

DRAFT Pharmaceutical Needs Assessment 2025

Nottinghamshire
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Nottinghamshire County Council. The production has been overseen by the PNA Steering Group for Nottinghamshire Health and Wellbeing Board with authoring support from Soar Beyond Ltd. All information is correct at the time of writing February 2025.

Contents

Contents	3
List of tables.....	7
List of figures	8
Abbreviations.....	10
Executive summary	12
Section 1: Introduction.....	18
1.1 Background and context	18
1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA)	19
1.3 Purpose of the PNA.....	21
1.4 Scope of the PNA	21
1.4.1 Pharmacy contractors	22
1.4.2 Dispensing Appliance Contractors (DACs)	28
1.4.3 Dispensing GP practices.....	28
1.4.4 Other providers of pharmaceutical services in neighbouring areas	29
1.5 Process for developing the PNA	29
1.6 Localities for the purpose of the PNA	30
Section 2: Context for the PNA.....	32
2.1 NHS Long Term Plan (LTP).....	32
2.2 Core20PLUS5.....	33
2.3 The 10 Year Health Plan	33
2.4 Joint Strategic Needs Assessment (JSNA).....	34
2.5 Joint Health and Wellbeing Strategy (JHWS)	35
2.6 Population.....	35
2.6.1 Population overview.....	35
2.6.2 Age and sex	37
2.6.3 Predicted population growth	37
2.6.4 Number of households.....	38
2.6.5 Household projections	38
2.6.6 Projected housing completions	39
2.6.7 Car or van availability.....	39
2.6.8 Travel to work	40
2.6.9 Ethnicity	40

2.6.10	Gypsy and Irish Travellers	41
2.6.11	Religion.....	41
2.6.12	Household languages	41
2.7	Deprivation	41
2.8	Health of the population	43
2.8.1	Life Expectancy and Healthy Life Expectancy	43
2.8.2	Obesity.....	45
2.8.3	Smoking.....	47
2.8.4	Alcohol use	48
2.8.5	Sexual health	49
2.8.6	Drug use	50
2.8.7	Physical activity.....	51
2.8.8	Flu vaccination	52
2.9	Burden of disease.....	53
2.9.1	Cardiovascular group.....	53
2.9.2	Diabetes.....	56
2.9.3	Respiratory group	57
2.9.4	Cancer	58
2.9.5	Mental health	58
Section 3: NHS pharmaceutical services provision, currently commissioned		59
3.1	Overview.....	59
3.2	Community pharmacies	61
3.2.1	Weekend and evening provision	62
3.2.2	Access to community pharmacies.....	64
3.2.3	Advanced Service provision from community pharmacy.....	71
3.2.4	Enhanced Service provision from community pharmacy	73
3.3	Dispensing Appliance Contractors (DACs)	73
3.4	Dispensing GP practices	74
3.5	Pharmacy Access Scheme (PhAS) pharmacies	75
3.6	Pharmaceutical service provision provided from outside Nottinghamshire	76
Section 4: Other services that may impact on pharmaceutical services provision...		77
4.1	Local authority-commissioned services provided by community pharmacies in Nottinghamshire	77
4.2	ICB-commissioned services	78

4.2.1	Collection and delivery services.....	78
4.2.2	Services for less-abled people.....	78
4.3	Other services provided by dispensing GP practices.....	79
4.4	Other providers that reduce the need for pharmaceutical service provision	79
4.4.1	NHS hospitals	79
4.4.2	Personal administration of items by GP practices.....	79
4.4.3	Prison pharmacies	79
4.4.4	Substance misuse services	79
4.4.5	Flu vaccination service by GP Practices	79
4.5	Other services that may increase the demand for pharmaceutical service provision	79
4.5.1	Urgent Care Centres (UCCs).....	79
4.5.2	Extended hours provided by PCNs.....	80
4.5.3	Community nursing prescribing.....	80
4.5.4	Dental services	80
4.6	Other services.....	80
Section 5: Findings from the public questionnaire.....		81
5.1	Demographic analysis	81
5.2	Visiting a pharmacy	82
5.3	Reason for visiting a pharmacy.....	82
5.4	Choosing a pharmacy.....	82
5.5	Access to a pharmacy	83
Section 6: Analysis of health needs and pharmaceutical service provision		84
6.1	Pharmaceutical services and health needs	84
6.2	PNA localities.....	84
6.2.1	Ashfield	86
6.2.2	Bassetlaw	89
6.2.3	Broxtowe.....	92
6.2.4	Gedling	95
6.2.5	Mansfield	98
6.2.6	Newark and Sherwood.....	101
6.2.7	Rushcliffe	104
6.3	Nottinghamshire pharmaceutical services and health needs	107
6.3.1	Necessary Services: current provision across Nottinghamshire	109

6.3.2	Necessary Services: gaps in provision across Nottinghamshire	109
6.3.3	Other relevant services: current provision.....	110
6.4	Improvements and better access: gaps in provision across Nottinghamshire	110
Section 7: Conclusions		111
7.1	Statements of the PNA	111
7.1.1	Current provision of Necessary Services	111
7.1.2	Future provision of Necessary Services.....	112
7.1.3	Other relevant services – gaps in provision	112
7.1.4	Improvements and better access – gaps in provision	113
7.2	Future opportunities for possible community pharmacy services in Nottinghamshire	114
7.2.1	Introduction	114
7.2.2	Opportunities for pharmaceutical service provision.....	114
7.2.3	Considerations.....	117
Appendix A: List of pharmaceutical services providers in Nottinghamshire by locality		120
Ashfield locality		121
Bassetlaw locality		123
Broxtowe locality.....		125
Gedling locality		127
Mansfield locality		129
Newark and Sherwood locality		132
Rushcliffe locality.....		134
Appendix B: PNA project plan.....		137
Appendix C: PNA Steering Group terms of reference		138
Appendix D: Public questionnaire		140

List of tables

Table 1: Timeline for PNAs	18
Table 2: Total population per locality in Nottinghamshire	35
Table 3: Percentage change of population projection between given years per locality in Nottinghamshire.....	37
Table 4: Number of households per locality in Nottinghamshire	38
Table 5: Projected housing completions per locality	39
Table 6: Percentage of households across Nottinghamshire with access to at least one car or van.....	39
Table 7: Contractor type and number in Nottinghamshire.....	59
Table 8: Number of community pharmacies in Nottinghamshire.....	61
Table 9: Number of community pharmacies per 100,000 population	61
Table 10: Average number of community pharmacies in 100,000 population by locality ...	61
Table 11: Number and percentage of 72-hour community pharmacies	62
Table 12: Estimated percentage of the population that can access a pharmacy for each travel method and time band across Nottinghamshire	64
Table 13: Estimated percentage of the population that can access a pharmacy by car per locality.....	64
Table 14: Estimated percentage of the population that can access a pharmacy walking per locality.....	65
Table 15: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6pm, and on Saturday and Sunday .	69
Table 16: Percentage of providers September-November 2024 (and signed up) for Advanced Services and Enhanced Services	72
Table 17: Pharmacy included in the Pharmacy Access Scheme per locality	76
Table 18: NCC-commissioned services providers per locality	77
Table 19: ICB-commissioned services providers per locality	78
Table 20: Ashfield Relevant Services	88
Table 21: Bassetlaw Relevant Services.....	91
Table 22: Broxtowe Relevant Services	94
Table 23: Gedling Relevant Services.....	97
Table 24: Mansfield Relevant Services.....	100
Table 25: Newark and Sherwood Relevant Services.....	103
Table 26: Rushcliffe Relevant Services	106

List of figures

Figure 1: Map of Nottinghamshire HWB area	31
Figure 2: Map of population density in Nottinghamshire (persons per square km)	36
Figure 3: Map of deprivation across Nottinghamshire (National IMD quintiles).....	42
Figure 4: Life Expectancy (LE) at birth per locality and sex in Nottinghamshire	44
Figure 5: Comparison of LE at birth and HLE at birth for Nottinghamshire and England ...	44
Figure 6: Prevalence of overweight and obese children in reception per locality in Nottinghamshire.....	45
Figure 7: Prevalence of overweight and obese children in Year 6 per locality in Nottinghamshire.....	46
Figure 8: Prevalence of overweight and obese adults per locality in Nottinghamshire	47
Figure 9: Smoking Prevalence in adults per locality in Nottinghamshire.....	47
Figure 10: Admission episodes for alcohol-related conditions (Narrow) per locality in Nottinghamshire.....	48
Figure 11: Alcohol related mortality rate per locality in Nottinghamshire	49
Figure 12: Under 18 conception rate per locality in Nottinghamshire.....	49
Figure 13: Total prescribed LARC (excluded injections rate) per 1000 and per locality in Nottinghamshire.....	50
Figure 14: New STI diagnoses (excluding chlamydia) under 25 per locality in Nottinghamshire.....	50
Figure 15: Percentage of children aged 5-16 that met the recommendations for physical activity per locality in Nottinghamshire	51
Figure 16: Percentage of adults that are physically active per locality in Nottinghamshire	52
Figure 17: Percentage of adults that are physically inactive per locality in Nottinghamshire	52
Figure 18: Population vaccination coverage per age group in Nottinghamshire	53
Figure 19: QOF prevalence of atrial fibrillation per locality in Nottinghamshire.....	53
Figure 20: QOF prevalence of coronary heart disease per locality in Nottinghamshire	54
Figure 21: QOF prevalence of heart failure per locality in Nottinghamshire.....	54
Figure 22: QOF prevalence of hypertension per locality in Nottinghamshire	54
Figure 23: QOF prevalence of LVSD per locality in Nottinghamshire	55
Figure 24: QOF prevalence of PAD per locality in Nottinghamshire	55
Figure 25: QOF prevalence of STIA per locality in Nottinghamshire.....	56
Figure 26: QOF prevalence of diabetes per locality in Nottinghamshire	56
Figure 27: QOF prevalence of asthma per locality in Nottinghamshire	57
Figure 28: QOF prevalence of COPD per locality in Nottinghamshire	57
Figure 29: QOF prevalence of cancer per locality in Nottinghamshire	58
Figure 30: QOF prevalence of mental health issues per locality in Nottinghamshire	58
Figure 31: Map of pharmacies in Nottinghamshire and surrounding areas.....	60
Figure 32: Map of 72+ hour pharmacies in Nottinghamshire	63
Figure 33: Map of average walk times to community pharmacies in Nottinghamshire.....	66
Figure 34: Map of drive times by car to the nearest pharmacy in Nottinghamshire	67

Figure 35: Map of cycle times by bike to the nearest pharmacy in Nottinghamshire (off peak)	68
Figure 36: Map of community pharmacies open at any time over the weekend in Nottinghamshire	70
Figure 37: Map of Dispensing Appliance Contractors in Nottinghamshire	74
Figure 38: Map of GP dispensing practices in Nottinghamshire	75
Figure 39: Map of pharmacy contractors in Ashfield	87
Figure 40: Map of pharmacy contractors in Bassetlaw	90
Figure 41: Map of pharmacy contractors in Broxtowe	93
Figure 42: Map of pharmacy contractors in Gedling	96
Figure 43: Map of pharmacy contractors in Mansfield	99
Figure 44: Map of pharmacy contractors in Newark and Sherwood	102
Figure 45: Map of pharmacy contractors in Rushcliffe	105

Abbreviations

AS – Advanced Service
AUR – Appliance Use Review
CCG – Clinical Commissioning Group
COPD -Chronic Obstructive Pulmonary Disease
CP – Community Pharmacy
CPCF – Community Pharmacy Contractual Framework
CPCS – Community Pharmacist Consultation Service
CPE – Community Pharmacy England
DAC – Dispensing Appliance Contractor
Disp – Dispensing GP Practices
DLA – Disability Living Allowance
DMS – Discharge Medicines Service
DRUM – Dispensing Review of Use of Medicines
DSP – Distance Selling Pharmacy
DSQS -Dispensing Services Quality Scheme
ES – Essential Service
Hep C – Hepatitis C
HLE - Healthy Life Expectancy
HLP – Healthy Living Pharmacy
HWB – Health and Wellbeing Board
HWS – Health and Wellbeing Strategies
ICB – Integrated Care Board
ICS – Integrated Care System
IMD – Index of Multiple Deprivation
JHWS - Joint Health and Wellbeing Strategy
JSNA – Joint Strategic Need Assessment
LARC - Long-Acting Reversible Contraception
LAS – Local Authority-commissioned Service
LE – Life Expectancy
LFD – Lateral Flow Device
LPS – Local Pharmaceutical Service

LTC – Long Term Condition
LTP – Long Term Plan
LVSD - Left Ventricular Systolic Dysfunction
NES – National Enhanced Service
NCC - Nottinghamshire County Council
NHSE – NHS England
NMS – New Medicine Service
NPA – National Pharmacy Association
ONS – Office for National Statistics
PAD - Peripheral Arterial Disease
PhAS – Pharmacy Access Scheme
PNA – Pharmaceutical Needs Assessment
PCN – Primary Care Network
PCS – Pharmacy Contraception Service
PCT – Primary Care Trust
PGD – Patient Group Direction
PoCT – Point-of-Care Testing
PQS – Pharmacy Quality Scheme
PWID – People Who Inject Drugs
QOF – Quality and Outcomes Framework
SAC – Stoma Appliance Customisation
SCS – Smoking Cessation Service
STIA - Stroke and Transient Ischaemic Attack
UCC - Urgent Care Centres

Executive summary

Introduction

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

Aim, objectives and methodology

The aim of the PNA is to enable local pharmacy service providers and commissioners to:

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

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

The process consisted of:

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

NHS pharmaceutical services in England

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

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

NHS pharmaceutical services refer to services commissioned through NHS England. Integrated Care Boards (ICB) took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.

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

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

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

Contractors are currently operating under the previously agreed CPCF, as the 2024/25 and 2025/26 has not yet been agreed. The Department of Health and Social Care (DHSC) and Community Pharmacy England (CPE) have entered into negotiations (January 2025) which will shape the future direction of community pharmacy, ensuring it continues to play a key role in delivering the reforms outlined in the government's Plan for Change.

Nottinghamshire the place

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

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

- **The population**

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

- **Health inequalities**

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

- **Health of Nottinghamshire**

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

- Life expectancy varies across the County, generally being lower in the North and higher in the South (Rushcliffe).
- The period spent in poor health is longer for females than males and exceeds the national average for both sexes.
- Childhood obesity is an issue and 2 in 3 adults are overweight or obese.
- At least 10% of adults are smokers in Nottinghamshire.
- Flu vaccination Nottinghamshire coverage is generally higher than England.
- The prevalence of long-term conditions in Nottinghamshire is generally higher than the England average across most disease areas.

Community Pharmacy access

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

¹ Ministry of Housing, Communities & Local Government (2018 to 2021). English indices of Deprivation 2019. September 2019. [Accessed February 2025] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

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

Community pharmacies which include Distance selling pharmacies, in addition to dispensing doctor practices are well distributed across the seven localities, with the majority of the residents being able to travel to a pharmacy 20 minutes by car and 20 minutes by walking. There is a well-developed bus transport system.

- **Access to other pharmaceutical services**

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

- **Community Pharmacy market**

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

However, the viability of existing pharmacies remains at risk due to these ongoing pressures. Additionally, any new pharmacy applications in areas where a pharmacy has recently closed could further impact the sustainability of existing pharmacies within local districts.

Feedback on Pharmaceutical services

A questionnaire to understand the views of the public regarding pharmaceutical service provision in Nottinghamshire was developed. There was a total of 1,059 responses.

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

Adequacy of pharmaceutical services in Nottinghamshire

The 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

Conclusions

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

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

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

Patients living in more rural areas have access to 7 DSPs as well as 14 dispensing doctor practices to access pharmaceutical services.

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

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

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

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

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

Section 1: Introduction

1.1 Background and context

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

- Inform local commissioning decisions regarding pharmaceutical services. They provide evidence of the current and future needs for pharmaceutical services in the area, helping NHSE, local authorities, and Integrated Care Boards (ICBs) make informed decisions about service provision and commissioning.
- Are a key tool in determining market entry for new pharmaceutical services. They identify any gaps in service provision and help decide whether new pharmacies or service providers are needed to meet the pharmaceutical needs of the population.
- Can contribute to public health strategies by assessing how pharmaceutical services can support broader health initiatives, such as reducing hospital admissions, promoting healthy 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)², came into force on 1 April 2013.

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

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces 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

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

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

This PNA for Nottinghamshire HWB fulfils this regulatory requirement.

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.
- **Independent Prescribing ‘Pathfinder’ Programme**³ – NHSE has developed a programme of pilot sites, referred to as ‘pathfinder’ sites, across integrated care systems enabling a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care.
- The Community Pharmacy sector has reported **workforce challenges** and pressures reported by the National Pharmacy Association (NPA)⁴ and Healthwatch⁵. 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.

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

⁴ InPharmacy NPA warns that pharmacy closures are at record high levels. May 2024. [Accessed February 2025] <https://www.inpharmacy.co.uk/2024/05/14/npa-warns-pharmacy-closures-are-record-high-levels>

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

- **Pharmacy First Service⁶** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.
- **Hypertension Case-Finding Service⁷** requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023. The service was focused on provision of Point-of-Care Testing (POCT) for Hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people tested positive for Hep C antibodies, they were referred for a confirmatory test and treatment, where appropriate.
- **Pharmacy Quality Scheme (PQS):** The PQS is a voluntary scheme that forms part of the CPCF.⁸ It supports the delivery of the NHS Long Term Plan (LTP) and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. Due to the 2024 elections negotiations were paused and at the time of writing no details had been released.
- **The 10 Year Health Plan: NHS Change consultation:** this plans to develop an inclusive plan to meet the needs of the people as part of the NHS long term plan. The emphasis is around shifting care from secondary providers to community, analogue to digital transition and sickness to prevention. This is expected to be published in summer 2025.

⁶ Community Pharmacy England. Pharmacy First Service. November 2024 [Accessed February 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

⁷ 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/>

⁸ NHSE. Pharmacy Quality Scheme: Guidance 2023/24. September 2024. [Accessed February 2025] <https://www.england.nhs.uk/publication/pharmacy-quality-scheme-guidance/>

1.3 Purpose of the PNA

The ICB through their delegated responsibility from NHSE is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. NHSE must consider any applications for entry to the pharmaceutical list. The 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.

As the PNA will become 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 the 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 NCC website and is updated regularly and informs their Health and Wellbeing Strategies.

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

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

1.4 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.

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

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

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

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

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.

1.4.1 Pharmacy contractors

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

There are 10,436 community pharmacies in England in January 2025 at the time of writing (this includes DSPs).⁹ This number has decreased from 11,071 community pharmacies since the previous PNA was published in 2022.

1.4.1.1 Community Pharmacies (CPs)

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

NHSE is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications are required to be considered and outcomes determined within 60 days and if approved may be implemented 30 days after approval¹⁰.

1.4.1.2 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.

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

Figures for 2023-24 show that in England there were 409 DSPs¹¹, 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.

1.4.1.3 Local Pharmaceutical Service (LPS) providers

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

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

⁹ National Health Service Business Services Authority (NHS BSA). Pharmacy Openings and Closures. November 2024. [Accessed February 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

¹⁰ Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed February 2025] <https://cpe.org.uk/changing-core-opening-hours/>

¹¹ NHS Business Services Authority. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed February 2025] [NHS BSA General Pharmaceutical Services in England 2015-16 - 2023-24](https://nhs.uk/england-general-pharmaceutical-services-2015-16-2023-24)

1.4.1.4 Pharmaceutical services

The CPCF, last agreed in 2019,¹² 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 Nottinghamshire.

1.4.1.4.1 Essential Services (ES)¹³

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

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

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

¹² 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

¹³ Community Pharmacy England. Essential Services. April 2024. [Accessed February 2025] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

- **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'.

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

1.4.1.4.2 Advanced Services (AS)¹⁴

Advanced Services (AS) are considered relevant for the purpose of this PNA, with the exception of the Pharmacy First service – which is considered Essential – and the Smoking Cessation Service (SCS), which is not considered relevant as no pharmacy has provided this service since its inception.

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

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

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service will also incorporate the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral 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 Patient Group Direction (PGD), with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary.
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and Ambulatory Blood Pressure Monitoring (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.
- **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 National Institute for Health and Care Excellence (NICE) recommended COVID-19 treatments.

1.4.1.4.3 National Enhanced Services (NES)

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

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE. There is currently one National Enhanced Service (NES) commissioned in Nottinghamshire.

- **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 and is provided for a selected cohort of patients.

1.4.1.5 Pharmacy Access Scheme (PhAS) providers¹⁵

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.

¹⁵ 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>

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

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

1.4.1.6 Other services

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

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

1.4.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC. As of September 2024¹⁶ there were a total of 111 DACs in England.

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

1.4.3 Dispensing GP practices

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

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

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

¹⁶ NHS Business Services Authority (BSA). Dispensing contractors’ data. [Accessed February 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

1.4.4 Other providers of pharmaceutical services in neighbouring areas

There are five other HWBs that border Nottinghamshire:

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

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

1.5 Process for developing the PNA

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

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

- **Step 1: Project set up** and governance established between NCC Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 11 October 2024, Nottinghamshire PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.

Step 3: Project management – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan * Signed up for Spring 2025 campaign

- 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 1,059 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. There were 33 responses to this questionnaire. Due to the low response rate, the Steering Group agreed for these not to be included in the PNA.

- **Step 5c: Dispensing practice questionnaire** – A questionnaire was agreed and distributed to all dispensing practices across Nottinghamshire. There were five responses to this questionnaire. Due to the low response rate, the Steering Group agreed for these not to be included in the PNA.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated January 2025 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group were fully aware of the need to reassess.

1.6 Localities for the purpose of the PNA

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

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

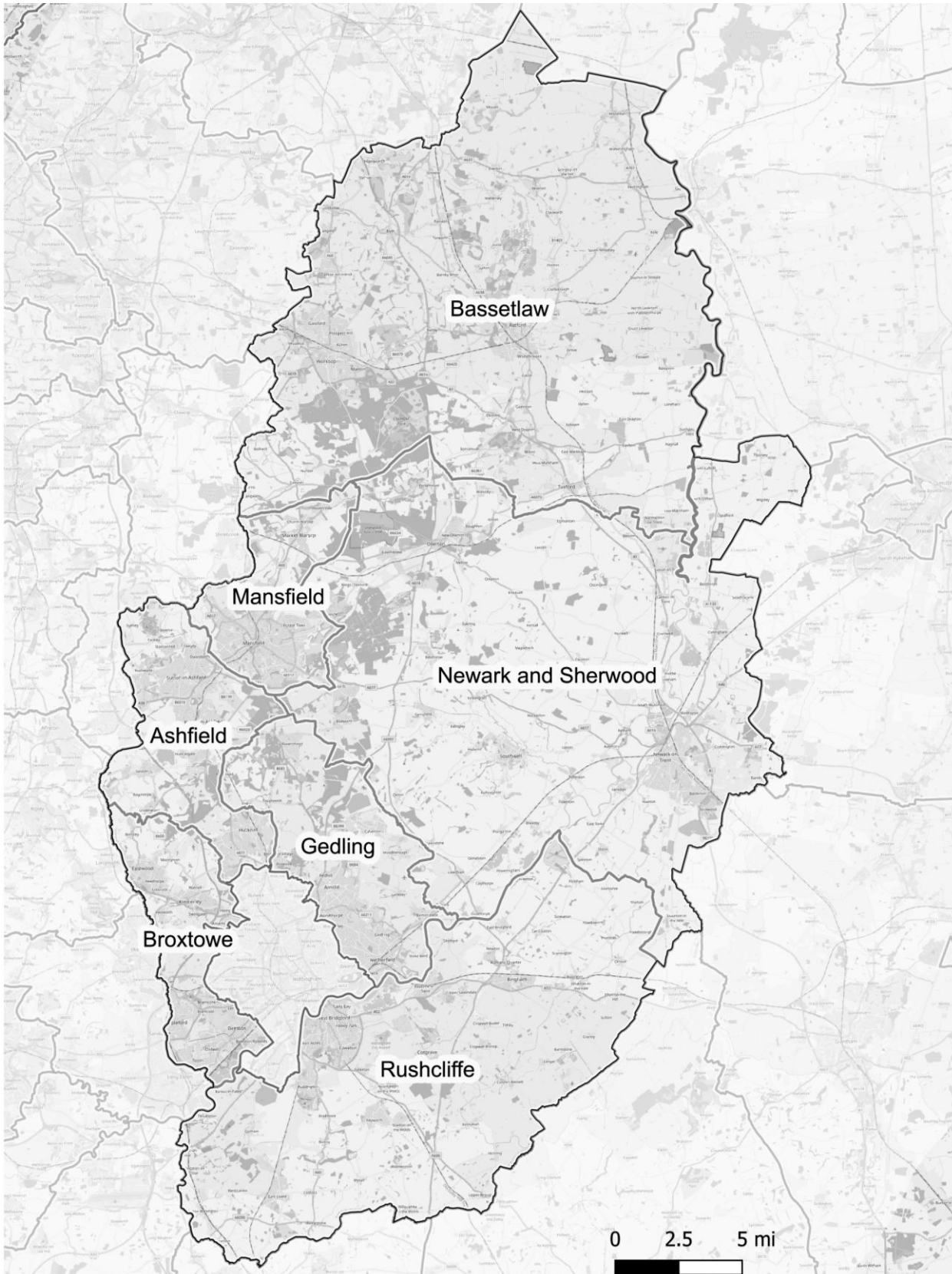
The localities used for the PNA for Nottinghamshire are identical to those used in the 2022 PNA:

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

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

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

Figure 1: Map of Nottinghamshire HWB area



Section 2: Context for the PNA

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

2.1 NHS Long Term Plan (LTP)¹⁷

The NHS LTP was published in January 2019, setting 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 (CVD)
- 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.’
- **Section 1.10** refers to the creation of ‘fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies** who support urgent care and promote patient self-care and self-management’.

