

Pharmaceutical Needs Assessment 2022

Lincolnshire Health and
Wellbeing Board

Table of Contents

Executive Summary.....	8
NHS pharmaceutical services in England	8
Lincolnshire	9
Current pharmaceutical provision	9
Section 1: Introduction.....	10
1.1 Legislative Framework	10
1.2 Local Context.....	12
1.2.1 Joint Strategic Needs Assessment	12
1.2.2 Joint Health and Wellbeing Strategy	12
1.2.3 Integrated Care Systems.....	12
1.2.4 Primary Care Networks.....	13
1.3 Purpose of the PNA.....	13
1.4 Scope of the PNA	13
1.4.1 Pharmacy Contractors	14
1.4.2 Dispensing Appliance Contractors.....	16
1.4.3 Local Pharmaceutical Service Providers	16
1.4.4 Dispensing GP Surgeries	16
1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas ..	18
1.4.6 Other NHS and relevant services and providers in Lincolnshire	19
1.5 Process for developing the PNA.....	19
1.6 Localities for the purpose of the PNA.....	21
Section 2: Context for the PNA	23
2.1 Demography of Lincolnshire	23
2.1.1 Population estimates and projections.....	23
2.1.2 Population growth	26
2.1.3 Deprivation	28
2.1.4 Vulnerable populations	30
2.1.5 Housing	33
2.2 Health and wellbeing	38
2.2.1 Life expectancy	38
2.2.2 Prevalence of diseases and chronic conditions.....	39
2.2.3 Burden of disease	40
2.2.4 Relevant health behaviours.....	40
Section 3: NHS Pharmaceutical Services Provision	42
3.1 Community pharmacies	42
3.1.1 Summary of community pharmacy weekday opening hours	45

3.1.2 Community pharmacies weekend opening hours.....	45
3.1.3 Bank holiday opening hours	46
3.2 Access to community pharmacies	46
3.2.1 Routine daytime access to community pharmacies.....	47
3.2.2 Access to community pharmacies outside Lincolnshire.....	50
3.2 Dispensing Appliance Contractors	51
3.3 Distance-selling pharmacies	51
3.4 Essential Service provision from community pharmacies.....	51
3.5 Advanced Service provision from community pharmacies	52
3.6.1 Extended opening hours.....	54
3.6.2 Palliative Care Drug Stockists' Scheme.....	54
3.6.3 Extended Care Service	54
3.6.4 COVID-19 Vaccination programme	54
Section 4: Additional Pharmaceutical Provision	55
4.1.1 Dispensing GP surgeries.....	55
4.1.2 GP opening hours	55
4.1.3 Dispensing services.....	55
Section 5: Public engagement of pharmaceutical services.....	56
5.1 Demographics	56
5.2 Access.....	57
5.3 Satisfaction.....	57
Section 6: Assessment of Pharmaceutical Services and Needs.....	58
6.1 Number of pharmaceutical contractors	58
6.2 Access to pharmaceutical contractors.....	58
6.3 Provision of Essential and Enhanced Services from community pharmacies ...	58
6.4 Provision of Advanced Services from community pharmacies	58
Section 7: Statements of PNA.....	59
7.1 Necessary services: current provision	59
7.1.1 Number and distribution of community pharmacies across Lincolnshire ..	59
7.1.2 Provision of necessary services across Lincolnshire.....	60
7.1.3 Future provision of necessary services.....	60
7.2 Necessary services: gaps in provision	60
7.3 Other relevant services: current provision	60
7.4 Improvements and better access: gaps in provision	60
7.5 Other NHS Services	60

List of Figures

Figure 1: Dispensing GP surgeries in Lincolnshire	18
Figure 2: Lincolnshire PCNs and District boundaries	22
Figure 3: Lincolnshire population estimates and projections, by age group and gender: 2020 and 2025	25
Figure 4: Overall deprivation in Lincolnshire, by LSOA, 2019	29
Figure 5: Total YLDs in Lincolnshire (2019), by gender: Top 10 causes	40
Figure 6: Location of community pharmacies and distribution in Lincolnshire	44
Figure 7: Car journey travel time to Lincolnshire community pharmacies	48
Figure 8: Public transport travel time to Lincolnshire community pharmacies	49
Figure 9: Community pharmacies in and around Lincolnshire (10km boundary)	50
Figure 10: Age profile of respondents	56
Figure 11: Location of respondents	57

List of Tables

Table 1: Numbers of dispensing GP surgeries in each district of Lincolnshire	17
Table 2: Estimated population (2020) and projected increase by 2025, by district ...	23
Table 3: Lincolnshire population (2020) projected to 2025, by broad age group and district	24
Table 4: Live births and fertility rates, by district of usual residence of mother, 2020	26
Table 5: Summary of migration statistics for Lincolnshire, 2019	27
Table 6: Travellers' caravan count (number of caravans) as of January 2020 in Lincolnshire by district	32
Table 7: Planned housing stock in Lincolnshire, by district	35
Table 8: National, and local comparison of QOF prevalence rates: 2020/21.....	39
Table 9: Summary of community pharmacies in Lincolnshire, by district.....	43
Table 10: Summary (number and percentage of total in each district) of community pharmacy providers	45
Table 11: Summary (number in each district and percentage of total in HWB area) of community pharmacy providers open on weekends.	46
Table 12: Percentage of resident population able to access community pharmacies within driving travel time boundaries	47
Table 13: Advanced Pharmaceutical Service provision in Lincolnshire.....	52
Table 14: Advanced Pharmaceutical Service provision in Lincolnshire, by District.....	53

List of Appendices

1. Maps with distribution of contractors at district level; breakdown of contractors per district, with opening hours, and services they provide; list of other relevant NHS providers
2. Terms of reference and composition of the Steering Group
3. Questionnaire templates (community pharmacy, GP, public engagement); summary of data collated from pharmacy and GP questionnaires; summary of Locally Commissioned Services available in Lincolnshire pharmacies.

List of Abbreviations

AUR: Appliance Use Review

B&B: Bed and Breakfast

BBC: British Broadcasting Corporation

C-19/COVID-19: Coronavirus Disease 2019

CBR: Crude Birth Rate

COPD: Chronic Obstructive Pulmonary Disease

CPCF: Community Pharmacy Contractual Framework

CPCS: Community Pharmacy Consultation Service

DAC: Dispensing Appliance Contractor

DALY: Disability-Adjusted Life Year

DHSC: Department of Health and Social Care

DMS: Discharge Medicine Service

DRUM: Dispensing Review Use of Medicines

DSP: Distance Selling Pharmacy

DSQS: Dispensary Services Quality Scheme

EHC: Emergency Hormonal Contraception

GBD: Global Burden of Disease

GP: General Practitioner

HD: High Dependency

HIV: Human Immunodeficiency Virus

HMP: Her Majesty's Prison

HWB: Health and Wellbeing Board

ICB: Integrated Care Board

ICP: Integrated Care Partnership

ICS: Integrated Care System

IMD: Index of Multiple Deprivation

IRC: Immigration Removal Centre

JCVI: Joint Committee on Vaccination and Immunisation

JHWS: Joint Health and Wellbeing Strategy

JSNA: Joint Strategic Needs Assessment
LCC: Lincolnshire County Council
LCHS: Lincolnshire Community Health Services
LCS: Locally Commissioned Service
LHCC: Lincolnshire Health and Care Collaborative
LiSH: Lincolnshire Sexual Health
LMC: Local Medical Committee
LPC: Local Pharmaceutical Committee
LPS: Local Pharmaceutical Service
LSOA: Lower Layer Super Output Area
MDS: Monitored Dosage System
n: total number of individuals in the sample
NHS: National Health Service
NHSE: NHS England
NHSE&I: NHS England and Improvement
NICE: National Institute for Health and Clinical Excellence
NIHR: National Institute for Health Research
NiNo: National Insurance Number
NMS: New Medicine Service
NOMIS: National Online Manpower Information System
NUMSAS: NHS Urgent Medicine Supply Advanced Service
NSP: Needle and Syringe Programme
ONS: Office for National Statistics
PANSI: Projecting Adult Needs and Service Information
PBSAP: Pharmacy Based Supervised Administration Programme
PCN: Primary Care Network
PCT: Primary Care Trust
PGD: Patient Group Direction
PhAS: Pharmacy Access Scheme
PHE: Public Health England
PNA: Pharmaceutical Needs Assessment
POPPI: Projecting Older People Population Information System
PQS: Pharmacy Quality Scheme
PSNC: Pharmaceutical Services Negotiating Committee
QOF: Quality and Outcomes Framework
SAC: Stoma Appliance Customisation
SALT: Short And Long Term
SCS: Smoking Cessation Service
SHAPE: Strategic Health Asset Planning and Evaluation

STI: Sexually Transmitted Infection
SUE: Sustainable Urban Extension
TFR: Total Fertility Rate
ULHT: United Lincolnshire Hospital Trust
UoL: University of Lincoln
WAWY: We Are With You
YLD: Years of healthy life lost due to disability
YLL: Years of Life Lost

Executive Summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). This analysis and mapping of NHS England (NHSE) commissioned pharmaceutical services against local health needs provides the Lincolnshire HWB with a framework to support the local health and care system to:

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

This PNA has been produced through the PNA Steering Group on behalf of the Lincolnshire HWB, with authoring support from the School of Pharmacy at the University of Lincoln (UoL). Data presented throughout the document are accurate as of 31st December 2021, unless stated otherwise. Any subsequent changes will be monitored, and any changes updated through supplementary statements (published alongside the PNA document), when necessary.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the 'Pharmaceutical List' held by NHS England & Improvement (NHSE&I). Types of providers are:

- Community pharmacy contractors, including distance-selling pharmacies (DSPs).
- Dispensing appliance contractors (DACs).
- Local pharmaceutical service (LPS) providers.
- Dispensing GP surgeries.

Community pharmacies operate under the NHS Community Pharmacy Contractual Framework (CPCF) 2019 – 2024 (contract) which sets out three levels of service:

Essential Services

- Negotiated nationally and commissioned by NHSE.
- Provided from all pharmacies.

Advanced Services

- Negotiated nationally and commissioned by NHSE.
- Provided by pharmacies which choose to offer them.

Enhanced Services/locally commissioned services (LCS)

- Negotiated locally and commissioned by local authorities, NHS Lincolnshire Integrated Care Board (ICB) or NHSE to address local health needs.
- Provided by some pharmacies dependent on commissioning.

The CPCF enables NHSE to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support of self-care from pharmacies. For the purpose of this PNA, Essential Services and GP dispensing services are defined as necessary services, while Advanced and Enhanced Services are other relevant services.

Lincolnshire

Lincolnshire is located in the East Midlands and is the fourth largest county in England. The county has seven districts – Boston, East Lindsey, Lincoln City, North Kesteven, South Holland, South Kesteven, and West Lindsey – and has a diverse geography comprising large rural and agricultural areas, urban areas and market towns, and a long eastern coastline. The estimated resident Lincolnshire population is 766,300 (based on Office for National Statistics (ONS) 2020 Mid-Year Population Estimates) with a 49% male and 51% female breakdown.

In the Index of Multiple Deprivation (IMD) showing overall deprivation, the 2019 data shows Lincolnshire ranked 91st out of 152 upper-tier authorities in England, where 1st is the most deprived. Levels of deprivation vary significantly across the county, with urban areas and the east coast having much higher levels of multiple deprivation compared to the rural areas of the county.

The main causes of ill health in Lincolnshire are coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), diabetes and cancer. There is also a high prevalence of obesity, stroke, and musculoskeletal conditions.

Current pharmaceutical provision

Pharmaceutical services are provided in Lincolnshire through three types of providers: community pharmacies (including DSPs), DACs and dispensing GP surgeries. Other NHS providers of pharmaceutical services in Lincolnshire are out of scope of this PNA.

There are 117 community pharmacies in the Lincolnshire HWB area (as of 30th June 2022), including 5 DSPs. Due to the mainly rural nature of Lincolnshire, the number of community pharmacies varies by district. Some populations may find community pharmacies in neighbouring HWB areas more accessible and/or convenient. Most people in Lincolnshire can access a community pharmacy within 15-30 minutes either by car or public transport on any day of the week.

There are currently 55 dispensing GP surgeries in Lincolnshire, as of February 2022 (Source: OHID, SHAPE Place Atlas), offering access to pharmaceutical services predominantly to people living in specific, rural locations in the county.

There is one DAC based in Lincolnshire, as of February 2022. People of Lincolnshire can access services remotely from any DAC in the country. In addition, a variety of appliances can be accessed through most community pharmacies and dispensing GP surgeries in Lincolnshire.

The existing evidence suggests that the availability of necessary and other relevant services through the current network of pharmaceutical contractors meets the need for the access to, and the choice of pharmaceutical services in Lincolnshire.

Conclusion

The Lincolnshire HWB considered the number, distribution, access, and choice of pharmaceutical contractors covering each of the seven districts in Lincolnshire and concluded that the existing evidence indicates that residents of Lincolnshire are adequately served by providers of pharmaceutical services and no current and future gaps have been identified in the provision of necessary and other relevant services across Lincolnshire. Changes affecting pharmaceutical provision such as substantial changes in current provision or population demographics will be monitored and reviewed by the HWB, and the PNA will be updated with supplementary statements where necessary. Any expansion of services will continue to happen within the existing network of pharmaceutical contractors where possible.

Section 1: Introduction

1.1 Legislative Framework

The Health and Social Care Act 2012 requires each HWB in England to assess the needs for pharmaceutical services in its area and publish relevant statements in the PNA.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2012/349) came into force on 1 April 2013. The Regulations require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement.

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

The Community Pharmacy Contractual Framework 2019 - 2024: supporting delivery for the NHS Long Term Plan, published July 2019, sets out an expanded the role for community pharmacies, placing them at the forefront of treating minor illness and providing health advice. The five-year deal:

- Commits almost £13 billion to community pharmacy through its contractual framework.
- Builds upon the reforms started in 2015 with the introduction of the Pharmacy Quality Scheme (PQS) to move pharmacies towards a much more clinically focused service.
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks (PCNs).
- Describes new services which will be introduced, the foremost amongst the new services was the new national NHS Community Pharmacist Consultation Service (CPCS), introduced in 2019, connecting patients who have a minor illness with a community pharmacy which should be their first port of call.
- Underlines the critical role of community pharmacy as an agent of improved public health prevention, embedded in the local community.
- Maximises the opportunities of automation and developments in information technology and skill mix to deliver efficiencies in dispensing and services that release pharmacist time.
- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation; and
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme (PhAS).

PhAS was introduced in 2016 as a new way in which community pharmacies receive their funding. Since then, PhAS has been reviewed, updated and started in January 2022. PhAS aims to support access to pharmacies that are sparsely spread, as patients depend on them most. As of 2022, any directly accessible pharmacy that is more than a mile from another pharmacy by road (or 0.8 miles in deprived areas), is on the pharmaceutical list on 31st March 2021, and meets a small number of other criteria, is eligible for PhAS. Nationally, there are 1,405 pharmacies eligible for PhAS funding based on these criteria, as indicated by Department of Health and Social Care ([DHSC](#)). These pharmacies receive additional funding that is appropriately banded. Pharmacies not deemed as eligible for PhAS payment can apply for inclusion based on very specific criteria only. The PhAS is fixed up until next review and has a budget of up to £20M nationally.

A PQS was re-introduced in September 2021 and makes £75M available nationally to qualifying pharmacies based on a points system. Each pharmacy that chooses to participate is required to meet different criteria across several quality domains in order to qualify for the funding.

