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

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

### 1.5.1 Pharmacy contractors

Pharmacy contractors are both those located within the Norfolk HWB areas as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as DSPs. Below is a list of the various types of contractors.

There are 10,436 pharmacy contractors in England in January 2025 at the time of writing (this includes DSPs).<sup>8</sup> This number has decreased from 11,636 since the previous PNA was published in 2022.

#### 1.5.1.1 Community Pharmacies (CPs)

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

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<sup>8</sup> National Health Service Business Services Authority (NHS BSA). Pharmacy Openings and Closures. January 2025. [Accessed February 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>



The ICB is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications are required to be considered and outcomes determined within 60 days and if approved may be implemented 30 days after approval.<sup>9</sup> This is due to change as mentioned in [Section 1.3](#).

#### **1.5.1.2 Distance-Selling Pharmacies (DSPs)**

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. The Pharmaceutical Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. From the 1 October 2025, DSPs will no longer be able to deliver Advanced or Enhanced services face to face with patients, onsite.

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

Figures for 2023-24 show that in England there were 409 DSPs,<sup>10</sup> accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

#### **1.5.1.3 Pharmacy Access Scheme (PhAS) providers<sup>11</sup>**

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

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

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

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<sup>9</sup> Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed February 2025] <https://cpe.org.uk/changing-core-opening-hours/>

<sup>10</sup> NHS Business Services Authority. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed February 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

<sup>11</sup> Department of Health and Social Care (DHSC). 2022 Pharmacy Access Scheme: guidance. May 2023. [Accessed February 2025] <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

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

### **1.5.2 Local Pharmaceutical Service (LPS) providers**

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

This contract is locally commissioned by the ICB and provision for such contracts is made in the 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.

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC. As of November 2024,<sup>12</sup> there were a total of 111 DACs in England.

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

### **1.5.4 Dispensing doctor 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 doctor practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing doctor practices can provide such services to communities within areas known as 'controlled localities' which is generally a rural area with limited pharmacy access.

Practice 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.

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<sup>12</sup> NHS Business Services Authority (BSA). Dispensing contractors' data November 2024. [Accessed February 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>



### 1.5.5 Other providers of pharmaceutical services in neighbouring areas

There are three other HWB areas that border Norfolk:

- Suffolk.
- Cambridgeshire.
- Lincolnshire.

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

### 1.6 NHS Pharmaceutical services

The Community Pharmacy Contractual Framework (CPCF), last agreed in 2019,<sup>13</sup> is made up of three types of services:

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

Underpinning all the services is a governance structure for the delivery of pharmacy services. This structure is set out within the 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.

#### 1.6.1 Essential Services (ES)<sup>14</sup>

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

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.

<sup>13</sup> DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed February 2025] [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](http://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

<sup>14</sup> Community Pharmacy England. Essential Services. April 2024. [Accessed February 2025] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

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

It has been decided that all Essential Services are to be regarded as [Necessary Services](#) for the purposes of the Norfolk PNA.

### 1.6.2 Advanced Services (AS)<sup>15</sup>

There are nine Advanced Services within the Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Norfolk can be seen in [Section 3.10](#) and in [Section 6.2](#) by locality.

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.
- **AS2: Flu Vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improve convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the on-going supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and on-going supply of oral contraception. The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary.
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and ABPM results will then be shared with the GP practice where the patient is registered.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a Long-Term Condition (LTC), which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service.

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<sup>15</sup> Community Pharmacy England. Advanced Services. February 2024. [Accessed February 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

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

All Advanced Services (AS) apart from AS6, AS7 and AS8, are all considered other [relevant services](#) for the purpose of this PNA.

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.

Advanced services look to reduce the burden on Primary Care by allowing easier access to a healthcare professional in a high street setting.

### 1.6.3 Enhanced Services

Under the pharmacy contract, National Enhanced Services (NES)<sup>16</sup> are those directly commissioned by NHSE as part of a nationally coordinated programme.

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<sup>16</sup> Community Pharmacy England. National Enhanced Services. February 2025. [Accessed February 2025] <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/>

There is currently one National Enhanced Service commissioned in Norfolk.

- **NES1: COVID-19 vaccination service** – This service is provided from selected community pharmacies who have undergone an expression of interest process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination service, which is provided for a selected cohort of patients.

A second NES, Respiratory Syncytial Virus (RSV) vaccination and Pertussis vaccination service, is currently under procurement and due to go live in autumn 2025.

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

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

Enhanced Services are all considered [relevant services](#) for the purpose of this PNA.

#### 1.6.4 Other services

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

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

### 1.7 Process for developing the PNA

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

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

- **Step 1: Project set up** and governance established between NCC Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 17 September 2024, Norfolk PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.

- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 1,992 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of nine responses were received. Due to the low response rate, the Steering Group agreed for these not to be included in the PNA and the data required to be gathered from other sources.
- **Step 5c: Dispensing doctor practice questionnaire** – A questionnaire was agreed and distributed to all dispensing doctor practices across Norfolk. There were 19 responses to this questionnaire. Due to the low response rate, the Steering Group agreed for these not to be included in the PNA and the data required to be gathered from other sources.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated January 2025 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. After the Steering Group review, a meeting was held with members of the HWB. The review process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group were fully aware of the need to reassess.
- **Step 8: Consultation** – In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 23 June and 1 September 2025. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix F.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the Steering Group. A summary of the responses received is noted in Appendix G, and full comments are included in Appendix H.

- **Step 10: Production of final PNA – future stage** – The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group. The final PNA was signed off by the Director of Public Health, presented to the Health and Wellbeing Board and subsequently published on the council's website.

## 1.8 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 be used to define the localities for the Norfolk geography. These are the same localities as in the 2022 Norfolk PNA.

The localities used for the PNA for Norfolk are:

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

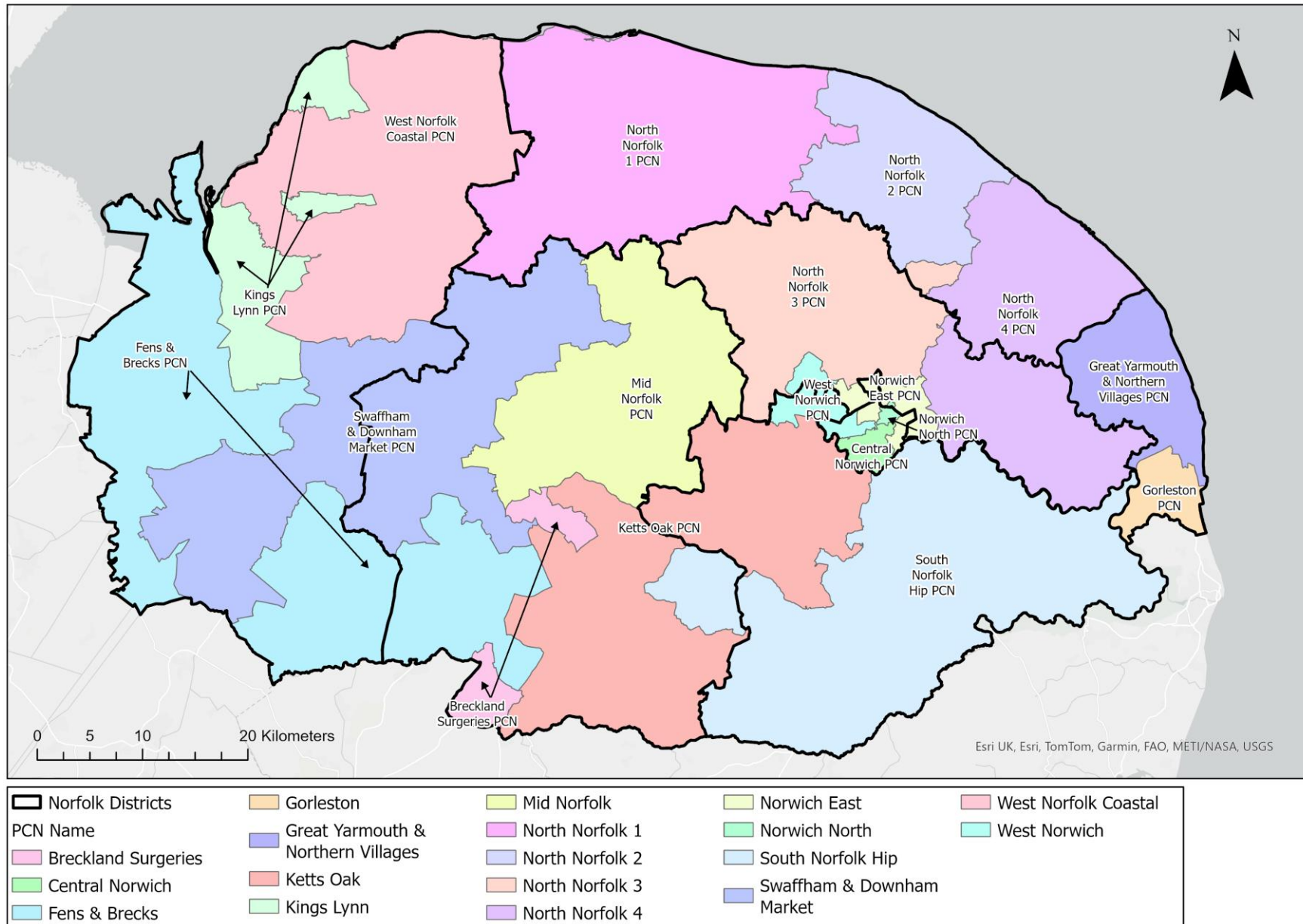
There is some overlap of localities boundaries with Primary Care Networks (PCNs), see Figure 1. The Waveney area is covered separately in the Suffolk County Council PNA. The localities for the purpose of this PNA will be referred to as districts to reflect the local terminology for the area.

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

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



Figure 1: Map of Norfolk PCNs with PNA localities and PCNs





## Section 2: Context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the JSNA of the local area. The strategies for meeting the needs identified in JSNAs are contained in the Joint Health and Wellbeing Strategies.

This section aims to present health needs data that might be of relevance to pharmacy services. It is not an interpretation of pharmaceutical service provision requirements for Norfolk. This section should be read in conjunction with these detailed documents. Appropriate links have been provided within each subsection. There are opportunities for the ICB and HWB to maximise Community Pharmacy Contractual Framework (CPCF) services to support the Norfolk Health and well-being strategy.

### 2.1 NHS Long Term Plan (LTP)<sup>17</sup>

NHS 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.

Priority clinical areas in the LTP include:

- Prevention:
  - Smoking.
  - Obesity.
  - Alcohol.
  - Antimicrobial resistance.
  - Stronger NHS action on health inequalities.
  - Hypertension.
- Better care for major health conditions:
  - Cancer.
  - Cardiovascular Disease.
  - Stroke care.
  - Diabetes.
  - Respiratory disease.
  - 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’. ‘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.’

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<sup>17</sup> NHS. NHS Long Term Plan. [Accessed February 2025] [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

- 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 refer on to community pharmacies who support urgent care and promote patient self-care and self-management’.
- 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.
- 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 medicines, ‘but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission’.
- 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.’

The LTP has implications for the current Community Pharmacy Contractual Framework Essential Services ([1.6.1](#)) and Advanced Services ([1.6.2](#)), by providing benefits to the ICS to maximise these services into care pathways. Services such as the Hypertension case-finding service, Pharmacy First, PCS and NMS can help meet the needs of the LTP.

## 2.2 Core20PLUS<sup>18</sup>

‘Core20PLUS5 is a national NHSE approach to support the reduction of health inequalities at both national’ and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation (IMD) and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access i.e. people with a learning disability and hidden deprivation in coastal communities (PLUS). Additionally, there are five key clinical areas:

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

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<sup>18</sup> NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed February 2025] [www.england.nhs.uk/about/equality/equality-hub/core20plus5/](http://www.england.nhs.uk/about/equality/equality-hub/core20plus5/)

## 2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan<sup>19</sup> aims to modernise healthcare in England by focusing on three pivotal shifts:

- Transitioning care from hospitals to communities.
- Enhancing technological integration.
- Prioritising preventive healthcare.

Collectively, these shifts aim to create a modernised NHS that delivers efficient, patient-centred care, meeting the evolving needs of the population. This is currently out for consultation and the details to be agreed and finalised.

## 2.4 Joint Strategic Needs Assessment (JSNA)

The purpose of JSNAs and related JHWSs (see below) is 'to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing'.<sup>20</sup> The PNA should therefore be read alongside the JSNAs.

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.<sup>21</sup>

## 2.5 Norfolk Joint Health and Wellbeing Strategy (JHWS) combined with the Norfolk and Waveney Integrated Care Strategy

Building on the evidence provided by the JSNA, the Norfolk JHWS<sup>22</sup> outline the key priorities and the actions being taken to meet Norfolk's health and wellbeing needs.

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

<sup>19</sup> NHS. Three Shifts. [Accessed February 2025] <https://change.nhs.uk/en-GB/projects/three-shifts>

<sup>20</sup> Gov.uk. Department of Health. JSNAs and JHWS statutory guidance. August 2022. [Accessed February 2025] <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

<sup>21</sup> Joint Strategic Needs Assessment (JSNA) [Accessed February 2025] <https://www.norfolkinsight.org.uk/jsna/>

<sup>22</sup> Norfolk Joint Health and Wellbeing Strategy. [Accessed February 2025] <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/strategy>

Norfolk Health and Wellbeing Strategy priorities 2022-23 refreshed in 2024 were identified through the JSNA and informed by local and national data, research and good practice. It also builds on the learning from the previous Health and Wellbeing Strategy 2018-22, learning from impact of the COVID-19 pandemic and engagement with stakeholders. The latest Health and Wellbeing Strategy, combined with the Norfolk and Waveney ICB Strategy, identified the following clear priorities:

- Driving integration: Collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them.
- Prioritising prevention: A shared commitment to supporting people to be healthy, independent, and resilient throughout life. Offering our help early to prevent and reduce demand for specialist services.
- Addressing inequalities: Providing support for those who are most vulnerable using resources and assets to address wider factors that impact on health and wellbeing.
- Enabling resilient communities: Supporting people to remain independent whenever possible, through promotion of self-care, early prevention, and digital technology where appropriate.

## 2.6 Norfolk the place

Norfolk is a county in the East of England. It borders the North Sea to the north and east, Suffolk to the south, Cambridgeshire to the west and Lincolnshire to the north west.

Norfolk is a rural county: 49% of its population is designated as rural, with only three areas, Norwich, Great Yarmouth and King's Lynn, described as predominantly urban.<sup>23</sup> The largest settlement is the city of Norwich.

An understanding of the size and characteristics of Norfolk population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This section provides a summary of the demographics of Norfolk residents, how healthy they are, and what changes can be expected in the future.

### 2.6.1 Population characteristics

The current total population estimate for Norfolk is 925,695.

*Table 2: Population change between previous PNA and most recent 2022 population estimates<sup>24</sup>*

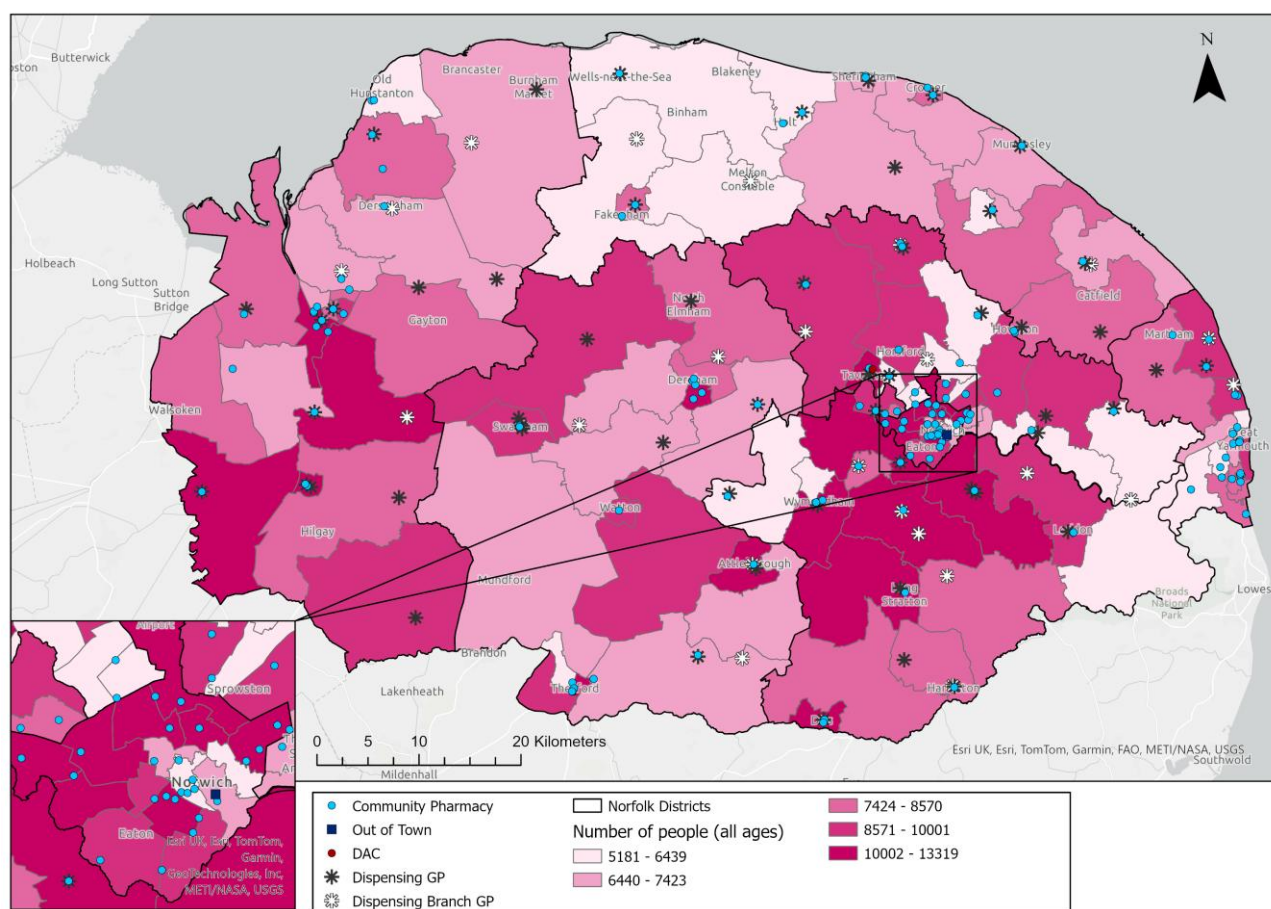
Area	2020	2022
Breckland	141,255	143,459

<sup>23</sup> Norfolk County Council. Norfolk Rural Economic Strategy 2021-24. [Accessed February 2025] <https://www.norfolk.gov.uk/media/19068/Norfolk-Rural-Economic-Strategy-2021-To-2024/pdf/16norfolk-rural-economic-strategy-2021-to-2024.pdf?m=1713182039457>

<sup>24</sup> Office for National Statistics (ONS). Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland. Mid-2022. [Accessed February 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Area	2020	2022
Broadland	131,930	133,885
Great Yarmouth	99,200	99,834
King's Lynn and West Norfolk	151,240	155,720
North Norfolk	105,170	103,223
Norwich	142,180	144,957
South Norfolk	143,070	144,617
<b>Norfolk</b>	<b>914,040</b>	<b>925,695</b>

Figure 2: Population density by Middle Super Output Areas (MSOA)<sup>25</sup>



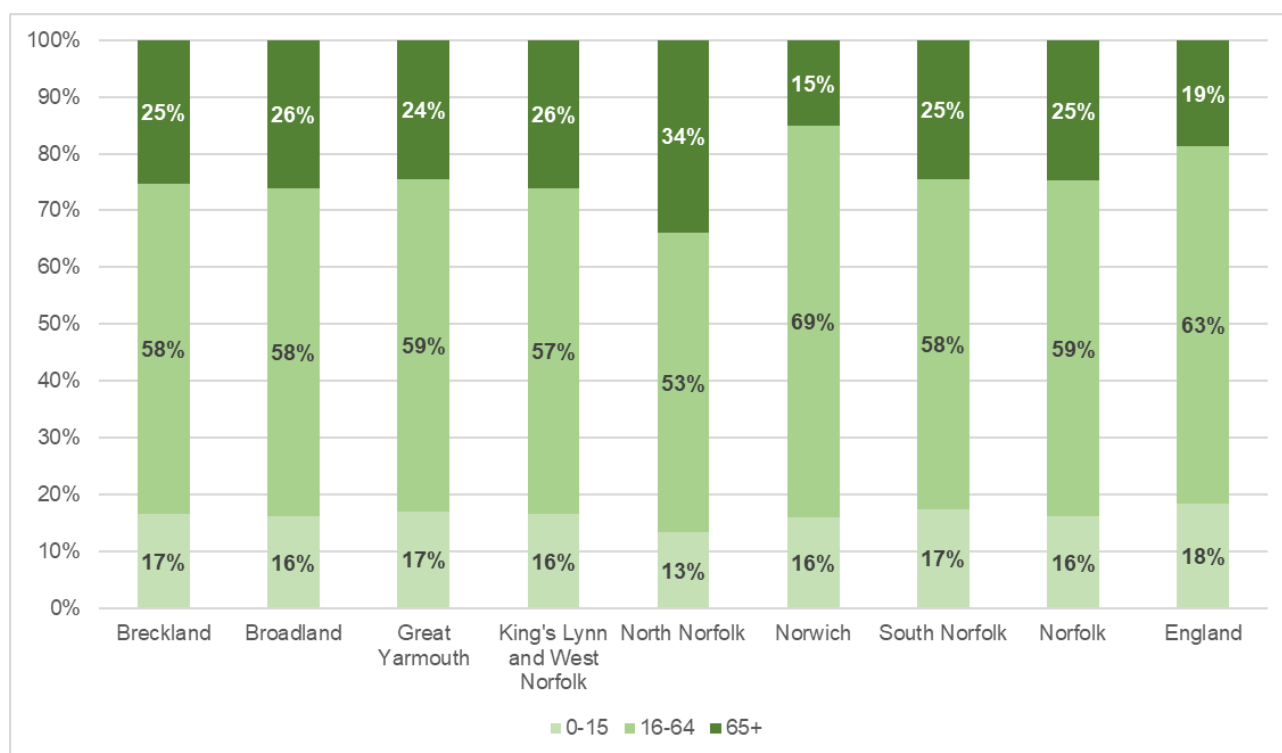
<sup>25</sup> ONS. Lower layer Super Output Area population density (Accredited official statistics). Mid-2022.

[Accessed February 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareapopulationdensity>

Table 3: Population density of Norfolk and districts – population per square kilometre<sup>26</sup>

Area	2022
Breckland	109.9
Broadland	242.0
Great Yarmouth	546.9
King's Lynn and West Norfolk	102.0
North Norfolk	104.3
Norwich	3,574.4
South Norfolk	159.1
<b>Norfolk</b>	<b>168.1</b>

Figure 3: Population structure by age and district council<sup>27</sup>

<sup>26</sup> ONS. Estimates of the population for England and Wales. [Accessed February 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/estimatesofthepopulationforenglandandwales> and ONS. Standard Area Measurements for Administrative Areas. December 2022. [Accessed February 2025]

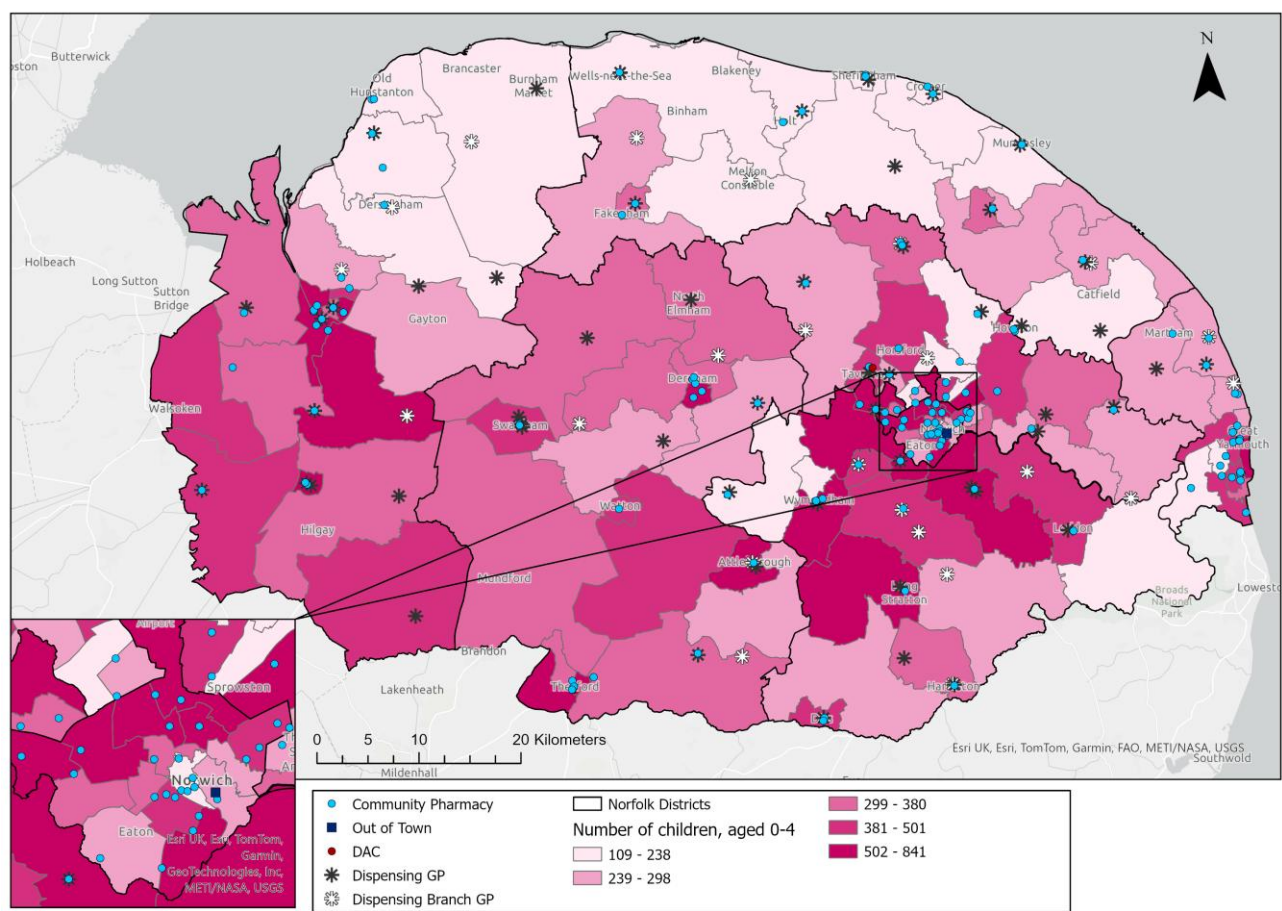
<https://geoportal.statistics.gov.uk/datasets/235c70d40c494361bd6b0ddaebdf0bad/about>

<sup>27</sup> ONS. Estimates of the population for England and Wales. [Accessed February 2025]

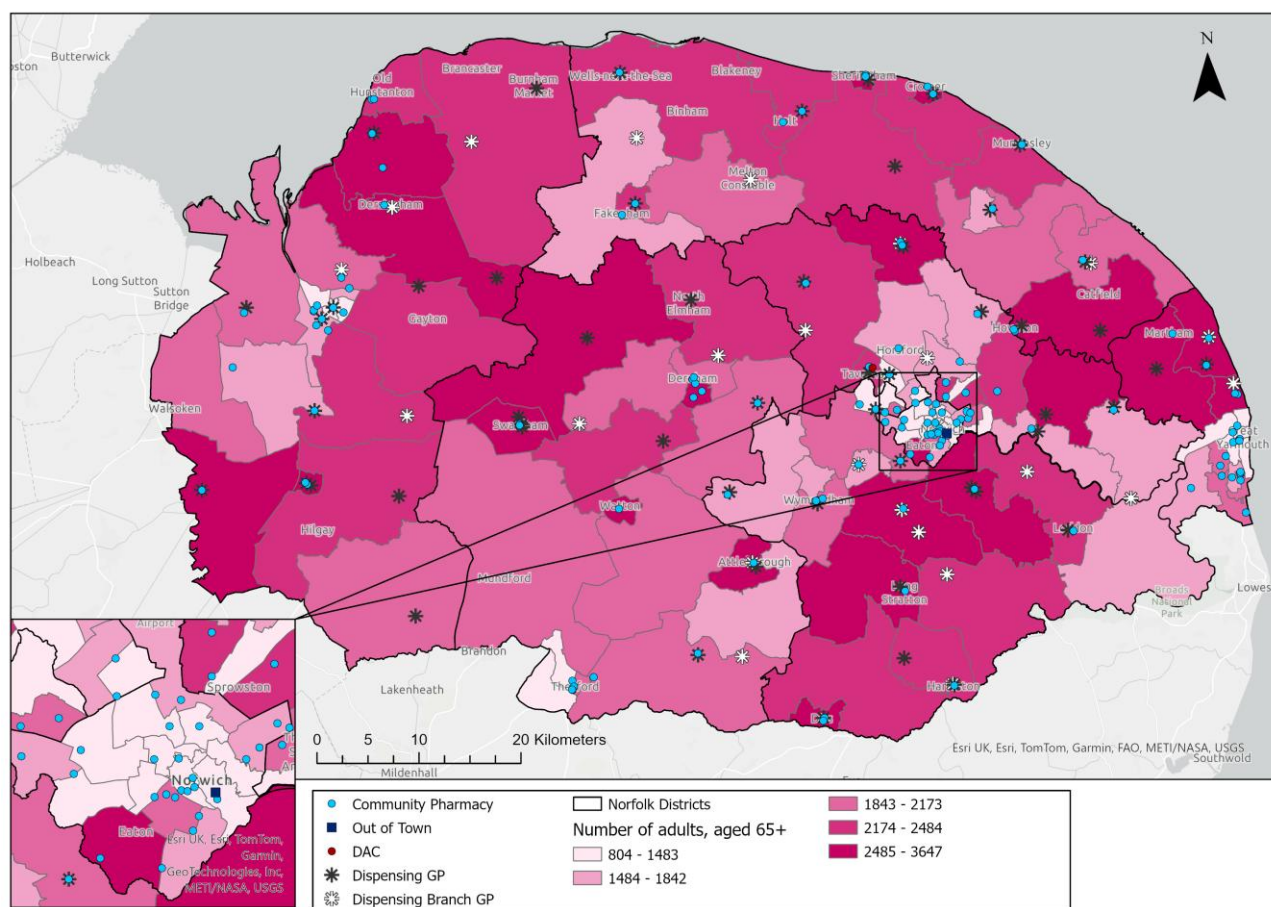
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/estimatesofthepopulationforenglandandwales>



Figure 4: Distribution across Norfolk of people aged 0-4 by MSOA<sup>28</sup>



<sup>28</sup> ONS. Lower layer Super Output Area population density (Accredited official statistics). [Accessed February 2025]  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/s/lowersuperoutputareapopulationdensity>

Figure 5: Distribution across Norfolk of people aged 65+ by MSOA<sup>29</sup>

### 2.6.2 Predicted population growth

The population of Norfolk is predicted to grow by 5.3% from 925,695 in 2022 to 974,300 in 2030, slightly higher than the predicted growth for England, which is 3.6%.

Table 4: Population change estimate between most recent estimate and projected 2030 estimate<sup>30</sup>

Area	2022	2030	Population increment
Breckland	143,459	153,210	6.8%
Broadland	133,885	141,336	5.6%
Great Yarmouth	99,834	103,102	3.3%
King's Lynn and West Norfolk	155,720	155,954	0.2%

<sup>29</sup> ONS. Estimates of the population. Mid-2022. [Accessed February 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/estimatesofthepopulationforenglandandwales>

<sup>30</sup> ONS. 2018-based sub-national population projections. [Accessed February 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>



Area	2022	2030	Population increment
North Norfolk	103,223	111,793	8.3%
Norwich	144,957	147,476	1.7%
South Norfolk	144,617	161,428	11.6%
<b>Norfolk</b>	<b>925,695</b>	<b>974,300</b>	<b>5.3%</b>
<b>England</b>	<b>57,112,542</b>	<b>59,181,798</b>	<b>3.6%</b>

Table 5: Population change estimate for youngest age group (0-4) between most recent estimate and projected 2030 estimate<sup>31</sup>

Area	2022	2030	Population increment
Breckland	6,684	7,272	8.8%
Broadland	5,910	6,249	5.7%
Great Yarmouth	4,799	4,671	-2.7%
King's Lynn and West Norfolk	7,241	6,934	-4.2%
North Norfolk	3,442	3,833	11.4%
Norwich	6,630	7,388	11.4%
South Norfolk	6,909	7,680	11.2%
<b>Norfolk</b>	<b>41,615</b>	<b>44,027</b>	<b>5.8%</b>
<b>England</b>	<b>3,065,375</b>	<b>3,103,426</b>	<b>1.2%</b>

Table 6: Population change estimate for oldest age group (65+) between most recent estimate and projected 2030 estimate<sup>32</sup>

Area	2022	2030	Population increment
Breckland	36,247	44,144	21.8%
Broadland	34,824	40,683	16.8%
Great Yarmouth	24,376	29,448	20.8%
King's Lynn and West Norfolk	40,649	46,873	15.3%
North Norfolk	34,925	41,910	20.0%
Norwich	21,771	24,550	12.8%

<sup>31</sup> ONS. 2018-based sub-national population projections. [Accessed February 2025]

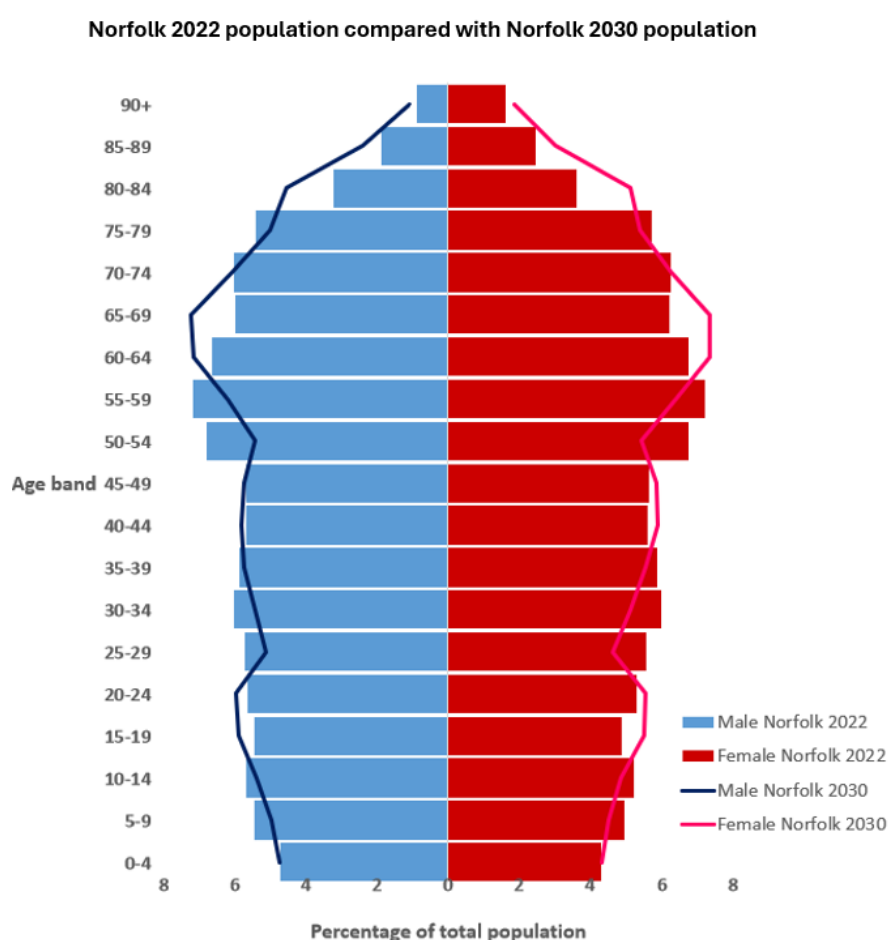
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based>

<sup>32</sup> ONS. 2018-based sub-national population projections. [Accessed February 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based>

Area	2022	2030	Population increment
South Norfolk	35,463	42,798	20.7%
<b>Norfolk</b>	<b>228,255</b>	<b>270,404</b>	<b>18.5%</b>
<b>England</b>	<b>10,629,755</b>	<b>12,697,007</b>	<b>19.4%</b>

Figure 6: Population change estimate pyramid compared with projected 2030 estimate<sup>33</sup>



The largest percentage changes between 2022 and 2030 are generally predicted to be in older age groups above 60, the greatest percentage change being an increase in the 80-84 age group. A reduction is expected in the 50-54 and 55-59 age group. The 60-64 and 65-69 groups are forecast to be the groups with the most people in them in 2030.

### 2.6.3 Housing

The source of the dwelling projections is district council submissions to the Local Government Boundary Commission boundary review. These projections are useful for considering future pharmaceutical needs provision within the districts.

<sup>33</sup> ONS. 2018-based sub-national population projections. [Accessed February 2025]  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based>

*Table 7: Estimated new homes and population (based on ONS average household size of 2.4) <sup>34</sup>*

Area	Additional housing 2022-26	Estimated associated population
Breckland	4,072	9,770
Broadland	4,803	11,530
Great Yarmouth	2,110	5,060
King's Lynn and West Norfolk	3,001	7,200
North Norfolk	1,625	3,900
Norwich	2,351	5,640
South Norfolk	4,237	10,170
<b>Norfolk</b>	<b>22,199</b>	<b>53,270</b>

## 2.6.4 Gypsy and Traveller information

*Table 8: Gypsy and Traveller sites in Norfolk<sup>35</sup>*

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	34
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

<sup>34</sup> NCC. Norfolk Housing Monitoring Report: 2021/22. [Accessed February 2025] [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](http://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)

<sup>35</sup> NCC. Norfolk Insight. [Accessed November 2024] [https://www.norfolkinsight.org.uk/population/#/view-report/63aeddf1d7fc44b8b4dffcd868e84eac/\\_iaFirstFeature/G3](https://www.norfolkinsight.org.uk/population/#/view-report/63aeddf1d7fc44b8b4dffcd868e84eac/_iaFirstFeature/G3)

Gypsy and Traveller communities typically experience poorer health outcomes, including higher childhood illness, long-term conditions, and mental health issues. This is linked to poor living conditions, unhealthy behaviours, and barriers to accessing services.<sup>36</sup>

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.

### 2.6.5 GP-registered population

Norfolk has 916,432 patients registered at a GP located within the Norfolk boundary (some patients may be registered with a GP outside Norfolk or vice versa).<sup>37</sup> It is estimated that 925,695 (ONS mid-2022 estimate) people reside within the Norfolk boundary. People can still access pharmaceutical services without being registered with a GP, the gap between the GP registered population and total population numbers may represent hard to reach groups.

### 2.6.6 International migration

*Table 9: Population migration in Norfolk<sup>38</sup>*

Area	Long-term international inflow 2022	Long-term international outflow 2022	Internal migration (within UK) inflow 2022	Internal migration (within UK) outflow 2022	Non-UK born population estimate (2021)	Non-British population estimate (2021)
Breckland	580	680	8,646	6,621	15,000	11,000
Broadland	442	252	8,448	6,527	7,000	4,000
Great Yarmouth	592	444	4,460	4,430	10,000	7,000
King's Lynn and West Norfolk	862	656	7,621	6,651	16,000	12,000
North Norfolk	458	248	5,998	5,270	5,000	2,000
Norwich	3,553	1,571	14,901	15,345	25,000	19,000

<sup>36</sup> Gypsy, Roma Traveller Health Inequalities Assessment for Norfolk, September 2022. [Accessed February 2025] [https://www.norfolkinsight.org.uk/wp-content/uploads/2024/02/GRT\\_HIA\\_external.pdf](https://www.norfolkinsight.org.uk/wp-content/uploads/2024/02/GRT_HIA_external.pdf)

<sup>37</sup> NHS Digital. General Practice Dashboard. [Accessed October 2024]

<https://digital.nhs.uk/dashboards/general-practice-dashboard#view-the-dashboard>.

<sup>38</sup> ONS. Analysis of population estimates tool for UK. July 2024. [Accessed February 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/analysisofpopulationestimatestoolforuk>

Area	Long-term international inflow 2022	Long-term international outflow 2022	Internal migration (within UK) inflow 2022	Internal migration (within UK) outflow 2022	Non-UK born population estimate (2021)	Non-British population estimate (2021)
South Norfolk	823	368	10,357	8,443	10,000	6,000
<b>Norfolk</b>	<b>7,310</b>	<b>4,219</b>	<b>37,576</b>	<b>30,432</b>	<b>88,000</b>	<b>60,000</b>
<b>England</b>	<b>951,717</b>	<b>426,081</b>	<b>112,337</b>	<b>132,789</b>	<b>9,803,000</b>	<b>5,690,000</b>

### 2.6.7 Ethnicity and language

Based on the 2021 census, most Norfolk residents are White (94.7%, including 'White Other'), 2.1% are Asian (19,000 people), 1.6% report being mixed or of multiple ethnic groups (15,000 people), 0.9% Black (8,400 people) and the remaining 0.7% other ethnic groups (6,500 people).

*Table 10: Ethnicity breakdown by District and Norfolk County<sup>39</sup>*

	Total	White	Asian, Asian British or Asian Welsh	Mixed or Multiple ethnic groups	Black, Black British, Black Welsh, Caribbean or African	Other ethnic group
Breckland	141,477	136,457 (95.5%)	1,340 (0.9%)	2,051 (1.4%)	820 (0.6%)	809 (0.6%)
Broadland	131,723	126,869 (96.3%)	1,831 (1.4%)	1,842 (1.4%)	684 (0.5%)	497 (0.4%)
Great Yarmouth	99,750	94,361 (94.6%)	1,936 (1.9%)	1,575 (1.6%)	1,104 (1.1%)	774 (0.8%)
King's Lynn and West Norfolk	154,326	147,563 (95.6%)	2,886 (1.9%)	2,022 (1.3%)	843 (0.5%)	1,012 (0.7%)
North Norfolk	102,978	101,007 (98.1%)	565 (0.5%)	978 (0.9%)	183 (0.2%)	245 (0.2%)
Norwich	143,924	125,421 (87.1%)	7,867 (5.5%)	4,519 (3.1%)	3,578 (2.5%)	2,539 (1.8%)
South Norfolk	141,948	135,474 (95.4%)	2,562 (1.8%)	2,094 (1.5%)	1,164 (0.8%)	654 (0.5%)
<b>Norfolk</b>	<b>916,107</b>	<b>867,144 (94.7%)</b>	<b>18,990 (2.1%)</b>	<b>15,078 (1.6%)</b>	<b>8,368 (0.9%)</b>	<b>6,527 (0.7%)</b>

<sup>39</sup> ONS, 2021 Census Data. Accessed via NOMIS 2024. [Accessed February 2025]  
[https://www.nomisweb.co.uk/sources/census\\_2021](https://www.nomisweb.co.uk/sources/census_2021)

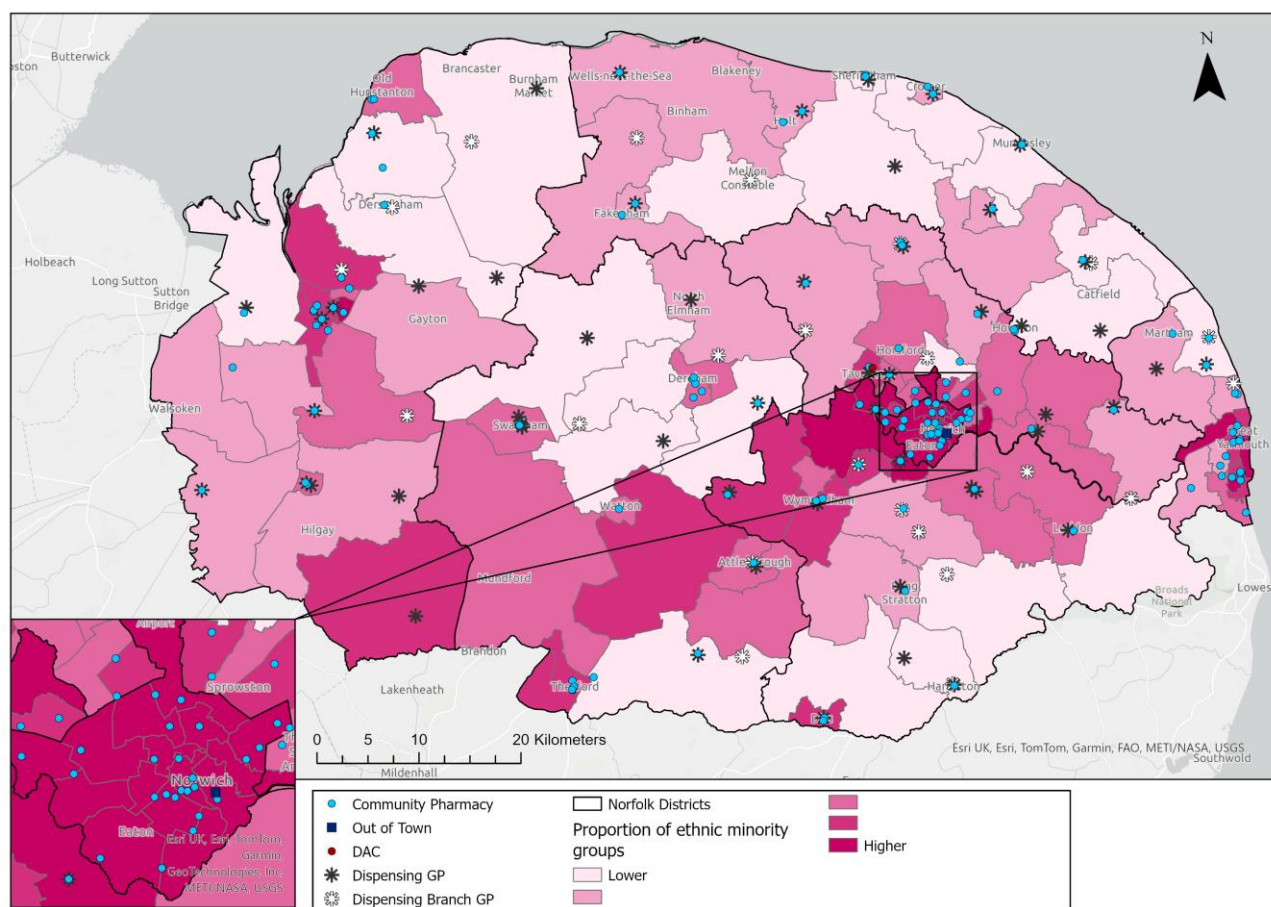
Figure 7: Map to show proportion of ethnic minority groups, by MSOA<sup>40</sup>

Table 11 shows that within these groups there are significant numbers of people with a first language other than English (5% of the total population).

Table 11: First languages spoken in Norfolk other than English<sup>41</sup>

First language	Number of speakers
Lithuanian	7,147
Polish	6,989
Portuguese	5,391
Other European language	4,520
Romanian	3,943
East Asian languages	3,489
Other South Asian language	2,632
Russian	1,996

<sup>40</sup> Office of National Statistics, 2021 Census Data. Accessed via NOMIS 2024. [Accessed February 2025]  
[https://www.nomisweb.co.uk/sources/census\\_2021](https://www.nomisweb.co.uk/sources/census_2021)

<sup>41</sup> ONS, 2021 Census Data. Accessed via NOMIS 2024. [Accessed February 2025]  
[https://www.nomisweb.co.uk/sources/census\\_2021](https://www.nomisweb.co.uk/sources/census_2021)

First language	Number of speakers
Bulgarian	1,524
Hungarian	1,280
Malayalam (South Asia)	1,175
Spanish	1,173
Arabic	1,045
Other languages	854
West or Central Asian languages	705
African languages	668
Sign language	331
<b>Total</b>	<b>44,862</b>

## 2.7 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.

*Table 12: Male and female life expectancy at birth in years for England and Norfolk, three year range 2020-22<sup>42</sup>*

Area	Male	Female
Norfolk	79.6	83.3
England	78.9	82.8

Average life expectancy in Norfolk for men and women is slightly above the average for England (Table 12).

The life expectancy gap between the most deprived areas in Norfolk and the least deprived (using the 2019 IMD) is 7.3 years for men and 4.6 years for women.

As can be seen from Figure 8 and Figure 9, life expectancy is reduced for both male and females in areas of high deprivation (compared with Figure 10, which maps the IMD for Norfolk in relation to the location of community pharmacies).

Deprivation is used as a surrogate measure for health need, where a rank of one is the most deprived, 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.