¹⁷ NHS. NHS Long Term Plan. [Accessed February 2025] www.longtermplan.nhs.uk/

- **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 NHS Health Checks, ‘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 CPCF Essential Services ([1.4.1.4.1](#)) and Advanced Services ([1.4.1.4.2](#)), 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 Core20PLUS¹⁸

Core20PLUS5 is a national NHS England (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 (PLUS). Additionally, there are five key clinical areas:

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

2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan¹⁹ aims to modernise healthcare in England by focusing on three pivotal shifts:

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

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

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

Collectively, these shifts aim to create a modernised NHS that delivers efficient, patient-centred care, meeting the evolving needs of the population.

2.4 Joint Strategic Needs Assessment (JSNA).

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

The benefits of the JSNA include:

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

The Nottinghamshire JSNA is publicly available through Nottinghamshire Insight²⁰, covering the range of factors which influence health and wellbeing.

²⁰ Nottinghamshire Insight [Accessed February 2025] <https://nottinghamshireinsight.org.uk/research-areas/jsna/>

2.5 Joint Health and Wellbeing Strategy (JHWS)

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

Nottinghamshire County's third JHWS²¹ has been developed in a national context of reduced healthy life expectancy in some communities, increasing health inequalities and global climate change.

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

The four ambitions of the JHWS are:

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

2.6 Population

2.6.1 Population overview

The estimated mid-2023 population of Nottinghamshire is 844,494. By locality this is:

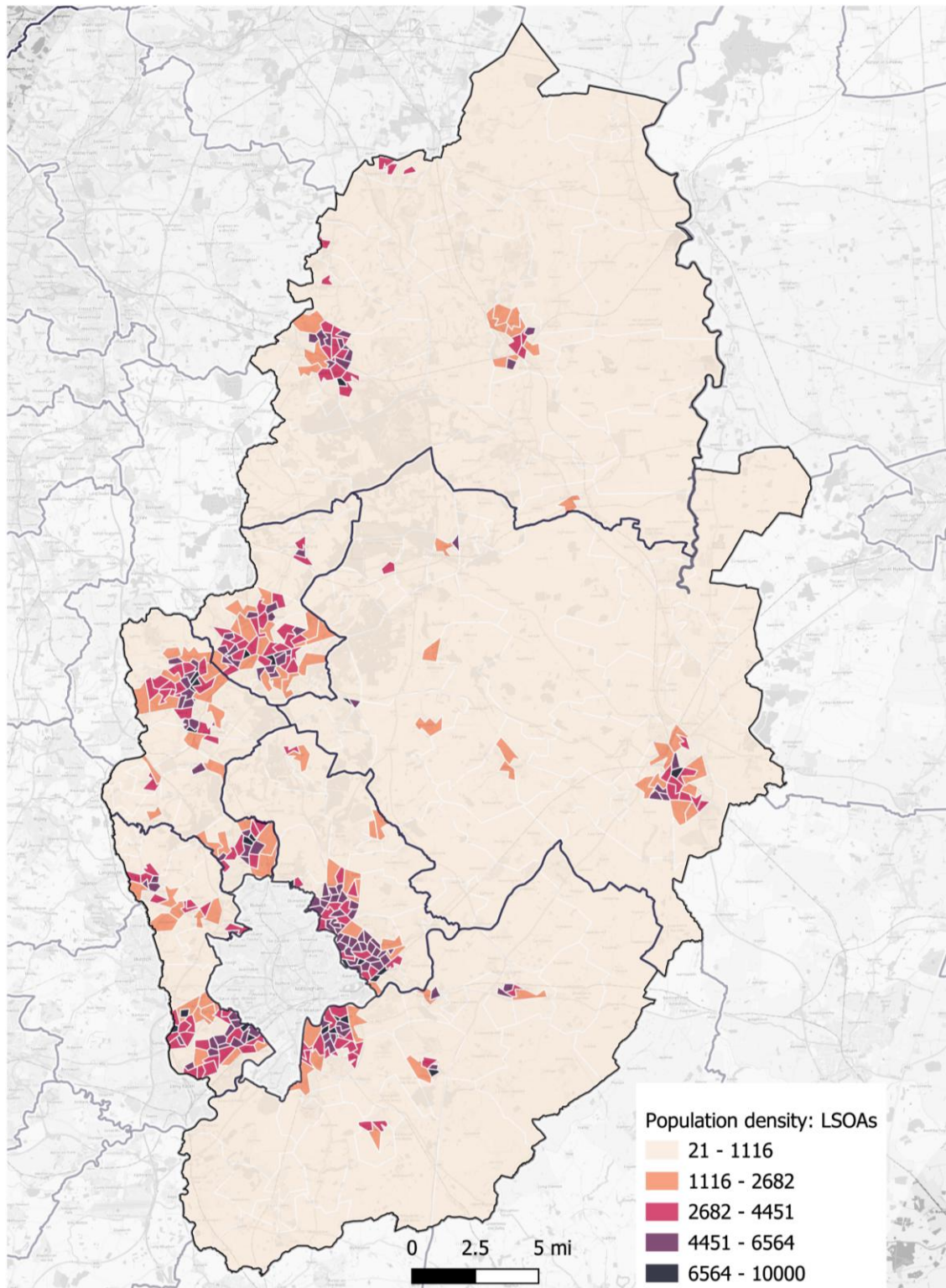
Table 2: Total population per locality in Nottinghamshire

Localities	Female	Male	Persons
Ashfield	65,630	62,730	128,360
Bassetlaw	61,744	60,542	122,286
Broxtowe	57,953	55,219	113,172
Gedling	61,085	57,478	118,563
Mansfield	56,903	55,188	112,091

²¹ Nottinghamshire County's third JHWS [Accessed February 2025]
<https://www.nottinghamshire.gov.uk/media/4350014/nottinghamshirejointhehealthwellbeingstrategy2022-2026.pdf>

Localities	Female	Male	Persons
Newark and Sherwood	64,140	62,028	126,168
Rushcliffe	63,046	60,808	123,854
Nottinghamshire	430,501	413,933	844,494

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



2.6.2 Age and sex

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

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

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

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

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

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

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

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

2.6.3 Predicted population growth

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

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

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

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

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

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

2.6.4 Number of households

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

Table 4: Number of households per locality in Nottinghamshire

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

2.6.5 Household projections

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

It is important to note that these projections were based on the 2018-based population projections and as such do not align to the 2021 Census or account for mandatory housing targets announced in July 2024²².

²² Housing targets increased to get Britain building again - GOV.UK [Accessed February 2025] <https://www.gov.uk/government/news/housing-targets-increased-to-get-britain-building-again>

2.6.6 Projected housing completions

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

Table 5: Projected housing completions per locality

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

2.6.7 Car or van availability

The 2021 census data indicate that the percentage of households who have access to a car or van is 81.7% in Nottinghamshire compared to 80.9% East Midlands and 76.5% in England²³. Furthermore, all districts in Nottinghamshire have over 75% households with access to a car or van, with the lowest, Mansfield, having 78% and Rushcliffe the highest with 87%.

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

Localities	% of households with access to a car or van
Ashfield	79.5%
Bassetlaw	82.8%
Broxtowe	80.1%

²³ 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

Localities	% of households with access to a car or van
Gedling	81.1%
Mansfield	78.1%
Newark and Sherwood	83.8%
Rushcliffe	86.5%
Nottinghamshire	81.7%
East Midlands	80.9%
England	76.5%

2.6.8 Travel to work

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

2.6.8.1 Worked mainly from home

In March 2021, 31.5% of Nottinghamshire residents who were working did so mainly from home. By locality this varied from 48.6% in Rushcliffe to 20.2% in Mansfield.

2.6.8.2 Travelled up to 10km

43.4% of working people travelled less than 10km to work in Nottinghamshire. The highest proportion by locality was in Mansfield (54.8%), the lowest in Rushcliffe (29.1%).

2.6.8.3 Travelled more than 10km

25.1% of people working travelled more than 10km to work across Nottinghamshire. By locality the highest proportion was in Bassetlaw (35.8%), the lowest in Gedling (16.6%).

2.6.9 Ethnicity

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

2.6.10 Gypsy and Irish Travellers

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

2.6.11 Religion

Census 2021 data show that:

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

2.6.12 Household languages

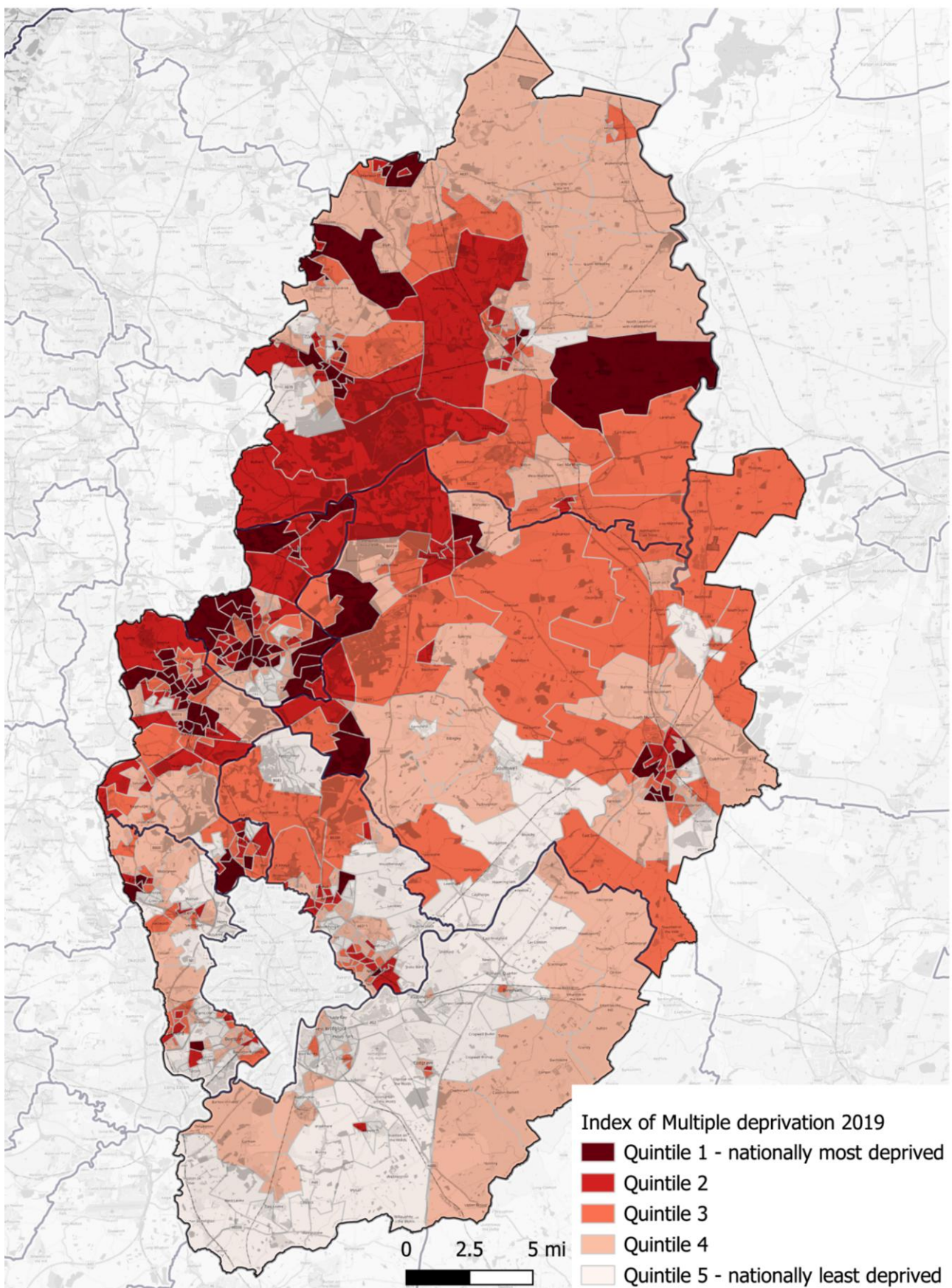
English is the most widely spoken language, with over 95% of residents reporting this as their main language in all localities apart from Mansfield, where almost 8% report other main languages. Other European languages (in particular Eastern European languages) are the main language spoken by 1.1% of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

2.7 Deprivation

Almost 1 in 6 (16%) of the Nottinghamshire population live in areas that are among the most deprived quintile (20% band) in England: conversely almost 1 in 4 (24.5%) live in areas that are in the nationally least deprived quintile.

There is a lot of variation by locality. Mansfield locality has the highest proportion (41.8%) of its population resident in the most deprived national quintile and 9.3% in the least deprived band. At the other extreme, none (0%) of the Rushcliffe population live in the most deprived national quintile and 69.4% live in the least deprived areas nationally.

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



2.8 Health of the population

The health of a population can be measured in a number of ways. The information presented in the following sub sections has been taken from the OHID Fingertips tool²⁴ and is the latest available as of December 2025 at the time of writing.

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

2.8.1 Life Expectancy and Healthy Life Expectancy

Life Expectancy and Healthy Life Expectancy are two indicators that are extremely important summary measures of mortality and morbidity.

In Nottinghamshire:

- Life Expectancy is generally higher for Females than for Males (for 2020-2022)
- Life Expectancy for Females is worse than England and for Males is similar to England
- Life Expectancy varies across the County generally being lower in the North (Ashfield, Mansfield) and higher in the South (Rushcliffe).
- Healthy Life expectancy is higher for Males than for Females (in 2018-2020)
- Healthy Life expectancy is lower than England

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

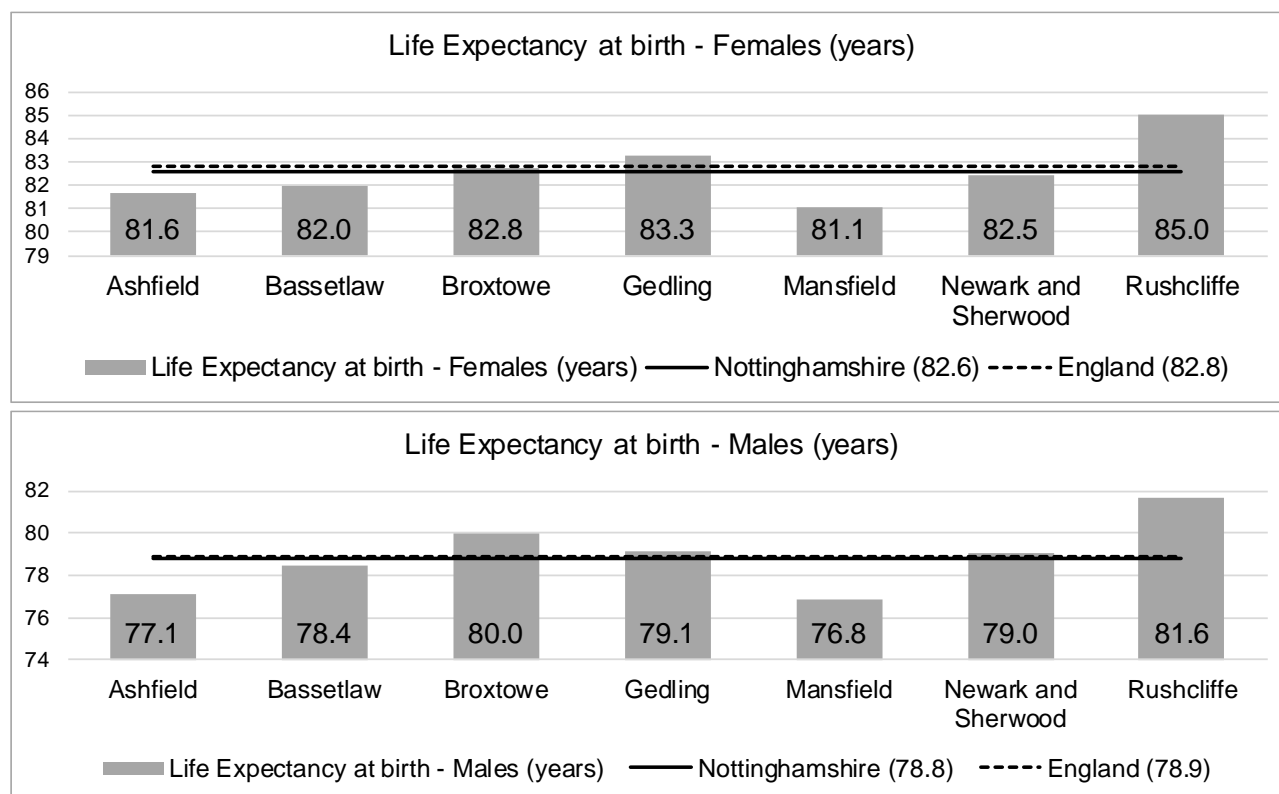
- Higher for females than males
- Higher than England for both males and females

2.8.1.1 Life Expectancy

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

²⁴ Office for Health Improvement and Disparities (OHID). Public Health Profiles [Accessed February 2025]
<https://fingertips.phe.org.uk>

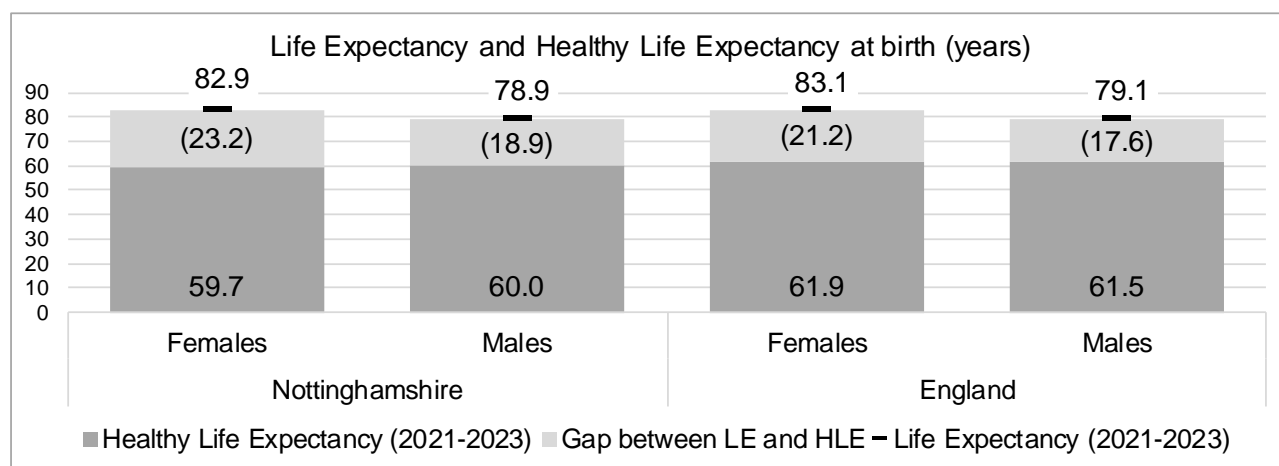
Figure 4: Life Expectancy (LE) at birth per locality and sex in Nottinghamshire



2.8.1.2 Healthy life expectancy

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

Figure 5: Comparison of LE at birth and HLE at birth for Nottinghamshire and England



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

2.8.2 Obesity

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

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

In Nottinghamshire:

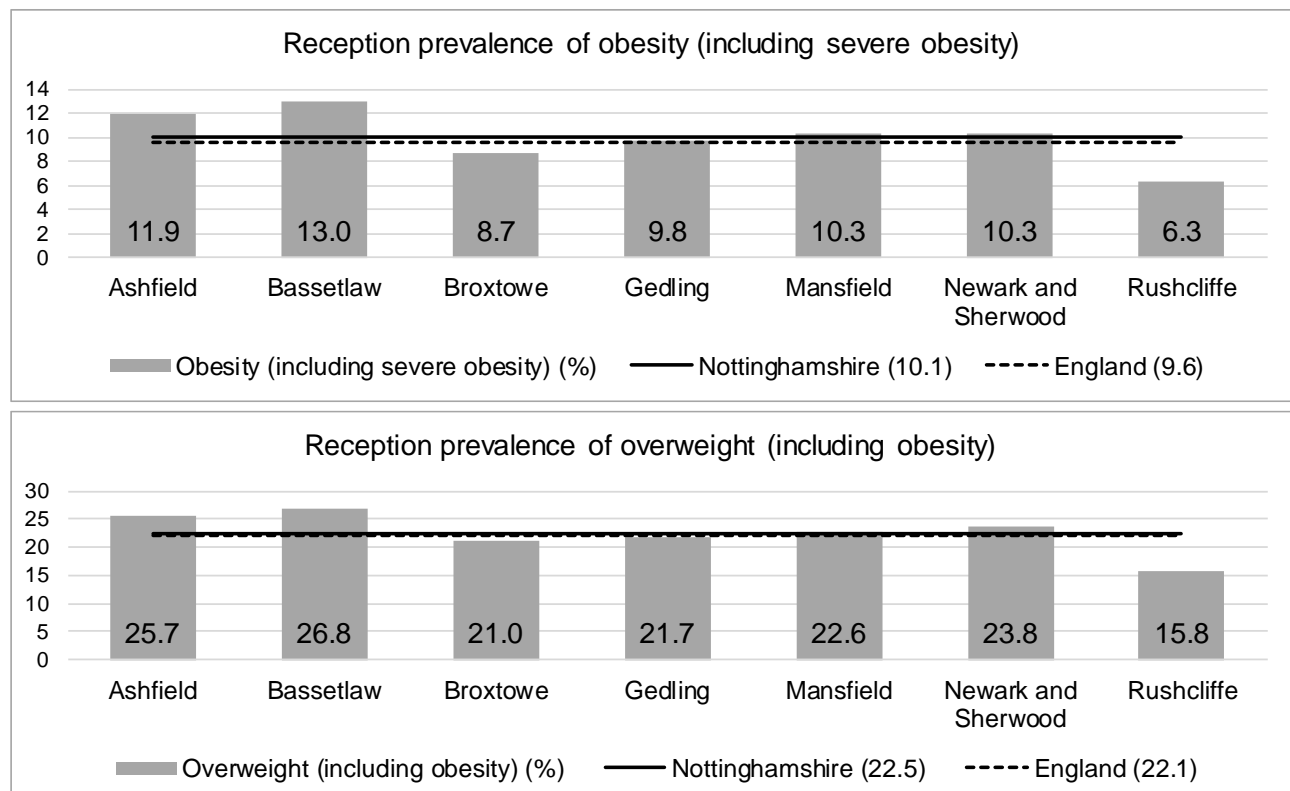
- One in five children in Reception are overweight or obese (in 2023/24)
- One in three children in Year 6 are overweight or obese
- Two in three adults are overweight or obese (in 2022/23)

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

2.8.2.1 Children - Reception (age 4-5)

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

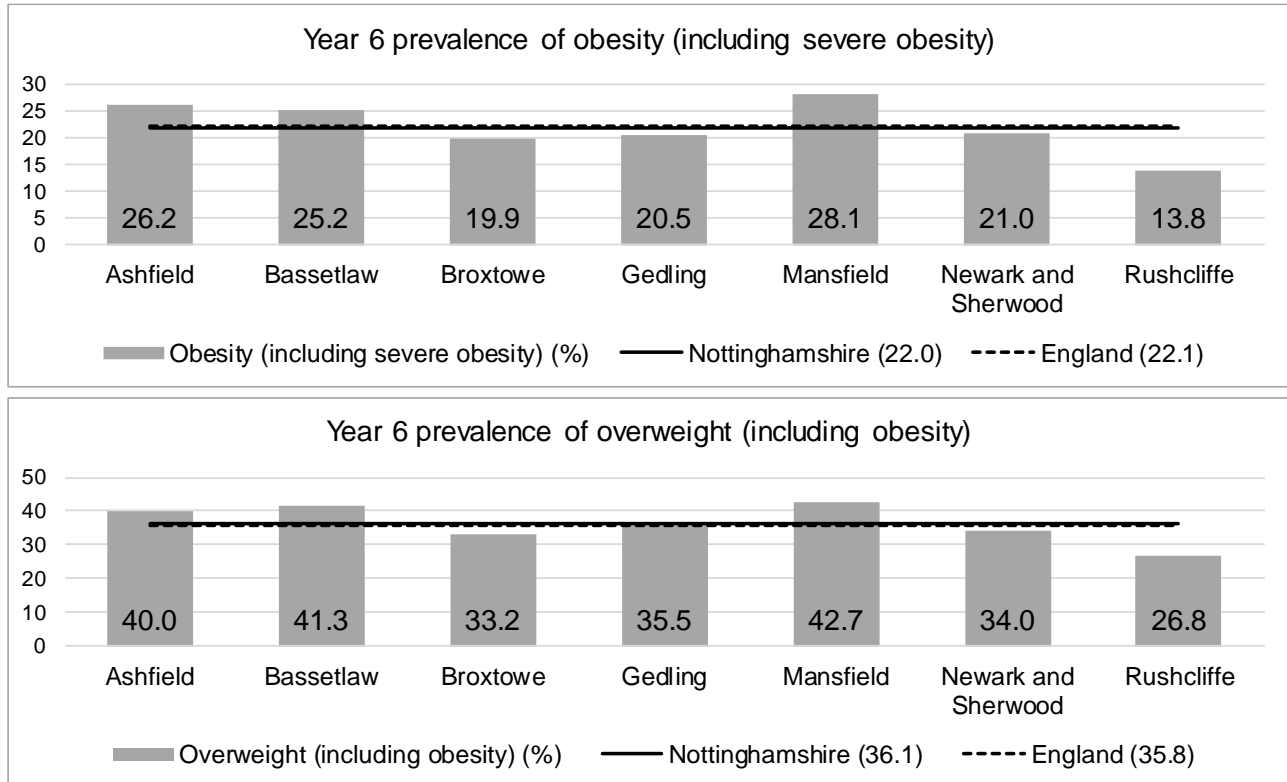
Figure 6: Prevalence of overweight and obese children in reception per locality in Nottinghamshire



2.8.2.2 Children- Year 6 (age 10-11)

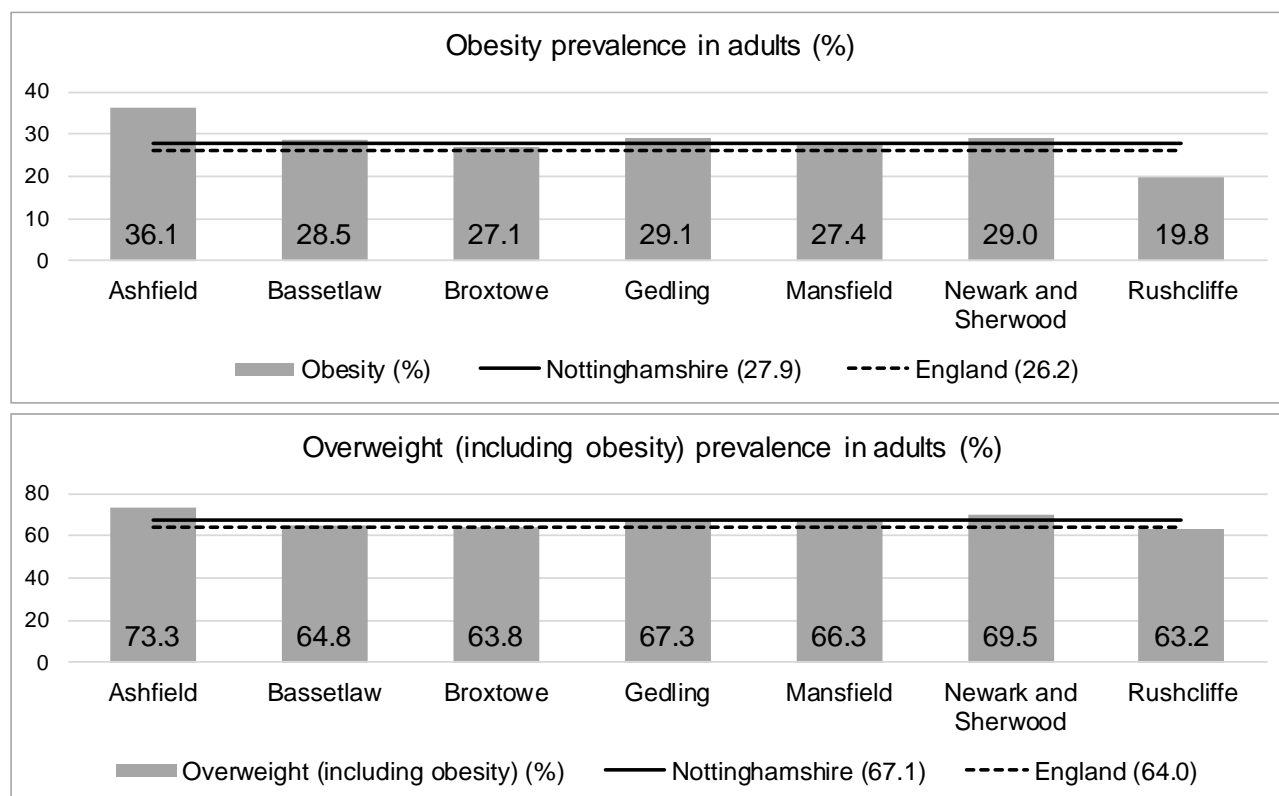
Proportion of children aged 10 to 11 years classified as overweight or living with obesity.