1.2 Local Context

1.2.1 Joint Strategic Needs Assessment

The Health and Care Act (2012) requires each HWB to prepare and publish a [Joint Strategic Needs Assessment](#) (JSNA) and to use the JSNA to inform decision making, commissioning and the development of the Joint Health and Wellbeing Strategy (JHWS).

The JSNA is an assessment of the current and future health and wellbeing needs of the people of Lincolnshire. It brings together a range of data, information and intelligence into an overarching shared evidence base across health and care.

1.2.2 Joint Health and Wellbeing Strategy

The [JHWS](#), agreed by the Lincolnshire HWB in June 2018, has a strong emphasis on prevention and early intervention, with a clear aim to deliver transformational change which shifts the focus from treating ill health and disability to prevention and self-care. The overarching themes of the JHWS are to:

- Embed prevention across all health and care services.
- Develop joined up intelligence and research opportunities to improve health and wellbeing.
- Support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to improve their health and wellbeing.
- Harness digital technology to provide people with tools that will support prevention and self-care.
- Ensure safeguarding is embedded.

Priorities in the JHWS are focused on the areas identified from the JSNA as being the most important health and wellbeing issues facing the county. These are:

- Mental Health and Emotional Wellbeing (Children & Young People)
- Carers
- Obesity
- Mental Health (Adults)
- Dementia
- Physical Activity
- Housing and Health

1.2.3 Integrated Care Systems

ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.

ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the NHS Long Term Plan. It is hoped that they will be a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development. Each ICS will be led by NHS Integrated Care Board (ICB), an organisation responsible for NHS functions and budgets, and Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy.

1.2.4 Primary Care Networks

In July 2019, the majority of GP practices in England were combined to form around 1,300 geographical networks called Primary Care Networks (PCNs), which cover populations of approximately 30,000-50,000 patients. PCNs form a key building block of the NHS Long-Term Plan. They were formed: to combine general practices together to work at scale in order to improve the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services for patients and to integrate with the wider health and care system more easily. (Source: Kings Fund (2019), [Primary care networks explained](#))

As of December 2021, Lincolnshire had 14 PCNs; the most up-to-date list can be accessed [here](#)*

1.3 Purpose of the PNA

The PNA is considered alongside the JSNA. The PNA identifies where pharmaceutical services address public health needs outlined in the JSNA as a current or future need. Through decisions made by the local authority, NHSE and the ICB, these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

1.4 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within the 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 NHS services

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

* By the time of publication, the number of PCNs may change

- 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 Statutory Consultation

To comprehend the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers in the pharmaceutical list maintained by NHSE. The types of NHS pharmaceutical providers are:

- Pharmacy contractors
- DACs
- LPS providers
- Dispensing GP surgeries

Pharmaceutical services provided by community pharmacies, dispensing GP surgeries and appliance contractors are defined by the regulations and consist of services that are/may be commissioned under the provider's contract with NHSE.

For the purpose of this PNA, 'necessary services' are understood to be equivalent to Essential Services and GP dispensing services, while 'other relevant services' are equivalent to Advanced and Enhanced Services.

1.4.1 Pharmacy Contractors

Pharmacy contractors operate under the CPCF which sets out three levels of service under which pharmacy contractors operate:

Essential Services: These are nationally negotiated and must be provided by all pharmacies:

- Dispensing Medicines
- Dispensing Appliances (if considered 'normal course of business' – contractor does have the ability to decide not to dispense at all)
- Repeat Dispensing
- Clinical Governance
- Discharge Medicine Service (DMS) – added to the CPCF from February 2021
- Public Health (Promotion of Healthy Lifestyles)
- Signposting
- Support for Self-Care
- Disposal of Unwanted Medicines

Advanced Services: As of December 2021, there are ten Advanced Services within the CPCF. They are negotiated nationally, and any contractor may provide any of these services if they meet the requirements of the regulations and service specification associated with each service. They are:

- Appliance Use Reviews (AURs)
- CPCS – extended to allow GPs to refer from November 2020
- C-19 Lateral Flow Device Distribution Service* – temporarily added to the CPCF from March 2021
- Flu Vaccination Service
- Hepatitis C Testing Service – added to the CPCF from April 2020
- Hypertension Case-Finding Service – added to the CPCF from October 2021
- New Medicine Service (NMS) – extended to include more conditions and medicines from October 2021
- Pandemic Delivery Service* – temporarily added to the CPCF from March 2021
- Stoma Appliance Customisation (SAC)
- Stop Smoking Advance Service – added to the CPCF from March 2022

Enhanced Services (and LCSs): Enhanced Services were published alongside the 2013 Directions and in community pharmacies can be contracted for local purposes via number of different routes and by different commissioners, including local authorities, ICS and local and national NHSE teams. Some examples of Enhanced Services can include:

- Care home service
- Chlamydia Screening & Treatment
- Emergency Hormonal Contraception (EHC) service†
- Minor ailment service
- Needle and Syringe Programme (NSP) †
- Patient group direction (PGD) service
- Smoking Cessation Service (SCS) †
- Pharmacy Based Supervised Administration Programme (PBSAP) †

As of December 2021, there are four NHSE-commissioned Enhanced Services across Lincolnshire: Palliative Care Drugs' Stocklist Scheme, Extended Hours Service, COVID-19 Vaccination Programme and Extended Care Service.

In Lincolnshire, the services marked with † symbol are currently available and commissioned by Lincolnshire County Council (LCC). Therefore, they are classed as LCSs rather than Enhanced Services and fall outside of the definition of pharmaceutical services. Data relating to LCSs in Lincolnshire were presented in Appendix 3.

* By the time of publication, these services may no longer be commissioned and provided

† By the time of publication, these services may no longer be commissioned and provided

Pharmacy contractors comprise the following: those located within Lincolnshire HWB area as listed in Appendix 1, those in neighbouring HWB areas, and remote suppliers, such as DSPs. All pharmacy contractors operate under a contract with NHSE (see Section 3 for further details).

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they must not provide Essential Services face-to-face on the premises. As of December 2021, there are five DSPs located within Lincolnshire providing services to the whole population of England and likewise, DSPs elsewhere in England can provide services to Lincolnshire residents.

1.4.2 Dispensing Appliance Contractors

[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 and other.

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 AURs and SAC. Pharmacy contractors, dispensing GP surgeries and LPS providers can supply appliances. DACs are unable to supply medicines.

There is currently one DAC in the Lincolnshire HWB area based in North Kesteven; however, the population can access DACs from elsewhere in the UK if required.

1.4.3 Local Pharmaceutical Service Providers

A provider of pharmaceutical services may be locally commissioned by NHSE to deliver specified services to their local population or a specific population group outside the CPCF. As of December 2022, there are no LPS providers in Lincolnshire.

1.4.4 Dispensing GP Surgeries

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 enable patients in defined rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP surgery. Reasonable access is defined as a distance of more than one mile (1.6km measured in straight line) from a community pharmacy premises (excluding any DSP premises). Dispensing GP surgeries 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 surgeries can only provide such services to communities within rural areas known as 'controlled localities'.

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

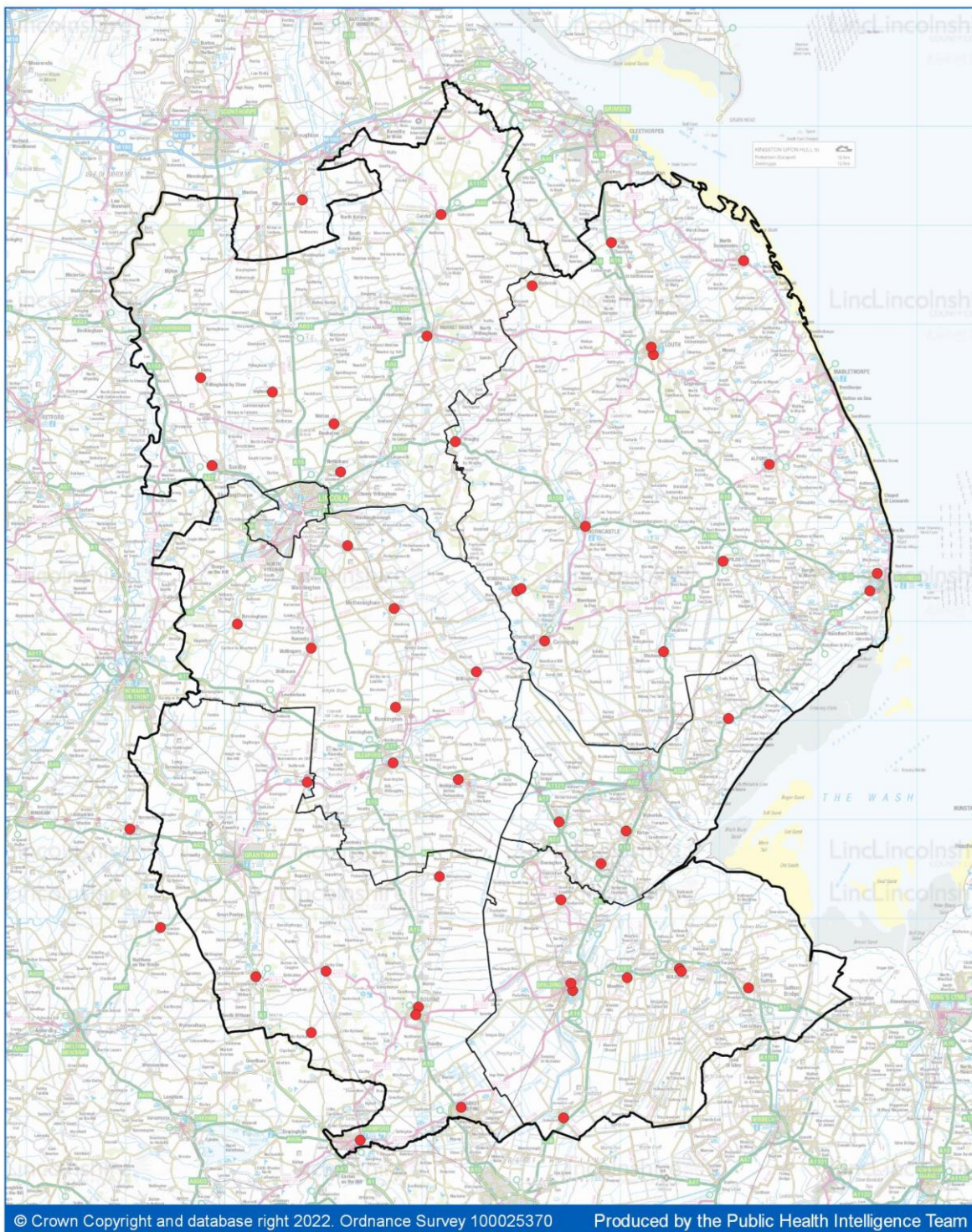
There are 55 dispensing GP surgeries located in Lincolnshire, as presented in Table 1 and Figure 1. Geographical distributions of dispensing GP surgeries within each district are presented in Appendix 1. There are 24 satellite dispensing GP surgeries in Lincolnshire, of which two are located within Lincolnshire, but are branches of GP surgeries located outside of Lincolnshire (1 North Lincolnshire, 1 North East Lincolnshire).

Table 1: Numbers of dispensing GP surgeries in each district of Lincolnshire

Lincolnshire District	Dispensing GPs
Boston	4
East Lindsey	15
Lincoln	0
North Kesteven	8
South Holland	8
South Kesteven	9
West Lindsey	8
Out of area	3
Lincolnshire	55

Source: OHID, SHAPE Place Atlas, February 2022

Figure 1: Dispensing GP surgeries in Lincolnshire



Source: OHID, SHAPE Place Atlas February 2022

1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas

There are nine other HWB areas which border the Lincolnshire HWB area:

- Cambridgeshire HWB
- Leicestershire HWB
- Norfolk HWB

- North Northamptonshire HWB
- North East Lincolnshire HWB
- North Lincolnshire HWB
- Nottinghamshire HWB
- Peterborough HWB
- Rutland HWB

In determining the needs of, and pharmaceutical service provision to, the population of Lincolnshire, the pharmaceutical service provision from the neighbouring HWB areas was considered.

1.4.6 Other NHS and relevant services and providers in Lincolnshire

Details of other NHS providers in Lincolnshire, such as hospitals, urgent care services and prisons have been listed in Appendix 1. These organisations provide pharmaceutical services but fall outside of the scope of the PNA.

In addition, the following services are delivered by NHS pharmaceutical providers in Lincolnshire but are out of scope of the PNA as they are not commissioned by NHSE.

Local Authority commissioned services

LCC commissions the following LCS from community pharmacies in Lincolnshire:

- Emergency Hormonal Contraception services
- Needle and Syringe Programme
- Pharmacy-Based Supervised Administration Programme
- Smoking Cessation Service

NHS Lincolnshire Integrated Care Board-commissioned services

There is one NHS Lincolnshire Integrated Care Board (ICB) in Lincolnshire, which does not currently commission any services from community pharmacies.

Privately provided services

Most pharmacy contractors and DACs also provide services by private arrangement between the pharmacy/DAC and the customer/patient.

1.5 Process for developing the PNA

The PNA Steering Group presented papers to the Lincolnshire HWB on 22nd June and 28th September 2021, to inform the Board of its statutory responsibilities under the Health and Social Care Act to produce and publish a revised PNA at least every three years. The last PNA for Lincolnshire was published in March 2018, and due to the COVID-19 pandemic the deadline for publishing the subsequent PNA was postponed to 1st October 2022.

Lincolnshire HWB accepted the content of the paper at the meeting, including the recommendation to delegate responsibility for the PNA to a Steering Group. Development of the PNA was led by the School of Pharmacy at the UoL working in partnership with LCC.

Step 1: Steering Group

On 15 July 2021, Lincolnshire's PNA Steering Group was established. The Terms of Reference and composition of the group can be found in Appendix 2.

Step 2: Project management

At this first meeting, the Steering Group agreed the project plan and on-going process for developing the updated PNA document.

Step 3: Data collation to inform the development of the PNA draft

a: Public engagement on pharmacy provision

Healthwatch Lincolnshire undertook a series of engagement opportunities with the public to gather their views on pharmaceutical services in Lincolnshire. The views were obtained from a total of 203 people.

b: Pharmacy contractor questionnaire

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies via email to collate information for the PNA. After two weeks, LCC Business Support Team followed up the email with a phone call to every community pharmacy in Lincolnshire. The Local Pharmaceutical Committee (LPC) supported this questionnaire to gain responses. A total of 70 responses (59.3%) were received.

c: Dispensing Practice questionnaire

The Steering Group agreed a questionnaire to be distributed to all local dispensing GP surgeries in Lincolnshire to inform the PNA. The Local Medical Committee (LMC) supported this questionnaire to gain responses. A total of 40 responses (67.7%) were received.

The questionnaire templates circulated as part of the stakeholder engagement in a-c above can be found in Appendix 3.

In addition to data collected through stakeholder engagement, detailed data for all community pharmacies in Lincolnshire (including opening hours and advanced service provision) was sourced centrally from NHSEI. This was used alongside stakeholder engagement data to develop the PNA.

Step 4: Preparing the PNA draft for consultation

The Steering Group reviewed and revised the content and detail of the existing PNA in February 2022, with the draft PNA presented to HWB for approval on 29th March 2022.

Step 5: Statutory Consultation

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 19th April 2022 and 20th June 2022. The draft PNA and consultation response form was issued to all identified stakeholders. Please refer to additional document entitled “Lincolnshire Pharmaceutical Needs Assessment 2022 Statutory Consultation”

Step 6: Collation and analysis of consultation responses

The consultation responses were collated and analysed by the Steering Group on 15th July 2022. A summary of the responses received, and analysis is noted in the additional document entitled “Lincolnshire Pharmaceutical Needs Assessment 2022 Statutory Consultation”.