<sup>42</sup> Office for Health Improvement and Disparities (OHID). Public health profiles. [Accessed February 2025]. <https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities> 2024 Based on ONS mortality data. [Accessed February 2025]. <https://fingertips.phe.org.uk/>



Figure 8: Life expectancy at birth for males, 2016-20, by MSOA<sup>42</sup>

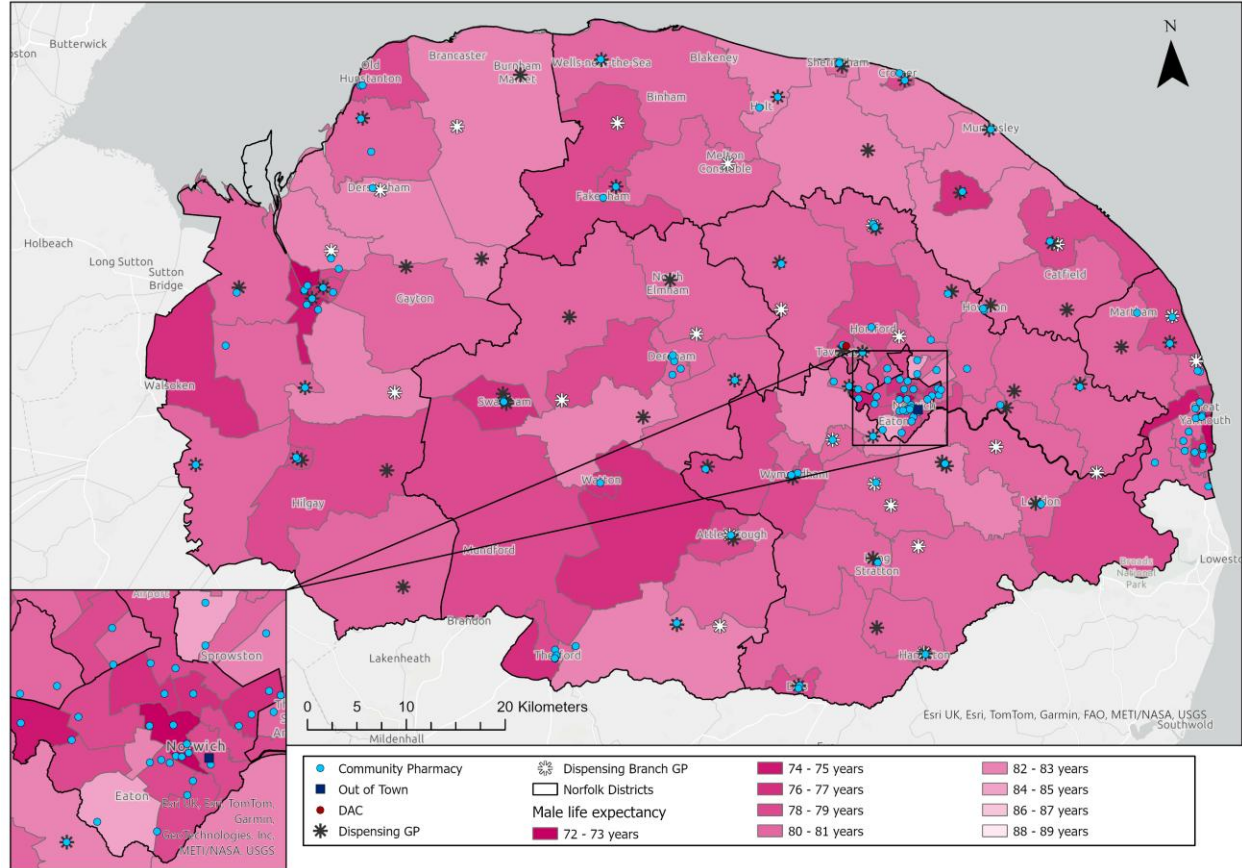


Figure 9: Life expectancy at birth for females, 2016-20, by MSOA<sup>42</sup>

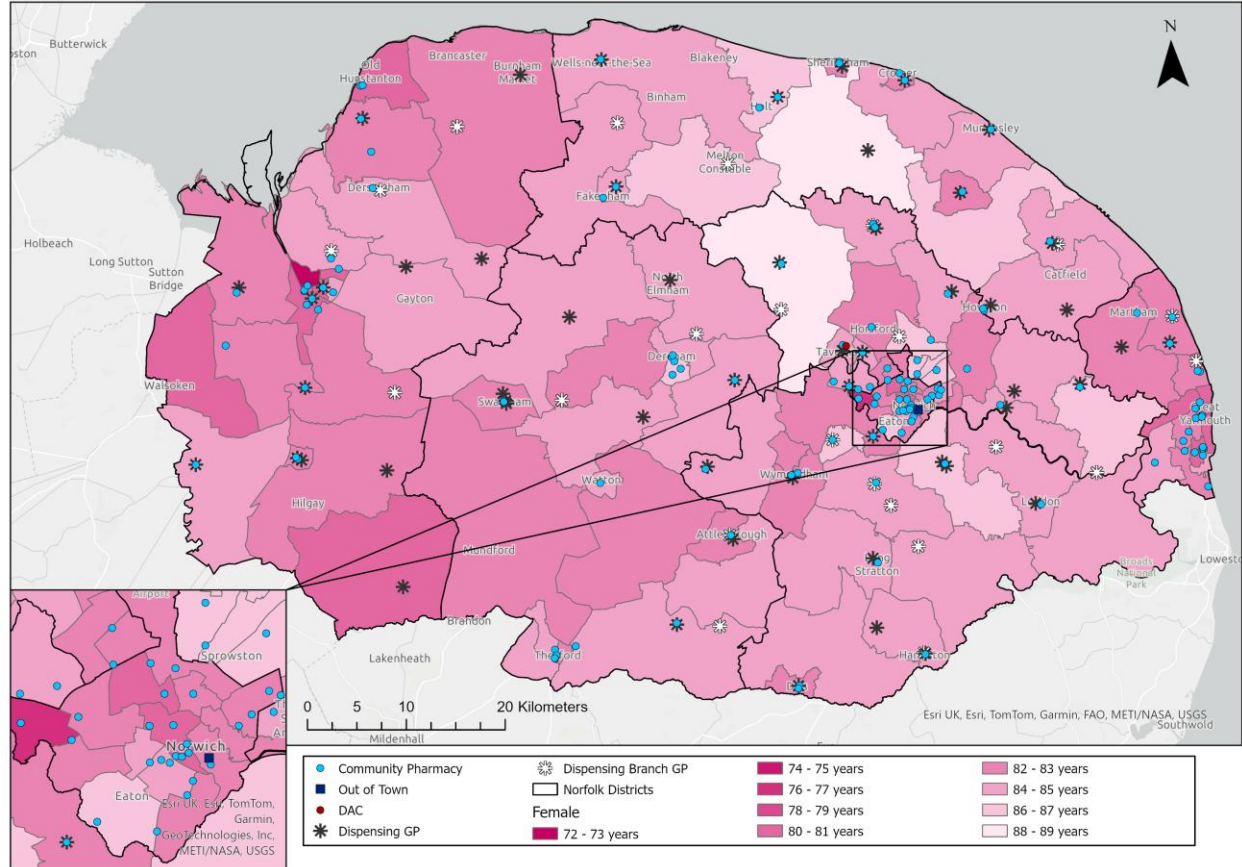




Figure 10: Locations of community pharmacies in relation to Index of Multiple Deprivation (IMD) 2019 by MSOA<sup>43</sup>

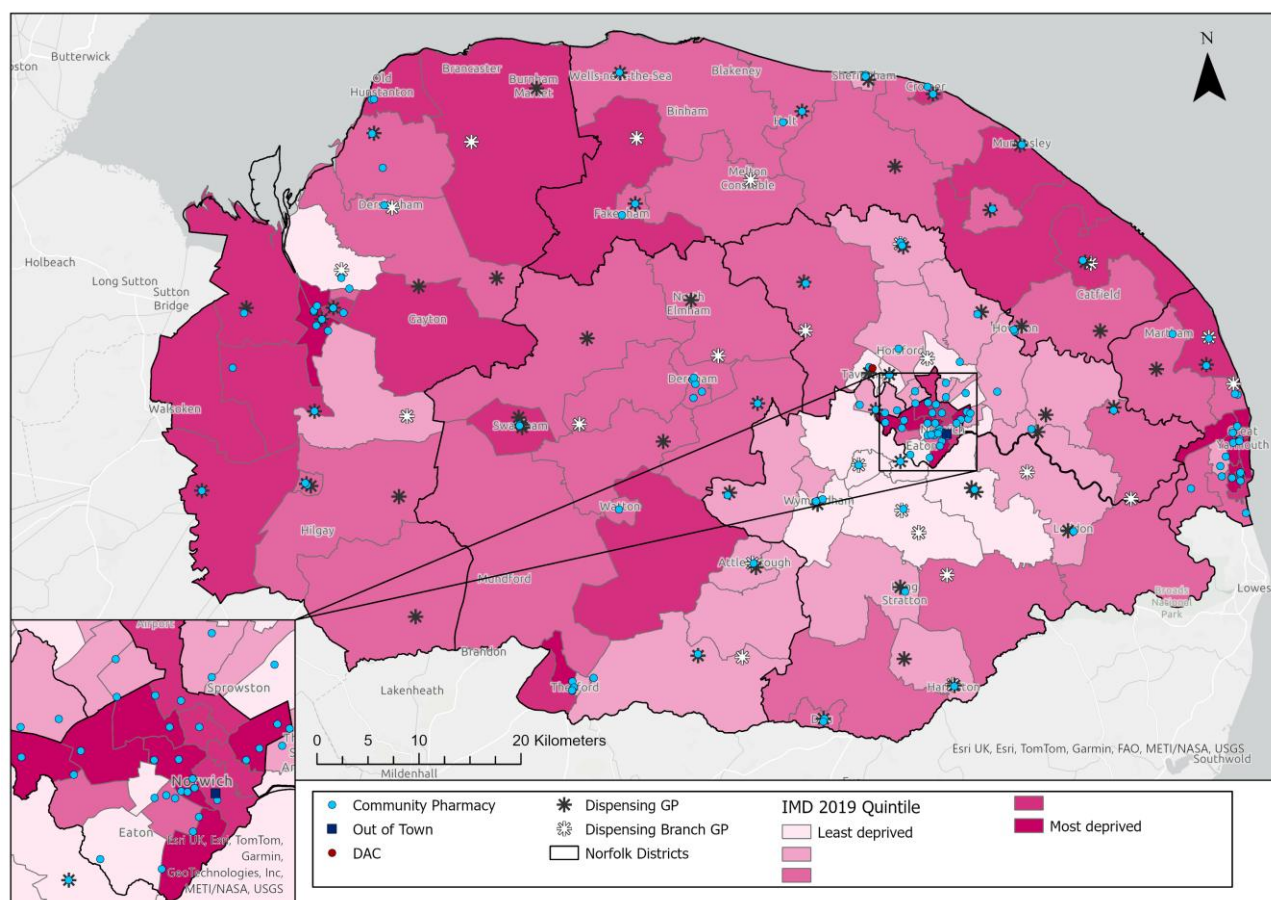


Table 13: Total population within each IMD decile and district<sup>44</sup>

IMD Decile	Breckland	Broadland	Great Yarmouth	King's Lynn and West Norfolk	North Norfolk	Norwich	South Norfolk	Norfolk
1	2,227	0	26,427	12,656	0	28,408	0	69,718
2	13,799	0	12,390	11,009	2,530	30,306	0	70,034
3	13,480	0	12,496	25,306	14,301	13,150	0	78,733
4	9,518	6,004	11,478	27,343	27,949	25,739	17,038	125,069
5	35,161	15,738	8,897	37,875	27,152	3,379	13,337	141,539
6	31,392	19,355	15,841	20,815	21,684	11,192	24,288	144,567
7	16,380	19,729	5,395	6,931	5,907	4,586	31,853	90,781
8	13,971	24,937	3,243	3,177	1,756	9,502	23,544	80,130
9	7,551	31,897	3,695	6,080	1,948	4,398	17,551	73,120
10	0	16,212	0	4,549	0	13,865	16,982	51,608

<sup>43</sup> Ministry of Housing, Communities & Local Government.

<sup>44</sup> IMD 2019 and ONS 2022 mid-year population estimates.

## 2.8 Long term conditions

Many patients with a long-term condition will be receiving medication to help them manage their condition. There is higher prevalence across multiple conditions when compared to England however this may be due to the relatively older population in Norfolk.

*Table 14: Prevalence of long-term conditions at Norfolk GPs (2023-24)<sup>45</sup>*

Condition	Norfolk prevalence	England prevalence	Age filter
Atrial fibrillation	2.9%	2.2%	-
Asthma	7.9%	6.5%	Ages 6+
Cancer	4.4%	3.6%	-
Coronary Heart Disease (CHD)	3.6%	3.0%	-
Chronic kidney disease	5.1%	4.4%	Ages 18+
Chronic Obstructive Pulmonary Disease (COPD)	2.2%	1.9%	-
Dementia	1.0%	0.8%	-
Depression incidence (diagnosed in last year)	1.0%	1.5%	Ages 18+
Diabetes	8.4%	7.7%	Ages 17+
Epilepsy	0.9%	0.8%	Ages 18+
Heart failure	1.1%	1.1%	-
Hypertension	17.3%	14.8%	-
Learning disabilities	0.7%	0.6%	-
Mental health*	1.0%	1.0%	-
Non-diabetic hyperglycaemia	12.5%	8.2%	Ages 18+
Obesity	14.1%	12.8%	Ages 18+
Osteoporosis	0.9%	1.1%	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	2.4%	1.9%	-

\* Mental health includes schizophrenia, bipolar affective disorder and other psychoses

<sup>45</sup> NHS England. Quality Outcomes Framework (QOF) database 2023/24. [Accessed February 2025]  
[www.gpcontract.co.uk/](http://www.gpcontract.co.uk/)

Table 15: Prevalence of conditions by district area<sup>45</sup>

Area	CHD (all ages)	Depression incidence (diagnosed in last year) 18+	Hypertension (all ages)	Osteoporosis (50+)	Rheumatoid arthritis (16+)	Stroke (all ages)
Breckland	3.8%	1.0%	18.5%	0.7%	1.1%	2.4%
Broadland	3.5%	1.0%	17.3%	0.7%	1.1%	2.3%
Great Yarmouth	4.0%	1.1%	18.7%	2.7%	1.0%	2.5%
King's Lynn and West Norfolk	4.2%	1.0%	19.3%	1.2%	1.0%	2.9%
North Norfolk	4.8%	1.0%	21.8%	0.5%	1.3%	3.2%
Norwich	2.5%	1.3%	12.2%	0.6%	0.8%	1.7%
South Norfolk	3.3%	0.7%	16.5%	0.4%	1.0%	2.2%
<b>Norfolk</b>	<b>3.6%</b>	<b>1.0%</b>	<b>17.3%</b>	<b>0.9%</b>	<b>1.0%</b>	<b>2.4%</b>
<b>England</b>	<b>3.0%</b>	<b>1.5%</b>	<b>14.8%</b>	<b>1.1%</b>	<b>0.8%</b>	<b>1.9%</b>

Table 16: Prevalence of conditions by PCN area<sup>45</sup>

Area	CHD: QOF prevalence (all ages)	Depression incidence (diagnosed in last year) 18+	Hypertension: QOF prevalence (all ages)	Osteoporosis: QOF prevalence (50+)	Rheumatoid arthritis: QOF prevalence (16+)	Stroke: QOF prevalence (all ages)
Breckland Surgeries PCN	3.2%	0.8%	15.8%	0.3%	0.9%	1.9%
Fens and Brecks PCN	4.1%	0.6%	20.2%	0.3%	1.1%	2.8%
Gorleston PCN	4.0%	0.5%	17.7%	3.3%	1.1%	2.5%
Great Yarmouth and Northern Villages PCN	4.0%	1.5%	19.5%	2.3%	1.0%	2.6%
Ketts Oak PCN	3.3%	0.6%	16.1%	0.5%	1.0%	2.1%
King's Lynn PCN	3.8%	1.2%	17.3%	2.5%	0.9%	2.7%
Mid Norfolk PCN	3.8%	0.8%	19.9%	0.8%	1.1%	2.6%
North Norfolk 1 PCN	4.8%	1.0%	21.2%	0.4%	1.1%	3.3%
North Norfolk 2 PCN	4.9%	1.1%	22.2%	0.5%	1.4%	3.1%
North Norfolk 3 PCN	3.5%	0.9%	17.1%	0.8%	1.1%	2.5%
North Norfolk 4 PCN	4.2%	0.9%	20.4%	0.8%	1.3%	2.8%
Norwich Central PCN	2.0%	1.2%	10.3%	0.8%	0.6%	1.6%
Norwich East PCN	2.9%	1.3%	13.9%	0.5%	0.8%	1.8%
Norwich North PCN	3.0%	1.2%	15.2%	0.7%	1.0%	2.2%
Norwich West PCN	2.8%	1.5%	13.8%	0.5%	0.9%	1.9%
South Norfolk HIP PCN	3.5%	0.6%	17.6%	0.3%	1.0%	2.5%
Swaffham and Downham Market PCN	4.6%	1.4%	20.8%	0.8%	1.2%	3.0%
West Norfolk Coastal PCN	5.3%	1.1%	23.3%	0.4%	1.3%	4.0%
<b>Norfolk</b>	<b>3.6%</b>	<b>1.0%</b>	<b>17.3%</b>	<b>0.9%</b>	<b>1.0%</b>	<b>2.4%</b>
<b>England</b>	<b>3.0%</b>	<b>1.5%</b>	<b>14.8%</b>	<b>1.1%</b>	<b>0.8%</b>	<b>1.9%</b>

Note: Data is recorded at an organisational level (GP level) so cannot be accurately mapped to residential area.

## 2.8.1 Cardiovascular Disease (CVD)

The prevention of cardiovascular disease (CVD) is a national public health priority, and the NHS Long Term Plan has identified CVD as the single biggest area where the NHS can save lives over the next 10 years. In Norfolk, CVD is the second leading cause of premature deaths. People from more deprived areas in England are nearly four times more likely to die prematurely from CVD, compared to those from the most affluent populations.<sup>46</sup>

Coronary heart disease (CHD), diabetes and hypertension are major risk factors for CVD. Their prevalence has been mapped below.

Detailed information about and analysis of CVD and its impact on the population of Norfolk can be found on Norfolk Insight.<sup>47</sup>

*Table 17: Prevalence of coronary heart disease, diabetes and hypertension by PCN area<sup>48</sup>*

PCN area	CHD: QOF prevalence (all ages)	Diabetes (17+)	Hypertension: QOF prevalence (all ages)
Breckland Surgeries PCN	3.2%	8.0%	15.8%
Fens and Brecks PCN	4.1%	10.6%	20.2%
Gorleston PCN	4.0%	9.5%	17.7%
Great Yarmouth and Northern Villages PCN	4.0%	10.1%	19.5%
Ketts Oak PCN	3.3%	7.2%	16.1%
King's Lynn PCN	3.8%	9.1%	17.3%
Mid Norfolk PCN	3.8%	9.0%	19.9%
North Norfolk 1 PCN	4.8%	9.3%	21.2%
North Norfolk 2 PCN	4.9%	9.8%	22.2%
North Norfolk 3 PCN	3.5%	8.0%	17.1%
North Norfolk 4 PCN	4.2%	8.7%	20.4%
Norwich Central PCN	2.0%	4.8%	10.3%
Norwich East PCN	2.9%	7.0%	13.9%
Norwich North PCN	3.0%	7.2%	15.2%
Norwich West PCN	2.8%	7.8%	13.8%
South Norfolk HIP PCN	3.5%	8.0%	17.6%
Swaffham and Downham Market PCN	4.6%	10.5%	20.8%
West Norfolk Coastal PCN	5.3%	9.7%	23.3%
<b>Norfolk</b>	<b>3.6%</b>	<b>8.4%</b>	<b>17.3%</b>

<sup>46</sup> Norfolk Insight. [Accessed February 2025] [https://www.norfolkinsight.org.uk/wp-content/uploads/2023/12/JSNA\\_NHS\\_Health\\_Check\\_Infographic\\_Nov-2023.pdf](https://www.norfolkinsight.org.uk/wp-content/uploads/2023/12/JSNA_NHS_Health_Check_Infographic_Nov-2023.pdf)

<sup>47</sup> Norfolk Insight. [Accessed February 2025] <https://www.norfolkinsight.org.uk/jsna/>

<sup>48</sup> NHS England. QOF database 2023/24. [Accessed February 2025] [www.gpcontract.co.uk/](http://www.gpcontract.co.uk/)

Figure 11: CHD prevalence by PCN (2023/24)<sup>48</sup>

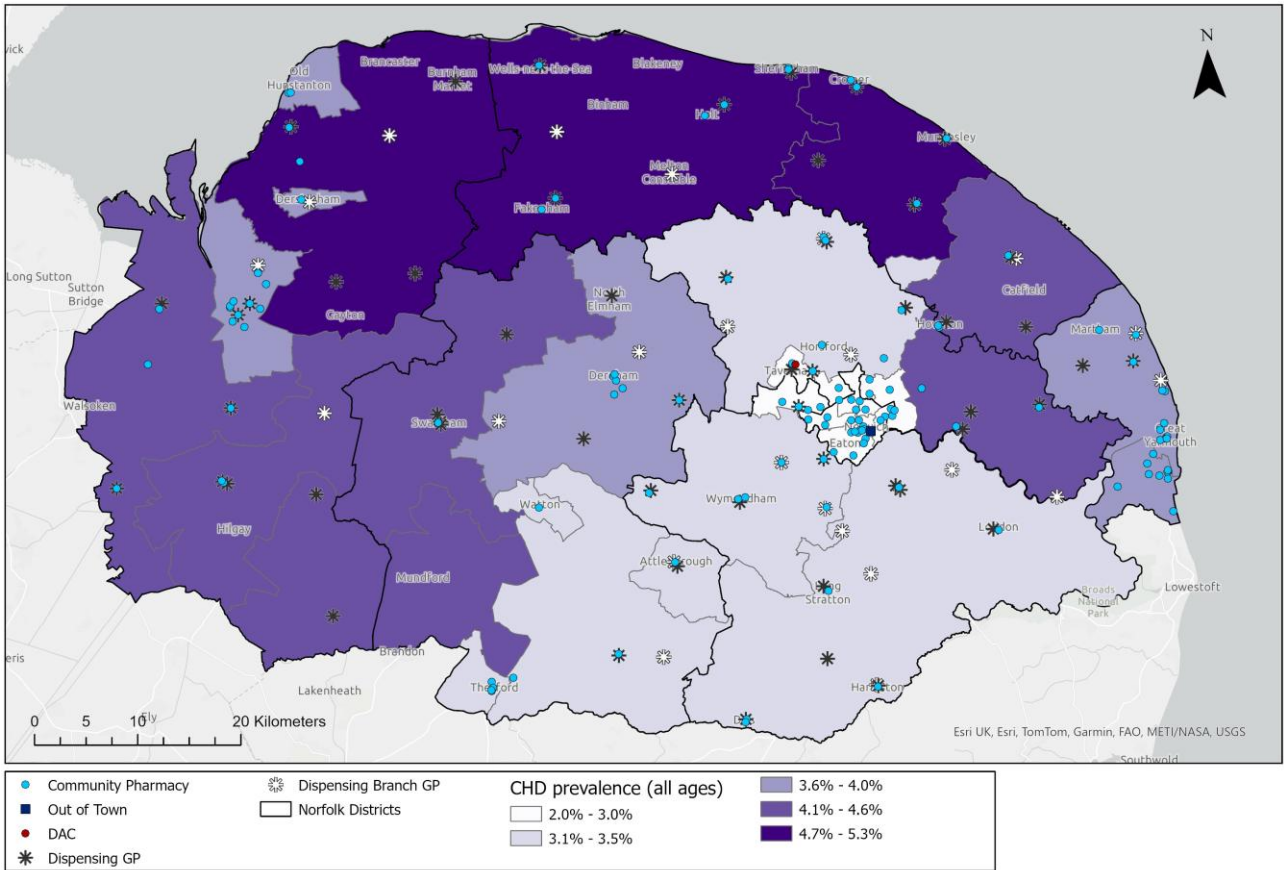
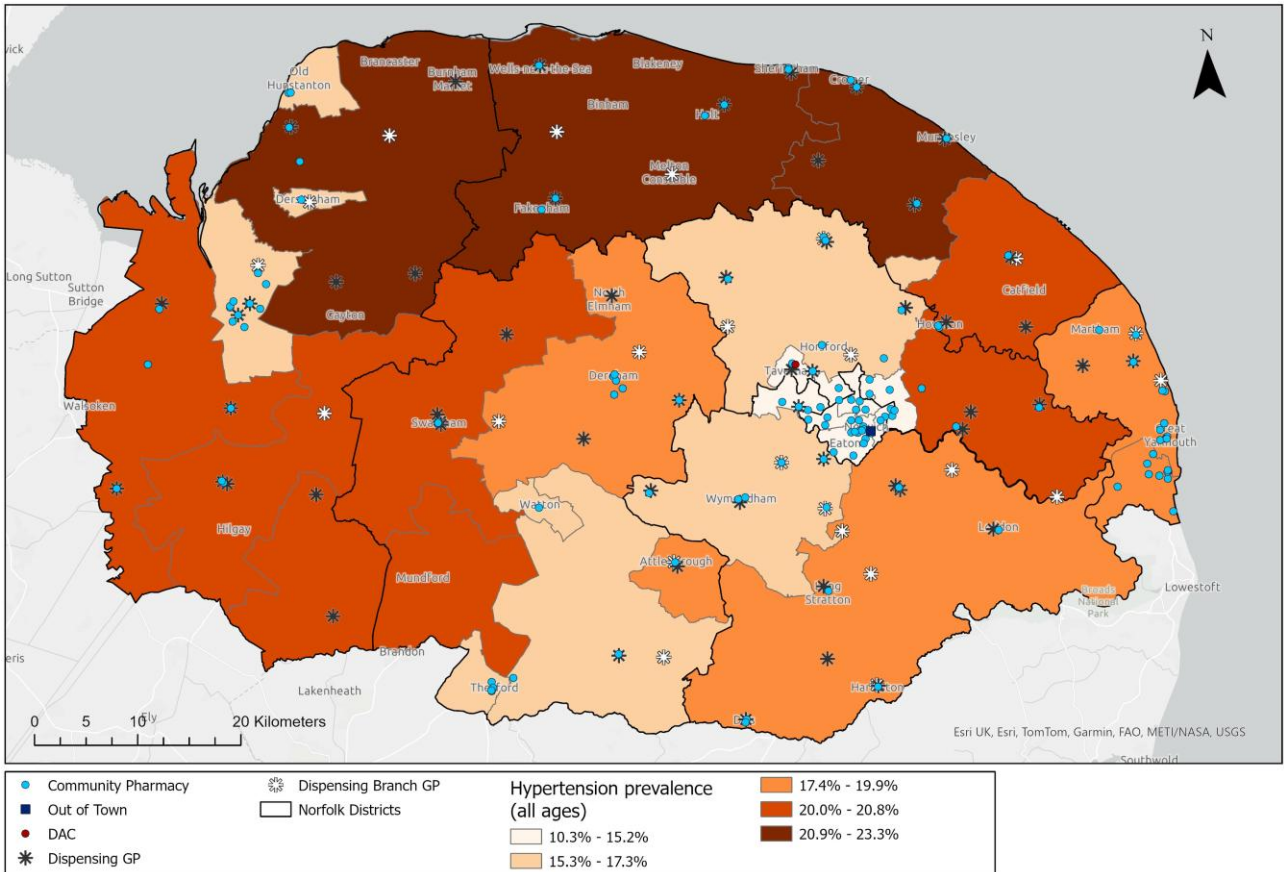
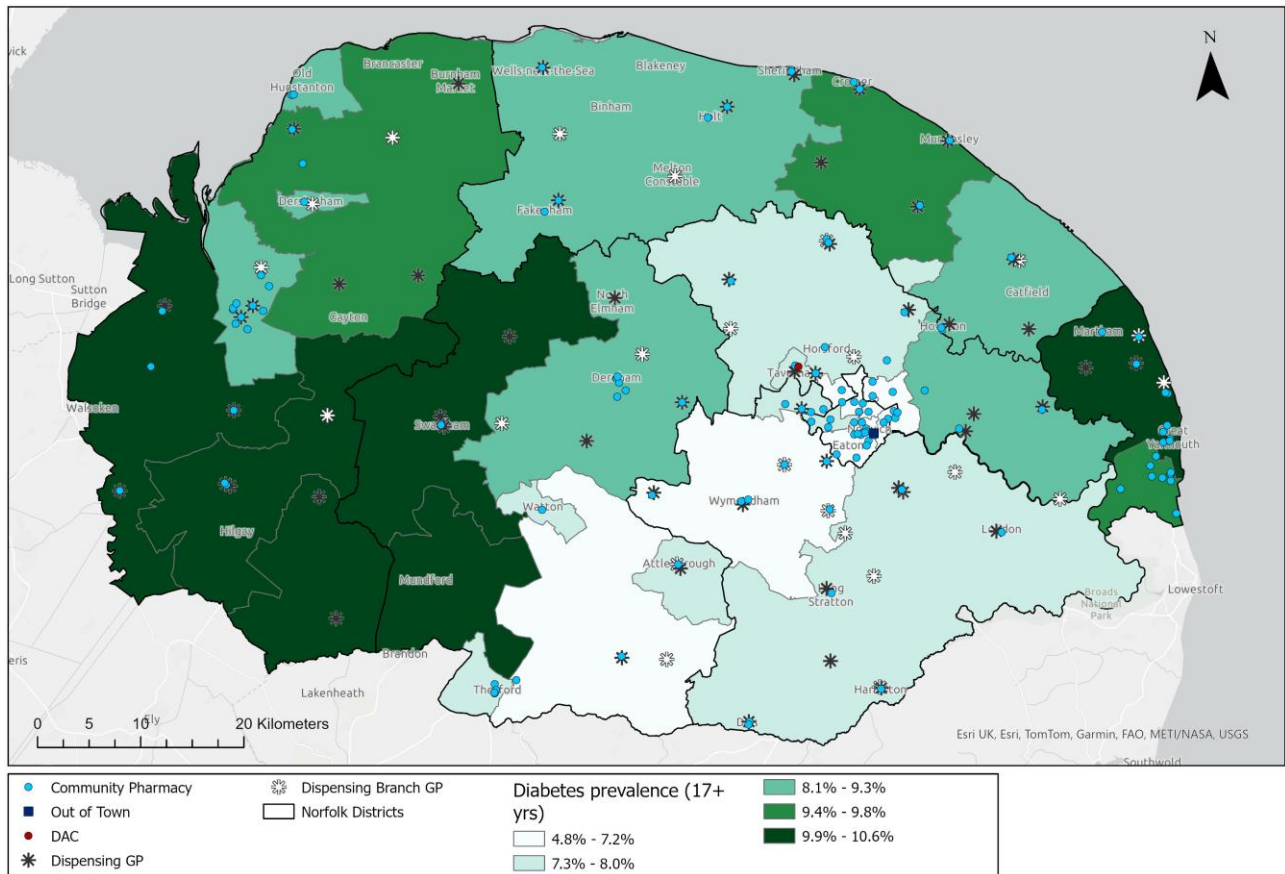


Figure 12: Hypertension prevalence by PCN (2023/24)<sup>48</sup>





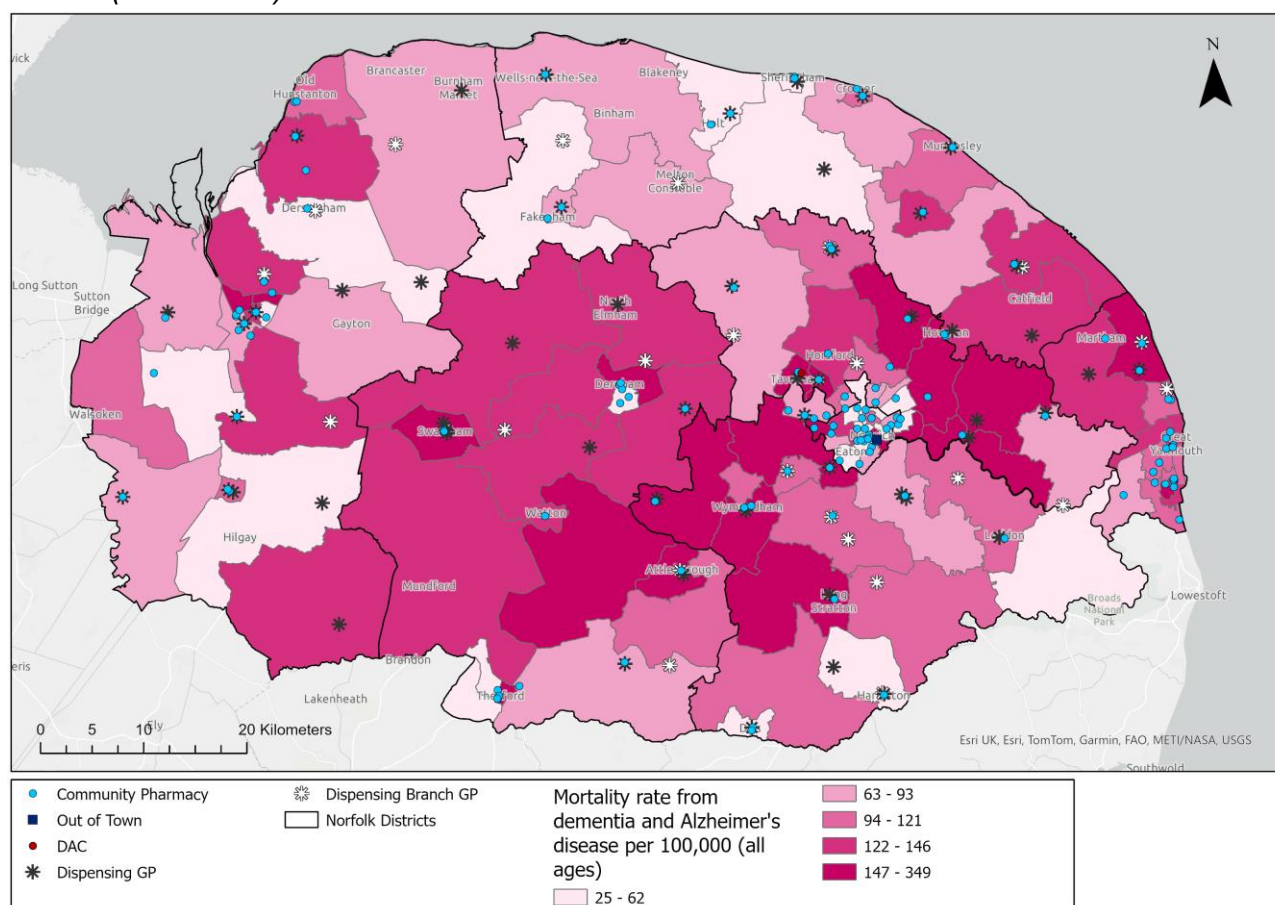
*Figure 13: Diabetes prevalence by PCN (2023/24)<sup>48</sup>*





## 2.8.2 Dementia

Figure 14: Mortality rate per 100,000 from dementia and Alzheimer's disease, all ages by MSOA (2019-2023)<sup>49</sup>



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 2023/24 in Norfolk, about 1% of the population has a dementia diagnosis recorded with their GP. This is higher than England, which has a prevalence of 0.8% however it should be noted that the population is relatively older in Norfolk when compared to England.

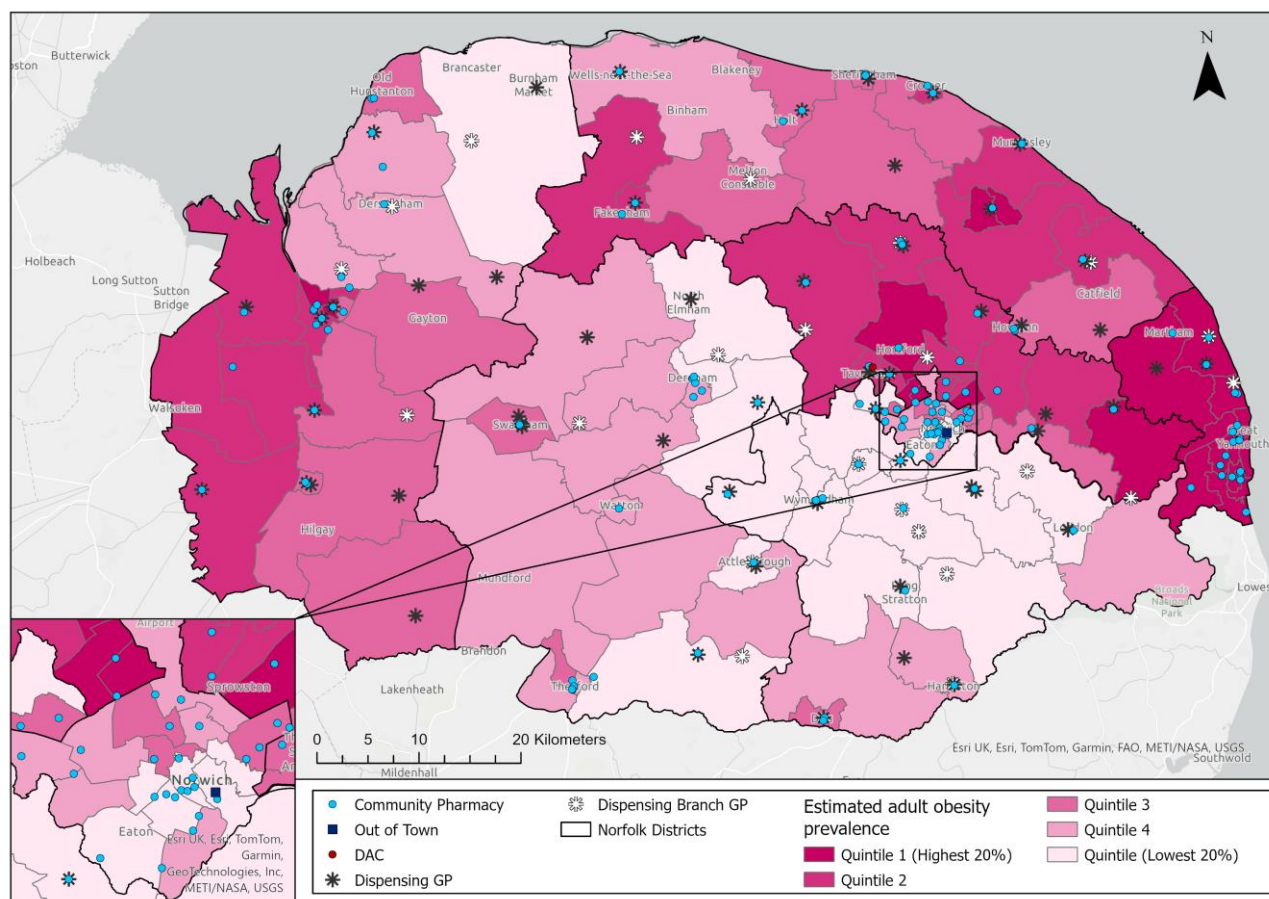
<sup>49</sup> Source: NCC, Civil Registrations Database. [Accessed February 2025].

## 2.9 Health behaviours

### 2.9.1 Excess weight and obesity

People are classified as overweight when their Body Mass Index (BMI) is over 25, and obese when their BMI is over 30. In Norfolk the prevalence of obesity in adults in 2022-23 was 65%.<sup>50</sup> In children, the prevalence of overweight including obesity for ages 4–5 is 21%, and by ages 10–11 increases to 36%.<sup>51</sup>

*Figure 15: Estimated prevalence of adult obesity based on the wider determinants of health by MSOA (2024)<sup>52</sup>*



Obesity can lead to high blood pressure and associated increase in CVD, as well as diabetes and reduced quality of life and ill health.

<sup>50</sup> OHID. Public health profiles. [Accessed February 2025].

<https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities> 2024. Based on Sport England data (Active Lives Adult Survey). [Accessed February 2025]. <https://fingertips.phe.org.uk/>

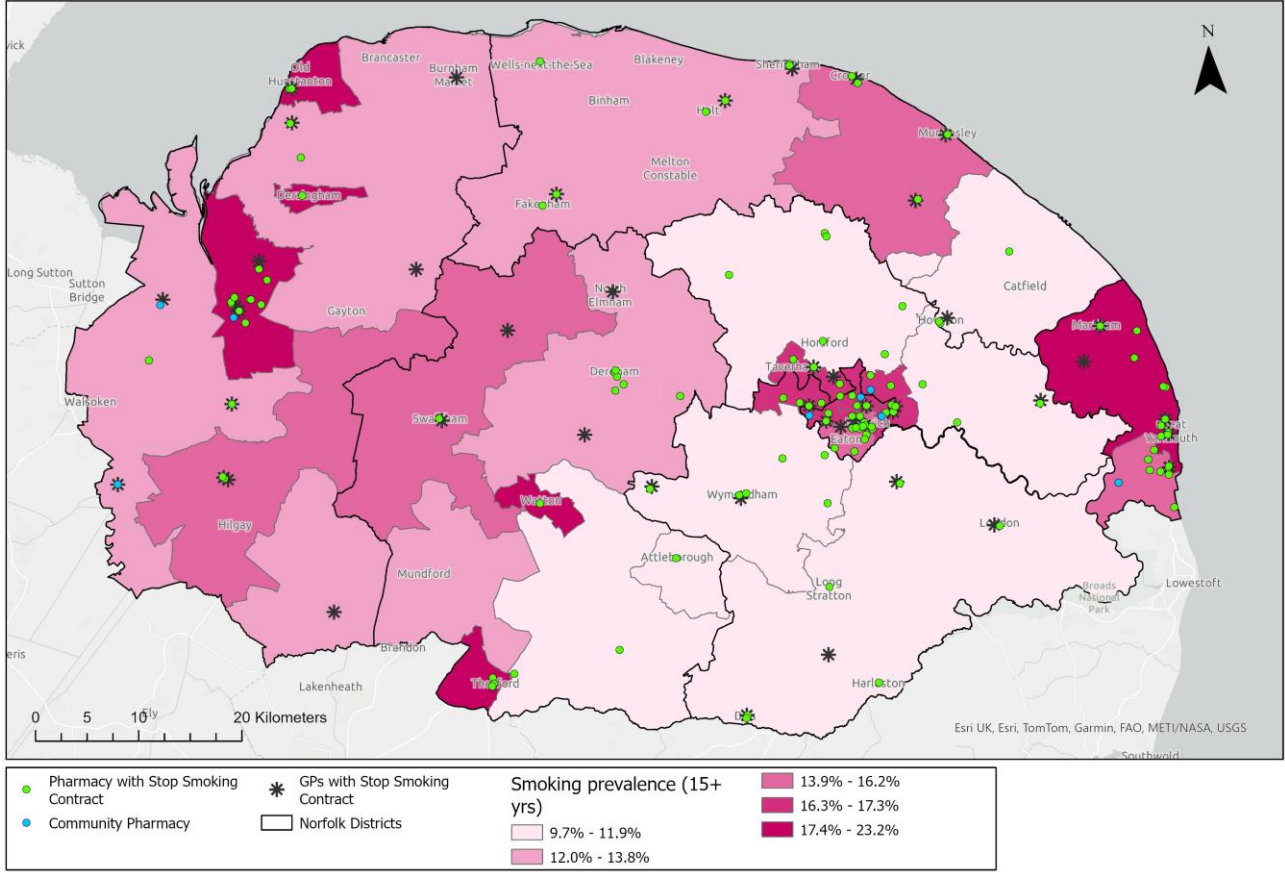
<sup>51</sup> NHS England, National Child Measurement Programme.

<sup>52</sup> NCC modelled estimate based on 2021 census data.

2.9.2 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). It is estimated that 12.2% of adults in Norfolk smoke, similar to the national average of 11.6%. Overall smoking prevalence is declining over time.<sup>53</sup>

Figure 16: Smoking prevalence in adults, aged 15+ (%) by PCN(2023/24)<sup>54</sup>



2.9.3 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.

<sup>53</sup> OHID. Public health profiles 2024. [Accessed February 2025].  
<https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities> [Accessed February 2025]. <https://fingertips.phe.org.uk/>  
<sup>54</sup> OHID. Public health profiles 2024. [Accessed February 2025].  
<https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities> Data from the ONS Annual Population Survey. [Accessed February 2025]. <https://fingertips.phe.org.uk/>

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 49 per 100,000 compared with 58 in England during 2020/21–2022/23. This was 145 people in Norfolk over that three-year period.<sup>55</sup>

#### 2.9.4 Alcohol misuse

According to the 2022 Health Survey for England, 48% adults drank alcohol in the last week. Measures of usual weekly consumption are presented in line with the current guidelines for sensible drinking:<sup>56</sup>

- lower risk (up to 14 units for men and women).
- increasing risk (above 14 and up to 50 units for men, above 14 and up to 35 units for women).
- higher risk (above 50 units a week for men, above 35 units for women).

Overall, 88% of adults were found to be 'lower risk drinking', 11% 'increasing risk' drinking and 1% 'higher risk' drinking.<sup>57</sup>

In 2022-23 there were 15,493 hospital admissions for alcohol-related conditions in Norfolk (broad definition). This trend has remained fairly stable over the last six years (prior to 2022/2023).<sup>58</sup>

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<sup>55</sup> OHID. Public health profiles 2024. [Accessed February 2025].

<https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities> [Accessed February 2025]. <https://fingertips.phe.org.uk/>

<sup>56</sup> DHSC. Current guidelines for sensible drinking. [Accessed February 2025]

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545937/UK\\_CMOs\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf)

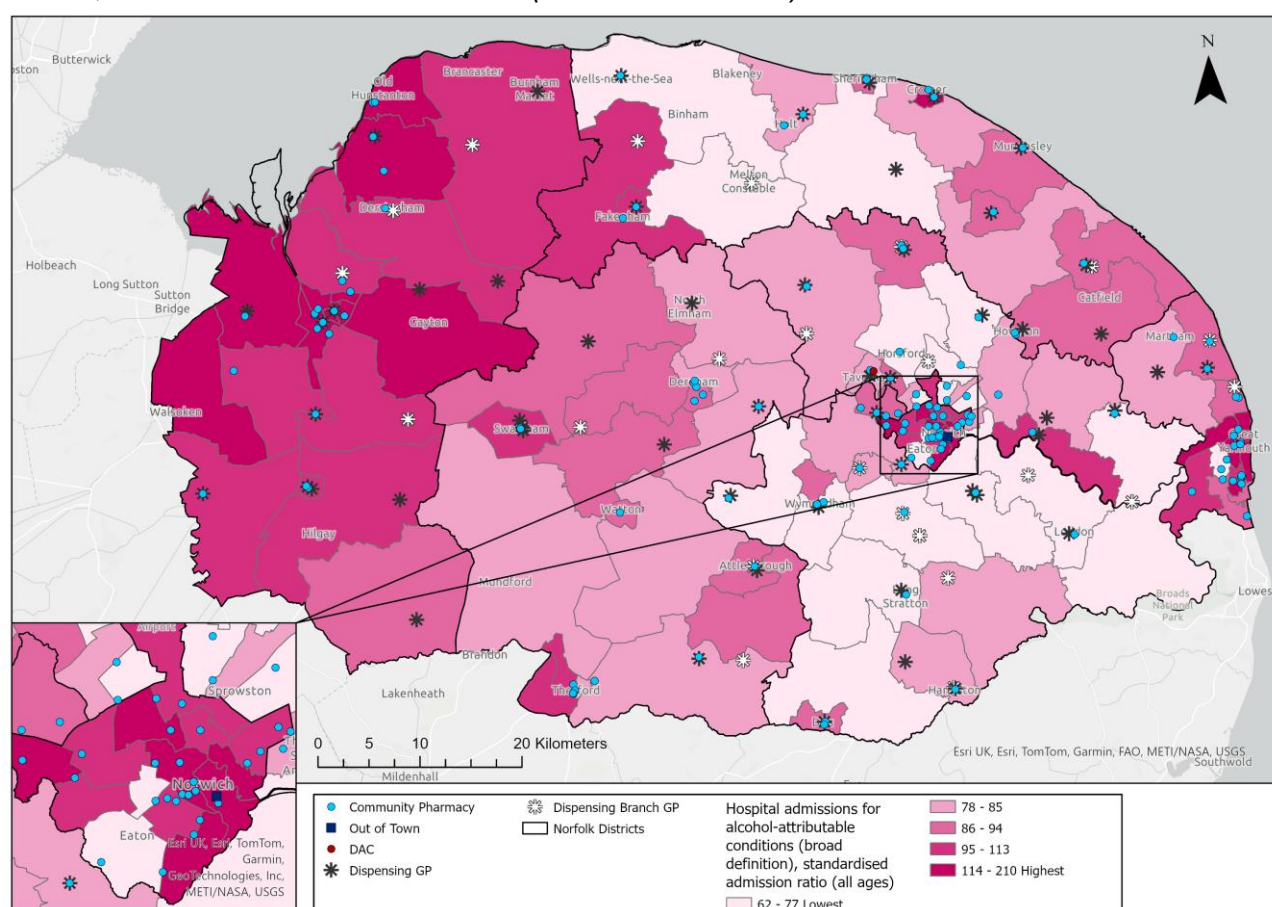
<sup>57</sup> NHS Digital, Health Survey for England, 2022 Part 1. [Accessed February 2025] <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1/adult-drinking>

<sup>58</sup> OHID. Public health profiles 2024. [Accessed February 2025].

<https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities> [Accessed February 2025]. <https://fingertips.phe.org.uk/>



Figure 17: Hospital admissions for alcohol-attributable conditions (broad definition), by MSOA, standardised admission ratio (2016/17–2020/21)<sup>58</sup>



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.

## 2.9.5 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.

### 2.9.5.1 Chlamydia and gonorrhoea

The most-diagnosed STIs in England in 2023 were chlamydia (accounting for 49% of all new STI diagnoses) and gonorrhoea (21%).<sup>59</sup> 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 1,485 per 100,000 for females aged 15-24 (which is below the national benchmark). Chlamydia screening for females aged 15–24 during 2023 was 20%, similar to the national average. 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, 2023<sup>60</sup>*

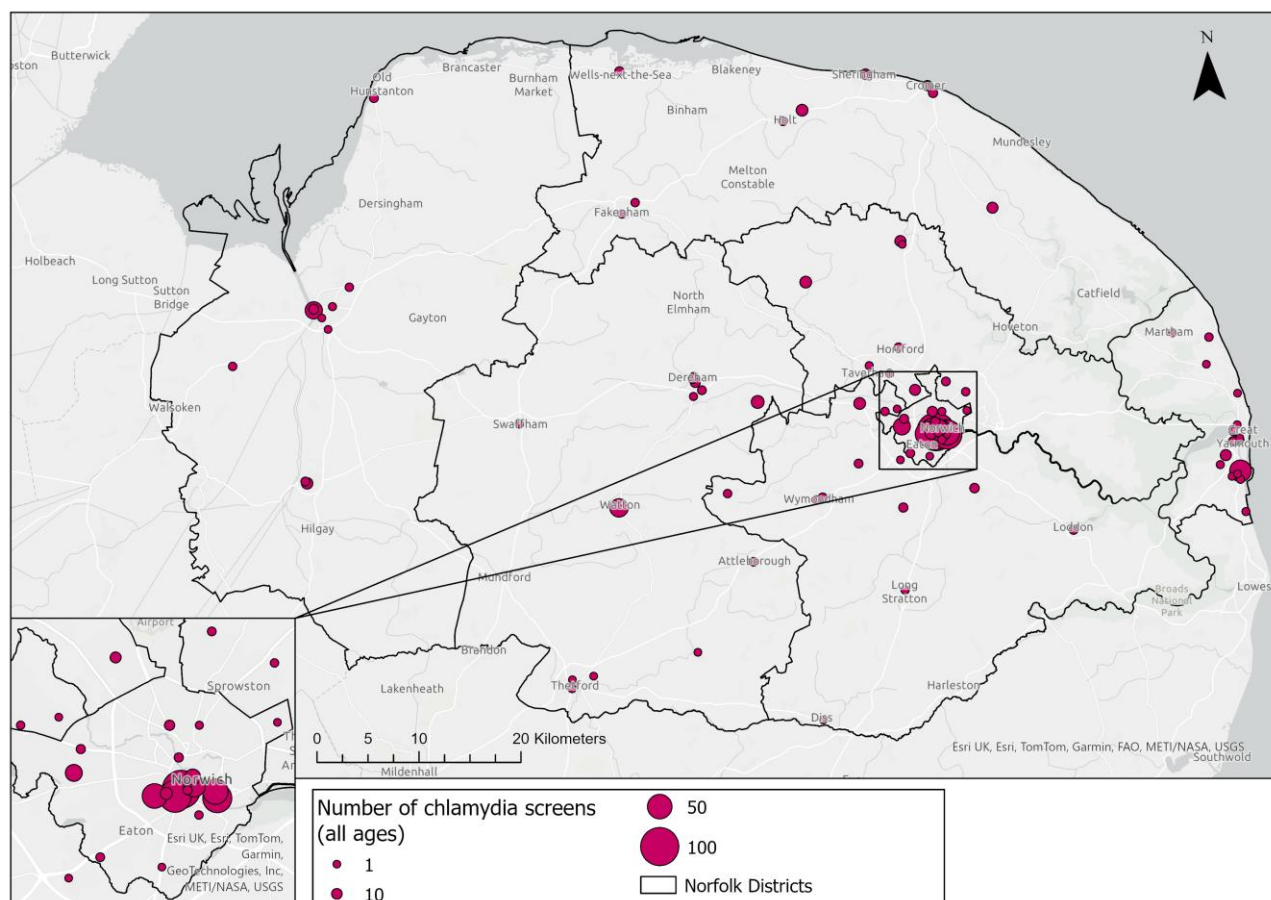
Area	Chlamydia detection rate per 100,000	Chlamydia screening proportion (Females)
Breckland	1,395	16.5
Broadland	1,513	20.5
Great Yarmouth	1,821	24.5
King's Lynn and West Norfolk	1,235	17.7
North Norfolk	1,182	18.3
Norwich	1,621	22.3
South Norfolk	1,431	19.7
<b>Norfolk</b>	<b>1,485</b>	<b>20.4</b>
<b>England</b>	<b>1,962</b>	<b>20.4</b>

<sup>59</sup> UKSHA, 2024. Sexually transmitted infections and screening for chlamydia in England: 2023 report - GOV.UK. [Accessed February 2025]. <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2023-report>

<sup>60</sup> OHID. Public health profiles 2024. [Accessed February 2025]. <https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities> [Accessed February 2025]. <https://fingertips.phe.org.uk/>

Chlamydia detection across Norfolk in pharmacies is evenly split, with most positive tests in pharmacies coming from pharmacies in Great Yarmouth, near the university and Norwich City Centre (Figure 18).

Figure 18: Chlamydia screening (all ages) by pharmacy during 2021/22-2023/24<sup>61</sup>



Note: Size of bubble reflects number of chlamydia screenings that have taken place at pharmacies.