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



2.8.2.3 Adults (age 18+)

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

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

Indicator source(s): C09a, C09b, C16

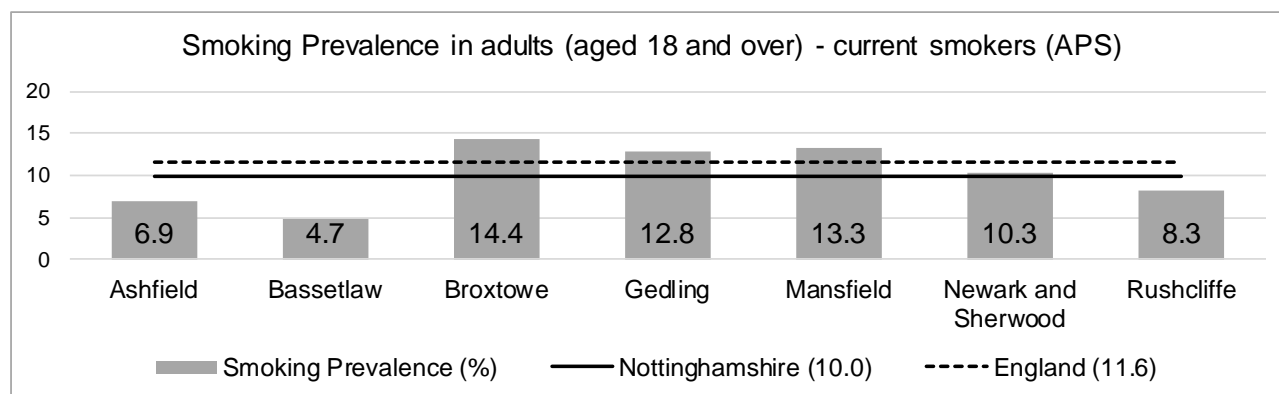
2.8.3 Smoking

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

In Nottinghamshire:

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

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

Figure 9: Smoking Prevalence in adults per locality in Nottinghamshire

Indicator source(s): C18

2.8.4 Alcohol use

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

In Nottinghamshire:

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

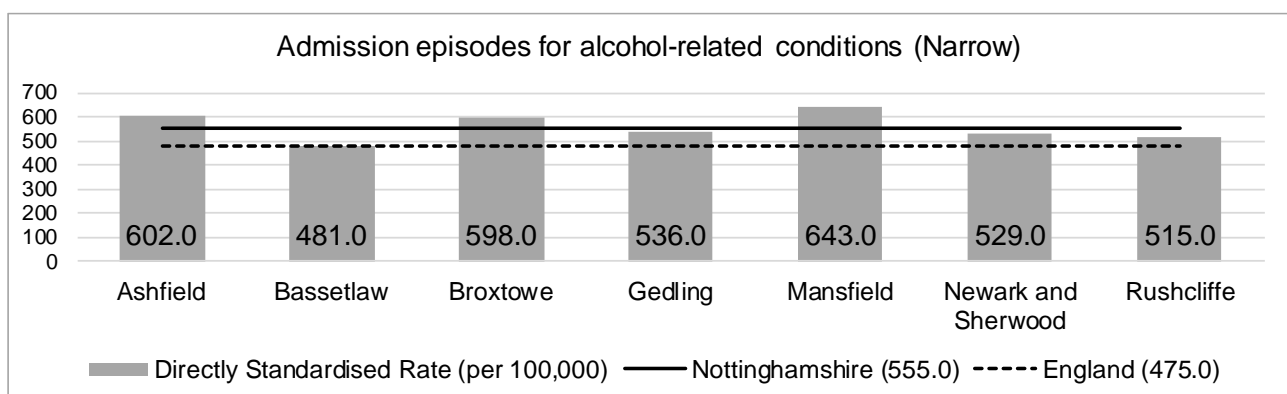
There is variation within the County with harms ending to be higher in the north of the County and lower in the south.

2.8.4.1 Admissions

Rate of hospital admissions for alcohol-related conditions.

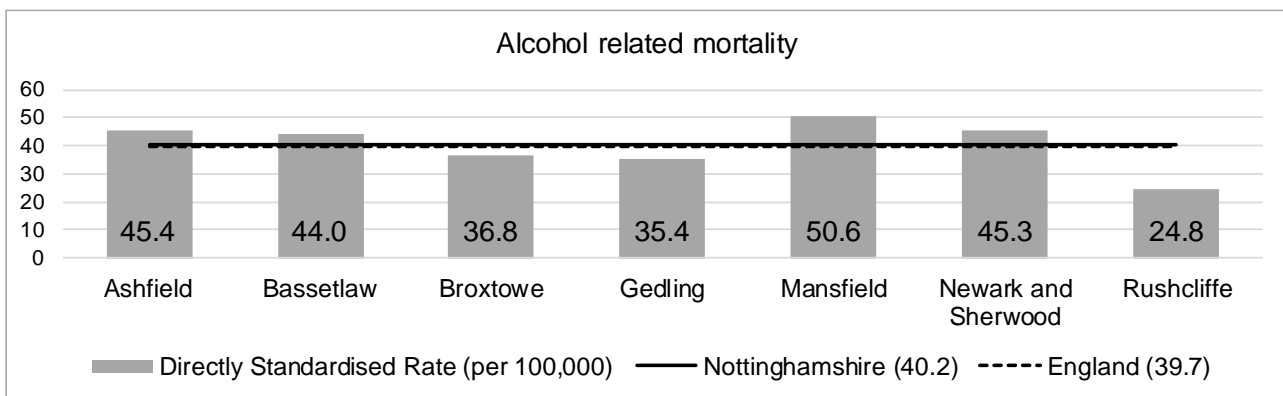
The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

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



2.8.4.2 Mortality

Rate of deaths from alcohol-related conditions.

Figure 11: Alcohol related mortality rate per locality in Nottinghamshire

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

2.8.5 Sexual health

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

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

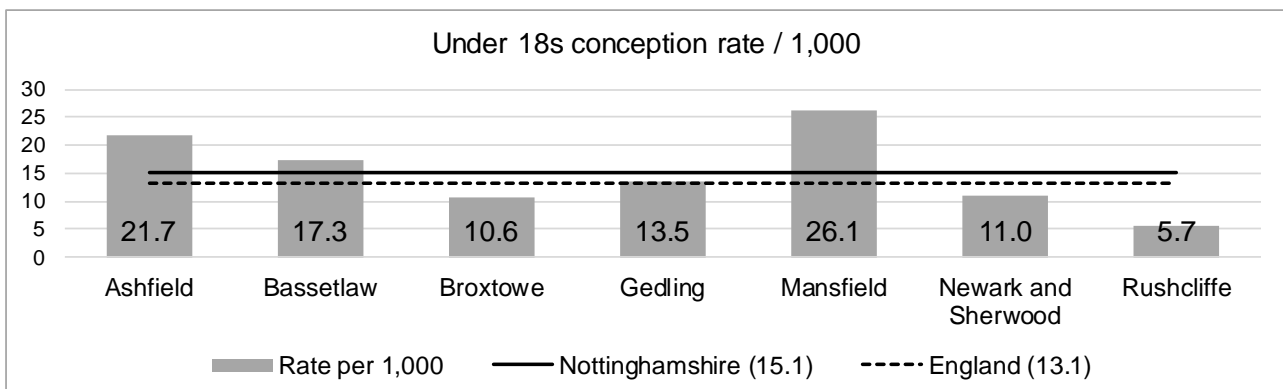
In Nottinghamshire:

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

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

2.8.5.1 Teenage conceptions

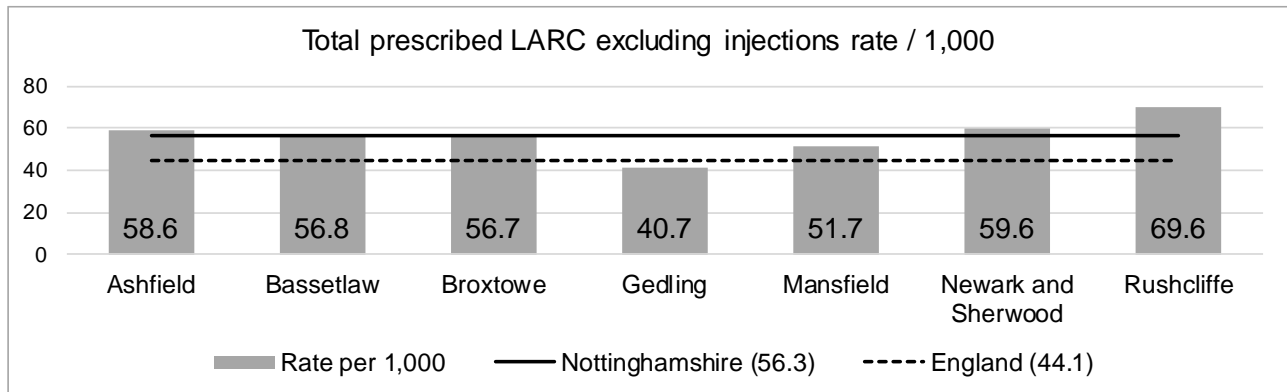
Rate of conceptions in females aged under 18

Figure 12: Under 18 conception rate per locality in Nottinghamshire

2.8.5.2 LARC

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

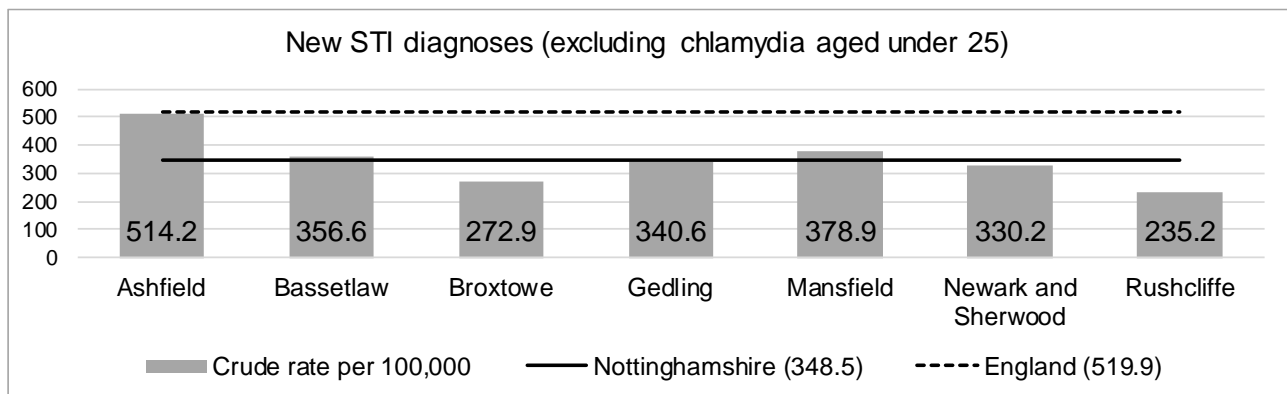
Figure 13: Total prescribed LARC (excluded injections rate) per 1000 and per locality in Nottinghamshire



2.8.5.3 STI

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

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



Indicator source(s): C01, C02a, D02b

2.8.6 Drug use

Drug use in Nottinghamshire:

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

Rate of deaths from drug misuse:

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

Indicator source(s): C19, d, 'Number in Treatment at specialist drug misuse services', 'Estimated prevalence of opiate and/or crack users'

2.8.7 Physical activity

Regular physical activity provides a range of physical and mental health benefits. These include reducing the risk of disease, managing existing conditions, and developing and maintaining physical and mental function.²⁵

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

In Nottinghamshire:

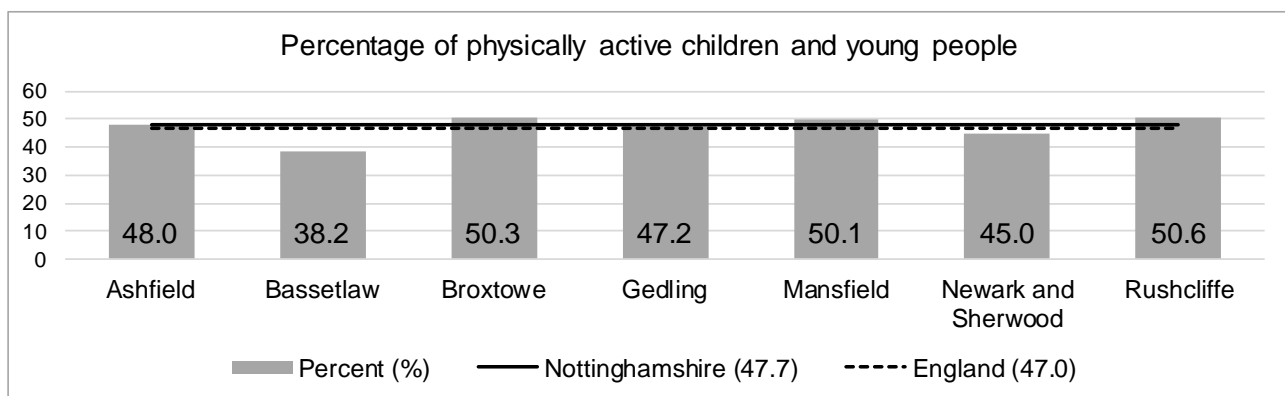
- Close to one in two children are considered physically active (in 2022/23)
- Two in three adults are considered physically active (in 2022/23)
- One in five adults are considered physically inactive (in 2022/23)

There is mixed variation across the County.

2.8.7.1 Children – Active

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

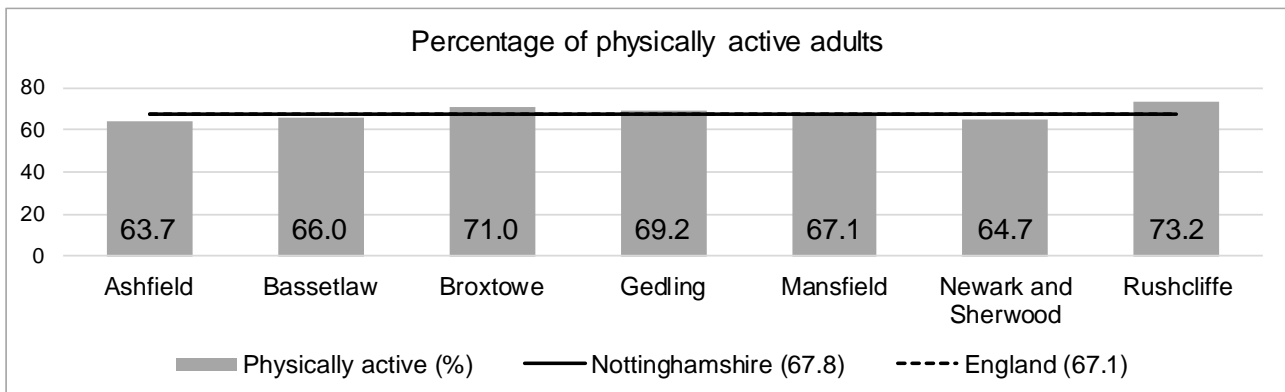
Figure 15: Percentage of children aged 5-16 that met the recommendations for physical activity per locality in Nottinghamshire



2.8.7.2 Adults - Active

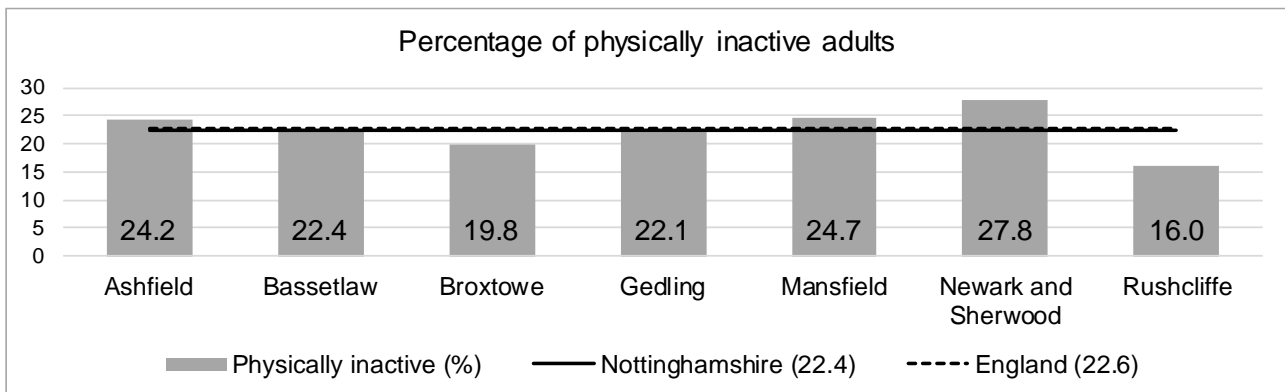
Percentage of people aged 19 and over who were active at moderate intensity for at least 150 minutes per week.

²⁵ CMO Physical Activity Guidelines 2019. [Accessed February 2025]
<https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>

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

2.8.7.3 Adults - Inactive

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

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

Indicator source(s): C17a, b, C10

2.8.8 Flu vaccination

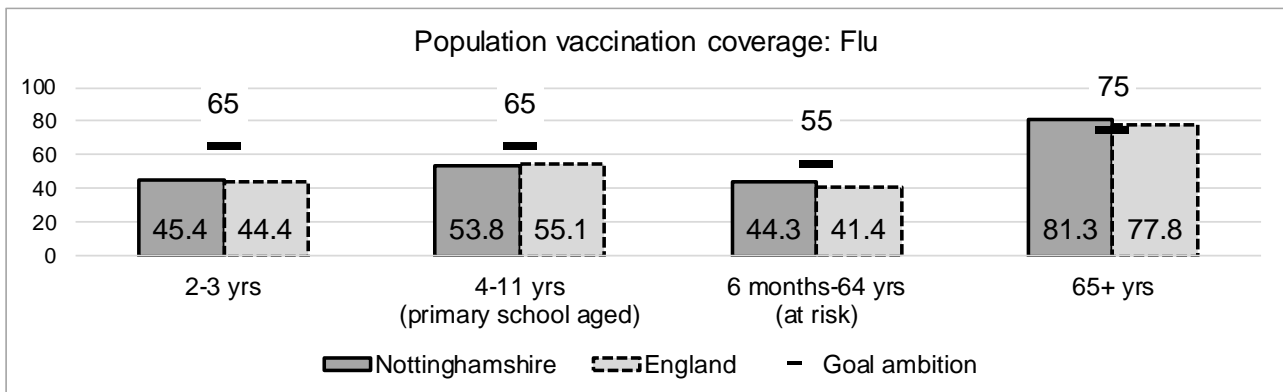
Influenza (also known as Flu) is a highly infectious viral illness spread by droplet infection. The flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu.

The 'goal ambitions' shown are those presented in the OHID fingertips tool. National ambitions are described in the annual flu letter.

In Nottinghamshire:

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

Figure 18: Population vaccination coverage per age group in Nottinghamshire



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

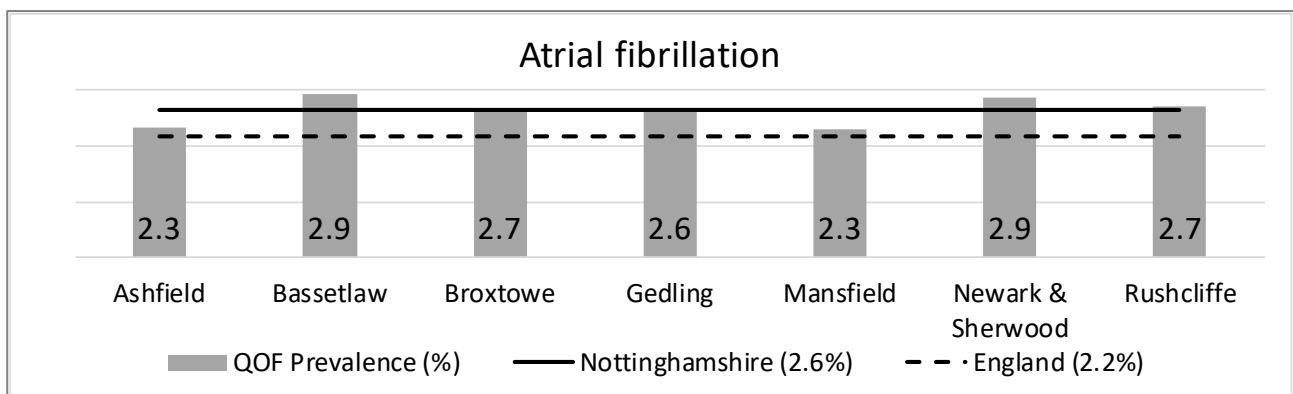
2.9 Burden of disease

A long-term condition (LTC) can be defined as 'health problem that requires ongoing management over a period of years or decades and is one that cannot currently be cured but can be controlled with the use of medication and/or other therapies' (NHS Data Model and Dictionary, 2024). General Practices manage most LTCs, with prevalence and outcomes data recorded as part of the Quality and Outcomes Framework (QOF). All prevalence data used are for 2023/24²⁶ and are crude percentages, not adjusted for age or sex.

2.9.1 Cardiovascular group

2.9.1.1 Atrial fibrillation

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

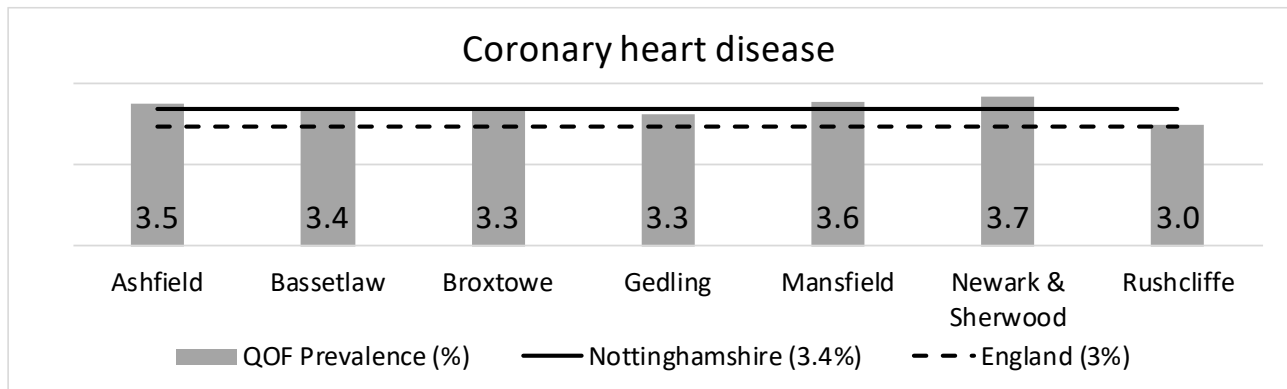


QOF prevalence of atrial fibrillation in Nottinghamshire (2.6%) is higher than in England (2.2%). Each locality has a higher recorded prevalence than the County, with the highest in Bassetlaw (2.9%) and Newark and Sherwood (2.9%) and the lowest on Ashfield (2.3%).