Step 7: Publication of final PNA – future stage

The collation and analysis of consultation responses were used by the Steering Group to revise the draft PNA. The final PNA was presented to Lincolnshire HWB for approval on 21st September 2022 for publication by 1st October 2022.

1.6 Localities for the purpose of the PNA

As most of the health and social data used to inform the PNA is available at a District Authority level, throughout the PNA localities are District Authorities unless otherwise stated. Data at a PCN level is used occasionally where possible to provide appropriate granularity and cover any gaps in health and social data at a district level.

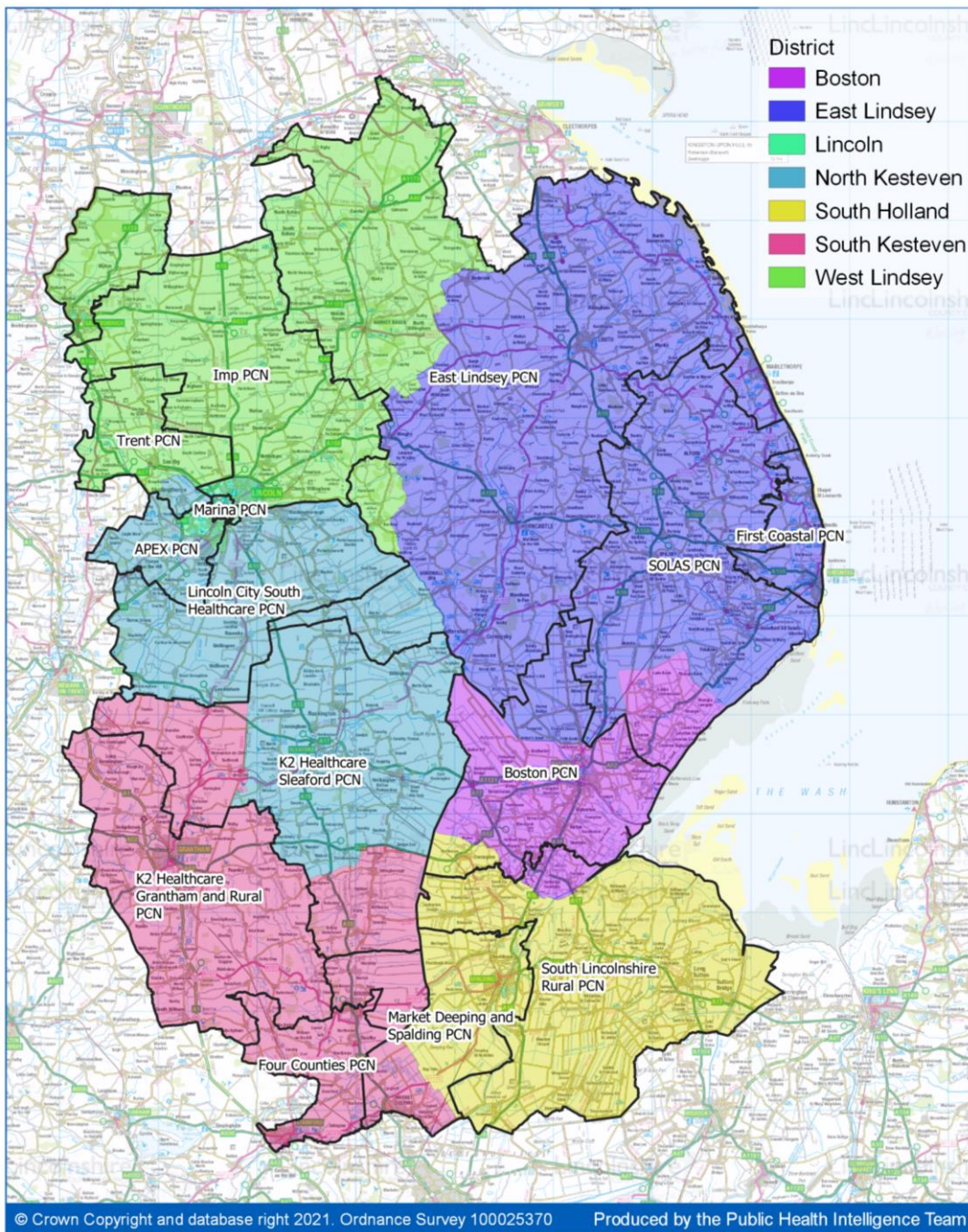
The localities (which are referred to as districts throughout the PNA) are:

- Boston
- East Lindsey
- Lincoln City
- North Kesteven
- South Holland
- South Kesteven
- West Lindsey

A list of providers of pharmaceutical services in each district can be found in Appendix 1. The information contained in this appendix was collated based on the information provided by NHSE, LCC, LPC, LMC and Lincolnshire ICS. Data are accurate as of 31st December 2021.

Figure 2 presents the geographical boundaries for the seven Lincolnshire districts, as well as for the 14 PCNs.

Figure 2: Lincolnshire PCNs and District boundaries*



* Boundaries are accurate as of 31st December 2021

Section 2: Context for the PNA

We have used the most recent data available to inform the PNA, and the following are correct as of 31st December 2021.

2.1 Demography of Lincolnshire

2.1.1 Population estimates and projections

The latest [ONS population figures for 2020](#) show that Lincolnshire has an estimated resident population of 766,300 with 49% males and 51% females. Between 2010 and 2020, the population has increased by 7.7%, which is lower than the growth seen in the East Midlands (8.0%) and higher than England (7.4%).

The latest [GP registered population](#) for Lincolnshire, as of November 2021 (based on GP practices located within the Lincolnshire ICS boundary) is 806,562. The registered population exceeds the resident population, as it includes patients who live outside of Lincolnshire and remain registered with Lincolnshire GP practices.

Table 2 highlights that Boston is expected to see the greatest population increase by 2025, followed by East Lindsey and North Kesteven. Lincoln is projected to see no change in population by 2025, which is lower than the expected growth for Lincolnshire.

Table 2: Estimated population (2020) and projected increase by 2025, by district

Area	Mid-2020	Male	Female	Projected increase by 2025
Boston	70,800	50.0%	50.0%	5.5%
East Lindsey	142,000	48.8%	51.2%	4.6%
Lincoln	100,000	50.0%	50.0%	0.0%
North Kesteven	118,100	48.8%	51.2%	4.5%
South Holland	95,900	49.0%	51.0%	4.3%
South Kesteven	143,200	48.3%	51.7%	2.7%
West Lindsey	96,200	49.1%	50.9%	2.1%
Lincolnshire	766,300	49.0%	51.0%	3.4%
England	56,550,100	49.5%	50.5%	2.7%

Source: ONS mid-year population estimates (2020) and 2018-based population projections, via [NOMIS](#)

Table 3 illustrates the breakdown of the Lincolnshire population by broad age group in both 2020 and projected for 2025, while Figure 3 demonstrates estimates of Lincolnshire population by age and gender.

By 2025, the population of those under 18 years of age is expected to increase by 3.7%, which is higher than the projected national increase of 0.9%. The population of adults aged between 18 and 64 years of age will see a minor increase of 0.5% by 2025, which is lower than the projected national increase of 1%; and the most noticeable change in the Lincolnshire population will be in those aged 65 years and over, projected to increase by 9.5% between 2020 and 2025, which is comparable to the projected national increase of 9%.

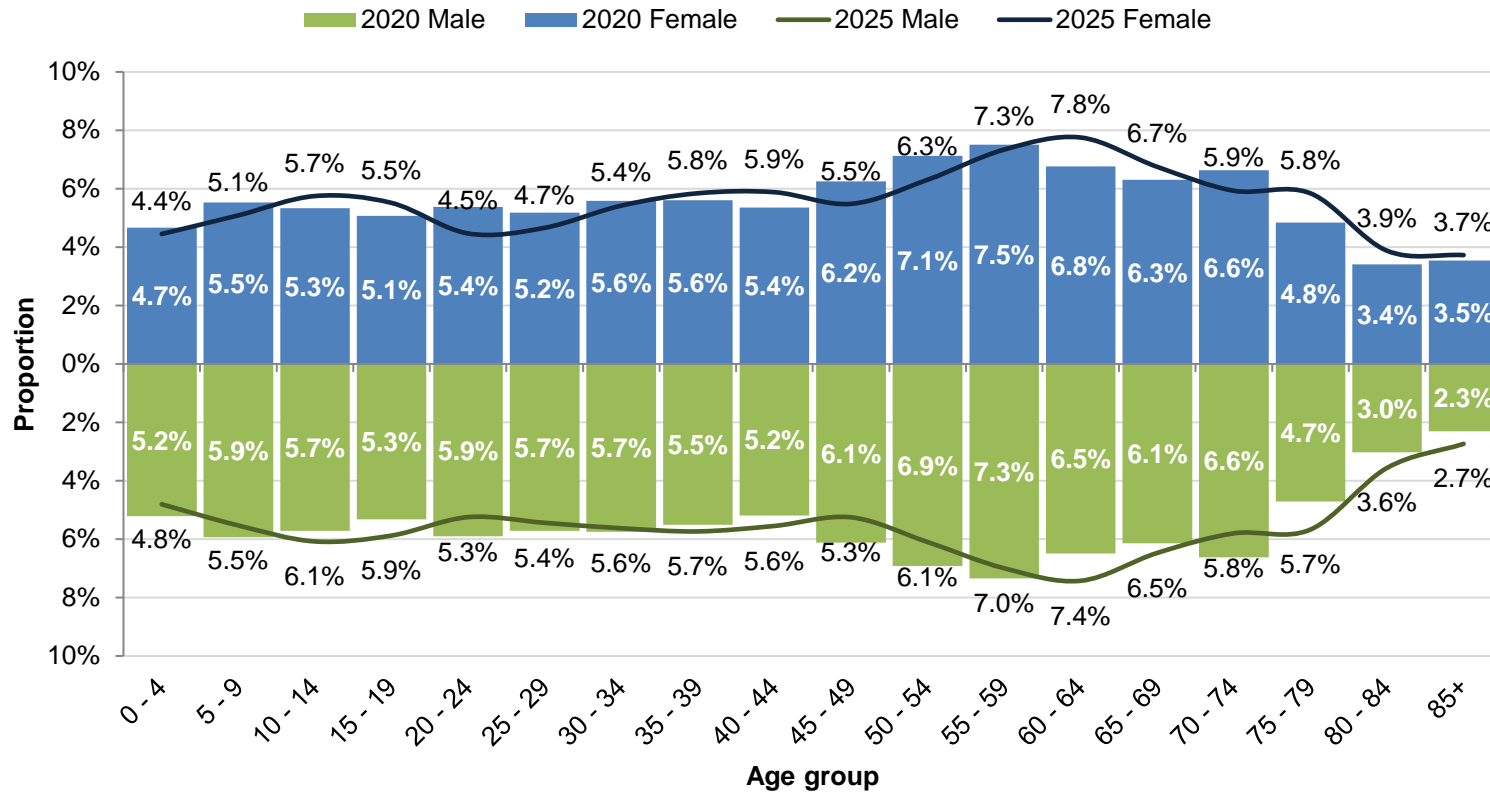
The increase in the elderly population will require significant planning for the delivery of services, to meet the varied health and social care needs of this population.

Table 3: Lincolnshire population (2020) projected to 2025, by broad age group and district

Area	0-17		18-64		65+	
	2020	2025	2020	2025	2020	2025
Boston	15,000	8.0%	41,000	3.9%	14,800	8.1%
East Lindsey	24,300	3.7%	74,500	2.1%	43,200	9.7%
Lincoln	18,200	-0.5%	66,500	-1.8%	15,300	8.5%
North Kesteven	23,000	8.3%	67,300	0.9%	27,900	9.7%
South Holland	18,800	5.9%	53,700	3.0%	23,300	6.9%
South Kesteven	29,500	1.4%	80,200	-1.1%	33,600	12.2%
West Lindsey	18,400	1.1%	53,500	-0.6%	24,200	9.1%
Lincolnshire	147,300	3.7%	436,700	0.7%	182,300	9.5%
England	12,120,741	0.9%	34,052,396	1.0%	10,505,333	9.0%

Source: ONS mid-year population estimates (2020) and 2018-based population projections, via [NOMIS](#)

Figure 3: Lincolnshire population estimates and projections, by age group and gender: 2020 and 2025



Source: ONS mid-year population estimates (2020) and 2018-based population projections, via [NOMIS](#)

2.1.2 Population growth

Changes in local populations can be driven by international migration, internal migration, births, and deaths.

Births

In Lincolnshire there were 6,600 live births in 2020, which equates to a crude birth rate (CBR) of 8.6 live births per 1,000 people. This CBR is lower than the national rate of 10.3 per 1,000 people. Within Lincolnshire, CBRs vary, with Lincoln having the highest rate of 10.7 per 1,000 (based on usual residence of mother), and East Lindsey having the lowest at 7.2 per 1,000. The number of live births in Lincolnshire has fallen by 2.5% from 6,767 births in 2019 (Table 4).

The total fertility rate (TFR) provides a better measure than simply looking at the number of live births or CBR. TFRs account for the size and age structure of the female population of childbearing age, which affects the number of births. ([Source: ONS, Births in England and Wales 2020](#))

The TFR for Lincolnshire in 2020 is 1.57 and is lower than the national average of 1.59. TFRs vary by district with East Lindsey (1.68), South Kesteven (1.67) and South Holland (1.66) having the highest TFRs, and Lincoln having the lowest TFR of 1.49 (Table 4).

Table 4: Live births and fertility rates, by district of usual residence of mother, 2020

Area	Live births	Crude birth rate	Total fertility rate (TFR)
Boston	655	9.3	1.62
East Lindsey	1,026	7.2	1.68
Lincoln	1,068	10.7	1.49
North Kesteven	984	8.3	1.52
South Holland	854	8.9	1.66
South Kesteven	1,221	8.5	1.67
West Lindsey	792	8.2	1.63
Lincolnshire	6,600	8.6	1.57
England	585,195	10.3	1.59

Source: ONS, Births in England and Wales: 2020

Migration

There are a number of indicators that are used to measure the change and flow of the resident population of an area. The ONS provides [local area migration indicators](#), updated annually, which have been summarised in Table 5. Net internal migration from mid-2018 to mid-2019 in Lincolnshire indicated that more people entered the county (33,787) than had left (29,081), however this flow varied by district, with Boston being the only district with a negative influx of residents. Despite this negative influx, Boston has the highest estimated non-UK and non-British born population amongst its residents, as well as the highest number of migrant national insurance number (NiNo), and live births to non-UK born mothers.