### 2.9.5.2 Teenage conceptions

The rate of conception per 1,000 females aged under 18 in 2021 in Norfolk is 12.8, which is higher than but statistically similar to the East of England rate (11) and the England rate (13.1). The trend has been decreasing since 2009.<sup>62</sup> Overall in Norfolk in 2021 there were 170 conceptions in females aged 17 and under, and 50% of these (86 pregnancies) ended in abortion.

The under 18 conception rate varies in Norfolk districts, but only Great Yarmouth with a rate of 21 per 1,000 is statistically significantly higher than the England average.

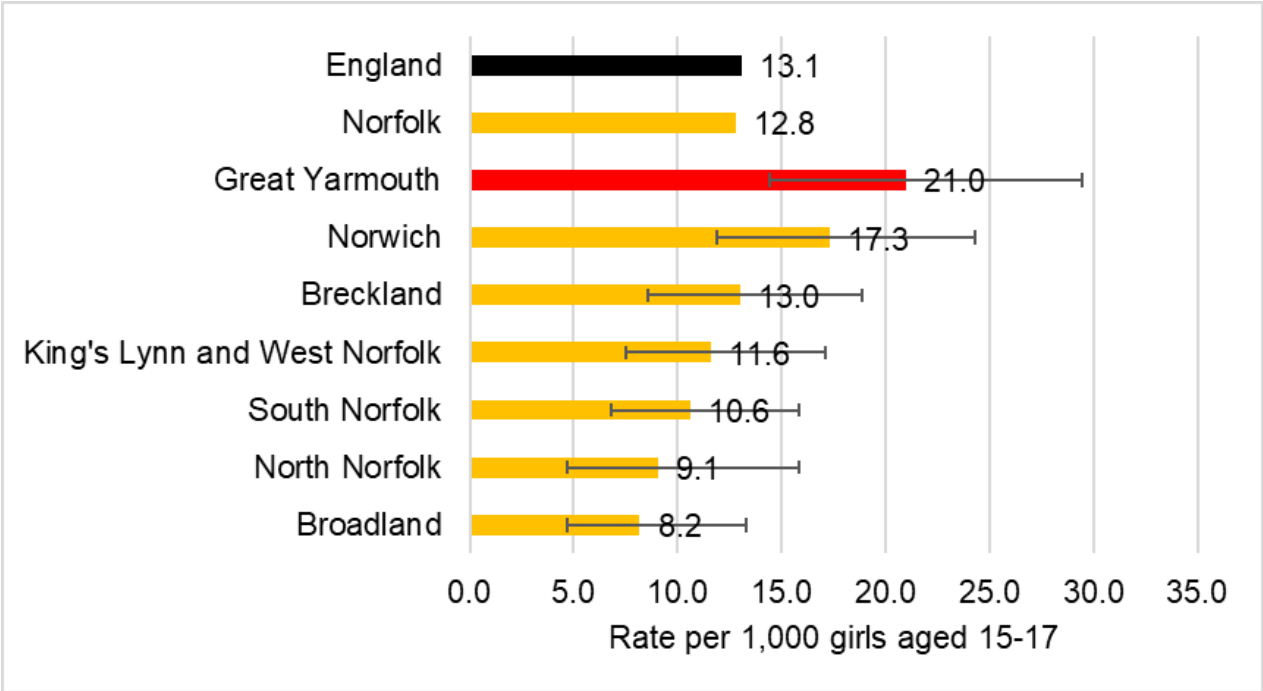
<sup>61</sup> NCC. Data extracted from PharmOutcomes.

<sup>62</sup> OHID. Public health profiles 2024. [Accessed February 2025].

<https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities> [Accessed February 2025]. <https://fingertips.phe.org.uk/>

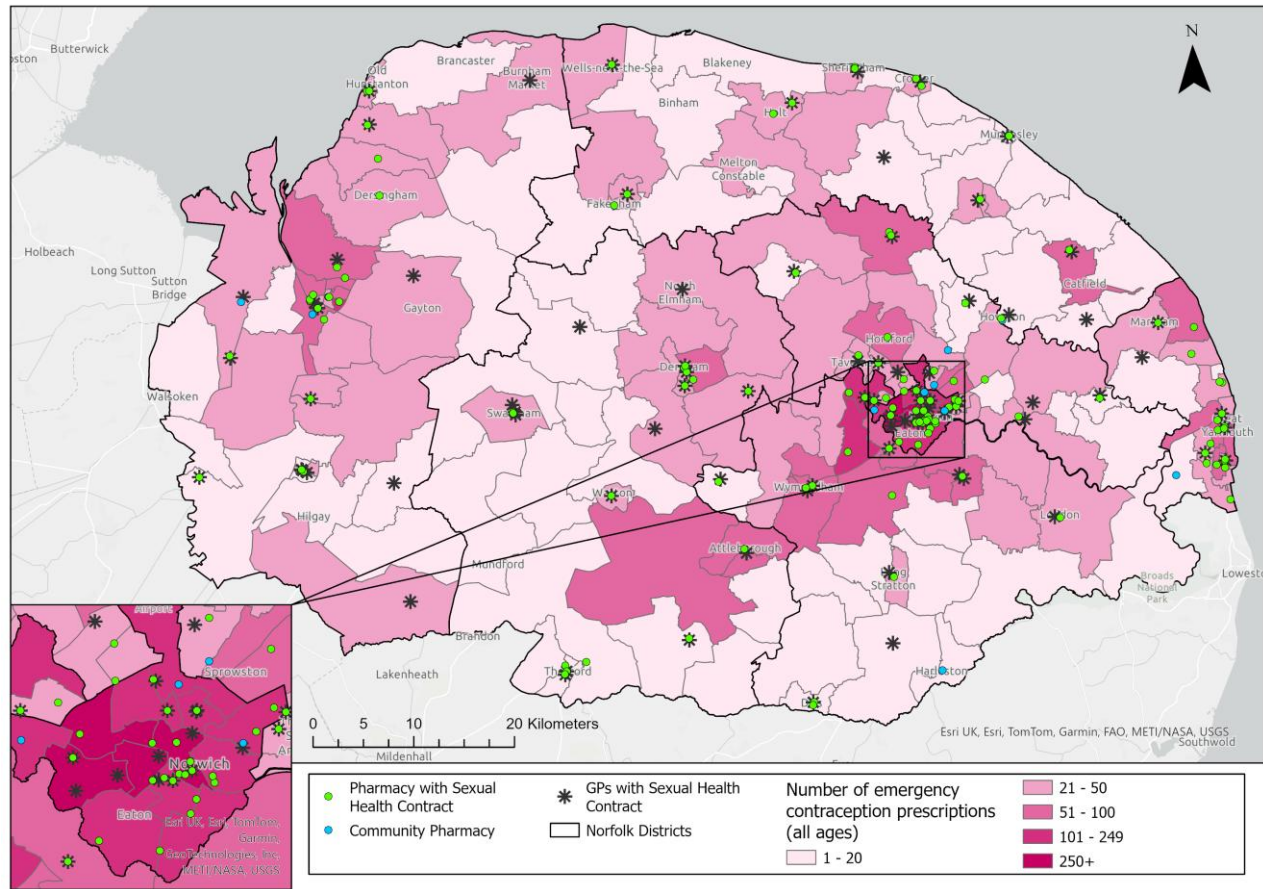


Figure 19: Under 18s conception rate per 1,000 – Norfolk Districts 2021<sup>62</sup>



Note: Bars are coloured red when they are statistically significantly higher than the England average, yellow when not significantly different and green when statistically significantly lower than the national average.

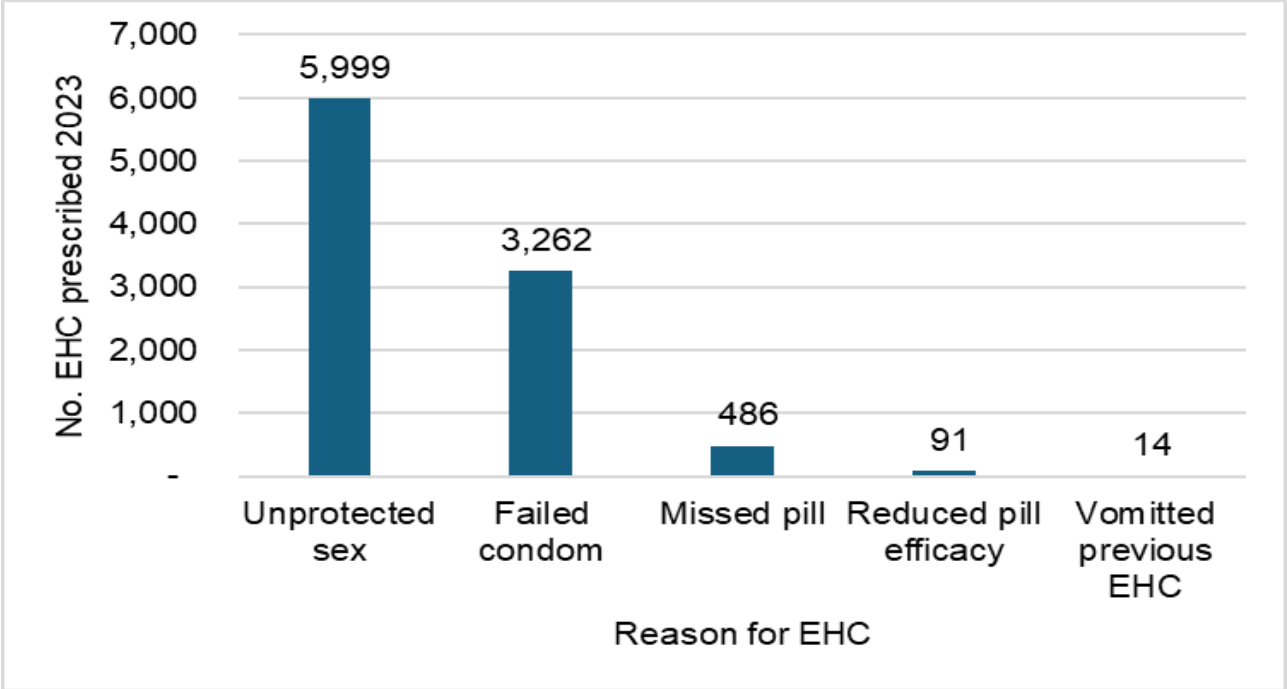
Figure 20: Pharmacy prescribed emergency contraception by ward (2023/24)<sup>63</sup>



<sup>63</sup> NCC. Data extracted from PharmOutcomes.

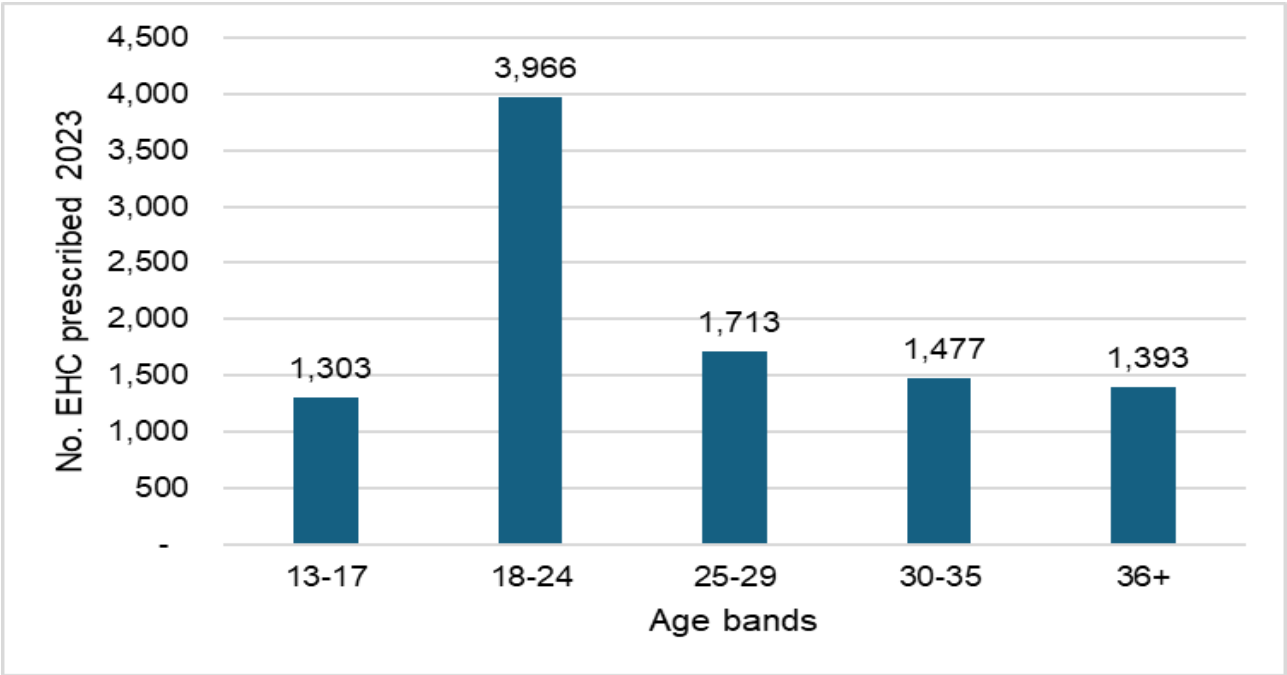
In 2023, 132 pharmacies provided emergency contraception, which are shown in Figure 20. Emergency contraception was provided 9,680 times in 2023, mainly for unprotected sexual intercourse or condom failure.

Figure 21: Indications for emergency contraception access through pharmacies (2023)<sup>63</sup>



Women of a range of ages obtained emergency contraception through pharmacies (Figure 22), 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 22: Age distribution of individuals accessing emergency contraception through pharmacies (2023)<sup>63</sup>



## Section 3: NHS pharmaceutical services provision, currently commissioned

### 3.1 Overview

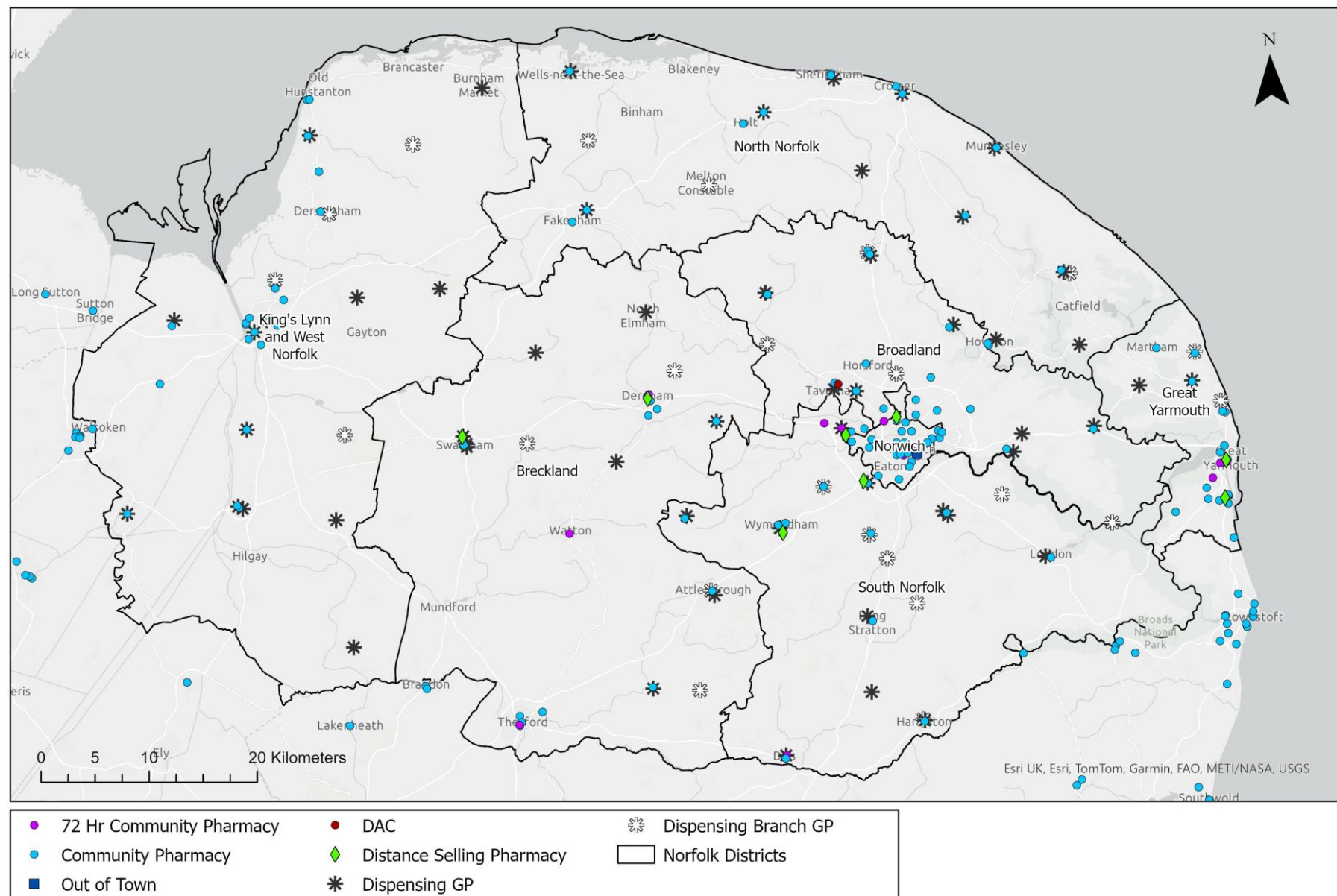
There are a total of 202 contractors in Norfolk.

*Table 19: Contractor type and number in Norfolk*

Type of contractor	Number
40-hour community pharmacies (including the PhAS and one pharmacy out of town)	125
72-hour plus community pharmacies	12
Distance Selling Pharmacies (DSPs)	8
Local Pharmaceutical Service (LPS) provider	0
Dispensing Appliance Contractor (DAC)	1
Dispensing doctor practices	56 main practices (80 including all satellite sites)
<b>Total</b>	<b>202 (226 including all sites)</b>

The total number of community pharmacies includes out of town and DSP where relevant in the analysis. Figure 23 shows all contractor locations within Norfolk. A list of all contractors in Norfolk and their opening hours can be found in Appendix A.

Figure 23: Map of pharmacies in Norfolk and across borders



### 3.2 Community pharmacies

*Table 20: Number of community pharmacies in Norfolk*

<b>Number of community pharmacies</b>	<b>Population of Norfolk</b>	<b>Ratio of pharmacies per 100,000 population</b>
145 (includes 8 DSPs)	925,695	15.7 community pharmacies per 100,000 population

Correct as of February 2025

There are 145 [community pharmacies](#) in Norfolk which has gone down from 157 since the previously published PNA in 2022. Due to this decrease and the slight increase in population, the ratio of community pharmacies per 100,000 has also decreased from 17.2 to 15.7. There has been a decline in the number of community pharmacies nationally as previously discussed in [Section 1.2](#).

As shown in Figure 23, there are community pharmacies in the bordering HWB which residents of Norfolk may find more accessible and/or more convenient.

Table 21 provides a breakdown, by district, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality and also varies within the locality. As shown in Figure 2 ([Section 2.6.1](#)) community pharmacies are typically located in areas of high population density and less so in rural areas.

[Section 1.6.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors as per the Community Pharmacy Contractual Framework. Further analysis of the pharmaceutical service provision and health needs for each district is explored in [Section 6](#).

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

<b>Area</b>	<b>Number of community pharmacies (February 2025)</b>	<b>Total population (ONS mid-2022 population)</b>	<b>Average no. of community pharmacies per 100,000 population</b>
Breckland	18	143,459	12.5
Broadland	17	133,885	12.7
Great Yarmouth	25	99,834	25.0
King's Lynn and West Norfolk	22	155,720	14.1
North Norfolk	16	103,223	15.5
Norwich	28	144,957	19.3
South Norfolk	19	144,617	13.1
<b>Norfolk</b>	<b>145</b>	<b>925,695</b>	<b>15.7</b>



### 3.3 Distance-Selling Pharmacies (DSPs)

There are eight [DSPs](#) in Norfolk, including four that have opened since the previous PNA (2022). These DSPs are located in the following districts: 2 in Breckland, 2 in Great Yarmouth, 2 in Norwich and 2 in South Norfolk. Full details can be found in Appendix A.

### 3.4 Dispensing doctor practices

In addition to the 145 community pharmacies (including 8 DSPs), Norfolk has 56 [dispensing doctor practices](#) providing pharmaceutical services. These 56 practices dispense prescriptions from a total of 80 sites. However, it should be noted that the dispensing doctor practices can only dispense to a defined list of residents within a controlled locality.

### 3.5 Dispensing Appliance Contractors (DACs)

As discussed in [Section 1.5.3](#), DACs provide a range of services but do not supply medicines. 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.

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 are 111 DACs in England<sup>64</sup>.

### 3.6 Local Pharmaceutical Service (LPS) providers

LPS providers are described in [Section 1.5.2](#).

There are no LPS pharmacies in Norfolk.

### 3.7 Pharmacy Access Scheme (PhAS) pharmacies

PhAS providers are described in [Section 1.5.1.3](#).

There are 28 PhAS pharmacies in Norfolk, which are listed in Appendix A.

### 3.8 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.

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<sup>64</sup> NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed February 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

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.

### 3.9 Access to community pharmacies and dispensing doctor practices

Community pharmacies in Norfolk are particularly located around areas with a higher density of population as shown in Figure 2 ([Section 2.6.1](#)). Many also provide extended opening hours and/or open at weekends.

A previously published article<sup>65</sup> suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk.
- This figure 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.

#### 3.9.1 Travel analysis

Census 2021 data shows that the overall percentage of households who have access to a car or van is 82.6% in Norfolk, higher than the average 76.5% in England and just below the East Region of 83.2%.<sup>66</sup>

*Table 22: Percentage of households across Norfolk with access to at least one car or van*

Area	% of households with access to a car or van
Breckland	86.7
Broadland	89.0
Great Yarmouth	74.6

<sup>65</sup> 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>

<sup>66</sup> ONS. 2021 Census Profile for areas in England and Wales. [Accessed February 2025] [https://www.nomisweb.co.uk/sources/census\\_2021/report?compare=E92000001#section\\_6](https://www.nomisweb.co.uk/sources/census_2021/report?compare=E92000001#section_6)



Area	% of households with access to a car or van
King's Lynn and West Norfolk	85.0
North Norfolk	85.4
Norwich	67.3
South Norfolk	89.5
<b>Norfolk</b>	<b>82.6</b>
<b>East of England</b>	<b>83.2</b>
<b>England</b>	<b>76.5</b>

A detailed travel analysis was completed to understand how long it takes residents across Norfolk to travel to a pharmacy or dispensing doctor practice at various times of the day and by various methods of transport. A full breakdown is provided in Appendix E including the methodology for public transport calculations and definitions of peak and off-peak. Please note that services from dispensing doctors are restricted to those who live more than 1 mile from a community pharmacy and within a controlled locality.

Car travel times (noting this is applicable only to those who own a car/van):

- Nearly all residents (97.2%) can reach a pharmacy within 10 minutes off-peak, increasing to 100% within 20 minutes.
- Peak time access is slightly lower at 95.4% within 10 minutes, but still nearly universal at 99.8% within 20 minutes.
- Access improves when including dispensing doctor practices, with 99.8% of residents reaching one within 10 minutes off-peak and 99.5% at peak times and 100% of residents within 20 minutes.

Walking travel times:

- 45.8% of residents are within a 10-minute walk of a pharmacy, increasing to 66.9% within 20 minutes and 71.5% within 30 minutes.
- Access is marginally better when including dispensing doctor practices, with 50.2% of residents within 10 minutes, 70.4% within 20 minutes, and 76.3% within 30 minutes.

Public transport travel times:

- 54.4% of the population can reach a pharmacy within 10 minutes by public transport, rising to 72.4% within 20 minutes and 75.9% within 30 minutes in the morning.
- Afternoon access is slightly higher, 62.6% of residents reaching a pharmacy within 10 minutes, 82.7% within 20 minutes and 89.4% within 30 minutes.
- When including dispensing doctor practices, access improves to pharmaceutical service provision, with 58.3% of residents reaching one within 10 minutes, 76% within 20 minutes and 80.6% within 30 minutes in the morning. Access improves to 66.4% in 10 minutes, 86.8% within 20 minutes and 92% within 30 minutes in the afternoon.

## District-level findings:

- All districts, except for King's Lynn and West Norfolk, have 100% access by car within 20 minutes during both peak and off-peak times. King's Lynn and West Norfolk are only slightly lower at 99% off peak and 98% at peak times gaining access within 20 mins.
- When including dispensing doctor practices, this increases to all districts gaining access within 20 minutes, either off peak or peak.
- More rural areas, such as North Norfolk and Breckland, have lower walking and public transport accessibility but maintain strong car access.
- There are no community pharmacies open after 6.30pm in North Norfolk however depending on where in North Norfolk they live, residents can access community pharmacies from other localities within 25 to 45 minutes when traveling by car.
- Norwich has the highest walking accessibility, with 77.9% of residents within 10 minutes on foot and 100% within 20 minutes.
- Public transport access varies, with Norwich and Great Yarmouth showing the best coverage, while Breckland, King's Lynn and West Norfolk, and North Norfolk have lower access levels.

## Summary:

- Car travel provides near-universal access to pharmacies within 20 minutes across Norfolk.
- Walking access is more limited, particularly in rural areas, but over 70% of residents are within 30 minutes on foot.
- Public transport access is generally good, with over 80% of the population able to reach a pharmacy within 30 minutes.

The above demonstrates adequate access to community pharmacies and dispensing doctor practices in Norfolk when taking into account the rurality of the area.

### 3.9.2 Weekend and evening provision

In May 2023 the Pharmaceutical Regulations 2013 were updated to allow 100 hour pharmacies to reduce their total weekly core opening hours to no less than 72 hours, subject to various requirements.

In the 2022 PNA Norfolk had 19 100-hour pharmacies (12%) compared to the 12 72-hour pharmacies now open in February 2025. Nationally, the number of 100-hour pharmacies have also declined since 2022.

Table 23 shows the percentage of Norfolk pharmacies open for 72 hours or more. Most 72-hour pharmacies are open late and at the weekends.

King's Lynn and West and North Norfolk have no 72-hour plus community pharmacies.

*Table 23: Number of 72-hour community pharmacies (and percentage of total)*

<b>Area</b>	<b>Number (%) of 72+ hour pharmacies</b>
Breckland	3 (17%)
Broadland	1 (6%)
Great Yarmouth	4 (16%)
King's Lynn and West Norfolk	0 (0%)
North Norfolk	0 (0%)
Norwich	1 (4%)
South Norfolk	3 (16%)
<b>Norfolk</b>	<b>12 (8%)</b>

### 3.9.2.1 Routine weekday evening access to community pharmacies

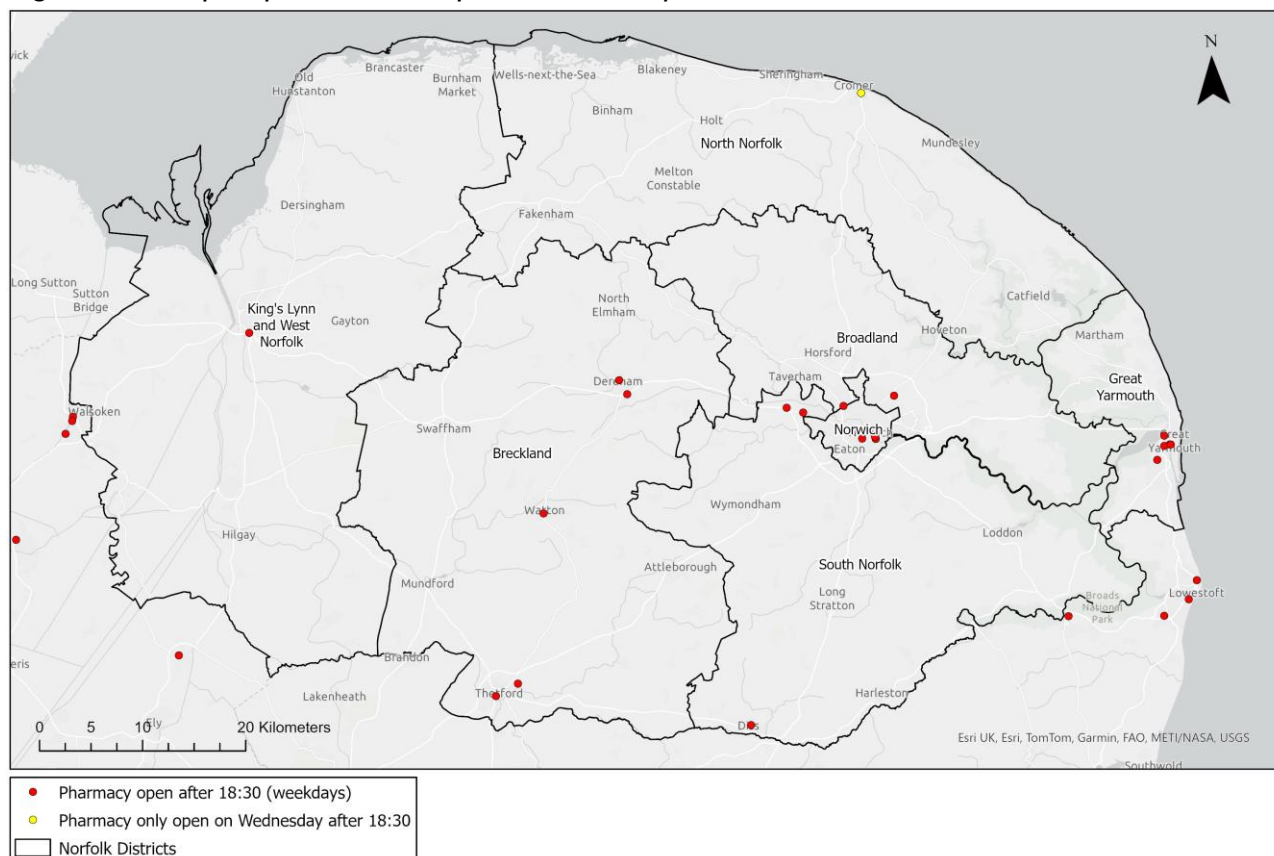
The number, location and opening hours of community pharmacy providers open beyond 6.30pm, Monday to Friday (excluding bank holidays), vary within each district; they are listed in the table below. Full details of all pharmacies' opening hours can be found in Appendix A.

*Table 24: Number and percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, and on Saturday and Sunday*

<b>Area</b>	<b>Number (%) of pharmacies open beyond 6.30 pm</b>	<b>Number (%) of pharmacies open on Saturday am (until 1pm)</b>	<b>Number (%) of pharmacies open on Saturday after 1pm</b>	<b>Number (%) of pharmacies open on a Sunday</b>
Breckland	5 (28%)	15 (83%)	10 (56%)	5 (28%)
Broadland	2 (12%)	16 (94%)	7 (41%)	2 (12%)
Great Yarmouth	5 (20%)	16 (64%)	9 (36%)	6 (24%)
King's Lynn and West Norfolk	1 (5%)	15 (68%)	9 (41%)	2 (9%)
North Norfolk	0*	14 (88%)	11 (69%)	2 (13%)
Norwich	3 (11%)	21 (75%)	12 (43%)	7 (25%)
South Norfolk	3 (16%)	14 (74%)	10 (53%)	3 (16%)
<b>Norfolk</b>	<b>19 (13%)</b>	<b>111 (77%)</b>	<b>68 (47%)</b>	<b>27 (19%)</b>

\* One pharmacy open beyond 6.30 pm on Wednesday only.

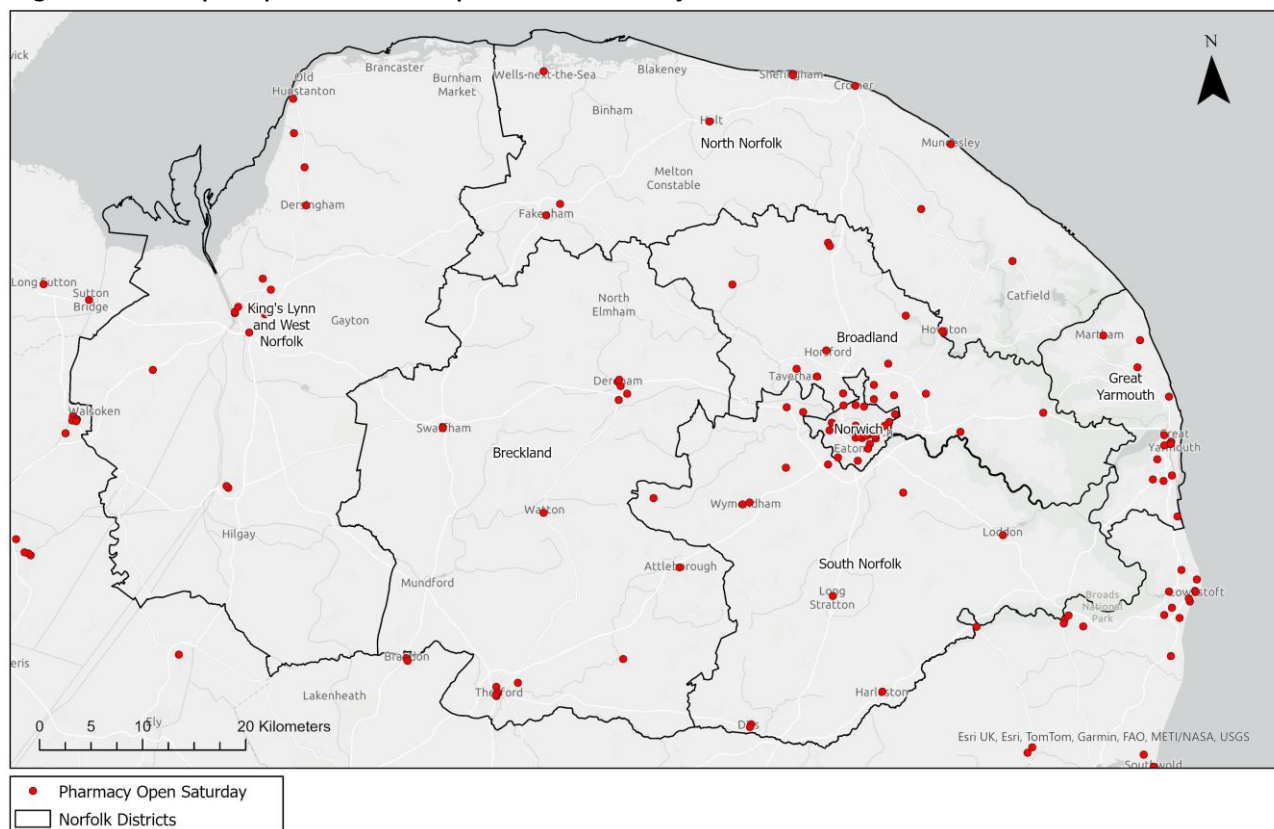
Figure 24: Map of pharmacies open after 6.30 pm across Norfolk



### 3.9.2.2 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each district. Of the pharmacies in Norfolk, 111 (77%) are open on Saturdays with 68 (47%) open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at district level. Full details of all pharmacies open on a Saturday can be found in Appendix A and in Figure 25 below.

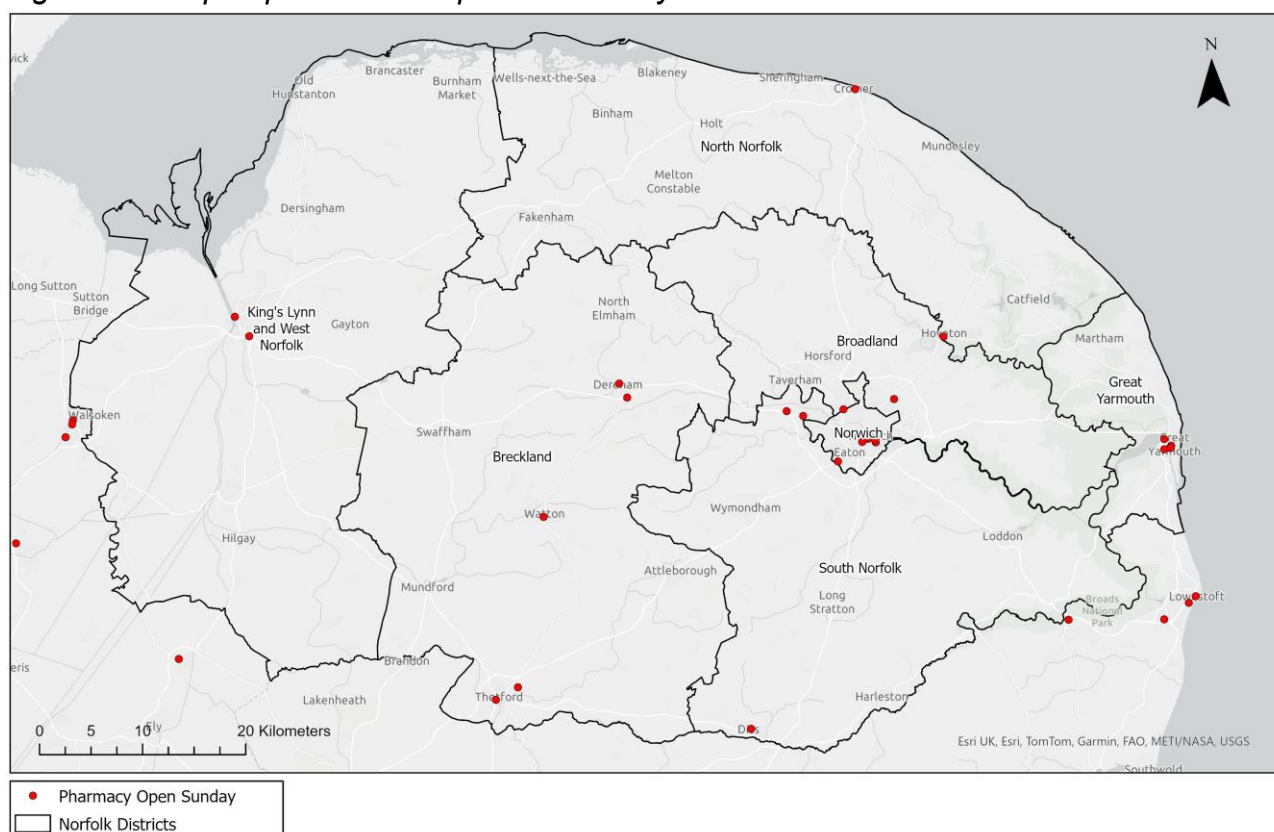
Figure 25: Map of pharmacies open on Saturday across Norfolk



### 3.9.2.3 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each district. Fewer pharmacies (27 (19%)) are open on Sundays than any other day in Norfolk, which typically mirrors availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A and in Figure 26 below.

Figure 26: Map of pharmacies open on Sunday across Norfolk



### 3.9.2.4 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays and 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.

Contractors also do not have to give formal notice of closures on these public and bank holidays but must ensure that their Directory of Services (DoS) and NHS website entries are accurate (this is now a terms of service requirement, with verification carried out quarterly).

To ensure patients can access medication on bank holidays, Good Friday, Easter Sunday and Christmas Day, the ICB commission an enhanced service as described in [Section 1.6.3](#). This helps maintain pharmacy coverage during these times. If gaps are identified based on location, travel time, and population, and no pharmacies volunteer to provide the enhanced service, the ICB will direct a pharmacy to open to improve access.

## 3.10 Advanced Service provision from community pharmacy

Advanced Services look to easing the burden on primary care services by providing access to a healthcare professionals in a high street setting.

[Section 1.6.2](#) lists all the Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. To understand provision across all districts data has been sourced by various methods to populate Table 25.



Data supplied from the ICB has been used to demonstrate how many community pharmacies per district have signed up to provide the Advanced Services and data from NHS Business Services Authority (NHS BSA) demonstrates whether the service has been provided, based on pharmacies claiming payment.

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

Details of individual pharmacy providers can be seen in Appendix A.

It should be noted that services, such as AUR and SAC provision is recorded as low through community pharmacies as DACs (a specialised supplier of medical appliances and devices) provides these services, as it does in Norfolk.

Newer advanced services are increasing in activity based on activity recorded in the 2022 PNA. For example, the Hypertension case-finding service previously had lower uptake across all districts however data now suggests good uptake for the majority of contractors in all districts.

The Smoking Cessation Service as described in [Section 1.6.2](#) currently has low uptake locally as well as nationally, however on average half of the pharmacies have signed up to start providing this service in all districts. This service relies on a referral from secondary care. Therefore, numbers should be interpreted with care as they are low due to referral not due to the lack of appetite to provide them.

There is a separate service commissioned locally which is discussed in [Section 4.1.2](#).

Table 25: Summary of Advanced Services and Enhanced Services provision by district

Service	Breckland	Broadland	Great Yarmouth	King's Lynn and West Norfolk	North Norfolk	Norwich	South Norfolk	Norfolk
Pharmacy First	83% (94%)	100% (100%)	100% (100%)	91% (95%)	94% (100%)	86% (96%)	100% (100%)	<b>93% (98%)</b>
Flu Vaccination service	78%	76%	92%	73%	94%	86%	95%	<b>85%</b>
Pharmacy Contraception Service	44% (89%)	24% (65%)	64% (92%)	59% (77%)	50% (94%)	50% (82%)	53% (89%)	<b>50% (84%)</b>
Hypertension Case Finding Service	67% (89%)	76% (88%)	96% (100%)	82% (95%)	94% (100%)	71% (93%)	84% (95%)	<b>81% (94%)</b>
New Medicine Service	89%	94%	96%	91%	100%	82%	95%	<b>92%</b>
Smoking Cessation Service	6% (56%)	0% (53%)	12% (80%)	0% (23%)	0% (69%)	0% (46%)	0% (63%)	<b>3% (55%)</b>
Appliance Use Review*	0%	0%	0%	0%	0%	0%	0%	<b>0%</b>
Stoma Appliance Customisation*	0%	0%	0%	0%	0%	0%	0%	<b>0%</b>
LFD Service	22% (56%)	53% (71%)	44% (76%)	64% (86%)	50% (69%)	36% (64%)	63% (89%)	<b>47% (73%)</b>
COVID-19 Vaccination Service**	- (50%)	- (71%)	- (68%)	- (45%)	- (38%)	- (25%)	- (42%)	<b>- (48%)</b>
Bank Holiday service	- (22%)	- (24%)	- (8%)	- (9%)	- (19%)	- (11%)	- (5%)	<b>- (13%)</b>

Note: The numbers in the table represent the percentage of providers who have claimed payment for service and those shown in brackets are the ones who signed up to the service, where information is available.

\* This service is typically provided by the DACs.

\*\*At the time of writing the service had only just restarted and therefore activity data does not reflect provision due to the seasonal trend in activity.

### 3.11 Enhanced Service provision from community pharmacy

There is currently one National Enhanced Service (NES) and one Local Enhanced Service (LES) commissioned through community pharmacies in Norfolk.

The NES is the COVID-19 vaccination service, and the LES is the Bank Holiday service.

As shown in Table 25 above, there is a spread across all districts of community pharmacies signed up to providing the services. Actual provision numbers for the NES are not available at the time of writing as this activity is seasonal. This service is also accessible to residents from other healthcare providers.

Under the Pharmaceutical Services Regulations 2013 pharmacies are not required to open on bank holidays including Boxing Day and Easter Sunday, therefore Norfolk and Waveney ICB commissions pharmaceutical support services when required. The service is commissioned under the Pharmaceutical Services (Advanced and Enhanced Services) Directions 2013 Part 4 Direction 14 (1). The aim of this service is for pharmacies to provide a pharmaceutical service for the hours commissioned by the ICB on those bank holidays, including Boxing day and Easter day.

This service level agreement seeks to remunerate Pharmacy Contractors for providing:

- A pharmaceutical dispensing service.
- Appropriate provision of pharmaceutical advice to patients and General Practitioners/clinicians either face to face or by telephone.
- Communication with Out of Hours services.
- All essential services as required under the terms of the Pharmacy Contract.
- Any Advanced Service and/or Enhanced Services including PGDs, to the same standard of service as provided during normal dispensing hours.
- A full pharmaceutical service including access to over-the-counter medicines and expert clinical advice.
- Provision of the Pharmacy First service in full.

There were 19 pharmacies (13%) open during the Bank Holidays of Christmas Day 2024, Boxing Day 2024 and New Year's Day 2025. Details can be found in Appendix A. This number may vary in subsequent years and is dependent on local funding rather than community pharmacy capacity. Other pharmacies may have also voluntarily chosen to be open on Boxing Day and New Year's Day. Updated details for each bank holiday available on the NHS website <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.

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

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

Community pharmacies provide a range of other services. These other services 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 ICB.

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

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list. Some of these services are also not exclusive to community pharmacies and are often commissioned through a range of providers.

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, ICBs and NHSE local teams. In Norfolk, most commissioned services are public health services and hence are commissioned by Norfolk County Council.

Appendix A provides a summary of Locally Commissioned Services (LCS) within Norfolk pharmacies and this section 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 ICB-commissioned services

Norfolk and Waveney ICB commissions one local service from community pharmacies.

*Table 26: Provision of NCC-commissioned services by community pharmacy in Norfolk*

Area	Essential medicines services
Breckland	3 (17%)
Broadland	5 (29%)
Great Yarmouth	1 (4%)
King's Lynn and West Norfolk	4 (18%)
North Norfolk	3 (19%)
Norwich	1 (4%)
South Norfolk	3 (16%)
<b>Norfolk</b>	<b>20 (14%)</b>

An Emergency supply scheme service is open for use from all pharmacies within Norfolk at any time of the day throughout the whole week. However, the contract for this service is currently under review.

#### **4.1.1.1 Essential medicines service (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. bank 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 the users of this service have prompt access to these medicines and dispense these in response to a prescription.

There are 20 pharmacies contracted to provide palliative care service in Norfolk. Details can be found in Appendix A. Local funding determines the number of community pharmacies contracted to provide the service.

#### 4.1.2 Local authority-commissioned services provided by community pharmacies in Norfolk

NCC commissions nine services from community pharmacies. Absence of a service does not mean a gap as often these services and needs are met by other providers.

*Table 27: NCC-commissioned services in community pharmacies in Norfolk (number and percentage)*

Service	Breckland	Broadland	Great Yarmouth	King's Lynn and West Norfolk	North Norfolk	Norwich	South Norfolk	Norfolk
<b>NHS health checks</b>	14 (78%)	12 (71%)	16 (64%)	15 (68%)	11 (69%)	20 (71%)	10 (53%)	<b>98 (68%)</b>
<b>Sexual health services</b>	17 (94%)	15 (88%)	23 (92%)	20 (91%)	15 (94%)	23 (82%)	17 (89%)	<b>130 (90%)</b>
<b>Stop smoking service</b>	17 (94%)	16 (94%)	24 (96%)	18 (82%)	15 (94%)	23 (82%)	17 (89%)	<b>130 (90%)</b>
<b>Nicotine replacement therapy service</b>	16 (89%)	16 (94%)	24 (96%)	18 (82%)	16 (100%)	22 (79%)	18 (95%)	<b>130 (90%)</b>
<b>Needle exchange service</b>	10 (56%)	5 (29%)	7 (28%)	11 (50%)	4 (25%)	20 (71%)	5 (26%)	<b>62 (43%)</b>
<b>Supervised consumption service</b>	14 (78%)	15 (88%)	20 (80%)	20 (91%)	15 (94%)	24 (86%)	17 (89%)	<b>125 (86%)</b>
<b>Take home Naloxone service</b>	10 (56%)	7 (41%)	13 (52%)	14 (64%)	10 (63%)	18 (64%)	12 (63%)	<b>84 (58%)</b>
<b>Sharps drop-off service</b>	6 (33%)	7 (41%)	15 (60%)	12 (55%)	7 (44%)	8 (29%)	11 (58%)	<b>66 (46%)</b>
<b>Healthy start vitamins</b>	10 (56%)	10 (59%)	12 (48%)	10 (45%)	12 (75%)	17 (61%)	8 (42%)	<b>79 (54%)</b>



#### **4.1.2.1 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. The service is in three lots which are: invitation to the service, delivery of phlebotomy or near patient testing, and community pharmacy records update.

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.

In Norfolk, 98 community pharmacies are commissioned to provide this service. Details can be found in Appendix A.

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

#### **4.1.2.2 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 Patient Group Direction (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, 130 pharmacies are commissioned to provide sexual health services. Details can be found in Appendix A. There are other providers across Norfolk who are also commissioned to provide similar services.

#### **4.1.2.3 Stop smoking service**

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 130 pharmacies in Norfolk that are commissioned to provide this service. Details can be found in Appendix A. Residents can access these services from other providers too.

#### **4.1.2.4 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.

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. Residents can access these services from other providers too.

There are 130 pharmacies contracted to provide this service in Norfolk. that provide this service. Details can be found in Appendix A.

#### **4.1.2.5 Needle exchange**

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

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

Pharmacists are well placed to be able to provide services as part of the local harm reduction strategy. Residents can access these services from other providers too.

There are 62 pharmacies contracted to provide this service in Norfolk. Details can be found in Appendix A.

#### **4.1.2.6 Supervised consumption**

The delivery of supervised consumption and needle exchange services in Norfolk is managed by Change Grow Live (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 125 pharmacies contracted to provide supervised consumption services in Norfolk. Details can be found in Appendix A.

#### **4.1.2.7 Take home Naloxone**

Naloxone is a drug that temporarily reverses the effects of an opiate overdose, allowing vital time for medical intervention. In December 2024 Legal exemptions allowing UK community pharmacies to provide take-home Naloxone without a prescription to reverse potential opiate overdoses came into force. This has been permitted through an amendment to the Human Medicines Regulation, which allows pharmacists and pharmacy technicians to supply Naloxone kits for future use when needed.

There are 84 pharmacies contracted to providing Take home Naloxone service in Norfolk. Details in Appendix A.

#### **4.1.2.8 Sharps drop-off**

Commissioned community pharmacies supply sharps bins as a collection point for self-medicating patients when presented with a valid prescription from a prescriber to facilitate safe disposal. Self-medicating patients will return filled and sealed sharps bins to the pharmacy. The service is supported by a licensed waste management contractor that collects on a regular / agreed basis.

There are 66 pharmacies contracted to provide Sharps drop-off service in Norfolk. Details in Appendix A.

#### **4.1.2.9 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.

There are 79 pharmacies that provide the healthy start vitamins in Norfolk. Details in Appendix A.

## 4.2 Collection and delivery services

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

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are eight DSPs based in Norfolk and there are 409 in England.

Free delivery of appliances is also offered by DACs. There is one DAC based in Norfolk, providing services nationally, and there are 111 DACs throughout England.

## 4.3 Language services

All community pharmacies in Norfolk can access interpreting and translation services, which are commissioned by the ICB. 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.<sup>67</sup>

The services are available across the East of England region and are provided by DALs for spoken languages and Language Empire for non-spoken languages. These services are for appointments where NHS treatment is provided. A summary of availability for bookable appointments is below:

	<b>Spoken</b>	<b>Non-spoken</b>
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

<sup>67</sup> Community Pharmacy Norfolk and Suffolk. Interpreting and translation services. [Accessed February 2025] <https://cpns.org.uk/resources/essential-resources/accessible-information-standard-interpreting-and-translation-services/>

#### 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,<sup>68</sup> 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 55 respondents (2%) who identified wheelchair or mobility scooter as their method of travel to a pharmacy. The questionnaire found that 34% of respondents considered accessibility (wheelchair / buggy access) as a very important or important factor when choosing a pharmacy.

#### 4.5 GP practices providing extended hours

As part of their PCNs all GP practices provided extended hours appointments to their patients. Identifying where these are provided from 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 12 72-hour pharmacies in Norfolk, with the latest opening time until 21:00 on weekdays and Saturday and until 20:30 on Sundays. Details are found in Appendix A.

#### 4.6 Other services provided by dispensing doctor 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 doctor practice that has opted to provide the Dispensing Services Quality Scheme (DSQS). The DSQS is an optional service commissioned by NHSE for dispensing doctor 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. All dispensing doctor practices in Norfolk are signed up to DSQS.