²⁶ Quality and Outcomes Framework (QOF), 2023-24 - NHS England Digital [Accessed February 2025] <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24>

2.9.1.2 Coronary heart disease

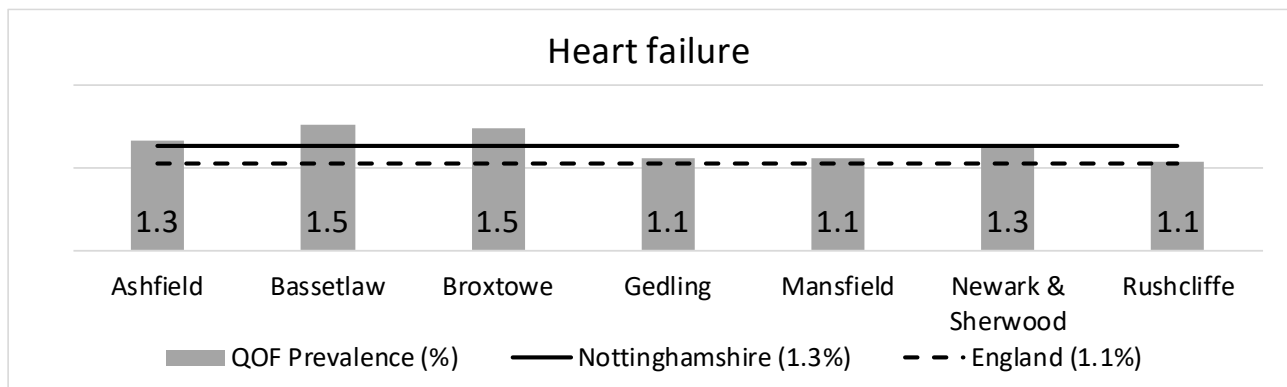
Figure 20: QOF prevalence of coronary heart disease per locality in Nottinghamshire



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

2.9.1.3 Heart failure

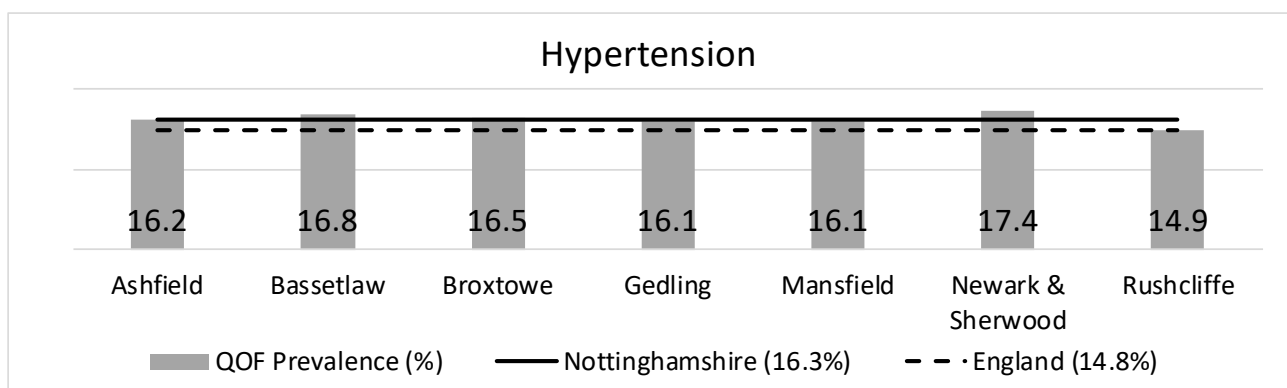
Figure 21: QOF prevalence of heart failure per locality in Nottinghamshire



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

2.9.1.4 Hypertension

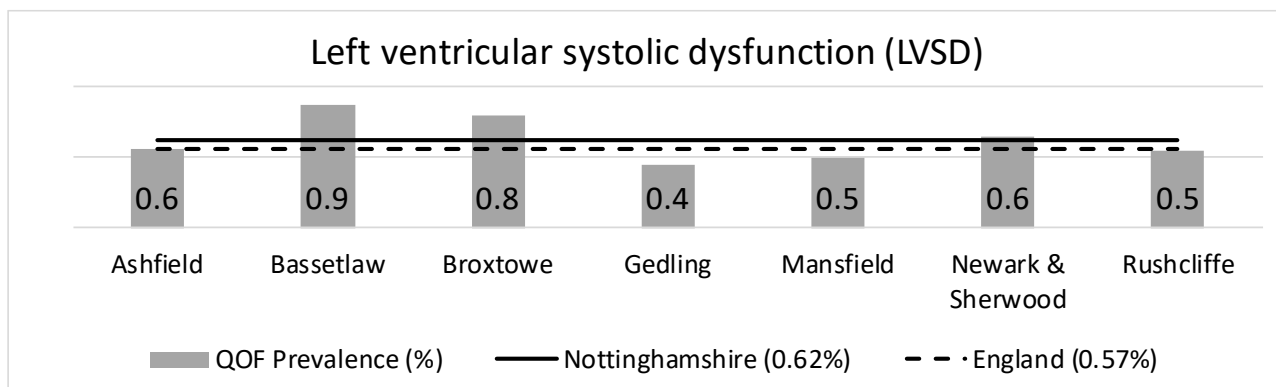
Figure 22: QOF prevalence of hypertension per locality in Nottinghamshire



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

2.9.1.5 Left ventricular systolic dysfunction (LVSD)

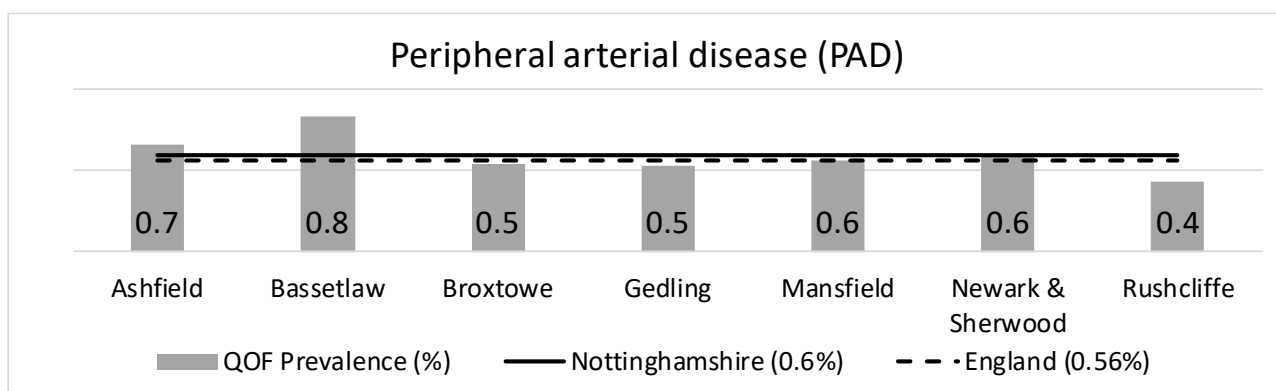
Figure 23: QOF prevalence of LVSD per locality in Nottinghamshire



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

2.9.1.6 Peripheral arterial disease (PAD)

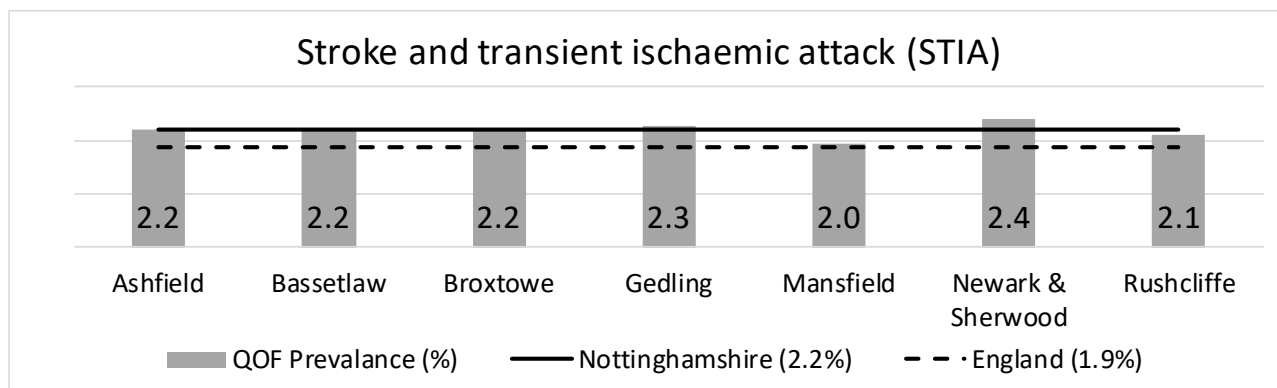
Figure 24: QOF prevalence of PAD per locality in Nottinghamshire



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

2.9.1.7 Stroke and transient ischaemic attack (STIA)

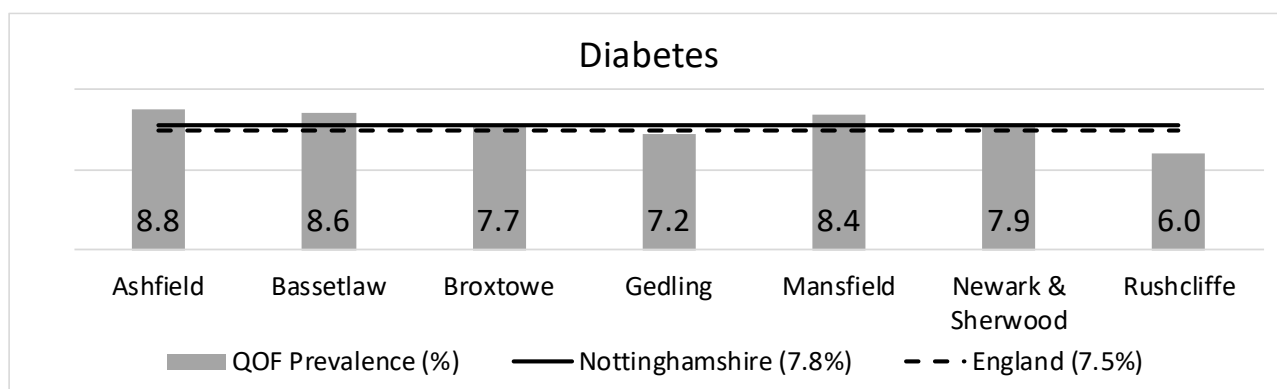
Figure 25: QOF prevalence of STIA per locality in Nottinghamshire



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

2.9.2 Diabetes

Figure 26: QOF prevalence of diabetes per locality in Nottinghamshire

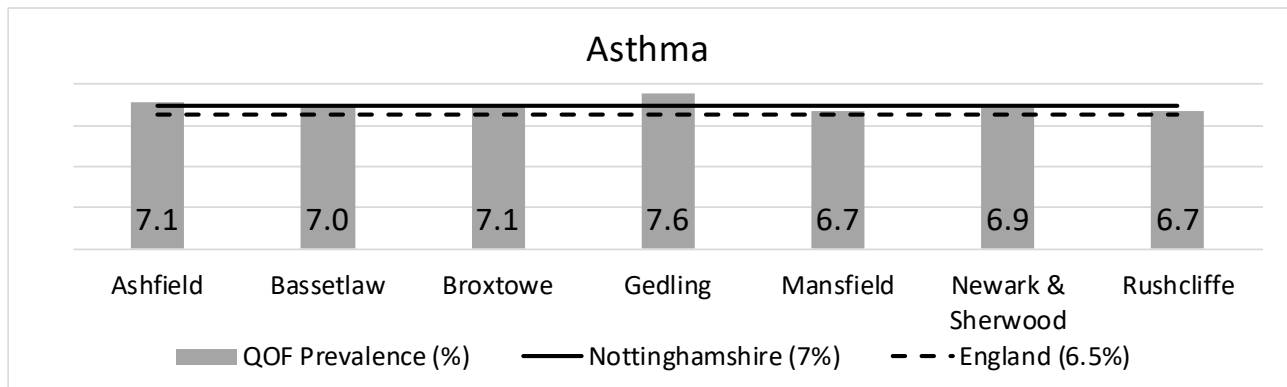


The recorded prevalence of diabetes is higher in Nottinghamshire (7.8%) than England (7.5%). By locality, the lowest prevalence is in Rushcliffe (6.0%) and the highest in Ashfield (8.8%).

2.9.3 Respiratory group

2.9.3.1 Asthma

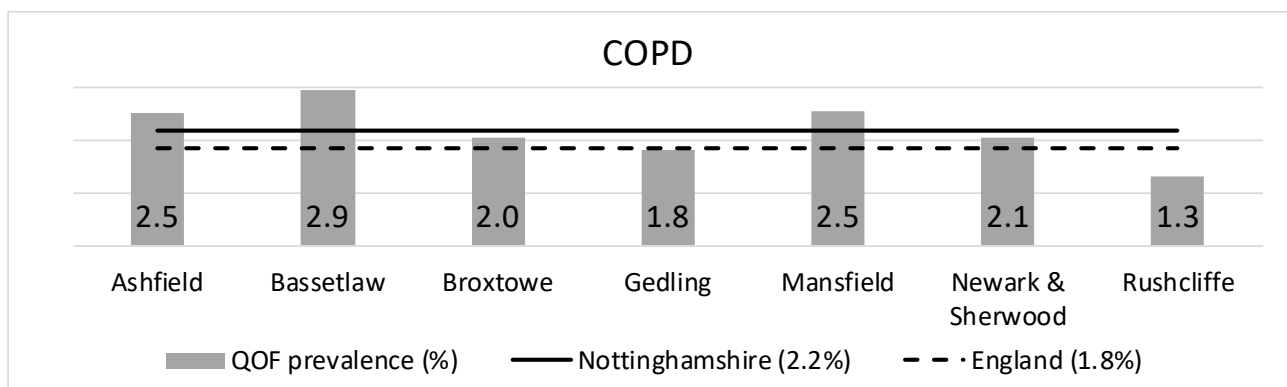
Figure 27: QOF prevalence of asthma per locality in Nottinghamshire



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

2.9.3.2 Chronic Obstructive Pulmonary Disease (COPD)

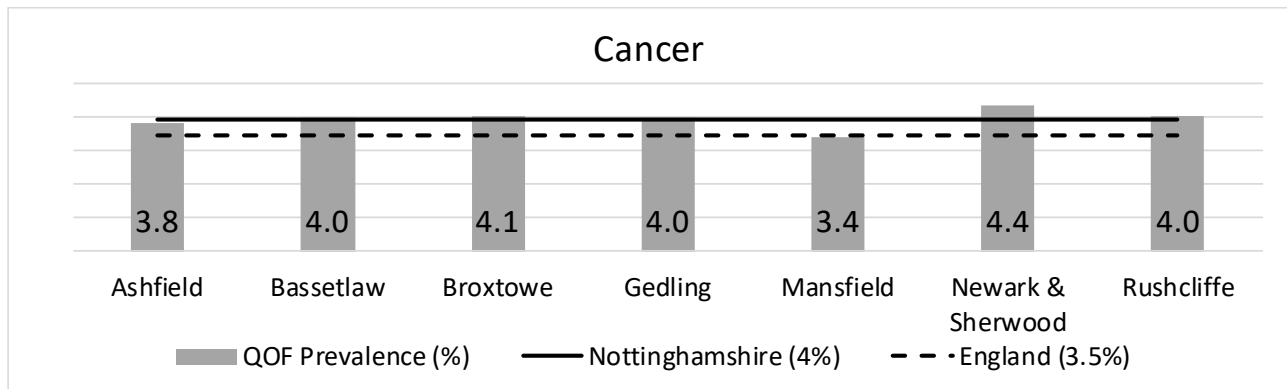
Figure 28: QOF prevalence of COPD per locality in Nottinghamshire



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

2.9.4 Cancer

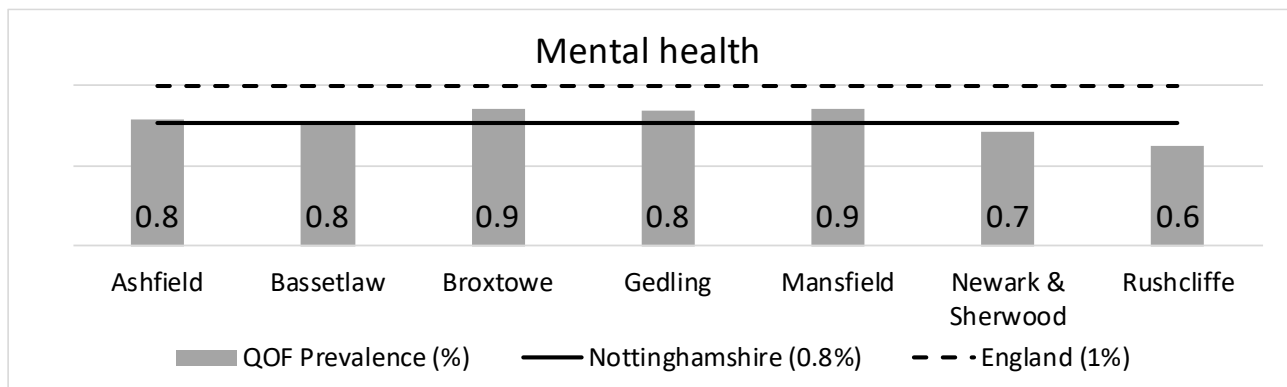
Figure 29: QOF prevalence of cancer per locality in Nottinghamshire



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

2.9.5 Mental health

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



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

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

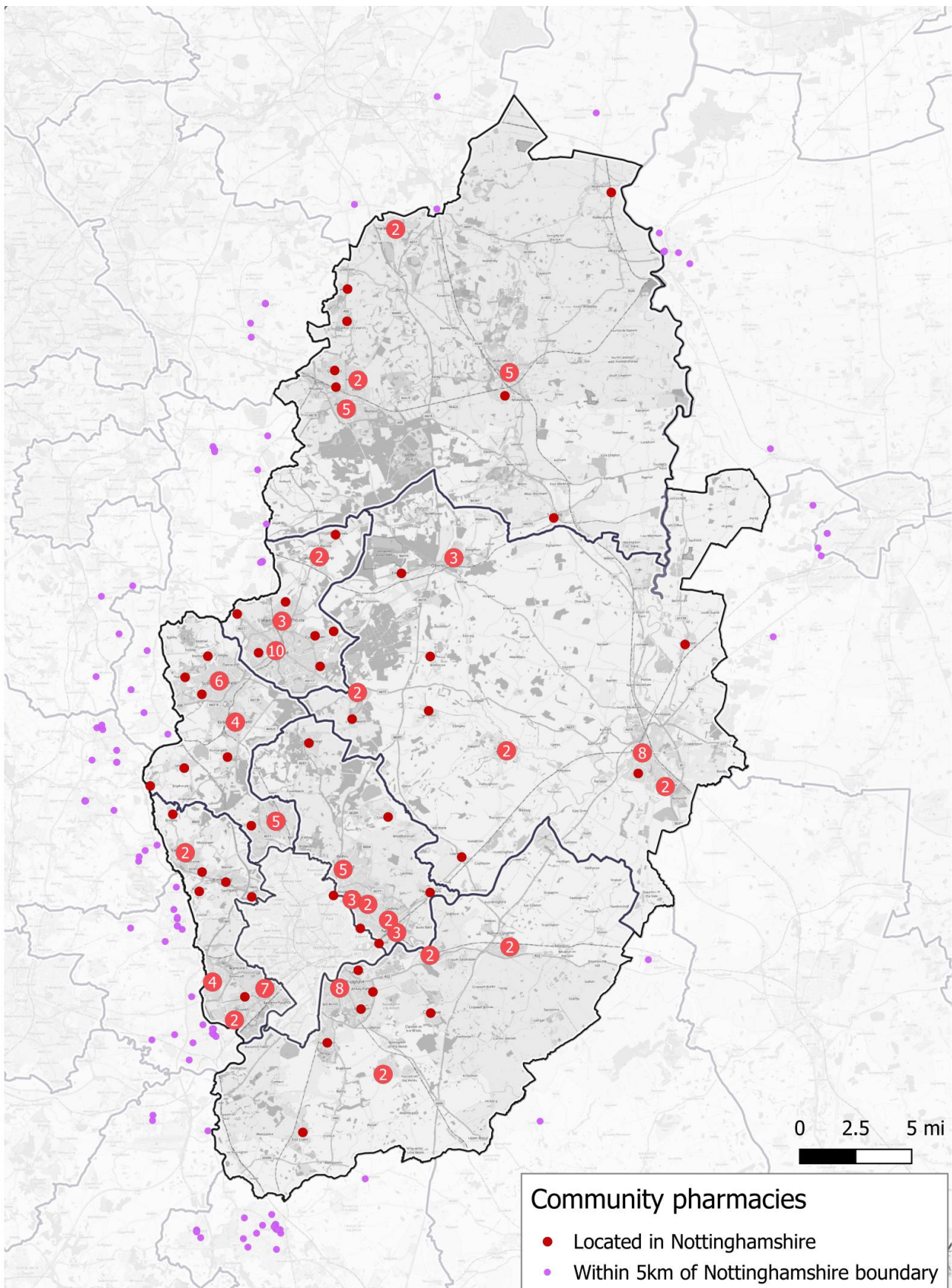
There is a total of 174 contractors in Nottinghamshire.

Table 7: Contractor type and number in Nottinghamshire

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

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

Figure 31: Map of pharmacies in Nottinghamshire and surrounding areas



3.2 Community pharmacies

Table 8: Number of community pharmacies in Nottinghamshire

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

Correct as of January 2025

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

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

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

	Nottinghamshire	England
2023-24	18.6	18.1
2021-22	20.7	20.6

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

[Section 1.4.1.4.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6](#).

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

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

Locality	Number of community pharmacies	Total population	Average no. of community pharmacies per 100,000 population
Ashfield	23	128,360	17.9
Bassetlaw	22	122,286	18.0
Broxtowe	22	113,172	19.4
Gedling	23	118,563	19.4
Mansfield	23	112,091	20.5

Locality	Number of community pharmacies	Total population	Average no. of community pharmacies per 100,000 population
Newark and Sherwood	24	126,168	19.0
Rushcliffe	20	123,854	16.1
Nottinghamshire	157	844,494	18.6
England²⁷	10,436	57,690,323	18.1

3.2.1 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 Nottinghamshire had 22 100-hour pharmacies (13%) compared to 21 72-hour pharmacies now open in January 2025. Nationally there has been decline too with the percentage of 100-hr community pharmacies in England open in 2022 being 9.4% and now for 72-hours or more per week being 7.7%.

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

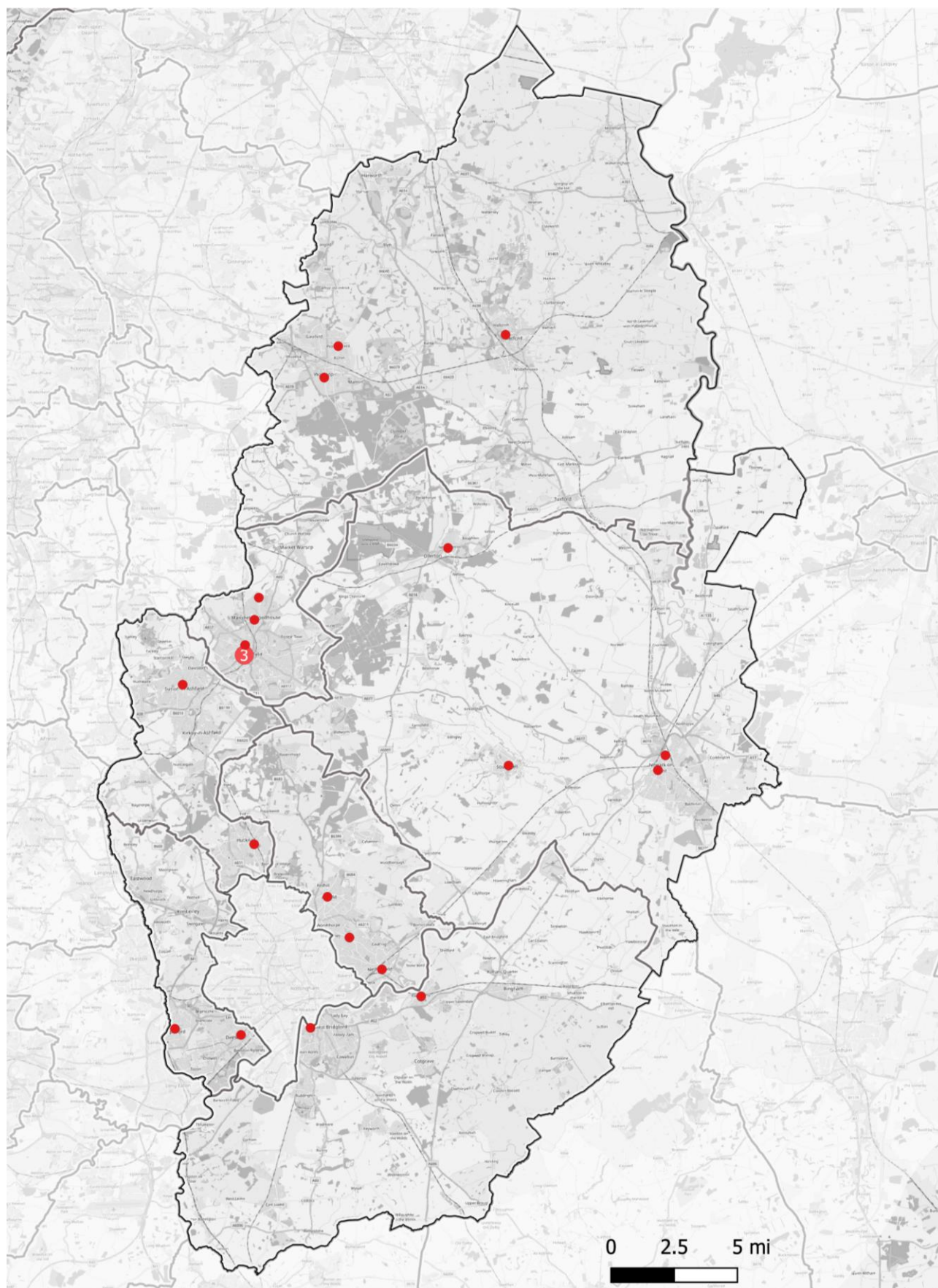
Table 11: Number and percentage of 72-hour community pharmacies²⁸

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

²⁷ NHS. Open Data Portal. Pharmacy Opening and Closures. January 2025. [Accessed February 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>. ONS Estimates of the population for England and Wales. Mid-2023. [Accessed February 2025]. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/s/estimatesofthepopulationforenglandandwales>

²⁸ NHS BSA. Pharmacy Openings and Closures. November 2024. [Accessed February 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

Figure 32: Map of 72+ hour pharmacies in Nottinghamshire



3.2.2 Access to community pharmacies

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

A previously published article²⁹ suggests:

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

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

3.2.2.1 Routine daytime access to community pharmacies

The following maps and table below show travel times to community pharmacies using a variety of options. A breakdown of travel within each locality is analysed within [Section 6](#).