Table 5: Summary of migration statistics for Lincolnshire, 2019

Area	Estimated population	Internal migration		Non-UK born population	Non-British population	Migrant NiNo registrations	Migrant GP registrations	Live births to non-UK born mothers	
		Inflow	Outflow					Number	%
Boston	70,800	3,094	3,198	15,000	14,000	2,539	1,657	362	49.3%
East Lindsey	142,000	8,575	6,956	5,000	3,000	263	251	72	6.7%
Lincoln	100,000	10,894	10,781	9,000	9,000	1,327	1,688	250	24.5%
North Kesteven	118,100	7,373	6,509	6,000	5,000	117	225	107	10.8%
South Holland	95,900	4,691	3,976	11,000	10,000	1,199	985	281	31.1%
South Kesteven	143,200	7,723	7,121	5,000	4,000	457	562	210	16.8%
West Lindsey	96,200	6,303	5,406	4,000	2,000	117	194	57	7.2%
Lincolnshire	766,300	33,787	29,081	54,000	46,000	6,019	5,562	1,339	19.8%
England	56,550,100	102,419	122,237	8,648,000	5,587,000	683,150	755,285	180,370	29.5%

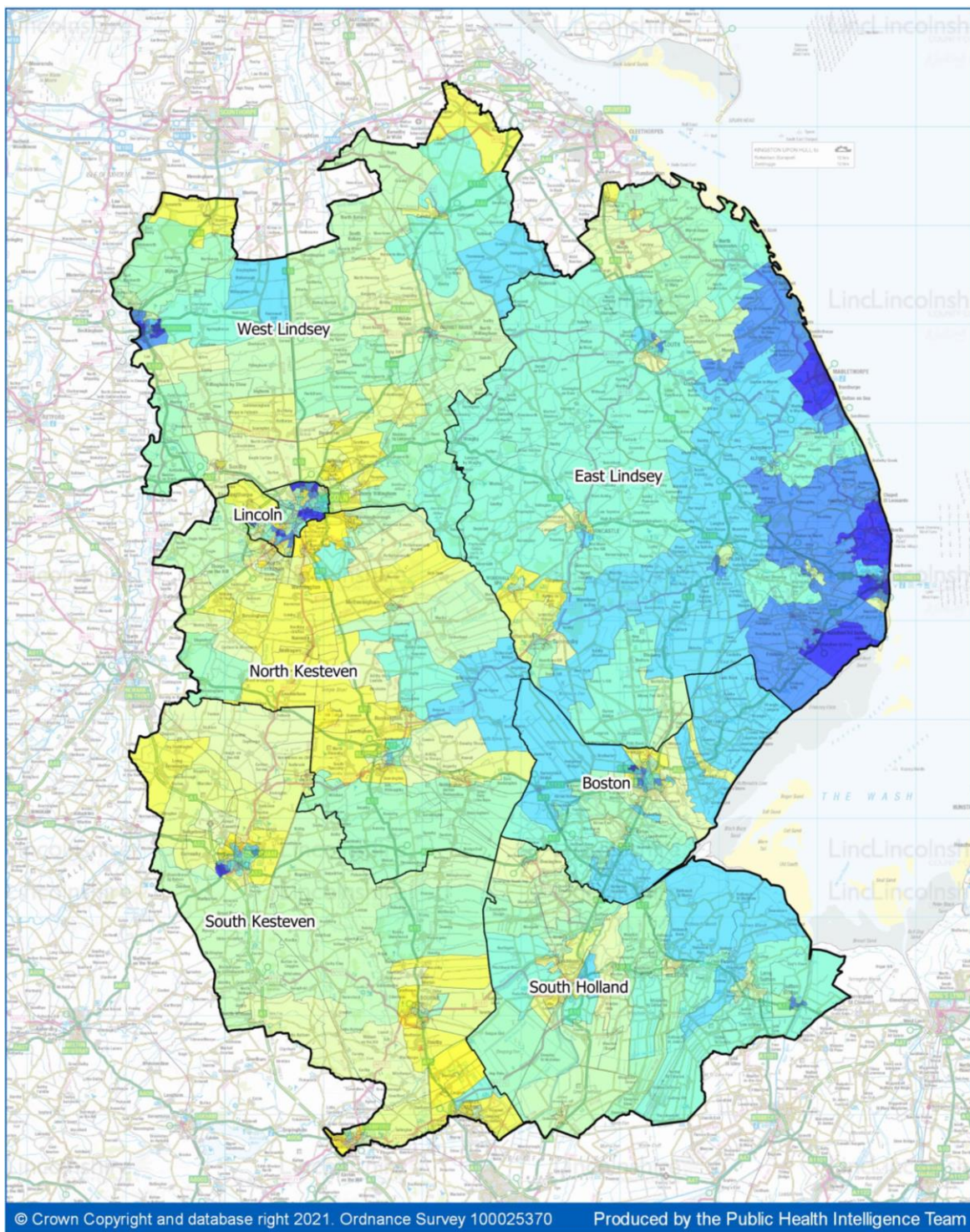
Source: ONS, Local area migration indicators, 2019

2.1.3 Deprivation

The [2019 IMD](#) demonstrates overall deprivation and ranks Lincolnshire 91st out of 151 upper-tier local authorities in England, where 1st is the most deprived. Levels of deprivation vary considerably across the county, influencing health needs and services required by the population. Overall levels of deprivation across Lincolnshire are presented in Figure 4.

- The Lincolnshire coastline particularly the towns of Skegness and Mablethorpe are amongst the most deprived 10% of neighbourhoods in the country. In addition, the surrounding Lower Layer Super Output Areas (LSOAs) are within the most deprived 30%.
- Looking more closely at the pattern of deprivation across the county, clear contrasts can be noticed in the urban areas of Gainsborough, Lincoln, Grantham and Boston in comparison to areas in the rest of the county. A contrast can also be seen when comparing the East Coast to the rest of the county.
- The general pattern of deprivation across Lincolnshire is in line with the national trend, i.e., that urban and coastal areas show higher levels of deprivation than other areas.

Figure 4: Overall deprivation in Lincolnshire, by LSOA, 2019



Overall deprivation by
LSOA
IMD 2019



Public Health
Intelligence

Lincolnshire
COUNTY COUNCIL
Working for a better future

2.1.4 Vulnerable populations

There are several vulnerable population groups in Lincolnshire which can have an impact on the need for pharmaceutical care.

- Adults in nursing and residential care
- People with sensory, physical, and learning impairments
- Homeless people
- Gypsy and Traveller population
- Park homes and mobile caravans
- Unpaid carers and young carers

Adults in nursing and residential care

Nursing and care homes play a large part in the provision of support for people often with complex health and social needs. Patients in nursing homes often require 24-hour nursing input. Most patients in nursing and residential care will have medical needs that require regular access to pharmaceutical services. According to the JSNA, there were 290 care homes in Lincolnshire, 211 for older people (i.e., aged 65 and over) and 79 for people aged 16–84 living with disabilities.

According to The Adult Social Care SALT 2019/20 return, there are a total of 4,501 long term residents in care homes, 24% of those live in nursing homes and 76% in residential homes. Of those 4,501 long-term residents known to Adult Social Care, 3,781 residents are aged over 65 and 720 people aged 18–64 in care homes, either self-funding, or funded by the local authority.

In Lincolnshire in 2019/20 there were 365 permanent admissions to residential and nursing care homes for people aged 65 and over. This equates to a rate of 203 admissions per 100,000 people and is lower than regional levels (584 admissions per 100,000 people). (Source: [Fingertips - Public Health data](#))

People with sensory, physical, and learning impairments

It is estimated that as of 2020, there are 44,218 adults aged 18–64 living in Lincolnshire with a long-term illness or physical disability (using impaired mobility and personal care conditions on PANSI); this represents 5.7% of the resident population (Source: [PANSI, 2021](#)).

For older people, even more of the county population have a limiting long-term condition or physical disability. It is estimated that 41,652 older (aged 65 and over) people live in the county in 2020 with a long-term condition or disability that significantly limits their day-to-day activities, and that 47,568 people have a long-term condition or disability with a lower impact on their day-to-day activities. When the two are combined (89,220), this equates to just under half of the older adult population of Lincolnshire (Source: [POPPI, 2021](#)).

This is a vulnerable group of the population with often varied pharmaceutical needs depending on the complexities of their disability or illness. Pharmacy services play a large part in ensuring these patients have convenient access to medicines promptly, and free delivery of prescription services can be of benefit to this patient population.

Homeless people

Homelessness is defined as not having a home (Source: [Shelter England](#)). This can include anyone who is:

- Staying with friends or family
- Staying in a hostel, night shelter or B&B
- Squatting
- At risk of violence or abuse in your home
- Living in poor conditions that affect your health
- Living apart from your family because you do not have a place to live together

Access to pharmacy services is required to support this population, including availability of specialist services to address health and wellbeing concerns.

In Lincolnshire, the rate of statutorily homeless households in temporary accommodation is 0.6 per 1,000 households. This is much lower than the national rate of 3.8 households per 1,000 (2019/20). Family homelessness rate in Lincolnshire is 15.9 per 1,000 households (2019/20) is higher than the national rate of 14.9 per 1,000 households (Source: [Fingertips - Public Health data](#)).

Across Lincolnshire there are 9,916 households on council house waiting lists or in temporary accommodation waiting for suitable accommodation. The district areas with the largest waiting lists are South Kesteven (2,995), East Lindsey (1,526) and Boston (1,814). (Source: [Shelter Housing Databank](#)).

Gypsy and Traveller population

The Gypsy and Traveller population often present with varying health needs both for adults and children. Due to lifestyle and the nomadic nature of this population, healthy living and wellbeing may be disrupted, therefore when settled for a temporary period, access to pharmaceutical services is vital to support good health.

As of January 2020, there were 319 known traveller caravans in Lincolnshire. South Kesteven has 52 caravans, making up 16.3% of the Lincolnshire total, followed by West Lindsey, with 48 caravans, or 15% of the total. There are no recorded traveller caravans in Boston (Table 6).

Table 6: Travellers' caravan count (number of caravans) as of January 2020 in Lincolnshire by district

Area	Traveller caravan count
Boston	0
East Lindsey	10
Lincoln	13
North Kesteven	14
South Holland	14
South Kesteven	52
West Lindsey	48
Lincolnshire	319

Source: ONS, Travellers Caravan Count, January 2020

Park homes and mobile caravans

As a relatively heterogeneous group, park home and mobile caravan residents have varying health needs depending upon their age and so access to medical and pharmaceutical services can be a challenge to predict. Some caravans are home to holidaymakers or seasonal workers for long periods of time, and of course this population will need access to a range of local amenities including community pharmacies. However, many park home and mobile caravan dwellers (i.e. people who live in such homes on permanent basis) are older adults, typically suffering from higher rates of poor health than the general population ([Source: Centre for Regional Economic and Social Research, Sheffield Hallam University, 2011](#)).

Research estimates that there are perhaps 3,500 households, accounting for around 6,600 people, who live for some or all of the year in caravans or chalets on the coast. Of these, around 40% are in effect full-time East Lindsey residents and should be counted as such. ([Source: Centre for Regional Economic and Social Research, Sheffield Hallam University, 2011](#)).

Nationally, three in five park home and caravan residents are aged over 50 years old. In East Lindsey, 31% of caravans and park homes have at least one resident with a long-standing illness or disability, and 9% have two or more. This has a significant impact on need as 1 in 4 households have at least one person with mobility problems.

Additionally, only half are registered with a local GP (on a permanent (39%) or temporary (11%) basis), although many do still use local GPs, hospitals, and dentists. Many patients remain registered with their 'home' GPs while visiting in the county for extended periods, as the national growth of electronic prescribing and electronic repeat dispensing enables such patients to manage

their repeat prescriptions remotely. In such cases, patients require access to pharmaceutical services in the county but would not necessarily need to access local GP services.

Overall, it is suggested that the level of health need in park home and caravan communities exceeds the expected rate explained by demography and deprivation alone (Source: [Health of caravan park residents: a pilot cross-sectional study in the East Riding of Yorkshire](#)).

Houseboat dwellers across the county are small in numbers and therefore not quantified for the purposes of this report.

Unpaid carers and young carers

According to the 2011 Census, Lincolnshire recorded 1,800 young carers under the age of 15, and a further 3,500 young adult carers (16-24). However, in 2010, a BBC and Nottingham University survey suggested there could be four times more young carers than the previous official census of 2001 showed. The Royal College of GPs estimates there are approximately 3,200 young carers in an average ICB area.

Over 20,000 carers provided more than 50 hours of unpaid caring a week. Unpaid carers caring for over 50 hours a week are twice as likely to be in poor health as those not providing care. Over 53,000 unpaid carers were of working age, and over 20,000 were aged 65 and over. (Source: ONS (2011)).

Lincolnshire has one of the fastest growing rates of unpaid carers in the UK. Between 2001 and 2015, the county experienced a 27.5% increase in the number of carers, compared to the general rate of population growth of 6.2%. This was the largest rate of growth in the East Midlands. (Source: Buckner and Yeandle (2015)). Lincolnshire and the East Midlands is one of the UK regions with the highest rate of growth of people over 65: a 22% increase projected by 2024 (Source: ONS (2016)).

In 2019/20, in total 22,160 unpaid adult carers and a further 9,888 unpaid parent carers of children were known to the Council. Of these, 10,615 unpaid adult carers in 2019/20 received a service for themselves or the adult they cared for (who may be eligible for social care in their own right). Of the carers assessed, 53% met the 2014 Care Act national threshold for eligibility. (Source: LCC SALT 2019/20).

2.1.5 Housing

Lincolnshire is recognised as a growth area in both economic and housing terms, with housing numbers set to increase considerably in the next 20 years. Local Plans in the county point towards high levels of housing allocation with 71,116 homes overall to be built in Lincolnshire by 2036 at an average annual rate of 3,501 per annum. This number and rate set before the COVID-19

pandemic could, however, be impacted by the pandemic and subsequent Government policies to 'Build Back Better'.

Consultation with the local district strategic planning teams highlighted some areas where large increases in new housing will affect the pharmaceutical needs of the population. Planned large housing developments in major growth areas (Greater Lincoln and Grantham) and some other main towns (such as Boston, Sleaford, and Spalding) may require reassessment of pharmaceutical needs in those areas. Areas where we know that there is a large, proposed development (generally in excess of 500 homes) have been identified in the Table 7.

Most of the developments are not expected to be completed, or even started in the three-year life of this PNA document, but these areas will be reviewed regularly. Planners will be asked to inform the Lincolnshire HWB of any long-term projects which could influence the health needs of a district.

It should be noted that Local Plans are regularly reviewed with both policies and housing land allocations changing. The numbers above are from the current adopted Local Plans. Other developments can come forward through other routes. For example, a proposed Skegness Gateway Urban Extension is under discussion; to be developed through a Local Development Order rather than the standard planning process. The proposed master plan includes around 1,000 new homes, specialist accommodation for older people, a tourism offering, college, crematorium, and businesses.

Small developments, infill sites and individual dwellings are not generally included in housing allocations, and these are not likely to have a significant effect on health and pharmaceutical needs.

Table 7: Planned housing stock in Lincolnshire, by district

Local Plan area	District	Planned New Homes			Planned Distribution of Housing (where over 500 homes in one area)	
		Period	Total Number	Annual average	Area	Number
Central Lincolnshire	Lincoln	2012-2036	36,960	1,540	Lincoln - West (Western Growth Corridor)	3,200
					Lincoln - Other	3,467
	North Kesteven				Sleaford - South	1,450
					Sleaford - West	1,400
					Sleaford – Other	1,434
					Lincoln – South East (Canwick Heath)	3,500
					Lincoln – South West (Grange Farm)	1,600
					Skellingthorpe	651
					Witham St Hughs	1,355
					Billinghay	563
	West Lindsey				Ruskington	549
					Gainsborough - North	750
					Gainsborough - South	1,400
					Gainsborough – Other	1,739
Welton by Lincoln		524				
South East Lincolnshire	Boston	2011-2036	11,125	445	Lincoln – North East (Greetwell)	1,400
					Boston – Quadrant	1,515
	South Holland				Boston - Other	6,111
					Spalding - North	676
					Spalding – Other	5,860
					Holbeach	760
					Crowland	524
					Kirton	514
					Long Sutton	608
					East Lindsey	East Lindsey
Coningsby and Tattershall	549					
Horncastle	683					
South Kesteven	South Kesteven	2011-2036	15,625	625	Grantham – Spitalgate Heath	3,700
					Grantham – North West (Rectory Farm and adjacent)	1,554
					Grantham – Prince William of Gloucester Barracks	4,000
					Stamford – North	1,300
					The Deepings	753

Source: [Central Lincolnshire Local Plan 2012-2036](#) (adopted April 2017)

[South East Lincolnshire Local Plan 2011-2036](#) (adopted March 2019)

[East Lindsey Core Strategy 2016-2031](#) (adopted July 2018)

[South Kesteven Local Plan 2011-2036](#) (adopted March 2019)

Park homes

Park homes or caravans are not considered as part of Local Plans. However, planning applications can be submitted for either permanent residential or holiday sites. Irrespective of the status of the sites there are particular issues in relation to meeting the health needs, including pharmaceutical needs of temporary or permanent residents. Planners will be asked to let the HWB know of development proposals for park home sites when these are submitted.