It should also be noted that dispensing doctor practices also typically provide the following services:

- Flu vaccination.
- COVID-19 vaccination.
- NHS health checks.
- Sexual health services.
- Stop smoking services.
- Contraception.
- Hypertension management.

#### 4.7 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.

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<sup>68</sup> Legislation. Equality Act 2010. [Accessed February 2025] [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

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.
- Norfolk and Suffolk Foundation Trust, Drayton High Rd, Norwich NR6 5BE.

Prisons – in Norfolk there are three prisons:

- HMP Bure, Badersfield, Norwich: Category C adult sex offender prison with capacity of 643.
- HMP and YOI Norwich, Norwich: 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: 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.

#### **4.8 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 or DAC and the customer or 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 and appliances and support medicines management services to privately run care homes.
- Home delivery service, e.g. direct supply of medicines and 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 by the steering group to understand the views of the public in Norfolk. This questionnaire was available online between 10 October 2024 and 6 January 2025. An Easy Read version was also prepared, and paper copies were available under request.

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

- Social media channels.
- Norfolk residents newsletter and residents panel.
- NCC staff and onward distribution to groups and organisations, including Opening Doors.
- Healthwatch Norfolk website, newsletters and onward distribution through members, and participating groups parishes.
- Norfolk and Waveney ICB for onward distribution to its members and GP practices.

There were 1,992 responses (of which 1,970 to the online survey and 22 were paper copies), from a population of 925,300 (0.21%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics with certain groups not adequately represented limiting how generalisable the findings are. A report of the results can be found in Appendix D.

### 5.1 Demographics of the survey

Of 1,992 respondents who answered the question regarding ethnicity 1,818 (94%) responded that they were 'White', which is reflective of the results of the 2011 census.

Table 28 provides some demographic analysis of respondents.

*Table 28: Demographic analysis of the community pharmacy user questionnaire respondents*

#### Sex

Male	Female	Prefer not to say
28%	70%	1%

#### Age

18–24	25–34	35–44	45–54	55–64	65–74	75+	Prefer not to say
0%	2%	4%	9%	20%	36%	28%	1%

#### Illness or disability

Yes	No
28%	69%

## 5.2 Visiting a pharmacy

- 92% have a regular or preferred local community pharmacy.
- 85% have visited a pharmacy once a month or more frequently for themselves in the past six months.
- 4% (89 respondents) prefer to use an internet pharmacy to obtain prescription medicines.

These responses are very similar to the previous PNA. The percentage of respondents that visited a pharmacy once a month or more was 74% in the 2022 survey.

## 5.3 Choosing a pharmacy

The factors considered by the majority of respondents as “very important” to influence their choice of pharmacy were:

- Availability of medication (79%).
- Location of pharmacy (76%).
- Quality of service (expertise) (69%).
- Customer service (63%).
- Opening times (55%).
- Services provided (53%).

The factors considered by the majority of respondents as “not important” to influence their choice of pharmacy were:

- Public transport (60%).
- Accessibility (wheelchair / buggy access) (51%).
- Communication (50%).

Should be noted that only 28% of the respondents selected having an illness or disability which may have resulted in the majority replying accessibility was not an important factor.

The top reasons for choosing a pharmacy are the same as in the 2022 PNA survey.

## 5.4 Mode of transport to a community pharmacy

The main ways reported that patients access a pharmacy:

- 46% use a car.
- 34% walk.
- 3% use a bicycle.
- 2% use wheelchair/mobility scooter.
- 4% use public transport.
- 4% report using a delivery service.
- 4% report someone goes for them/takes them to the pharmacy.

These responses are very similar to the previous PNA, with the main differences being a higher use of car in 2022 (54%) and a lower use of public transport (1%) and delivery service (2%).

## 5.5 Time to get to a pharmacy

Overall, there were 1,941 respondents that travel to a pharmacy, of which 1,766 (91%) respondents stated that it took less than 20 minutes to get to a pharmacy. Average time reported is similar to the results of the 2022 PNA questionnaire.

- Less than 10 minutes: 52.6%
- Between 10-20 minutes: 38.4%
- Between 20-30 minutes: 7.8%
- Between 30-40 minutes: 1.0%
- More than 40 minutes: 0.2%

Preferred times to visit a pharmacy typically vary but for most of the respondents the most convenient days are weekdays, at a time that varies (848 responses) from 9am-1pm (829 responses), or from 1pm-7pm (710 responses), the less convenient time being before 9am (111 responses). Please note percentages are not provided as respondents were able to indicate more than one convenient day and time.

The most convenient times on Saturday was 9am-1pm (492 responses), followed by variable times (430), 1pm-7pm (318) and before 9 am (55). On Sunday the most selected option was “it varies” (265). The morning times 9am-1pm received 211 responses. 1pm-7pm was the most convenient for 198. And the less convenient time was before 9 am (37).

Weekdays and varied times received also the most responses in the 2022 survey.

## Section 6: Analysis of health needs and pharmaceutical service provision

The analysis of health needs and pharmaceutical service provision aims to determine whether there is an existing or potential future gap in pharmaceutical services in Norfolk.

### 6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Norfolk have been analysed, taking into consideration the priorities outlined in the NHS LTP, JSNA, JHWS, other local policies, strategies and health needs ([Section 2](#)).

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

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

### 6.2 Districts

There are 145 community pharmacies in Norfolk (of which eight are DSPs). Individual pharmacy opening times are listed in Appendix A.

As described in [Section 1.8](#), the PNA Steering Group decided that the PNA should be divided into seven localities in line with Norfolk districts:

- 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 between districts, however their core needs for pharmaceutical service provision remain the same. This is illustrated and discussed in [Section 2.8](#), where Table 16 shows disease prevalence by PCN areas across districts.

Community pharmacy information by locality is summarised in the following three tables in terms of opening hours and availability of [relevant services](#).

Table 29: Number and percentage of type of contractor per district

Type	Breckland	Broadland	Great Yarmouth	King's Lynn and West Norfolk	North Norfolk	Norwich	South Norfolk	Norfolk
Community 40 hours	13 (41%)	16 (53%)	19 (65%)	22 (56%)	16 (52%)	25 (89%)	14 (38%)	<b>125 (55%)</b>
Community 72+ hours	3 (9%)	1 (3%)	4 (14%)	0 (0%)	0 (0%)	1 (4%)	3 (8%)	<b>12 (5%)</b>
DSP	2 (6%)	0 (0%)	2 (7%)	0 (0%)	0 (0%)	2 (7%)	2 (5%)	<b>8 (4%)</b>
DAC	0 (0%)	1 (3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	<b>1 (0%)</b>
Dispensing doctor practice including all sites	14 (44%)	12 (40%)	4 (14%)	17 (44%)	15 (48%)	0 (0%)	18 (49%)	<b>80 (35%)</b>
<b>Total contractors</b>	<b>32</b>	<b>30</b>	<b>29</b>	<b>39</b>	<b>31</b>	<b>28</b>	<b>37</b>	<b>226</b>

Table 30: Number and percentage of community pharmacies open on evenings and weekends by district

Opening	Breckland	Broadland	Great Yarmouth	King's Lynn and West Norfolk	North Norfolk	Norwich	South Norfolk	Norfolk
Open beyond 6.30pm weekdays	5 (28%)	2 (12%)	5 (20%)	1 (5%)	0 (0%)*	3 (11%)	3 (16%)	<b>19 (13%)</b>
Open Saturday am (until 1 pm)	15 (83%)	16 (94%)	16 (64%)	15 (68%)	14 (88%)	21 (75%)	14 (74%)	<b>111 (77%)</b>
Open Saturday after 1 pm	10 (56%)	7 (41%)	9 (36%)	9 (41%)	11 (69%)	12 (43%)	10 (53%)	<b>68 (47%)</b>
Open Sunday	5 (28%)	2 (12%)	6 (24%)	2 (9%)	2 (13%)	7 (25%)	3 (16%)	<b>27 (19%)</b>

\* One pharmacy open beyond 6.30 pm on Wednesday only.

Table 31: Number (and percentage) of community pharmacies signed up for [relevant services](#) by district

Service	Breckland	Broadland	Great Yarmouth	King's Lynn and West Norfolk	North Norfolk	Norwich	South Norfolk	Norfolk
Pharmacy First	17 (94%)	17 (100%)	25 (100%)	21 (95%)	16 (100%)	27 (96%)	19 (100%)	<b>142 (98%)</b>
Flu Vaccination service*	14 (78%)	13 (76%)	23 (92%)	16 (73%)	15 (94%)	24 (86%)	18 (95%)	<b>123 (85%)</b>
Pharmacy Contraception Service	16 (89%)	11 (65%)	23 (92%)	17 (77%)	15 (94%)	23 (82%)	17 (89%)	<b>122 (84%)</b>
Hypertension Case Finding Service	16 (89%)	15 (88%)	25 (100%)	21 (95%)	16 (100%)	26 (93%)	18 (95%)	<b>137 (94%)</b>
New Medicine Service*	16 (89%)	16 (94%)	24 (96%)	20 (91%)	16 (100%)	23 (82%)	18 (95%)	<b>133 (92%)</b>
LFD Service	10 (56%)	12 (71%)	19 (76%)	19 (86%)	11 (69%)	18 (64%)	17 (89%)	<b>106 (73%)</b>
COVID-19 Vaccination Service**	9 (50%)	12 (71%)	17 (68%)	10 (45%)	6 (38%)	7 (25%)	8 (42%)	<b>69 (48%)</b>
Bank holiday service	4 (22%)	4 (24%)	2 (8%)	2 (9%)	3 (19%)	3 (11%)	1 (5%)	<b>19 (13%)</b>

\* Pharmacies do not sign up for Flu vaccination and NMS therefore data shows the pharmacies that have claimed for dispensing the service between August - October 2024.

\*\*At the time of writing the service had only just restarted and therefore activity data does not reflect provision due to the seasonal trend in activity.



As described in [Section 1.4](#), for the purpose of this PNA, Essential Services have been defined as Necessary Services and the Advanced Services (excluding Smoking Cessation Service, Appliance Use Review and Stoma Appliance Customisation Service) and Enhanced Services as other relevant services for the Norfolk 2025 PNA.

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

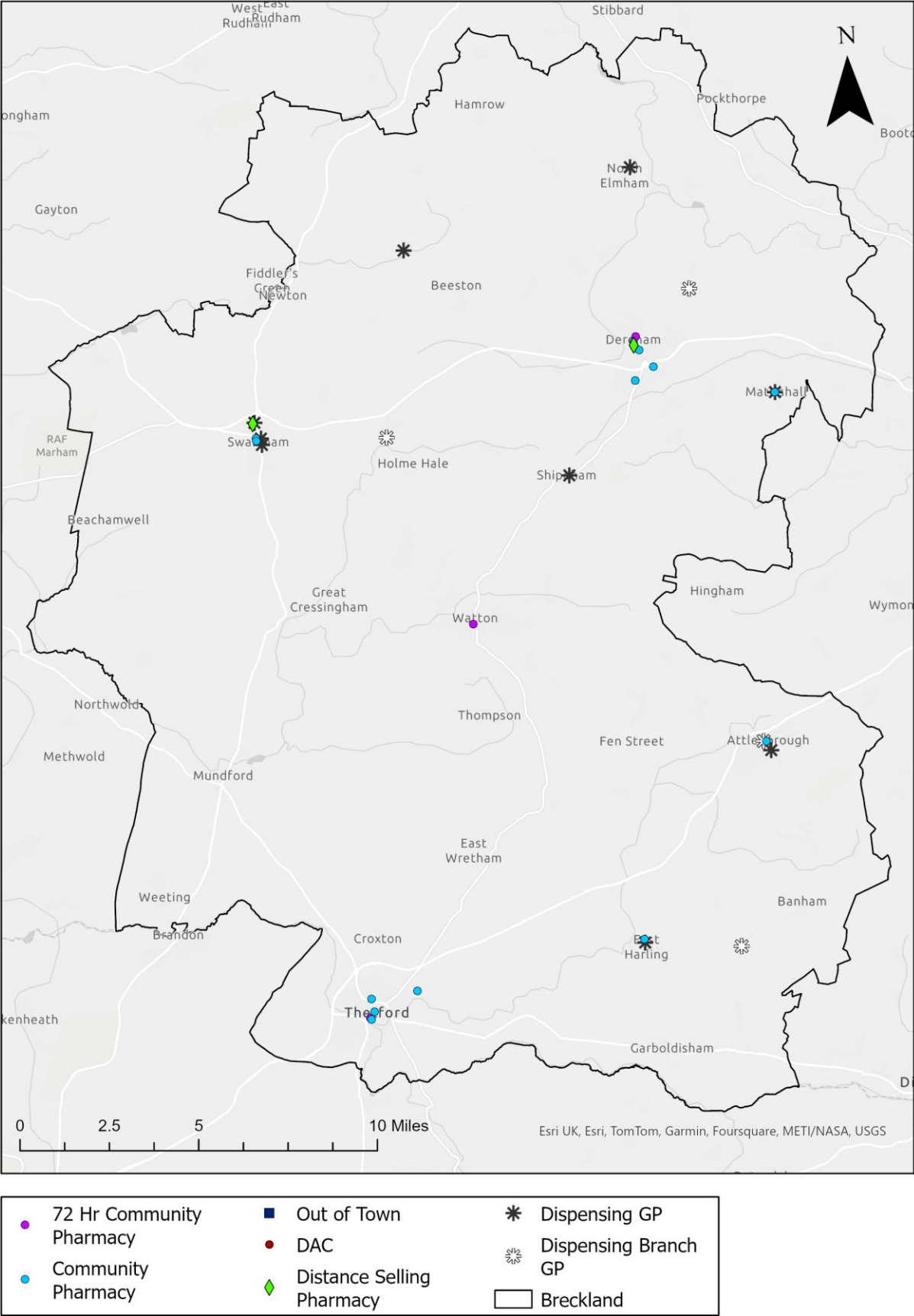
- National priorities as set out by the NHS Long Term Plan and Core20PLUS5.
- The local strategies across the area for the health needs of the population of Norfolk from the JSNA, JHWS and the ICS.
- Population changes and housing developments across the next three years.
- IMD and deprivation ranges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

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

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

6.2.1 Breckland

Figure 27: Map of pharmaceutical providers across Breckland



Breckland has a population of 143,459, of which 95.5% is White, 0.9% is Asian, 1.4% is mixed ethnicity, 0.6% Black and 0.6% other ethnicity. This district has moderate deprivation with the towns of Swaffham and Thetford having higher relative deprivation. Population density is lower due to the rural nature of Breckland, with slightly higher population density in the north and southeast part of the district. The number of households in Breckland that own a car or van is 86.7%, which is above the Norfolk level (82.6%) and above the England level (76.5%).

Travel analysis across Breckland showed:

- Between 54.1% to 57.9% of the population can reach a community pharmacy in 20-30 minutes walking. This increases to 58.2%-63.5% when including dispensing doctor practices which is limited to residents who don't live within 1.6 kilometres of a community pharmacy
- 100% of the population who own a car or van can reach a community pharmacy by private transport in 20 minutes in peak and off-peak times.
- Between 61.4% to 64.5% of the population can reach a community pharmacy by public transport in 20-30 minutes in the morning, and between 73.1% and 79.5% in the afternoon. This increases to 64.8%-68.4% in the morning and 75.7%-83.5% in the afternoon when combined with dispensing doctor practices but again this will only apply to eligible residents.

The health of the population of Breckland showed the following health needs:

- The CHD level is higher than both Norfolk and England levels.
- The level for depression was the same as the Norfolk level and lower than England.
- The hypertension level is higher than both Norfolk and England levels.
- The osteoporosis level was lower than both the Norfolk and England level.
- The rheumatoid arthritis level was higher than both Norfolk and England Levels.
- The level for stroke was the same as the Norfolk level and higher than the England level.
- PCN GP registers for diabetes prevalence was lower than the Norfolk level.

The district has a higher proportion of people over 65, and it is likely to see these conditions predominating.

For sexual health prevalence in Breckland its was noted:

- Chlamydia detection and screening rates are lower than Norfolk and England levels.
- The teenage conception rate is similar to both Norfolk and England levels.

The district has a young person age (15-24) range that is similar to the Norfolk average and slightly lower than the England Average. It is likely this may explain this level of prevalence.

### 6.2.1.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 18 community pharmacies in Breckland. The estimated average number of community pharmacies per 100,000 population is 12.5, which is lower than the Norfolk average of 15.7 community pharmacies per 100,000 population. Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of 14 dispensing doctor sites across Breckland.

Of the 18 community pharmacies:

- 13 (72%) hold a standard 40-core hour contract.
- Three (17%) are 72+hour pharmacies.
- Two (11%) are DSPs.

There are no DACs in Breckland.

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

Of the 18 community pharmacies:

- Five pharmacies (28%) are open after 6.30 pm on weekdays.
- 15 pharmacies (83%) are open on Saturdays; 10 (56%) remain open after 1 pm.
- Five pharmacies (28%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring districts of Kings Lynn and West Norfolk, North Norfolk, Broadland and South Norfolk and HWB area of Suffolk.

Figure 28: Map of community pharmacies in Breckland open on a weekday after 6.30 pm

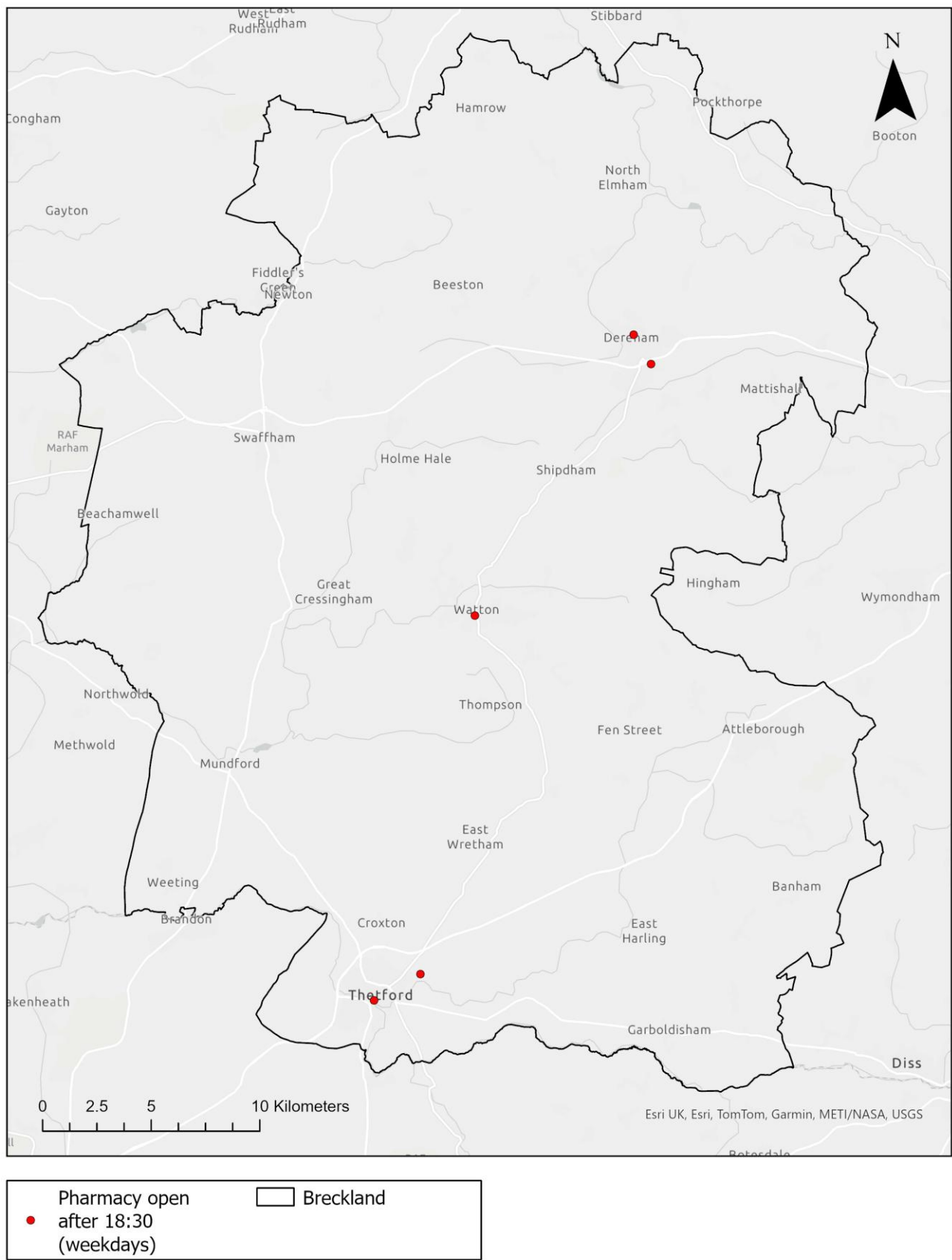


Figure 29: Map of community pharmacies in Breckland open Saturday

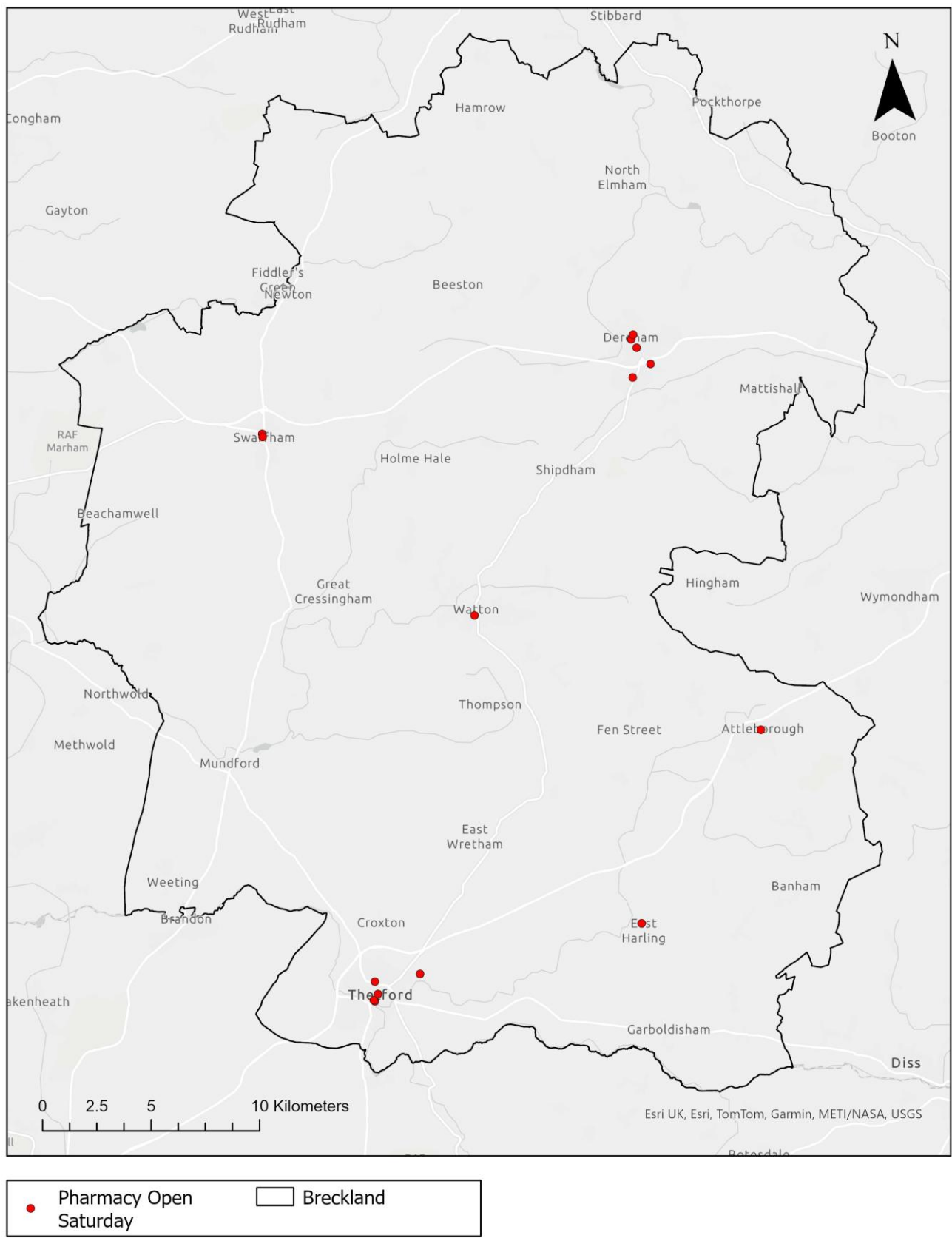
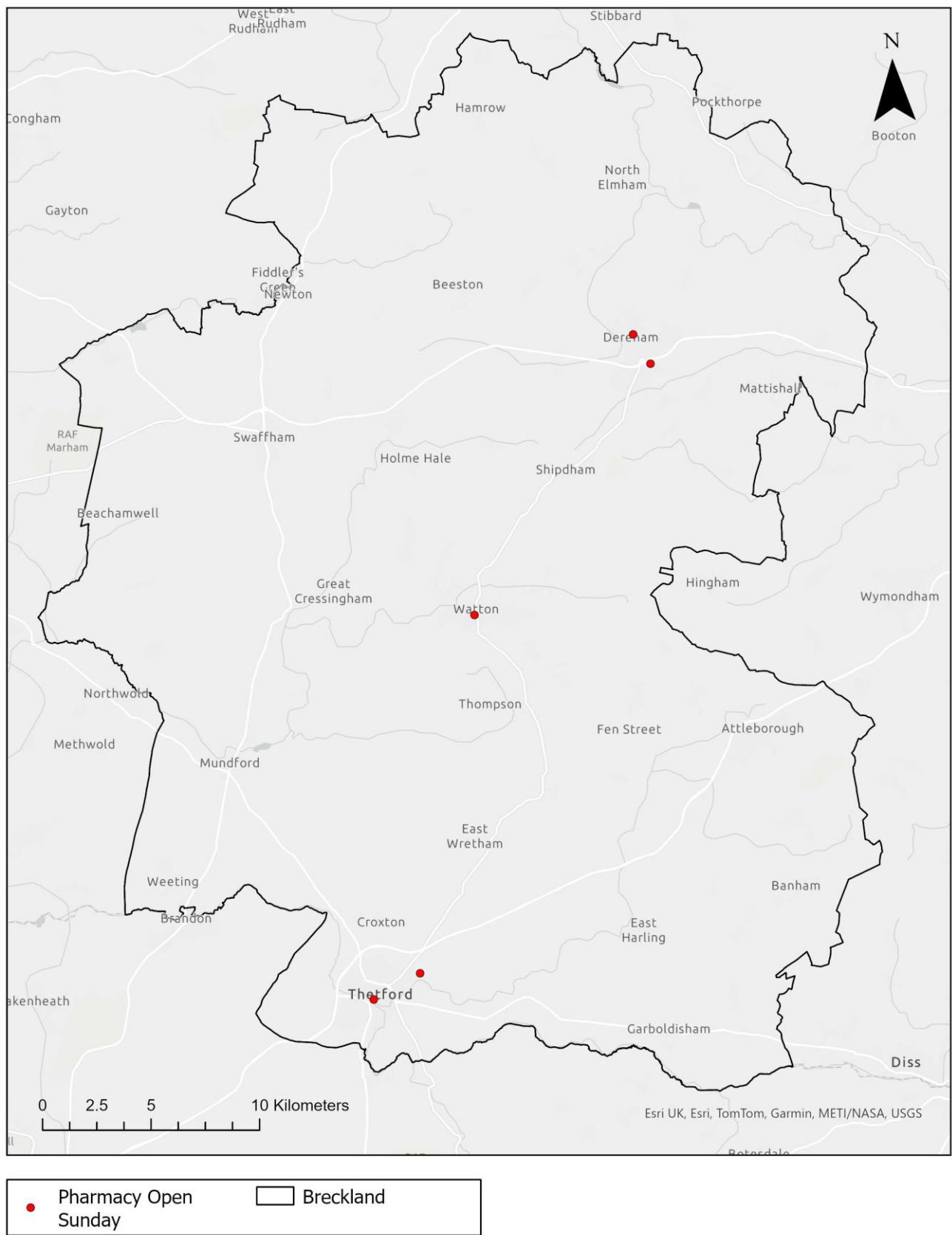




Figure 30: Map of community pharmacies in Breckland open Sunday



### 6.2.1.2 Necessary Services: essential services gaps in provision

Based on the spread of pharmacies across the district supported by the dispensing doctor practices across rural areas, there is adequate access to the essential pharmaceutical services across Breckland.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 9,751 (6.8%) and the 4,072 increase in dwellings by 2026.

To support access in the weekend and evenings there are three 72-hour pharmacies in Breckland as well as other pharmacies open after 6.30pm and at weekends as mentioned above. Details are found in Appendix A.

Individuals are able to travel to a pharmacy within reasonable times although it may take longer for some residents in the more rural areas of Breckland (details in Appendix E), however this would be no different in accessing other usual healthcare services or out of hours services in person at evenings and weekends.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers in some localities, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies will need to consider reviewing their internal systems, workforce capacity, and skill mix as demand increases. This may include adopting digital solutions, workflow improvements, and innovations such as automation and hub-and-spoke dispensing models to maintain service quality and resilience.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Norfolk HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

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

### 6.2.1.3 Other relevant services: current provision

Table 32 shows the community pharmacies providing the Advanced and Enhanced services considered relevant.

*Table 32: Breckland relevant services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	17 (94%)	15 (83%)
Seasonal Influenza Vaccination	-	14 (78%)
Pharmacy Contraception	16 (89%)	8 (44%)
Hypertension case-finding	16 (89%)	12 (67%)
New Medicine Service	-	16 (89%)
Lateral Flow Device Tests Supply	10 (56%)	4 (22%)
COVID-19 Vaccination Service	9 (50%)	-
Bank Holiday opening service	4 (22%)	-

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

Advanced and Enhanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting, however the absence of a service due to a community pharmacy signing up does not result in a gap due to availability of similar services from other healthcare providers.

Based on the information available, there is good access to the other relevant services across Breckland through the existing community pharmacy network.

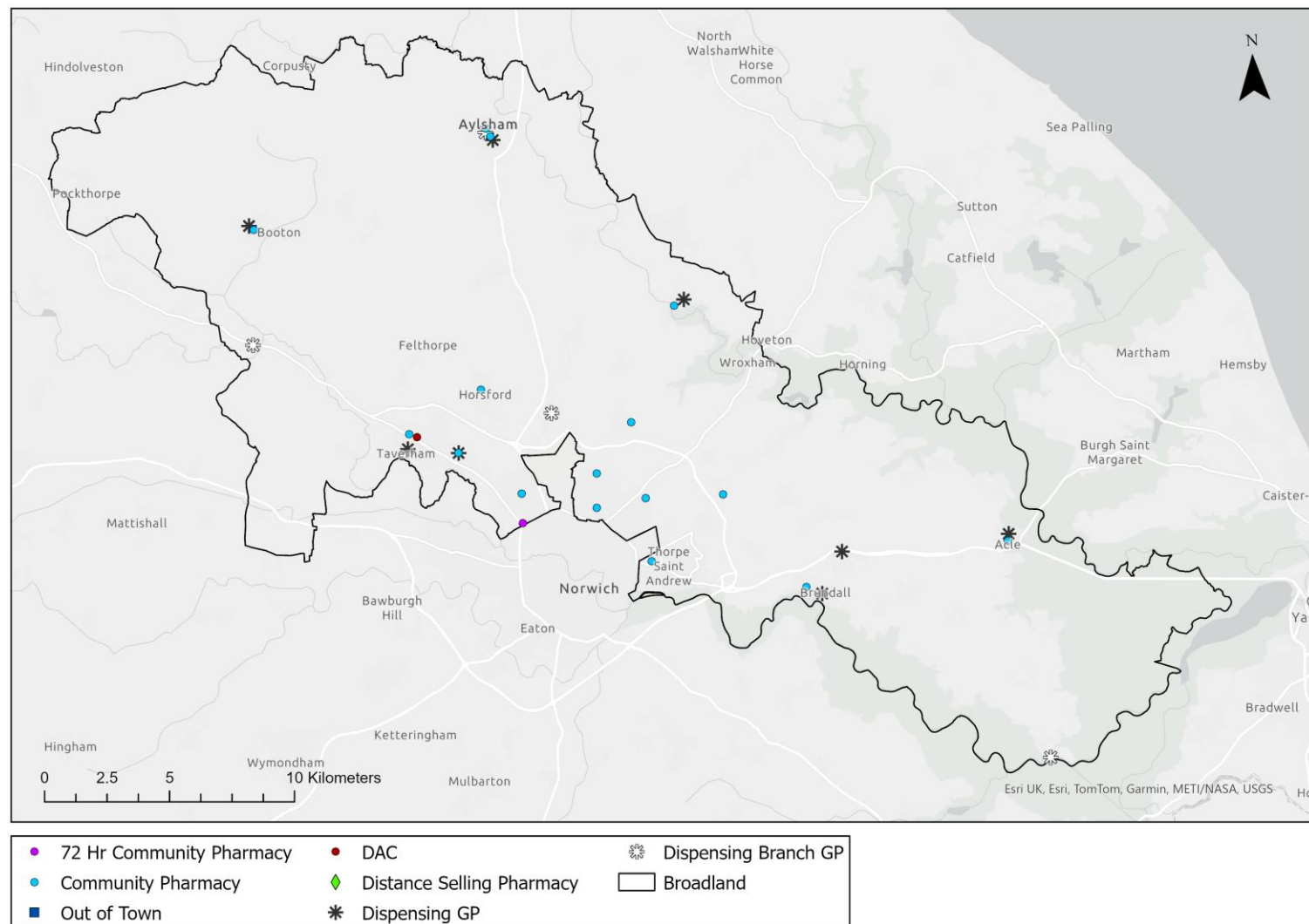
**No gaps in the provision of other relevant services have been identified for Breckland.**

### 6.2.1.4 Improvements and better access: gaps in provision

**No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Breckland.**

## 6.2.2 Broadland

Figure 31: Map of pharmaceutical providers across Broadland



Broadland has a population of 133,885, of which 96.3% is white, 1.4% is Asian, 1.4% is of mixed ethnicity, 0.5% is black and 0.4% other ethnicity. This district has lower deprivation with slightly higher deprivation in the west. Population density is slightly higher but still considered rural with the centre of the district having lower population. The number of households in Broadland that own a car or van is 89%, which is above both the Norfolk level (82.6%) and the England level (76.5%).

Travel analysis across Broadland showed:

- Between 65.3% to 73.8% of the population can reach a community pharmacy in 20-30 minutes walking. This increases to 70.7%-79.1% when including the dispensing doctor practices.
- 100% of the population who own a car or van can reach a community pharmacy by private transport in 20 minutes at peak and off-peak times.
- Between 78.7% to 79.8% of the population can reach a community pharmacy by public transport in 20-30 minutes in the morning, and between 89.3% to 94.8% in the afternoon. This increases to 84.1%-86% in the morning and 91.9%-96.9% in the afternoon when combined with dispensing doctor practices to eligible residents.

The health of the population of Broadland showed the following health needs:

- The CHD level is higher than both Norfolk and England levels.
- The level for depression was the same as the Norfolk level and lower than England.
- The hypertension level is higher than both Norfolk and England levels.
- The osteoporosis level was lower than both the Norfolk and England level.
- The rheumatoid arthritis level was higher than both Norfolk and England Levels.
- The level for stroke was lower than both the Norfolk level and higher than the England level.
- PCN GP registers for diabetes prevalence was generally lower than the Norfolk level.

The district has a higher proportion of people over 65, and it is likely to see these conditions predominating.

For sexual health prevalence in Broadland its was noted:

- Chlamydia detection and screening rates are higher than Norfolk lower England levels.
- The teenage conception rate is lower than both Norfolk and England levels.

#### **6.2.2.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 17 community pharmacies in Broadland. The estimated average number of community pharmacies per 100,000 population is 12.7, which is lower than the Norfolk average of 15.7 community pharmacies per 100,000 population. Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of 12 dispensing doctor sites across Broadland.

Of the 17 community pharmacies:

- 16 (94%) hold a standard 40-core hour contract.
- One (6%) is a 72+hour pharmacy.

There is one DAC in Broadland, and no DSPs.

The numbers of pharmacies are reflective of the rural nature of Broadland, where there are few major urban areas.

Of the 17 community pharmacies:

- Two pharmacies (12%) are open after 6.30 pm on weekdays.
- 16 pharmacies (94%) are open on Saturdays; seven (41%) remain open after 1 pm.
- Two pharmacies (12%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring districts of Breckland, Norwich, Great Yarmouth, North Norfolk and South Norfolk.

*Figure 32: Map of community pharmacies in Broadland open after 6.30 pm on a weekday*

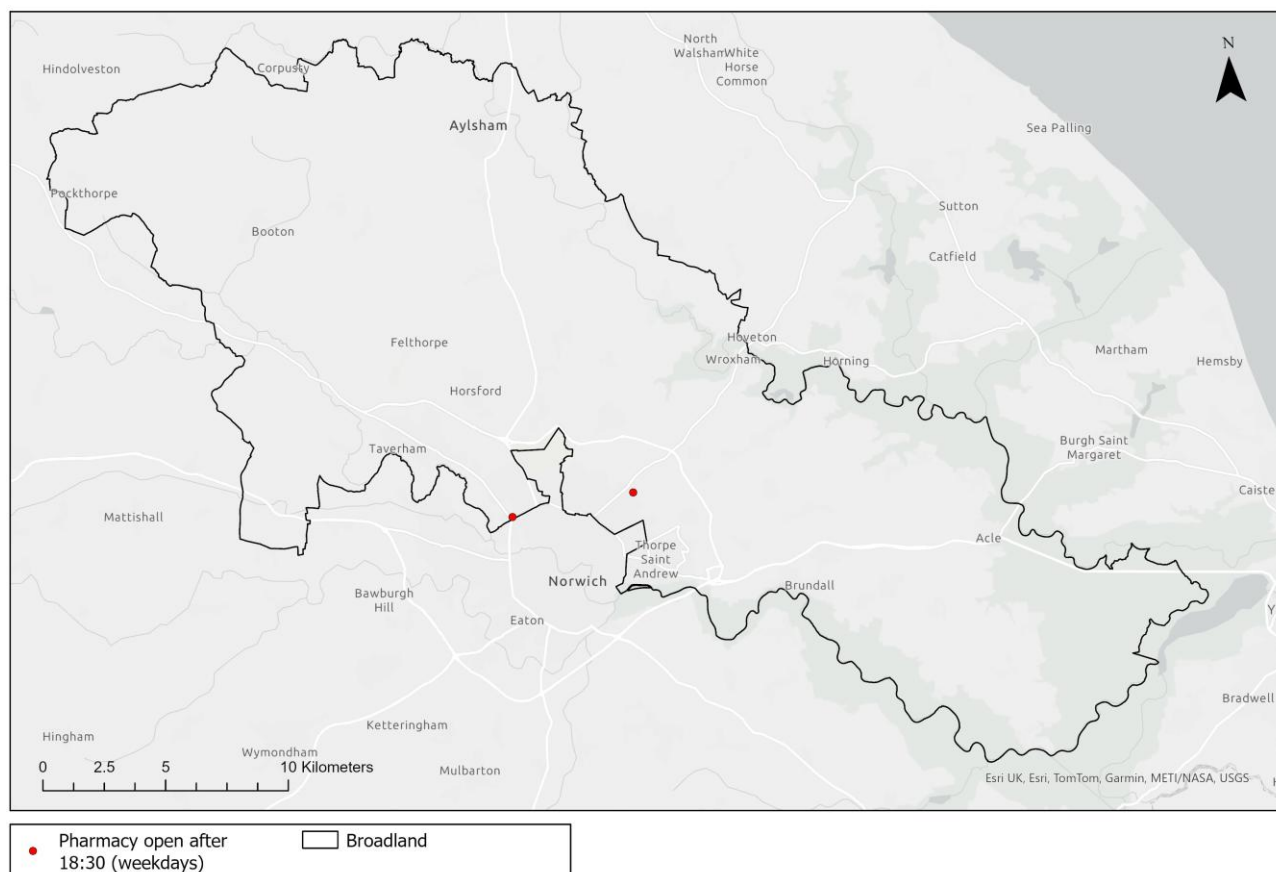




Figure 33: Map of community pharmacies in Broadland open Saturday

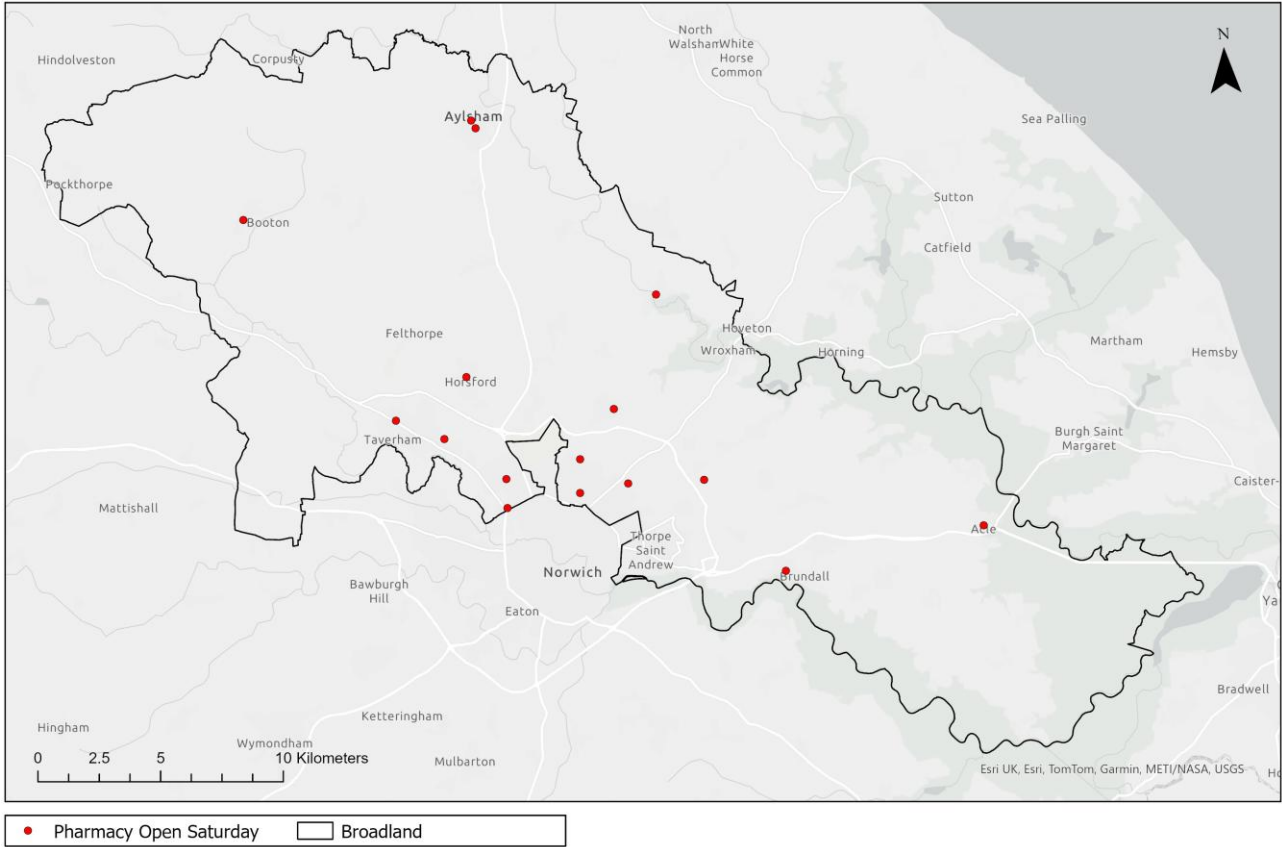
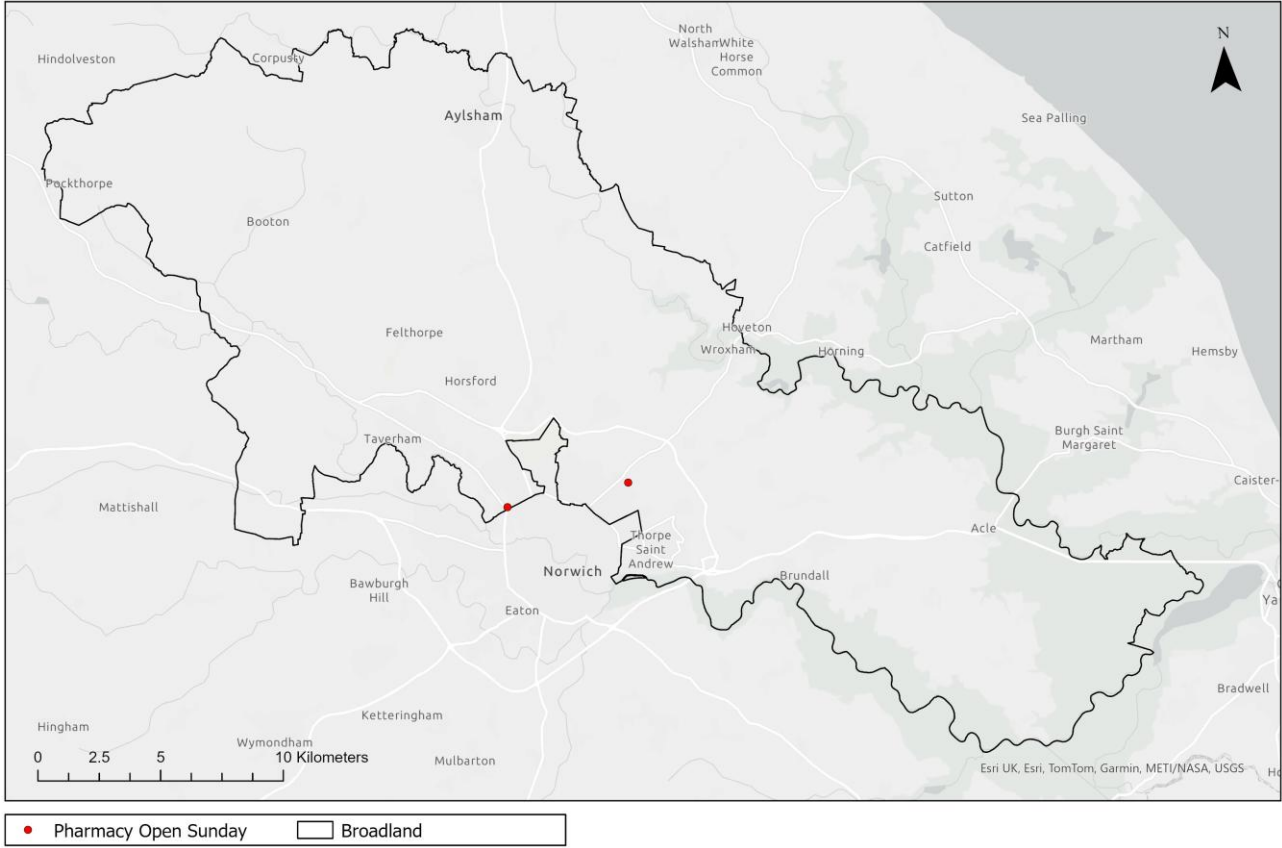


Figure 34: Map of community pharmacies in Broadland open Sunday



### 6.2.2.2 Necessary Services: essential services gaps in provision

Based on the spread of pharmacies across the district supported by the dispensing doctor practices across rural areas, there is adequate access to the essential pharmaceutical services across Broadland.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 7,451 (5.6%) and the 4,803 increase in dwellings by 2026.

To support access in the weekend and evenings there is one 72-hour pharmacy in Broadland as well as one other pharmacy open after 6.30pm and a number of pharmacies open at weekends as mentioned above. Details are found in Appendix A.

Individuals are able to travel to a pharmacy within reasonable times although it may take longer for some residents in the more rural areas of Broadland (details in Appendix E), however this would be no different in accessing other usual healthcare services or out of hours services in person at evenings and weekends.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers in some localities, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies will need to consider reviewing their internal systems, workforce capacity, and skill mix as demand increases. This may include adopting digital solutions, workflow improvements, and innovations such as automation and hub-and-spoke dispensing models to maintain service quality and resilience.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Norfolk HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

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

### 6.2.2.3 Other relevant services: current provision

Table 33 shows the community pharmacies providing the Advanced and Enhanced services considered relevant.

*Table 33: Broadland relevant services*

<b>Service</b>	<b>Pharmacies signed up</b>	<b>Pharmacies providing*</b>
Pharmacy First	17 (100%)	17 (100%)
Seasonal Influenza Vaccination	-	13 (76%)
Pharmacy Contraception	11 (65%)	4 (24%)
Hypertension case-finding	15 (88%)	13 (76%)
New Medicine Service	-	16 (94%)
Lateral Flow Device Tests Supply	12 (71%)	9 (53%)
COVID-19 Vaccination Service	12 (71%)	-
Bank Holiday opening service	4 (24%)	-

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

Advanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting, however the absence of a service due to a community pharmacy signing up does not result in a gap due to availability of similar services from other healthcare providers.

Based on the information available, there is good access to the other relevant services across Broadland through the existing community pharmacy network.

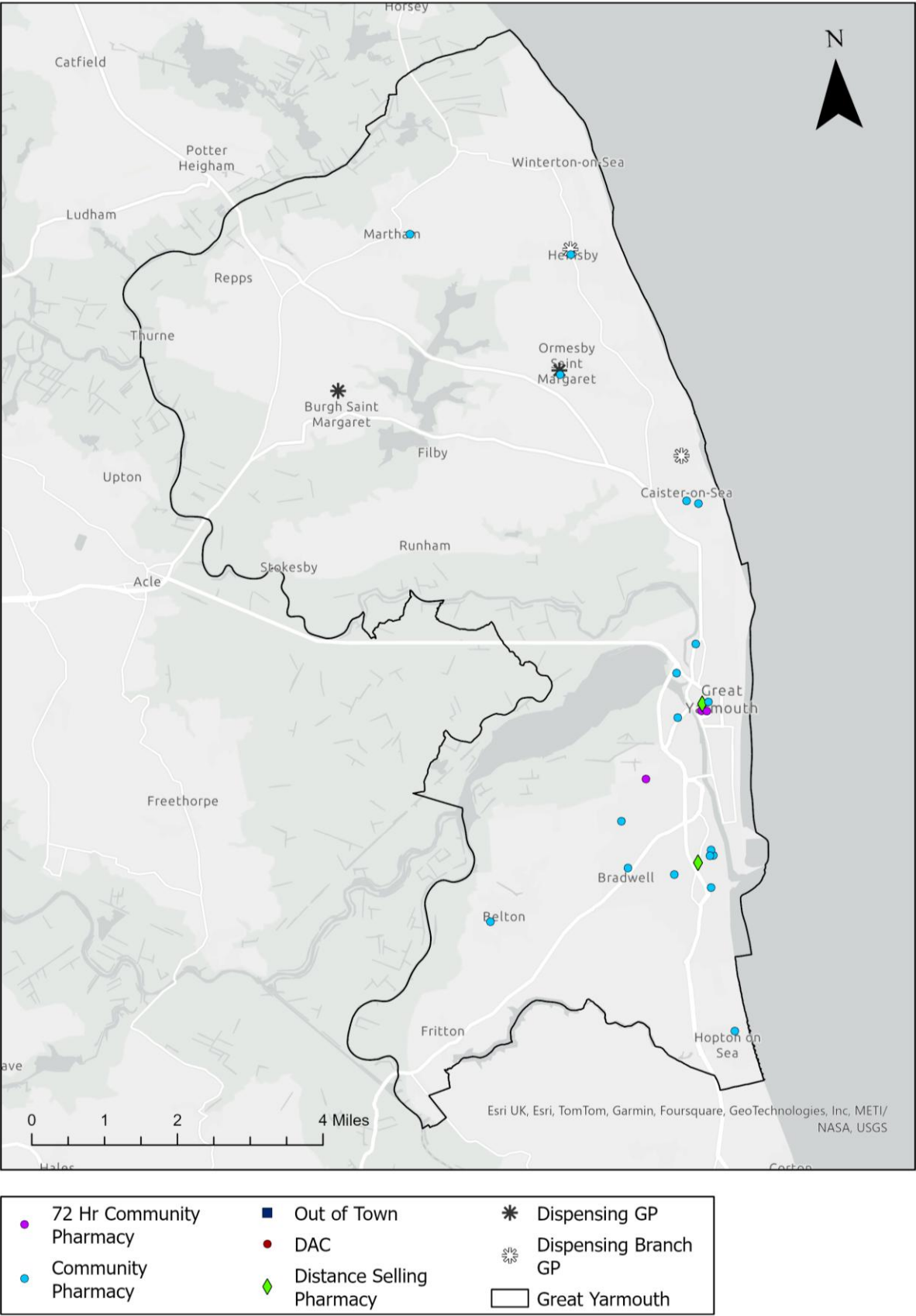
**No gaps in the provision of Relevant Services have been identified for Broadland.**

### 6.2.2.4 Improvements and better access: gaps in provision

**No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Broadland.**

6.2.3 Great Yarmouth

Figure 35: Map of pharmaceutical providers across Great Yarmouth



Great Yarmouth has a population of 99,834, of which 94.6% is White, 1.9% is Asian, 1.6% is mixed ethnicity, 1.1% Black and 0.8% other ethnicity. This district has relatively higher population density in the east and moderate population density in the west of the district. The majority of the southern part of the locality is regarded as being urban. The district has one of the highest levels of deprivation within Norfolk. The number of households in Great Yarmouth that own a car or van is 74.6%, which is below both the Norfolk level (82.6%) and England level (76.5%). This district is one of two urban areas in Norfolk. The town is a holiday destination.