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

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

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

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

²⁹ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>.

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

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

Summary:

- 88.9% of the population are able to walk to the pharmacy within 20 minutes
- Apart from Bassetlaw, 100% of the population in Nottinghamshire can get to a pharmacy within 10 minutes when choosing to drive.

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

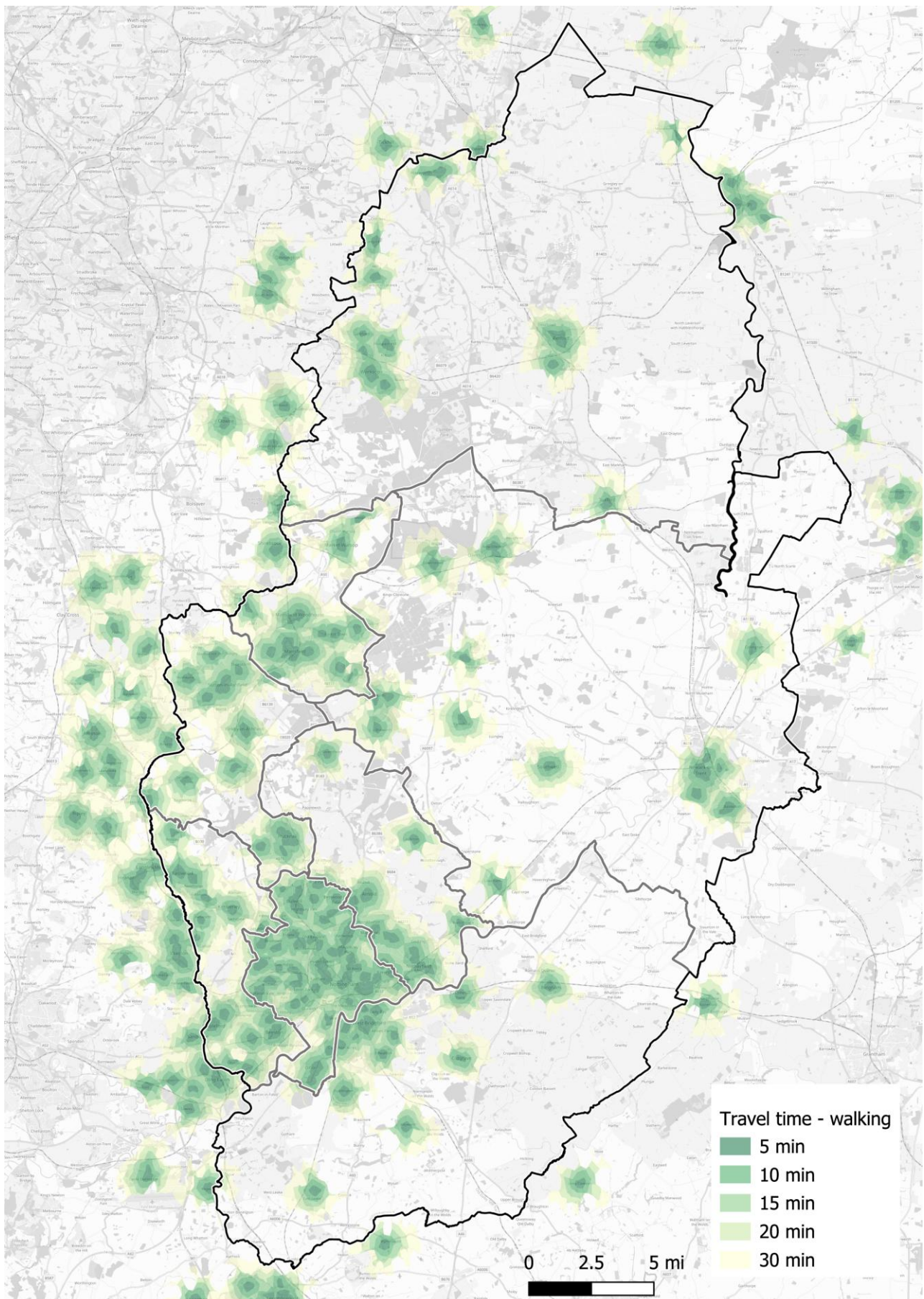


Figure 34: Map of drive times by car to the nearest pharmacy in Nottinghamshire

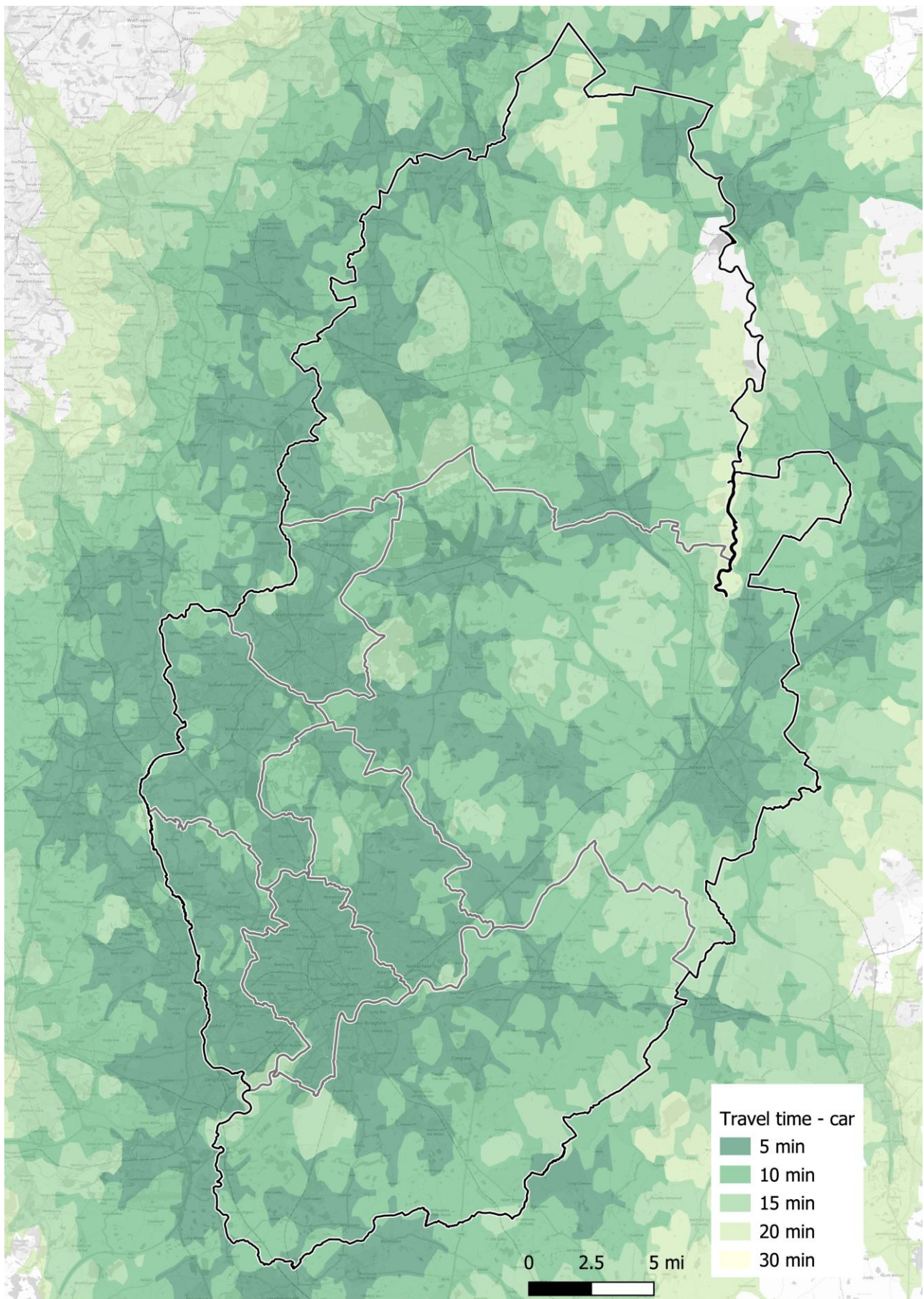
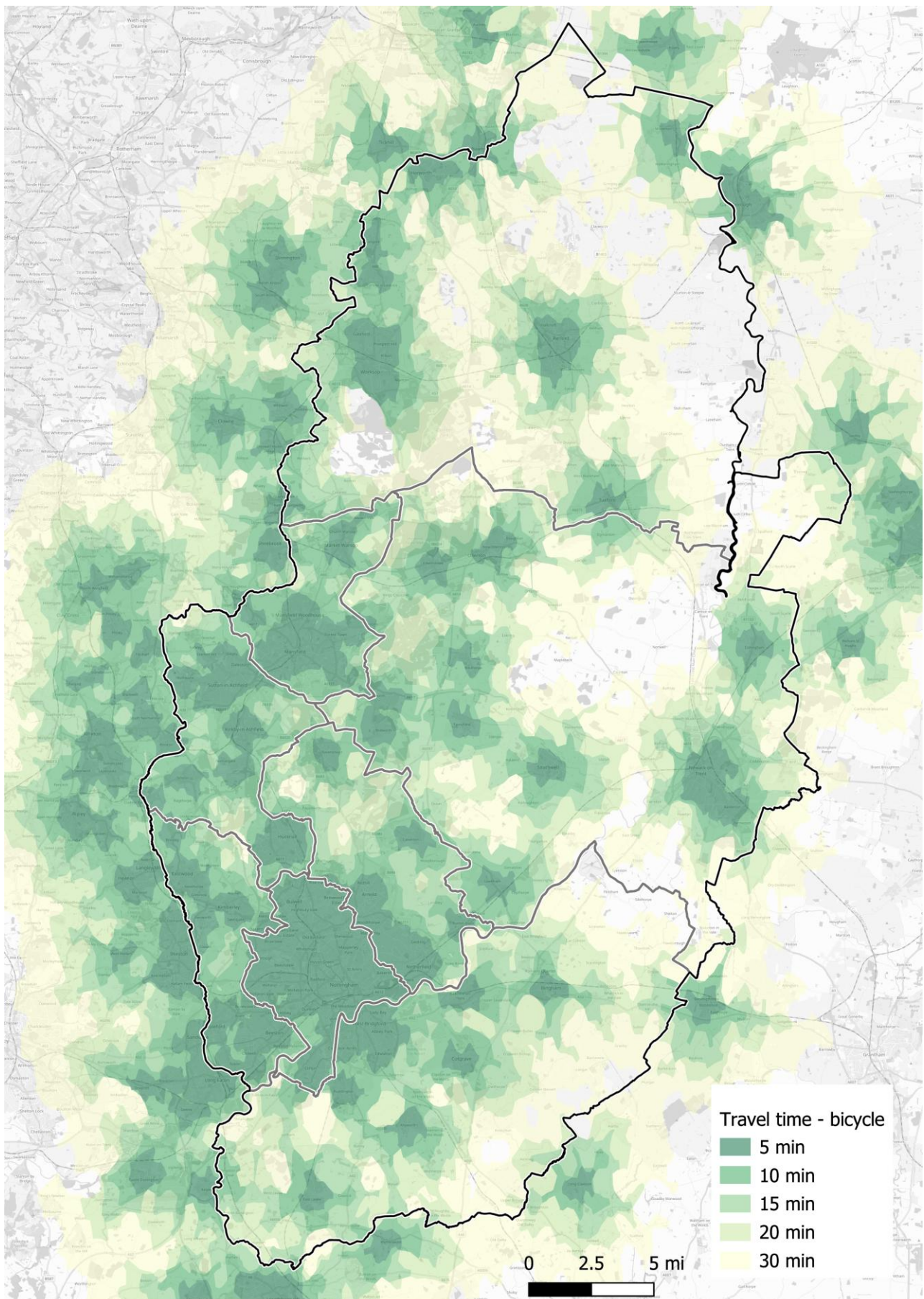


Figure 35: Map of cycle times by bike to the nearest pharmacy in Nottinghamshire (off peak)



3.2.2.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6pm, Monday to Friday (excluding bank holidays), vary within each locality and are listed in Table 15 below. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level in [Section 6.2](#).

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

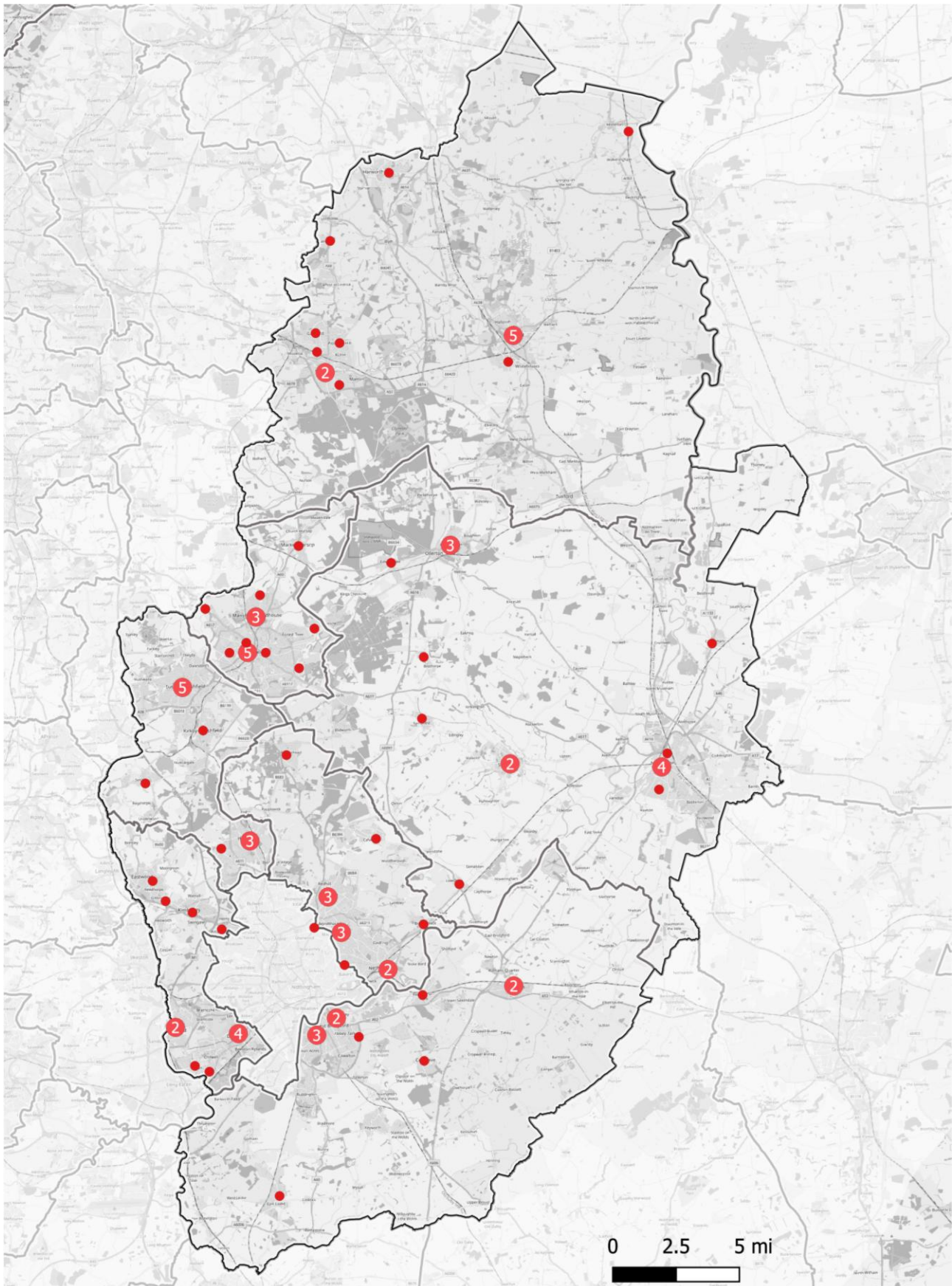
Locality	Number (%) of pharmacies open beyond 6 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on a Sunday
Ashfield	5 (22%)	11 (48%)	2 (9%)
Bassetlaw	10 (45%)	15 (68%)	4 (18%)
Broxtowe	11 (50%)	12 (55%)	4 (18%)
Gedling	6 (26%)	12 (52%)	4 (17%)
Mansfield	8 (35%)	15 (65%)	7 (30%)
Newark and Sherwood	4 (17%)	16 (67%)	4 (17%)
Rushcliffe	8 (40%)	11 (55%)	5 (25%)
Nottinghamshire	52 (33%)	92 (59%)	30 (19%)

3.2.2.3 Routine weekend daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Nottinghamshire, 92 (59%) are open on Saturdays, the majority of which are open into the late afternoon. See Figure 36 below.. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level in [Section 6.2](#). Full details of all pharmacies open on a Saturday can be found in Appendix A.

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

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



3.2.2.4 Routine bank holiday access to community pharmacies

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

The ICB has commissioned an enhanced service to provide coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.

3.2.3 Advanced Service provision from community pharmacy

[Section 1.4.1.4.2](#) lists all the Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

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

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

Newer Advanced Services are increasing in activity based in comparison with the activity recorded in the 2022 PNA. For example, the Hypertension case finding service previously had low uptake across all localities however data suggests 87-100% of uptake from community pharmacies in all localities.

The SCS currently is not being provided in this area which is a similar picture nationally as demonstrated by the Community Pharmacy England Dashboards.³⁰

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.

³⁰ Community Pharmacy England. Clinical Services Statistics. October 2024. [Accessed February 2025] <https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/>

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

Service	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark and Sherwood	Rushcliffe	Nottinghamshire
Pharmacy First	91% (96%)	100% (100%)	100% (100%)	78% (96%)	96% (91%)	100% (100%)	100% (100%)	95% (97%)
Flu Vaccination service	91%	100%	95%	83%	87%	100%	100%	94%
Pharmacy Contraception Service	43% (78%)	73% (86%)	68% (82%)	39% (83%)	70% (78%)	83% (100%)	55% (85%)	62% (85%)
Hypertension Case Finding Service	83% (87%)	100% (100%)	95% (100%)	78% (87%)	91% (87%)	96% (100%)	85% (100%)	90% (94%)
New Medicine Service	96%	100%	100%	96%	100%	100%	100%	99%
Smoking Cessation Service	0%	0%	0%	0%	0%	0%	0%	0%
Appliance Use Review	0%	0%	5%	0%	4%	4%	0%	2%
Stoma Appliance Customisation	0%	0%	5%	0%	9%	4%	0%	3%
LFD Service	43% (74%)	73% (82%)	45% (86%)	48% (74%)	48% (83%)	75% (92%)	55% (70%)	55% (80%)
COVID-19 Vaccination Service	(52%)	(45%)	(59%)	(26%)	(43%)	(71%)	(45%)	(49%)

Source: NHSBSA Sep-Nov 2024 based on dispensing data. (In brackets, list of pharmacies signed up to the service, where available)

3.2.4 Enhanced Service provision from community pharmacy

There is currently one National Enhanced Service commissioned through community pharmacies from NHSE in Nottinghamshire. This is the COVID-19 vaccination service.

As shown in Table 16 there is a spread across all localities of community pharmacies providing this service.

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

3.3 Dispensing Appliance Contractors (DACs)

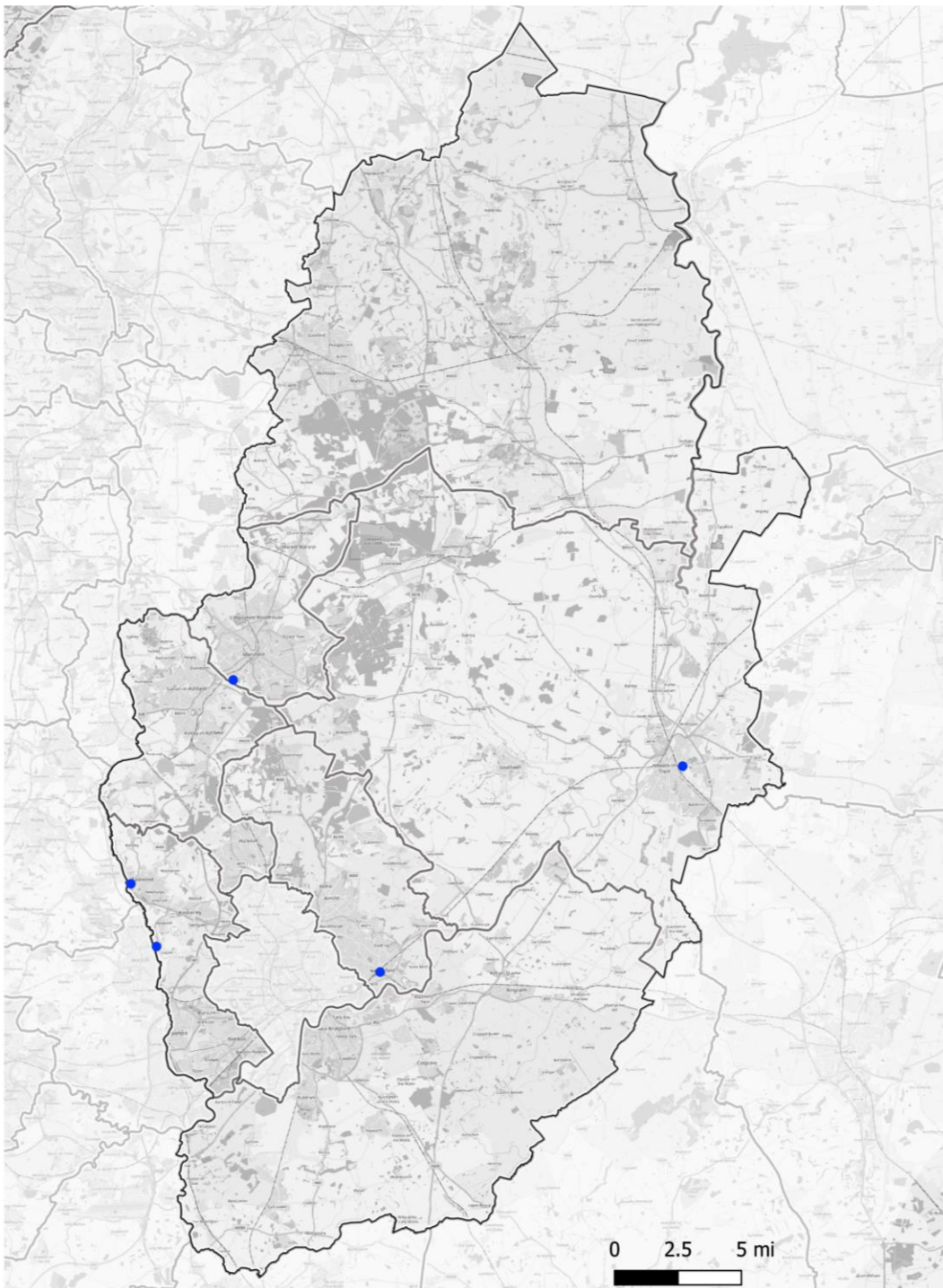
There are three DACs in Nottinghamshire based in Broxtowe, Mansfield and Newark and Sherwood localities.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Nottinghamshire.

There are 111 DACs in England³¹.

³¹ 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>

Figure 37: Map of Dispensing Appliance Contractors in Nottinghamshire

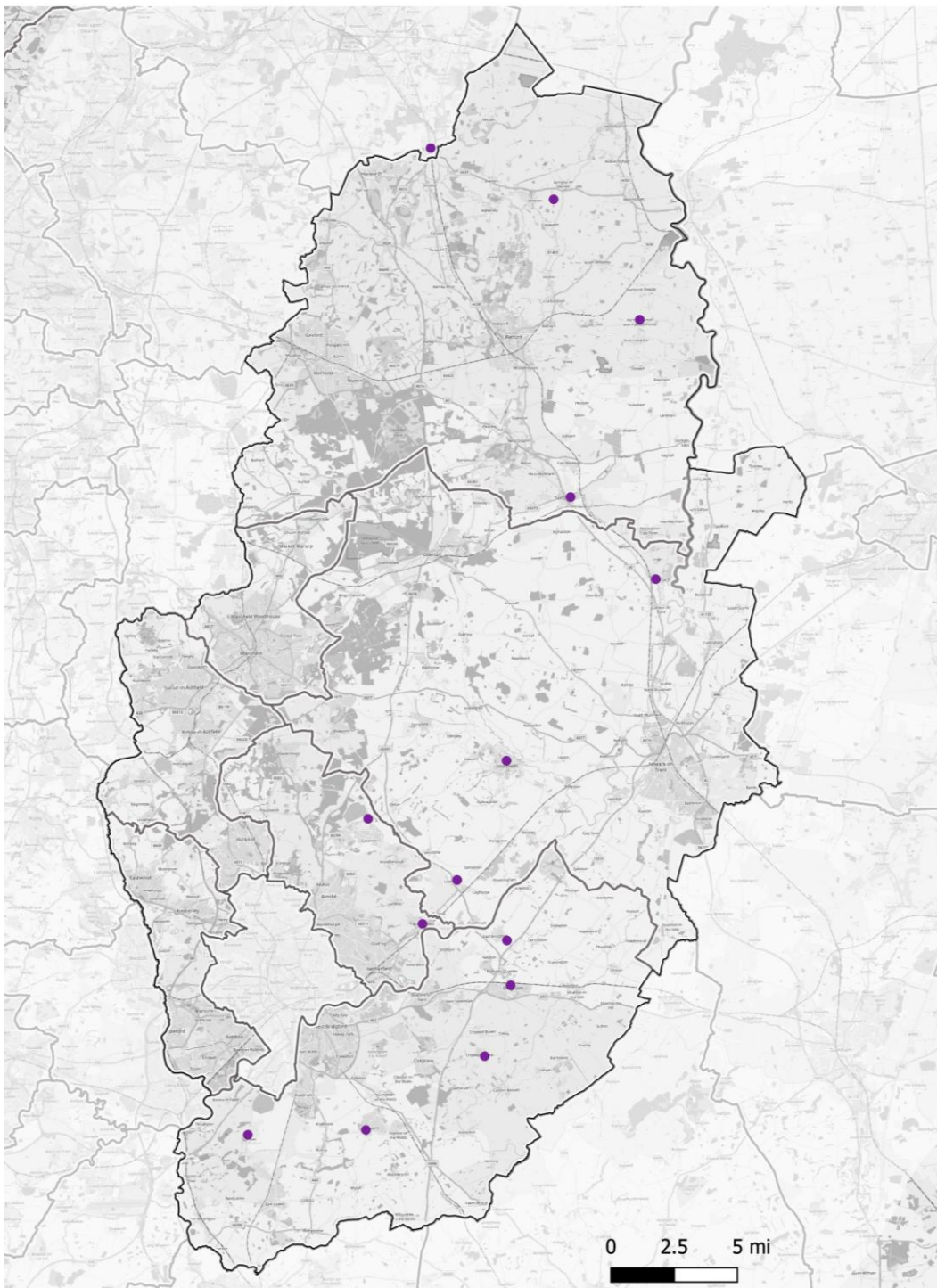


3.4 Dispensing GP practices

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

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

Figure 38: Map of GP dispensing practices in Nottinghamshire



3.5 Pharmacy Access Scheme (PhAS) pharmacies

There are 20 PhAS providers in Nottinghamshire, distributed as shown in Table 17.