This is particularly pertinent on the coast in East Lindsey where there is a desire to promote tourism; caravans often housing 'holidaymakers' or seasonal workers for long periods of time. Working with the site owners, efforts are made to encourage residents to arrange for the required prescription medication in advance, before travelling. Inevitably, there are still demands placed on pharmaceutical services available locally.

Specialist housing for older and disabled people

According to the 2011 ONS Census there are 306,971 households in Lincolnshire that may be seen as vulnerable or disadvantaged according to a broad range of indicators.

Local development plans do not make specific allocations for the type and mix of housing but contain individual policies guiding the provision of housing to meet particular needs. For example, Policy LP10 in the Central Lincolnshire Local Plan requires that 30% of new homes on sites for 6 or more dwellings (or 4 or more dwellings in small villages) are built to the higher standard of accessibility for disabled people in building regulations than the basic standard.

Ultimately, however, planning applications and determinations themselves will provide specifics on anticipated household sizes and makeup. This level of additional details will, therefore, be factored into the monitoring of housing developments to help make planning for pharmaceutical services more accurate.

Extra care housing

There is a desire for more extra care housing units across Lincolnshire where demand exists, and support services can be maintained. Local Plans generally express support for developments that will bring forward extra care housing.

LCC has a support programme in place to provide funding to help make the creation of new extra care housing units viable for developers. To ensure that pharmaceutical and other health needs are accounted for, the HWB will be informed of all extra care housing development proposals. One specific scheme in the pipeline at the time of adopting this PNA is De Wint Court, Lincoln – comprising 70 units under construction. Schemes in other districts are in discussion.

Monitoring of housing developments and needs for pharmaceutical services

In addition to the growing and ageing population, the large-scale housing developments in progress can impact on the need for pharmaceutical services in their area in the future.

Many of the sustainable urban extensions (SUEs) and Growth Points will be seeking to provide new residents with the spectrum of health services from pharmacy and primary care in a new

model of care. Residents will be advised, when they move in, on the most appropriate health service to access for their needs.

The HWB needs to consider ways of monitoring the progress of planned housing developments in relation to need for pharmaceutical services.

Monitoring of housing developments

It is recommended that an update on the status of major housing developments in Lincolnshire is requested, submitted to the HWB and used to inform monitoring of need for pharmaceutical services before any subsequent PNA is published.

In addition to monitoring individual housing sites, it is necessary to monitor cumulative developments across several sites, i.e., if a number of smaller developments are built in an area, then future completions should be monitored by town, village or vicinity, as well as just by individual housing developments. This is particularly relevant where the ratio of pharmacies to people is already above or below average.

Effect of growth on a reserved location

A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of 1.6km (1 mile measured in straight line) of the proposed premises or location is fewer than 2,750.

Should the population reach or exceed 2,750, the pharmacy, if already open, can apply to NHSE for a re-determination of reserved location status. If this status is removed then, subject to the prejudice test, the normal one-mile rule would apply (i.e., the doctors lose dispensing rights within a mile of the pharmacy).

Factors to consider in relation to needs for pharmaceutical services

The identification of a generic 'population trigger point' for when a housing development within a locality develops a need for a pharmaceutical service provider is complex and not clearly defined.

An increase in population size is likely to generate an increased need for pharmaceutical services. However, changes in population size on a local level are not necessarily directly proportional to changes in the number of pharmaceutical service providers that are required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

When assessing needs for pharmaceutical service providers, considerations should be based on a range of local factors specific to each development site such as:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e., the proportion of affordable housing at the development
- Existing pharmaceutical service provision in nearby areas and elsewhere in and out of the county and opportunities to optimise existing pharmaceutical service provision locally.
- Access to DSPs, and DACs that can supply services.
- Considerations of health inequalities and strategic priorities for Lincolnshire

2.2 Health and wellbeing

2.2.1 Life expectancy

Life expectancy is an estimate of the average number of years a new-born baby would survive if he or she experienced the age-specific mortality rates for specific area and time period throughout his or her life. Figures are calculated from deaths due to all causes and mid-year population estimates, based on data aggregated over a three-year period.

Healthy life expectancy is defined as the years a person can expect to live in good health (rather than with a disability or in poor health) and is a useful measure of mortality and morbidity. Healthy life expectancy is calculated from deaths due to all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three-year period. Currently, healthy life expectancy data is not available at a district level.

PHE provides further analysis of both life expectancy and healthy life expectancy to reveal national inequalities based on 2019 IMD data.

Latest figures for 2017-2019 demonstrate that life expectancy at birth in Lincolnshire is 79.4 years for men and 82.9 years for women, while healthy life expectancy at birth in Lincolnshire is 61.8 years for both men and women.

Longer term trends for Lincolnshire reveal that both male and female life expectancies have increased slightly since 2009-11 (male 78.8 years, female 82.6 years), while healthy life expectancies have reduced to 64.4 years for men and to 65.2 years for women.

Between 2017 and 2019, the gap in male healthy life expectancy at birth in England was 18.4 years between the most deprived (52.3 years) and the least deprived deciles (70.7 years); while the gap was wider for female healthy life expectancy, at 19.8 years (51.4 years in the most deprived and 71.2 years in the least deprived). This analysis is not currently available at smaller geographies. (Source: [Fingertips - Public Health data](#))

2.2.2 Prevalence of diseases and chronic conditions

Information for prevalence of diseases and chronic conditions was provided by the [Quality and Outcomes Framework \(QOF\)](#). QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. Prevalence rates are calculated as the percentage of all registered patients within a GP practice who have been placed on a specific clinical register. All prevalence rates have been Red-Amber-Green rated, where red shows higher prevalence rates and green shows lower prevalence rates in Lincolnshire.

Table 8: National, and local comparison of QOF prevalence rates: 2020/21

Area	PCN	Cardiovascular				Respiratory		High dependency and long term conditions				Mental health and neurology				
		Coronary heart disease	Stroke	Atrial fibrillation	Heart failure	COPD	Asthma	Cancer	Chronic kidney disease	Diabetes	Palliative care	Dementia	Depression	Mental Health	Epilepsy	Learning disabilities
Lincolnshire East	Boston PCN	3.4	2.1	2.1	1.1	2.0	5.4	2.6	5.0	7.1	0.5	0.8	11.1	0.7	0.8	0.5
	East Lindsey PCN	4.7	2.7	3.3	1.4	2.3	8.2	4.5	7.6	8.4	0.9	1.0	12.4	0.8	1.0	0.8
	First Coastal PCN	6.5	3.6	3.9	2.1	4.7	8.4	5.1	10.3	12.2	1.0	1.2	13.7	1.0	1.2	1.0
	Solas PCN	3.8	2.1	2.6	0.9	2.0	7.1	3.9	5.6	7.2	0.9	1.1	11.9	0.7	0.8	0.5
Lincolnshire West	APEX PCN	3.9	2.1	2.3	1.0	2.2	7.0	3.7	6.9	7.4	0.7	1.0	17.6	0.9	0.9	0.8
	Imp PCN	3.5	2.0	2.4	1.2	2.0	7.4	3.8	6.1	7.0	0.5	0.8	14.1	1.1	0.9	0.6
	Marina PCN	1.4	0.7	0.9	0.5	1.1	4.4	1.4	2.0	3.6	0.4	0.3	10.9	1.1	0.6	0.4
	South Lincoln Healthcare PCN	4.5	2.6	3.0	1.6	2.4	7.6	4.7	6.8	9.4	0.4	1.0	15.3	0.6	0.9	0.5
	Trent Care PCN	4.4	2.4	2.5	1.1	2.7	7.7	4.1	8.6	8.4	0.5	1.1	15.5	1.1	1.1	0.7
Lincolnshire South	Four Counties PCN	3.6	2.3	2.8	1.5	1.7	7.5	4.3	6.4	6.6	0.6	1.0	12.8	0.7	0.8	0.4
	Market Deeping and Spalding PCN	4.7	2.9	3.4	1.9	2.9	7.6	4.6	7.6	9.3	0.9	1.0	12.2	0.7	1.0	0.9
	South Lincolnshire Rural PCN	3.6	2.1	2.5	1.8	2.0	6.7	4.1	7.5	7.3	0.3	0.9	13.0	0.6	0.8	0.6
Lincolnshire South West	Grantham and Rural PCN	3.9	2.0	2.6	1.7	2.0	6.6	4.0	6.3	7.5	0.5	0.8	14.9	0.7	0.8	0.5
	K2 Healthcare Sleaford PCN	4.2	2.4	3.0	1.4	2.3	7.0	4.5	7.9	8.1	0.7	0.9	10.2	0.8	1.0	0.6
Lincolnshire		4.1	2.3	2.7	1.5	2.3	7.1	3.9	7.0	7.9	0.7	1.0	12.7	0.8	0.9	0.7
England		3.1	1.8	2.1	0.9	1.9	6.5	3.1	4.1	7.1	0.5	0.8	11.6	0.9	0.8	0.5

Table 8 presents a summary of 2020/21 prevalence rates for Lincolnshire and 14 PCN areas, as well as national prevalence for broader benchmarking. The prevalence of specific health conditions is often dependent upon differences in diagnosis and treatment pathways between different GP surgeries. However, as a generalisation, areas with a greater proportion of older people and areas with higher deprivation have a higher rate of ill health. Prevalence of cardiovascular diseases in Lincolnshire exceed national rates, however

there is noticeable variation at a PCN level, with First Coastal PCN, East Lindsey PCN and Solas PCN having higher than average rates. PCN and district boundaries are presented in Figure 2 for cross-comparison. PCN areas are correct as of 31st December 2021.

2.2.3 Burden of disease

The Global Burden of Disease (GBD) was created in 1991, with the aim to produce measurable and comparable health outcome data across different conditions using units known as Disability Adjusted Life Years (DALYs). DALYs are calculated by adding together the number of years lost due to premature mortality (YLL) and the number of years lived with a disability (YLD), using a standard life expectancy age, in this instance derived from Japanese life expectancy.

Local authority data was introduced in 2017 and most recently updated in 2019. The burden of disease study was the focus of the 2019 [Director of Public Health Annual report](#). The report revealed that whilst heart disease, cancers and pulmonary disease all contribute to high levels of YLL, conditions such as lower back and neck pain, mental health issues and Alzheimer’s disease contribute to YLD and therefore to the overall burden of disease in Lincolnshire (see Figure 5 for the top 10 causes of years lived with disability in Lincolnshire).

Figure 5: Total YLDs in Lincolnshire (2019), by gender: Top 10 causes

MALES	FEMALES	PERSONS
1. LOW BACK PAIN	1. LOW BACK PAIN	1. LOW BACK PAIN
2. DIABETES MELLITUS	2. DIABETES MELLITUS	2. DIABETES MELLITUS
3. AGE-RELATED AND OTHER HEARING LOSS	3. DEPRESSIVE DISORDERS	3. DEPRESSIVE DISORDERS
4. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	4. OSTEOARTHRITIS	4. AGE-RELATED AND OTHER HEARING LOSS
5. DEPRESSIVE DISORDERS	5. AGE-RELATED AND OTHER HEARING LOSS	5. OSTEOARTHRITIS
6. FALLS	6. HEADACHE DISORDERS	6. FALLS
7. OSTEOARTHRITIS	7. FALLS	7. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
8. NECK PAIN	8. NECK PAIN	8. NECK PAIN
9. ORAL DISORDERS	9. GYNECOLOGICAL DISEASES	9. HEADACHE DISORDERS
10. OTHER MUSCULOSKELETAL DISORDERS	10. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	10. ORAL DISORDERS

2.2.4 Relevant health behaviours

Immunisations

Vaccination can offer protection from disease by helping to develop personal immunity against an infection. This means that a vaccinated person is less likely to pass on the infectious disease to others, reducing the risk of infection for unvaccinated people. In other words, people who cannot be vaccinated will still benefit from the vaccination programme, due to herd or population immunity. When enough people are vaccinated, herd immunity is achieved, and the levels of the circulating infection are reduced. To this end, routine immunisations against a wide range of infectious diseases take place in England, beginning shortly after birth with the childhood immunisation programme right through to older adults with vaccinations for conditions such as shingles and the annual influenza programme.

In 2020/21 the uptake of flu vaccination in Lincolnshire (age aged 65 and over) was 82.9% (n=150,200), which is comparable to the national rate of 80.9%. Furthermore, flu vaccination for at risk individuals aged 6 months to 64 years in Lincolnshire was 57.8% in 2020/21 (n=63,649), which was similar to the regional and national coverage.

In addition to routine vaccination programmes, the emergence of COVID-19 in late 2019 led to the development of a large-scale vaccination programme in the UK. The vaccination rollout began in December 2020 and there are currently three vaccines in use, Pfizer, Oxford AstraZeneca and Moderna. The Joint Committee on Vaccination and Immunisation (JCVI) advised that the vaccine should first be given to residents in a care home for older adults and their carers then to those over 80 years old, as well as frontline health and social care workers, then to the rest of the population in order of age and clinical risk factors. (Source: [UK Government, UK COVID-19 vaccines delivery plan, January 2021](#))

In addition to routine vaccination programmes, during the pandemic a small number of pharmacies were commissioned to deliver the COVID-19 vaccination programme. This service was commissioned in the context of pandemic, and future delivery through community pharmacies is uncertain.

As of 1st August 2022, 85.3% of Lincolnshire residents received a first dose, 82.2% received a second dose and 68.7% had received either a third dose or booster. This is lower than the national uptake, where 93.4% received a first dose, 87.8% received a second dose and 69% had received either a third dose or booster. (Source: [UK Government, COVID-19 Vaccinations](#))

Sexual health

Caused by the chlamydia trachomatis bacterium, chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK, affecting both men and women. Chlamydia detection rates exhibit considerable geographic variation by upper tier local authority. Nationally in 2020, the chlamydia detection rate was 1,408 per 100,000 resident aged 15-24 years, which has dropped significantly from 2,300 in 2019. Lincolnshire had the third lowest detection rate in the East Midlands region at 995 per 100,000. The chlamydia proportion of 15–24-year-olds screened in 2020 presents Lincolnshire (9.5%) as significantly worse than the national screening rate (14.3%) and implies the lowest screening rate in the East Midlands region.

In Lincolnshire sexual health screening services are available free-of-charge through 7 Lincolnshire Sexual Health ([LiSH](#)) Clinics (one in each district), [online](#) (i.e. free-of-charge, at-home testing kits), maternity services, most GP surgeries, A&E departments and hospitals.

Teenage conceptions

As of 2019, the under 18s conception rate in Lincolnshire of 14.0 per 1,000 females was similar to the national rate (15.7), but there was a variation between districts in the county. In 2019 Lincoln had the highest rate of under-18 conceptions (26.1) and had the second highest in the East Midlands region. West Lindsey had the lowest rate in the county (8.2) and was significantly lower than the national rate.

The under-18s conception rate per 1,000 females in Lincolnshire has reduced in recent years from 20.5 per 1,000 in 2016. This reduction was in line with decreases seen both regionally and nationally.

Substance misuse

Substance misuse is the risky or harmful use of alcohol and drugs, including both illegal drugs and misuse of over-the-counter medications.