Great Yarmouth is the second smallest locality (after Norwich) with a resultant reduction in travel times. Travel analysis across Great Yarmouth showed:

- Between 89% to 95.7% of the population can reach a community pharmacy in 20-30 minutes walking. This increases to 90.7%-97.2% when including the dispensing doctor practices for eligible residents.
- 100% of the population who own a car or van can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 90.7% to 95.7% of the population can reach a community pharmacy by public transport in 20-30 minutes in the morning, and 98.8% in 20 minutes in the afternoon. This increases to 98.8% any time when combined with dispensing doctor practices again only for those residents who are eligible.

The health of the population of Great Yarmouth showed the following health needs:

- The CHD level is higher than both Norfolk and England levels.
- The level for depression was the same as the Norfolk level and lower than England.
- The hypertension level is higher than both Norfolk and England levels.
- The osteoporosis level was higher than both the as the Norfolk and England level.
- The rheumatoid arthritis level was same as the Norfolk level and higher than the England Levels.
- The level for stroke was higher than both the Norfolk level and England level.
- PCN GP registers for diabetes prevalence was lower than the Norfolk level.
- Smoking prevalence was generally higher in this district compared to the Norfolk level.

The district has a higher proportion of people over 65, and it is likely to see these conditions predominating.

For sexual health prevalence in Great Yarmouth its was noted:

- Chlamydia detection and screening rates are higher than Norfolk lower England levels.
- The teenage conception rate is higher than both Norfolk and England levels.

The district has a young person age range (15-24) that is similar to the Norfolk average and slightly lower than the England Average.

### 6.2.3.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 25 community pharmacies in Great Yarmouth. The estimated average number of community pharmacies per 100,000 population is 25.0, which is higher than the Norfolk average of 15.7 community pharmacies per 100,000. In areas of lower population density (west) pharmaceutical service is then supplemented with the addition of four dispensing doctor sites providing access to residents who do not live within 1.6 kilometres of a community pharmacy.

Of the 25 community pharmacies:

- 19 (76%) hold a standard 40-core hour contract.
- Four (16%) are 72+hour pharmacies.
- Two (8%) are DSPs.

There are no DACs.

Of the 25 community pharmacies:

- Five pharmacies (20%) are open after 6.30 pm on weekdays.
- 16 pharmacies (64%) are open on Saturdays; nine (36%) remain open after 1 pm.
- Six pharmacies (24%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring districts of Broadland, North Norfolk and South Norfolk.



Figure 36: Map of community pharmacies in Great Yarmouth open after 6.30 pm on a weekday

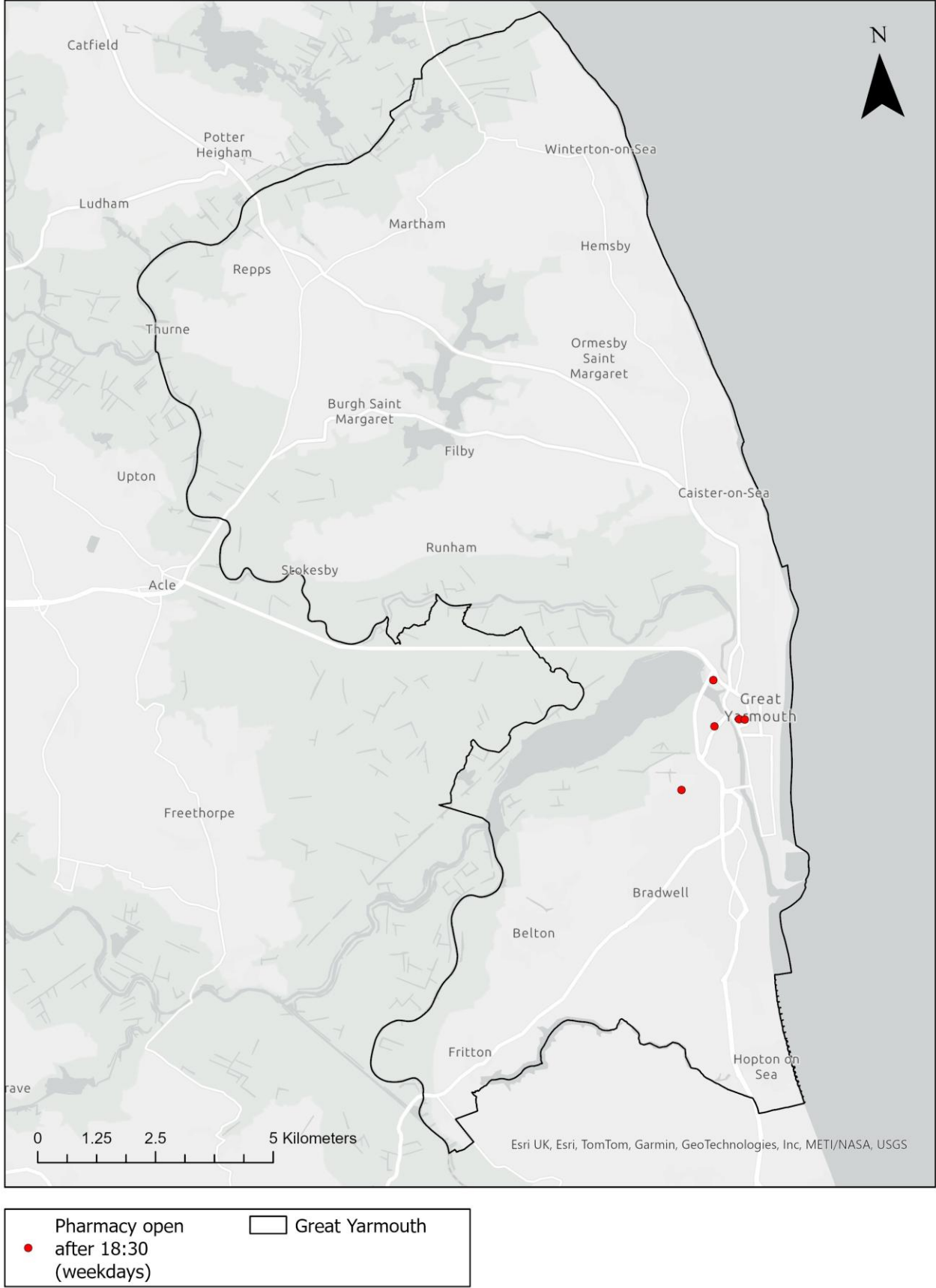


Figure 37: Map of community pharmacies in Great Yarmouth open Saturday

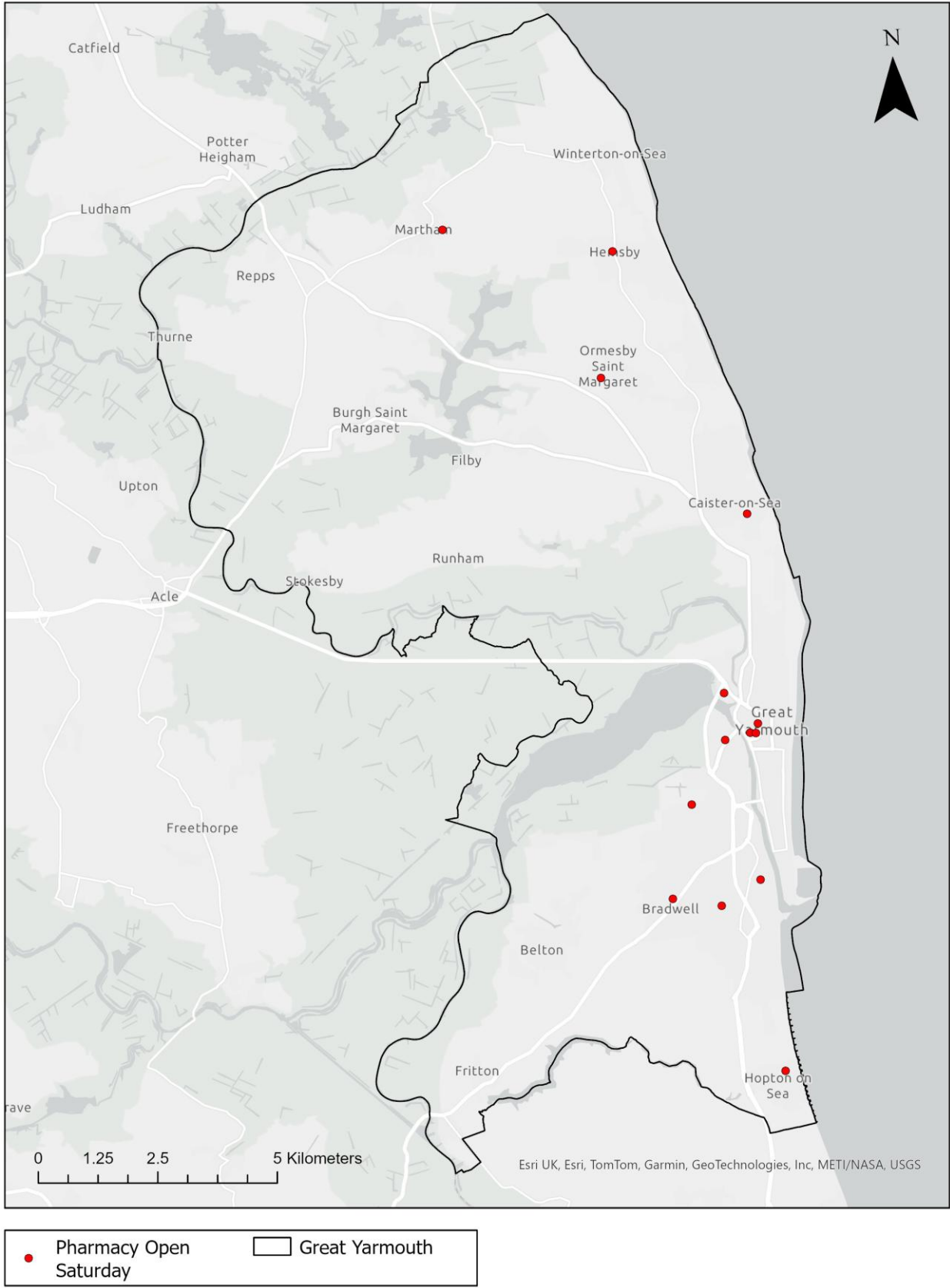
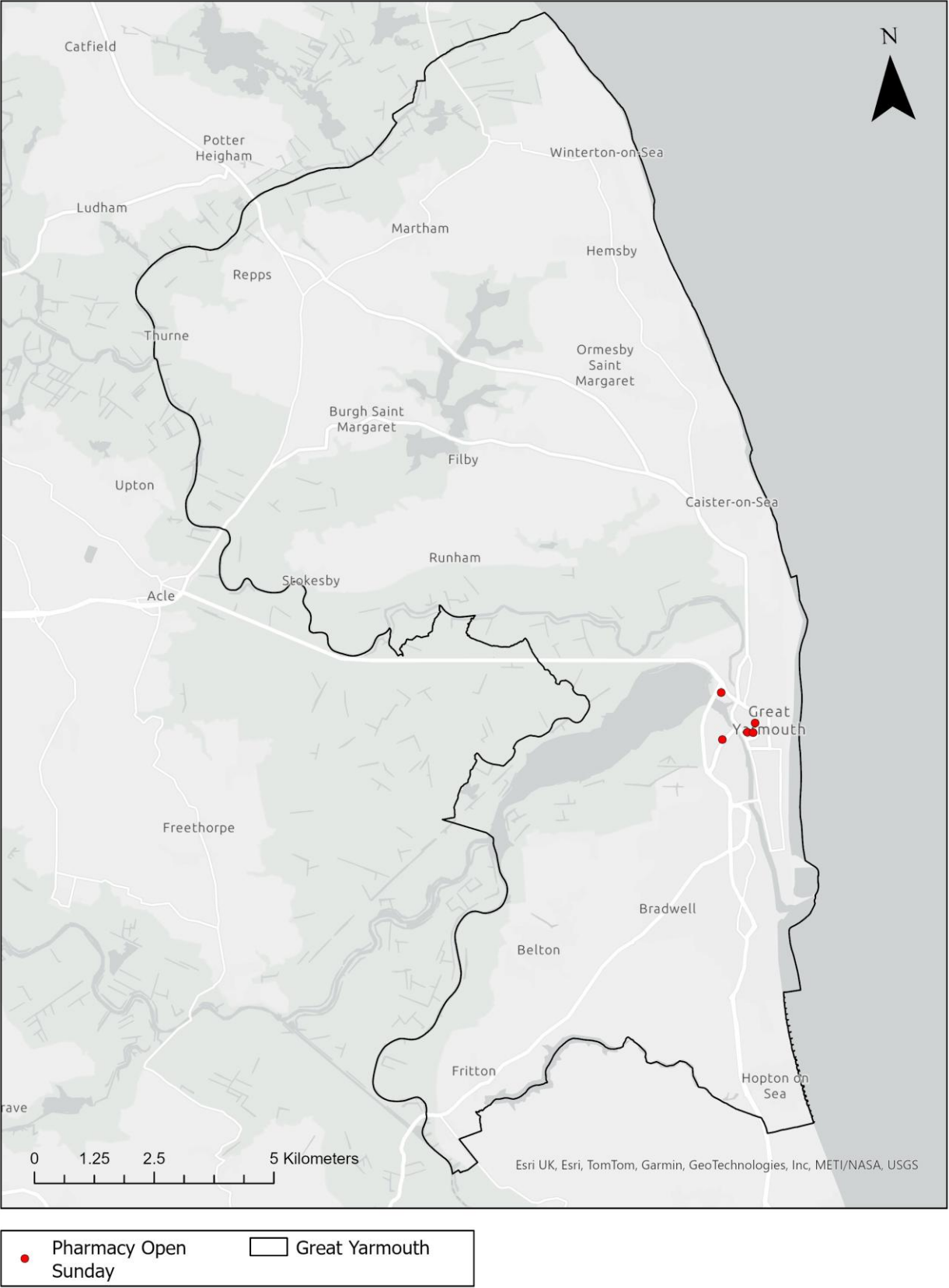


Figure 38: Map of community pharmacies in Great Yarmouth open Sunday



### 6.2.3.2 Necessary Services: essential services gaps in provision

Based on the spread of pharmacies across the district supported by the dispensing doctor practices, there is good access to the essential pharmaceutical services across Great Yarmouth.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 3,268 (3.3%) and the 2,110 increase in dwellings by 2026.

To support access in the weekend and evenings there are four 72-hour pharmacies in Great Yarmouth as well as other pharmacies open after 6.30pm and at weekends as mentioned above. Details are found in Appendix A.

Individuals are able to travel to a pharmacy within reasonable times although it may take longer for some residents in the more rural areas of Great Yarmouth (details in Appendix E), however this would be no different in accessing other usual healthcare services or out of hours services in person at evenings and weekends.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers in some localities, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies will need to consider reviewing their internal systems, workforce capacity, and skill mix as demand increases. This may include adopting digital solutions, workflow improvements, and innovations such as automation and hub-and-spoke dispensing models to maintain service quality and resilience.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Norfolk HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

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

### 6.2.3.3 Other relevant services: current provision

Table 34 shows the community pharmacies providing the Advanced and Enhanced services considered relevant.

*Table 34: Great Yarmouth relevant services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	25 (100%)	25 (100%)
Seasonal Influenza Vaccination	-	23 (92%)
Pharmacy Contraception	23 (92%)	16 (64%)
Hypertension case-finding	25 (100%)	24 (96%)
New Medicine Service	-	24 (96%)
Lateral Flow Device Tests Supply	19 (76%)	11 (44%)
COVID-19 Vaccination Service	17 (68%)	-
Bank Holiday opening service	2 (8%)	-

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

Advanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting, however the absence of a service due to a community pharmacy signing up does not result in a gap due to availability of similar services from other healthcare providers.

Based on the information available, there is good access to the other relevant services across Great Yarmouth through the existing community pharmacy network.

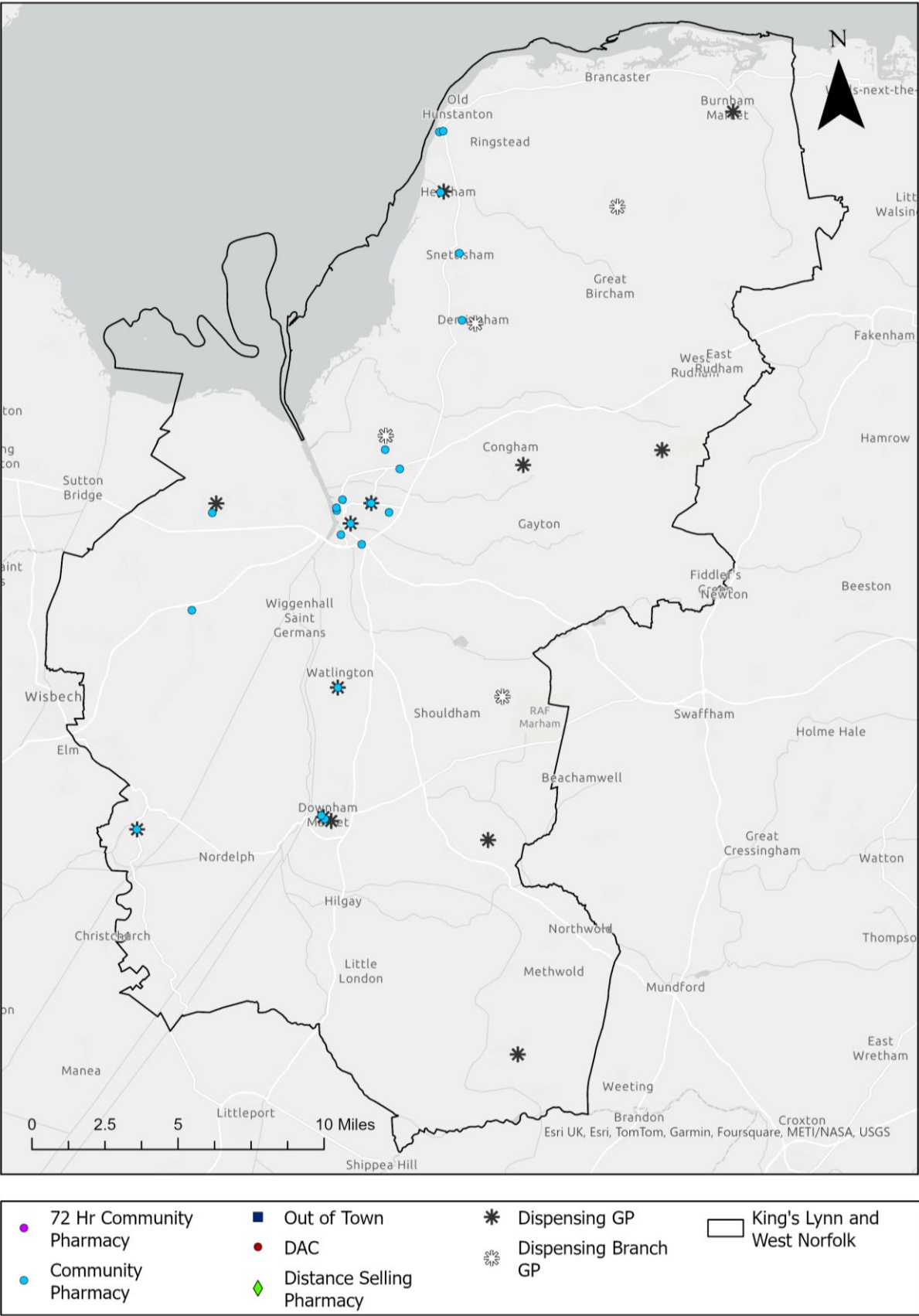
**No gaps in the provision of Relevant Services have been identified for Great Yarmouth.**

### 6.2.3.4 Improvements and better access: gaps in provision

**No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Great Yarmouth.**

6.2.4 King’s Lynn and West Norfolk

Figure 39: Map of pharmaceutical providers across King’s Lynn and West Norfolk





King's Lynn and West Norfolk has a population of 155,720 of which 95.6% is white, 1.9% is Asian, 1.3% is of mixed ethnicity, 0.5% is black and 0.7% is of other ethnicity. This district has relatively higher levels of deprivation in the west and northeast of the district (Hunstanton) and in King's Lynn itself. Deprivation is lower in the central and southern part of the district. 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. Population density is variable across the district, being higher in the northeast, southwest and southeast of the district. The number of households in King's Lynn and West Norfolk that own a car or van is 85%, which is above both the Norfolk level (82.6%) and the England level (76.5%).

Travel analysis across King's Lynn and West Norfolk showed:

- Between 56.8%-59.6% of the population can reach a community pharmacy in 20-30 minutes walking. This increases to 62.6%-67.8% when including dispensing doctor practices for eligible residents.
- 98.9% of the population who own a car or van can reach a pharmacy by private transport in 20 minutes off-peak, and 97.8% in 20 minutes in peak times. 100% can reach a pharmacy in 30 minutes in peak and off-peak times.
- Between 59.4% to 61% of the population can reach a community pharmacy by public transport in 20-30 minutes in the morning, and between 72.1% to 80% in the afternoon. This increases considerably to 66.9%-69.3% in the morning and 81.8%-90.6% in the afternoon when combined with dispensing doctor practices for eligible residents.

The health of the population of Great Yarmouth showed the following health needs:

- The CHD level is higher than both Norfolk and England levels.
- The level for depression was the same as the Norfolk level and lower than England.
- The hypertension level is higher than both Norfolk and England levels.
- The osteoporosis level was higher than both the as the Norfolk and England level.
- The rheumatoid arthritis level was same as the Norfolk level and higher than the England Levels.
- The level for stroke was higher than both the Norfolk level and England level.
- PCN GP registers for diabetes prevalence was lower than the Norfolk level.

The district has a higher proportion of people over 65, and it is likely to see these conditions predominating.

For sexual health prevalence in Great Yarmouth its was noted:

- Chlamydia detection and screening rates are higher than Norfolk lower England levels.
- The teenage conception rate is lower than both Norfolk and England levels.

#### **6.2.4.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 22 community pharmacies in King's Lynn and West Norfolk. The estimated average number of community pharmacies per 100,000 population is 14.1, which is lower than the Norfolk average of 15.7 community pharmacies per 100,000. Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of 17 dispensing doctor sites across King's Lynn and West Norfolk.

All of the 22 community pharmacies hold a standard 40-core hour contract. There are no 72-hour pharmacies, no DSPs and no DACs.

Of the 22 community pharmacies:

- One pharmacy (5%) is open after 6.30 pm on weekdays.
- 15 pharmacies (68%) are open on Saturdays; nine (41%) remain open after 1 pm.
- Two pharmacies (9%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring districts of Breckland and North Norfolk, and the HWBs of Suffolk, Cambridgeshire and Lincolnshire.

Figure 40: Map of community pharmacies in King's Lynn and West Norfolk open after 6.30 pm on a weekday

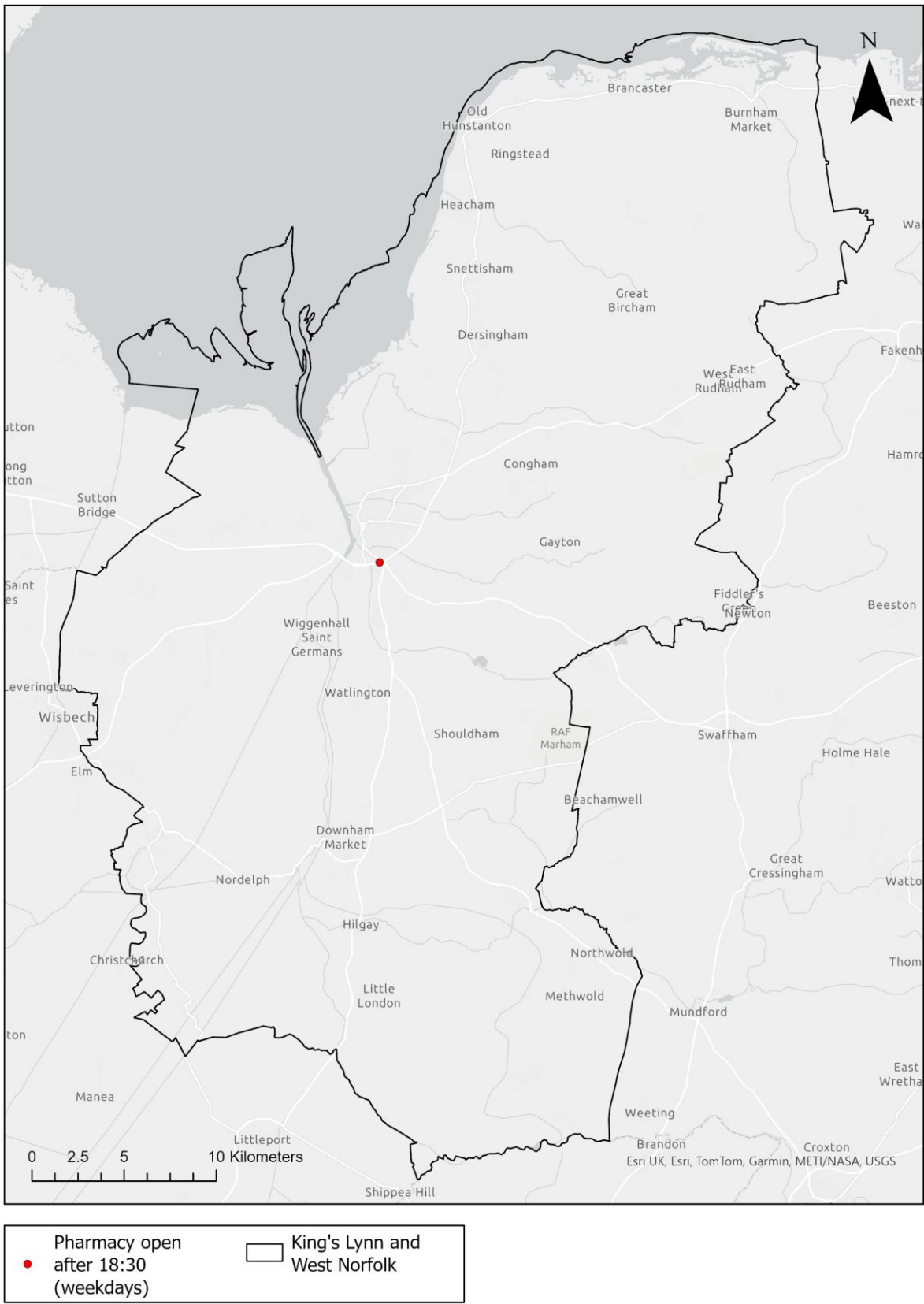


Figure 41: Map of community pharmacies in King's Lynn and West Norfolk open Saturday

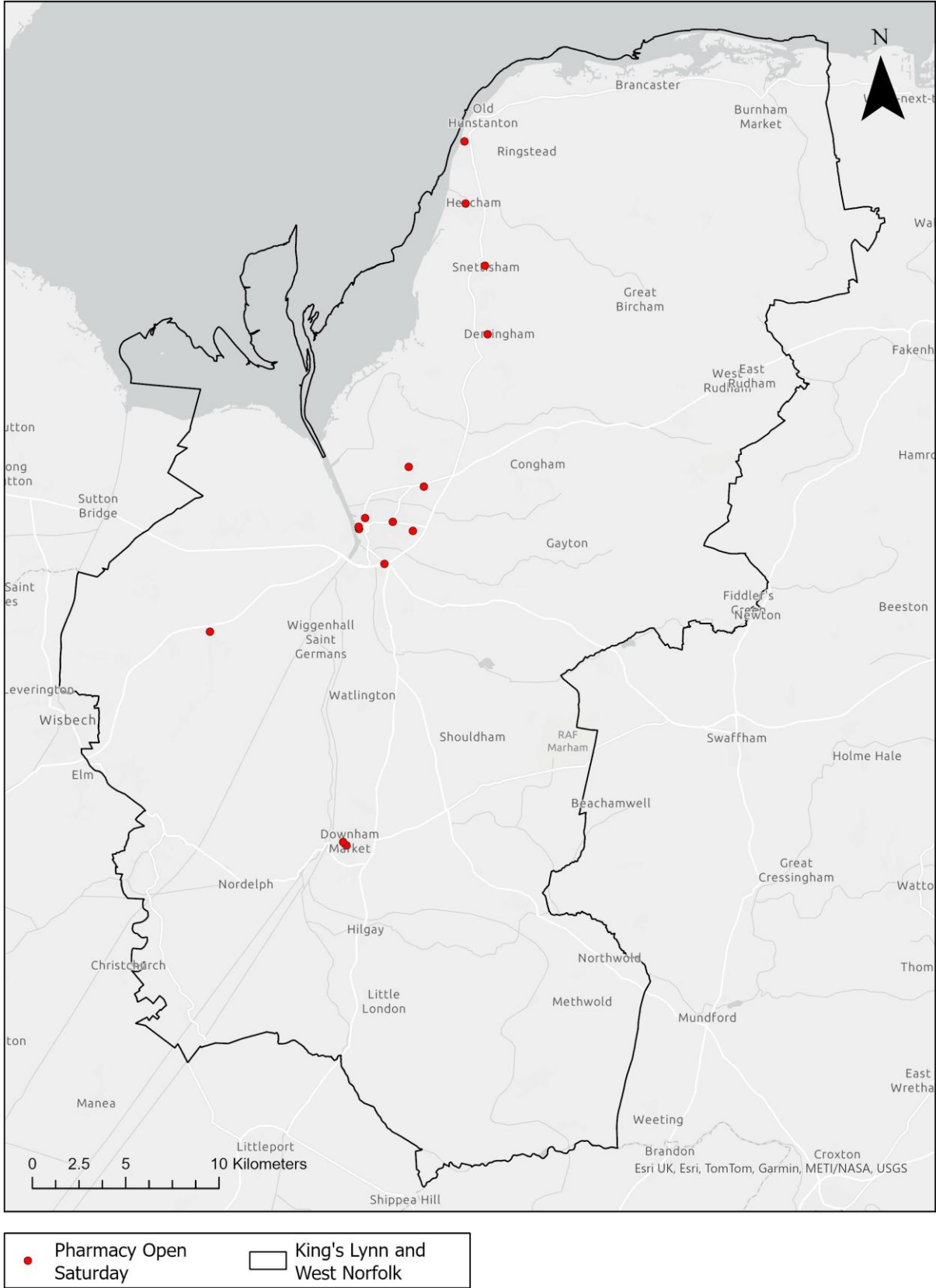
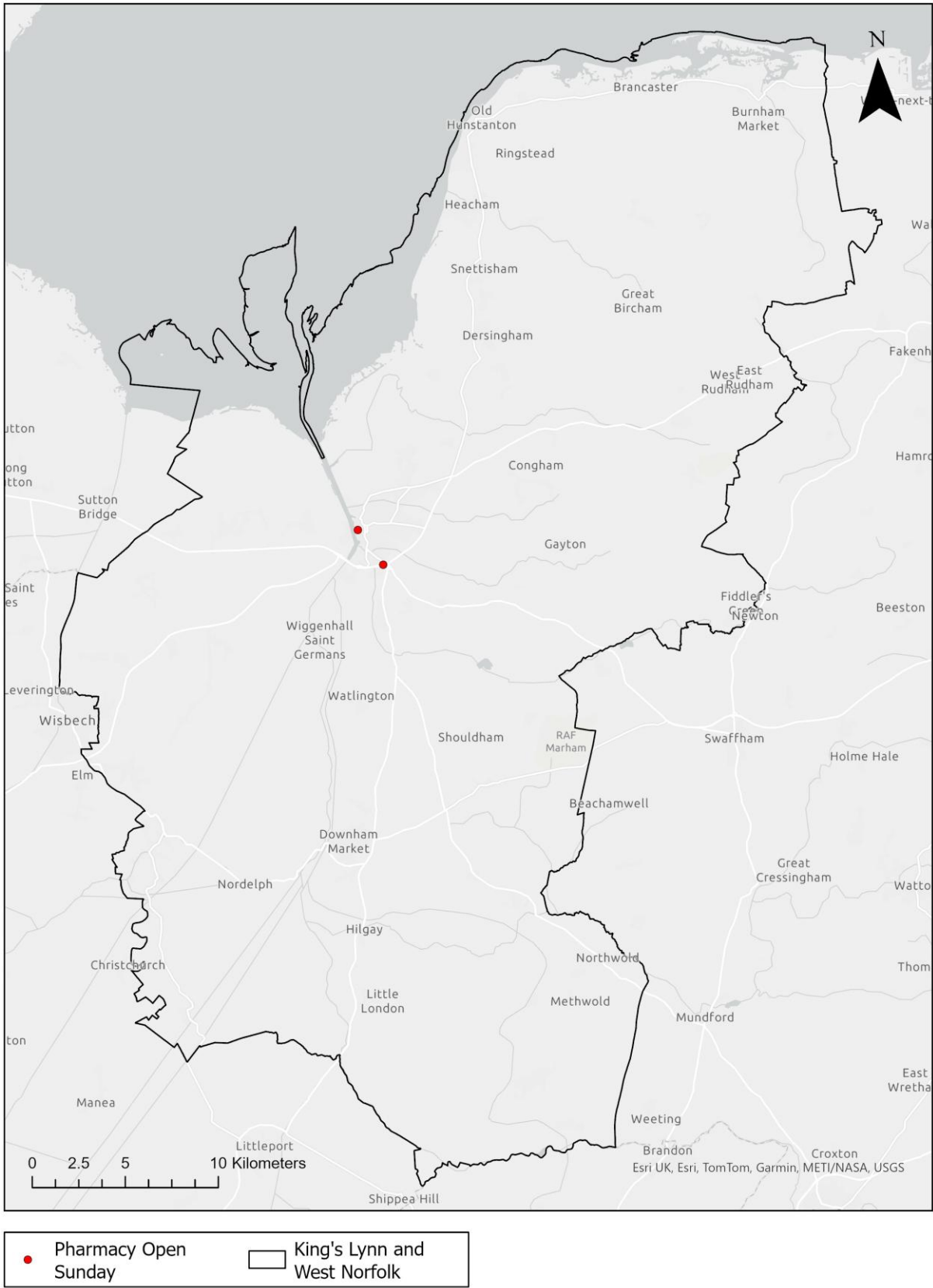


Figure 42: Map of community pharmacies in King's Lynn and West Norfolk open Sunday



#### 6.2.4.2 Necessary Services: essential services gaps in provision

Based on the spread of pharmacies across the district supported by the dispensing doctor practices across rural areas, there is adequate access to the essential pharmaceutical services across King's Lynn and West Norfolk.

The current community pharmacy network is expected to be able to accommodate the small predicted population increase of 234 (0.2%) and the 3,001 increase in dwellings by 2026.

Although there are no community pharmacies holding a 72+ contract, there is one pharmacy open after 6.30 pm during weekdays (details are found in Appendix A), and community pharmacies are accessible from other districts. There are also nine pharmacies open all day on a Saturday and two open on a Sunday.

Individuals are able to travel to a pharmacy within reasonable times although it may take longer for some residents in the more rural areas of King's Lynn and West Norfolk (details in Appendix E), however this would be no different in accessing other usual healthcare services or out of hours services in person at evenings and weekends.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers in some localities, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies will need to consider reviewing their internal systems, workforce capacity, and skill mix as demand increases. This may include adopting digital solutions, workflow improvements, and innovations such as automation and hub-and-spoke dispensing models to maintain service quality and resilience.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Norfolk HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

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



### 6.2.4.3 Other relevant services: current provision

Table 35 shows the community pharmacies providing the Advanced and Enhanced services considered relevant.

*Table 35: King's Lynn and West Norfolk relevant services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	21 (95%)	20 (91%)
Seasonal Influenza Vaccination	-	16 (73%)
Pharmacy Contraception	17 (77%)	13 (59%)
Hypertension case-finding	21 (95%)	18 (82%)
New Medicine Service	-	20 (91%)
Lateral Flow Device Tests Supply	19 (86%)	14 (64%)
COVID-19 Vaccination Service	10 (45%)	-
Bank Holiday opening service	2 (9%)	-

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

Advanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting, however the absence of a service due to a community pharmacy not signing up does not result in a gap due to availability of similar services from other healthcare providers.

Based on the information available, there is good access to the other relevant services across King's Lynn and West Norfolk through the existing community pharmacy network.

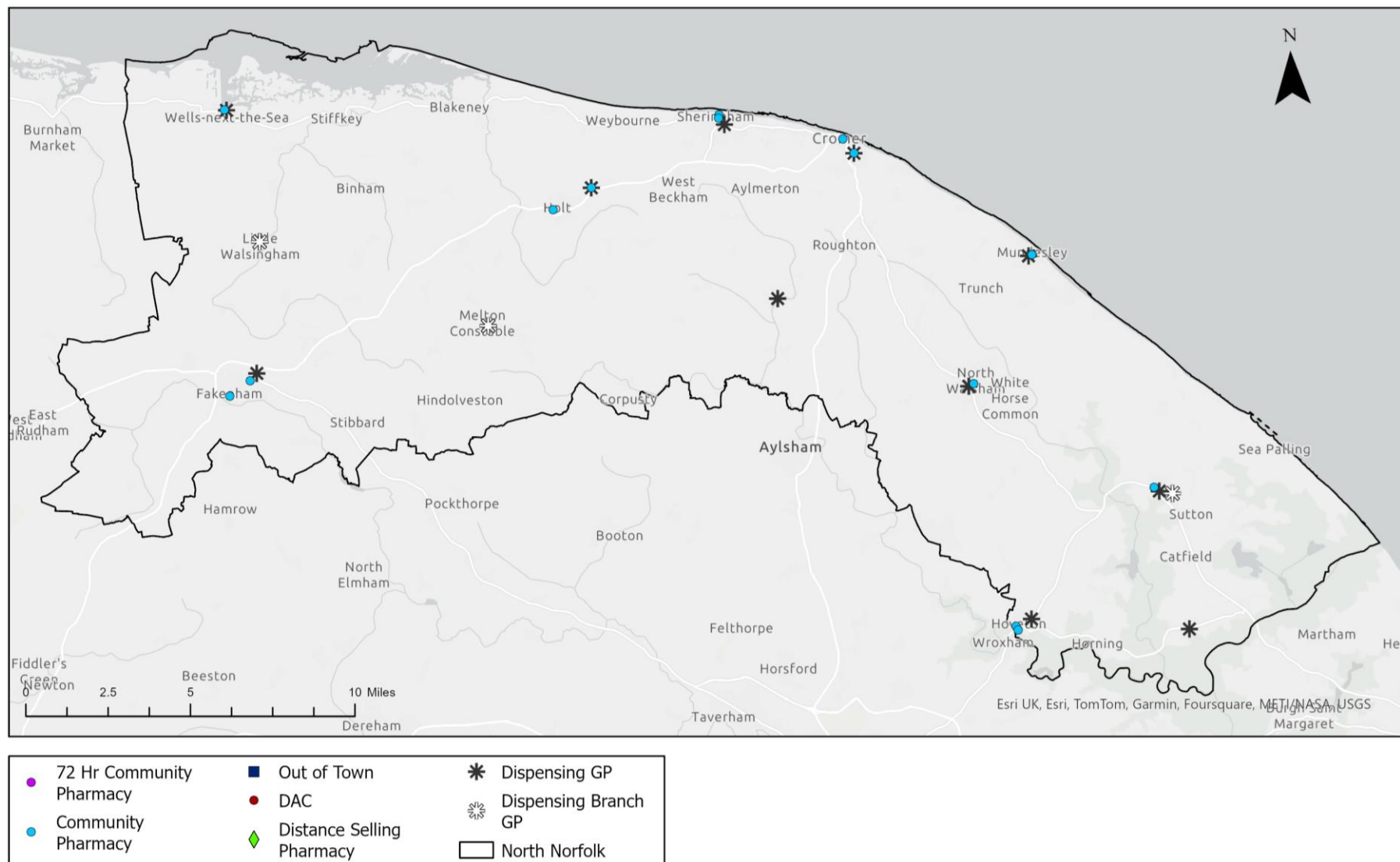
**No gaps in the provision of Relevant Services have been identified for King's Lynn and West Norfolk.**

### 6.2.4.4 Improvements and better access: gaps in provision

**No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across King's Lynn and West Norfolk.**

## 6.2.5 North Norfolk

Figure 43: Map of pharmaceutical providers across North Norfolk



North Norfolk has a population of 103,223. Population density is one of the lowest in Norfolk. Deprivation is moderate in most of the district rising in the east and southwest. The number of households in North Norfolk that own a car or van is 85.4%, which is above both the Norfolk level (86.2%) and the England level (76.5%).

Travel analysis across North Norfolk showed:

- 50.5% of the population can reach a community pharmacy in 20 or 30 minutes walking. This marginally increases to 52.6%-58.5% when including the dispensing doctor practices which will be eligible for certain residents.
- 100% of the population who own a car or van can reach a community pharmacy in 20 minutes in peak and off-peak times.
- Between 54.4% to 63.5% of the population can reach a community pharmacy by public transport in 20-30 minutes in the morning, and between 66.9% to 82.3% in the afternoon. This increases to 54.5%-63.5% in the morning and 75.5%-87.5% in the afternoon when combined with dispensing doctor practices for eligible residents.
- There are no community pharmacies open after 6.30pm on most days apart from Wednesday in North Norfolk however residents can access community pharmacies dependent on their location within North Norfolk within 25 to 45 minutes.

The health of the population of North Norfolk showed the following health needs:

- The CHD level is higher than both Norfolk and England levels.
- The level for depression was the same as the Norfolk level and lower than England.
- The hypertension level is higher than both Norfolk and England levels.
- The osteoporosis level was lower than both the as the Norfolk and England level.
- The rheumatoid arthritis level was higher than both the Norfolk and the England levels.
- The level for stroke was higher than both the Norfolk level and England level.
- PCN GP registers for diabetes prevalence was generally higher than the Norfolk level.

The district has a higher proportion of people over 65, and it is likely to see these conditions predominating.

For sexual health prevalence in North Norfolk, it was noted:

- Chlamydia detection and screening rates are lower than Norfolk lower England levels.
- The teenage conception rate is lower than both Norfolk and England levels.

### 6.2.5.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 16 community pharmacies in North Norfolk. The estimated average number of community pharmacies per 100,000 population is 15.5, which is slightly lower to the Norfolk average of 15.7 community pharmacies per 100,000. Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of 15 dispensing doctor sites across North Norfolk.

All the community pharmacies hold a standard 40-core hour contract. There are no 72-hours pharmacies and no DSPs.

Of the 16 community pharmacies:

- There are no pharmacies open after 6.30 pm on most weekdays but one pharmacy is open until 8 pm on Wednesday.
- 14 pharmacies (88%) are open on Saturdays; 11 (69%) remain open after 1 pm.
- Two pharmacies (13%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring districts of King's Lynn, Broadland, Breckland and Great Yarmouth.

*Figure 44: Map of community pharmacies in North Norfolk open after 6.30 pm on a weekday*

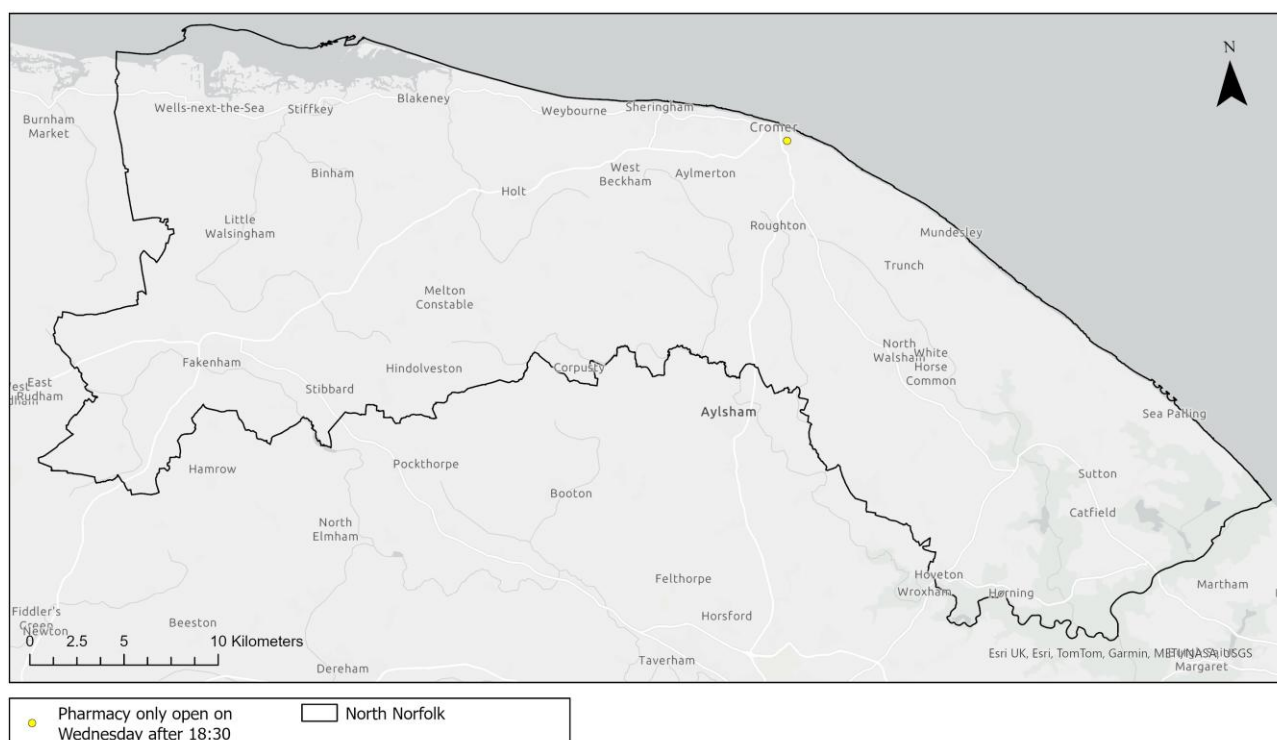


Figure 45: Map of community pharmacies in North Norfolk open Saturday

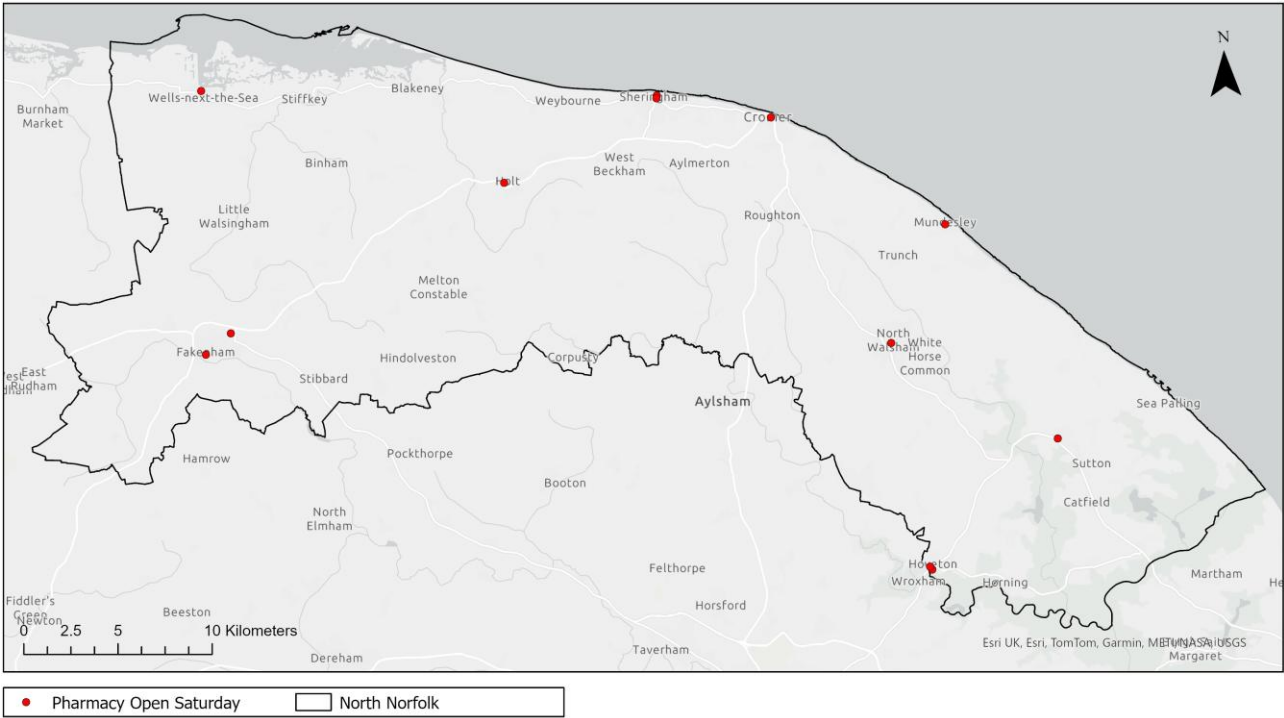
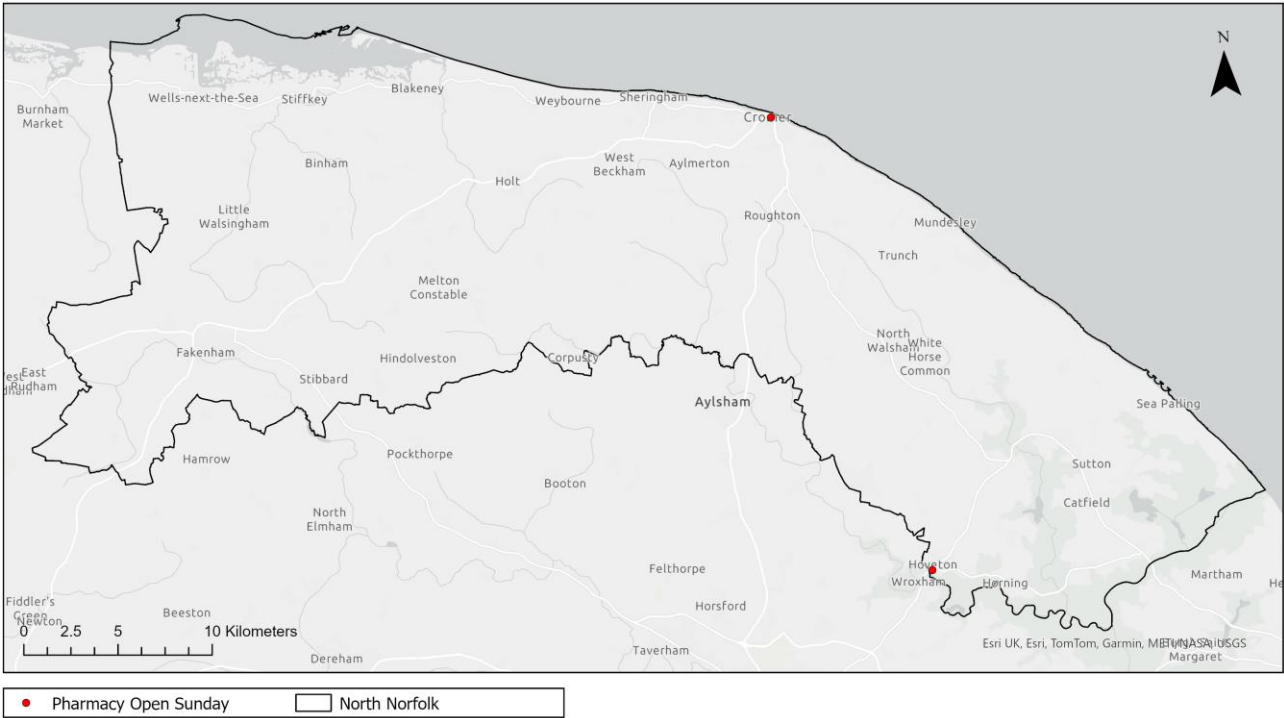


Figure 46: Map of community pharmacies in North Norfolk open Sunday



**6.2.5.2 Necessary Services: essential services gaps in provision**

Based on the spread of pharmacies across the district supported by the dispensing doctor practices across rural areas, there is adequate access to the essential pharmaceutical services across North Norfolk.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 8,570 (8.3%) and the 3,900 increase in dwellings by 2026.