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

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

3.6 Pharmaceutical service provision provided from outside Nottinghamshire

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

It is not practical to list here all those pharmacies outside Nottinghamshire area by which Nottinghamshire residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Nottinghamshire area boundaries as shown in Figure 1. Further analysis of cross-border provision is undertaken in [Section 6](#).

Analysis of dispensing data has highlighted out approximately 1,500,640 prescription items dispensed each month (between September –November 2024) by community pharmacies in Nottinghamshire, accounting for a monthly average of 9,558 items per pharmacy in Nottinghamshire.³² This is higher than the England average of 7,109 items per pharmacy monthly and the East Midlands average of 7,580 in 2023-24.³³

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

³² NHS BSA. Dispensing contractors' data September, October and November 2024. [Accessed February 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

³³ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed February 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

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

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

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

NCC commissions five services from community pharmacies in Nottinghamshire.

Currently commissioned services by NCC are:

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

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

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

Table 18: NCC-commissioned services providers per locality

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

4.2 ICB-commissioned services

The ICB that covers the HWB geography, Nottingham and Nottinghamshire ICB, commissions two services across Nottinghamshire.

- ICBS1: Bank holiday opening
- ICBS2: Palliative care

Table 19: ICB-commissioned services providers per locality

Locality	Bank holiday	Palliative care
Ashfield	5 (22%)	1 (4%)
Bassetlaw	6 (27%)	1 (5%)
Broxtowe	0	2 (9%)
Gedling	2 (9%)	1 (4%)
Mansfield	2 (9%)	1 (4%)
Newark and Sherwood	4 (17%)	7 (29%)
Rushcliffe	2 (10%)	4 (20%)
Nottinghamshire	21 (13%)	17 (11%)

4.2.1 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and are not part of the community pharmacy contractual terms of service. There has been a recommendation from the NPA³⁴ 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 seven DSPs based in Nottinghamshire, and there are 409 throughout England. Free delivery of appliances is also offered by DACs, of which there are three in Nottingham City and 111 throughout England.

4.2.2 Services for less-abled people

Under the Equality Act 2010,³⁵ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons.

From the 1,059 responders to the public questionnaire, 62% have identified that they have a disability. It should be noted that out of the 88% that responded to the question on access needs, 22% stated a reduction in mobility.

³⁴ National Pharmacy Association.[Accessed February 2025] <https://www.npa.co.uk/>

³⁵ Legislation. Equality Act 2010. October 2024. [Accessed February 2025] www.legislation.gov.uk/ukpga/2010/15/contents

4.3 Other services provided by dispensing GP practices

Although not listed as a pharmaceutical service within the Pharmaceutical Regulations 2013, Dispensing Review of Use of Medicines (DRUMs) may be provided by a dispensing GP practice that has opted to provide the Dispensing Services Quality Scheme (DSQS). The DSQS is an optional service commissioned by NHSE for dispensing GP practices to provide annually. A DRUM is a face-to-face review with the patient to find out their compliance with an agreement to their prescribed medicines, and to help identify any problems that they may be having.

4.4 Other providers that reduce the need for pharmaceutical service provision

The following are providers of pharmacy services in Nottinghamshire but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013, however reduce the need for pharmaceutical service provision, in particular the dispensing service.

4.4.1 NHS hospitals

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

4.4.2 Personal administration of items by GP practices

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

4.4.3 Prison pharmacies

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

4.4.4 Substance misuse services

The following services are commissioned by NCC from pharmacies:

- Needle exchange
- Supervised consumption
- Take home Naloxone

4.4.5 Flu vaccination service by GP Practices

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

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

4.5.1 Urgent Care Centres (UCCs)

- Gamston Medical Centre (UCC)
- Kings Mill Hospital (UCC)

4.5.2 Extended hours provided by PCNs

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

4.5.3 Community nursing prescribing

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

4.5.4 Dental services

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

4.6 Other services

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

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

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

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

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

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

Section 5: Findings from the public questionnaire

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

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

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

There were 1,059 responses, of which 1,051 were to the online survey and eight were completed as paper copies. Responses come from a population of 844,494 (0.13%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics with certain groups not adequately represented limiting how generalisable the findings are. A report of the results can be found in Appendix D

5.1 Demographic analysis

- 70% of the respondents identified themselves as female, 28% as male, 2% preferred not to say.
- The majority answering the survey were aged between 65-74 (29%), followed by the 55-64 (24 %) age group, and the 45-54 age group (13%). There were no responses for the under 18 age group and only one response for the 18-24 age group.
- 61% identified themselves as disabled and 4% preferred not to say.
- The majority of respondents came from a White background (96%) and 2% preferred not to say. The ethnicity distribution of the remaining 2% was distributed fairly evenly between the rest of the options, with the highest number of the remaining 2% being Asian – Indian (5 responses). Only two options had no responses, Black – African and Black – other.

- For religion, most of the respondents identified as Christian (51%), followed by 34% who answered no religion or belief; 9% of the respondents preferred not to say and the remaining 4% mainly consisted of Humanists, Jewish, Buddhist and Muslim.
- The sexual orientation of respondents was predominantly heterosexual (89%), 8% preferred not to say, 1% identified themselves as gay, <0.5% as lesbian and 1% as bisexual.

Due to small numbers, responses are not broken down by locality. A detailed report of the results can be found in Appendix D.

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

5.2 Visiting a pharmacy

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

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (87%) was to collect prescriptions for themselves. A further 53% went to buy over-the-counter medicines.
- 48% of responses visited to collect prescriptions for somebody else.
- 41% indicated that they went to get advice from a pharmacist.
- Of the 9% of respondents that stated other reasons, vaccinations was their main reason for usually going to a pharmacy.

5.4 Choosing a pharmacy

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

- The responses show that availability of medication was a very important factor (80%) when choosing a pharmacy. This was followed by quality of service (expertise) (73%), location of pharmacy (69%) and customer service (66%).
- Public transport, accessibility (wheelchair / buggy access), communication (languages / interpreting services) were considered as not being important at all by 74%, 69% and 70% respectively.

5.5 Access to a pharmacy

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

Section 6: Analysis of health needs and pharmaceutical service provision

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

6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Nottinghamshire have been analysed, taking into consideration the priorities outlined in the NHS 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 Nottinghamshire. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new.

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

6.2 PNA localities

There are 174 contractors in Nottinghamshire, of which 157 are community pharmacies (including seven DSPs). Table 7 in [Section 3.1](#) provides a breakdown by contractor type and Table 15 in [Section 3.2.3.2](#) provides a breakdown of the number and percentage of community pharmacies open beyond 6pm and weekends. Individual community pharmacy opening times are listed in Appendix A.

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

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

All Advanced and Enhanced Services apart from the SCS are Relevant Services. When discussing Advanced Service provision, the AUR and SAC are excluded from narrative as mentioned in [Section 3.2.3](#) DACs typically provides these services. 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.

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

The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by locality can be found in [Section 3.2.3](#), [Section 3.2.4](#) and [Section 4](#) respectively.

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

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

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

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

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

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

6.2.1 Ashfield

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

The travel analysis showed:

- 100% of the population could get to a pharmacy in 10 minutes by car.
- 98.9% to 100% of the population can get to a pharmacy in 20-30 minutes by walking.

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

6.2.1.1 Necessary Services: current provision

There are 23 community pharmacies in Ashfield. The estimated average number of community pharmacies per 100,000 population is 17.9, which is slightly lower than the England average of 18.1 and lower than the Nottinghamshire average of 18.6 ([Section 3.2](#)). Of the 23 community pharmacies, 20 (87%) hold a standard 40-core hour contract and two (9%) are 72+ hour pharmacies. There is one DSP (4%), no DACs and no dispensing practices in Ashfield.

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

Of the 23 community pharmacies:

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

Figure 39: Map of pharmacy contractors in Ashfield

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

6.2.1.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 2.1%, and the number of dwellings has will increase from 2025/6 to 2027/28 by 880 as discussed in [Section 2.6](#). This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

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

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

6.2.1.3 Other relevant services: current provision

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

Table 20: Ashfield Relevant Services

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

*Based on pharmacies claiming payment in September-November 2024

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

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

6.2.1.4 Improvements and better access: gaps in provision

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

- Bank holiday – five pharmacies (22%) offer this service
- Palliative care – one pharmacy (4%) offer this service

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

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

All of the Advanced, Enhanced and Locally Commissioned Services are available in Ashfield or in the neighbouring localities and have varying opening times.

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

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

6.2.2 Bassetlaw

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

The travel analysis showed:

- 100% of the population could get to a pharmacy in 20 minutes by car.
- 78.6% to 84.2% of the population can get to a pharmacy in 20-30 minutes by walking.

Bassetlaw has a lower life expectancy than both Nottinghamshire and England for both men and women. Childhood obesity rates at reception and ages 6-11 are higher than the Nottinghamshire and England averages. Atrial fibrillation (AF) levels exceed both Nottinghamshire and national figures, and the recorded prevalence of heart failure is also higher than both benchmarks.

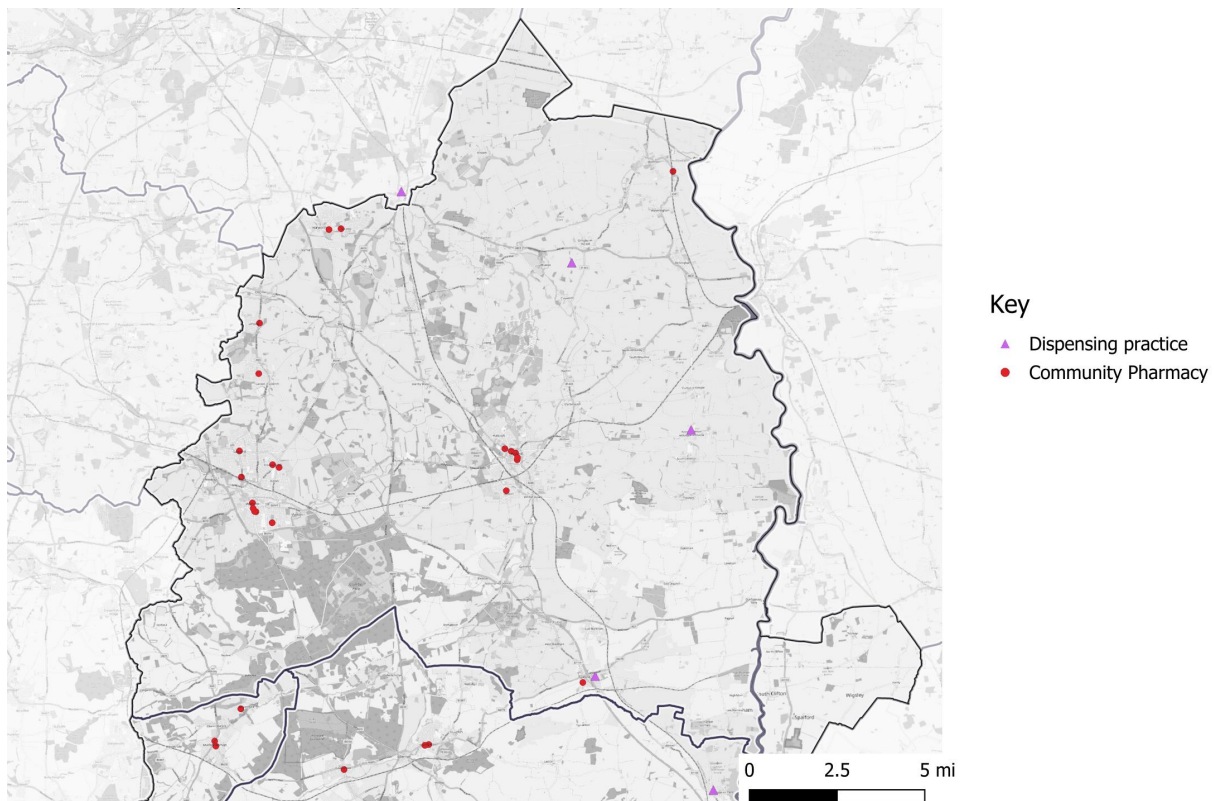
6.2.2.1 Necessary Services: current provision

There are 22 community pharmacies in Bassetlaw. The estimated average number of community pharmacies per 100,000 population is 18.0, which is just lower than the England average of 18.1 and lower than the Nottinghamshire average of 18.6 ([Section 3.2](#)). Of the 22 community pharmacies, 18 (82%) hold a standard 40-core hour contract, three (14%) are 72+ hour pharmacies and one (5%) is a DSP. There are no DACs in Bassetlaw but three dispensing practices.

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

Of the 22 community pharmacies:

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

Figure 40: Map of pharmacy contractors in Bassetlaw

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

6.2.2.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 1.7%, and the number of dwellings is expected to increase from 2024/25 to 2027/28 by 2,242 as discussed in [Section 2.6](#). This small increase can be easily absorbed by the existing community pharmacy network. The small population projected population growth should not impact access to pharmaceutical services.

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

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

6.2.2.3 Other relevant services: current provision

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

Table 21: Bassetlaw Relevant Services

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

*Based on pharmacies claiming payment in September-November 2024

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

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

6.2.2.4 Improvements and better access: gaps in provision

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

- Bank holiday – six pharmacies (27%) offer this service
- Palliative care – one pharmacy (five%) offers this service

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

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

All of the Advanced, Enhanced and Locally Commissioned Services are available in Bassetlaw or in the neighbouring localities and have varying opening times.

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

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

6.2.3 Broxtowe

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

The travel analysis showed:

- 100% of the population could get to a pharmacy in 10 minutes by car.
- 98% to 100% of the population can get to a pharmacy in 20-30 minutes by walking.

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

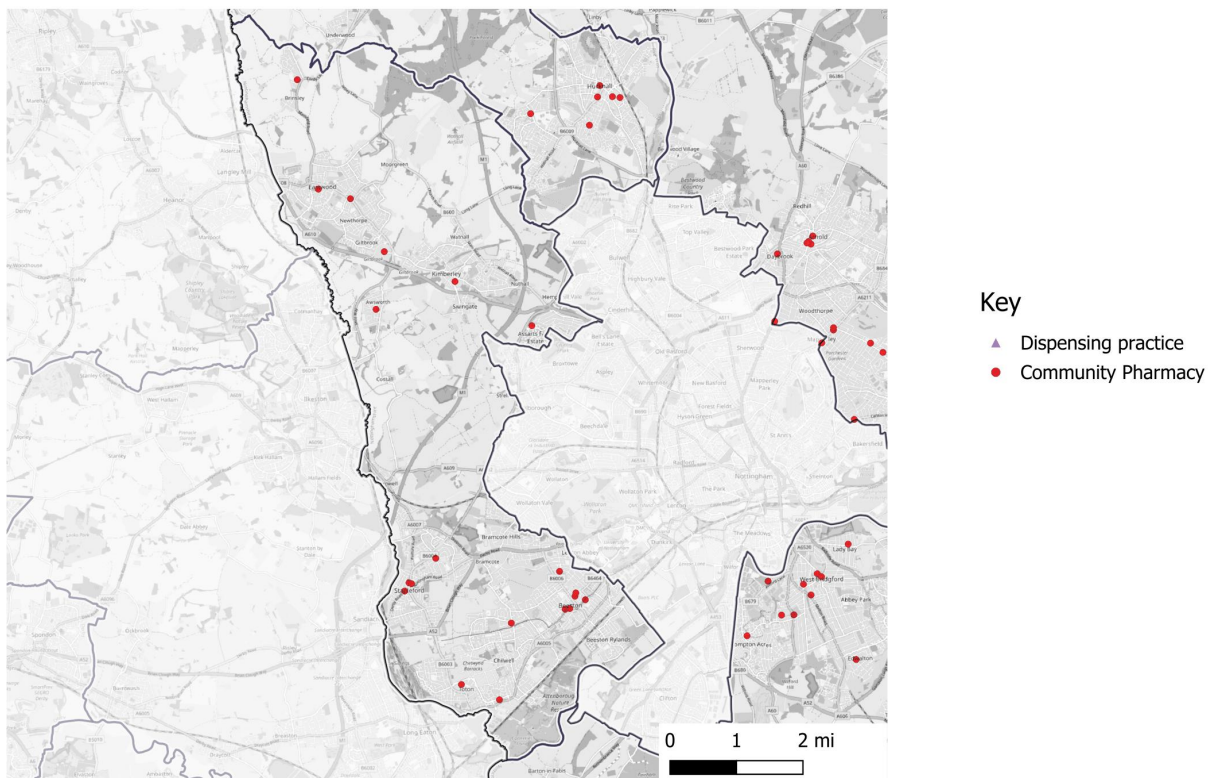
6.2.3.1 Necessary Services: current provision

There are 22 community pharmacies in Broxtowe. The estimated average number of community pharmacies per 100,000 population is 19.4, which is higher than the England average of 18.1 and higher than the Nottinghamshire average of 18.6 ([Section 3.2](#)). Of the 22 community pharmacies, 19 (86%) hold a standard 40-core hour contract, two (9%) are 72+ hour pharmacies and one (5%) is a DSP. There is also one DAC in Broxtowe but no GP dispensing practices.

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

Of the 22 community pharmacies:

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

Figure 41: Map of pharmacy contractors in Broxtowe

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

6.2.3.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 1.3%, and the number of dwellings is projected to increase from 2024/25 to 2027/28 by 1,796 as discussed in [Section 2.6](#). This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

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

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

6.2.3.3 Other relevant services: current provision

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

Table 22: Broxtowe Relevant Services

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

*Based on pharmacies claiming payment in September-November 2024

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

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

6.2.3.4 Improvements and better access: gaps in provision

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

- Bank holiday – no pharmacies offer this service
- Palliative care – two pharmacies (9%) offer this service

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

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

All of the Advanced, Enhanced and Locally Commissioned Services are available in Broxtowe or in the neighbouring localities and have varying opening times.

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

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

6.2.4 Gedling

Gedling locality has a population of 118,563, of which 85.9% is White British, 3.87% is Asian, 3.87% is White Other, 3.52% is Mixed Ethnicities, 2.29% is Black and 0.87% is other ethnicities. This locality experiences the least deprivation in the south and moderate deprivation in the north. Population density is generally low across most of the area but increases in the southeast, near the border with Nottingham City HWB. The number of households in Gedling that own a car or van is 81.1% which is slightly below the Nottinghamshire level (81.7%) and above the England level (76.5%).

The travel analysis showed:

- 100% of the population could get to a pharmacy in 10 minutes by car.
- 93.6% to 97.6% of the population can get to a pharmacy in 20-30 minutes by walking.

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

6.2.4.1 Necessary Services: current provision

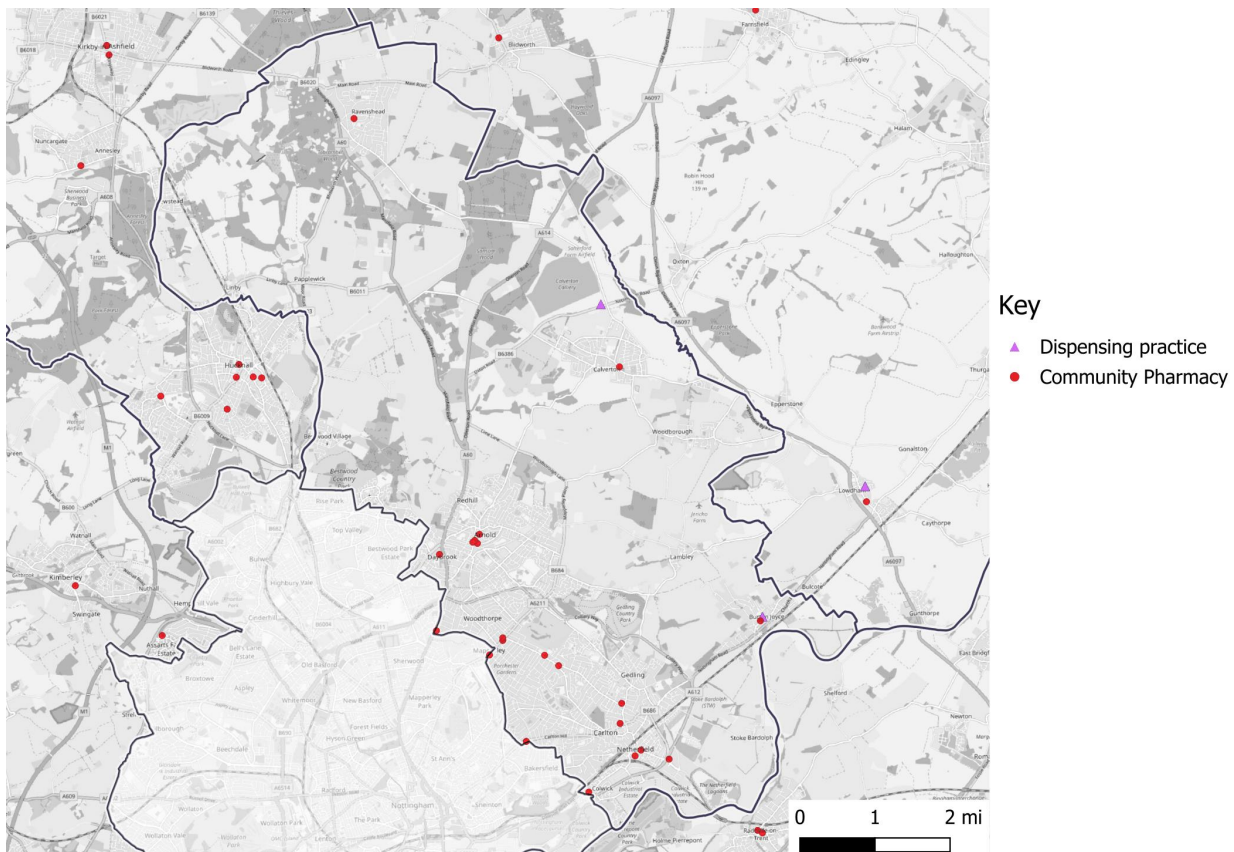
There are 23 community pharmacies in Gedling. The estimated average number of community pharmacies per 100,000 population is 19.4, which is higher than the England average of 18.1 and the Nottinghamshire average of 18.6 ([Section 3.2](#)). Of the 23 community pharmacies, 18 (78%) hold a standard 40-core hour contract, three (13%) are 72+ hour pharmacies and two (9%) are DSPs. There are no DACs in Gedling but there are three GP dispensing practices (two mains and one branch).

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

Of the 23 community pharmacies:

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

Figure 42: Map of pharmacy contractors in Gedling



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

6.2.4.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 1.3%, and the number of dwellings has increased/decreased from 2024/25 to 2027/28 by 1,790 as discussed in [Section 2.6](#). This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

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

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

6.2.4.3 Other relevant services: current provision

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

Table 23: Gedling Relevant Services

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

*Based on pharmacies claiming payment in September-November 2024

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

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

6.2.4.4 Improvements and better access: gaps in provision

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

- Bank holiday – two pharmacies (9%) offer this service
- Palliative care – one pharmacy (4%) offers this service

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

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

All of the Advanced, Enhanced and Locally Commissioned Services are available in Gedling or in the neighbouring localities and have varying opening times.

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

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

6.2.5 Mansfield

Mansfield locality has a population of 112,091, of which 87.3% is White British, 7.46% is White Other, 2.03% is Asian, 1.3*% is Mixed Ethnicity, 1.07% is Black and 0.76% is other ethnicities. This locality experiences some of the highest levels of deprivation in the county and has the highest population density in Nottinghamshire. The number of households in Mansfield that own a car or van is 78.1% which is below the Nottinghamshire level (81.7) and above the England level (76.5%).

The travel analysis showed:

- 100% of the population could get to a pharmacy in 10 minutes by car.
- 100% of the population can get to a pharmacy in 20 minutes by walking.

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

6.2.5.1 Necessary Services: current provision

There are 23 community pharmacies in Mansfield. The estimated average number of community pharmacies per 100,000 population is 20.5, which is higher than the England average of 18.1 and the Nottinghamshire average of 18.6 ([Section 3.2](#)). Of the 23 community pharmacies, 16 (70%) hold a standard 40-core hour contract, five (22%) are 72+hour pharmacies and two (9%) are DSPs. There is also one DAC in Mansfield, but no GP dispensing practices.