Community alcohol and drug treatment services in Lincolnshire are provided by We Are With You (WAWY) and are available to people of any age. The service accommodates both alcohol and drug clients and provides a personal recovery plan, tailoring treatment to individual needs. This work tends to include brief talking therapies or more complex structured treatment and clinical services, such as opioid substitute medication or alcohol/substance detoxification.

Additionally, the service also provides a Needle and Syringe Programme (NSP) which aims to reduce the transmission of blood-borne viruses and infections such as HIV, and Hepatitis B and C, transmitted by sharing injection equipment. There are currently 17 pharmacies and 3 specialist sites across Lincolnshire.

Between 1st April 2020 and 31st March 2021, 3,126 adults and 93 young people (under 18) were in treatment in Lincolnshire for substance misuse. Among adults, 58.1% of adults were in treatment for opioids, 24.2% for alcohol only, 10.7% for non-opioids only, and 7.2% for alcohol and non-opioids only. Among children and young people, 88% stated cannabis as a substance they used, 38% stated alcohol, 29% stated ecstasy and 22% stated cocaine. (Source: National Drug Treatment Monitoring Service)

Section 3: NHS Pharmaceutical Services Provision

3.1 Community pharmacies

There are 117 community pharmacies and one DAC in Lincolnshire (as of 30th June 2022) serving a resident population of 766,300 (mid-2020) which equates to 15.4 pharmacies per 100,000 population. This is below 20.4 per 100,000 population, which is the average of community pharmacies in England in 2018/2019. (Source: [NHS Digital, General Pharmaceutical Services](#))

The numbers of community pharmacies vary widely by district due to the mainly rural nature of Lincolnshire; some populations will find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. Table 9 provides a breakdown, by district, of the average number of community pharmacies per 100,000 population. The geographical distribution of community pharmacies across Lincolnshire is presented in Figure 6 and Appendix 1

Table 9: Summary of community pharmacies in Lincolnshire, by district

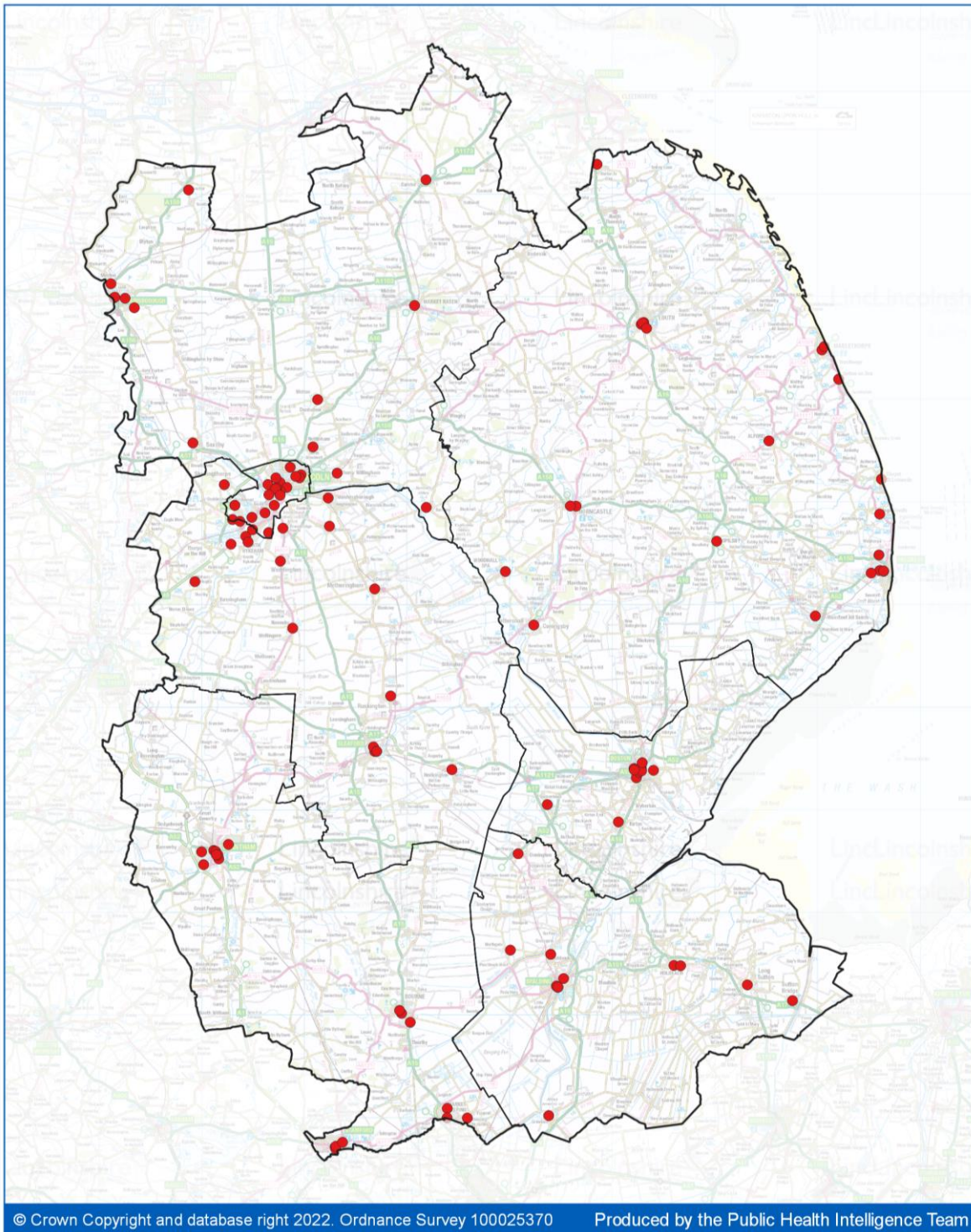
Area	Community pharmacies	Estimated population 2020	Community pharmacies per 100,000 population
Boston	10	70,800	14.1
East Lindsey	23	142,000	16.2
Lincoln	21	100,000	21.0
North Kesteven	19	118,100	16.1
South Holland	12	95,900	12.5
South Kesteven	19	143,200	13.3
West Lindsey	13	96,200	13.5
Lincolnshire	117	766,300	15.3
England	11,539	56,550,100	20.4

Source: NHSEI, 30th June 2022

Community pharmacies are usually open for a minimum of 40 core contractual hours (or 100 hours for those that have opened under the former exemption from the control of entry test). The core opening hours are specified and must not be amended without the consent of NHSEI. In addition, a community pharmacy can be open for additional hours, called supplementary opening hours. The supplementary opening hours can be amended by the pharmacy, subject to giving three months' notice (or less if NHSE consents).

There is also a provision which allows a pharmacy to apply to open for less than 40 hours, but if NHSE grants such an application, it can specify the opening hours during which the pharmacy must remain open. There are currently no such exemptions in Lincolnshire (Source: [PSNC, Opening Hours](#)).

Figure 6: Location of community pharmacies and distribution in Lincolnshire



Source: NHSEI, 30th June 2022

3.1.1 Summary of community pharmacy weekday opening hours

Table 10 indicates that of the 117 community pharmacies in Lincolnshire, 106 (90%) have standard NHS contracts (40+ contracted hours), while 11 (10%) have 100 hour contracts and therefore obliged to provide pharmaceutical services for at least 100 hours per week. As of 31st December 2021, there are 13 (12%) community pharmacy providers open beyond 7pm, Monday to Friday (excluding bank holidays), with three districts: Boston, South Holland and West Lindsey, having access to only one community pharmacy open in the evening.

Table 10: Summary (number and percentage of total in each district) of community pharmacy providers

Area	Open 40 hours		Open 100 hours		Open evenings	
	Number	%	Number	%	Number	%
Boston	9	90%	1	10%	1	10%
East Lindsey	23	96%	0	4%	1	8%
Lincoln	18	86%	3	14%	3	14%
North Kesteven	16	84%	3	16%	3	16%
South Holland	11	92%	1	8%	1	8%
South Kesteven	16	84%	3	16%	3	16%
West Lindsey	13	100%	0	0%	1	8%
Lincolnshire	106	90%	11	10%	13	12%

Source: NHSEI, 30th June 2022

The weekday opening times for all community pharmacies in Lincolnshire have been presented in Appendix 1.

3.1.2 Community pharmacies weekend opening hours

The number of community pharmacy providers open on weekends varies within each district and the figures are listed in Table 11.

Of the 117 community pharmacies in Lincolnshire, 97 (83%) are open on Saturdays with 58 (49%) open in the morning and early afternoon till 2pm, 27 (23%) open in the late afternoon till 6pm and 11 (9%) opening the evening till 10PM or longer.

The number, location and opening hours of community pharmacy providers open on Sundays vary significantly within each district. Fewer pharmacies are open on Sundays than any other day in Lincolnshire. Most pharmacies are open between 10:00 to 16:00 on Sundays.

The weekend opening times for all community pharmacies in Lincolnshire have been presented in Appendix 1.

Table 11: Summary (number in each district and percentage of total in HWB area) of community pharmacy providers open on weekends.

Area	Saturday		Sunday	
	Number	%	Number	%
Boston	8	7%	1	1%
East Lindsey	17	15%	2	2%
Lincoln	18	15%	5	4%
North Kesteven	16	14%	4	3%
South Holland	11	9%	2	2%
South Kesteven	17	15%	4	3%
West Lindsey	10	9%	2	2%
Lincolnshire	97	83%	20	17%

Source: NHSEI, 30th June 2022

3.1.3 Bank holiday opening hours

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, several pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours. Annually, NHSE requests feedback from community pharmacies on their bank holiday intentions. NHSE may commission a bank holiday rota service from a small number of pharmacies, particularly in some areas, for Easter Sunday and Christmas Day.

3.2 Access to community pharmacies

Most community pharmacy providers in the Lincolnshire HWB area are sited in areas co-located with shops, GP surgeries or other routine destinations; many also provide extended opening hours. As such they are highly convenient.

Due to the diverse geography and large rural nature of Lincolnshire, it is assumed that a large proportion of the population drives to access several amenities including pharmaceutical services.

There is a public transport network (bus service) in Lincolnshire; however, there are still parts of the county that have a limited service especially in rural areas. In view of this, LCC has a demand responsive service, [CallConnect On Demand Bus Service](#) that residents can access if necessary.

Figure 7 demonstrates the car travel time from any point in Lincolnshire to the nearest pharmacy within the county as well as those pharmacies within 10km of the Lincolnshire boundary. Some of the population may find that the nearest pharmacy is an out-of-area provider as highlighted on the map. Figure 8 demonstrates travel time by public transport to the nearest pharmacy within the county.

The white areas on the maps in Figures 7 and 8 represent areas of nature reserves or very sparsely populated rural locations that in most cases are adjacent to the border of Lincolnshire. People living in such areas are very likely to own a car and be able to access the closest pharmacy within 15-30 minutes or opt for alternative services, e.g. CallConnect or DSPs.

3.2.1 Routine daytime access to community pharmacies

Travel analysis to community pharmacies has been reviewed at 15 and 30-minute intervals to illustrate a potentially more realistic picture of access within Lincolnshire. Figure 7 illustrates the location of all community pharmacies in Lincolnshire as well as those within 10km of the Lincolnshire boundary, and highlights areas that can be travelled to within 15 to 30 minutes by car. Figure 7 implies almost complete drive time coverage of Lincolnshire, with 99.5% of the resident population being included within this coverage.

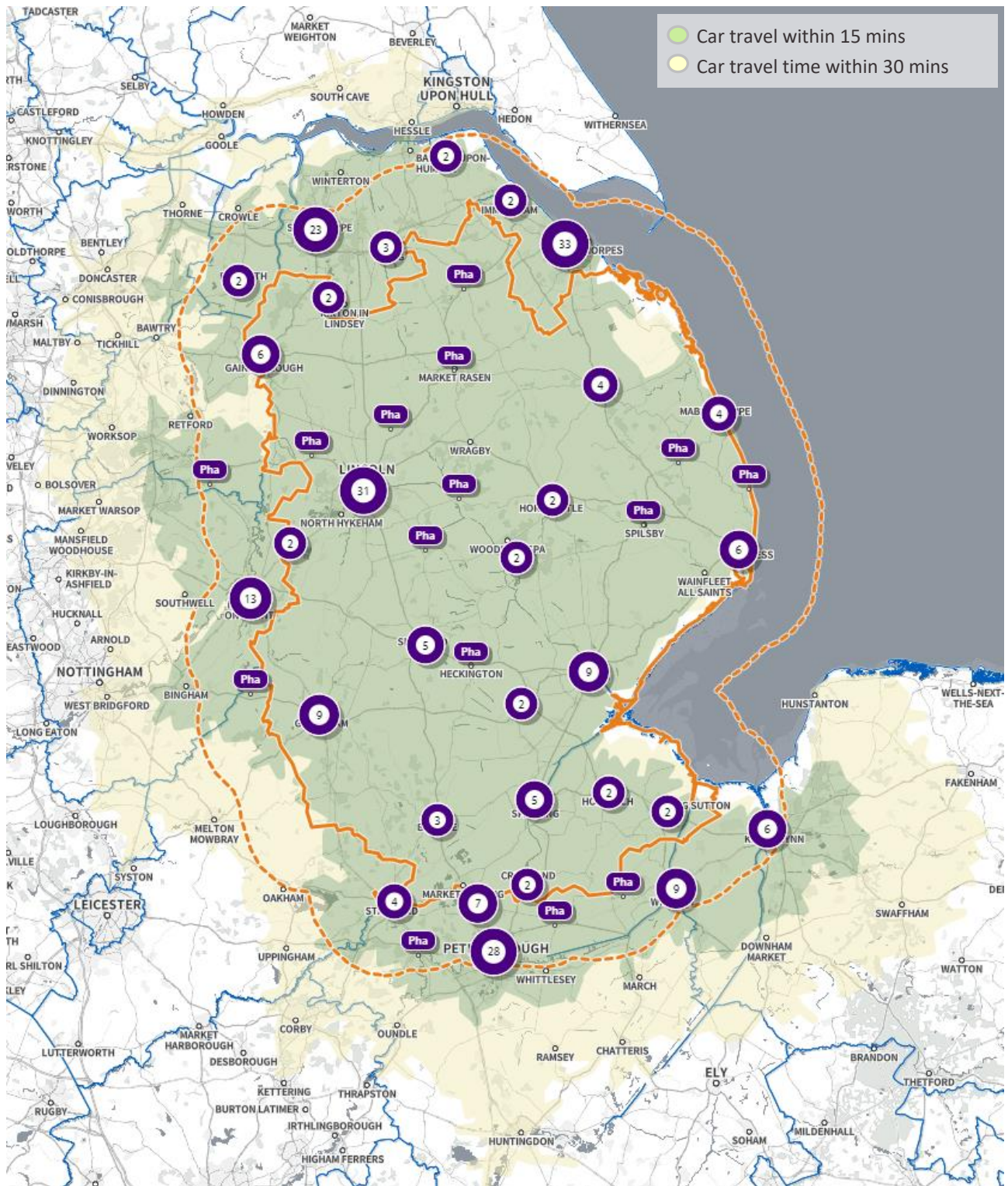
Table 12 summarises the resident population within the travel time boundary for all pharmacies (within 20 minutes), 100-hour pharmacies (within 30 minutes) and pharmacies that open on weekends (within 30 minutes). These numbers do not include people who live out-of-area and access Lincolnshire pharmacies, or people who are Lincolnshire residents and access out-of-area pharmacies.