While no community pharmacies hold a 72+ hour contract or routinely open after 6:30 pm on weekdays, one pharmacy operates until 8 pm on Wednesdays, and additional evening access is available in neighbouring districts. There are also 11 pharmacies open all day on a Saturday and two open on a Sunday.

Individuals are generally able to access a pharmacy within a reasonable travel time during core weekday hours, including those living in more rural areas of North Norfolk (see Appendix E). However, during evenings, there is limited access to pharmacy services across North Norfolk.

While this does represent a reduction in local access during out-of-hours periods, it is consistent with national patterns of pharmacy availability. Additionally, although there is a rurality challenge across North Norfolk, there is no identified evidence of unmet need or adverse outcomes arising from this.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers in some localities, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies will need to consider reviewing their internal systems, workforce capacity, and skill mix as demand increases. This may include adopting digital solutions, workflow improvements, and innovations such as automation and hub-and-spoke dispensing models to maintain service quality and resilience.

For these reasons, it is considered that there is currently no gap in provision, though accessibility outside core hours remains an area for ongoing review.

Norfolk HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

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



### 6.2.5.3 Other relevant services: current provision

Table 36 shows the community pharmacies providing the Advanced and Enhanced services considered relevant.

*Table 36: North Norfolk relevant services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	16 (100%)	15 (94%)
Seasonal Influenza Vaccination	-	15 (94%)
Pharmacy Contraception	15 (94%)	8 (50%)
Hypertension case-finding	16 (100%)	15 (94%)
New Medicine Service	-	16 (100%)
Lateral Flow Device Tests Supply	11 (69%)	8 (50%)
COVID-19 Vaccination Service	6 (38%)	-
Bank Holiday opening service	3 (19%)	-

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

Advanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting, however the absence of a service due to a community pharmacy signing up does not result in a gap due to availability of similar services from other healthcare providers.

Based on the information available, there is good access to the other relevant services across North Norfolk through the existing community pharmacy network.

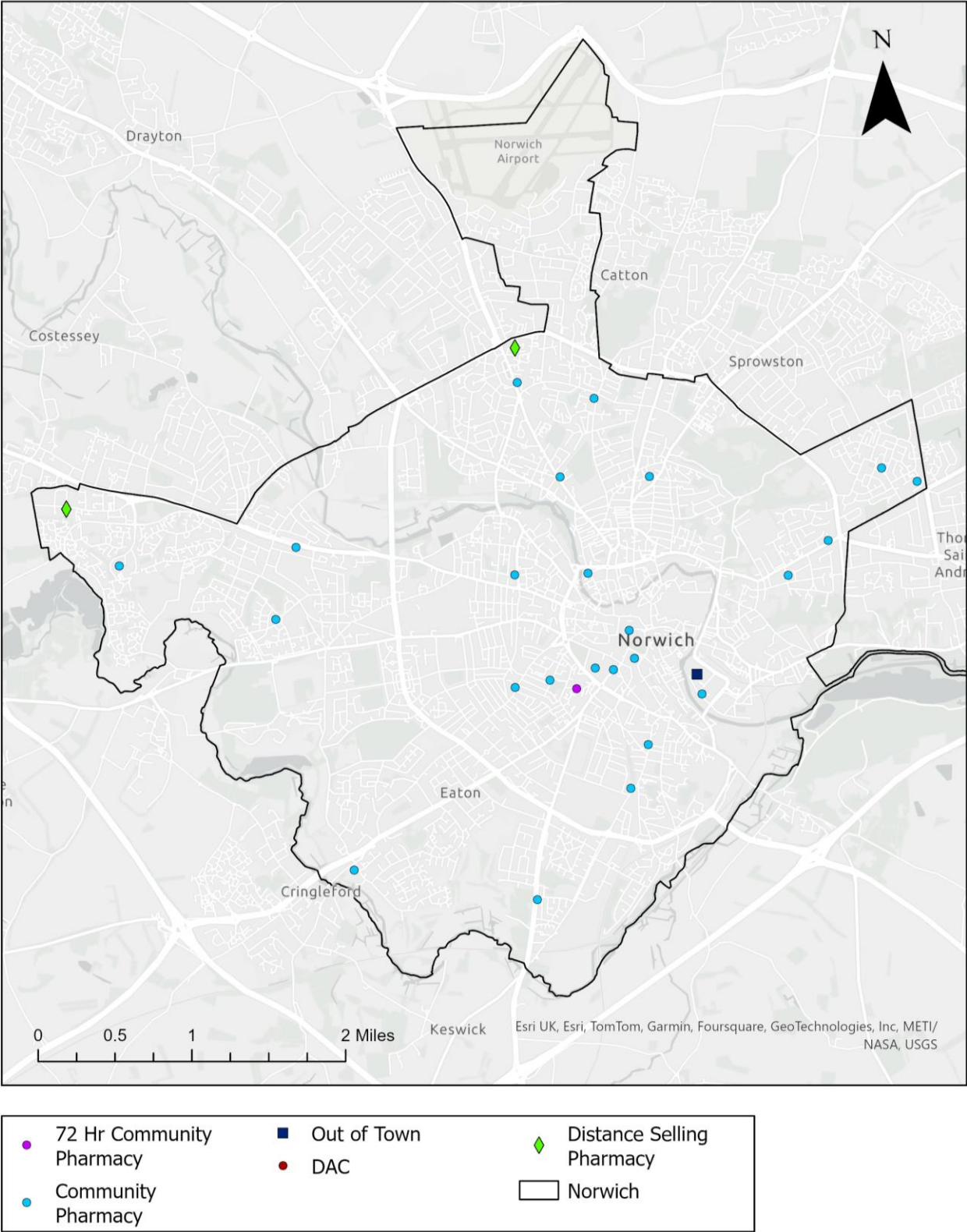
**No gaps in the provision of Relevant Services have been identified for North Norfolk.**

### 6.2.5.4 Improvements and better access: gaps in provision

**No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across North Norfolk.**

6.2.6 Norwich

Figure 47: Map of pharmaceutical providers across Norwich



Norwich has a population of 144,957, of which 87.1% is white, 5.5% is Asian, 3.1% is of mixed ethnicity, 2.5% is black and 1.8% is of other ethnicity. This district has mixture deprivation, with areas of affluence in line with most UK cities in Norwich. Population density is relatively higher within the city. The number of households in Norwich that own a car or van is 67.3%, which is below both the Norfolk level (82.6%) and the England level (76.5%).

Travel analysis across Norwich showed:

- 100% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population who own a car or van can reach a community pharmacy in 10 minutes in peak and off-peak times.
- 100% of the population can reach a community pharmacy by public transport in 20 minutes in the morning or the afternoon.

The health of the population of Norwich showed the following health needs:

- The CHD level is lower than both Norfolk and England levels.
- The level for depression is the higher than the Norfolk level and lower than England.
- The hypertension level is lower than both Norfolk and England levels.
- The osteoporosis level was lower than both the as the Norfolk and England level.
- The rheumatoid arthritis level is the same as the Norfolk level lower than the England level.
- The level for stroke was lower than both the Norfolk level and England level.
- PCN GP registers for diabetes prevalence was generally lower than the Norfolk level.
- PCN GP register smoking prevalence was higher in this district compared to the Norfolk level.
- The over 65 age groups is the lowest across all Norfolk districts, which may explain the different health trends.

For sexual health in Norwich its was noted:

- Chlamydia detection and rates are higher than Norfolk lower England levels.
- The teenage conception rate is higher than both Norfolk and England levels.

This is despite the young person age range (15-24) that is similar to the Norfolk average and slightly lower than the England Average.

#### **6.2.6.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 28 community pharmacies in Norwich. The estimated average number of community pharmacies per 100,000 population is 19.3, which is higher than the Norfolk average of 15.7 community pharmacies per 100,000.

Of the 28 community pharmacies:

- 25 (89%) hold a standard 40-core hour contract.
- One (4%) is a 72+hour pharmacy.
- Two (7%) are DSPs.

There are no DACs and no dispensing doctor practices in Norwich.

Of the 28 community pharmacies:

- Three pharmacies (11%) are open after 6.30 pm on weekdays.
- 21 pharmacies (75%) are open on Saturdays; 12 (43%) remain open after 1pm.
- Seven pharmacies (25%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring districts of Broadland and South Norfolk.

*Figure 48: Map of community pharmacies in Norwich open after 6.30 pm on a weekday*

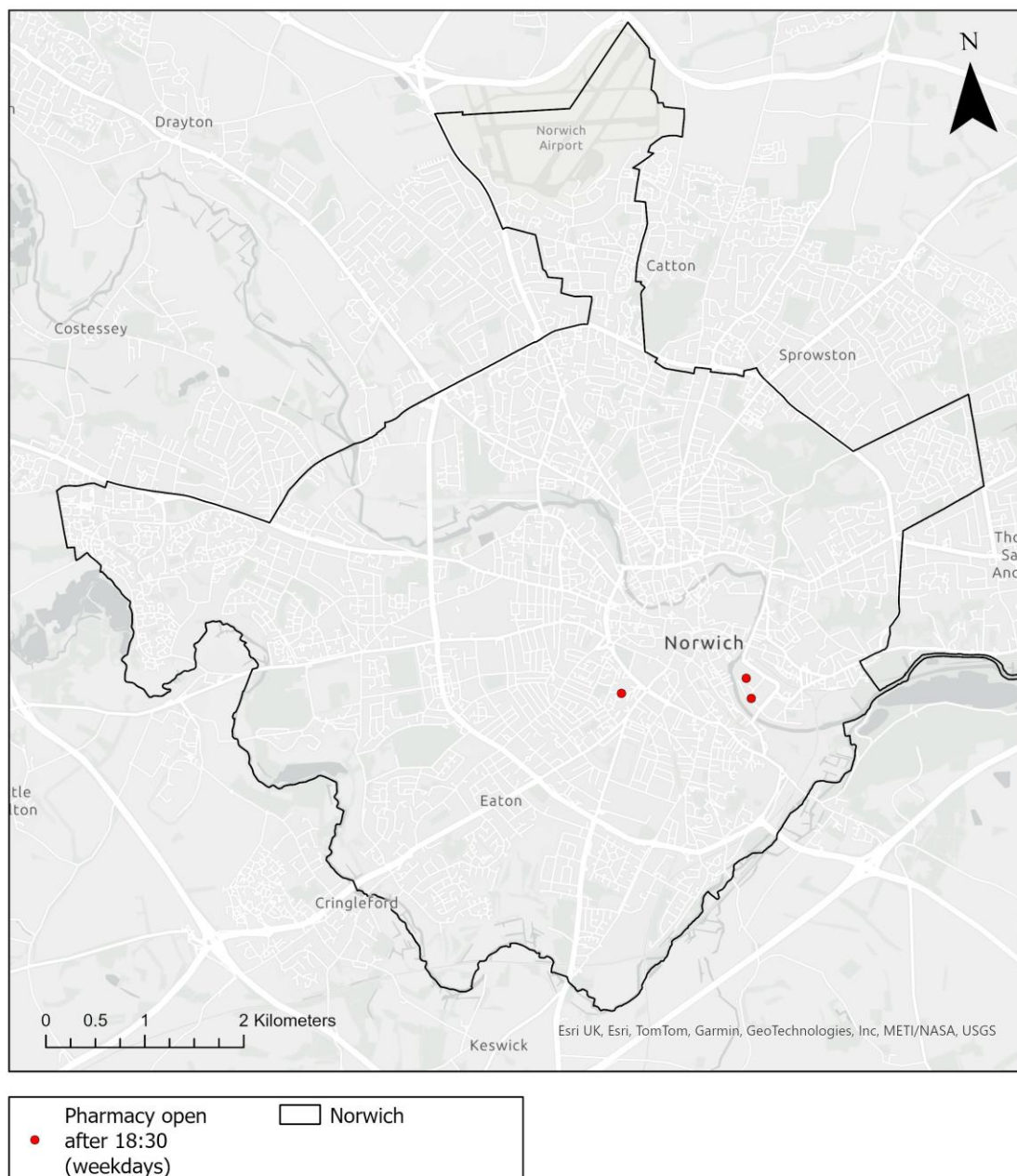




Figure 49: Map of community pharmacies in Norwich open Saturday

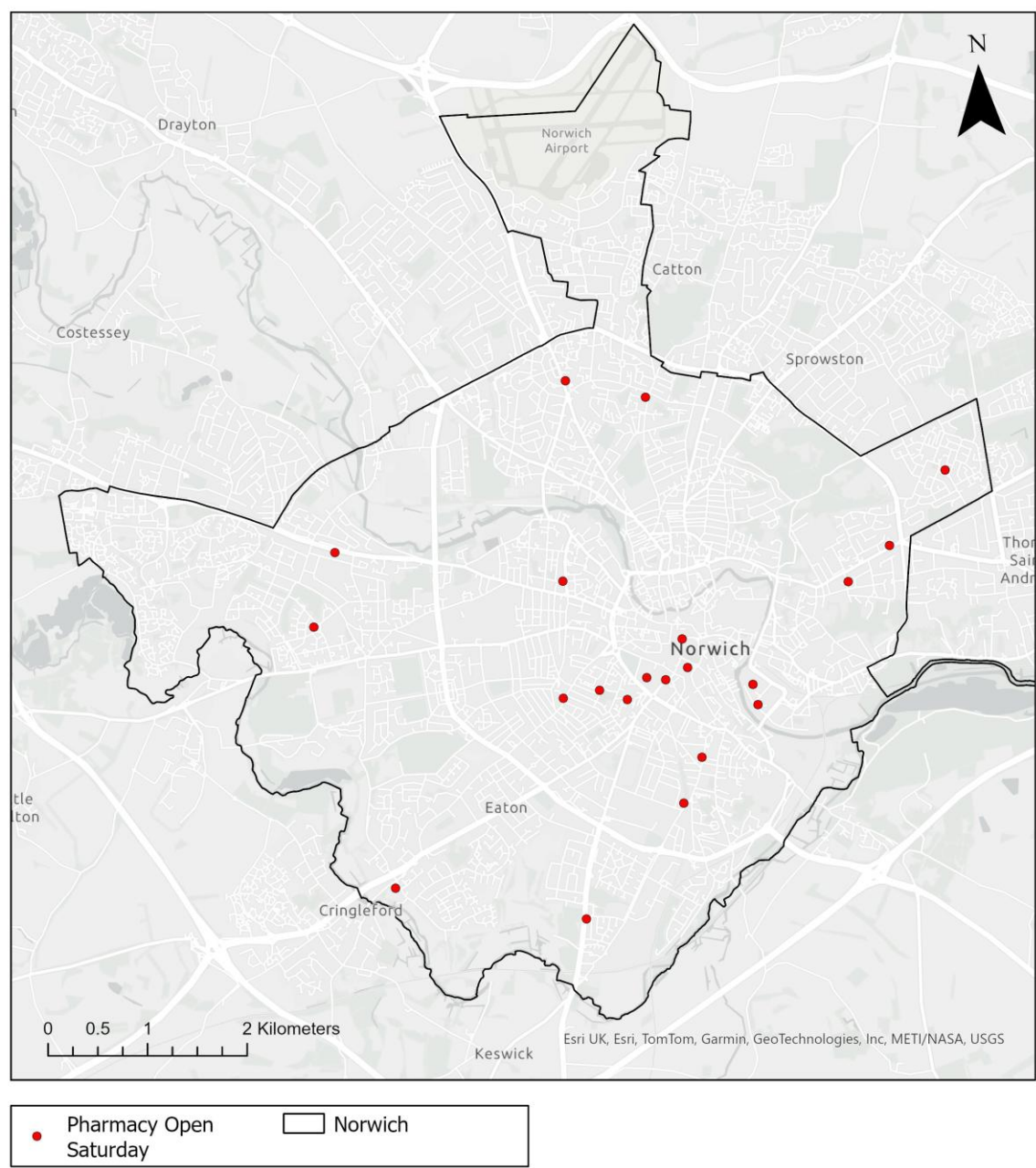
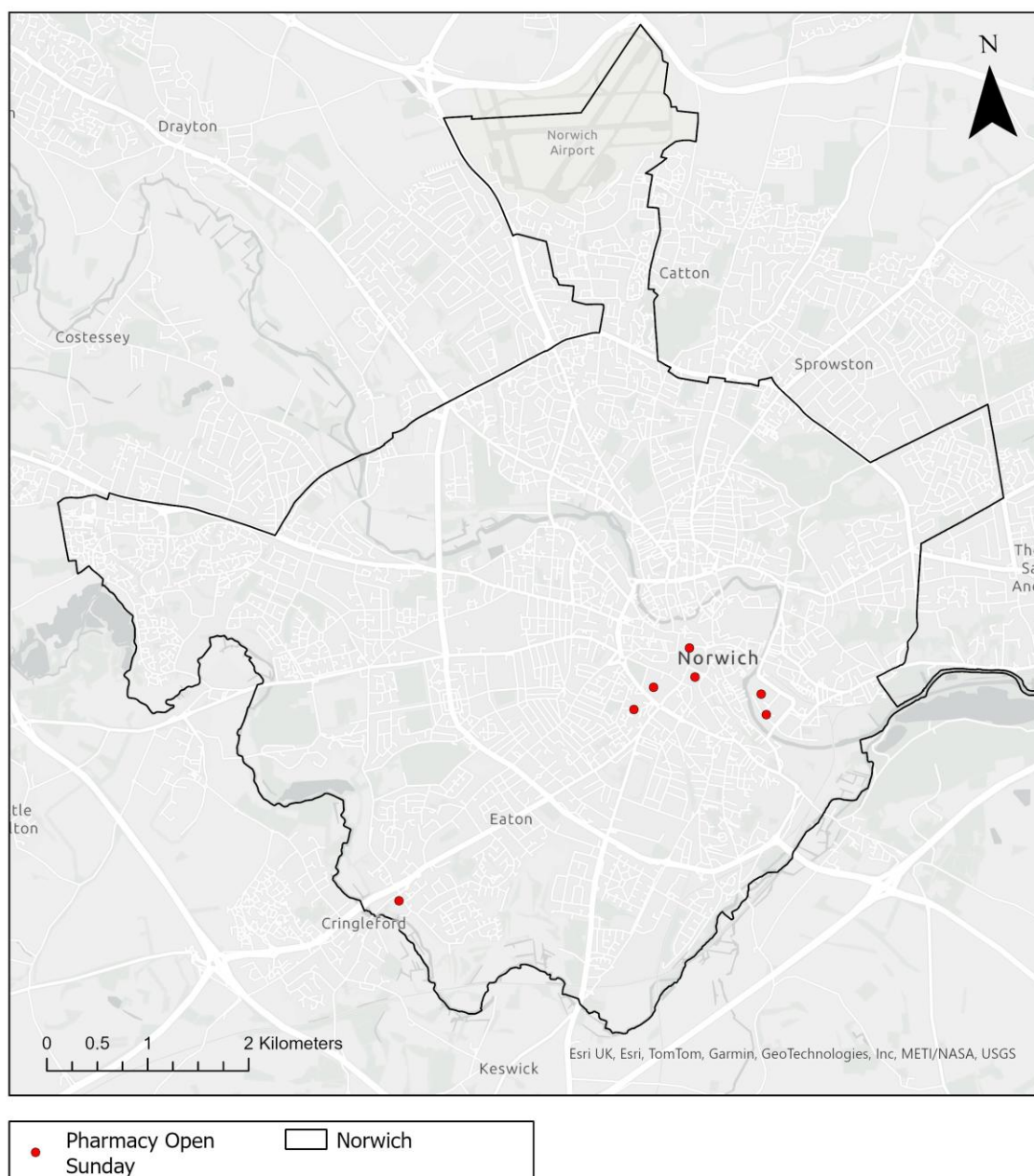


Figure 50: Map of community pharmacies in Norwich open Sunday



#### 6.2.6.2 Necessary Services: essential services gaps in provision

Based on the spread of pharmacies across the district, there is adequate access to the essential pharmaceutical services across Norwich.

The current community pharmacy network is expected to be able to accommodate the relatively small predicted population increase of 2,519 (1.7%) and the 2,351 increase in dwellings by 2026. With increased footfall, pharmacies may experience greater demand and it is recommended that they review their internal systems, processes, and workforce skills to ensure they can effectively manage the increase.

To support access in the weekend and evenings there is one 72-hour pharmacy in Norwich as well as other pharmacies open after 6.30pm and at weekends as mentioned above. Details are found in Appendix A.



Individuals are able to travel to a pharmacy within reasonable times. Details in Appendix E.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers in some localities, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies will need to consider reviewing their internal systems, workforce capacity, and skill mix as demand increases. This may include adopting digital solutions, workflow improvements, and innovations such as automation and hub-and-spoke dispensing models to maintain service quality and resilience.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Norfolk HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

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

### 6.2.6.3 Other relevant services: current provision

Table 37 shows the community pharmacies providing the Advanced and Enhanced services considered relevant.

*Table 37: Norwich relevant services*

<b>Service</b>	<b>Pharmacies signed up</b>	<b>Pharmacies providing*</b>
Pharmacy First	27 (96%)	24 (86%)
Seasonal Influenza Vaccination	-	24 (86%)
Pharmacy Contraception	23 (82%)	14 (50%)
Hypertension case-finding	26 (93%)	20 (71%)
New Medicine Service	-	23 (82%)
Lateral Flow Device Tests Supply	18 (64%)	10 (36%)
COVID-19 Vaccination Service	7 (25%)	-
Bank Holiday opening service	3 (11%)	-

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

Advanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting, however the absence of a service due to a community pharmacy signing up does not result in a gap due to availability of similar services from other healthcare providers.

Based on the information available, there is good access to the other relevant services across Norwich through the existing community pharmacy network.

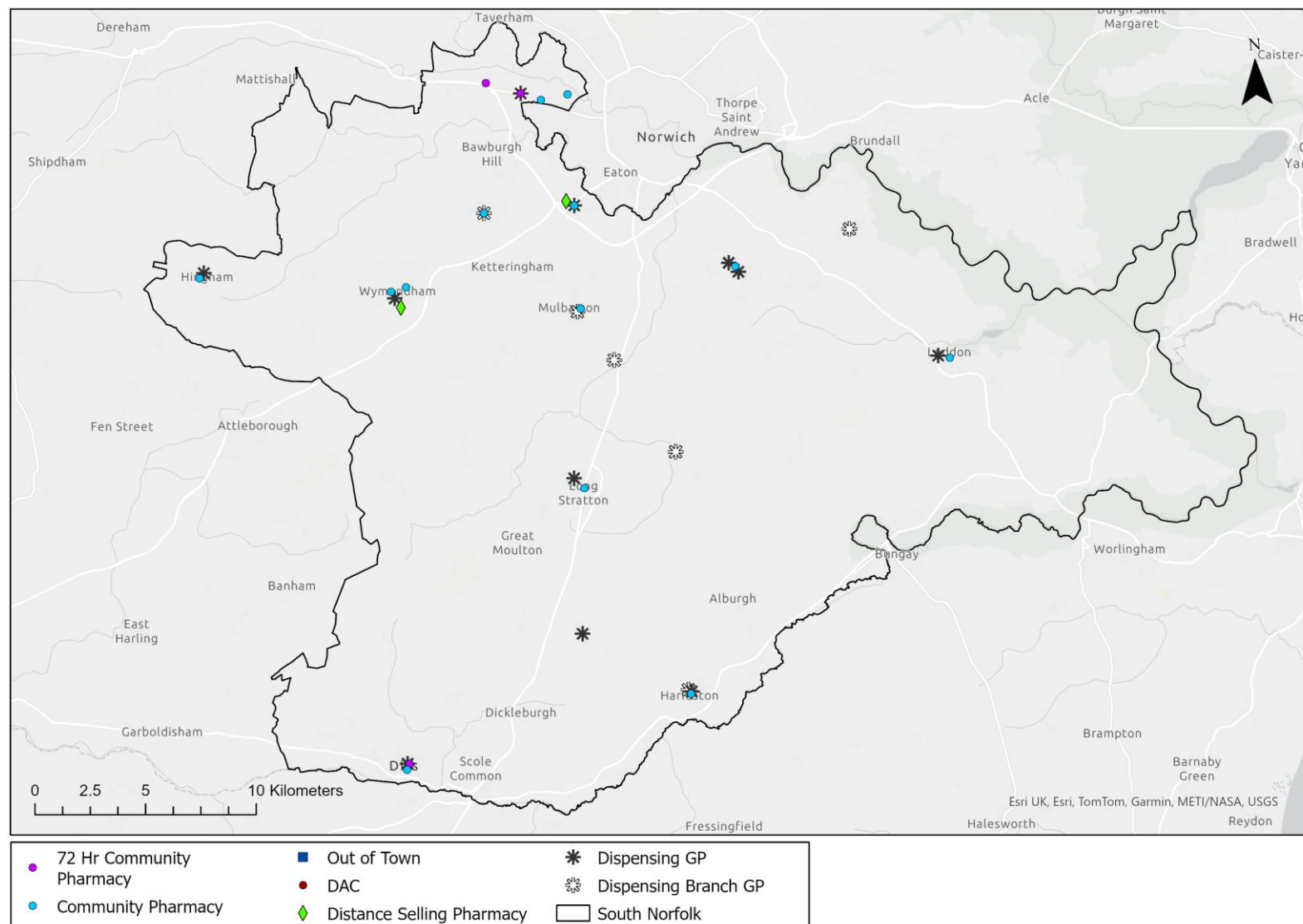
**No gaps in the provision of relevant Services have been identified for Norwich.**

#### **6.2.6.4 Improvements and better access: gaps in provision**

**No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Norwich.**

## 6.2.7 South Norfolk

Figure 51: Map of pharmaceutical providers across South Norfolk



South Norfolk has a population of 144,617, of which 95.4% is white, 1.8% is Asian, 1.5 % is of mixed ethnicity, 0.8% is black and 0.5% is of other ethnicities. This district has one of the lowest levels of deprivation, which rises slightly in the east and south. Population density is moderately higher in the north of the district, and relatively lower in the south. The number of households in South Norfolk that own a car or van is 89.5%, which is above both Norfolk level (82.6%) and the England level (76.5%).

Travel analysis across South Norfolk showed:

- Between 51.9% to 61.8% of the population can reach a community pharmacy in 20-30 minutes walking. This increases to 56.8%-66.3% when including the dispensing doctor practices.
- 100% of the population who own a car or van can reach a community pharmacy by private transport in 20 minutes in peak and off-peak times.
- Between 63.8% and 66.6% of the population can reach a community pharmacy by public transport in 20-30 minutes in the morning, and between 76.5%-84% in the afternoon. This increases to 69.1%-71.9% in the morning and 80%-85% in the afternoon when combined with dispensing doctor practices.

The health of the population of South Norfolk showed the following health needs:

- The CHD level is lower than both Norfolk and England levels.
- The level for depression is lower than both the Norfolk level and England level.
- The hypertension level is lower than Norfolk and higher than the England level.
- The osteoporosis level was lower than both the as the Norfolk and England level.
- The rheumatoid arthritis level is lower than both the Norfolk and England Level.
- The level for stroke is the same as the Norfolk level and higher than the England level.
- PCN GP registers for diabetes prevalence was generally lower than the Norfolk level.

The district has a higher proportion of people over 65 compared to the Norfolk and England average, and it is likely to see these conditions predominate.

For sexual health in South Norfolk its was noted:

- The Chlamydia detection rate is lower than Norfolk lower England level.
- The teenage conception rate is lower than both Norfolk and England level.

#### **6.2.7.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 19 community pharmacies in South Norfolk. The estimated average number of community pharmacies per 100,000 population is 13.1, which is lower to the Norfolk average of 15.7 community pharmacies per 1000,000. Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of 18 dispensing doctor sites across South Norfolk.

Of the 19 community pharmacies:

- 14 (74%) hold a standard 40-core hour contract.

- Three (16%) are 72+hour pharmacies.
- Two (11%) are DSPs.

There are no DACs.

The numbers of pharmacies are reflective of the rural nature of South Norfolk, where there are fewer major urban areas.

Of the 19 community pharmacies:

- Three pharmacies (16%) are open after 6.30 pm on weekdays.
- 14 pharmacies (74%) are open on Saturdays; 10 (53%) remain open after 1pm.
- Three pharmacies (16%) are open on Sundays.

*Figure 52: Map of community pharmacies in South Norfolk open after 6.30 pm on a weekday*

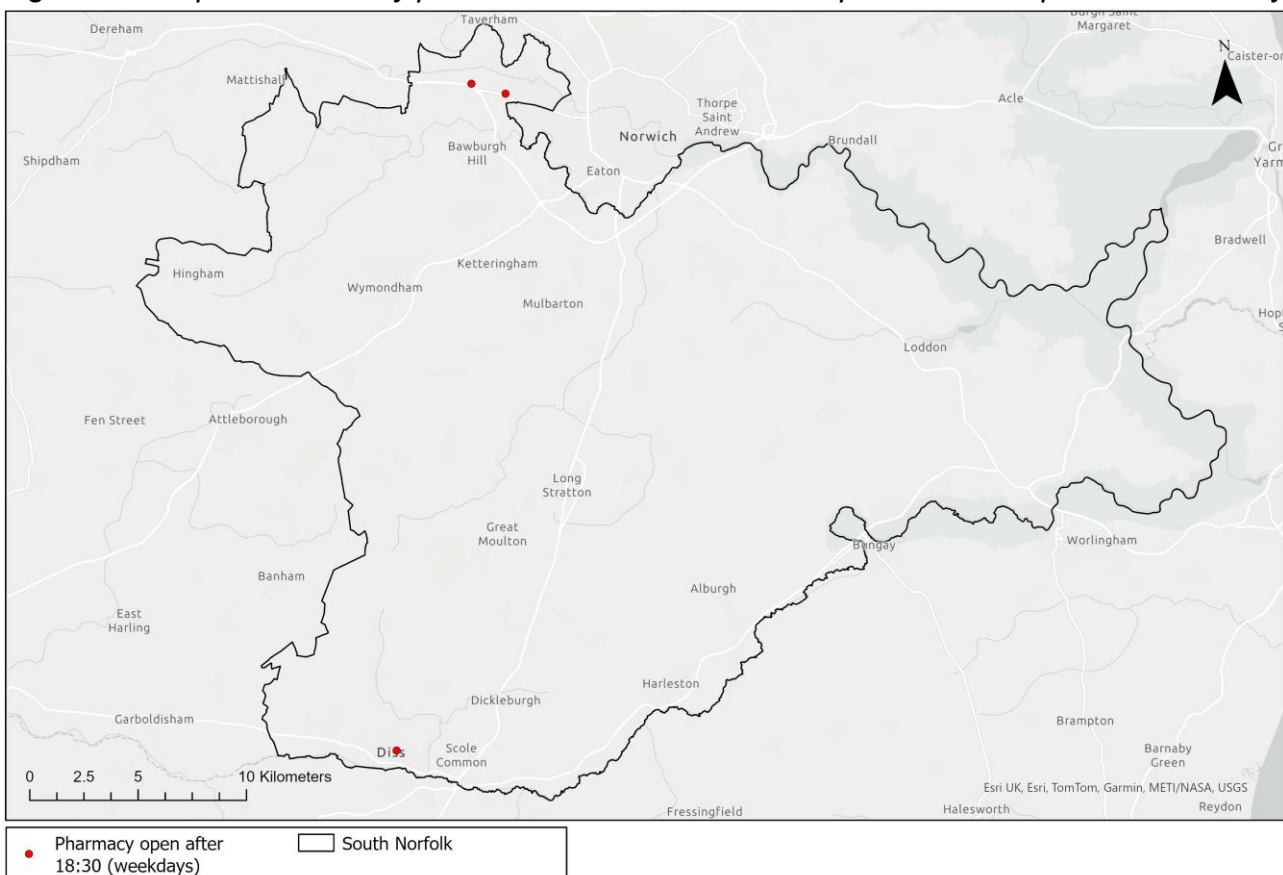


Figure 53: Map of community pharmacies in South Norfolk open Saturday

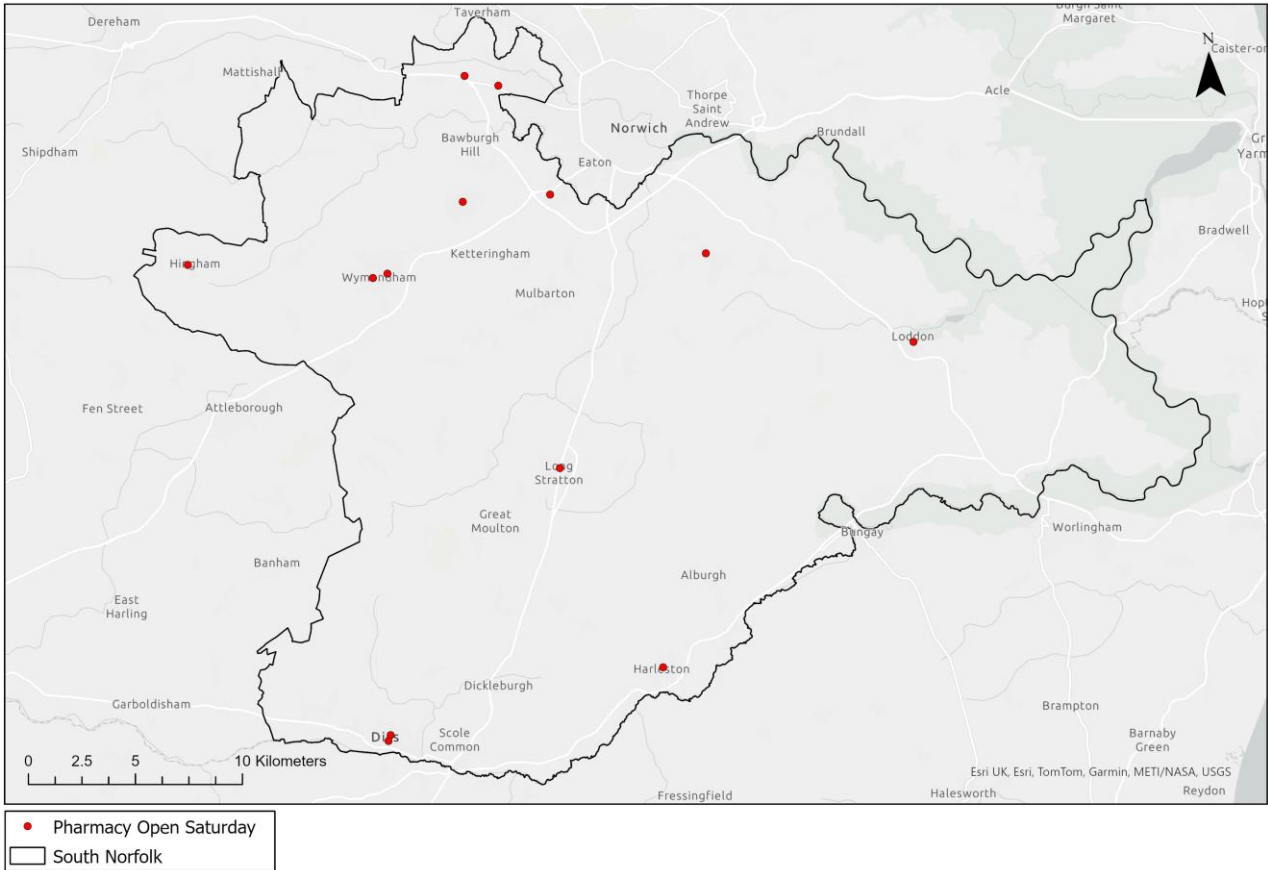
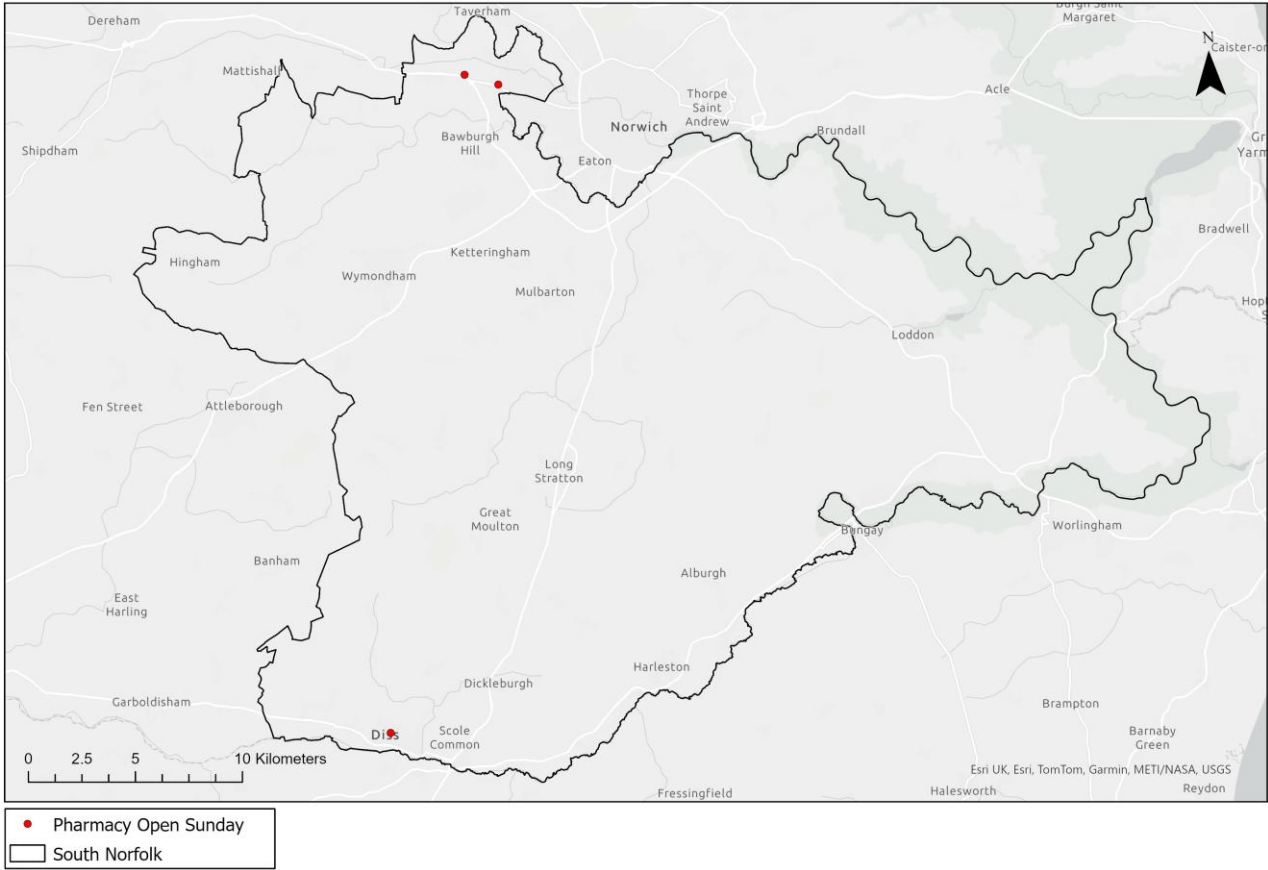


Figure 54: Map of community pharmacies in South Norfolk open Sunday





### 6.2.7.2 Necessary Services: essential services gaps in provision

Based on the spread of pharmacies across the district supported by the dispensing doctor practices across rural areas, there is adequate access to the essential pharmaceutical services across South Norfolk.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 16,811 (11.6%) and the 4,237 increase in dwellings by 2026.

To support access in the weekend and evenings there are three 72-hour pharmacies in South Norfolk as well as other pharmacies opened at weekends. Details are found in Appendix A.

Individuals are able to travel to a pharmacy within reasonable times although it may take longer for some residents in the more rural areas of South Norfolk (details in Appendix E), however this would be no different in accessing other usual healthcare services or out of hours services in person at evenings and weekends.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers in some localities, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies will need to consider reviewing their internal systems, workforce capacity, and skill mix as demand increases. This may include adopting digital solutions, workflow improvements, and innovations such as automation and hub-and-spoke dispensing models to maintain service quality and resilience.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Norfolk HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

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

### 6.2.7.3 Other relevant services: current provision

Table 38 shows the community pharmacies providing the Advanced and Enhanced services considered relevant.

*Table 38: South Norfolk relevant services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	19 (100%)	19 (100%)
Seasonal Influenza Vaccination	-	18 (95%)
Pharmacy Contraception	17 (89%)	10 (53%)
Hypertension case-finding	18 (95%)	16 (84%)
New Medicine Service	-	18 (95%)
Lateral Flow Device Tests Supply	17 (89%)	12 (63%)
COVID-19 Vaccination Service	8 (42%)	-
Bank Holiday opening service	1 (5%)	-

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

Advanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting, however the absence of a service due to a community pharmacy signing up does not result in a gap due to availability of similar services from other healthcare providers.

Based on the information available, there is good access to the other relevant services across South Norfolk through the existing community pharmacy network.

**No gaps in the provision of Relevant Services have been identified for South Norfolk.**

### 6.2.7.4 Improvements and better access: gaps in provision

**No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across South Norfolk.**

## 6.3 Norfolk pharmaceutical services and health needs

### 6.3.1 Summary of health needs

Norfolk is a rural county: 49% of its population is designated as rural, with only three areas, Norwich and the urban centres of Great Yarmouth and King's Lynn, described as predominantly urban.

Norfolk HWB area has a population of 925,695, of which 94.7% is white, 2.1% is Asian, 1.6% is of mixed ethnicity, 0.9% is black and 0.7% is of other ethnicity. At least 5% of the population speak another first language which includes Polish, Lithuanian and Portuguese. An NHSE commissioned service exists to support residents across Norfolk.

Norfolk is considered relatively deprived, with towns like Great Yarmouth, Thetford, King's Lynn, and parts of Norwich experiencing higher levels of deprivation compared to other areas within the county; however, South Norfolk and Broadland are considered less deprived regions within Norfolk.

The number of households in Norfolk that own a car or van is 82.6%, which is above the England level, but this varies per district.

Public transport in Norfolk, particularly bus services, has been improving with recent investments, leading to increased passenger satisfaction and usage, with many new routes, enhanced frequencies, and fare reductions however, rural areas may still have limited options depending on location. Actual times shown below for access are probably longer too due to the time taken to walk to a bus stop and wait which is not included in the analysis, however this would reflect how individuals typically access other services.

Travel analysis across Norfolk showed:

- Between 66.9% to 71.5% of the population can reach a community pharmacy in 20 to 30 minutes walking. This increases to 70.4%-76.3% when including dispensing doctor practices for eligible residents.
- 100% of the population who own a car or van or have access to private transport, can reach a community pharmacy in 20 minutes in off-peak times. 99.8% can drive to a pharmacy in 20 minutes in peak time, but 100% in 30 minutes in peak time.
- 72.4% - 75.9% of the population can reach a community pharmacy by public transport in 20-30 minutes in the morning and 82.7%-89.4% in the afternoon. This increases to 76%-80.6% in the morning and 86.8%-92% in the afternoon when combined with dispensing doctor practices, again only for those residents that are eligible.

According to the JSNA, overall health in Norfolk is generally comparable to the England average, with some areas performing better, particularly in life expectancy, but also showing disparities in certain demographics, with higher smoking rates compared to the national average and areas like Great Yarmouth experiencing greater deprivation than other parts of Norfolk. Key points about health in Norfolk:

- **Life expectancy-** Slightly above the national average, with women in Norfolk having a longer life expectancy than men.

- **Smoking rates-** Higher than the England average, with Great Yarmouth having the highest rate within Norfolk.
- **Cardiovascular disease** – are higher than England levels for atrial fibrillation, CHD, and hypertension.
- **Sexual health-** Chlamydia screening rate is lower than England while chlamydia detection rate is the same as England. Teenage conception rates are slightly lower than England. The 15-24 age range is proportionality lower than the England average.
- **Older population-** There is a large proportion of older residents in Norfolk, particularly in North Norfolk, leading to increased need for palliative care and services for the elderly. This explains the higher levels of osteoporosis and rheumatoid arthritis.
- **General health prevalence-** in general for the 21 clinical indicators listed, there are 15 indicators which were higher or worse than England values. Examples include CHD, hypertension, obesity, heart failure, diabetes, CODP and cancer. This is typically expected with an older population.

The health of Norfolk present opportunities for the ICB and NCC commissioners to maximise services in the CPCF and develop locally commissioned services.

### 6.3.2 Necessary Services: essential services, current provision across Norfolk

Essential services must be provided by all community pharmacies. There are 145 community pharmacies in Norfolk which has reduced from 157 in 2022. The estimated average number of community pharmacies per 100,000 population is 15.7. Access to pharmaceutical service provision is then supplemented in the more rural areas, for residents that live at least 1.6 kilometre away from a pharmacy, with the addition of 80 dispensing doctor sites across Norfolk.

Of the 145 community pharmacies:

- 125 (86%) hold a standard 40-core hour contract.
- 12 (8%) are 72+hour pharmacies.
- Eight (6%) are DSPs.

There is also one DAC.

Of the 145 community pharmacies in Norfolk:

- 19 (13%) community pharmacies are open after 6.30 pm on weekdays.
- 111 (77%), are open on Saturdays; 68 (47%) remain open after 1 pm.
- 27 pharmacies (19%) open on Sunday.

There are also a number of accessible providers open in the neighbouring HWBs of Suffolk, Cambridgeshire and Lincolnshire.

Although the number of community pharmacies in Norfolk has declined, along with a reduction in those open during evenings and weekends, this is primarily due to financial viability.

Opening hours are based on commercial viability, commissioning funding capability and local need. At the time of writing no evidence of unmet need was presented.

### **6.3.3 Necessary Services: essential services, gaps in provision across Norfolk**

Based on the spread of pharmacies supported by the dispensing doctor practices across rural areas, there is adequate access to the essential pharmaceutical services across Norfolk.

To support access in the weekend and evenings there are 12 72-hour pharmacies in Norfolk, with the latest opening time until 21:00 on weekdays and Saturday and until 20:30 on Sundays. Details are found in Appendix A.

Individuals are generally able to access a pharmacy within a reasonable travel time during core weekday hours, including those living in more rural areas of Norfolk. However, during evenings and weekends, there is limited access to pharmacy services across some districts. Details are available in Appendix E. Unlike other healthcare services, pharmacies may not routinely open during these periods. While this does represent a reduction in local access during out-of-hours periods, it is consistent with national patterns of pharmacy availability. Additionally, there is no identified evidence of unmet need or adverse outcomes arising from this.

For these reasons, it is considered that there is currently no gap in provision, though accessibility outside core hours remains an area for ongoing review.

The current community pharmacy network is expected to be able to accommodate the predicted population and dwellings increase over the next three years. With projected increases in population and corresponding demand, pharmacies may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies may wish to consider how they can manage increasing demand at individual premises, through optimising skill mix, adopting digital health tools, and exploring innovative approaches such as hub and spoke models, automation, and artificial intelligence to improve efficiency and capacity.

While there is no identified gap in provision, local commissioners should consider and be aware of pharmaceutical service access when commissioning other services such as extended access or out of hour services across Norfolk.

For these reasons, it is considered that there is currently no gap in provision, though accessibility outside core hours remains an area for ongoing review.

Norfolk HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

**No gaps in the provision of Necessary Services have been identified for Norfolk HWB.**

### 6.3.4 Other relevant services: current provision

Table 39: Relevant services from community pharmacies (including DSPs) by district

Service	Breckland	Broadland	Great Yarmouth	King's Lynn and West Norfolk	North Norfolk	Norwich	South Norfolk	Norfolk
Pharmacy First	17 (94%)	17 (100%)	25 (100%)	21 (95%)	16 (100%)	27 (96%)	19 (100%)	<b>142 (98%)</b>
Flu Vaccination service*	14 (78%)	13 (76%)	23 (92%)	16 (73%)	15 (94%)	24 (89%)	18 (95%)	<b>123 (85%)</b>
Pharmacy Contraception Service	16 (89%)	11 (65%)	23 (92%)	17 (77%)	15 (94%)	23 (82%)	17 (89%)	<b>122 (84%)</b>
Hypertension Case Finding Service	16 (89%)	15 (88%)	25 (100%)	21 (95%)	16 (100%)	26 (93%)	18 (95%)	<b>137 (94%)</b>
New Medicine Service*	16 (89%)	16 (94%)	24 (96%)	20 (91%)	16 (100%)	23 (82%)	18 (95%)	<b>133 (92%)</b>
LFD Service	10 (56%)	12 (71%)	19 (76%)	19 (86%)	11 (69%)	18 (64%)	17 (89%)	<b>106 (73%)</b>
COVID-19 Vaccination Service**	9 (50%)	12 (71%)	17 (68%)	10 (45%)	6 (38%)	7 (25%)	8 (42%)	<b>69 (48%)</b>
Bank Holiday opening service	4 (22%)	4 (24%)	2 (8%)	2 (9%)	3 (19%)	3 (11%)	1 (5%)	<b>19 (13%)</b>

\* Pharmacies do not sign up for Flu vaccination and NMS therefore data shows the pharmacies that have claimed for dispensing the service between August -October 2024.

\*\*At the time of writing the service had only just restarted and therefore activity data does not reflect provision due to the seasonal trend in activity.

Advanced and Enhanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting, however the absence of a service due to a community pharmacy signing up does not result in a gap due to availability of similar services from other healthcare providers.

There is generally good access to all other services considered relevant across Norfolk. Where appropriate the ICB should continue to support the current community pharmacy estate across Norfolk to sign up and provide these services.



**No gaps in the provision of other relevant services have been identified for Norfolk HWB.**

**6.4 Improvements and better access: gaps in provision across Norfolk**

**No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Norfolk.**

## Section 7: Conclusions

The Steering Group provides the following conclusions on the basis that funding is at least maintained at current levels and/or reflects future population changes.

There is a wide range of pharmaceutical services provided in Norfolk to meet the health needs of the population. The provision of current pharmaceutical services and LCS are distributed across districts, providing adequate access throughout Norfolk.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Norfolk, it is imperative that accessibility to pharmacy services is monitored, and the considerations actioned to ensure that services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies will need to consider reviewing their internal systems, workforce capacity, and skill mix as demand increases. This may include adopting digital solutions, workflow improvements, and innovations such as automation and hub-and-spoke dispensing models to maintain service quality and resilience.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Norfolk HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

### 7.1 Statements of the PNA

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

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

Advanced and Enhanced services excluding the Smoking Cessation Service, Appliance Use Review and Stoma Appliance Customisation services, are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Locally Commissioned Services have been considered and reviewed for provision across Norfolk however as they are not NHS commissioned services and are outside of the scope for market entry decisions have been excluded in the final analysis of service provision and adequacy. Local commissioners should review and consider these locally.