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

Of the 23 community pharmacies:

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

Figure 43: Map of pharmacy contractors in Mansfield

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

6.2.5.2 Necessary Services: gaps in provision

There is very pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 1.4%, and the number of dwellings has increased/decreased from 2024/25 to 2027/28 by 1,652 as discussed in [Section 2.6](#). This can be easily absorbed by the existing community pharmacy network. The small projected population growth should not impact access to pharmaceutical services.

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

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

6.2.5.3 Other relevant services: current provision

Table 24Table 16 shows the pharmacies providing Relevant Advanced and Enhanced services in the Mansfield locality.

Table 24: Mansfield Relevant Services

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

*Based on pharmacies claiming payment in September-November 2024

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

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

6.2.5.4 Improvements and better access: gaps in provision

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

- Bank holiday – two pharmacies (9%) offer this service
- Palliative care – one pharmacy (4%) offers this service

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

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

Nearly all of the Advanced, Enhanced and Locally Commissioned Services are available in Mansfield or in the neighbouring localities and have varying opening times.

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

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

6.2.6 Newark and Sherwood

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

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

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

The travel analysis showed:

- 100% of the population could get to a pharmacy in 10 minutes by car.
- 76.4% to 86.3% of the population can get to a pharmacy in 20-30 minutes by walking.

In Newark and Sherwood, the prevalence of cancer, atrial fibrillation (AF), and coronary heart disease (CHD) is higher than both the England averages. Asthma and COPD prevalence are above the national average but below the Nottinghamshire average.

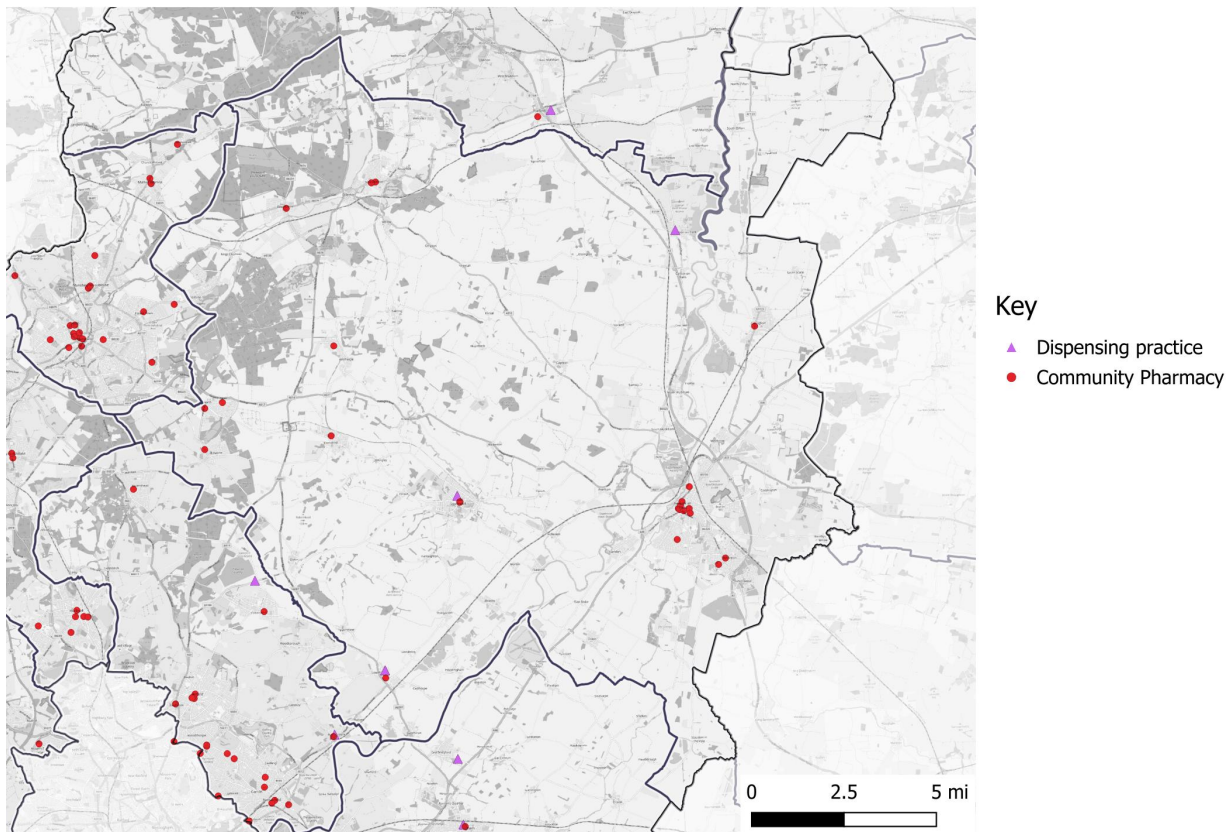
6.2.6.1 Necessary Services: current provision

There are 24 community pharmacies in Newark and Sherwood. The estimated average number of community pharmacies per 100,000 population in Newark and Sherwood is 19.0, which is higher than the England average of 18.1 and higher than the Nottinghamshire average of 18.6 ([Section 3.2](#)). There are 20 (83%) pharmacies that hold a standard 40-core hour contract and four 72+ hour pharmacies (17%), with no DSPs in this locality. There is also one DAC and three Dispensing Practices in Newark and Sherwood (two mains and one branch).

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

Of the 24 community pharmacies:

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

Figure 44: Map of pharmacy contractors in Newark and Sherwood

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

6.2.6.2 Necessary Services: gaps in provision

There is very good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 1.7%, and the number of dwellings is projected to increase from 2024/25 to 2026/27 by 1,573 as discussed in [Section 2.6](#). This can be easily absorbed by the existing community pharmacy network. The projected population growth should not impact access to pharmaceutical services.

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

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

6.2.6.3 Other relevant services: current provision

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

Table 25: Newark and Sherwood Relevant Services

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

*Based on pharmacies claiming payment in September-November 2024

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

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

6.2.6.4 Improvements and better access: gaps in provision

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

- Bank holiday – four pharmacies (17%) offer this service
- Palliative care – seven pharmacies (29%) offer this service

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

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

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

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

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services across Newark and Sherwood locality.

6.2.7 Rushcliffe

Rushcliffe locality has a population of 123,854, of which 86.7% is White British, 5.7% is Asian, 6.36% is White Other, 2.77% is mixed ethnicity, 0.92% is Black and 0.91% is other ethnicities. This locality has some of the lowest levels of deprivation in the area. It is predominantly rural with a low population density, which increases to moderate levels in the towns of Bingham and Cotgrave. The number of households in Rushcliffe that own a car or van is 86.5% which is above the Nottinghamshire level (81.7%) and the England level (76.5%).

The travel analysis showed:

- 100% of the population could get to a pharmacy in 10 minutes by car.
- 78.1% to 83.6% of the population can get to a pharmacy in 20-30 minutes by walking.

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

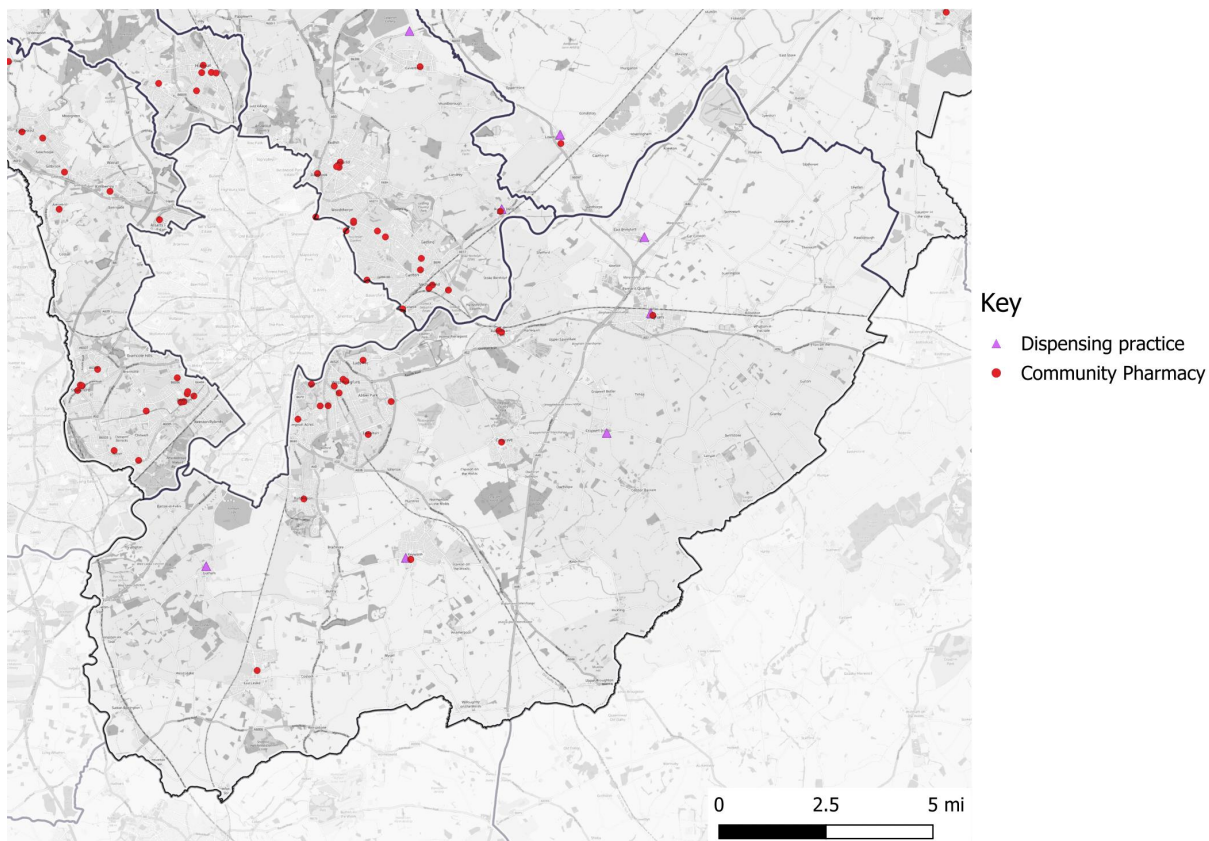
6.2.7.1 Necessary Services: current provision

There are 20 community pharmacies in Rushcliffe. The estimated average number of community pharmacies per 100,000 population in Rushcliffe is 16.1, which is lower than the England average of 18.1 and the Nottinghamshire average of 18.6 ([Section 3.2](#)). There are 18 (90%) pharmacies that hold a standard 40-core hour contract and two (10%) 72+ hour pharmacies. There are no DSPs and no DACs in Rushcliffe and there are five GP dispensing practices. The number of community pharmacies and dispensing practices combined gives 20.2 pharmaceutical providers per 100,000 population, which is higher than the England community pharmacy average per 100,000.

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

Of the 20 community pharmacies:

- Eight pharmacies (40%) are open after 6pm on weekdays
- 11 pharmacies (55%) are open on Saturdays
- Five pharmacies (25%) are open on Sundays
- All 20 pharmacies are signed up to provide the Pharmacy First Advanced Service

Figure 45: Map of pharmacy contractors in Rushcliffe

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

6.2.7.2 Necessary Services: gaps in provision

There is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments. The locality population growth is expected to increase over the next three years to 2028 by 2.4%, and the number of dwellings is projected to increase from 2025/6 to 2027/28 by 4,226 as discussed in [Section 2.6](#). This can be absorbed by the existing community pharmacy network. The projected population growth should not impact access to pharmaceutical services.

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

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

6.2.7.3 Other relevant services: current provision

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

Table 26: Rushcliffe Relevant Services

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

*Based on pharmacies claiming payment in September-November 2024

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

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

6.2.7.4 Improvements and better access: gaps in provision

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

- Bank holiday – two pharmacies (10%) offer this service
- Palliative care – four pharmacies (20%) offer this service

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

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

All of the Advanced, Enhanced and Locally Commissioned Services are available in Rushcliffe or in the neighbouring localities and have varying opening times.

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

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

6.3 Nottinghamshire pharmaceutical services and health needs

Nottinghamshire HWB area has a population of 844,494, of which 88.42% is White British, 4.59% is White Other, 2.98% is Asian, 2.07% is Mixed Ethnicity, 1.2% is Black and 0.74% other ethnicity. (See [Section 2.6.7](#)). The localities of Ashfield, Mansfield, Bassetlaw and Newark and Sherwood all have over 95% White ethnic population. The south Nottinghamshire Districts (Broxtowe, Gedling and Rushcliffe) have a 4-6% Asian ethnic population and a 3-4% of Mixed\multiple ethnic populations. Black ethnicities make up 1-2% of the whole County's ethnic mix. All Nottinghamshire Districts have a higher proportion of White ethnicities, and a lower proportion of all other ethnicities, compared to the East Midlands and England.

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

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

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

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

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

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

In all localities but Bassetlaw (96%), all residents can access a pharmacy in 10 minutes by car.

The travel analysis across Nottinghamshire (Section 3.2.2) showed:

- 99.4% to 100% of the population could get to a pharmacy in 10 -20minutes by car.
- 89% to 91% of the population can get to a pharmacy in 20-30 minutes by walking.

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

Life expectancy In Nottinghamshire:

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

Childhood obesity In Nottinghamshire:

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

For smoking prevalence In Nottinghamshire

- One in ten adults are current smokers
- There is variation across the County.

There are quality concerns about recent District level data and the current data may not give a true representation of variation within County.

Alcohol use:

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

Sexual Health

- Teenage pregnancy and STI rates are higher in the north.

Drug Use

- Drug misuse mortality is lower than the England average.

Flu vaccination

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

Burden of Disease

- Cardiovascular diseases: Higher prevalence of atrial fibrillation, coronary heart disease, heart failure, hypertension, stroke, and transient ischaemic attack compared to England.
- Diabetes: The recorded prevalence of diabetes is higher in Nottinghamshire (7.8%) than England (7.5%).

- Respiratory diseases: Asthma and COPD prevalence exceed national levels, with the highest COPD rates in Bassetlaw.
- Cancer: More people living with cancer (4.0%) compared to England (3.5%), with the highest prevalence in Newark & Sherwood.
- Mental health: Lower recorded prevalence of schizophrenia, bipolar disorder, and psychosis (0.8%) than England (1.0%), with the lowest in Rushcliffe.

6.3.1 Necessary Services: current provision across Nottinghamshire

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

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

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

Nottinghamshire has many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (59%) are open on Saturdays and 33% of community pharmacies open after 6pm on weekdays. There are also 30 pharmacies (19%) open on Sundays in Nottinghamshire.

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

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

6.3.2 Necessary Services: gaps in provision across Nottinghamshire

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

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

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

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

6.3.3 Other relevant services: current provision

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

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

Regarding access to **Enhanced** Services, 77 pharmacies (49%) offer the COVID-19 vaccination service.

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

6.4 Improvements and better access: gaps in provision across Nottinghamshire

Regarding access to services **commissioned by Nottingham and Nottinghamshire ICB**, 21 pharmacies (13%) open on bank holiday and 17 pharmacies (11%) provide the palliative care service.

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

All Advanced (with the exception of the SCS), Enhanced and Locally Commissioned Services are available in Nottinghamshire and have varying opening times.

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

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services across Nottinghamshire.

Section 7: Conclusions

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

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

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Nottinghamshire, it is imperative that accessibility to 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.

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, Necessary Services are all Essential Services and the Pharmacy First Advanced Service. All other remaining Advanced and Enhanced Services apart from the Smoking Cessation Service are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

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

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services and the Pharmacy First Service are Necessary Services, which are described in Section 1.4.1.4.1 and Section 1.4.1.4.2. Access to Necessary Service provision in Nottinghamshire is provided in Section 6.

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 gap in the provision of Necessary Services during normal working hours across Nottinghamshire to meet the needs of the population.

Necessary Services – outside normal working hours

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

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances (next three years) across Nottinghamshire.

7.1.3 Other relevant services – gaps in provision

The remaining Advanced Services (apart from the Smoking Cessation Service) and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in Section 1.4.1.4.2 and the provision in Nottinghamshire discussed in Section 6.

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

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

[Section 7.2](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Nottinghamshire.

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

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 1.4.1.4.3 and the provision in Nottinghamshire discussed in [Section 3.2.5](#) and by locality in [Sections 6.2](#) and [6.3](#)

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

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

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

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

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is in some cases addressed by a service being commissioned through the ICB or the local authority; these services are described in [Sections 4.1](#) and [4.2](#).

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

Based on the information available at the time of developing this PNA no gaps have been identified in LCS that if provided either now or in the future would secure improvements, or better access, in any of the localities. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within Primary Care Networks, rather than through the opening of additional pharmacies.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, however the HWB and commissioning organisations may want to consider incentivising community pharmacies to encourage further uptake of services.

[Section 7.2](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Nottinghamshire.

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

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to Locally Commissioned Services across Nottinghamshire.

7.1.4 Improvements and better access – gaps in provision

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

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

7.2 Future opportunities for possible community pharmacy services in Nottinghamshire

7.2.1 Introduction

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

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

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

National and Nottinghamshire health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Nottinghamshire population are listed in [Section 2](#) and are considered when looking at opportunities for further community pharmacy provision.

7.2.2 Opportunities for pharmaceutical service provision

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

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

7.2.2.1 Existing services

Essential Services

- Signposting for issues such weight management and health checks
- Promote a self-referral route to the National Diabetes Prevention Programme (NDPP)
- Developing Healthy Living Pharmacies and self-care to support the Nottinghamshire prevention agenda.

- Electronic repeat dispensing can reduce unnecessary patient trips to the GP practice to collect repeat medication and could help reduce waste medicines.

Advanced Services

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

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

- **Pharmacy First**

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

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

- Convenient Access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.
- 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
 - 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 variability in hypertension levels across the PCNs, the maximisation of the Hypertension Case Finding service would provide addition capacity in primary care to benefit patients.

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

- **Smoking Cessation Advanced Service**

The LTP states all patients admitted to hospital who smoke are to be offered NHS-funded tobacco treatment services by 23/24. 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, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Nottinghamshire has a higher smoking prevalence rate than England. The SCS service is well placed to support Nottinghamshire smoking cessation priorities as an additional pathway. The service is currently not available at the time of writing this PNA, the ICB will need to look at re-launching this service.

Local Authority Commissioned Services

The following services are commissioned by the local authority.

- Sexual health services
- Drug and alcohol abuse services

There is no local authority commissioned smoking cessation service, this should be explored in light of the higher prevalence of smoking in the county compared to the England value.

To note the local authority services in both Nottingham City and Nottinghamshire County are the same as both local authorities are co-terminus with the ICB. This harmonisation should carry on.

The chlamydia detection rate in Nottinghamshire of those aged 15–24 was below the figures for England and East Midlands. This provides an opportunity for the local authority to maximise locally commissioned sexual health services with the community pharmacy network.

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

- **Smoking cessation services**

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

The Local authority and ICS could then 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 Nottinghamshire smoking cessation targets.

7.2.3 Considerations

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

The most appropriate commissioning route would be through the 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.
- NCC should explore commissioning a local walk-in smoking cessation service, that would complement the national SCS service.

2) Reducing health inequalities through targeted pharmacy services

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

3) Embedding pharmacy into Integrated NHS neighbourhood health services providing clinical care for patients

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

4) Supporting workforce development and expanding pharmacy services

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

5) Enhancing public awareness and digital transformation

- Public education campaigns should be developed to raise awareness of pharmacy services, using diverse communication methods tailored to local communities.
- Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records.
- The adoption of Point-of-Care Testing (POCT) services in community pharmacies should be explored to improve early diagnosis and management of conditions such as diabetes, hypertension, and respiratory diseases.

6) Monitoring future demand and improving public engagement

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

7) Community based medicines management- Living well with medicines

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.

- The growth of independent prescribing in community pharmacy offers greater opportunities to take pressure of general practice and shared responsibilities managing prescribing budgets and delivering structured medication reviews.
- These services could be offered as part of domiciliary services to housebound patients and care homes.

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

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

Key for services:

AS1 – Pharmacy First

AS2 – Flu Vaccination service (from dispensing data claims Sep-Nov 2024)

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service

AS5 – New Medicine Service (from dispensing data claims Sep-Nov 2024)

AS6 – Smoking Cessation Service (from dispensing data claims Sep-Nov 2024)

AS7 – Appliance Use Review (from dispensing data claims Sep-Nov 2024)

AS8 – Stoma Appliance Customisation (from dispensing data claims Sep-Nov 2024)

AS9 – Lateral Flow Device Service

NES1 – COVID-19 Vaccination Service

ICBS1 – Bank holiday opening service

ICBS2 – Palliative care service

LAS1 – Supervised consumption

LAS2 – Needle exchange

LAS3 – Take home Naloxone

LAS4 – C card scheme (condom distribution)

LAS5 – Emergency Hormonal Contraception

Ashfield locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Acorn Pharmacy	FL305	CP	10 Main Road, Jacksdale	NG16 5JW	09:00-13:00; 14:00-18:00	Closed	Closed	-	Y	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Ascent Pharmacy-Torkard Hill	FKG30	CP	Unit 1, Farleys Lane, Hucknall	NG15 6DY	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Asda Pharmacy	FM502	CP	Asda, Priestsic Road, Sutton in Ashfield	NG17 2AH	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Boots Pharmacy	FGP78	CP	52-54 High Street, Hucknall	NG15 7AX	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	Y	-	-	-
Boots Pharmacy	FP697	CP	35 Idlewells Shopping Centre, Sutton in Ashfield	NG17 1BN	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	-
Brisco's Chemists	FAF29	CP	1-3 Kingsway, Kirkby in Ashfield	NG17 7BB	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	Y	-	-	-
Galexa Pharmacy	FA019	DSP	61 Annesley Road, Hucknall	NG15 7DR	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Harts Pharmacy	FRQ92	CP	106-110 Watnall Road, Hucknall	NG15 7JW	09:00-18:00 (WED 09:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	Y
Lowmoor Chemist	FRF20	CP	Unit 5, 58 Lowmoor Road, Kirkby in Ashfield	NG17 7BG	09:00-13:00; 14:00-17:30 (WED 09:00-12:00)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Mann's Pharmacy	FEL73	CP	13-15 Portland Road, Hucknall	NG15 7SL	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	-
Nabbs Lane Pharmacy	FL215	CP	63 Nabbs Lane, Hucknall	NG15 6NT	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Oza Pharmacy	FMG21	CP	50 Lowmoor Road, Kirkby in Ashfield	NG17 7BG	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Peak Pharmacy	FFV66	CP	Harwood Close, Skegby Road, Sutton in Ashfield	NG17 4PD	09:00-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Peak Pharmacy	FPH67	CP	49 Brook Street, Sutton in Ashfield	NG17 1ES	08:45-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	Y
Peak Pharmacy	FR232	CP	Kings Medical Centre, King Street, Sutton in Ashfield	NG17 1AT	08:30-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	Y	Y
Peak Pharmacy	FRL99	CP	127 Sutton Road, Huthwaite, Sutton in Ashfield	NG17 2NF	09:00-13:00; 13:45-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	Y
Peak Pharmacy	FV678	CP	Blue Bell Wood Way, Ashfield Park, Sutton in Ashfield	NG17 1JW	08:30-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	Y
Skegby Pharmacy	FVH17	CP	Mansfield Road, Skegby	NG17 3EE	08:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	-	-	Y	-
Superdrug	FFP08	CP	37 Central Square, Forest Mall, Idewells Shopping Centre, Sutton in Ashfield	NG17 1BP	08:30-17:30	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Tesco Pharmacy	FX727	CP	Ashgate Road, Hucknall	NG15 7UQ	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Well	FJ638	CP	48a Lowmoor Road, Kirkby in Ashfield	NG17 7BG	08:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Well	FMQ15	CP	130-132 Rorest Road, Annesley Woodhouse	NG17 9HH	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Well	FQE29	CP	137 Nottingham Road, Selston	NG16 6BT	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	-

Bassetlaw locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Boots Pharmacy	FEC61	CP	Retford Primary Care Centre, North Road, Retford	DN22 7XF	08:00-21:00	08:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	Y	-
Boots Pharmacy	FF376	CP	24-26 Bridge Street, Worksop	S80 1JQ	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	Y	Y
Boots Pharmacy	FM196	CP	46-48 Carolgate, Retford	DN22 6DY	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Boots Pharmacy	FRV23	CP	Larwood Health Centre, Worksop	S81 0HH	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	Y
Boots Pharmacy	FV782	CP	Harworth Primary Care Centre, Scrooby Road, Harworth	DN11 8JT	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Bridgegate Chemist	FA031	CP	54 Bridgegate, Retford	DN22 7UZ	08:00-13:00; 14:00-19:00	08:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Carlton Pharmacy	FV890	CP	Long Lane, Carlton-in-Lindrick	S81 9AN	08:45-13:00; 14:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Celtic Point Pharmacy	FED86	CP	6 Celtic Point, Worksop	S81 7AZ	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	Y	Y
Holdens Chemist Express	FEA84	DSP	UNIT 3 The Old Police Station Shrewsbury Road, Bircotes, Doncaster	DN11 8DE	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	*	-	-	Y	Y	-	-	Y
Langold Pharmacy	FJC70	CP	Doncaster Road, Langold	S81 9QG	08:45-13:00; 14:00-18:30 (THU 08:45-13:00)	08:45-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y
Manton Pharmacy	FKG06	CP	Richmond Road, Worksop	S80 2TP	08:30-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Newgate Street Pharmacy	FAR00	CP	6 Newgate Street, Worksop	S80 2HD	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
North Leverton Surgery	C84692	Disp	Sturton Road, North Leverton	DN22 0AB	08:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ordsall Pharmacy	FNH80	CP	1A Welbeck Road, Ordsall, Retford	DN22 7RP	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	
Retford Pharmacy	FVQ47	CP	Riverside Health Centre, Riverside Walk, Retford	DN22 6AA	08:30-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	Y	-	Y	
Riverside Gringley Surgery	C84094	Disp	Leys Lane, Gringley on the Hill, Doncaster	DN10 4QR	08:00-17:30 (Wed 08:00-12:30)	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Superdrug	FKL62	CP	11-15 Carolgate, Retford	DN22 6BZ	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	
Tesco Pharmacy	FMX90	CP	Gateford Road, Worksop	S81 7AP	08:00-13:00; 14:00-20:00	08:00-13:00; 14:00-20:00	10:00-13:00; 14:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	
Tuxford Medical Centre	C84008	Disp	Faraday Avenue, Tuxford	NG22 0HT	08:30-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tuxford Pharmacy	FE204	CP	5 Newcastle Street, Tuxford	NG22 0LN	09:00-18:30	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	-	-	
Weldricks Pharmacy	FRQ47	CP	67 Scrooby Road, Haworth, Doncaster	DN11 8JN	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	Y	
Weldricks Pharmacy	FVP28	CP	The Retort House, Marsh Lane, Misterton	DN10 4DL	08:45-13:00; 14:00-18:15	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	
Well	FRT31	CP	The Health Centre, Newgate Street, Worksop	S80 1HP	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	
Worksop Pharmacy	FQL77	CP	95-97 Bridge Street, Worksop	S80 1DL	08:30-21:00	08:30-21:00	10:00-21:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	
Worksop Pharmacy (Prospect)	FDT82	CP	Unit 4, Prospect Precinct, Worksop	S81 0RS	09:00-21:00	09:00-21:00	10:00-21:00	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	