Table 12: Percentage of resident population able to access community pharmacies within driving travel time boundaries

	Included population	Proportion of resident population
All pharmacies (Lincolnshire and OOA) within 20 minutes	765,036	99.8%
Lincolnshire 100 hour pharmacies within 30 minutes	635,863	83.0%
Lincolnshire weekend pharmacies within 30 minutes	759,958	99.2%

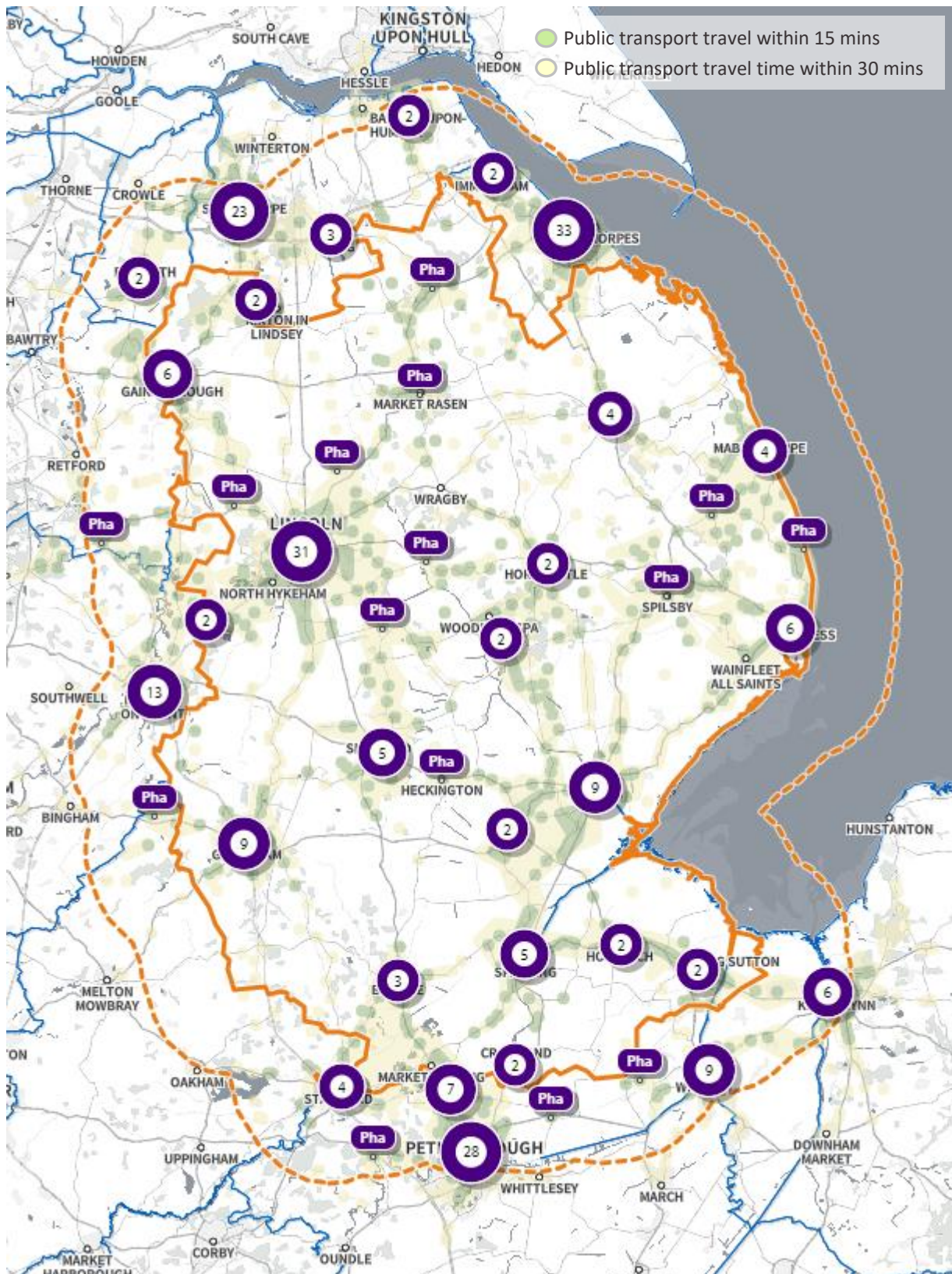
Source: OHID, SHAPE Place Atlas, 30th June 2022

Figure 7: Car journey travel time to Lincolnshire community pharmacies



Source: OHID, SHAPE Place Atlas, 30th June 2022

Figure 8: Public transport travel time to Lincolnshire community pharmacies

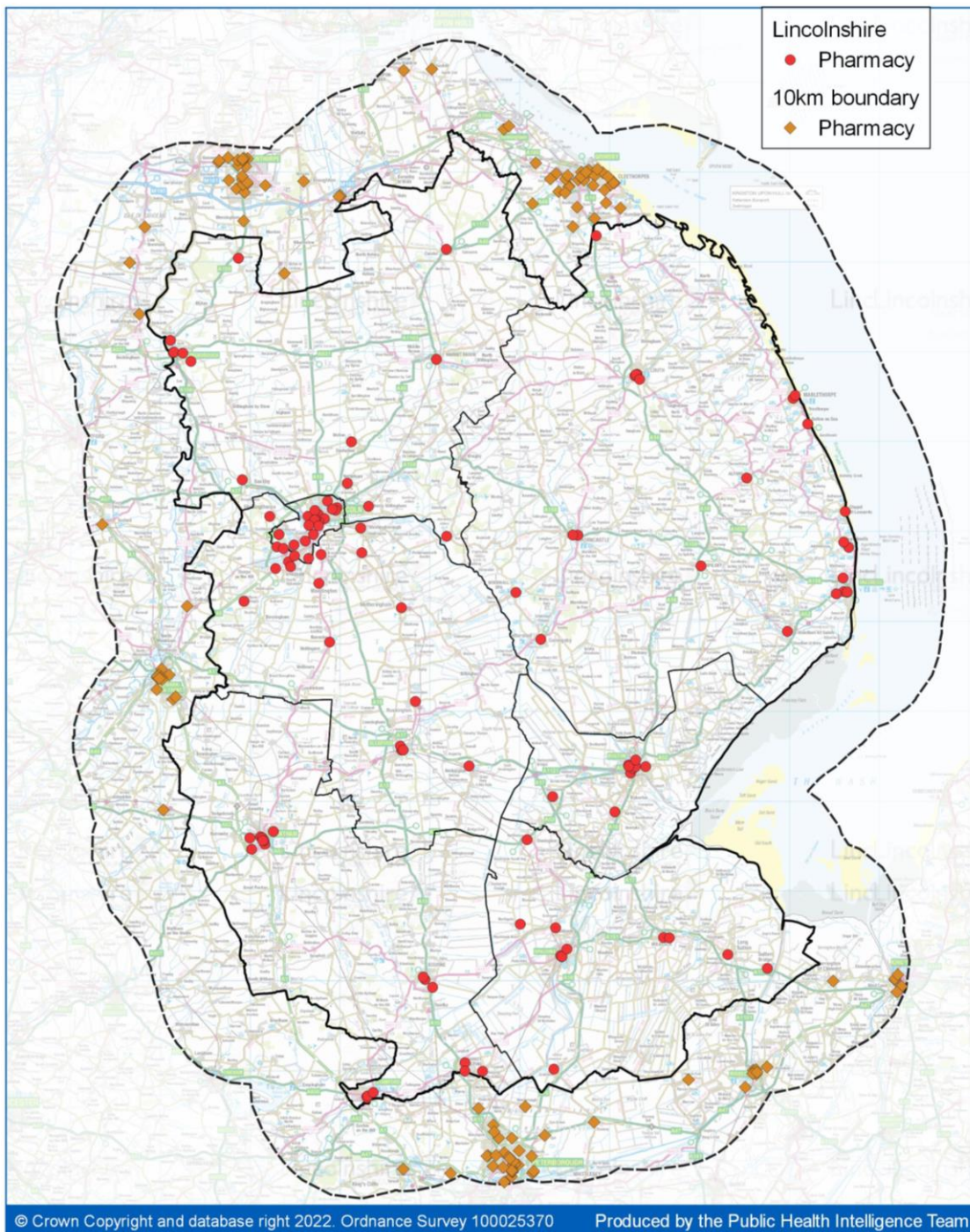


Source: OHID, SHAPE Place Atlas, 30th June 2022

3.2.2 Access to community pharmacies outside Lincolnshire

Lincolnshire is bordered by nine HWB areas, therefore it is possible that some of the population may access services outside the county. Figure 9 highlights all community pharmacies both within Lincolnshire and within a 10km perimeter surrounding Lincolnshire. This perimeter has been included, as these areas are more accessible by car to the population living close to the border of the county.

Figure 9: Community pharmacies in and around Lincolnshire (10km boundary)



Source: OHID, SHAPE Place Atlas, February 2022

3.2 Dispensing Appliance Contractors

Although there is only one DAC in Lincolnshire based in Lincoln, DAC services are available to the population from elsewhere in the UK, and appliances are also dispensed from community pharmacies and dispensing GP surgeries. There were 111 DACs in England in 2018/19. As part of the essential services of appliance contractors, a free delivery service must be available to the whole population of England. It is therefore likely that patients obtain appliances delivered from DACs outside Lincolnshire. (Source: [NHS Digital, General Pharmaceutical Services in England 2008/09-2018/19](#))

3.3 Distance-selling pharmacies

A DSP provides services as per the Pharmaceutical Regulations, 2013. It must not provide Essential Services face-to-face and therefore provision is wholly by mail and/or internet order. As part of the terms of service for DSPs, all available services must be offered throughout England.

It is therefore likely that people in Lincolnshire receive pharmaceutical services from a DSP outside Lincolnshire. There are currently five DSPs in Lincolnshire, details of which can be found in Appendix 1.

Figures in 2018/19 indicate that in England there were 349 DSPs, accounting for 2.3% of the total number of pharmacies, and in the Midlands and East region there were 112 DSPs, accounting for 3.3% (Source: [NHS Digital, General Pharmaceutical Services in England 2008/09-2018/19](#)).

3.4 Essential Service provision from community pharmacies

Section 1.4.1 lists all Essential Services which are provided through community pharmacies as a matter of CPCF.

Appropriate provision of Essential Services through community pharmacies across Lincolnshire is vital in order to meet the areas of focus identified in JHWS. For instance:

- Dispensing Medicines and Repeat Dispensing are directly relevant to carers and people that they care for, as these services assure access to medicines and counselling used on both acute and chronic basis.
- Promotion of Health Lifestyles are directly relevant for maintenance of healthy weight and appropriate physical activity levels, as this service provides access to resources and professional advice regarding healthy and recommended choices for people of different needs and expectations.
- Signposting and Support for Self-Care are directly relevant to adults, children, and young people, as such services offer advice, access and referral to both pharmacological and non-pharmacological treatments.

Furthermore, appropriate provision of Essential Services is crucial in order to assure access to medicines and advice across all therapeutic groups and diseases that affect the people of Lincolnshire. Here, the public engagement survey indicated that the overwhelming majority of respondents access a community pharmacy to collect prescription medicine, highlighting the importance of essential services as key in order to meet their pharmaceutical needs.

Given the contractual requirement that all community pharmacies must provide Essential Services, it is reasonable to assume that all pharmacies across Lincolnshire provide these services throughout the normal course of business. Therefore, access to community pharmacies across Lincolnshire is assumed to be a measure for access to Essential Services in this PNA.

3.5 Advanced Service provision from community pharmacies

Section 1.4.1 lists all Advanced Services which may be provided under the community pharmacy contract with NHSE. As these services are discretionary, not all providers will provide them. Table 13 summarises data provided by NHSE on which Advanced Services are provided by community pharmacies in Lincolnshire. It is worth highlighting that NHSE data demonstrate contractor’s activity rather than ability to provide the service; hence some of the NHSE data was supplemented with data gathered through pharmacy questionnaires (see Appendix 3 for more details). The NHSE data are accurate as of February 2022 and may therefore change by the publication date.

Table 13: Advanced Pharmaceutical Service provision in Lincolnshire

Advanced Service	Number	%
Appliance Use Reviews (AURs)	0	0%
Community Pharmacist Consultation Service (CPCS)	99	84%
Flu Vaccination Service	74	63%
Hepatitis C Testing Service	0	0%
New Medicine Service (NMS)	107	91%
Stoma Appliance Customisation (SAC)	8	7%

Source: NHSE, February 2022

The data indicate that the NMS, CPCS and Flu Vaccination Service are the most widely available Advanced Services through community pharmacies in Lincolnshire. Anecdotal evidence suggests that this is consistent with national and regional trends.

Table 14 presents the distribution of key Advanced Pharmaceutical Services across districts in Lincolnshire, indicating that Advanced Services are available across all the districts in Lincolnshire.

Table 14: Advanced Pharmaceutical Service provision in Lincolnshire, by District

Area	CPCS	Flu Vaccination	NMS	SAC
Boston	100.0%	60.0%	100.0%	20.0%
East Lindsey	66.7%	37.5%	87.5%	8.3%
Lincoln	95.0%	60.0%	90.0%	10.0%
North Kesteven	80.0%	85.0%	85.0%	5.0%
South Holland	75.0%	58.3%	91.7%	0.0%
South Kesteven	84.2%	68.4%	89.5%	5.3%
West Lindsey	100.0%	76.9%	100.0%	0.0%
Lincolnshire	83.9%	62.7%	90.7%	6.8%

Source: NHSE, February 2022

Analysis of responses from the community pharmacy contractor questionnaire suggested that there are three providers, based in East Lindsey (Holton-le-Clay, Sutton-on-Sea) and South Kesteven (Stamford), of the AUR service; and one provider based in South Kesteven (Stamford) of a Hepatitis C Testing Service in Lincolnshire. NHSE data indicated that 8 community pharmacies across Lincolnshire conduct an SAC Service. Even though the number of contractors providing all these services can be perceived as low, figures are comparable with national levels and reflect the low demand for such services across Lincolnshire and England. It is worth highlighting that AURs can be provided remotely as of September 2020; hence people of Lincolnshire who require this service can access it from any contractor (i.e., community pharmacy and DACs) in England. Additionally, Hepatitis C Testing Services in Lincolnshire are available through sexual health clinics across all districts in Lincolnshire.

Neither the NHSE data or the community pharmacy questionnaire accounted for the two most recently introduced Advanced Pharmaceutical Services, i.e., the Hypertension Case-Finding Service (commissioned in October 2021) and the Stop Smoking Advanced Service (due to be commissioned from March 2022). The questionnaire data were collected in July 2021, before these services were introduced.

At the time of writing, two pharmacies in Lincolnshire were reported to be providing the Hypertension Case-Finding Service with many more pharmacies anticipated to implement this service at some point in 2022. The delay in uptake of this service by pharmacy contractors is expected, as the Hypertension Case-Finding Service was introduced in the latter part of the year where pharmacy contractors experience numerous workload pressures, and the service requires specialist medical equipment that is not widely available.

The Stop Smoking Advanced Service is also expected to be implemented gradually by many community pharmacies throughout the 2022 and supplement the local SCS service. Introduction of this service will particularly benefit people living in the districts of East Lindsey, South Holland, West Lindsey, South Kesteven and North Kesteven, this is due to high prevalence rates of respiratory conditions. The Stop Smoking Advanced Service is unlikely to replace the locally commissioned Smoking Cessation Service and other smoking cessation services outside of a pharmacy, as it focuses on secondary care-referred smokers only.

3.6 Enhanced Service provision

3.6.1 Extended opening hours

NHSE commissions extended opening hours for pharmacies in Louth as an Enhanced Service. Currently four pharmacies in Louth are commissioned.

3.6.2 Palliative Care Drug Stockists' Scheme

As of December 2021, 15 pharmacies (13%) across Lincolnshire are signed up for the scheme: 1 in Boston, 3 in East Lindsey, 3 in Lincoln, 2 in North Kesteven, 2 in South Holland, 3 in South Kesteven, and 1 in West Lindsey. This service was commissioned in Lincolnshire during the COVID-19 pandemic, to support access to palliative care medication due to increased demand. It is unclear whether the service will still be commissioned by the time this PNA is published.