### 7.1.1 Current provision of Necessary Services

#### Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in [Section 1.6.1](#). Access to Necessary Service provision in Norfolk is provided in [Sections 6.2](#) and [6.3](#).

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

#### 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.**

#### 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.**

### 7.1.2 Future provision of Necessary Services

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

### 7.1.3 Other relevant services – gaps in provision

#### 7.1.3.1 Current and future access to Advanced Services

Advanced Services excluding the Smoking Cessation Service, Appliance Use Review and Stoma Appliance Customisation services, are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Details of the Advanced Services are outlined in [Section 1.6.2](#) and the provision in Norfolk discussed in [Section 3.10](#) and [6.3](#), and by district in [Section 6.2](#).

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

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services or in specified future circumstances have been identified in any of the districts across Norfolk.

[Section 8](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of 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 services in Norfolk.**

#### **7.1.3.2 Current and future access to Enhanced Services**

Details of the Enhanced Services are outlined in [Section 1.6.3](#) and the provision in Norfolk discussed in [Section 3.11](#) and [6.3](#), and by district in [Sections 6.2](#).

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

Based on the information available at the time of developing this PNA, no gaps in the current provision of Enhanced Services or in specified future circumstances have been identified in any of the districts across 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.**

#### **7.1.4 Improvements and better access – gaps in provision**

**Based on current information, no gaps have been identified in respect of securing improvements or better access to necessary or relevant services, either now or in specific future circumstances across Norfolk to meet the needs of the population.**

## Section 8: Future opportunities for possible community pharmacy services in Norfolk

### 8.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any **Necessary Services** required under the Pharmaceutical Regulations 2013.

In reviewing the provision of **Necessary Services** and considering Advanced, Enhanced and Locally Commissioned Services for Norfolk as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development, and delivery must be planned carefully. However, many of the health priorities, national or local, can be positively affected by services provided by community pharmacies, albeit being out of the scope of the PNA process.

National and Norfolk health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Norfolk population are listed in [Section 2.8](#) and [2.9](#) and are considered when looking at opportunities for further community pharmacy provision.

### 8.2 Opportunities for pharmaceutical service provision

Health needs and highest risk factors for causing death and disease for the Norfolk population are stated in [Section 2](#) and [Section 6](#). Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Norfolk.

### 8.3 Existing services

#### 8.3.1 Essential Services

- Signposting for issues such weight management and health checks.
- Promote a self-referral route to the National Diabetes Prevention Programme (NDPP).
- Developing Healthy living pharmacies and self-care to support the Norfolk prevention agenda.
- Electronic repeat dispensing can reduce unnecessary patient trips to the GP practice to collect repeat medication and could help reduce waste medicines.

### 8.3.2 Advanced Services

Some of the existing Advanced Services could be targeted in a way that improves patient access, reduces pressures in general practice, and supports the primary care, urgent care, prevention and medicines safety agendas.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Norfolk based on the identified health needs, including:

- **Pharmacy First:**

Pharmacy First is an NHS advanced service that allows community pharmacists to directly assess and treat patients with certain common minor illnesses, like earache, sore throat, or urinary tract infections, without requiring a GP appointment, providing advice and supplying necessary prescription medications when clinically appropriate, easing pressure on GP services; essentially enabling patients to access healthcare directly at their local pharmacy for specific conditions.

Pharmacy first can provide benefits to patients and the ICB and support local health needs as follows:

- Convenient access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.
- Pharmacy First provides an alternative route to accessing medicine for these conditions.
- The service includes elements from the Community Pharmacist Consultation Service (CPCS), such as minor illness consultations with a pharmacist and the supply of urgent medicines and appliances.

Pharmacy First provides the ICB an opportunity to maximise additional primary care capacity and capability.

- **Hypertension case-finding service:**

The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension. There is district variability to hypertension, the maximisation of this service would benefit patients.

- **Pharmacy Contraception Service:**

The NHS Pharmacy Contraception Service (PCS) is a tiered service designed to offer people greater choice where they can access oral contraception (OC) services and creates extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.



The two tiers of the service are:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill-free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and
- Ongoing supply: where a person has been supplied with OC by a primary care provider or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of oral contraception and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply will be undertaken using PGDs to support the review and supply process.
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering starting or continuing their current form of OC.
- The supplies will be authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary.

- **Smoking cessation Advanced Service:**

The LTP states all patients admitted to hospital who smoke are to be offered NHS-funded tobacco treatment services by 2023/24. The Smoking Cessation service (SCS) is a referral service from hospital for patients who have been initiated on smoking cessation to continue their journey in community pharmacy.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Norfolk has a higher smoking prevalence than England. The SCS service is well placed to support Norfolk smoking cessation priorities by providing an additional pathway and can complement locally commissioned stop smoking services.

### **8.3.3 Local Authority Commissioned Services**

- **Smoking cessation services:**

As mentioned earlier in this section, smoking cessation is a priority area for Norfolk Public Health. Smoking prevalence in Norfolk is higher than the smoking prevalence in England.

The local authority and ICS could explore the interdependencies between the LCS smoking cessation service and the CPCF Advanced SCS services to provide a more comprehensive service offering and maximise several patient pathways to support Norfolk smoking cessation targets. There are opportunities to develop outreach smoking cessation models.

- **NHS Health Checks:**

This 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. Health Checks are available from other providers in Norfolk, e.g. GP practices.

Diabetes prevalence is higher in Norfolk than the England average, although the prevalences of many of these other areas of ill health are not currently above the national averages. NHS Health Checks would build and complement on LCS smoking cessation services, and Advanced SCS and hypertension case-finding services.

## **8.4 Considerations**

The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities, and integrating with primary care networks. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services in Norfolk HWB, there are opportunities to strengthen pharmacy services in alignment with the proposed NHS 10-Year Health Plan and Change NHS initiative. These opportunities focus on prevention, long-term conditions, primary care access, medicines management, health inequalities and integrated care.

The most appropriate commissioning route would be through the ICS as Enhanced Pharmaceutical services or through the local authority and locally commissioned services, which would not be defined as necessary services for this PNA.

Community Pharmacy England commissioned leading health think tanks Nuffield Trust and The King's Fund to develop a vision for community pharmacy to see a transformation of this sector over the next decade. These themes are reflected below.

### **1) Strengthening the role of community pharmacy in prevention, preventing ill health and supporting wellbeing:**

- Community pharmacies should be fully integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.
- Services such as the Hypertension Case-Finding Service, Smoking Cessation Advanced Service, and NHS Health Checks should be prioritised to reduce the incidence of long-term conditions.
- The Healthy Living Pharmacy framework should be expanded. Local Authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies.
- The Local authority should explore commissioning a local walk-in smoking cessation service, that would complement the national SCS service.

## **2) Reducing health inequalities through targeted pharmacy services**

- Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening, and weight management.
- Public awareness campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- Incentives should be considered for pharmacies in under-served areas to expand their service offering and address local health disparities particularly where there is under provision of LCSs.

## **3) Embedding pharmacy into integrated NHS neighbourhood health services providing clinical care for patients**

- Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICSs, Local Authorities, and PCNs.
- Medicines Optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service, should be embedded within primary care pathways to enhance patient safety and medication adherence.
- Interdependencies between ICB and LCS services, such as smoking cessation and sexual health services, should be leveraged to provide more holistic and accessible care. This will require close ICB, local authority and LPC collaboration.

## **4) Supporting workforce development and expanding pharmacy services**

- Sustainable funding should be prioritised to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the Community Pharmacy Contractual Framework (CPCF).
- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access.
- The pharmacy team's role should be expanded, with pharmacy technicians supporting service delivery under Patient Group Directions (PGDs) and pharmacy staff providing Making Every Contact Count (MECC) interventions.

## **5) Enhancing public awareness and digital transformation**

- Public education campaigns should be developed to raise awareness of pharmacy services, using diverse communication methods tailored to local communities.
- Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records.

- The adoption of point-of-care testing services in community pharmacies should be explored to improve early diagnosis and management of conditions such as diabetes, hypertension, and respiratory diseases.

#### **6) Monitoring future demand and improving public engagement**

- The provision of pharmaceutical services should be regularly monitored and reviewed, particularly in light of demographic changes and population health needs.
- Future PNAs should incorporate enhanced stakeholder and public engagement strategies to ensure services reflect local priorities and community health needs.

#### **7) Community based medicines management - Living well with medicines**

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.
- The growth of independent prescribing in community pharmacy offers greater opportunities to take pressure of general practice and shared responsibilities managing prescribing budgets and delivering structured medication reviews.
- These services could be offered as part of domiciliary services to housebound patients and care homes.

By aligning with national health priorities, these considerations / recommendations ensure that community pharmacy plays a central role being part of an integrated neighbourhood in delivering preventive care, tackling health inequalities, and supporting long-term condition management, ultimately improving the health and wellbeing of Norfolk residents

## Appendix A: List of pharmaceutical services providers in Norfolk by district

### Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

Disp – Dispensing doctor practice

DAC – Dispensing Appliance Contractor

**Key to services:** Services listed are only those provided through community pharmacies, so they are blacked out for the dispensing doctor practices. Description of these services are available in [Sections 1.6.2](#), [1.6.3](#), [4.1.1](#) and [4.1.2](#). Pharmacies providing the services are from signed up list unless stated otherwise.

AS1 – Pharmacy First

AS2 – Flu Vaccination service (from NHS BSA claims from dispensing activities August – October 2024)

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service

AS5 – New Medicine Service (from NHS BSA claims from dispensing activities August – October 2024)

AS6 – Smoking Cessation Service

AS7 – Appliance Use Review (provided by DACs only – not included in table)

AS8 – Stoma Appliance Customisation (provided by DACs only – not included in table)

AS9 – Lateral Flow Device Service

NES1 – COVID-19 Vaccination Service

LES1 – Bank holiday opening

ICBS1 – Essential medicines service (palliative care)

LAS1 – NHS health checks

LAS2 – Sexual health: Chlamydia screening, EHC, pregnancy testing

LAS3 – Stop smoking

LAS4 – Nicotine Replacement Therapy

LAS5 – Needle exchange

LAS6 - Supervised consumption

LAS7 - Take home Naloxone

LAS8 - Sharps drop off

LAS9 - Healthy start vitamins

### Breckland

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday - Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Allied Pharmacy Church Street	FPG89	CP	7 Church Street	NR17 2AH	9:00 - 18:30	9:00 - 17:30	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-
Boots	FDD08	CP	35 Market Place	NR19 2AP	8:30 - 17:30	8:30 - 17:30	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FDM43	CP	37 Market Place	PE37 7LA	9:00 - 17:30	9:00 - 17:00	-	-	-	Y	Y	Y	-	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y
Dereham Pharmacy	FFC26	CP	The Orchard Surgery, Commercial Road	NR19 1AE	9:00 - 17:30	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
East Harling Pharmacy	FAT07	CP	Memorial Green	NR16 2ND	9:00 - 18:00	9:00 - 13:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y
Healthy Living Pharmacy	FTD31	CP	Community Health Centre, Croxton Road	IP24 1JD	9:00 - 18:00	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	-	Y	-	-	-
Lime Pharmacy	FHW88	CP	Grove Surgery, Grove Lane	IP24 2HY	8:30 - 18:30	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y
Mattishall Pharmacy	FKH35	CP	15 Dereham Road	NR20 3QA	9:00 - 13:00; 14:00 - 18:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	Y	-	-	Y
School Lane Pharmacy	FHW56	CP	School Lane Surgery, School Lane	IP24 2AG	8:30 - 13:00; 14:00 - 18:00	9:00 - 14:00	-	-	-	Y	-	-	Y	Y	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	-	-	-
Tanner Street Pharmacy	FAM13	CP	1 Tanner Court	IP24 2BQ	9:00 - 13:00; 14:00 - 21:00	10:00 - 13:00; 14:00 - 20:00	9:00 - 17:00	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y



Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday - Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Tesco In-store Pharmacy	FPX90	CP	Tesco Superstore, Kingston Road	NR19 1WB	8:00 - 20:00	8:00 - 20:00	10:00 - 16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-
Tesco In-store Pharmacy	FXX05	CP	Tesco Superstore, Norwich Road	IP24 2RL	8:00 - 20:00	8:00 - 20:00	10:00 - 16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y	-	Y	-	-
Theatre Royal Pharmacy	FFN51	CP	27 Theatre Street	NR19 2EN	9:00 - 21:00	13:00 - 21:00	8:00 - 18:00	Y	-	Y	-	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-
Total Health Pharmacy	FT360	CP	14 Gregor Shanks Way	IP25 6FA	9:00 - 13:00; 14:00 - 21:00	9:00 - 13:00; 14:00 - 20:30	8:00 - 20:30	Y	-	Y	-	Y	Y	-	-	-	-	-	-	Y	Y	Y	-	Y	Y	-	Y	-
Well Swaffham - Market Place	FW475	CP	38 Market Place	PE37 7QH	9:00 - 18:00	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	-	Y
Wellbeing Pharmacy	FTN39	CP	2 Chapel Lane	NR19 1LD	9:00 - 13:00 ; 14:00 - 18:00 (Wed 9:00 - 13:00)	9:00 - 13:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	Y
Remedium Pharmacy	FHD41	DSP	15 Aldiss Court	NR19 1TS	9:00 - 17:00	-	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	-	-	-	Y
Universal Pharmacy	FJ308	DSP	Unit 25, Turbine Way	PE37 7XD	9:00 - 17:00	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Attleborough Surgeries	D82034	Disp	Station Road Surgery	NR17 2AS																								
Dr Oxley & Partners	D82034 001	Disp	Queens Square Surgery	NR17 2AF																								
East Harling & Kenninghall	D82042	Disp	Market Street	NR16 2AD																								
Elmham Surgery	D82056	Disp	Holt Road	NR20 5JS																								
Kenninghall Surgery	D82042 002	Disp	Quidenham Road	NR16 2EF																								
Litcham Health Centre	D82049	Disp	Manor Drive	PE32 2NW																								

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday - Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Manor Farm Medical Centre, Swaffham	D82065	Disp	Mangate Street	PE37 7QN																								
Mattishall & Lenwade Surgeries - Dr Jones & Partners	D82039	Disp	15 Dereham Road	NR20 3QA																								
Necton Surgery	D82621 001	Disp	Plowright Surgery, Necton	PE37 8EF																								
Oak Farm Surgery	D82065 001	Disp	North Pickenham Road, Necton	PE37 8EF																								
Plowright Medical Centre	D82621	Disp	1 Jack Boddy Way	PE37 7HJ																								
Shipdham Surgery	D82100	Disp	Chapel Street	IP25 7LA																								
Swanton Morley Surgery	D82056 001	Disp	Lincoln House, Dereham Road	NR20 ALT																								
The Campingland Surgery	D82057	Disp	Swaffham	PE37 7RD																								

### Broadland

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday - Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Asda Pharmacy	FRW01	CP	Drayton High Road	NR6 5DT	9:00 - 12:30; 13:00 - 16:30; 17:00 - 21:00	9:00 - 12:30; 13:00 - 16:30; 17:00 - 21:00	10:00 - 16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	Y
Aylsham Pharmacy	FAQ08	CP	6 Market Place	NR11 6EH	8:30 - 18:00	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday - Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Drayton Pharmacy	FPX05	CP	Drayton Medical Practice, Manor Farm Close	NR8 6EE	8:30 - 18:30	9:00 - 13:00	-	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	-	Y	-	-	Y
Dye's Pharmacy	FXR66	CP	67 North Walsham Road	NR6 7QA	8:30 - 13:00; 14:00 - 17:30	9:00 - 13:00	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y
Motts Pharmacy	FM388	CP	Market Place	NR10 4JJ	9:00 - 18:00	9:00 - 17:00	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y
Old Catton Pharmacy	FJ095	CP	94 The Paddocks	NR6 7HS	9:00 - 18:00	9:00 - 17:30	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y
Pledger Pharmacy Ltd	FHJ82	CP	205 Holt Road	NR10 3DX	9:00 - 13:00; 14:15 - 18:00	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y
Rackheath Pharmacy	FAV25	CP	1 Bernard Close	NR13 6QS	9:00 - 18:00	9:00 - 13:00	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	-	Y	-	Y	-
Spixworth Pharmacy	FRP85	CP	106B Crostwick Lane	NR10 3NQ	9:00 - 18:00	9:00 - 13:00	-	-	Y	Y	Y	-	-	Y	-	-	Y	-	-	-	-	Y	Y	-	Y	-	Y	-
Taverham Pharmacy	FT453	CP	262 Fakenham Road	NR8 6AD	9:00 - 18:00	9:00 - 17:00	-	-	Y	Y	Y	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Tesco In-store Pharmacy	FQP37	CP	Tesco Superstore, Blue Boar Lane	NR7 8AB	8:00 - 20:00	8:00 - 20:00	10:00 - 16:00	-	-	Y	-	-	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	-
Thorpe Health Centre Pharmacy	FNK33	CP	The Health Centre, St. Williams Way	NR7 0AJ	8:45 - 12:45; 14:00 - 18:00	-	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-
Total Care Pharmacy	FD562	CP	81 Middletons Lane	NR6 5SR	8:45 - 18:15	8:45 - 17:30	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y	-	Y	Y	Y
Well Acle - The Street	FDR30	CP	High Street	NR13 3DY	9:00 - 18:00	9:00 - 13:00	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y
Well Brundall - The Street	FFM40	CP	118-120 The Street	NR13 5LP	9:00 - 13:00; 14:00 - 18:30	9:00 - 12:00	-	-	-	Y	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	Y	-	-
Wellbeing Pharmacy	FRH72	CP	30 High Street	NR12 7AA	9:00 - 12:00 ; 13:00 - 18:00	9:00 - 13:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y
Willows Pharmacy	FTL88	CP	15 Frazers Yard	NR11 6FB	8:30 - 18:30	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	-	Y	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday - Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Fittleworth Medical Ltd	FWP87	DAC	8 Longs Business Centre	NR8 6QW	9:00 - 15:00	-	-			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acle Medical Partnership	D82104	Disp	Bridewell Lane	NR13 3RA																								
Aylsham Surgery	D82030 002	Disp	60 Hungate Street	NR11 6AA																								
Blofield Surgery - Drs Gaskin & Ledward	D82080	Disp	Plantation Road	NR13 4PL																								
Brundall Medical Partnership	D82032	Disp	The Dales,	NR13 5RP																								
Coltishall Medical Practice	D82062	Disp	St Johns Close	NR12 7HA																								
Dr Hughes & Partners	D82039 001	Disp	The Surgery, Lenwade	NR9 5SD																								
Dr Ireland & Partners	D82104 001	Disp	Reedham Surgery	NR13 3AR																								
Dr Leeming & Partners	D82029 001	Disp	20 Norwich Road, Horsham St Fairth	NR10 3LB																								
Drayton Medical Practice	D82029	Disp	Manor Farm Close	NR8 6EE																								
Reepham & Aylsham Medical Practice	D82030	Disp	The Surgery	NR10 4QT																								
Taverham Partnership	D82024	Disp	Sandy Land	NR8 6JR																								

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday - Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
The Market Surgery, Aylsham	D82016	Disp	26 Norwich Road	NR11 6BW																								

## Great Yarmouth

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Asda Pharmacy	FLF58	CP	Acle New Road	NR30 1SF	9:00 - 20:00	9:00 - 20:00	10:00 - 16:00	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	-	Y	-	-	Y
Boots	FAG01	CP	Unit E1 Capton Hall Retail Park	NR31 0NL	8:30 - 21:00	8:00 - 21:00	10:00 - 16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FV898	CP	3 Market Gates	NR30 2AX	8:30 - 17:30	8:30 - 17:30	10:00 - 16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	-
Bradwell Pharmacy	FFT46	CP	2 Church Lane	NR31 8QW	9:00 - 18:00	9:00 - 13:00	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	Y
Central Pharmacy	FC367	CP	Central Surgery, Sussex Road	NR31 6QB	8:30 - 18:30	-	-	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	-	Y	-	-	Y
Day Lewis Pharmacy	FR554	CP	Newtown Surgery, 147 Lawn Avenue	NR30 1QP	9:00 - 18:00	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	-	-	-
Day Lewis Pharmacy	FXV28	CP	54 Springfield Road	NR31 6AD	9:00 - 13:00; 13:30 - 17:30	-	-	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-
Evolve Pharmacy	FFT17	CP	Cobholm & Lichfield Medical Centre, Pasteur Road	NR31 0DW	9:00 - 18:30	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-
Evolve Pharmacy Martham	FKW25	CP	The Medical Centre, Hemsby Road	NR29 4QG	8:45 - 17:30 (Wed 8:45 - 18:30)	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	Y	Y	-
Gorleston Pharmacy	FDT91	CP	8 Lowestoft Road	NR31 6LY	9:00 - 17:30	-	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	Y	-	Y	-
Greyfriars Pharmacy	FG013	CP	5 Greyfriars Way	NR30 2QE	8:00 - 21:00	8:00 - 21:00	8:00 - 20:00	Y	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Hopton Pharmacy	FKA86	CP	1 Warren Road	NR31 9BN	9:00 - 18:00	9:00 - 13:00	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	-	-	Y	Y	Y	Y	-	Y	-	Y	-
Magdalen Pharmacy	FK795	CP	77 Magdalen Way	NR31 7AA	8:30 - 18:30	8:30 - 17:00	-	-	-	Y	-	-	Y	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y
Superdrug Pharmacy	FCT98	CP	138 High Street	NR31 6QX	8:30 - 17:30	9:00 - 17:30	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Tesco In-store Pharmacy	FEK84	CP	Pasteur Road	NR31 0DW	9:00 - 21:00	9:00 - 21:00	10:00 - 16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	Y
Town Pharmacy	FXE50	CP	171 King Street	NR30 2PA	8:30 - 13:00; 14:00 - 21:00	9:00 - 13:00; 14:00 - 21:00	10:00 - 20:00	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y
Well Bradwell - Millwood Surgery	FPQ65	CP	Co-Op Pharmacy, Mill Lane	NR31 8HS	8:30 - 18:30	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y
Well Gorleston - Magdalen Way	FJA58	CP	Magdalen Way	NR31 7AA	8:30 - 18:30	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	Y	-	-
Well Ormesby - Cromer Road	FJ754	CP	2 Cromer Road	NR29 3RH	9:00 - 18:00	9:00 - 13:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	Y	Y	Y
Well Pharmacy	FCY04	CP	46 High Street	NR30 5EP	8:30 - 18:00	8:30 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	Y	Y	-
Well Pharmacy	FLE71	CP	2-3 Kingsway	NR29 4JT	9:00 - 18:00 (Tue-Fri 9:00 - 17:30)	9:00 - 13:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Wellbeing Pharmacy	FE302	CP	19-21 Station Road	NR31 9NF	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Wellbeing Pharmacy	FNM18	CP	Caister Medical Centre, 44 West Road	NR30 5AQ	8:00 - 18:00	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	-	-	Y	-
Online Chemist	FGF70	DSP	82 Middleton Road	NR31 7AH	9:00 - 17:00	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	-	-	Y	-
Pharmacy exprezz	FPM72	DSP	183A King Street	NR30 1LS	9:00 - 17:00	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	-	-	Y	Y



Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	AS9
Fleggburgh Surgery	D82600	Disp	Mill Lane	NR29 3AW				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hemsby Medical Centre	D82058 001	Disp	1 Kings Court	NR29 4EW						-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Caister Medical Centre	D82058 003	Disp	Branford Road	NR30 5NE						-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Coastal Villages Practice	D82058	Disp	Ormesby Village Surgery, Pippin Close	NR29 3RW				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

### King's Lynn and West Norfolk

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Alan Stockley & Co Ltd	FF277	CP	37-39 Lynn Road	PE31 7LR	9:00 - 13:00; 14:00 - 18:00	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y
Boots	FA671	CP	Unit 4, Hardwich Retail Park	PE30 4WP	8:30 - 20:00	8:30 - 18:00	10:00 - 16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-
Boots	FAP54	CP	19 High Street	PE36 5AB	9:00 - 17:30	9:00 - 17:30	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FCF31	CP	94-96 High Street	PE30 1BL	8:30 - 17:30	8:30 - 17:30	10:00 - 16:00	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-
Boots	FDD96	CP	44-46 Station Road	PE31 7EY	9:00 - 18:30	9:00 - 17:30	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y
Boots	FFK32	CP	11-13 Wales Court	PE38 9JZ	9:00 - 18:00	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FL272	CP	Southgates Medical Centre, 41 Goodwins Road	PE30 5QX	8:00 - 18:00	-	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-
Clock Pharmacy	FEY12	CP	1 Gayton Road	PE30 4EA	9:00 - 14:00; 15:00 - 18:00	9:00 - 17:30	-	-	-	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Fairbrother Pharmacy	FT023	CP	1 Jubilee Court	PE31 6HH	9:00 - 18:00	9:00 - 17:00	-	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Halls The Chemist	FWH40	CP	85 Saddlebow Road	PE30 5BH	9:00 - 13:00; 14:00 - 18:00	-	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-	
Hunstanton Pharmacy	FCM12	CP	8 Valentine Road	PE36 5DN	8:30 - 18:00	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	Y	-	Y	-	
Jai Chemist	FLG23	CP	65 High Street	PE30 1AY	8:30 - 17:15	9:00 - 15:00	-	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	Y	Y	-	Y	-	Y	-	-	
Jhoots Pharmacy	FDA40	CP	1 Priory Court	PE30 3TE	9:00 - 18:00	9:00 - 13:00	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	-	Y	-	
Key Chemists	FGV20	CP	44 Sutton Road	PE34 4PQ	9:00 - 12:30; 14:00 - 18:30	-	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-	-	-	
Rainbow Pharmacy	FE205	CP	Langley Road	PE30 3UG	9:00 - 18:00	9:00 - 18:00	-	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y	-	Y	
Watlington Health	FLV29	CP	Watlington Medical Centre, Rowan Close	PE33 0TU	8:45 - 13:00; 14:00 - 18:30 (Tue 8:45 - 13:45)	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	Y		-	Y	-	-	
Well King's Lynn - Fairstead Estate	FF028	CP	6 Centre Point	PE30 4SR	8:30 - 17:30	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	Y	-	
Well King's Lynn - Gayton Road Hc	FMF36	CP	Gayton Road Health Centre, Gayton Road	PE30 4DY	8:30 - 18:30	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	Y	-	
Well King's Lynn - Loke Road	FW594	CP	38 Loke Road	PE30 2AB	9:00 - 17:30	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	
Welle Ltd	FD568	CP	Upwell Health Centre, Townley Close	PE14 9BT	9:00 - 13:00; 14:00 - 18:30	-	-	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	Y	-	Y	
Willows Pharmacy	FVX25	CP	4 Old Church Road	PE14 7XA	8:30 - 12:30; 14:00 - 18:30	9:00 - 13:00	-	-	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	
Willows Pharmacy	FXX52	CP	Downham Market Health Centre, Paradise Road	PE38 9JE	8:30 - 18:30	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Bayfield Surgery	D82070 001	Disp	High Street, Docking	PE31 8NH																								
Boughton Surgery	D82604	Disp	Chapel Road	PE33 9AG																								
Bridge Street Surgery	D82015	Disp	30 Bridge Street	PE38 9DH																								
Burnhams Surgery, The	D82072	Disp	1 Creake Road	PE31 8EN																								
Carole Brown Health Centre	D82044 001	Disp	St Nicholas Court, Dersingham	PE31 6GZ																								
Feltwell Surgery	D82079	Disp	Old Brandon Road	IP26 4AY																								
Great Massingham & Docking Surgeries	D82070	Disp	The Surgery, Station road	PE32 2JQ																								
Grimston Medical Centre	D82010	Disp	Congham Road	PE32 1DW																								
Heacham Group Practice	D82027	Disp	45 Heacham Group Practice	PE31 7EX																								
Howdale Surgery	D82068	Disp	Howdale Road	PE38 9AF																								
Marham Surgery	D82068 001	Disp	The Street	PE33 9HP																								
Southgates Medical & Surgical Centre	D82099	Disp	41 Goodwins Road	PE30 5QX																								
St Clement's Surgery	D82105	Disp	Churchgate Way	PE34 4LZ																								

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
The Woottons Surgery	D82099 001	Disp	Spring Cottages, North Wootton	PE30 3PT																								
Upwell Health Centre	D82035	Disp	Townley Close, Upwell	PE14 9BT																								
Vida Healthcare	D82044	Disp	Gayton Road Health Centre, Gayton Road	PE30 4DY																								
Watlington Medical Centre	D82043	Disp	Rowan Close	PE33 0TU																								

### North Norfolk

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Boots	FAV53	CP	54-56 Church Street	NR27 9HH	9:00 - 17:30	8:30 - 18:00	10:00 - 16:00	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FK436	CP	13 Market Place	NR28 9BP	8:30 - 17:30	8:30 - 17:00	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y
Boots	FMA27	CP	21 High Street	NR25 6BN	8:45 - 18:00	9:00 - 17:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FQ736	CP	68 High Street	NR12 9AS	9:00 - 18:00	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	-	-
Boots	FRD48	CP	46-48 High Street	NR26 8DT	9:00 - 18:00	9:00 - 12:00	-	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y
Boots	FXJ37	CP	7-10 Market Place	NR21 9BG	9:00 - 17:30	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y
Church Street Pharmacy	FT646	CP	51 Church Street	NR27 9HH	9:00 - 18:00	9:00 - 17:00	-	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	-	Y	Y	-	Y
Cromer Pharmacy	FJH12	CP	Mill Road	NR27 0BG	8:30 - 13:00; 14:00 - 18:00 (Wednesday 8:30 - 13:00 ; 14:00 - 20:00)	-	-	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	Y	-	Y	-
David Jagger Ltd	FX609	CP	5-7 Staithe Street	NR23 1AG	9:00 - 13:00; 14:00 - 18:00	9:00 - 13:00; 14:00 - 17:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Kelling Pharmacy	FWK09	CP	Holt Medical Practice, Kelling Hospital	NR25 6QA	8:30 - 13:00 ; 14:00 - 18:30	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	Y	-	Y	Y
Lloyds Pharmacy	FXT80	CP	31 Station Road	NR26 8RF	9:00 - 13:00; 14:00 - 18:00	9:00 - 13:00; 14:00 - 17:30	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	-	Y	-	Y
Fakenham Pharmacy	FMP89	CP	Meditrina House, Trinity Road	NR21 8SY	8:30 - 18:30	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	Y	Y	-	Y
NW Pharmacy	FEF90	CP	11 Market Place	NR28 9BP	8:30 - 18:30	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	Y	-	Y	Y
Roy's Pharmacy (Wroxham Ltd)	FRP54	CP	Forge House, Station Road	NR12 8DB	9:00 - 18:00	9:00 - 17:30	10:30 - 14:30	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	Y	-	-	Y
Well - Mundesley	FFW07	CP	17 High Street	NR11 8LH	8:30 - 18:00	8:30 - 13:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	-	Y
Wellbeing Pharmacy	FMQ39	CP	Station Road	NR12 8UR	9:00 - 13:00 ; 14:00 - 18:00	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-
Aldborough Surgery	D82628	Disp	Chapel Lane	NR11 7NP																								
Birchwood Medical Practice	D82059	Disp	Park Lane	NR28 0BQ																								
Cromer Group Practice	D82004	Disp	Mill Rd, Cromer	NR27 0BG																								
Dr Acheson & Partners	D82054 001	Disp	Cleaves Drive, Walsingham	NR22 6EQ																								
Holt Medical Practice	D82001	Disp	Kelling Hospital, Old Cromer Rd	NR25 6QA																								
Hoveton & Wroxham	D82025	Disp	Stalham Road	NR12 8DU																								
Ludham and Stalham Green Surgeries	D82028	Disp	Staithe Road	NR29 5AB																								

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Melton Constable	D82001002	Disp	Grove Road	NR24 2DE																								
Mundesley Medical Centre	D82053	Disp	Munhaven Close	NR11 8AR																								
Paston Surgery	D82066	Disp	9-11 Park Lane	NR28 0BQ																								
Sheringham Medical Practice	D82005	Disp	The Health Centre, Cromer Road	NR26 8RT																								
Stalham Green Surgery	D82028001	Disp	Yarmouth Road	NR12 9PS																								
Stalham Staithe Surgery	D82009	Disp	Lower Staithe Road	NR12 9BU																								
The Fakenham Medical Practice	D82054	Disp	Meditrina House	NR21 8SY																								
Wells Health Centre	D82038	Disp	Bolts Close	NR23 1JP																								

## Norwich

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Allied Pharmacy Earlham West	FJ668	CP	42 Earlham West Centre	NR5 8AD	9:00 - 18:00	9:00 - 17:30	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-
Boots	FAR67	CP	34-36 London Street	NR2 1LD	8:30 - 17:30	9:00 - 17:00	10:00 - 16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-
Boots	FCQ45	CP	562A Dereham Road	NR5 8TU	8:45 - 18:00	8:45 - 17:00	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Boots	FE181	CP	Unit 5, Riverside Retail Park	NR1 1WR	8:30 - 19:00	9:00 - 18:00	10:30 - 16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FGD89	CP	93 Aylsham Road	NR3 2HW	8:30 - 18:00	-	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y
Boots	FKJ13	CP	Lawson Road Health Centre, Lawson Road	NR3 4LE	8:30 - 13:00; 13:30 - 18:00	-	-	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	-	Y
Boots	FKK18	CP	The Castle Mall Shopping Centre	NR1 3DD	8:30 - 17:30	8:30 - 17:00	10:30 - 16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FQ286	CP	124 Merchants Hall	NR2 1SH	9:00 - 18:00	9:00 - 18:00	10:00 - 16:30	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y
Boots	FQ859	CP	Eaton Centre, Church Lane	NR4 6NU	9:00 - 18:30	8:00 - 18:00	10:00 - 16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	-	-
Boots	FVN30	CP	78 Hall Road	NR1 3HP	8:30 - 18:00	9:00 - 16:00	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Bowthorpe Pharmacy	FW152	CP	Unit 15, Bowthorpe Main Shopping Centre, Norwich	NR5 9HA	9:00 - 13:00; 14:00 - 18:00	-	-	-	-	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Hunt's Pharmacy	FVQ71	CP	205 Plumstead Road	NR1 4AB	9:00 - 13:30; 14:00 - 17:30	9:00 - 13:00	-	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-
Hurn Chemist	FEN53	CP	143 Unthank Rd	NR2 2PE	9:00 - 18:30	9:00 - 17:30	-	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	Y	Y	-	Y	-	-	Y
Lionwood Pharmacy	FD424	CP	30B Wellesley Ave North	NR1 4NT	8:30 - 18:15	9:00 - 12:00	-	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
St Stephens Gate Pharmacy	FEQ33	CP	55 Wessex Street	NR2 2TJ	9:00 - 13:00; 14:00 - 21:00	9:00 - 13:00; 14:00 - 21:00	10:00 - 20:00	Y	-	Y	Y	-	Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-	Y
Superdrug Pharmacy	FFG38	CP	12 St Stephens Street	NR1 3SA	8:30 - 18:00	9:00 - 17:30	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y
Vauxhall Street Pharmacy	FQM87	CP	22 Suffolk Square	NR2 2AA	8:30 - 18:00	8:30 - 13:00	-	-	-	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	-	Y
Well	FXL27	CP	29 Noble Close	NR7 9RJ	9:00 - 18:00	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y
Well Norwich - Aylsham Road	FQJ81	CP	323 Aylsham Road	NR3 2AB	8:30 - 17:30	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	-	-



Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Well Pharmacy	FTF42	CP	117F Ipswich Road	NR4 6LD	9:00 - 18:00	9:00 - 13:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y
Well Pharmacy	FWK22	CP	1 St.John's Close	NR1 2AD	9:00 - 18:00	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y
Wellbeing Pharmacy	FD650	CP	2 Mandela Close	NR3 3BA	9:00 - 13:00; 14:00 - 18:00	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y
West End Street Pharmacy	FD357	CP	22 West End Street	NR2 4JJ	9:00 - 18:00	9:00 - 17:30	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	Y
Woodgrove Pharmacy	FJN54	CP	7 Woodgrove Parade	NR3 3NS	9:00 - 18:00	9:00 - 13:00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-
Woodside Pharmacy	FL369	CP	Thorpewood Medical Centre, 140 Woodside Road	NR7 9QL	9:00 - 13:00; 14:00 - 18:00	-	-	-	-	Y	-	Y	Y	Y	-	-	-	-	-	Y	Y	Y	-	Y	Y	-	Y	-
E-Surgery	FRD78	DSP	42 Barnard Road	NR5 9JB	9:00 - 13:00; 14:00 - 18:00	-	-	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
One Pharmacy	FHR55	DSP	28 Curtis Road	NR6 6RB	9:00 - 17:00	-	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Morrisons Pharmacy	FH304	Out of Town	4 Albion Way	NR1 1WU	9:00 - 19:00	9:00 - 19:00	10:00 - 16:00	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y

### South Norfolk

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Beechcroft Pharmacy	FYE70	CP	Beechcroft Surgery, 23 Beechcroft	NR5 0RS	9:00 - 13:00; 14:00 - 18:00	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-
Boots	FFN78	CP	The Old School, The Common	NR14 8AE	9:00 - 13:00; 14:00 - 18:00	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	-
Boots	FLL19	CP	9 Market Place	IP22 4AB	8:30 - 18:00	8:30 - 18:00	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FM892	CP	4 High Street	NR14 6AH	8:30 - 18:00	8:30 - 17:30	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Boots	FR791	CP	Wymondham Medical Centre, Postmill Close	NR18 0RF	8:00 - 18:00	10:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	-	Y	Y	Y	Y
Boots	FT627	CP	4 The Market Place	NR9 4AF	9:00 - 18:00	9:00 - 16:00	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	-	Y	Y	Y	-
Boots	FW090	CP	35A Great Melton Road	NR9 3AB	9:00 - 18:00	8:30 - 17:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y
Boots	FWH68	CP	Unit D, Longwater Ret.Pk	NR5 0JT	8:00 - 21:00	8:00 - 21:00	8:30 - 18:30	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	-	Y	Y	Y	-
Boots	FXM05	CP	17 The Thoroughfare	IP20 9AH	9:00 - 18:00	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	Y	-	Y	Y	Y	Y
Costessey Pharmacy	FDK20	CP	192 Norwich Road	NR5 0EX	9:00 - 13:00; 14:00 - 18:00	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-
Hado Pharmacy	FHC61	CP	66 Mount Street	IP22 4QQ	9:00 - 13:00; 14:00 - 21:00	9:00 - 13:00; 14:00 - 20:00	10:00 - 17:00	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-
Hurn Chemist Ltd	FRP25	CP	Cringleford Surgery	NR4 6TA	8:30 - 13:00; 14:00 - 18:00	9:00 - 13:00	-	-	-	Y	Y	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y
Roundwell Pharmacy	FX253	CP	27 Dr Torrens Way	NR5 0GB	9:00 - 21:00	9:00 - 19:00	8:00 - 16:00	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y
Well Long Stratton - The Angel Site	FV834	CP	The Angel Site, The Street	NR15 2XJ	9:00 - 18:00	9:00 - 13:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	Y	Y	-
Well Poringland - The Street	FN077	CP	16-18 The Street	NR14 7JR	9:00 - 18:30	9:00 - 13:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-
Well Wymondham - Market Street	FCF83	CP	47-47A Market Street	NR18 0AJ	9:00 - 18:00	9:00 - 15:30	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	-	-	-
Wellbeing pharmacy	FCR13	CP	11 Market Place	IP22 4AB	9:00 - 18:00	9:00 - 17:00	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	-	Y	Y	Y	Y
Cosmas Pharmacy	FX245	DSP	98 Newmarket Road	NR4 6UD	9:00 - 13:00; 14:00 - 18:00	-	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Medpro Pharmacy	FW279	DSP	Unit 1, Oaktree Business Park	NR18 9AQ	9:00 - 13:00; 14:00 - 18:00	-	-	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	-	-	-	Y	-
Chet Valley Medical Practice	D82006	Disp	George House, 40-48 George Lane	NR14 6QH																								
Church Hill Surgery	D82046	Disp	Station Road	IP21 4TX																								
Dr Fox & Partners	D82036 001	Disp	Millgates Surgery, Mill Road	NR15 2LP																								
Harleston Medical Practice	D82084	Disp	Bullock Fair Close	IP20 9AT																								
Heathgate Medical Practice	D82078	Disp	The Street	NR14 7JT																								
Hingham Surgery	D82085	Disp	26-28 Hardingham Street	NR9 4JB																								
Lawns Medical Practice	D82022	Disp	Health Centre, Mount Street	IP22 4WG																								
Long Stratton Medical Partnership	D82037	Disp	Swan Lane	NR15 2UY																								
Newton Flotman Surgery	D82037 001	Disp	St Mary's Close	NR15 1AH																								
Old Mill and Millgates Medical Practice	D82036	Disp	Hardley Road	NR14 7FA																								
Paddock Road Surgery	D82084 001	Disp	Paddock Road	IP20 9AR																								
Rockland St Mary Surgery	D82078 001	Disp	The Street	NR14 7AH																								

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8	LAS9
Roundwell Medical Centre	D82023	Disp	25-27 Dr Torrens Way	NR5 0GB																								
The Humbleyard Practice	D82064	Disp	Cringleford Surgery, Cantley Lane	NR4 6TA																								
The Humbleyard Practice	D82064 002	Disp	Great Melton Road, Hethersett	NR9 3AB																								
The Humbleyard Practice	D82064 003	Disp	The Common, Mulbarton	NR14 8JG																								
The Parish Fields Practice	D82031	Disp	The Health Centre	IP22 4WG																								
Windmill Surgery	D82624	Disp	London Road	NR18 0AF																								

## Appendix B: PNA project plan

	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
<b>Stage 1: Project planning and governance</b> Stakeholders identified and PNA Steering Group terms of reference agreed Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting Prepare questionnaires for initial engagement														
<b>Stage 2: Research and analysis</b> Collation of data from Public Health, LPC, ICB and other providers of services Listing and mapping of services and facilities Collation of data for housing developments Equalities Impact Assessment Analysis of questionnaire responses Review all data at second Steering Group meeting														
<b>Stage 3: PNA development</b> Review and analyse data and information collated to identify gaps in services based on current and future population needs Develop consultation plan Draft PNA Sign off draft PNA at third Steering Group meeting and update for HWB														
<b>Stage 4: Consultation and final draft production</b> Coordination and management of consultation Analysis of consultation responses and production of report Draft final PNA for approval Sign off final PNA at fourth Steering Group meeting Edit final PNA 2025 ready for publication and provide update for HWB														

## Appendix C: PNA Steering Group terms of reference

### Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Norfolk Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

### Delegated responsibility

The Director of Public Health confirmed they have received delegated authority for the PNA from the Health and Wellbeing Board.

### Accountability

The Steering Group is to report to the Director of Public Health.

### Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
  - Any Local Pharmaceutical Committee for its area.
  - Any Local Medical Committee for its area.
  - Any persons on the Pharmaceutical lists and any dispensing doctors list for its area.
  - Any LPS Chemist in its area.
  - Any Local Healthwatch organisation for its area.
  - Any NHS Trust or NHS Foundation Trust in its area.
  - Integrated Care Boards.
  - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to Health and Wellbeing Board on both the draft and final PNA.
- Publish the final PNA by 1 October 2025.
- Discuss and ensure a process is in place to maintain the PNA post publication.

### Membership

Core members:

- Deputy Director in Public Health.
- Integrated Care Board Contract Manager representative.
- Local Pharmaceutical Committee representative.
- Local Medical Committee representative.
- Healthwatch representative (lay member).

Soar Beyond are not to be a core member. Each core member has one vote. The Public Health representative will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, these must include an LPC representative, a public health lead and an LMC representative. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- Integrated Care Board Commissioning Managers.
- NHS Trust Chief Pharmacists.
- Medicines optimisation representative.

In attendance at meetings will be representatives of Soar Beyond Limited who have been commissioned by Norfolk County Council to support the development of the PNA. Other additional members may be co-opted if required.

### **Frequency of meetings**

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.



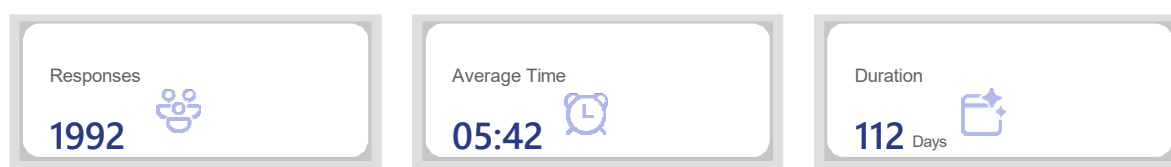
## Appendix D: Public questionnaire

Total responses received: 1,992.

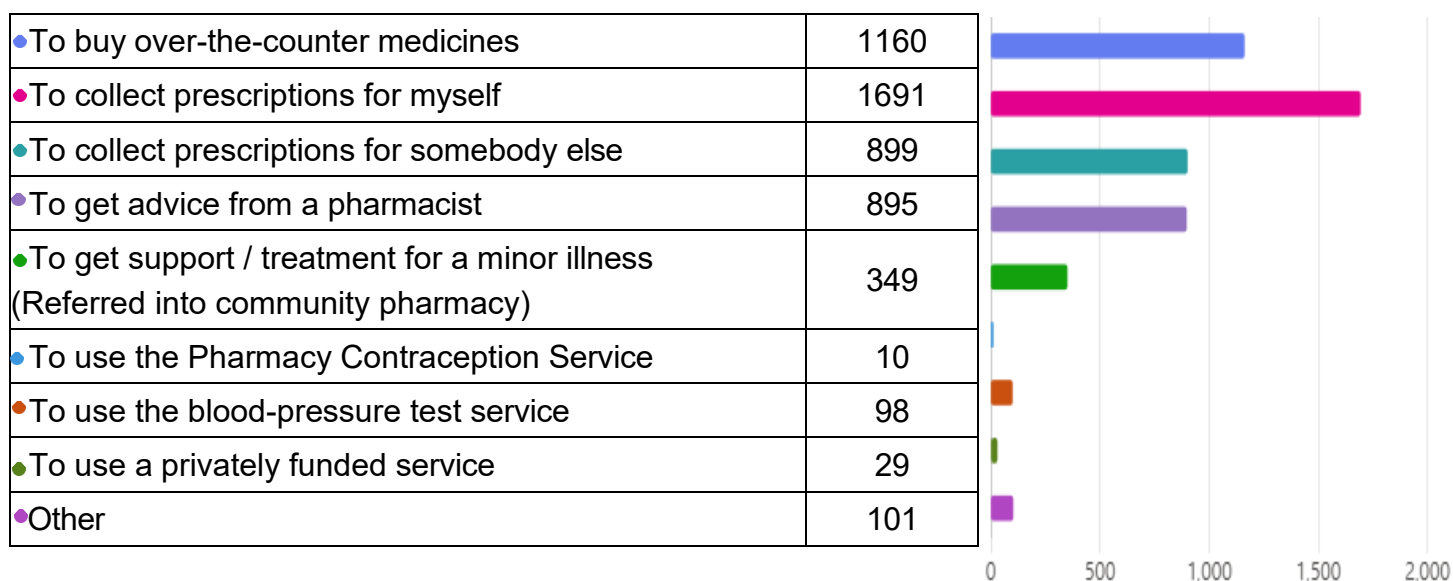
The questionnaire was open for responses between 10 October 2024 and 6 January 2025.

When reporting the details of the responses, please note:

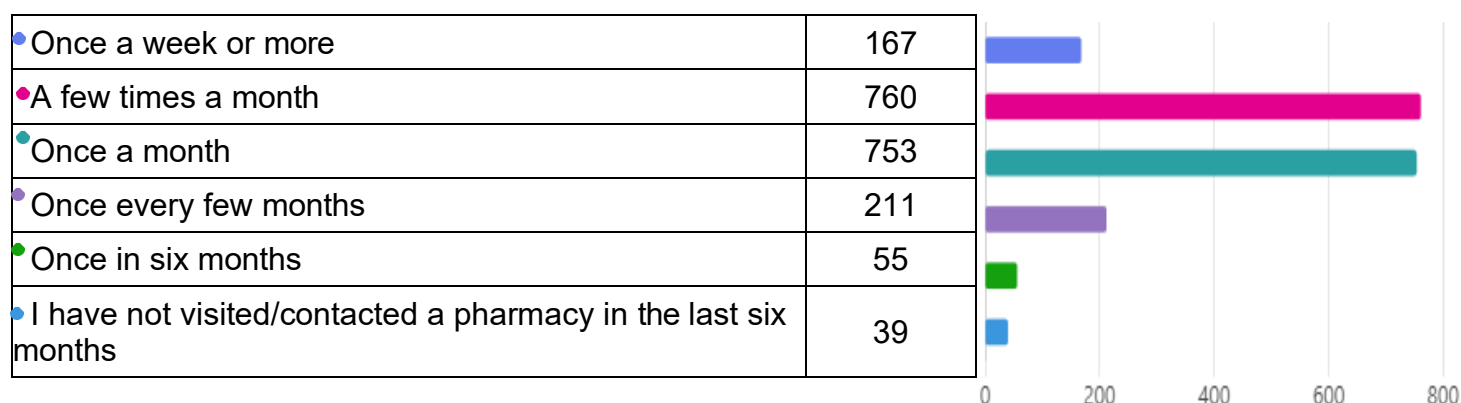
- Due to small numbers, responses are not broken down by district.
- Some numbers may be higher than the number of answers due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis.
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being “N/A” or “No comment”.