* Signed up for Spring 2025 campaign

Broxtowe locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Abbey Pharmacy	FN288	CP	63 Central Avenue, Beeston, Nottingham	NG9 2QP	08:30-13:00; 14:00-18:30 (THU 08:30-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y
Beeston Manor Pharmacy	FCJ13	CP	Middle Street, Beeston, Nottingham	NG9 1GA	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Boots Pharmacy	FC486	CP	31 High Road, Beeston, Nottingham	NG9 2JQ	09:00-17:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Boots Pharmacy	FJC63	CP	205 Nottingham Road, Hill Top, Eastwood	NG16 3GS	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Boots Pharmacy	FM303	CP	Giltbrook Retail Park, Ikea Way, Giltbrook	NG16 2RP	09:00-20:00	09:00-18:00	11:00-17:00	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	-
Boots Pharmacy	FN220	CP	2 Church Street, Stapleford, Nottingham	NG9 8GA	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Brinsley Pharmacy	FQ603	CP	1 Brynsmoor Road, Brinsley, Nottingham	NG16 5DD	09:00-18:00 (FRI 09:00-19:00)	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	Y
Church Walk Pharmacy	FRW46	DSP	2-6 Mansfield Road, Eastwood, Nottingham	NG16 3AQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	-	-
Grewal Chemist	FC184	CP	38-40 Chilwell Road, Beeston, Nottingham	NG9 1EJ	08:45-18:30 (THU 08:45-18:00)	09:00-15:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	-	-	-	Y
Jardines	FJT64	CP	Unit 9, Sainsburys Precinct, Stoney Street, Beeston, Nottingham	NG9 2LA	09:00-13:00; 14:00-18:30	09:00-12:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Jhoots Pharmacy	FAK38	CP	Hickings Lane Medical Centre, Ryecroft Street, Stapleford, Nottingham	NG9 8PN	09:00-18:00 (THU 09:00-14:00)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Nuthall Pharmacy	FH469	CP	Unit 1, 2 Upminster Drive, Nuthall	NG16 1PT	09:00-18:00	09:00-12:00	Closed	-	Y	Y	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Peak Pharmacy	FD664	CP	40 Derby Road, Stapleford, Nottingham	NG9 7AA	09:00-13:00, 13:30-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y
Peak Pharmacy	FF951	CP	27 Greens Lane, Kimberley, Nottingham	NG16 2PB	08:30-13:00; 13:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Tesco Pharmacy	FCH51	CP	1 Station Street, Beeston, Nottingham	NG9 2AR	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Tesco Pharmacy	FQ033	CP	Swiney Way, Toton, Nottingham	NG9 6GZ	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Trent Direct	FXW61	DAC	Unit 14, Eastwood Links Business Park, Eastwood	NG16 3BF	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-
Ways Pharmacy	FFG67	CP	24 Chilwell Road, Beeston, Nottingham	NG9 1EJ	09:00-13:00; 13:30-17:30	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	-
Well	FFR60	CP	23 Lawrence Avenue, Awsworth, Nottingham	NG16 2SN	08:30-13:00; 14:00-17:30	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Well	FN669	CP	Stapleford Care Centre, Church Street, Stapleford, Nottingham	NG9 8DB	09:00-21:00	09:00-21:00	10:00-15:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	Y	-
Well	FNP89	CP	81 Bramcote Lane, Chilwell, Nottingham	NG9 4ET	09:00-18:30	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Well	FP283	CP	2a Church Walk, eastwood, Nottingham	NG16 3BG	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
West Point Pharmacy	FP250	CP	Unit 5, West Point Shopping Centre, Ransom Road, Chilwell, Nottingham	NG9 6DX	09:00-18:30 (Wed 09:00-14:00)	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y

Gedling locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Asda Pharmacy	FFT75	CP	111-127 Front Street, Arnold, Nottingham	NG5 7ED	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Boots Pharmacy	FCD08	CP	85 Front Street, Arnold, Nottingham	NG5 7EB	08:30-17:30	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Boots Pharmacy	FDK08	CP	49 Main Street, Burton Joyce	NG14 5DX	09:00-18:30 (Thu 09:00-12:00, Fri 09:00-18:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Boots Pharmacy	FR363	CP	944 Woodborough Road, Mapperle, Nottingham	NG3 5QS	08:30-17:30	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Boots Pharmacy	FVQ48	CP	Victoria Retail Park, Netherfield, Nottingham	NG4 2PE	09:00-18:00	09:00-17:00	10:30-14:30	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y
Calverton Practice	C84047	Disp	2a St Wilfrids Square, Calverton	NG14 6PF	08:30-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Carlton Hill Pharmacy	FLC61	CP	359 Carlton Hill, Carlton Nottingham	NG4 1HW	09:00-18:00	09:00-15:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Dosette Pharmacy	FQD45	DSP	Sherbrook Business Centre, Sherbrook Road, daybrook, Nottingham	NG5 6AT	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	
G. M Lad Limited	FTH15	CP	3-5 St Wilfrids Square, Calverton	NG14 6FP	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	Y	Y	-	-	-	-	-	*	-	-	Y	-	-	-	
Ivy Medical Group	C84646002	Disp	4 W heatsheaf Court, Vurton Joyce	NG14 5EA	08:30-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Jayplex Dispensing Chemists	FFL99	CP	724 Mansfield Road, Woodthorpe, Nottingham	NG5 3FW	09:00-13:00; 14:00-18:30	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	
Jubilee Practice	C84613	Disp	61 Burton Road, Carlton, Nottingham	NG4 3DQ	08:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mapperley Pharmacy	FQX51	CP	852a Woodborough Road, Mapperley, Nottingham	NG3 5QQ	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-	-	-	-	
Medina Chemist	FXH72	CP	89 Victoria Road, Netherfield, Nottingham	NG4 2NN	09:00-21:00	17:00-21:00	10:00-20:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	
MEDS2U Pharm	FA117	DSP	11 Carlton Business Centre, Carlton, Nottingham	NG4 3AA	08:00-13:00; 13:30-16:30	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	
Notts Pharmacy	FJC82	CP	271 Westdale Lane, Carlton, Nottingham	NG4 4FG	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	*	-	-	Y	-	-	-	
Peak Pharmacy	FG577	CP	35 Plains Road, Mapperley, Nottingham	NG3 5JU	09:00-13:00; 13:30-17:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	Y	
Peak Pharmacy	FJE15	CP	Arnold Health Centre High Street /Front Street, Arnold, Nottingham	NG5 7BQ	08:45-13:00; 13:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	Y	
Peak Pharmacy	FJN22	CP	61 Burton Road, Carlton, Nottingham	NG4 3DR	08:30-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	*	-	-	Y	-	-	-	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Peak Pharmacy	FQX00	CP	1 Milton Court, Ravenshed	NG15 9BD	08:45-13:00; 13:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Peak Pharmacy	FR064	CP	Netherfield Medical Centre, Knight Street, Netherfield, Nottingham	NG4 2FN	09:00-12:30, 13:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	Y	Y
Peak Pharmacy	FWQ03	CP	18 Westdale Lane, Gedling, Nottingham	NG4 3JA	09:00-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	-	-	Y
Rowlands Pharmacy	FE056	CP	1 Salop Street, Daybrook, Nottingham	NG5 6HP	09:00-18:30 (THU 09:00-17:30)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Singhs Pharmacy	FMK43	CP	77 High Street, Arnold, Nottingham	NG5 7DJ	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Vantage Vale Chemist	FEA47	CP	66 Vale Road, Colwick, Nottingham	NG4 2EB	08:30-17:30 (Wed 08:30-12:45, Fri 08:30-18:30)	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Westdale Pharmacy	FQ546	CP	354 Westdale Lane, Mapperley, Nottingham	NG3 6ET	09:00-13:00; 14:00-21:00	10:00-13:00; 14:00-21:00	10:00-19:30	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-

* Signed up for Spring 2025 campaign

Mansfield locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Asda Pharmacy	FKW61	CP	Old Mill Lane, Forest Town, Mansfield	NG19 8QT	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Boots Pharmacy	FAJ48	CP	Unit 1, St Peters Retail Park, Mansfield	NG18 1BE	09:00-21:00	09:00-21:00	10:30-16:30	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Boots Pharmacy	FJL98	CP	39 Four Seasons Shopping Centre, Mansfield	NG18 1SU	08:30-14:00; 15:00-17:30	08:30-14:00; 15:00-17:30	11:00-15:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Fittleworth Medical Ltd	FYL81	DAC	Suite 2a, Oakham Business Park, Mansfield	NG18 5BU	09:00-15:00	Closed	Closed	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-
Mansfield Delivery Chemist	FEL27	CP	1 Wood Street, Mansfield	NG18 1QB	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	-	-
Newgate Pharmacy	FAV79	CP	123 Newgate Lane, Mansfield	NG18 2LG	09:00-13:00; 13:20-17:30	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	Y	Y
Oakwood Pharmacy	FMF17	CP	14 Church Street, Mansfield Woodhouse	NG19 8AH	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	-	-
Online Delivery Chemist Ltd	FFA30	DSP	Unit 6A, Ransom Hall, Ransom Wood Business Park, Sothwell Road West, Mansfield	NG21 0HJ	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Online Pharmacy 4U	FA247	DSP	Unit 2 Mansfield, Woodhouse, Station Gateway, Signal Way Off Debdale Lane, Mansfield Woodhouse, Mansfield	NG19 9QH	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Orchard Pharmacy	FN473	CP	Orchard Medical Stockwell Gate, Mansfield	NG18 5GG	08:30-13:00; 13:30-21:00 (Tue, Thu 08:30-21:00)	11:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	-
Peak Pharmacy	FDR29	CP	93-97 Westgate, Mansfield	NG18 1RT	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Peak Pharmacy	FEL83	CP	40 Rosemary Street, Mansfield	NG18 1QL	09:00-13:30; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Peak Pharmacy	FWJ83	CP	18 Ladybrook Place, Ladybrook Lane, Mansfield	NG18 5JP	09:00-13:30; 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y
Pleasley Pharmacy	FG727	CP	6 Poplar Drive, Pleasley	NG19 7TA	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	-	-	-
Rosemary Street Pharmacy	FJ091	CP	Rosemary Street, Mansfield	NG19 6AB	08:00-21:00	08:30-21:00	08:30-22:00	Y	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Rowlands Pharmacy	FDM62	CP	29a/29b Church Street, Warsop	NG20 0AU	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Rowlands Pharmacy	FH057	CP	6 Sherwood Street, Warsop	NG20 0JN	09:00-17:30 (FRI 09:00-17:00)	11:30-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	Y
Rowlands Pharmacy	FHJ14	CP	36 High Street, Mansfield Woodhouse	NG19 8AN	09:00-14:00; 14:20-17:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-	-	Y	-	-	Y	Y
Rowlands Pharmacy	FJQ88	CP	Shop 3, Ossington Close, Meden Vale	NG20 9PZ	09:00-18:00 (WED 09:00-17:00)	Closed	Closed	-	Y	-	Y	-	Y	Y	-	-	-	-	Y	-	-	Y	-	-	-	-
Superdrug	FMT00	CP	14-18 Stockwell Gate, Mansfeild	NG18 1LE	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Tesco Pharmacy	FF391	CP	Chesterfield Road South, Mansfield	NG19 7TS	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Tesco Pharmacy	FWJ86	CP	Oaktree Lane Shopping Centre, Jubilee Way, Mansfield	NG18 3RT	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Well	FDN93	CP	113 Clipstone Road West, Forest Town, Mansfield	NG19 0BT	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Well	FP158	CP	Crown Farm Medical Centre, Crown Farm way, Forest Town	NG19 0FW	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y

Newark and Sherwood locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Asda Pharmacy	FLF28	CP	Lombard Street, Newark	NG24 1XG	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Atos Care	FF468	DAC	Newark Beacon, Beacon Hill Office Park, Cafferata Way, Newark	NG24 2TN	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Bilthorpe Pharmacy	FVA51	CP	46 Church Street, Bilthorpe, Newark	NG22 8QR	08:30-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	-
Blidworth Pharmacy	FCM46	CP	57 Mansfield Road, Blidworth	NG21 0RB	09:00-13:30; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	-	-	-	-	Y
Boots Pharmacy	FG989	CP	41 Forest Road, New Ollerton	NG22 9PR	09:00-18:00	10:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Boots Pharmacy	FLH78	CP	Northgate Retail Park, Newark	NG24 1GA	08:30-24:00	08:30-24:00:00	10:00-17:00:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Boots Pharmacy	FLV10	CP	14-15 Stodman Street, Newark	NG24 1AT	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	-
Boots Pharmacy	FR529	CP	17-19 King Street, Southwell	NG25 0EH	08:00-13:00; 14:00-24:00	08:00-13:00; 14:00-00:00	11:00-15:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Collingham Pharmacy	FKD28	CP	High Street, Collingham, Nr Newark	NG23 7LB	08:45-13:00; 14:00-18:00	09:00-12:30	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	Y
Edwinstowe Pharmacy	FXE30	CP	25 High Street, Edwinstowe	NG21 9QP	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y
Evans Pharmacy	FGG30	CP	33 Kirkgate, Newark	NG24 1AD	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	Y
Evans Pharmacy	FTC04	CP	48a Barnby Gate, Newark	NG24 1QD	09:00-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	Y
Farnsfield Pharmacy	FV368	CP	Station Lane, Farnsfield	NG22 8LA	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	-	-	-	-	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Health-Gate Pharmacy	FVL61	CP	4 Sherwood Parade, Kirklington Road, Rainworth	NG21 0JP	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Holdens Chemist Express	FEJ84	CP	77b Eton Avenue, Newark	NG24 4JH	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	-	Y
Hounsfield Surgery	C84660	Disp	Hounsfield Way, Sutton on Trent	NG23 6PX	08:30-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ivy Medical Group	C84646 001	Disp	Lowdham Health Centre, Franklin Road, Lowdham	NG14 7BG	09:00-18:00 (Thur 08:30-13:00)~	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jhoots Pharmacy	FQ070	CP	1 Robin Hood Walk, Newark	NG24 1XH	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	-
Lowdham Pharmacy	FW058	CP	49 Main Street, Lowdham	NG14 7AB	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-	Y	Y	-	-	-	Y
Sherwood Avenue Pharmacy	FQD72	CP	47 Sherwood Avenue, Newark	NG24 1QH	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	*	-	-	Y	Y	-	Y	-
Southwell Medical Practice	C84049	Disp	The Ropewalk, Southwell	NG25 0AL	08:00-18:00	08:00-10:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FKH45	CP	Forest Road, New Ollerton	NG22 9PL	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Well	FF338	CP	Primary Care Centre, Lowfield Lane, Balderton, Newark	NG24 3HJ	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-
Well	FK205	CP	Forest Road, New Ollerton	NG22 9PL	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	-	-	-
Well	FM537	CP	31 Main Street, Balderton, Newark	NG24 3LG	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Well	FR912	CP	Rainworth Primary Care Centre, Warsop Lane, Rainworth	NG21 0AD	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	Y
Well	FVQ80	CP	2-4 King Street, Southwell	NG25 0EN	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	Y	-
Whistlers Pharmacy	FH735	CP	Beaumond Chambers, London Road, Newark	NG24 1TN	08:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	Y	Y	-

* Signed up for Spring 2025 campaign

Rushcliffe locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Asda Pharmacy	FT633	CP	184 Loughborough Road, West Bridgford, Nottingham	NG2 7JA	09:00-12:30; 14:30-20:00	09:00-12:30, 14:30-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-
Bingham Pharmacy	FFD37	CP	23 Eaton Place, Bingham	NG13 8BD	09:00-18:00 (Wed 09:00-14:00)	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	Y	-	-	-
Boots Pharmacy	FHP20	CP	16 Eaton Place, Bingham	NG13 8BD	08:30-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Boots Pharmacy	FJF20	CP	24 Central Avenue, West Bridgford, Nottingham	NG2 5GR	09:00-18:00	09:00-17:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	-	-	-
Cropwell Bishop Surgery & Bingham Medical Centre	C84017	Disp	Fern Road, Cropwell Bishop	NG12 3BU	09:30-15:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Cropwell Bishop Surgery & Bingham Medical Centre	C84017002	Disp	Newgate Street, Bingham	NG13 8FD	09:30-15:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
East Bridgford Medical Centre	C84025	Disp	2 Butt Lane, East Bridgford	NG13 8NY	08:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Edwalton Pharmacy	FQK48	CP	40 Earlswood Drive, Edwalton	NG12 4AZ	09:00-13:00; 14:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	*	-	-	-	-	-	-	-
Evans Pharmacy	FA945	CP	11 Charles Street, Ruddington	NG11 6EF	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	-	-	-	Y
Evans Pharmacy	FDE08	CP	12-14 Gotham Lane, East Leake	LE12 6JG	08:30-18:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	-	-	-	Y
Green Cross Pharmacy	FJX53	CP	95 Musters Road, West Bridgford, Nottingham	NG2 7PX	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Keyworth Pharmacy	FDW83	CP	5 The Square, Keyworth	NG12 5JT	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	-
Ladybay Pharmacy	FHG97	CP	145 Trent Boulevard, West Bridgford, Nottingham	NG2 5BX	09:00-13:00; 14:00-18:00 (THU 09:00-13:00)	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
LP Pharmacy	FM387	CP	Unit 3, Shopping Centre, Compton Acres, West Bridgford, Nottingham	NG2 7RS	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	-	-	-	Y
Morrisons Pharmacy	FHK40	CP	The District Centre, Lings Bar Road, Gamston, Nottingham	NG2 6PS	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-18:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS7	AS8	AS9	NES1	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
My Local Chemist	FGM17	CP	Embankment PCC 50/60 Wilford Lane, West Bridgford, Nottingham	NG2 7SD	09:00-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	08:00-21:45	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	-	-	-	-
My Local Chemist	FKP05	CP	185 Loughborough Road, West Bridgford, Nottingham	NG2 7JR	09:00-13:00, 13:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
My Local Chemist	FKW75	CP	97a Melton Road, West Bridgford, Nottingham	NG2 6EN	09:00-13:00; 13:30-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y
Orchard Surgery	C82040	Disp	Nottingham Road, Gotham	NG11 0HE	08:30-18:00 (Thur 08:30- 13:00)	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Radcliffe Day & Night Pharmacy	FCX46	CP	1 Shelford Road, Radcliffe on Trent, Nottingham	NG12 2AE	09:00-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	11:00-17:00	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-
Singh S	FEN54	CP	Unit 6, Tudor Square, West Brigford, Nottingham	NG2 6BT	09:00-13:30; 14:00-17:30	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Village Health Group	C84005	Disp	Keyworth HC, Bunny Lane, Keyworth	NG21 5JU	10:00-13:00; 15:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Well	FCQ75	CP	2 The Square, Keyworth	NG12 5JT	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-
Well	FFR64	CP	Medical Centre, Belvoir Health Group, Candleby Lane, Cotgrave	NG12 3JG	08:30-18:00 (Mon, Fri 08:30- 18:30, Thu 08:30-17:00)	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y
Well	FQ820	CP	22a Main Road, Radcliffe-on-Trent	NG12 2FH	08:15-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	-	-	Y

* Signed up for Spring 2025 campaign

Appendix B: PNA project plan

	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
Stage 1: Project planning and governance Stakeholders identified and PNA Steering Group terms of reference agreed Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting Prepare questionnaires for initial engagement															
Stage 2: Research and analysis Collation of data from Public Health, LPC, ICB and other providers of services Listing and mapping of services and facilities Collation of data for housing and new care home developments Equalities Impact Assessment Analysis of questionnaire responses Review all data at second Steering Group meeting															
Stage 3: PNA development Review and analyse data and information collated to identify gaps in services based on current and future population needs Develop consultation plan Draft PNA Sign off draft PNA at third Steering Group meeting and update for HWB															
Stage 4: Consultation and final draft production Coordination and management of consultation Analysis of consultation responses and production of report Draft final PNA for approval Sign off final PNA at fourth Steering Group meeting Edit final PNA 2025 ready for publication and provide update for HWB															

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Nottingham City Health and Wellbeing Board (HWB) and the Nottinghamshire County Health and Wellbeing Board, to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

The Directors of Public Health confirmed they have received delegated authority for the PNA from the Health and Wellbeing Boards to sign off the draft report and recommendations for publications. The Health and Wellbeing Boards retain overall responsibility for the publication of the final PNA.

Accountability

The Steering Group is to report to the Consultant in Public Health.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing Doctors list for its area
 - Any LPS Chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS Trust or NHS Foundation Trust in its area
 - Integrated Care Boards
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to Health and Wellbeing Board on both the draft and final PNA
- Publish the final PNA by 30 September 2025

Membership

Core members:

- Consultant in Public Health / Nominated Public Health Lead
- Integrated Care Board Contract Manager representative
- Local Pharmaceutical Committee representative
- Integrated Care Board Pharmacy and Medicines Optimisation representative
- Local Medical Committee representative
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Public Health representative will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, which must include an LPC, ICB Contract Manager and Public Health representative. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- Integrated Care Board Commissioning Managers
- NHS Trust Chief Pharmacists
- Dispensing Doctors representative

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by both councils to support the development of each of their local HWB PNAs.

Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.

Appendix D: Public questionnaire

Total responses received: 1,059

The questionnaire was open for responses between 11 November 2024 and 12 January 2025.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality
- Some numbers may be higher than the number of answers due to multiple choice
- Some figures may not add up to 100% due to rounded numbers
- The option with the higher number of responses shows in bold to facilitate analysis
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being “N/A” or “No comment”.

1) Why do you usually visit a pharmacy? (1,054 valid responses, 5 skipped)

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

Other comments (themes):	Number
Vaccinations	86
Buying products	10
Uses delivery service	8
Collect medication	6
I don't	4
Care home medication	4

Other comments (themes):	Number
Support staff	3
Return medication	2
Others (one response each)	4

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

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

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

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

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

Option	%	Number
Yes, a community pharmacy/local chemist shop or building	87%	920

Option	%	Number
Yes, an internet/online pharmacy - (This pharmacy, also referred to as a distance selling pharmacy, is one which operates partially or completely online. Prescriptions are received electronically or by paper and dispensing medication is sent via a courier to your home)	1%	15
Yes, a combination of both	7%	73
No	4%	47

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

Option	%	Number
Yes	67%	706
No	31%	327

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

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

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

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

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

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

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

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

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

Comments (themes):	Number
No	115
More prescribable medication	30
Vaccinations (COVID, Flu, RSV, Tetanus)	25
Better stock and availability of medication	24
Better opening times	21
Blood/urine tests	14
Delivery service	14

Comments (themes):	Number
Blister packs/dosette boxes	10
Better customer service	9
Blood pressure	8
Medication reviews	7
Ear syringing	6
Minor illness service	5
More expanded services	5
Repeat prescriptions	5
Texting when prescription is ready	3
Chiropody service	3
More services	2
Contraceptive	2
Better communication of services	2
UTI tests	2
Hearing/vision tests	2
Better link with GP	2
Wound dressing service	2
Body MOT	2
Confidentiality	2
Hearing aid battery collection	2
Other (one comment each)	16

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

Comments (themes):	Description	Positive	Negative	Total
Quality of service and staff	Suggestions for better queue management and customer service training. Issues with staffing levels causing delays or mistakes. Positive acknowledgment of helpful and friendly staff.	67	42	109

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

A bit about you

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

Option	%	Number
Under 18	0	0
18-24	1%	11
25-34	3%	27
35-44	7%	78
45-54	13%	138

Option	%	Number
55-64	24%	251
65-74	29%	312
75+	21%	223
Prefer not to say	2%	17

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

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

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

Option	%	Number
Arab	0	1
Asian – Bangladeshi	0	1
Asian – Chinese	0	3
Asian – Pakistani	0	2
Asian – Indian	0	5
Asian – Other	0	2
Black - British	0	3
Black – African	0	0
Black – Caribbean	0	2
Black – Other	0	0
Mixed – Asian and White	0	2
Mixed – Black Caribbean and White	0	1
Mixed – Black African and White	0	1
Mixed – Other	0	1
White – English/ Welsh/Scottish/Northern Irish/British	94%	992
White – Gypsy or Traveller	0	1

Option	%	Number
White – Irish	0	4
White – Other	2%	21
Prefer not to say	2%	20
Other	0	2

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

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

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

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

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

Other comments (themes):	Number
Cardiac	7
Diabetes	5
Mobility	4
Long term condition	4
Aging	3
Respiratory	3
High blood pressure	3
Epilepsy	2
Bone condition	2
Other (one comment each)	6

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

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

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

Option	%	Number
Buddhist	0	4
Christian	51%	539
Hindu	0	0
Jewish	1%	6
Muslim	0	4
Sikh	0	2
No religion or belief	34%	363
Prefer not to say	9%	93
Other	2%	22

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

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

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

Other comments:	Number
Pansexual	1

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

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