3.6.3 Extended Care Service

As of December 2021, 79 (67%) community pharmacies across Lincolnshire offer Extended Care Service. Here, 21 offer tier 1 services only (i.e., supply of antibacterial treatment for simple urinary tract infections), while 58 offer both tier 1 and tier 2a services (i.e., supply of antibacterial treatments for infected eczema, infected insect bites and/or impetigo). Extended Care Services are offered evenly across all districts of Lincolnshire: 10 in Boston, 13 in East Lindsey, 18 in Lincoln, 15 in North Kesteven, 8 in South Holland, 9 in South Kesteven, and 6 in West Lindsey. It is unclear whether these services will still be commissioned by the time this PNA is published.

3.6.4 COVID-19 Vaccination programme

In December 2020 NHSE began to commission the administration of COVID-19 vaccinations from community pharmacies, as an additional strand in the effort to tackle the pandemic. Commissioning of COVID-19 vaccination in community pharmacies aimed primarily at improving access to vaccination in communities with otherwise limited access.

As of February 2022, there were eight pharmacies delivering COVID-19 vaccinations from nine community sites across Lincolnshire (see Appendix 1 for details). It is unclear whether the service will still be commissioned by the time this PNA is published.

Section 4: Additional Pharmaceutical 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 (see Section 1.4.1). Both community pharmacy and dispensing GP questionnaires included questions around such Additional Pharmaceutical Provision in order to better depict the variety of pharmaceutical services available in Lincolnshire (see Appendix 3 for details).

4.1.1 Dispensing GP surgeries

In addition to the community pharmacy contractor questionnaire, dispensing GP surgeries were consulted about the services they provided. Of the 59 dispensing GP surgeries in Lincolnshire, 40 completed the questionnaire, a response rate of 67.8%. It should be noted that these findings are representative of the surgeries that responded to questionnaire and not for all dispensing GP surgeries in Lincolnshire.

4.1.2 GP opening hours

The GP contractor questionnaire provided up to date information around GP opening hours, for both the surgery and the dispensary. It should be noted that there are differences in opening times for both. For the purpose of this PNA, dispensary opening hours have been summarised.

Of the 40 GPs that completed the questionnaire, more than half (52.5%) of dispensaries are open for 50 or more hours a week, 45% are open between 40 and 50 hours a week and 2.5% are open for less than 40 hours per week.

During lunchtimes 21 out of 40 dispensing practices indicated that they are open or offer various alternative arrangements for patients to access medication, e.g., trained receptionists or a dispensing machine.

4.1.3 Dispensing services

Most respondents indicated that the dispensing facilities within the GP surgeries in Lincolnshire participate and comply with the Dispensary Services Quality Scheme (DSQS).

The GP contractor questionnaire asked GPs approximately what percentage of patients access the dispensary. 36 practices stated that patients access the dispensary, however uptake of this service does vary across practices. 14 out of 40 practices stated that more than 50% of patients access the dispensary, and 9 practices have over 90% of patients accessing the dispensary. 4 practices (10% of respondents) preferred not to disclose.

Section 5: Public engagement of pharmaceutical services

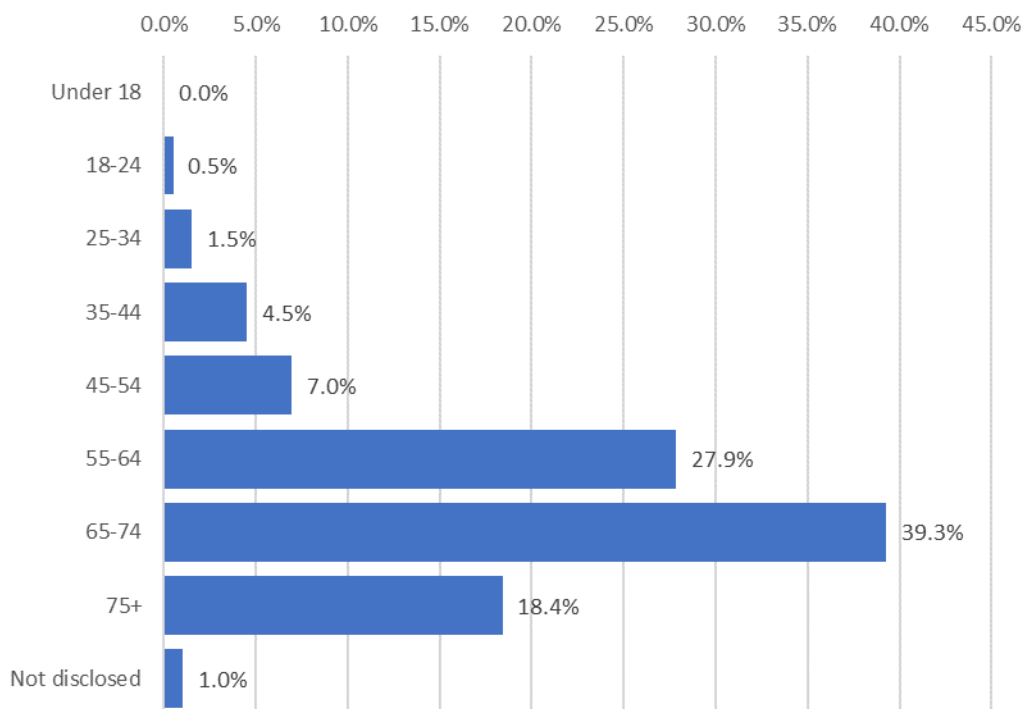
Healthwatch Lincolnshire carried out a public engagement survey in July and August 2021 to identify public perception of pharmaceutical services in Lincolnshire. Analysis from Healthwatch Lincolnshire revealed there were 203 respondents to the survey, and the results contain both quantitative and qualitative data. Our public engagement was representative of the Lincolnshire population to within a 7% margin of error with 95% confidence.

5.1 Demographics

Figure 10 demonstrates that of the 203 respondents to the public engagement survey, 85.6% reported their age as over 55 years and 13.4% as under 55 years, while 1% chose not to disclose their age.

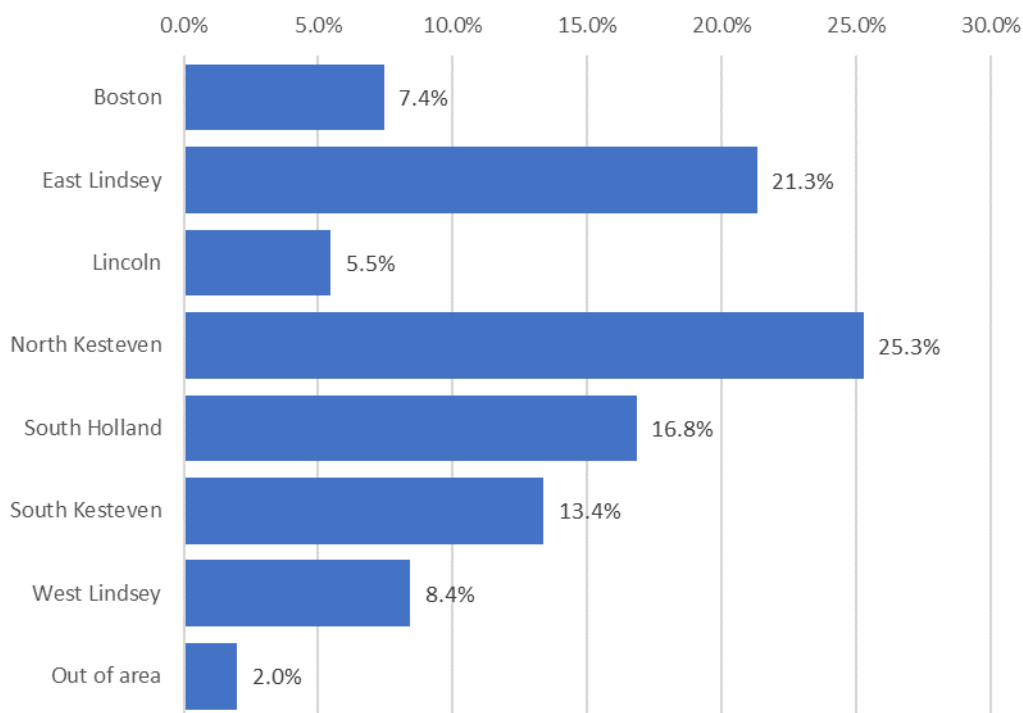
Additionally, 73.6% of respondents were female, and 26.4% were male; 25.4% of respondents consider themselves to be carers, and 76.6% consider themselves to have a disability or long-term health condition.

Figure 10: Age profile of respondents



Location of respondents varied across the county. Figure 11 indicates that North Kesteven (25.2%) and East Lindsey (21.3%) had the highest proportion of respondents, while Lincoln (5.5%) and Boston (7.4%) had the lowest proportion of respondents. There were four out of area respondents, who live in Cambridgeshire, North East Lincolnshire, North Northamptonshire and North Lincolnshire.

Figure 11: Location of respondents



5.2 Access

When asked how easy it was to access a local pharmacy, 80.8% of respondents felt it was easy or very easy to access, while 7.6% felt it was difficult or very difficult, and 11.6% felt it was neither easy nor difficult.

When asked the reason for visiting the local pharmacy, the majority (91.0%) of respondents stated it was for their prescription, 5.5% required over-the-counter items, 2.5% required minor ailment advice/treatment, and 1% required a flu jab.

5.3 Satisfaction

When asked how satisfied they were with the time it took to provide them with the required service, 76.7% of respondents were fairly or fully satisfied, 18.3% were not satisfied, and 5% were neither satisfied nor dissatisfied.

When asked, 78% of respondents felt that they could ask for confidential advice at their local pharmacy.

When asked about overall satisfaction of the staff, environment and service provided, 82.7% of respondents felt the service was good, very good or excellent, while 17.3% felt it was poor or very poor.

Section 6: Assessment of Pharmaceutical Services and Needs

6.1 Number of pharmaceutical contractors

The number of pharmacies in Lincolnshire (15.4/100,000) is lower than the England average (20.4/100,000). However, contractor and public engagement suggested that most respondents are satisfied with the number and services received from pharmaceutical contractors in Lincolnshire.

The distribution of pharmacies aligns to the population size of the Districts; the more populous Districts of South Kesteven, East Lindsey, and North Kesteven have the highest number of community pharmacies. Lincoln has a concentration of community pharmacies which is consistent with the national picture where there is greater availability of services and facilities in larger urban areas. In addition to community pharmacies, many GPs offer a dispensing service in Lincolnshire.

6.2 Access to pharmaceutical contractors

Travel time analysis illustrates that most Lincolnshire residents can access a community pharmacy by car or public transport within 30 minutes. Urban areas have more pharmacies than rural areas; however, dispensing GP surgeries supplement access in rural areas. There are multiple pharmacies located just over the Lincolnshire border in neighbouring counties.

6.3 Provision of Essential and Enhanced Services from community pharmacies

Essential Services are negotiated nationally and must be provided by all pharmacies. The number and distribution of contractors is appropriate and will likely remain so for the next 3 years. We intend to keep the PNA updated through regular reviews and to issue supplementary statements when required in the future.

Enhanced Services are used to supplement Essential Services on an often temporary or ad hoc basis. Provision across Lincolnshire is sufficient as present and will be reviewed as required in the future.

6.4 Provision of Advanced Services from community pharmacies

Advanced Services are negotiated nationally and may be provided by any contractor so long as they meet the requirements of the regulations and service specification associated with each service.

- NMS is widely available through community pharmacies across all districts of Lincolnshire. Historically, NMS covered among other conditions, diabetes mellitus, second highest cause of YLD in Lincolnshire; as well as asthma, and COPD the prevalence of which in Lincolnshire is higher than the England average. Since the extension of conditions covered by the service in September 2021, NMS addresses Lincolnshire health needs more appropriately. For instance, greater variety of cardiovascular disorders and neurological disorders such as epilepsy are now covered by the service, which are directly relevant to the health needs across Lincolnshire (Table 8).

- CPCS is widely available through community pharmacies across all districts of Lincolnshire. Historically, both CPCS and its pilot version NUMSAS covered a variety of therapeutic areas as it addressed urgent care, and frequently out-of-hour referrals involving professional advice, supply of appropriate medication, help with finding medication for the patient during out-of-hour periods, and signposting. Since the extension of the service in November 2020, now additionally involving referrals from GPs for minor illness, CPCS holds the potential to prioritise and therefore improve access to GP surgeries for people that require the attention of a doctor/prescriber. This is because more patients presenting with minor illness will be seen by pharmacists rather than GPs. Clinical evidence suggests that rollout of GP extension to the service has been slow thus far, although there are practices in Lincolnshire that have adapted as of December 2021; hence CPCS will gain further importance for the people of Lincolnshire throughout the life of this PNA.
- Flu vaccination service is widely available through community pharmacies across all districts of Lincolnshire. High numbers of older adults with disability and rapidly growing population of carers and people requiring care in Lincolnshire mean that there is a growing demand for the availability of this service.
- Both the C-19 Lateral Flow Device Distribution Service and Pandemic Delivery Service were widely available through community pharmacies across all districts of Lincolnshire. Community pharmacies adapted and implemented such services quickly and widely across Lincolnshire, demonstrating that utilisation of community pharmacies as providers of healthcare is an effective and efficient strategy to manage aspects of healthcare during pandemic.
- Given the low demand for AURs, SACs and Hepatitis C testing services across Lincolnshire and ability to access such services from other healthcare stakeholders or out-of-area community pharmacies, the access to and provision of these services is appropriate.
- The Hypertension Case-finding Service and Stop Smoking Service have only recently been introduced. Access to these services is expected to increase across Lincolnshire in the next few years.

Section 7: Statements of PNA

7.1 Necessary services: current provision

7.1.1 Number and distribution of community pharmacies across Lincolnshire

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding both the number and the geographical distribution of community pharmacies that are available to the people of Lincolnshire meet their current health needs and demand for access and choice.

Therefore, there is no current need for the provision of additional access to community pharmacy premises in Lincolnshire.

7.1.2 Provision of necessary services across Lincolnshire

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding both the level and the geographical distribution of the provision of all necessary services through community pharmacies across Lincolnshire meet the current health needs and demand for access and choice. Therefore, there is no current need for the provision of additional access to necessary services through community pharmacy premises in Lincolnshire.

7.1.3 Future provision of necessary services

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding the provision of the necessary services through community pharmacies across Lincolnshire meets the future health needs and demand for access and choice. Therefore, there will be no need for additional provision of access to necessary services in the next three to four years in Lincolnshire.

7.2 Necessary services: gaps in provision

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence does not identify any gaps in the provision of necessary services through community pharmacies. Therefore, there is no current or future need for improved access to necessary services within existing community pharmacies in any District of Lincolnshire.

7.3 Other relevant services: current provision

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding both the level and the geographical distribution of the provision of the Advanced and Enhanced Services through community pharmacies across Lincolnshire meet the current health needs and demand for access and choice. Therefore, there is no current or future need for the provision of additional access to these services in Lincolnshire.

7.4 Improvements and better access: gaps in provision

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence does not identify of any gaps regarding provision of Advanced and Enhanced Services through community pharmacies. Therefore, there is no current or future need for improved access to these services within existing community pharmacies in any District of Lincolnshire.

7.5 Other NHS Services

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence does not identify any current or future gaps in the provision of and access to pharmaceutical services across Lincolnshire due to other NHS services that are considered to increase and/or decrease the demand for such services.