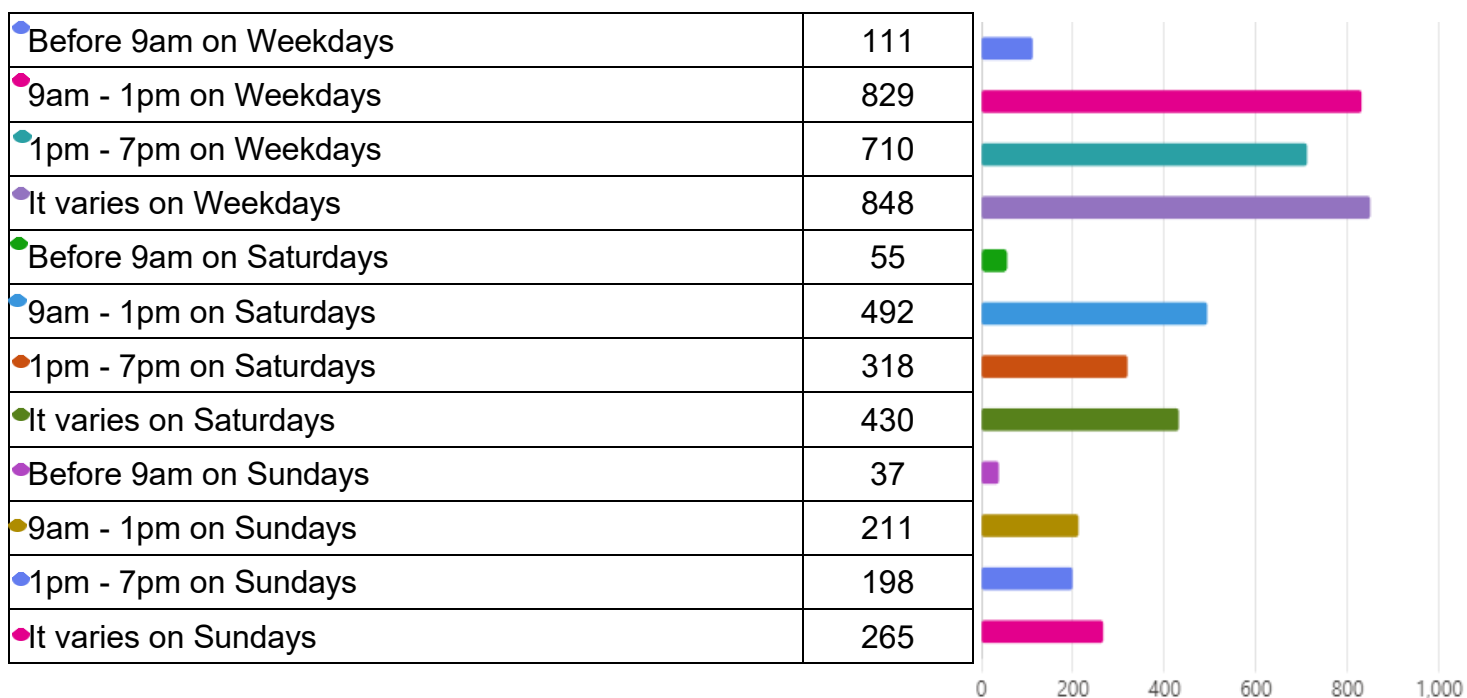
### 1) Why do you usually visit a pharmacy? (Please tick all that apply)



### 2) How often have you visited or contacted a pharmacy in the last six months?

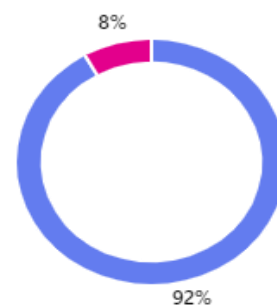


**3) What time and day are most convenient for you to use a pharmacy? (Please tick all that apply)**



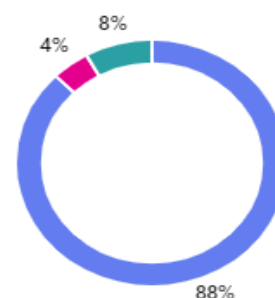
**4) Do you have a regular or preferred local community pharmacy?**

Yes	1814
No	162



**5) Which type of pharmacy do you typically use?**

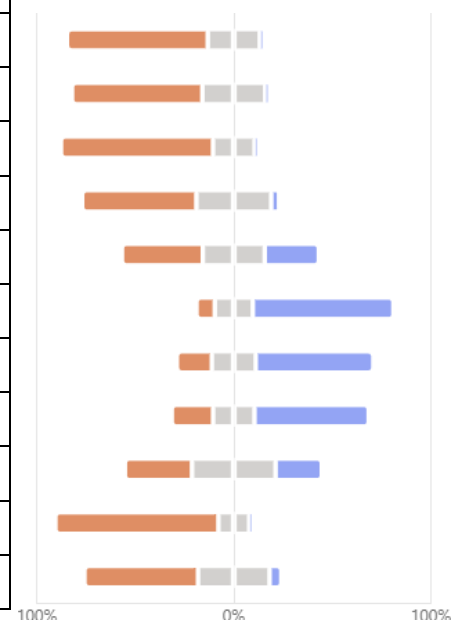
Face-to-face	1737
Online/ internet pharmacy	89
Both	159



## 6) What influences your choice of pharmacy? (Please tick one for each factor)

● Very Important   ● Important   ● Not important

	Very important	Important	Not important	Skipped
Quality of service (expertise)	<b>1374</b>	507	39	72
Customer service	<b>1264</b>	610	36	82
Location of pharmacy	<b>1516</b>	415	33	28
Opening times	<b>1105</b>	724	77	86
Parking	<b>771</b>	589	515	117
Public transport	156	322	<b>1191</b>	323
Accessibility	304	381	<b>1020</b>	287
Communication	359	359	<b>992</b>	282
Space for private consultation	620	<b>770</b>	427	175
Availability of medication	<b>1566</b>	295	31	100
Services provided	<b>1052</b>	662	110	168



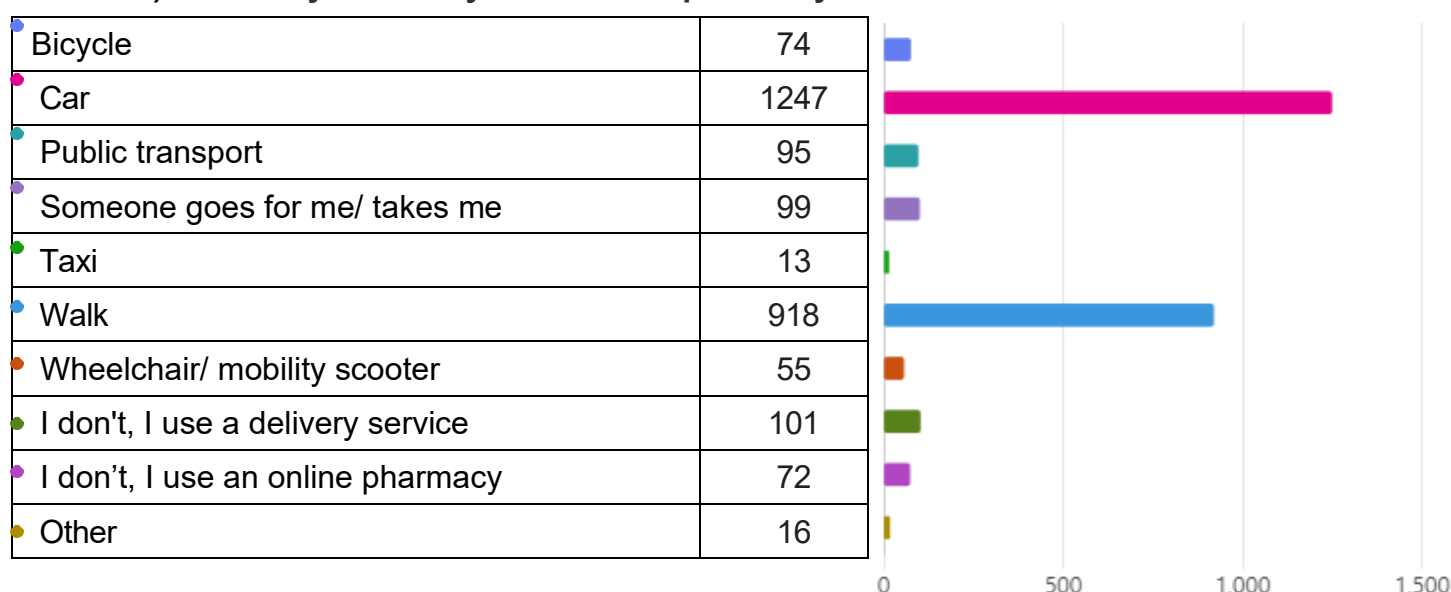
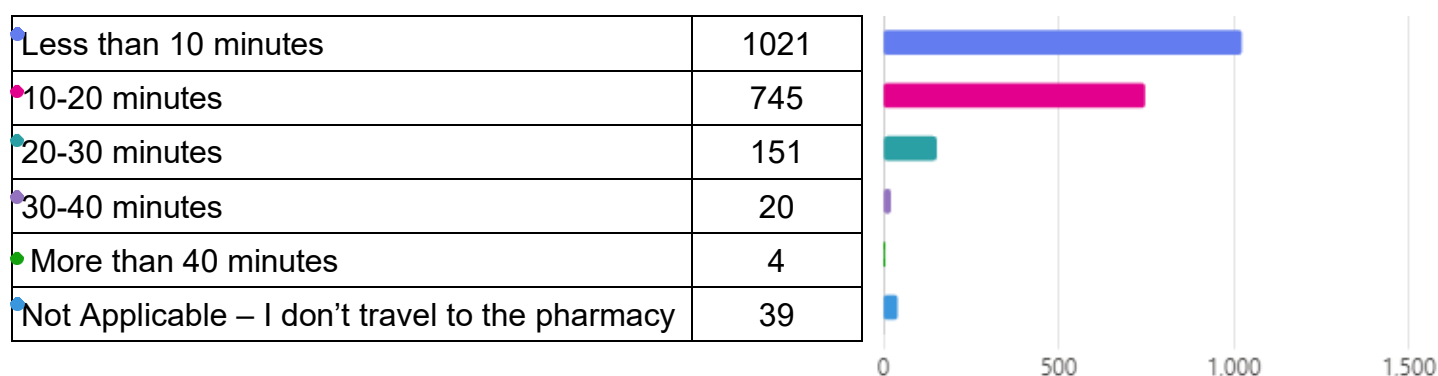
## 7) Are there any other factors that influence your choice of pharmacy?

There were 867 'free text' responses to this question. Overall, the replies indicated that respondents value high-quality, accessible, and reliable pharmacy services, with a strong preference for face-to-face interactions and convenient locations. The comments made largely followed three major themes, which can be summarised as follows:

**Service improvements:** Respondents highlighted the need for better communication between GPs and pharmacies, more reliable opening hours, and improved stock management.

**Accessibility:** Some respondents mentioned the need for better parking and public transport options.

**Staff and service quality:** Friendly and knowledgeable staff are highly appreciated, and there is a call for maintaining or increasing the number of local pharmacies to meet community needs.

**8) How do you usually travel to the pharmacy?****9) How long does it usually take you to travel to the pharmacy?****10) Do you have any other comments that you would like to add regarding pharmaceutical services in Norfolk?**

There were 907 'free text' responses to this question. Overall, the responses indicate a strong reliance on local pharmacies for both medication and health services. While many respondents are satisfied with their local pharmacies, many raised concerns about accessibility, medication availability, and service quality. The comments made largely followed seven major themes, which can be summarised as follows:

**Accessibility and availability**

Many respondents emphasized the importance of pharmacies being open during advertised hours and having sufficient staff, including pharmacists, to avoid unexpected closures.

There were multiple mentions of pharmacies being closed due to a lack of pharmacists, causing inconvenience and stress, especially for those needing urgent medication.

Some respondents highlighted the need for extended opening hours, including weekends, to accommodate those who work full-time.

Some respondents emphasised the need to be aware of and sensitive to the requirements of people with learning disabilities.

### **Service quality**

Positive feedback was given to specific pharmacies for their excellent service, helpful staff, and efficient handling of repeat prescriptions.

Conversely, some pharmacies were criticized for poor customer service, long wait times, and frequent issues with prescription fulfilment.

### **Medication availability**

A common concern was the frequent unavailability of prescribed medications, leading to multiple trips to the pharmacy and delays in treatment.

Respondents expressed frustration with pharmacies not stocking regular medications and having to wait several days for orders to be fulfilled.

### **Communication and coordination**

Poor communication between GPs and pharmacies was a recurring issue, with some respondents noting that this led to delays and confusion in obtaining medications.

There were suggestions for better coordination and communication to ensure prescriptions are ready for collection in a timely manner.

### **Community impact**

Many respondents stressed the vital role of local pharmacies in their communities, particularly for the elderly and those without access to transportation.

The closure of local pharmacies was a significant concern, with respondents worried about the impact on their ability to access necessary medications and services.

### **Additional services**

Respondents appreciated additional services provided by pharmacies, such as vaccinations and health advice, but noted that these services sometimes led to delays in dispensing medications.

There were calls for pharmacies to offer more services, such as recycling facilities for used medication packaging and better support for minor illnesses.

### **Online and delivery services**

Some respondents had positive experiences with online pharmacies and delivery services, finding them convenient and efficient.

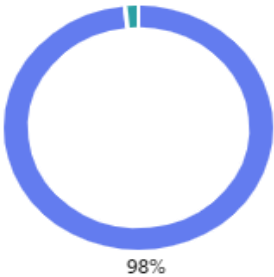
However, others preferred face-to-face interactions and expressed concerns about the reliability of online services.

11) What is your gender?

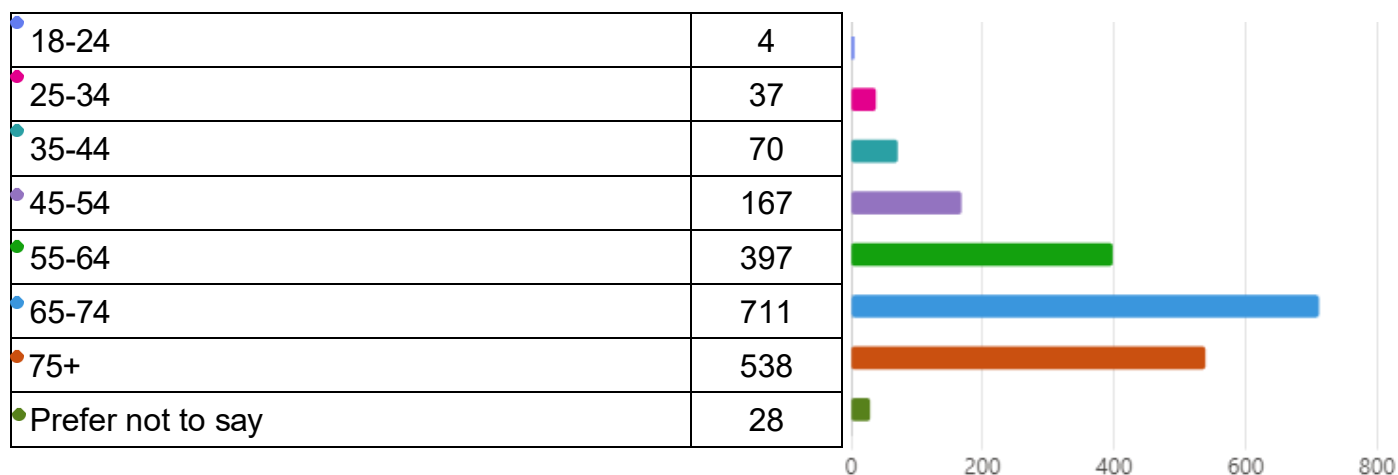
• Man	553
• Woman	1351
• Non-binary	3
• Genderfluid	1
• Questioning	0
• Prefer not to say	21
• Other	14

12) Is your gender the same as the sex you were assigned at birth?

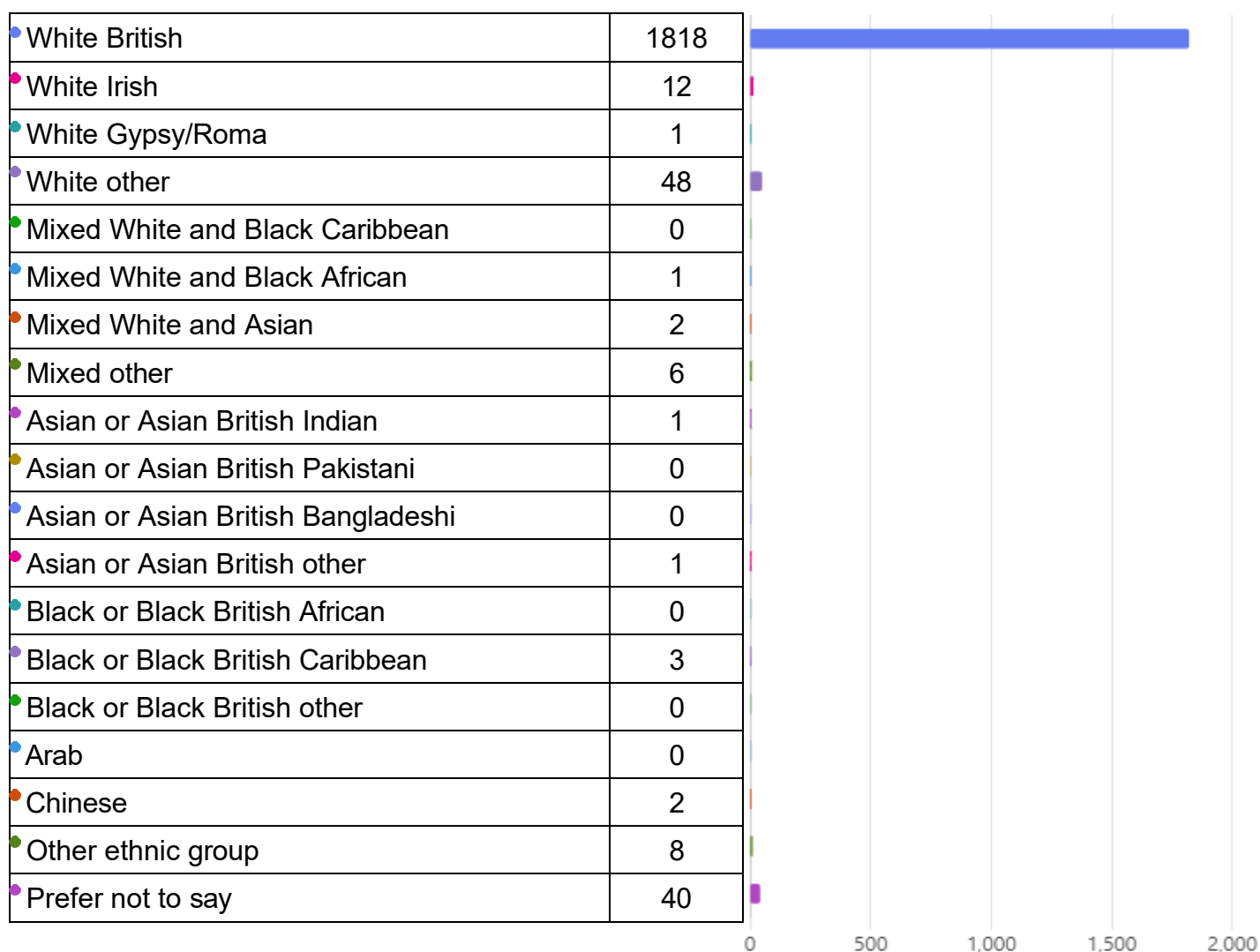
• Yes	1899
• No	3
• Prefer not to say	29



### 13) Which of these age groups do you belong to?



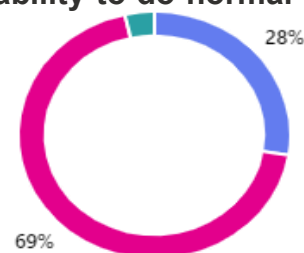
### 14) To which of these ethnic groups do you feel you belong to?





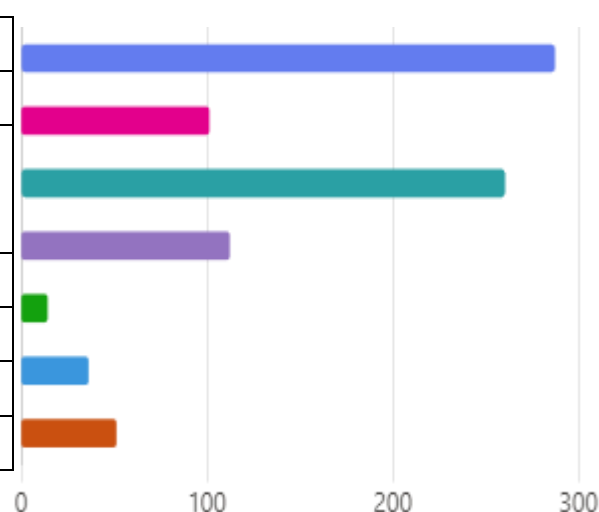
**15) Do you consider yourself to be disabled as set out in the Equality Act 2010? (For example, whether you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities).**

• Yes	536
• No	1340
• Prefer not to say	68



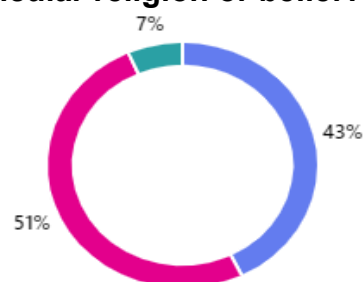
**16) If you answered yes to the previous question, please tell us the type of impairment that applies to you.**

• Physical impairment	287
• Sensory impairment (hearing or sight)	101
• Long standing illness or health condition, such as cancer, HIV, heart disease, diabetes or...	260
• Mental health condition	112
• Learning disability	14
• Prefer not to say	36
• Other	51



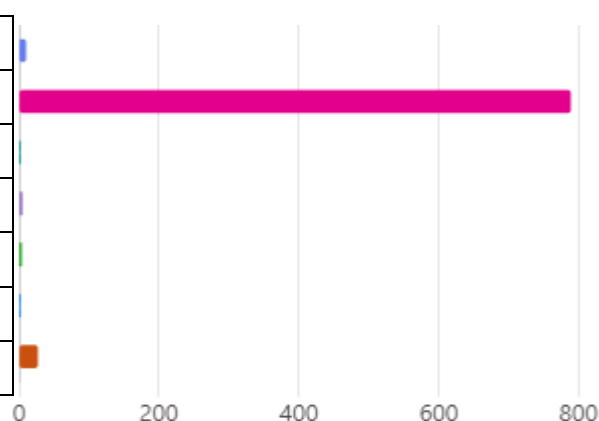
**17) Do you regard yourself as belonging to any particular religion or belief?**

• Yes	818
• No	969
• Prefer not to say	125



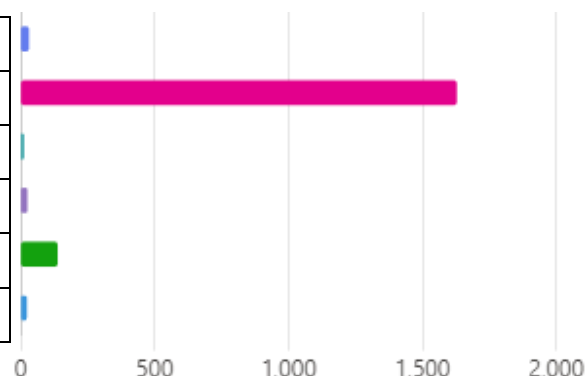
**18) If you answered yes to the previous question, which one?**

• Buddhist	9
• Christian	788
• Hindu	1
• Jewish	4
• Muslim	3
• Sikh	2
• Other	26

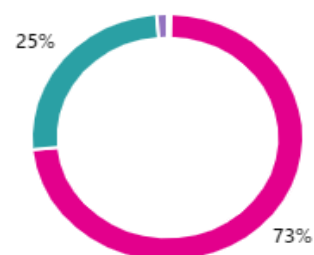


**19) Are you....?**

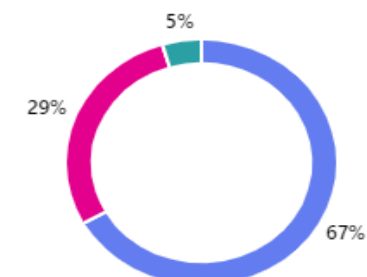
• Bi / Bisexual	29
• Heterosexual / Straight	1626
• Gay woman / Lesbian	10
• Gay man	23
• Prefer not to say	136
• Other	21

**20) Are you currently pregnant or have you been pregnant in the last year?**

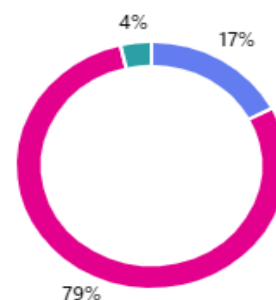
• Yes	8
• No	1378
• Not applicable	477
• Prefer not to say	24

**21) Are you married or in a civil partnership?**

• Yes	1276
• No	545
• Prefer not to say	89

**22) Are you a carer?**

• Yes	332
• No	1511
• Prefer not to say	70



## Appendix E: Travel time analysis

The following tables below show travel times to community pharmacies using a variety of options.

NOTE:

- The peak time uses a day vs night comparison for the same time band am and pm.
- Public transport times are experimental: the methodology uses buses, trams and rail but coverage across some areas may be inconsistent. The algorithm for calculating the distances that can be travelled from any point assumes that someone can walk from the start location, catch a bus or a train from a known stop, get off at another stop and potentially walk again – or even catch another bus or train.

*Table 40: Travel times from home to the nearest pharmacy in Norfolk*

### Car drive times off-peak

Time	Population (off-peak)	Coverage off-peak	Population (peak time)	Coverage peak time
10 minutes	900,021	97.2%	882,724	95.4%
20 minutes	925,695	100%	923,868	99.8%
30 minutes	925,695	100%	925,695	100%

### Walking travel times

Time	Population	Coverage
10 minutes	424,347	45.8%
20 minutes	618,945	66.9%
30 minutes	662,089	71.5%

### Public transport weekday morning travel times

Time	Population (morning)	Coverage morning	Population (afternoon)	Coverage afternoon	Population (evening)	Coverage evening
10 minutes	503,379	54.4%	579,086	62.6%	574,420	62.1%
20 minutes	670,513	72.4%	765,523	82.7%	754,121	81.5%
30 minutes	702,209	75.9%	827,946	89.4%	815,561	88.1%

Source: SHAPE toolkit using ONS mid-2022 population estimate and Lower Super Output Area (LSOA) population weighted centroid to make the catchment.

*Table 41: Travel times from home to the nearest pharmacy or dispensing doctor practice in Norfolk*

#### Car drive times

Time	Population (off-peak)	Coverage off-peak	Population (peak time)	Coverage peak time
10 minutes	924,175	99.8%	921,131	99.5%
20 minutes	925,695	100%	925,695	100%
30 minutes	925,695	100%	925,695	100%

#### Walking travel times

Time	Population	Coverage
10 minutes	464,808	50.2%
20 minutes	651,864	70.4%
30 minutes	706,292	76.3%

#### Public transport weekday morning travel times

Time	Population (morning)	Coverage morning	Population (afternoon)	Coverage afternoon	Population (evening)	Coverage evening
10 minutes	539,978	58.3	614,834	66.4%	612,441	66.2%
20 minutes	703,829	76%	803,734	86.8%	791,248	85.5%
30 minutes	745,822	80.6%	851,805	92%	842,060	91%

Source: SHAPE toolkit using ONS mid-2022 population estimate and LSOA population weighted centroid to make the catchment.

Table 42: Travel times from home to the nearest community pharmacy in Norfolk by district

**Car drive times – population coverage**

<b>District</b>	<b>10 minutes (off-peak)</b>	<b>20 minutes (off-peak)</b>	<b>30 minutes (off-peak)</b>	<b>10 minutes (peak time)</b>	<b>20 minutes (peak time)</b>	<b>30 minutes (peak time)</b>
Breckland	93.1%	100%	100%	89.6%	100%	100%
Broadland	100%	100%	100%	98.7%	100%	100%
Great Yarmouth	100%	100%	100%	100%	100%	100%
King's Lynn and West Norfolk	83.8%	98.9%	100%	82.7%	97.8%	100%
North Norfolk	95.6%	100%	100%	91.9%	100%	100%
Norwich	100%	100%	100%	100%	100%	100%
South Norfolk	95.9%	100%	100%	94.8%	100%	100%
<b>Norfolk</b>	<b>97.2%</b>	<b>100%</b>	<b>100%</b>	<b>95.4%</b>	<b>99.8%</b>	<b>100%</b>

**Walking travel times – population coverage**

<b>District</b>	<b>10 minutes</b>	<b>20 minutes</b>	<b>30 minutes</b>
Breckland	27.4%	54.1%	57.9%
Broadland	43.5%	65.3%	73.8%
Great Yarmouth	72.9%	89%	95.7%
King's Lynn and West Norfolk	39.3%	56.8%	59.6%
North Norfolk	25.5%	50.5%	50.5%
Norwich	77.9%	100%	100%
South Norfolk	34.7%	51.9%	61.8%
<b>Norfolk</b>	<b>45.8%</b>	<b>66.9%</b>	<b>71.5%</b>

**Public transport times on weekday – population coverage**

<b>District</b>	<b>10 minutes (am)</b>	<b>20 minutes (am)</b>	<b>30 minutes (am)</b>	<b>10 minutes (pm)</b>	<b>20 minutes (pm)</b>	<b>30 minutes (pm)</b>
Breckland	35.3%	61.4%	64.5%	44.4%	73.1%	79.5%
Broadland	48.6%	78.7%	79.8%	58.2%	89.3%	94.8%
Great Yarmouth	81.4%	90.7%	95.7%	88.5%	98.8%	98.8%
King's Lynn and West Norfolk	40.1%	59.4%	61.0%	52.1%	72.1%	79.1%
North Norfolk	31.2%	52.5%	56.2%	45.7%	66.9%	82.3%
Norwich	93.6%	100%	100%	93.5%	100%	100%
South Norfolk	45.5%	63.8%	66.6%	53.5%	76.5%	84.0%
<b>Norfolk</b>	<b>54.4%</b>	<b>72.4%</b>	<b>75.9%</b>	<b>62.6%</b>	<b>82.7%</b>	<b>89.4%</b>

*Table 43: Travel times from home to the nearest pharmacy or dispensing doctor practice in Norfolk by district*

**Car drive times – population coverage**

<b>District</b>	<b>10 minutes (off-peak)</b>	<b>20 minutes (off-peak)</b>	<b>30 minutes (off-peak)</b>	<b>10 minutes (peak time)</b>	<b>20 minutes (peak time)</b>	<b>30 minutes (peak time)</b>
Breckland	96.2%	100%	100%	95.1%	100%	100%
Broadland	100%	100%	100%	100%	100%	100%
Great Yarmouth	100%	100%	100%	100%	100%	100%
King's Lynn and West Norfolk	100%	100%	100%	100%	100%	100%
North Norfolk	100%	100%	100%	100%	100%	100%
Norwich	100%	100%	100%	100%	100%	100%
South Norfolk	98.9%	100%	100%	96.8%	100%	100%
<b>Norfolk</b>	<b>99.8%</b>	<b>100%</b>	<b>100%</b>	<b>99.5%</b>	<b>100%</b>	<b>100%</b>

**Walking travel times – population coverage**

<b>District</b>	<b>10 minutes</b>	<b>20 minutes</b>	<b>30 minutes</b>
Breckland	33.7%	58.23%	63.5%
Broadland	50.1%	70.7%	79.1%
Great Yarmouth	75.9%	90.7%	97.2%
King's Lynn and West Norfolk	46%	62.6%	67.8%
North Norfolk	29.17%	52.6%	58.5%
Norwich	77.9%	100%	100%
South Norfolk	39.5%	56.8%	66.3%
<b>Norfolk</b>	<b>50.2%</b>	<b>70.4%</b>	<b>76.3%</b>

**Public transport times on weekday – population coverage**

<b>District</b>	<b>10 minutes (am)</b>	<b>20 minutes (am)</b>	<b>30 minutes (am)</b>	<b>10 minutes (pm)</b>	<b>20 minutes (pm)</b>	<b>30 minutes (pm)</b>
Breckland	41.6%	64.8%	68.4%	49.9%	75.7%	83.5%
Broadland	55.3%	84.1%	86.0%	63.5%	91.9%	96.9%
Great Yarmouth	80%	90.7%	97.2%	88.5%	98.8%	98.8%
King's Lynn and West Norfolk	48.9%	66.9%	69.3%	60.8%	81.8%	90.6%
North Norfolk	32.7%	54.4%	63.5%	48.2%	75.5%	87.5%
Norwich	93.6%	100%	100%	93.5%	100%	100%
South Norfolk	48.7%	69.1%	71.9%	56.5%	80%	85%
<b>Norfolk</b>	<b>58.3%</b>	<b>76%</b>	<b>80.6%</b>	<b>66.4%</b>	<b>86.8%</b>	<b>92.0%</b>

*Table 44: Details of public transport times on weekday – population coverage (%) to community pharmacies per district*

<b>District</b>	<b>10 minutes (evening)</b>	<b>20 minutes (evening)</b>	<b>30 minutes (evening)</b>
Breckland	45.8%	74.0%	79.8%
Broadland	57.9%	88.4%	93.4%
Great Yarmouth	90.2%	98.8%	98.8%
King's Lynn and West Norfolk	50%	68.4%	75.9%
North Norfolk	45.7%	66.4%	79.1%
Norwich	94.7%	100%	100%
South Norfolk	51.2%	74.7%	83.3%
<b>Norfolk</b>	<b>62.1%</b>	<b>81.5%</b>	<b>88.1%</b>

*Table 45: Details of public transport times on weekday – population coverage (%) to community pharmacies or dispensing doctor practices per district*

<b>District</b>	<b>10 minutes (evening)</b>	<b>20 minutes (evening)</b>	<b>30 minutes (evening)</b>
Breckland	53.0%	76.9%	83.8%
Broadland	63.2%	89.6%	96.7%
Great Yarmouth	90.2%	98.8%	98.8%
King's Lynn and West Norfolk	56.3%	78.8%	86.2%
North Norfolk	51.6%	72.6%	84.3%
Norwich	94.7%	100%	100%
South Norfolk	54.5%	79.1%	85.2%
<b>Norfolk</b>	<b>66.2%</b>	<b>85.5%</b>	<b>91%</b>

As there are no community pharmacies open after 6.30pm on weekdays in North Norfolk, Table 46 shows the distance and time residents would need to travel to their nearest open pharmacy.

*Table 46: Table showing the nearest pharmacy open after 6.30 pm to North Norfolk settlements with car travel times*

<b>North Norfolk settlement</b>	<b>Nearest pharmacy</b>	<b>Time to reach by car</b>
<b>Cromer</b>	Tesco in-Store Pharmacy, Norwich, NR7 8AB	40 mins
<b>Fakenham</b>	Theatre Royal Pharmacy, Dereham, NR19 2EN	25 mins
<b>Holt</b>	Theatre Royal Pharmacy, Dereham, NR19 2EN	35 mins
<b>Mundesley</b>	Tesco in-Store Pharmacy, Norwich, NR7 8AB	35 mins
<b>North Walsham</b>	Tesco in-Store Pharmacy, Norwich, NR7 8AB	30 mins
<b>Sheringham</b>	Tesco in-Store Pharmacy, Norwich, NR7 8AB	45 mins
<b>Stalham</b>	Tesco in-Store Pharmacy, Norwich, NR7 8AB	25 mins
<b>Wells-next-the-Sea</b>	Theatre Royal Pharmacy, Dereham, NR19 2EN	40 mins



## Appendix F: Consultation stakeholders

Regulation 8 requires the health and wellbeing board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document.

### Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

- Norfolk Local Pharmaceutical Committee.
- Norfolk Local Medical Committee.
- Pharmacies and Dispensing Appliance Contractors in Norfolk.<sup>69</sup>
- Dispensing GP practices in Norfolk.
- Healthwatch Norfolk.
- NHS Trust or NHS Foundation Trusts:
  - Norfolk and Norwich University Hospitals NHS Foundation Trust.
  - James Paget University Hospitals NHS Foundation Trust.
  - Queen Elizabeth Hospital King's Lynn NHS Foundation Trust.
  - Norfolk and Suffolk NHS Foundation Trust.
  - Norfolk Community Health and Care NHS Trust.
  - East of England Ambulance Service NHS Trust.
- Norfolk and Waveney ICB.
- Neighbouring Health and Wellbeing Boards (HWBs):
  - Suffolk HWB.
  - Cambridgeshire HWB.
  - Lincolnshire HWB.

### Other consultees

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

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<sup>69</sup> Please note there are no pharmacies with a Local Pharmaceutical Services contract in Norfolk.

## Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Norfolk HWB held a consultation on the draft PNA for at least 60 days, from 23 June to 1 September 2025.

The draft PNA was hosted on Norfolk council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Norfolk. A range of public engagement groups in Norfolk, as identified by the Steering Group, were invited to participate in the consultation. Responses to the consultation were possible via an online survey or email. Paper copies and alternative formats were also available under request.

There were in total 38 responses, all of them from the internet survey. Responses received:

- 30 (79%) from members of the public.
- 4 (11%) from pharmacies or dispensing appliance contractors in Norfolk.
- 2 (5%) from Healthwatch or other patient, consumer or community group.
- 1 (3%) from NHS England.
- 1 (3%) from another organisation in Norfolk.

All responses were considered by the PNA Steering Group at its meeting on 10 September 2025 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are included in Appendix H.

From the 38 responses, 16 (42%) agreed with the conclusions of Norfolk Draft 2025 PNA, 14 (37%) didn't know/couldn't say, seven (18%) disagreed and one (3%) didn't answer.

Below is a summary of responses to the specific questions, asked during the consultation. All additional comments received to these questions are listed in Appendix H.

### 1) In what capacity are you mainly responding? (Answered: 38, Skipped: 0)

Options	Number	%
A member of the public	30	79%
Local Pharmaceutical Committee	0	0%
Local Medical Committee	0	0%
Pharmacy or dispensing appliance contractor in Norfolk	4	11%
Dispensing practice in Norfolk	0	0%
Pharmacy contractor with a Local Pharmaceutical Services	0	0%
Healthwatch or other patient, consumer or community group	2	5%
An NHS Trust or NHS Foundation Trust	0	0%
NHS England	1	3%
A neighbouring Health and Wellbeing Board	0	0%
Other organisation in Norfolk	1	3%
Other organisation outside Norfolk	0	0%

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

The 'Healthwatch or other patient, consumer or community group' responses identified as:

- Thyroid Support Group Norfolk
- Patients participating group

The 'NHS England' response identified as the NHSE regional UEC (Urgent and Emergency Care) improvement team.

**2) Has the purpose of the Pharmaceutical Needs Assessment been explained?**  
(Please refer to Section 1 in the draft PNA) (Answered: 38, Skipped: 0)

Options	Number	%
Yes	33	87%
No	3	8%
I don't know/can't say	2	5%

**3) Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Norfolk?** (Section 3 in the draft PNA) (Answered: 38, Skipped: 0)

Options	Number	%
Yes	21	55%
No	6	16%
I don't know/can't say	11	29%

**4) Are there any gaps in service provision, i.e.; when, where and which services are available that has not been identified in the pharmaceutical needs assessment**  
(Section 6 and 7 in the draft PNA and Appendix A) (Answered: 38, Skipped: 0)

Options	Number	%
Yes	9	24%
No	15	39%
I don't know/can't say	14	37%

**5) Does the draft pharmaceutical needs assessment reflect the needs of Norfolk's population** (Section 2 in the draft PNA) (Answered: 38, Skipped: 0)

Options	Number	%
Yes	17	45%
No	8	21%
I don't know/can't say	13	34%

- 6) Does the draft Pharmaceutical Needs Assessment provide enough information to help decide whether new pharmacies or services that supply medical equipment should be set up in the area?** (Answered: 38, Skipped: 0)

Options	Number	%
Yes	16	42%
No	7	18%
I don't know/can't say	15	39%

- 7) Has the draft pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future (within the lifetime of the PNA, which is three years)?** (Answered: 37, Skipped: 1)

Options	Number	%
Yes	17	46%
No	5	13%
I don't know/can't say	15	41%

- 8) Has the draft pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?** (Answered: 37, Skipped: 1)

Options	Number	%
Yes	17	46%
No	4	11%
I don't know/can't say	16	43%

- 9) Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted?** (Answered: 37, Skipped: 1)

Options	Number	%
Yes	4	11%
No	8	22%
I don't know/can't say	25	68%

- 10) Do you agree with the conclusions of the pharmaceutical needs assessment?** (Answered: 37, Skipped: 1)

Options	Number	%
Yes	16	43%
No	7	19%
I don't know/can't say	14	38%

**11) If you have any other comments, please write them below** (Answered: 8, Skipped or “no comment”: 30)

Comments are listed in Appendix H.

## Appendix H: Consultation comments

### Comments received on the consultation survey

Comments which are out of scope of the PNA process have been excluded from the report.

Comments to **question 2**: Has the purpose of the pharmaceutical needs assessment been explained? (Please refer to Section 1 in the draft PNA) If you have answered 'No', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	The long term condition, Hypothyroidism hasn't been included.	Thank you for your comment. While we acknowledge that hypothyroidism is a common long-term condition (LTC), the PNA does not aim to provide an exhaustive list of all LTCs.
A member of the public	The document is too long at 190 pages	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.
Healthwatch or other patient, consumer or community group	Very little input into services available to Palliative Care and End of Life patients	Although not considered a Necessary Service as defined by the PLS Regulations for the purpose of this PNA there is an Essential Medicines Service commissioned by the ICB available in each locality to support Palliative care and End of Life patients.

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

<b>From</b>	<b>Comment</b>	<b>Steering Group response</b>
Healthwatch or other patient, consumer or community group	Too many unexplained acronyms to be able to fully understand the message	Thank you for your comment. We have made efforts to support understanding through reference sources and an abbreviations list.
A member of the public	There are not enough pharmacies available to meet the growing demand on it's services	The PNA has taken into account current population and expected growth. The assessment concludes that there is currently no gap in pharmaceutical service provision.
A member of the public	for disabled people, travel time by bus is does not reflect people being unable to access the bus and bus stop too far away to access. Car travelling times does not reflect the non-existent disabled parking at pharmacies of within accessible distance of pharmacy.	Thank you for your comment. We recognise that parking limitations and access to public transport can affect access for some individuals. Where this is a concern home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
Healthwatch or other patient, consumer or community group	Certain drugs for pain control and not readily available when required	Thank you for your comment. We recommend that any concerns about the availability of specific pain control medicines be raised directly with the local pharmacy in the first instance. There is national supply issue which is outside of the scope of the PNA.



From	Comment	Steering Group response
Other organisation in Norfolk	The problem is that patients who live a mile away from surgeries have to rely on privately owned pharmacists who do not have enough pharmacists to open their doors consistently. also they use one supply chain which means medicines are frequently out of stock with no distribution date. This is the most important study that needs to be done and recommendations need to be consulted on. surgery pharmacies is a tiny piece of the puzzle	Thank you for your comment. While medicine supply and workforce issues are outside the scope of the PNA, they are recognised nationally. The dispensing doctors regulations set out eligibility criteria for patients.

Comments to **question 4**: Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the draft pharmaceutical needs assessment? (Section 6 and 7 in the draft PNA and Appendix A) If you have answered 'Yes', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	Too many unexplained acronyms to be able to fully understand the message	Thank you for your comment. We have made efforts to support understanding through reference sources and an abbreviations list.
A member of the public	more / clearer information about the availability of out of hours service.	Thank you for your comment. We acknowledge the importance of clear information on out-of-hours pharmacy services. Details of pharmacy opening hours and local out-of-hours providers can be found in Appendix A of this document or here <a href="https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy/">https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy/</a> or contact NHS 111 services.

From	Comment	Steering Group response
A member of the public	No pharmacies in Swaffham open after 6:00pm.	Thank you for your comment. Swaffham, located within the Breckland locality, is served by five pharmacies (28%) that are open after 6:30 pm on weekdays, 15 pharmacies (83%) are open on Saturdays of which 10 (56%) remain open after 1pm and five pharmacies (28%) are open on Sundays. Full details and analysis can be seen in section 6.2.1
A member of the public	Again, figures do not reflect those unable to access pharmacy provision as unable to get to pharmacy due to lack of disabled parking.	Thank you for your comment. We recognise that parking limitations and access to public transport can affect access for some individuals. Where this is a concern home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
Other organisation in Norfolk	medicine, pharmacist and rules around living one mile from a surgery cannot access that surgery pharmacist, even though the commercially owned chemist is failing in providing medication and pharmacists.	Thank you for your comment. Patients living more than one mile from a pharmacy may receive medicines from a dispensing GP practice, in line with regulations. Where local pharmacy services are not meeting expectations, concerns should be raised with the provider. Access is also available via home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
Healthwatch or other patient, consumer or community group	Inadequate provisions made throughout Norfolk in relation to Palliative care & End of life individuals	Although not considered a Necessary Service as defined by the PLS Regulations for the purpose of this PNA there is an Essential Medicines Service commissioned by the ICB available in each locality to support Palliative care and End of Life patients.

From	Comment	Steering Group response
NHS England	I note access considered adequate although in North Norfolk there are no pharmacies open after 6:30pm and this is an area with reduced public transport	While no community pharmacies hold a 72+ hour contract or routinely open after 6:30 pm on weekdays, additional evening access is available in neighbouring districts. Out of hours provision is also supported by NHS 111.  See section 6.2.5 for further details.
A member of the public	Sunday opening and evening opening for the people who go out to work.	Thank you for your comment. We acknowledge that access at these times may be more limited, similar to other healthcare services during evenings and weekends. While some pharmacies do offer extended hours, home delivery services are also available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).

Comments to **question 5**: Does the draft pharmaceutical needs assessment reflect the needs of Norfolk's population? (Section 2 in the draft PNA) If you have answered 'No', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	Too lengthy and complicated	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.
A member of the public	The population is growing and the provision is not adequate	The Steering Group acknowledges the population growth and considered projected population increases as part of the assessment. Please see section 6.3.2 where the use of technology is discussed.

From	Comment	Steering Group response
Other organisation in Norfolk	Again the report needs to look deeper in community provision for those who live a mile from a surgery.	Thank you for your comment. Patients living more than one mile from a pharmacy may receive medicines from a dispensing GP practice, in line with regulations. Access is also available via home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
A member of the public	It assumes that travel to pharmacies especially on a Saturday afternoon and a Sunday is accessible. A lot of the older population whilst having a car and being able to drive are not able to drive outside their immediate area, or are well enough to do so.	Thank you for your comment. We recognise that weekend access may be challenging for some older individuals, even if they have a car. Where this is a concern home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
Healthwatch or other patient, consumer or community group	Depending on number of patients needing specialist care	Without further details we are unable to provide comment. Any individual service provision concerns should be taken up with the provider / commissioner.
A member of the public	Bearing in mind the growing over 65 age group in North Norfolk and many more reaching 80 plus we do need more pharmacies with consulting rooms to back up the G.P's who do not receive extra funding per patient for a top heavy age group.	Thank you for your comment. We recognise that an ageing population may increase demand on both GPs and pharmacies. The current community pharmacy contractual framework includes services to support which are listed in Section 3.10 and 3.11

From	Comment	Steering Group response
A member of the public	Not enough seven days a week pharmacy	There is currently no national pharmacy contract that enables 24/7 provision, local commissioners may consider exploring extended or directed opening hours where there is clear evidence of need. Home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).

Comments to **question 6**: Does the draft Pharmaceutical Needs Assessment provide enough information to help decide whether new pharmacies or services that supply medical equipment should be set up in the area? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	Too lengthy and complicated	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.
A member of the public	ACCESS very important, especially by phone and for those not able or willing to use digital means	Thank you for your comment. While we acknowledge phone access may be challenging, community pharmacies are primarily a face to face service as there is no contractual requirement around phone access. Individual experiences should be shared with the individual provider.

From	Comment	Steering Group response
A member of the public	Disabled access should be taken into account i.e. those able to access public transport or disabled parking	Thank you for your comment. We recognise that parking limitations and access to public transport can affect access for some individuals. Where this is a concern home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
A member of the public	Not quite. I'd like you to look into further provision and extended provision for the Over 60's in N Norfolk as a whole	While no community pharmacies hold a 72+ hour contract or routinely open after 6:30 pm on weekdays, additional evening access is available in neighbouring districts. Out of hours provision is also supported by NHS 111.  See section 6.2.5 for further details.

Comments to **question 7**: Has the draft pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future (within the lifetime of the PNA, which is three years)? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	Too lengthy and complicated	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.

From	Comment	Steering Group response
A member of the public	Yet again it does not address needs of those physically unable to access pharmacy	Thank you for your comment. Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons. Home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
Healthwatch or other patient, consumer or community group	More provisions for controlled drugs and how to get prescribed others drugs	Thank you for your comment. The prescribing of controlled drugs is managed by clinicians under strict national regulations. The PNA focuses on access to dispensing services, and any concerns about access to specific medicines should be discussed with the prescriber or local NHS services.
A member of the public	No, need more information on the problems of accessing medicines etc for the over 65's in N Norfolk	Thank you for your comment. Please see section 6.2.5 for full details and analysis for North Norfolk. Home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).

Comments to **question 8**: Has the draft pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Healthwatch or other public health body	Too lengthy and complicated	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.



From	Comment	Steering Group response
A member of the public	More analysis of the need of the older age group in N Norfolk	Thank you for your comment. Please see section 6.2.5 for full details and analysis for North Norfolk. Home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
Healthwatch or other patient, consumer or community group	To ensure each pharmacies have adequate medication for patients needing controlled drugs.	Thank you for your comment. The prescribing of controlled drugs is managed by clinicians under strict national regulations. The PNA focuses on access to dispensing services, and any concerns about access to specific medicines should be discussed with the prescriber or local NHS services.

Comments to **question 9**: Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted? If you have answered 'Yes', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	Too lengthy and complicated	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.

From	Comment	Steering Group response
A member of the public	Serious attention needs to be paid to the willingness of and time availability for pharmacists to carry out their extended role	Thank you for your comment. As noted in the PNA this assessment assumes that existing pharmacies will adapt to meet rising demand. Extended services (Advanced and Enhanced Services) are optional and therefore based on individual provider financial viability and subsequent capacity. Uptake of the new nationally commissioned services indicate pharmacies in Norfolk are carrying out optional extended services and uptake is encouragingly high is in line with national trends.
A member of the public	More consultation rooms withing pharmacies, more pharmacists in N Norfolk	Thank you for your comment. Please see section 6.2.5 for full details and analysis for North Norfolk. Home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
Pharmacy or dispensing appliance contractor in Norfolk	Vaccinations as part of the 10-year plan	Thank you for your comment. Vaccinations are an important part of the NHS 10-Year Plan. It is recognised that community pharmacies have a role in delivering vaccination services and supporting wider public health aims.

Comments to **question 10**: Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	Too lengthy and complicated	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.

<b>From</b>	<b>Comment</b>	<b>Steering Group response</b>
A member of the public	does not take into account needs of those that cannot access pharmacies due to mobility issues.	Thank you for your comment. Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons. Home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
Other organisation in Norfolk	rural community pharmacies need more consideration.	Without further information we are unable to provide an answer to this response.
A member of the public	Assumption that people can access services. A 20 min walk there and a 20 min walk back after queuing is not manageable for a number of people including myself.	Thank you for your feedback. We recognise that not everyone can manage a 20-minute walk, especially with health or mobility issues. Home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).
A member of the public	Seems very complacent	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions.
A member of the public	I think you need to study the needs of the older population in N Norfolk	Thank you for your comment. Please see section 6.2.5 for full details and analysis for North Norfolk. Home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).

From	Comment	Steering Group response
NHS England	Community pharmacies not open in evening especially in N Norfolk which is underserved by public transport. Furthermore, the time travelled to pharmacy question appears to have been only asked to people in pharmacies, and therefore does not address those who are not accessing pharmacies for their health needs (and potentially this is because they have to travel further/there is poor provision)	Thank you for your comment. Please see section 6.2.5 for full details and analysis for North Norfolk. Details on the travel analysis are also included in this section and the methodology is in Appendix E. It has not been based on the survey analysis. Where this is a concern home delivery services are available (including distance selling pharmacies (online) free of charge and at the discretion of community pharmacies).

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

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	The report, all 190 pages is just too lengthy for patients to understand & full of unexplained acronyms	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.
A member of the public	Doctor's are not meeting the needs of the community and many services are being pushed onto pharmacies, like vaccinations and non-urgent treatments and consultations. Most pharmacies have small premises that cannot accommodate this and are few in number across the region, meaning long and difficult travel for many who do not have access to a vehicle. I have now resorted to an on-line ordering service, which is quicker and more efficient than going to the doctor or pharmacy direct.	Thank you for your comment.

From	Comment	Steering Group response
A member of the public	Sorry the document was too long, but provision in Swaffham looks dire in comparison to Dereham	Thank you for your comment. Swaffham, located within the Breckland locality, is served by five pharmacies (28%) that are open after 6:30 pm on weekdays, 15 pharmacies (83%) are open on Saturdays of which 10 (56%) remain open after 1pm and five pharmacies (28%) are open on Sundays. Full details and analysis can be seen in section 6.2.1
Healthwatch or other patient, consumer or community group	I searched PNA in relation to Palliative Care. It states that PNAs are used to assess the current pharmaceutical services available and identify any gaps in provision, including those relating to Palliative care, ensuring that local needs are met. The PNA helps determine if there is sufficient access to medications, advice, and other pharmaceutical services relevant to palliative and end-of-life care. This is certainly NOT the case in some instances and I would love to speak to somebody on this subject.	Thank you for your comment. Your details will be forwarded to the relevant organisation. Please see earlier responses regarding palliative care services.
A member of the public	particularly concerned for those dependent on telephone access, also those digitally excluded by choice or otherwise.	Thank you for your comment. While we acknowledge phone access may be challenging, community pharmacies are primarily a face to face service as there is no contractual requirement around phone access. Individual experiences should be shared with the individual provider
Pharmacy or dispensing appliance contractor in Norfolk	A lovely PNA	Thank you for your feedback.